



ISSUE DATE

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**OMHSAS-21-04**

SUBJECT:

**Procedure for Providing a Specialized Behavioral Health Treatment Program in Community Residential Rehabilitation Host Home Settings**

BY:

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Office of Mental Health and Substance Abuse Services**

**SCOPE:**

This bulletin applies to providers of Community Residential Rehabilitation (CRR) services that provide behavioral health treatment services in host homes to children and youth under 18 years of age in the Medical Assistance (MA) Fee-for-Service (FFS) and managed care delivery systems.

**PURPOSE:**

The purpose of this Bulletin is to inform providers of the procedures to provide a specialized behavioral health treatment program to children and youth in the CRR host home setting.

**BACKGROUND:**

CRR services, including services provided in a host home setting for children and youth under the age of 18, were established by 55 Pa. Code Chapter 5310. A host home is a private residence of a family, other than the home of the child's or youth's parents, which provides a structured living arrangement for one to three children or youth. Medical Assistance Bulletin 1153-95-01, Accessing Outpatient Wraparound Mental Health Services Not Currently Included on the Medical Assistance Program Fee Schedule for Eligible Children Under 21 Years of Age, informed providers licensed to provide outpatient mental health services, partial hospitalization services or family-based mental health services of the requirements and procedures necessary to receive MA payment for medically necessary behavioral health rehabilitation services (BHRS) not on the MA Program Fee Schedule. Pursuant to Medical Assistance Bulletin 1153-95-01, CRR providers who provided services in a host home setting and had an outpatient mental health services, partial hospitalization services or family-based mental health services license could receive MA payment for specialized BHRS they were providing in the CRR host home setting.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**  
Office of Mental Health and Substance Abuse Services, Bureau of Children's Behavioral Health Services P.O. Box 2675, Harrisburg, PA 17105. E-Mail: RA-PWIBHS@pa.gov

On October 19, 2019, the Department promulgated 55 Pa. Code Chapters 1155 and 5240, which codified the minimum standards for licensing and MA payment conditions for agencies that deliver Intensive Behavioral Health Services (IBHS) to children, youth, and young adults under 21 years of age with mental, emotional and behavioral health needs. The regulations replaced the requirements for BHRS previously set forth in bulletins issued by the Department. Because IBHS replaced BHRS, BHRS will not be compensable after January 17, 2021.

Specialized behavioral health treatment provided in the CRR host home setting are not considered IBHS. Because the behavioral health treatment component provided in a CRR host home setting cannot be provided through IBHS, the Department is issuing procedures for how CRR providers who provide services in a host home setting can continue to provide specialized behavioral health treatment.

### **DISCUSSION:**

Many children and youth who receive services in a host home have unique needs which require specialized treatment programs beyond the host home requirements established by 55 Pa. Code Chapter 5310. After obtaining stakeholder feedback, the Department is issuing procedures for host home providers who wish to provide a specialized behavioral health treatment program in a host home setting.

Not every child or youth who resides in a host home or foster home requires a specialized behavioral health treatment program. Children and youth residing in a host home or foster home continue to have access to the full range of behavioral health services available to all children and youth and are not required to receive behavioral health treatment in a host home setting. Behavioral health services that may be more appropriate include, but are not limited to, outpatient mental health services, family-based mental health services, partial hospitalization services, and IBHS.

### **PROCEDURE:**

**Existing providers:** Providers who are currently approved to provide BHRS in a host home setting shall complete the following steps by the effective date of this bulletin:

- Submit an updated service description consistent with Attachment A to your regional Office of Mental Health and Substance Abuse Services (OMHSAS) field office for approval.
- Once the service description is approved, the approval letter will be added to your existing CRR Host Home (52/523) enrollment file.

**New providers:** Entities that are not currently licensed as a CRR provider and want to provide specialized behavioral health treatment in the host home setting shall complete the following steps:

- Submit a service description consistent with Attachment A to your regional OMHSAS field office for approval.
- Submit an application for a CRR License. Instructions regarding the licensing process can be found at: <https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Pages/App-for-License.aspx>.
- After the service description has been approved and the entity has received a CRR license, the entity should submit an application to enroll in the MA Program. The online enrollment application is available on the Department's website at <https://provider.enrollment.dpw.state.pa.us>. The entity will need to separately enroll each licensed service location in the MA Program. Enrollment questions should be directed to the Office of Medical Assistance Programs (OMAP). Please use the following contact information: OMAP Inquiry Line 1-800-537-8862 or e-mail at [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov).
- Submit the specialized behavioral health treatment program's detailed budget for a twelve-month period to your regional OMHSAS field office. Upon the issuance of a rate letter, the rate will be added to the enrollment file.

**Procedure code:** Specialized behavioral health treatment in a host home setting should be billed using procedure code H0019.

**Continuity of service:** Due to the transition from BHRS, OMHSAS is outlining existing requirements to ensure all CRR providers who provide services in a host home setting understand the eligibility requirements listed below for specialized behavioral health treatment services.

Provider eligibility for MA payment:

- Provider must have a current CRR host home license
- Provider must be enrolled in MA as a host home provider
- Provider must have an approved service description

Previously in addition to being licensed as a CRR, providers who served children and youth and provided specialized behavioral health treatment were required to have an outpatient mental health services, partial hospitalization services or family-based mental health services license. Providers are now only required to have a CRR license. Providers were also required to have a service description to obtain a CRR license and a separate service description for the specialized behavioral health treatment program in a host home setting. Providers may now have one service description that addresses both the requirements to obtain a CRR license and the specialized behavioral health treatment they will be providing.

A child or youth must meet the following to be eligible to receive specialized behavioral health treatment in a host home setting:

- Eligible for MA
- Under the age of 18
- Not be an emancipated minor
- Have a diagnosis of a behavioral health disorder that is included in the current version of the Diagnostic and Statistical Manual of Mental Disorders

**Prior authorization:** Specialized behavioral health treatment in a host home setting continues to require prior authorization in the FFS delivery system. The instructions to request prior authorization are provided in Attachment B. Providers should contact the appropriate behavioral health managed care organization to determine what, if any, prior authorization requirements exist in the managed care delivery system.

**ATTACHMENTS:**

Attachment A: Service Description Format

Attachment B: Fee-For-Service Prior Authorization Instructions

Attachment C: Contact List for OMHSAS's Regional Field Offices

Service Description Format

Specialized Behavioral Health Treatment Program  
Provided in a Community Residential Rehabilitation Host Home Setting

Providers are required to submit one service description that addresses both the services required by 55 Pa. Code Chapter 5310, Community Residential Rehabilitative Services for the Mentally Ill, and the specialized behavioral health treatment services discussed in OMHSAS Bulletin 21-04, Procedure for Providing a Specialized Behavioral Health Treatment Program in Community Residential Rehabilitation Host Home Settings.

**Demographic Information:**

1. Provider's name, address and contact information for the host home treatment program
2. Provider's administrative office address, if different from above
3. Counties served
4. Population served
  - a. Age (must be under 18)
  - b. Special needs populations, if any
  - c. Exclusionary criteria, if any

**Program Information:**

5. Describe how psycho-social rehabilitation services to develop interpersonal, and when appropriate, community living skills will be provided. See 55 Pa. Code §§ 5310.31 and 5310.121.
  - a. Include staff roles, responsibilities, qualifications, and caseload size.
  - b. Include clinical supervision and oversight.

Note that 55 Pa. Code § 5310.131 requires host home parents to be under the direct supervision of a mental health professional.

6. Describe how specialized behavioral health treatment services will be provided.
  - a. Describe the goals of the service and how these goals will be achieved. Treatment activities, interventions, and goals are different aspects of a service and each should be clearly described.
  - b. Include the expected amount of individual therapy, family therapy, and care coordination provided to each child or youth each month.
  - c. Explain how the specialized behavioral health treatment and host home services will be individualized for each child or youth.
  - d. Explain how a child's or youth's progress towards the goals for the child or youth will be measured and how a child's or youth's need for a lesser level of care will be assessed.
  - e. If children or youth with comorbid diagnoses will be served, include how their needs will be addressed.
  - f. Include where specialized behavioral health treatment will be provided (home, community, school).
  - g. Include staff roles, responsibilities, qualifications, and caseload size.
  - h. Include clinical supervision and oversight.
7. Host home family
  - a. Study evaluation process
  - b. Parent training
  - c. Services provided by the host home family
8. Discharge process
  - a. Describe the expected communication between the child and youth, individual who will be caring for the child or youth after discharge, host home parents and Community Residential Rehabilitation (CRR) staff about building the skills and relationships needed for the child or youth to be discharged.
  - b. Explain how the following will be documented:
    1. Summary of services provided and outcomes
    2. Reason for discharge
    3. Referral or recommendation for other services if needed

- c. Describe how the discharge plan will be provided to the youth or legal guardian or caregiver of the child upon discharge.

9. Safety

- a. Crisis planning
- b. Safety planning
- c. Behavioral management interventions

10. Cultural and linguistic competency

Describe how the child's or youth's cultural, linguistic, racial and ethnic background will inform the delivery of services and how they will be balanced with the host home family's culture and values. Include the following:

- a. Assessment: Describe how cultural, linguistic, racial and ethnic values of the child's or youth's family and the host home family will be assessed.
- b. Treatment: Describe how the child's or youth's family's cultural traditions, language and values will be incorporated into activities and interventions provided.
- c. Training: Describe the training CRR staff and host home parents will receive specific to respecting and understanding the child's or youth's family's racial, cultural and linguistic competency. Include the names of specific training curriculum and the qualifications of the trainer(s).

11. Host home community integration

Describe how services will support the child's or youth's integration into the neighborhood or community where the host home is located, including the school the child or youth will be attending. Include the following:

- a. How the service facilitates the child's or youth's involvement in prosocial activities in the community or at school.
- b. How the service promotes the ongoing cultivation of new resources and opportunities within the community.

12. Maintaining home community relationships

Describe the activities and interventions that will support maintaining relationships with a child's or youth's home community if the host home placement is outside the child's or youth's home community. Include how the service will help maintain and support connections that are important to the child or youth.

## **Fee-For-Service Prior Authorization Instructions**

### **I. Procedure to Request Prior Authorization of a Specialized Behavioral Health Treatment Program in a Community Residential Rehabilitation (CRR) Host Home Setting**

#### **A. Supporting Documentation**

The documentation submitted in support of a request to prior authorize a specialized behavioral health treatment program in a host home setting is expected to reflect the currently requested period of prescribed treatment as dictated by the child's or youth's behavioral health treatment needs. The request must include the date services are requested to begin.

When reviewing the medical necessity of a request to prior authorize a specialized behavioral health treatment program in a host home setting, the Office of Mental Health and Substance Abuse Services (OMHSAS) will review the following supporting documentation:

1. A completed MA 97.
2. A psychological or psychiatric evaluation completed within 60 days of the submission of the request. The evaluation must substantiate the need for the child or youth to receive a specialized behavioral health treatment program in the host home setting and include an assessment of the child's and youth's strengths and needs across home and community settings and, if applicable, in school settings.
3. An individual treatment plan (ITP) which includes the services and supports that will be provided as part of the specialized behavioral health treatment program and the measurable goals for the child or youth.
4. Documentation of a treatment team meeting that was held within 60 days of the submission of the request. The treatment team meeting must include the provider, the legal guardian or caregiver of the child or youth, the youth if the youth is 14 or older and, if appropriate, the child. Participation or input from the child's or youth's school and any other systems or services that are serving the child or youth is also required in preparation for or as part of the treatment team meeting.
5. A summary of all services and supports the child or youth receives.

A copy of the supporting documentation must be retained in the child or youth's file and made available for review and copying by the Department as required by 55 Pa. Code § 1101.51(e).



B. Submission Address

The completed packet of prior authorization request information must be sent to:

Outpatient Prior Authorization (PA)/1150 Waiver Services  
P.O. Box 8188  
Harrisburg, Pennsylvania 17105-8188

C. Review of Documentation for Medical Necessity

When evaluating a request for a specialized behavioral health treatment program in a host home setting, the determination of whether the requested services are medically necessary will take into account all of the following:

1. Whether the documentation supports the child's or youth's need for a specialized behavioral health treatment program while residing in a host home;
2. Whether the documentation supports that the number of months of specialized behavioral health treatment requested are needed to address the child's or youth's identified therapeutic needs; and
3. Whether the documentation supports that the requested services will increase coping strategies and support skills development to promote positive behaviors with the goal of stabilizing, maintaining or maximizing functioning of the child or youth

D. Effective Date of Approval

OMHSAS will review all complete requests for prior authorization of services and issue a decision within 21 days of receipt of the request. If OMHSAS fails to issue a decision within 21 days of receipt of the request, the request for services is deemed approved.

Requested services determined to be medically necessary will be approved as follows:

- If the request is received before services are initiated, or before an existing authorization for services expires, OMHSAS will approve medically necessary services as of the begin date of service for the new request period.

Example: If the services are to begin May 1, and the provider's request is received by OMHSAS by April 15, OMHSAS will approve medically necessary services effective May 1.

- If the request is received after the services are initiated, OMHSAS will authorize medically necessary services effective the date the submitted information is received. Payment will not be made for any services rendered

prior to the date approved by OMHSAS. These services are non-compensable.

Example: Services are initiated April 1, but OMHSAS does not receive the request to prior authorize the services until April 17. OMHSAS will approve the medically necessary services effective April 17. Services rendered between April 1 and April 16 are not eligible for payment, as the services are non-compensable.

Note: Providers may not be paid for services if they provide services prior to receiving approval from OMHSAS.

E. Incomplete Requests

OMHSAS will review the request and issue a decision within 21 days. 55 Pa. Code § 1101.67(b). If OMHSAS receives a request for prior authorization of services that does not include the supporting documentation discussed above, OMHSAS will ask the provider for the missing documentation. If OMHSAS does not receive the missing documentation in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, the services will be denied.

If OMHSAS needs additional information to determine the medical necessity of the service, OMHSAS will ask the provider for the additional information needed to assist the medical review staff to reach a decision. If OMHSAS does not receive the additional information in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, OMHSAS will make a decision based on the information it has received.

The provider will be notified if supporting documentation is missing or if additional information is needed and will be provided with the OMHSAS contact telephone and fax numbers to use to submit the additional information.

F. Notice of Decision and Right to Appeal

OMHSAS will issue a notice indicating its decision on the request to prior authorize services to the provider, prescriber, and the child or youth.

If the request for a specialized behavioral health treatment program in the host home setting is denied or the approved services are different from the services requested, the child or youth has the right to appeal OMHSAS' decision. The notice will advise the child or youth they have 30 days from the date of the prior authorization notice to submit an appeal and that the appeal should be submitted in writing and mailed to the address listed on the notice or faxed to

717-265-8834. If the child or youth has been receiving services and the services are being reduced, changed, or denied and an appeal is faxed to 717-265-8834 or postmarked within 10 days of the date of the notice, the services will continue until a decision is made on the appeal.

## **II. Procedures to Request Prior Authorization for Continuation of a Specialized Behavioral Health Treatment Program in a CRR Host Home Setting**

The documentation submitted in support of a request to prior authorize continuation of a specialized behavioral health treatment program in a host home setting is expected to reflect the currently requested period of prescribed treatment as dictated by the child's or youth's, behavioral health treatment needs.

When reviewing the medical necessity of a request to prior authorize continuation of a specialized behavioral health treatment program in a host home setting, OMHSAS will review the following supporting documentation:

1. A completed MA 97.
2. A psychological or psychiatric evaluation completed within 60 days of the submission of the request. The evaluation must substantiate the need for the child or youth to continue to receive a specialized behavioral health treatment program in the host home setting and include an updated assessment of the child's or youth's strengths and needs across home and community settings and if applicable in school settings.
3. An ITP which includes the services and supports that will be provided as part of the specialized behavioral health treatment program, the measurable goals for the child or youth, and the child's or youth's progress towards meeting the child's or youth's goals.
4. Documentation of a treatment team meeting that was held within 60 days of the submission of the request. The treatment team meeting must include the provider, the legal guardian or caregiver of the child or youth, if the youth is 14 or older and, if appropriate, the child. Participation or input from the child's or youth's school and any other systems or services that are serving the child or youth is also required in preparation for or as part of the treatment team meeting.
5. A summary of all services and supports the child or youth receives.

This information must be sent to the following address at least 30 days prior to the expiration of the current authorization:

Outpatient Prior Authorization (PA)/1150 Waiver Services  
P.O. Box 8188  
Harrisburg, Pennsylvania 17105-8188

Bulletin OMHSAS-21-04: Attachment B - Fee-For-Service Prior Authorization Instructions

When evaluating a request for a specialized behavioral health treatment program in a host home setting, the determination of whether the requested services are medically necessary will take into account whether the documentation identified above supports the medical necessity of the services as described in Section C, Review of Documentation for Medical Necessity, of this document.

OMHSAS will review all complete requests for prior authorization of services and issue a decision within 21 days of receipt of the request. If OMHSAS fails to issue a decision within 21 days of receipt of the request, the request for services is deemed approved.

## **OMHSAS Contact List for Regional Field Offices**

### **Central Field Office**

- Mainline: (717-705-8395)

Counties served: Adams, Bedford, Blair, Cambria, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Montour, Northumberland, Perry, Snyder, Somerset, Union, York

### **Northeast Field Office**

- Mainline: (570-963-4335)

Counties served: Berks, Bradford, Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Sullivan, Susquehanna, Tioga, Wayne, Wyoming

### **Southeast Field Office**

- Mainline: (610-313-5844)

Counties served: Bucks, Chester, Delaware, Montgomery, Philadelphia

### **Western Field Office**

- Mainline: (412-565-5226)

Counties served: Allegheny, Armstrong, Beaver, Butler, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Venango, Warren, Washington, Westmoreland