



PROVIDER ALERT

Alert # 3 - 2004 - 02 - 03 - HCAL

Notification Regarding BHRS Brief Treatment Services for Providers of Child and Adolescent Behavioral Health Services

Community Care has recently received approval from the Office of Mental Health and Substance Abuse Services (OMHSAS) to allow providers to implement a brief treatment model of BHRS. These services became available to our members in Allegheny County via BHRS Providers in our Network on January 1, 2004. Please refer to the attached description of the BHRS Brief Treatment Model for further instruction. Please forward this information to all of your child and adolescent service providers/programs.

The BHRS Brief Treatment Model

The BHRS Brief Treatment Model, including Mobile Therapy (MT) *or* Behavioral Specialist Consultation (BSC) *only*, is intended to provide members meeting Medical Necessity Criteria for low level BHRS with one of these services in a more expedient manner than traditional BHR services. The goals for this model include;

1. The ability of MT *or* BSC services to start immediately after a member is discharged from an RTF, inpatient unit, partial hospital program or Family-based Mental Health Services.
2. Maintaining continuity of care via the MT *or* BSC service being provided by the same therapist when full BHRS services are no longer indicated due to the member's progress.
3. The ability of MT *or* BSC service to continue to support the member's treatment plan when the intensity of Family Based Mental Health Services are no longer necessary, but community based therapeutic interventions will provide substantial benefit.
4. Quick and easy access to BHRS when the member is in need of a step up in service from outpatient but not in need of full BHRS. Examples include;
 - a. The use of MT *or* BSC for members and families who have difficulty generalizing therapeutic skills from a clinic based setting to the natural environment.
 - b. Provision of therapeutic services in the community for members and families who have difficulty maintaining clinic based appointments due to transportation, childcare or other problems that impede attendance.
5. Providing members a way to access further assessment, if needed, by a master's level clinician in the field. Examples include;
 - a. Provision of community based therapeutic services for children who have difficulty leaving their home environment due to their symptomatology, i.e., depression, school phobia, OCD, agoraphobia and autism, for example.
 - b. Provision of community based therapeutic interventions for children who are resistant to attend clinic based programs, i.e., members with ODD, conduct disorder and/or substance abuse, for example.
6. Permitting continuity of care for the member/family by:
 - a. Maintaining the child/family with the current clinician (MT *or* BSC) and continuing the therapeutic alliance rather than changing the clinician and requiring the development of a new therapeutic alliance, which may result in the loss of skills and/or the deceleration of treatment progress.
 - b. Allowing for "booster shot treatment", i.e., the provision of up to three non-consecutive, two-week booster sessions as needed for stabilization of the child/family within one year after the service has ended. Booster sessions are limited to a maximum of MT *or* BSC for up to 6 hour/week and must be pre-authorized by the BHRS Care Manager.

BHRS Brief Treatment Guidelines:

- An evaluation from a behavioral health provider *and* a letter of recommendation *or* Prescriber Collaboration Form for BHRS Brief Treatment by a psychiatrist or licensed psychologist will be used to establish Medical Necessity for this service.
- All medical necessity determinations will be based upon DPW's Appendix T BHRS Medical Necessity Criteria.
- Treatment is limited to MT *or* BSC *only*. A member will receive either MT *or* BSC, but not both services at the same time. TSS services will not be provided during BHRS Brief Treatment.
- Treatment will be limited to a maximum of thirty-six (36) weeks.
- Treatment will be limited to a minimum of 1 hour per week and a maximum of six hours per week.
- Treatment delivery will begin with a specific number of hours/week (1 – 6 hrs/week) as recommended by the licensed psychologist or psychiatrist, but may fluctuate (between 1 – 6

hours per week) dependent on the child/family's need, concurrent review, and agreement of the ISPT, including the licensed psychologist or psychiatrist, with the plan for service.

- Three, non-consecutive two-week booster sessions will be permitted as needed for stabilization of the child/family within one year after the BHRS Brief Treatment service has ended. Booster sessions are limited to a maximum of MT *or* BSC for 6 hour/week. If more than two weeks of booster treatment is needed to stabilize the child, an additional booster session or a referral for traditional BHRS or an appropriate level of care will be made.

Pre-authorization Process for BHRS Brief Treatment:

1. Evaluation or assessment by Master's level or higher level clinician including;
 - 5 axis diagnosis
 - Referral concerns
 - MISA Screen for all children 12 years of age and older
 - Recommendation that outpatient behavioral health treatment is inappropriate or insufficient to meet the needs of the child
 - The evaluation/assessment must be performed within 60 days of the date on the letter of recommendation *or* prescriber collaboration form
2. ISPT Meeting – including the family, member, BHRS clinician, and any other already established behavioral health service or service system provider to;
 - Develop treatment plan
 - Discuss number of service hours needed
 - Complete family choice notification form (please note that this does not require county sign-off for brief treatment)
 - Complete ISPT sign-in sheet
 - Complete ISPT Summary
 - Please note that County Case Management sign-off is not needed to initiate BHRS brief treatment services
3. Prescriber collaboration/prescription
 - Prescriber reviews evaluation/assessment and ISPT summary
 - Provider indicates agreement or disagreement with the service and number of hours recommended
 - Provider identifies any change in the number of hours if in disagreement with the ISPT recommendation
 - Prescriber must sign the collaboration form as this will suffice the letter of recommendation *or* complete a letter of recommendation

Initial Authorization Process

1. Provider submits the following items to CCBH to request an authorization for BHRS Brief Treatment within 5 business days from the date of the ISPT;
 - The POC – indicating Brief Treatment; type of service and number of hours/units (between 1 – 6 hrs for up to 24 weeks of treatment)
 - A copy of the evaluation/assessment
 - The family choice notification form
 - The ISPT sign-in sheet; summary *and* Prescriber Collaboration Form *or* letter of recommendation
2. The treatment plan is due within 5 weeks of the start of treatment

Continued Stay Review Process

1. An ISPT is held in the 19th or 20th week of Brief Treatment

2. The following items are submitted to CCBH in the 22nd week of treatment to request authorization for continued stay;

- The POC – indicating Brief Treatment; type of service and number of hours/units (between 1- 6 hrs for up to 12 weeks of treatment)
- The ISPT sign-in sheet; summary *and* Prescriber Collaboration *or* letter of recommendation
- An updated tx plan

Request for Authorizations for Booster Sessions

Up to three non-consecutive, two-week booster sessions may be requested as needed for stabilization of the child/family within one year after the service has ended. Booster sessions are limited to a maximum of MT *or* BSC for 6 hour/week. Booster sessions are limited to a maximum of MT *or* BSC for 6 hour/week and must be pre-authorized by the BHRS Care Manager via the provider submitting a POC indicating Booster Session, type of service and number of hours up (between 1 – 6 hrs for up to 2 weeks of treatment)

BHRS Reporting Requirements for BHRS Brief Treatment

Providers are required to report MT *or* BSC Brief Treatment services via the Monthly BHRS Reporting Requirements. Report Brief Treatment services as follows;

- Date Services First Requested = the date of eval/asst requesting brief treatment
- Date of Evaluation in which BHRS Service First Prescribed = the date prescriber signed the collaboration form *or* letter of recommendation
- Date Service First Offered or Provided as Authorized = the date the Brief Treatment service commenced

BHRS Reporting for Booster Sessions

Providers are required to report Brief Treatment Booster Sessions via the Monthly BHRS Reporting Requirements. Report Brief Treatment Booster Sessions as follows;

- Date Services First Requested = the date of eval/asst requesting brief treatment
- Date of Evaluation in which BHRS Service First Prescribed = the date prescriber signed the collaboration form *or* letter of recommendation
- Date Service First Offered or Provided as Authorized = the date the Brief Treatment service commenced during the initial authorization for Brief Treatment
- Weekly reporting: leave weeks w/o authorization blank and use the regular reporting process for the 2 weeks of service

If you have any questions or require further clarification, please contact your Provider Representative at 1-888-251-2224.