I. WHAT IS STAP AND WHO SHOULD ATTEND?

A. STAP Bulletins – All BHRS providers conducting Summer Therapeutic Activities Programs should be familiar with the MA Bulletins pertaining to STAP as well as any other relevant BHRS Bulletins. All procedures outlined in these MA Bulletins are required for MA funding for STAP. Please refer to the following STAP Bulletins for further information:

1. **MA Bulletin 50-96-03** titled “Summer Therapeutic Activities Program” was issued and went into effect on April 25, 1996.
   
   [http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4204](http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4204)

2. **MA Bulletin 08-04-07** titled “Revision to the Summer Therapeutic Activities Program Annual Service Description Submission Requirement” went into effect on January 1, 2005.
   

3. **MA Bulletin OMHSAS-12-01** titled “Summer Therapeutic Activities Program” was issued and went into effect on March 1, 2012.
   
   [http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4898](http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4898)
   [http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4899](http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4899)
   [http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4900](http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?AttachmentId=4900)

B. STAP Specifics - Summer therapeutic activities programs are designed for youth who can benefit from a **therapeutic group approach** utilizing child-centered interventions (including individual and group therapy); structured therapeutic activities; and community integration activities to address their unique mental health needs. Core services, with the exception of individual interventions, should be provided in a group format utilizing one of the following two group models:

1. **Traditional Group Therapy** – community meetings, where the staff and youth prepare for, or “wrap up” the day. A Mental Health Professional must conduct groups that follow this model.

2. **Psychoeducational Groups** - must follow the **four step process** defined in MA Bulletin OMHSAS-12-01. A Mental Health Worker may conduct these groups under the direction of the Mental Health Professional.

Regardless of the group model, each group must have a topic and structure that addresses the youths’ mental health needs AND goals for the group. Participants chosen for each group should also have a similar diagnoses, age, and level of functioning. All STAP groups and activities must match the youth’s mental health goals as per his/her individual treatment plans. STAP should be limited to the amount of treatment the youth population served can assimilate in one time period, which is typically based on age and developmental needs. STAP is **not generally considered appropriate for preschool children** due to the nature of the therapeutic group process requiring a highly focused and self-reflective means of participation, which is not suited to the cognitive, emotional or physical developmental level of younger children.
Community integration and structured therapeutic activities included in the STAP must also be designed to address each youth’s mental health treatment goals. If community integration or structured activities do not meet these criteria, they are not billable under Medical Assistance.

The STAP program must include a description of how the program will address family involvement: including strategies for eliciting family/caregiver participation and how the provider will address barriers that may limit family/caregiver involvement.

Services provided in the STAP should be outcome driven including a standardized outcome assessment for each youth, which is to be analyzed to assess the impact of services and must be made available to OMHSAS or its designee upon request.

The core therapeutic group and individual services provided by STAP must be appropriate for the population of children served.

If a STAP provider chooses to include additional activities which are beyond the “core services” of STAP and are not considered “mental health treatment,” then these activities are “not billable” as part of the STAP. An example may include a break between therapeutic activities for which there are no interventions intended to address the mental health treatment needs of the youth served. Please note that even if staff are available to respond to the needs of the youth during this activity, it is not considered mental health treatment. Please refer to page 6 of the March 1, 2012 Bulletin (OMHSAS-12-01) to review the list of additional activities that are not billable as part of STAP.

C. The Main Objectives of STAP are to provide specialized mental health treatment interventions for youth:
   - With specific mental health treatment goals requiring a “therapeutic group intervention approach.”
   - In need of structured activities in a therapeutic social setting.
   - With goals specific to building new skills and/or enhancing positive practice of previously learned skills with an overall goal of generalization of skills to the home, school, and community.

D. STAP is NOT:
   - An appropriate service for children who could function in a community program and receive treatment via other less intensive services.
   - An appropriate service for children who would NOT benefit from a program consisting of primarily therapeutic group intervention.
   - A convenience for parents (i.e., the child must need these services, rather than the parents needing only child care).
   - Recreation without treatment.
II. WHY SHOULD I BE CONCERNED ABOUT STAP AT THIS TIME?

The typical BHRS authorization for children without an ASD diagnosis is 6 months, and between 6 – 12 months for children with an ASD diagnosis. As a result, evaluations performed in November or December for new or continuing BHR services starting on or after January 1st should include all treatment recommendations for a child for the entire authorization period. As a result, during this evaluation prescribers should determine if the child will require STAP over the summer months. If a child is receiving traditional BHRS (with an authorization up to 6 months), and his/her treatment needs over the summer months are unclear at the time of this evaluation, the prescriber/provider may add STAP via a future ISPT and prescriber collaboration.

III. WHAT MUST I SEND TO COMMUNITY CARE BEFORE I CAN RUN A STAP?

The Following Requirements Apply to ALL 2013 STAP Programs:

A. Program Description
In an effort to assist the Office of Mental Health and Substance Abuse Services (OMHSAS) with the upcoming STAP program year, Community Care will be conducting a review of all STAP Program Descriptions to ensure conformity with Bulletin OMHSAS-12-01 issued on March 1, 2012. As a result, providers are required to submit a service description following the format outlined in the March 1, 2012 Summer Therapeutic Activities Program Bulletin (OMHSAS-12-01) to Community Care for all 2013 STAP Programs. Community Care will be conducting a preliminary review and providing feedback to providers prior to sending each program description to OMHSAS for final review and approval.

B. Budget Worksheet
Providers must also submit a budget worksheet with the program description. Please follow the Rate Setting Policy for the specific contract(s) that you intend to serve. The Rate Setting Policy including contract specific instructions may be reviewed at: http://www.ccbh.com/pdfs/Providers/healthchoices/alerts/2009/PA11RateSettingPolicy.pdf

C. STAP Registration Form
All STAP providers are required to complete and submit the STAP registration form (please see attached excel worksheet) to identify your specific program information.

D. OMHSAS Notification of Approval
Please include a copy of your most recent OMHSAS notification of approval for STAP (not required for new programs).

E. Due Date
As per our previous instruction via mailing and communication, STAP providers were to submit all required documentation to the following address on or before January 31, 2013:

Community Care Behavioral Health Organization
Attn: Tara McWilliams
339 Sixth Avenue, Suite 1300
Pittsburgh, PA 15222
E-mail: m威廉st@ccbh.com

PLEASE NOTE THAT COMMUNITY CARE PREFERENCES ELECTRONIC SUBMISSIONS
IV. WHAT MUST I SEND TO THE STATE (e.g., DPW/OMHSAS CHILDREN'S? BUREAU) BEFORE I CAN RUN A STAP?

Unless otherwise directed by OMHSAS, Community Care will forward all provider STAP program descriptions to OMHSAS for final review and approval.

V. WHO IS REQUIRED TO PAY THE CAMP FEES ASSOCIATED WITH AN INTEGRATED STAP?

If your STAP program takes place within a community based camp such as the YMCA or Jewish Community Center:

A. Please make parents/guardians/caretakers aware of their responsibility for paying for any camp fees prior to the efforts made to get them into your STAP program.
B. It is recommended that you have written communication with the camp provider as to who is responsible for paying the camp fee.
C. Providers have reported that one or more of the following methods have been previously used for paying camp fees for STAP in an integrated camp setting:
   1. Provider pays camp fee.
   2. Parents pay camp fee.
   3. Provider conducts a fund raiser to pay for some or all of the camp fees.
   4. The child is awarded a scholarship from the camp for reduced or free tuition.
   5. County MH/MR funds are applied to the camp fee.
   6. The provider obtains grant money to pay for the camp fee.
D. Please note that the camp fee is NOT reimbursable via Medicaid (this includes State fee-for-service as well as Behavioral Health Managed Care reimbursement).

VI. WHAT TYPE OF DOCUMENTATION/PROGRESS NOTE IS REQUIRED FOR STAP?

Progress notes are required daily for each youth attending the STAP. To be in compliance with State documentation requirements, clinical activities as related to the child’s treatment plan must be documented on a daily basis and follow Medical Assistance Bulletin 29-02-03, 33-02-03, 41-02-02, Documentation and Medical Records Keeping Requirements.

http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=1226

VII. WHAT MUST HAPPEN BEFORE STAP IS REQUESTED FOR A CHILD (e.g., WHAT IS THE PRE-AUTHORIZATION PROCESS)?

A. A Best Practice (BP) Evaluation must recommend STAP (as per one of the following options):
   1. As a result of the DPW changes that went into effect on August 1, 2010, i.e., BHR services may be requested and authorized for children without an ASD diagnosis for up to 6 months, and for children with an ASD diagnosis anywhere between 6 – 12 months, a BP evaluation for an initial BHRS request or a BP re-evaluation for a continued stay BHRS request may prescribe STAP. For an initial BHRS packet the BP evaluation must be completed "within 60 days of Community Care packet receipt," and for a continued stay packet the BP evaluation must be completed "within 45 days of
the expiration date of the current plan. However, please note that the date of the evaluation or re-evaluation will obviously be greater than 45 - 60 days prior to the start of the STAP. This is acceptable and, as a result, neither a new BP evaluation/re-evaluation or a prescriber collaboration is needed to prescribe STAP. An ISPT and treatment plan is also required as per the instructions in the subsequent sections. Please note that if a child has not received BHRS for 30 consecutive days an initial packet should be submitted.

2. If a BHRS packet is already approved during the camp period for an authorization period up to and including 6 months; however, STAP has not been included in the prescription, the original evaluator may recommend STAP via a prescriber collaboration. Please note that an ISPT and treatment plan is also required as per the instructions in the subsequent sections.

3. If STAP has not been prescribed, but must be added to a plan with an extended authorization (an authorization which exceeds 6 months for a child with an ASD diagnosis), a face-to-face addendum by the original evaluator of the traditional BHR service(s) may amend the prescription and add STAP; however, due to the Autism Bulletin from June 24, 2005, a provider collaboration form cannot be accepted. Please note that an ISPT and treatment plan is also required as per the instructions in the subsequent sections.

4. If a child is receiving BHRS Brief Treatment and the evaluation for Brief Treatment was not a BP evaluation, a BP evaluation must be completed by a licensed prescriber or completed by a MA level clinician and signed off by a licensed prescriber to prescribe STAP. However, if the evaluation for Brief Treatment was a BP evaluation, a prescriber collaboration by the original evaluator may be used to add STAP to the child’s prescription at any time during the BHRS Brief Treatment period (in this instance, please follow #1 or #2 above). Please note that an ISPT and treatment plan is also required as per the instructions in the subsequent sections.

5. If STAP is the only BHR service a child is receiving the STAP provider will be considered the lead provider agency and will conduct the initial BP evaluation to prescribe STAP.

NOTE: A copy of the BP evaluation, re-evaluation, addendum or prescriber collaboration must be given to the STAP provider once the STAP provider is identified. The STAP provider will be responsible for requesting this information from the prescriber/traditional BHRS provider in accordance with all HIPAA regulations.

B. An Interagency Service Planning Team (ISPT) meeting, ISPT sign-in sheet, and ISPT summary are required for all STAP requests (as per one of the following options):

1. When the STAP provider is not identified:
   a. The ISPT conducted by the traditional BHR service provider should discuss all services the child will need over the entire service period. Therefore, if the service period extends into the summer months (June, July and/or August) STAP may be prescribed by the evaluator and discussed by the interagency team to determine if all are in agreement with adding STAP to the child’s treatment services.
b. If STAP is not prescribed and the team considers it necessary, they may communicate this recommendation back to the original prescriber and the prescriber may add STAP to his/her prescription via the prescriber collaboration form. In the event that the current POC would need amended to add STAP, the traditional BHRS provider would also schedule an ISPT following option 1 or 2 in this section.


c. Once the STAP provider is identified, the lead BHRS clinician (the MT or BSC) is expected to consult w/the STAP to discuss the child, his/her treatment plan, and how STAP fits into the child’s service plan. Please note that another ISPT is not necessary in this instance.


d. If an ISPT is requested by a member of the treatment team including the traditional BHRS service provider, the STAP provider or another treatment team member, the traditional BHRS provider (who would continue to serve as the lead provider agency) should schedule an ISPT and invite all of the necessary service providers and team members. In this instance, the lead BHRS provider will complete the ISPT sign-in sheet and ISPT summary. Please note; however, that another ISPT is not required if the team has already discussed and agreed to add STAP to the child’s treatment plan.


e. Please notify your Community Care Care Manager about the date and time of the ISPT in which STAP will be discussed; however, please note that Care Managers will prioritize attending ISPT’s for children receiving traditional BHRS and STAP simultaneously.

2. **When the STAP provider is identified:**

   a. If a specific Summer Therapeutic Activities Program is recommended/identified for a child (rather than a recommendation for STAP “in general” and the STAP provider determined at a later date), the traditional BHRS provider will invite the STAP provider to the ISPT recommending STAP. Please note that in the event that STAP is prescribed at the time of the BP evaluation/re-evaluation for traditional BHR services, the ISPT may occur several months before the start of the STAP. If the original prescriber adds STAP to the child’s services via a prescriber collaboration and the ISPT takes place after the start of the authorization period, the ISPT may occur closer to the STAP start date. Either of these options will be sufficient to satisfy the ISPT requirement for STAP.

   b. If for some reason the STAP provider does not attend the ISPT conducted by the lead BHRS provider, during which STAP is discussed, the lead BHRS clinician (the MT or BSC) will consult w/the STAP to discuss the child, his/her treatment plan, and how STAP fits into the child’s service plan, rather than conducting another ISPT.

   c. If STAP is the only BHR service a child is receiving the STAP provider is considered the lead provider agency. They will therefore schedule the ISPT and complete the ISPT sign-in sheet and ISPT summary.

   d. Please notify your Community Care Care Manager about the date and time of the ISPT in which STAP will be discussed; however, please note that Care Managers will prioritize attending ISPT’s for children receiving traditional BHRS and STAP simultaneously.
NOTE: A copy of the ISPT sign-in-sheet, ISPT summary and prescriber collaboration must be given to the STAP provider once the STAP provider is identified. The STAP provider will be responsible for requesting this information from the prescriber/traditional BHRS provider in accordance with all HIPAA regulations.

C. An Individualized Treatment Plan is required for all children attending STAP.

Please follow the guidelines below for adding STAP to a child’s treatment plan:

1. **Traditional BHRS Provider** – If a child is receiving traditional BHR services his/her evaluator/provider will recommend STAP as one of the child’s treatment services. By design, STAP is a “therapeutic group approach” utilizing child-centered interventions; structured therapeutic activities; and community integration activities to address the unique mental health needs of the child. As a result, please identify STAP as a behavioral health service on the child’s “traditional BHRS treatment plan” via the following:

   a. Identify STAP as one of the treatment interventions in the “methods section” that can be used to address any symptoms, behaviors and/or skills for which a therapeutic group approach would be beneficial. Please note that the traditional BHRS provider is not required to write the STAP treatment plan, but is expected to identify areas of need in the traditional BHRS treatment plan in which it would be beneficial for the STAP to address with the child as well.

   b. If the STAP provider is known at the time of the treatment plan development, please include the name of the STAP provider as well in the methods section of the treatment plan where STAP is identified as one of the treatment methods used to address the child’s goals. If the STAP provider is not known, identify STAP as the method; but the provider as “To Be Announced” or “TBA”.

   c. Describe any consultation the lead clinician will provide to the STAP.

   d. Indicate “Please see STAP treatment plan for further STAP treatment goals and objectives” in the traditional BHRS treatment plan to alert the reader that there are additional goals and objectives in a separate plan which are part of the child’s overall mental health treatment.

2. **STAP Provider** - The STAP provider will be responsible for completing the STAP treatment plan.

   a. As per the March 1, 2012 Bulletin (OMHSAS-12-01), STAP treatment plans must be individualized to address the unique needs of the child. As a result, each STAP treatment plan should describe the specific symptoms, behaviors, skills and strategies to be learned during the STAP; the manner in which the skills will be taught, practiced, and generalized to other environments; how the child’s progress will be measured and reported to the youth, caretaker and Community Care; and how these goals are linked to the child’s overall mental health treatment goals.

   b. If a Functional Behavior Assessment (FBA) has been conducted for the child, his/her treatment plan should indicate how the results will be utilized during STAP to minimize the likelihood of the child exhibiting challenging behaviors.

   c. If a child attending STAP is also receiving traditional BHR services, the STAP treatment plan should include the child’s individualized treatment goals requiring interventions via a therapeutic group approach, i.e., directly related to STAP, as
defined in the child’s traditional BHRS treatment plan developed by the child’s primary BHRS provider. Consultation with the child’s primary BHRS clinician (MT or BSC) may also be useful in linking the child’s STAP and overall mental health treatment goals.

d. Since the STAP provider will not be familiar with the child prior to the submission of the STAP packet, the STAP treatment plan is expected to be completed by the provider and filed in the child’s clinical chart (at the provider site/agency) by the end of the first week of STAP. Treatment plans must be available to Community Care upon request.

NOTE: Since collaboration between treatment providers and/or services is extremely important, traditional BHR service providers and STAP providers are expected to work together, in accordance with all HIPAA regulations, to best meet the needs of the child.

VIII. WHEN CAN I SUBMIT THE PACKET TO COMMUNITY CARE AND WHAT SHOULD THE PACKET INCLUDE?

A. Since STAP will most often be recommended along with a child’s other BHR services, please submit the prescription for STAP when you submit the packet for the child’s traditional BHR services. (Please note that this includes the prescription for STAP and all ISPT paperwork indicating treatment team agreement for the child to attend STAP, but not the STAP POC or treatment plan as this will be submitted at a later date by the STAP provider.)

B. Traditional BHRS providers may submit STAP requests (as described in A above) within the standard timelines for traditional BHR services, i.e., traditional services may be requested for up to 6 months for children without an ASD diagnosis, and up to 12 months for children with an ASD diagnosis. (Please note that authorizations for STAP will not be issued until a STAP provider has been identified and has submitted the required STAP packet to Community Care.)

C. Community Care will begin accepting STAP packets from STAP providers on April 1, 2013 for authorization, therefore, please begin your submissions on or after that date.

D. STAP providers are encouraged to submit STAP packets as soon as they are complete rather than submitting them all in a lump sum right before STAP begins. We would like to receive these at least 30 days prior to the start of your STAP camp; however, we realize that this is not always possible.

E. Since most children attending STAP have an ICM, RC, or Targeted Case Manager, STAP providers are asked to please notify the Case Manager when you have received an authorization for STAP so the child’s name can be removed from the other “STAP waiting lists.”

F. If traditional BHR service hours (MT, BSC and/or TSS) are significantly increased for the summer months please justify this via the Best Practice evaluation and treatment plan. Please note that these BHR services cannot occur during the STAP hours, but may be authorized outside of STAP pending medical necessity.

G. Authorization of any BHRS hours during the summer months will be based on BHRS Medical Necessity Criteria; therefore, please consider all domains in which the child is in need of services over the summer months. Please note that TSS over 20 hrs/week will indicate that a child meets the highest level of Appendix T Medical Necessity (Level 4), and therefore, must be at high risk of out-of-home or school placement; and/or has a
demonstrated risk of endangerment. Please note that TSS during STAP hours is a duplication of service.

**H.** The STAP Provider must submit a STAP packet to obtain an authorization for each child receiving STAP services. The STAP Packet must include all of the following documents:

a. A BP Evaluation recommending STAP (as described in section VII, A above)

b. An ISPT Sign-in Sheet, ISPT Summary (and if needed, a Prescriber Collaboration Form as described in section VII, B above; or an addendum as described in section VII, A, 2 above)

c. STAP Treatment Plan* (as described in section VII, C above); the individualized treatment plan must be completed by the STAP provider by the end of the first week of STAP and kept in the member’s chart at the provider site/agency.

d. A Plan of Care Summary* (POC)

e. A Family Choice Notification Form*

* STAP providers will be responsible for completing their own Family Choice Notification Form, POC and Treatment Plan to ensure family choice, individualized treatment goals, and that the correct facility and number of STAP unit are authorized.

**IX. HOW IS STAP AUTHORIZED?**

**A.** An initial BHRS request for a child receiving STAP only will be authorized for the entire camp period (3 months maximum).

**B.** If a child has traditional BHR Services (MT, BSC and/or TSS) in addition to STAP, the authorization will follow the authorization period defined on the child’s POC for traditional BHR services. Therefore, if STAP continues after the end date of a packet, a re-evaluation and continued stay packet is needed to continue STAP. However, if the STAP is ending within 2 weeks of the expiration date of the packet, an extension will be given by Community Care after the STAP provider calls the Care Manager to make this request.

**X. HOW CAN THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP) HELP MY PROGRAM PROVIDE TRANSPORTATION TO CHILDREN ATTENDING STAP?**

Providers may apply for transportation assistance for STAP via contacting MATP. If interested, please call MATP Monday – Friday between 8:00 AM - 4:30 PM at 1-888-547-MATP (6287) to inquire about how MATP may assist you and to complete the application process.