

**Annex A**

**TITLE 55. PUBLIC WELFARE**

**PART VII. MENTAL HEALTH MANUAL**

**Subpart D. NONRESIDENTIAL  
AGENCIES/FACILITIES/SERVICES**

**CHAPTER 5260. FAMILY BASED MENTAL HEALTH  
SERVICES FOR CHILDREN AND ADOLESCENTS**

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## GENERAL PROVISIONS

### § 5260.1. Scope.

This chapter establishes minimum standards for the provision of Family-Based Mental Health Services for children and adolescents -°under 21. yearn of: age with a serious mental illness or emotional disturbance who are at risk of psychiatric hospitalization or out-of-home placement, and their families. It is applicable to county administrators and to providers -approved by county administrators , and the Office of Mental Health to provide Family-Based Mental Health Services for Children and Adolescents.

### § 5260.2. Objectives.

The primary goal of Family-Based Mental Health Services is to enable parents to care for their children who are seriously mentally ill or emotionally disturbed at home and to reduce the need for child and adolescent out-of-home placements. Related objectives are to strengthen and' maintain families: by means of therapeutic intervention, improve coping skills, teach family members to care for the child or adolescent and serve as an advocate for the child or adolescent. Family-Based Mental Health Services provide access to mental health treatment services for family members who may be unable or unwilling to participate in traditional outpatient programs. Finally, it provides transition to agencies and practitioners in the community who will provide services and support for the family and child or adolescent after Family-Based Mental Health Services are ended.

### § 5260.3. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

*Adolescent* - An individual 14 years of age or older and under 21 years of age.

*Child* - An individual under 14 years of age.

*Consumer* - The child or adolescent who is identified as the primary recipient of Family-Based Mental Health Services for purposes of determining eligibility, recordkeeping and billing.

*Consumer family* - The consumer and the members of the consumer's family who are participating in a Family. Based Mental Health Services program.

*County administrator* - The mental health/mental retardation administrator who has jurisdiction in the geographic area.

*County plan* - The County Human Services Plan which includes the target population, service needs, program planning, an estimate of revenues and expenditures and specifically describes how Family-Based Mental Health Services will be made available, including the anticipated expenditures for the services.

*Department* - The Department of Public Welfare of the Commonwealth.

*EPSDT* - Early and periodic screening, diagnosis and treatment-A program established under provisions of Medicaid (42 CFR 441 Subpart B) (relating to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under Age 21) to

provide expanded health services to eligible individuals under 21 years of age.

*Emotional disturbance* - A condition evidenced by a child's inability to function in the home, school or community and which requires multiple mental health, medical, social, educational or family supports.

*Family-Parents*, as defined in this section, siblings and other relatives living in the home.

*Mental illness* - The existence of a mental disability subject to DSM III-R diagnosis, excluding mental retardation or substance abuse as the primary diagnosis, rendered by a licensed physician or licensed psychologist. The DSM III-R is the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised, published by the American Psychiatric Association, 1957, 1400 K Street, N. W., Washington, D. C. 20005, and any subsequent editions.

*Parent* - The biological or adoptive mother or father or the legal guardian of the child or a responsible relative or caretaker with whom the child regularly resides.

## **GENERAL REQUIREMENTS**

### **§ 5260.11. Provider participation.**

(a) County mental health/mental retardation programs and public and private agencies are eligible to participate as Family-Based Mental Health Service providers if they are included in a county plan which has been approved by the Department and licensed as providers by the Office of Mental Health.

(b) Providers shall be enrolled as a Medical Assistance provider by the Office of Mental Health by the end of the first year of funding.

(c) Providers shall abide by provisions of Chapter 1101 (relating to general provisions) and the Medical Assistance Provider Agreement.

(d) Providers shall comply with Chapter 20 (relating to licensure or approval of facilities and agencies).

(e) Providers shall meet the standards set forth in this chapter unless a waiver has been granted. The Department, through the Deputy Secretary for Mental Health, may grant a waiver: not to exceed 1 year, subject to renewal if the following conditions are met:

- (1) The provider has documented its unsuccessful attempts to meet standards.
- (2) Issuance of the waiver will not adversely affect the quality of services or consumer family rights.

### **§ 5260.12. Consumer eligibility.**

(a) Children and adolescents and members of their families are eligible for Family-Based Mental Health Services if the following exist:

- (1) A child or adolescent has a mental illness or emotional disturbance and is determined to be at risk for out-of-home placement, such as inpatient psychiatric care, residential care, foster care, and the like.
  - (2) A determination of eligibility and a recommendation for Family-Based Mental Health Service treatment is made by a licensed physician or licensed psychologist prior to the initiation of services and is documented
  - (3) At least one adult member of the consumer's family agrees to participate in the service.
- (b) The agreement by the adult member shall be documented.
- (c) Payment for service shall be authorized by the county administrator or a designee within 20 days of the initial date of service.
- (d) A consumer family is eligible for a 32-week period of service, beginning on the first date of service.
- (e) Additional periods of service may be provided if the following exist:
- (1) Each additional period of service is based upon an updated recommendation by a licensed physician or licensed psychologist.
  - (2) The service is reauthorized by the county administrator or designee.
- (f) If one or more other child care agencies are involved with the consumer, for example, Drug and Alcohol, Children and Youth, Juvenile Probation or Education, there shall be a consensus that Family-Based.. Mental Health Services are needed. A jointly developed, written plan which documents the service responsibilities of each agency shall be included. treatment plan within 30 days of the initial date of service.

## **STRUCTURE AND ORGANIZATION**

### **§ 5260.21. Organizational requirements.**

- (a) Family-Based Mental Health providers shall ensure that the following organizational requirements are met:
- (1) Family-Based Mental Health Services shall be organized and identified as a separate unit within the organization of the enrolled provider.
  - (2) Overall supervision of the unit shall be provided by a director who is employed full-time by the Family-Based Mental Health' Services Program. The full-time employment may include supervision of a Family Preservation Program, as defined by the Department, Office of Children, Youth and Families.
  - (3) Services to a consumer family shall be provided by an identified team which consists of two child mental health professionals or a child mental health professional and a child mental health worker who provide treatment services under supervision of the program director. Additional staff persons possessing lesser qualifications may be

designated to provide support services, but these persons may not participate in treatment unless a member of the designated team is present to conduct the treatment session.

- (4) Each team may serve a maximum caseload of eight consumer families at a time.
- (5) There shall be a minimum of 1 hour of face-to-face contact per consumer family per week.
- (6) Service shall be available to the consumer family 24 hours a day, 7 days a week.
- (7) Team members, either individually or together, shall have face-to-face contacts with members of the consumer family on a regularly scheduled basis as well as when needed.

(b) The members of the treatment team and the program director` may not be employed in another mental health program with the exception of the program director who may provide supervision for a Family Preservation Program.

### **§ 5260.22. Relationship to other parts of the system.**

(a) Family-Based Mental Health Services are comprehensive mental health services which provide treatment, casework services and family support services.

(b) During the period that Family-Based Mental Health Services are provided. the only other mental health services that may be billed to the consumer are:

- (1) Psychiatric partial hospitalization.
- (2) Psychiatric clinic medication visits.
- (3) Two intensive case management contacts per month with. eight contacts permitted during the 30-day period prior to the date of discharge from Family-Based Mental Health Services.
- (4) A psychiatric evaluation.
- (5) Psychological testing and evaluation. (6) Psychiatric inpatient services.
- (7) Emergency. mental health services.

(c) If an adult member of the consumer family other than the consumer has mental illness and requires other mental health services, such as psychiatric outpatient clinic services, these services may not be provided by Family-Based Mental Health Services staff. These services shall be rendered by another provider and be billed according to the eligibility of that individual.

(d) Providers shall have written agreements with other child-serving agencies and frequently used community contacts to ensure cooperative efforts in serving the consumer family and to facilitate continuity of care.

### **§ 5260.23. Staff requirements.**

(a) Staff members shall have clearance under 23 Pa.C.S. Chapter 63 (relating to the Child Protective Services Law) before providing service.

(b) The Program Director shall have one of the following:

- (1) A graduate degree in psychiatry, psychology, social work, nursing, rehabilitation, education or a graduate degree in the field of human services plus at least 3 years direct care experience with children or adolescents in the following Child and Adolescent Service System Program (CASSP) systems: Mental Health, Mental Retardation, Education, Special Education, Children and Youth, Drug and Alcohol, Juvenile Justice, Health Care and Vocational Rehabilitation, including 2 years of supervisory experience in any program` of. the CASSP system.
- (2) Supervisory certification from the American Association of Marriage and Family Therapists.
- (3) A bachelor's 'degree with a major in a field of human service plus at least 3 years. direct care experience with children and adolescents in a CASSP system program and may direct a Family-Based Mental Health Program if the Department approves, and the service of a clinical consultant is obtained to provide clinical support at least 3 hours of service per team per week for a program with one team plus 1 hour per team per week for each additional team. The clinical consultant may not provide direct Family-Based Mental Health Services for the provider. The clinical consultant shall:
  - (i) Be a psychiatrist or a person with- a master's degree in a field of human service plus 3 years of direct mental health service experience in working with children and families.
  - (ii) Oversee treatment plans and other direct and indirect clinical support as assigned by the program director.

(c) A child mental health professional shall have one of the following:

- (1) A graduate degree in psychiatry, psychology, social work, nursing, education, rehabilitation or a graduate degree in the field of human services plus -2 years experience in a CASSP system program.
- (2) Be a licensed registered nurse (RN) with 5. years. of experience including 2 years of experience in a CASSP system program plus have certification by the Department's Office of Mental Health (OMH) as a mental health family based worker.
- (3) A bachelor's degree in psychology, sociology, social work, nursing, rehabilitation, education, pre-med, theology, anthropology or a degree in the field of human services plus certification by OMH as a mental health family, based worker.

(d) A child mental health worker shall do one of the following:

- (1) Have a bachelors degree in psychology, sociology, social work, nursing, rehabilitation, pre-med, theology or anthropology plus 1 year of experience in a CASSP system program:
- (2) Have 12 college level semester hours in humanities or social services plus 1 year of experience in a CASSP system program and be enrolled for certification by OMH as a mental health family based worker.
- (3) Be a licensed RN plus have 1 year of experience in a CASSP system program and be enrolled for certification by OMH as a mental health family based worker.

(e) The program director shall have at least one documented supervisory meeting with each team at least once a week.

## **RESPONSIBILITIES**

### **§ 5260.31. Responsibilities of providers.**

Family-Based Mental Health Service providers shall:

- (1) Abide by this chapter, Appendix A, Chapters 1101, and 4300 (relating to general provisions; and County Mental Health and Mental Retardation Fiscal Manual), the Mental Health Procedures Act (50 P. S. §§ 71017503) and other applicable laws and regulations.
- (2) Abide by provisions of the county plan.
- (3) Deliver services at times most convenient to the consumer family in a manner that promotes family cohesiveness.
- (4) Inform members of the consumer family when service planning is initiated of their rights, including confidentiality, freedom of choice and the right of appeal, and document that this information has been provided.
- (5) Encourage members of the consumer family to participate in planning and service.
- (6) Require staff persons to attend appropriate training on a regular basis and as required by the Department.
- (7) Have a written schedule or plan which is provided to consumers and their families showing how 24-hour, 7 day-per-week service availability is assured.
- (8) Maintain overall supervision of Family-Based Mental Health Services, assuring that the following activities are appropriately employed in serving consumers and their families:
  - (i) Treatment services which may include individual, family and group therapy and counseling, sensitivity training, play therapy, recreational therapy, cognitive techniques, parenting skills, assertiveness training, reality therapy, rational/emotive therapy, modeling, behavior modification and coping skills.
  - (ii) Assessment.
  - (iii) Planning.
  - (iv) Family support.
  - (v) Service linkage.
  - (vi) Referral.
- (9) Participate in program evaluation as required by the Department.
- (10) Submit reports required by the Department in a timely manner.

### **§ 5260.32. Responsibilities of county administrators.**

The county administrator shall:

- (1) Make annual reviews to verify that providers comply with this chapter and the

county plan.

- (2) Provide fiscal and program reports as required by the Department.
- (3) Certify that State matching funds are available for Medicaid compensable services.
- (4) Directly or by a designated agent, authorize payment for each 32-week period of Family-Based Mental Health Services within 20 days of the initial service to the consumer family.
- (5) Submit notice to the Department if Family-Based Mental Health Services are reauthorized for an additional period of service.
- (6) Forward a request to the Department for approval to use a clinical consultant if the program director does not meet the staff qualifications.

## **RECORD AND PAYMENT REQUIREMENTS**

### **§ 5260.41 Recordkeeping.**

The provider shall:

- (1) Maintain Family-Based Mental Health Service records which are separate and complete from other program records.
- (2) Ensure that written procedures and records are kept in accordance with this chapter and Chapters 1101 and 4300 (relating to general provisions; and County Mental Health and Mental Retardation Fiscal Manual).
- (3) Use forms and procedures required by the Department in this chapter and other appropriate documents.
- (4) Maintain records for at least 4 years or until the consumer reaches age 21, whichever is longer.

### **§ 5260.42. Record contents.**

The record shall include at least the following information:

- (1) Identifying information which includes the name, address, birthdate, social security number, and the like for the consumer and other members of the consumer family.
- (2) Referral source and the recommendation by a physician or licensed psychologist for Family-Based Mental Health Services.
- (3) Presenting problems.
- (4) Consent to treatment forms.
- (5) Diagnosis and' evaluation of the child or adolescent with the signature and legible name of the qualified professional.
- (6) A medical history of the child or adolescent, including a copy of a current physical examination which conforms to the EPSDT' Program periodicity schedule.
- (7) A social and developmental history of the child or adolescent, including the roles of other members of the consumer family.
- (8) Treatment, plans and updates, including the responsibilities of each member of the team.
- (9) Entries and progress' notes for every contact, including the duration of the contact,

with the signature and legible name of the responsible staff person who provided the services. Services may not be billed without proper documentation as back-up.

- (10) Documentation of changes in a consumer family's progress, including admission and discharge.
- (11) A discharge summary which includes an aftercare plan.
- (12) Referrals, listing the name of the agency or practitioner, the responsible person contacted and the purpose and anticipated outcome.
- (13) Other progress and evaluation forms required by the Department.

### **§ 5260.43. Treatment plan.**

(a) The treatment team shall prepare a comprehensive treatment plan based on the strengths and needs of the consumer. The plan shall include:

- (1) The diagnosis and current mental status of the consumer.
- (2) A physical examination of the consumer within the previous 12 months.
- (3) An assurance that eligible individuals in the consumer family and their parents have been informed about the EPSDT Program under the Medical Assistance Program and the benefits of services available under the program to eligible persons under 21 years of age.
- (4) A psychosocial evaluation of the consumer family, including psychological, social, vocational and educational factors important to the consumer family and the dynamics within the consumer family unit.

(b) The treatment plan shall establish specific goals for the consumer and other members of the consumer family. The goals shall include:

- (1) Short-term, realistic, specific objectives related to each goal and described in terms of specific measurable outcomes and time lines..
- (2) The person responsible for carrying out each part of the plan.
- (3) The activities or modalities to be employed.
- (4) Objectives which are evaluated and redefined periodically according to the progress made in attaining the objectives.

(c) Plans and updates shall be prepared and reviewed with input from the consumer family, including children, as age and functionally appropriate.

- (1) The parent of a consumer who is a child shall sign the treatment ;plan and updates.
- (2) An adolescent who is, a consumer shall sign the treatment plan and updates:

(d) Progress notes shall clearly record the delivery of services and how the services relate to the .attainment of the goals in the treatment plan.

(e) The initial plan shall be prepared, reviewed and approved by the program director and clinical consultant, if required within 5 calendar days of the initial service.

(f) The plan shall be reviewed and updated at least " once a month thereafter.

**§ 5260.44. Policies and procedures.**

Each provider shall have on file a written policy procedure manual which shall be updated and purged regularly specifying the clinical policy and procedures of the program. This manual shall include at least the following:

- (1) Intake and termination policies and procedures.
- (2) The services to be provided and the scope of these services.
- (3) Policies providing for continuity of care for children and adolescents and their families discharged from the program.
- (4) Staff supervision and training.

**§ 5260.45. Payment.**

- (a) Family-Based Mental Health Services are exempt from Medical Assistance co-payment charges and from State/county liability charges.
- (b) When conditions of this chapter are met and the county plan is approved by the Department, FamilyBased Mental Health Services paid from county mental health allocations are eligible for 100% State financial participation.
- (c) Family-Based Mental Health Services provided to the members of a consumer family shall be billed to the account of the consumer.
- (d) Eligible individuals under 21 years of age in a family may receive the full range of Family-Based Mental Health Services from the same treatment team, but only one member of the family at a time may be enrolled as the consumer.
- (e) If a Family-Based Mental Health Service is provided to a consumer who qualifies for Federal financial participation, the provider shall bill the Medical Assistance Program in accordance with procedures established by the Department under Chapter 1101 (relating to general policies). The non-Federal portion of the fee shall be met using the State portion of Family-Based Mental Health Service funds as provided for under this chapter through the allocation of funds to the county mental health program or other identified local funds under the control of the county administrator.
- (f) Payments for room and board and services provided to consumer family members who are ineligible for Federal Medicaid payments shall be paid using all State funds.
- (g) Services provided while the consumer is hospitalized cannot be submitted until the consumer returns home to continue involvement in the service.
- (h) An eligible child or adolescent may not be denied needed Family-Based Mental Health Services merely because the child or adolescent is ineligible for Federally reimbursed services. In these circumstances, 100% State funds may be used to provide payment for the necessary service.

(i) Provider staff meetings, supervision, recordkeeping activities and other non-direct services, may not be billed as a Family-Based Mental Health. Service Unit. Costs for these activities are included in the rate.

(j) The unit of service for billing purposes shall be 1/4 hour or major portion thereof in which a member of the team is one of the following:

(1) In face-to-face or telephone contact with a member of the consumer family or friends, service providers or other essential persons for the purpose of assisting the consumer family in meeting its treatment goals.

(2) In travel to sites of service outside of the provider agency.

(k) A provider specific fee for services payment methodology as established in § 1150.62 (relating to payment levels) shall be used to reimburse Family-Based Mental Health Services. Rates will be reevaluated annually.

#### **§ 5260.46. Reconciliation of costs.**

Providers of Family-Based Mental Health Services shall reconcile estimated expenditures to actual costs annually, utilizing procedures prescribed by the Department. Reconciliation does not allow providers to retain revenues which exceed costs.

#### **§ 5260.47. Quality assurance and utilization review.**

(a) The quality of Family-Based Mental Health Services shall be ensured by written provider quality assurance procedures and standards which include clinical case reviews, periodic staff conferences, written utilization review --documentation, required attendance at training programs for staff members and other oversight.

(b) Services are subject to review by the Department and appropriate agencies in accordance with §§ 1101.71-1101.75 and by authorized agents of the county government.

### **CONSUMER FAMILY RIGHTS**

#### **§ 5260.51. Participation and freedom of choice.**

(a) Providers shall have a written policy approved by the county administrator which assures consumers and their families of freedom of choice. The county administrator shall ensure that the provider fully discloses the fact that the agency is or may be performing other direct services which could be obtained at another agency if the consumer family members so desire.

(b) A family member, adolescent or parent, on behalf of a child, has the right to refuse to participate in Family-Based Mental Health Services without prejudice to other parts of his treatment program. When a child or adolescent needs Family-Based Mental Health

Services but a family member does not wish to participate, the circumstances and efforts to gain participation shall be documented.

(c) The parent with whom a child is living shall act on behalf of the child in service planning. The child shall be encouraged to participate in the process insofar as the child is able and insofar as participation is age and functionally appropriate.

(d) A parent may act on behalf of the child in decisions relating to services and shall be involved in decisions involving the formation of, and change in, plans for services.

(e) An adolescent may, consent to treatment or discharge without the consent of the parent if the adolescent substantially, understands the nature of treatment and may sign and release records under section 201 of the Mental Health Procedures Act (50 P. S. § 7201).

(f) If an adolescent acts independently, the parents shall be notified and have a right to object under section 204 of the Mental Health Procedures Act (50 P. S. § 7204).

#### **§ 5260.52. Confidentiality.**

Persons receiving Family-Based Mental Health Services are entitled to confidentiality of records and information as set forth in §§ 5100.31-5100.39 (relating to confidentiality of mental health records) and other applicable Federal and State requirements.

#### **§ 5260.53. Nondiscrimination.**

Enrolled providers may not discriminate against staff or consumer family members on the basis of age, race, sex, religion, ethnic origin, economic status or disability and shall observe applicable State and Federal statutes and regulations.

#### **§ 5260.54. Right of appeal.**

(a) Department actions against a consumer for mis-utilization or abuse are subject to the right of appeal in accordance with Chapter 275 (relating to appeal and fair hearing).

(b) Individuals who have been terminated from Family Based Mental Health Services over their objections, or the objection of a parent if the consumer is a child, shall have the right to appeal the decision.

## APPENDIX A

### *Service Characteristics*

Family-Based Mental Health Services are:

- Brief crisis stabilization as well as more extensive treatment, education and skill building for consumers and families enrolled in the program.
- Delivered primarily in the family home.
- A rapid response to need; services should begin within 24 hours of acceptance into the program.
- Time limited but flexible (additional periods of services may be approved).
- Team-delivered to broaden the base of clinical skills, achieve maximum therapeutic impact and provide mutual support, for therapists.
- Intensive.
- Characterized by a “whatever it takes” attitude.
- Relief services like sitter, homemaker, respite care, therapeutic recreational opportunities and transportation or new creatively developed methods of supporting families such as participation in parent support groups.