PROPOSED RULEMAKING

Annex A

TITLE 55. PUBLIC WELFARE

PART VII. MENTAL HEALTH MANUAL

Subpart D. NONRESIDENTIAL AGENCIES/FACILITIES/SERVICES

CHAPTER 5240. CRISIS INTERVENTION SERVICES

Subchap.		Sec..	
A.	GENERAL PROVISIONS	5240.1	p2
B.	TELEPHONE CRISIS SERVICE	5240.71	p11
C.	WALK-IN CRISIS SERVICE	5420.91	p12
D.	MOBILE CRISIS SERVICE	5240.101	p13
E.	MEDICAL MOBILE CRISIS TEAM SERVICE	5240.121	p14
F.	CRISIS RESIDENTIAL SERVICE	5240.141	p15

Subchapter A. GENERAL PROVISIONS

GENERAL

Sec.	
5240.1	Policy.
5240.2	Definitions.
5240.3	Organization.

ELIGIBILITY

5240.11	Provider participation.
5240.12	Service eligibility.

RESPONSIBILITIES

5240.21	Responsibilities of county administrators.
5240.22	Responsibilities of providers.
5240.23	Recordkeeping.
5240.24	Case records.

REQUIREMENTS

5240.31.	Staff requirements.
5240.32.	Quality assurance and utilization review.
5240.33.	Conflict of interest.

CONSUMER RIGHTS

5240.41.	Consumer participation.
5240.42.	Notice of confidentiality.

PAYMENT

5240.51.	Payment for MHCI services.

GENERAL

§ 5240.1. Policy.

Crisis intervention services are immediate, crisis-oriented services designed to ameliorate or resolve precipitating stress which are provided to adults, adolescents and children and their families' who exhibit an acute problem of disturbed thought, behavior, mood or social relationships. The services provide rapid response to crisis situations which threaten the well-being of the individual or others. MHCI includes intervention, assessment, counseling, screening and disposition services which are commonly considered appropriate to the provision of mental health crisis intervention.

§ 5240.2. 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 to 18 years of age or to 21 years of age if enrolled in special education.

CSP (Community Support Programs) - An organized network of caring and responsible people committed to assisting persons with long-term mental illness to meet their needs and develop their potentials and to avoid becoming unnecessarily isolated or excluded from the community.

CASSP (Children, Adolescent Service System Program Agencies) - Mental health, mental retardation, child welfare, drug and alcohol, education, health and juvenile justice agencies which serve children and adolescents and their families.

Children - Individuals under 14 years of age.
Responsibilities of county administrators. Responsibilities of providers.
Case records.

County administrator - The MH/MR administrator who has jurisdiction in the geographic area.

Consumer - An individual who has received mental health treatment or case management services in the pastor who is currently receiving these services, including MHCI services.

County plan - A county plan and budget which describes how crisis intervention services will be made available, including the anticipated expenditures for the services.

Crisis - An immediate stress producing situation which causes acute problems of disturbed thought, behavior, mood or social relationships requiring, immediate intervention.

Department - The Department of Public Welfare of the Commonwealth.

Enrolled provider - A county MH/MR program or private agency specifically identified as a provider of crisis intervention services in the county plan which has been approved by the Department and enrolled by the Office of Mental Health for claims processing through the Office of Medical Assistance Programs.

Facility - A building or a part of. a building in which a provider is located and renders service.

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

License - A certificate of compliance issued by the Department authorizing the operation of crisis intervention services at or from a given location, or a specific period of time according to appropriate Departmental program licensure or approval regulations.

MA - Medical Assistance. _.

MH/MR - Mental Health/Mental Retardation.

MHCI - Mental Health Crisis Intervention..

Medical clearance - An evaluation by a licensed physician who affirms that no medical conditions are present which preclude involvement in the placement.

Mental health direct care experience – Working directly with adult, adolescent, or child mental health service consumers, providing services involving casework or case management, individual or group therapy, crisis intervention, early intervention, vocational training, residential care or social rehabilitation in a mental health facility or in a facility or program that provides services to mental health consumers, or in a nursing home, a juvenile justice agency or a child and adolescent service agency.

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.

Provider - The agency responsible for the day-to-day operation and management of the crisis intervention service.

Special populations - Persons with a serious mental illness who are homeless, elderly, hearing impaired, dually diagnosed (mental illness with substance abuse or mental retardation, or both), HIV positive, involved in the criminal justice system (forensic), members of racial or ethnic minority groups, or persons with unique needs requiring specially designed mental health services or coordination with other State agencies.

Staff - Persons employed by the MHCI providers either directly or under contract, who through education and experience are qualified to oversee or directly provide MHCI services under this chapter.

Unit - The term refers to a provider organization as distinct from the physical facility.

§ 5240.3. Organization.

(a) Each county or joinder shall assure 24 hours a day, 7 days a week availability of MHCI telephone service. MHCI telephone service shall serve as a referral source to other MHCI service providers with other referral sources approved by the county administrator.

(b) A licensed MHCI service provider may be approved for one or more MHCI services:

(1) Telephone crisis service.

(2) Walk-in crisis service.

(3) Mobile crisis service.

(4) Medical-mobile crisis service.

(5) Residential crisis service.

(c) Each MHCI service, unit shall, be separately identified with an identified unit supervisor within the provider organization.

(d) An MHCI supervisor may oversee more than one service within a single provider organization.

(e) An area served by a medical-mobile. crisis service shall also be served by a mobile crisis service.

ELIGIBILITY

§ 5240.11. Provider, participation.

(a) County MH/MR programs and public and private agencies are eligible to enroll under the MA Program to provide MHCI services if they are specifically designated as MHCI providers in the currently approved county plan.

(b) Providers approved by the Department shall sign a provider agreement, as specified in Chapter 1101 (relating to general provisions), to participate as providers of MHCI services.

(c) Providers shall complete an enrollment information packet which will permit Federal share reimbursements through MA.

(d) Providers approved by the Department as meeting the provisions of this chapter shall be licensed and eligible to provide specific, approved MHCI services.

(e) A provider shall be in compliance with Chapter 20 (relating to licensure or approval of facilities and agencies).

(f) If there is_ conflict or inconsistency with the provisions of another regulation, this chapter prevails.

§ 5240.12. Service eligibility.

Mental health crisis intervention services shall be reimbursable when provided to adults, adolescents and children and their families who exhibit an acute problem of disturbed thought behavior, mood or social relationships.

RESPONSIBILITIES

§ 5240.21. Responsibilities of county administrators.

The county administrator shall:

(1) Assure that providers that receive public funds and provide services described in this chapter are licensed as MHCI providers and abide by this chapter.

(2) At least annually monitor and evaluate MHCI providers to ensure that services are provided in compliance with requirements of the county plan and this chapter.

(3) Provide fiscal and program reports as required by the Department under § 4200:32 (relating to powers and duties).

(4) Certify that State matching funds are available for Medicaid compensable services.

§ 5240.22. Responsibilities of providers

Each MHCI provider shall:

(1) Comply with this chapter.

(2) Submit reports as required by the Department and the county administrator.

(3) Establish a written training plan for each MHCI service provided, which shall:

(i) Specify training for each staff classification that shall be completed before a staff member may provide MHCI services.

(ii) Establish ongoing training requirements for staff members.

(iii) Have as its primary objective enabling staff persons to identify a crisis and provide MHCI services to, adults, adolescents and children in an age "appropriate and culturally-

competent manner in accordance with CASSP and CSP principles. See Appendix A (relating to CASSP and CSP principles).

(iv) Be approved by the county administrator and reviewed yearly.

(4) Each provider shall establish a written protocol for each MHCI service which shall state the policy and guidelines for responding to . specific situations, including threats of harm to self or others and other common or foreseen crisis situations: The protocol shall:

(i) Address services to children, adolescents and their families and special populations to be served.

(ii) Address the notification of family members of children, adolescents and adults.

(iii) Address procedures which will provide continuity of care for individuals and monitor outcomes to the greatest extent possible.

(iv) Be approved and reviewed annually by a physician (preferably a psychiatrist), a licensed psychologist, a licensed social worker, a certified registered nurse practitioner in the area of psychiatric nursing or a registered nurse with a master's degree in nursing and a major in psychiatric nursing.

(5) Providers authorized to administer medication shall maintain a written protocol for the storage and administration of drugs which has been approved by a physician and reviewed yearly.

(6) The primary responsibility of providers is to respond, to and seek to resolve a crisis situation. The provision of services shall take precedence over intake.

(7) An agreement shall be on file assuring that psychiatric or other physician back-up is available by telephone within 1 hour.

(8) Providers shall have available a list of community resources for adults, adolescents and children in crisis.

(9) Providers shall post consumer rights and notify individuals and family members of their rights.

§ 5240.23. Recordkeeping.

(a) Providers shall maintain records for a minimum of 4 years.

(b) Provider records shall, at a minimum, contain the following:

(1) Copies of required inspection reports, certifications or licenses by Federal, State and local agencies.

(2) Documents which verify employee work schedules, such as payroll records and employee time sheets.

(3) A job description for each employee.

(4) A schedule of fees or charges.

(5) Affirmative action policies.

(6) Documents which verify employee qualifications and training as described in this chapter.

(7) Training and service protocols.

(8) A medication protocol, if appropriate.

(9) A record of supervision and training.

(10) Letters of agreement with frequently used referral sources such as CASSP agencies, police, hospitals and other MHCI service providers.

(11) A record of an appeals process, which' conforms to Chapter 275 (relating to appeal and fair hearing).

(12) A schedule of medical/psychiatric back-up.

§ 5240.24. Case records.

(a) Records for each MHCI service shall be specifically identified and may be integrated with the consumer's` other service records which are maintained by the provider.

(b) The case record shall contain, at a minimum, the following information:

(1) Identifying information on the persons served.

(2) A description of the contact encompassing the reason for the contact, staff involved, services provided, crisis resolution referrals and outcomes.

(3) For crisis residential services. only, a medical clearance is required. (See Subchapter F. (relating to crises residential service)).

(c) Entries shall be signed by the staff person providing the service or by the senior staff person if services are team delivered.

(d) Entries shall show the dates of service and the time of the beginning and end of each service.

REQUIREMENTS

§ 5240.31. Staff requirements.

(a) To qualify as a mental health professional under this chapter, an individual shall have at least one of the following:

(1) A master's degree "in social work, psychology, rehabilitation, activity therapies, counseling, education or related fields and 3 years of mental health direct care experience.

(2) A bachelor's degree in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, counseling, education or a related field, or be a registered nurse; and 5 years of mental health direct care experience, 2 of which shall include supervisory experience.

(3) A bachelor's degree in nursing and 3 years of mental health direct care experience.

(4) A registered nurse license, certified in psychology or psychiatry.

(b) MHCI service crisis workers who are not mental health professionals shall be supervised by a mental health professional and one, of the following:

(1) Have a bachelor's degree with major course work in sociology, social work, psychology, gerontology, anthropology, political science, history, criminal justice, theology, nursing, counseling, education or a related field.

(2) Be a registered nurse.

(3) Have a high school diploma or equivalency and 12 semester credit hours in sociology, social welfare, psychology, gerontology or other social science and 2 years of experience in public or private human services with 1 year of mental health direct care experience.

(4) Have a high school diploma or equivalency and 3 years of mental health direct care experience in public or, private' human services with employment as a mental health staff person prior to January 1, 1992.

(5) Be a consumer or a family member who has 1 year of experience as an advocate or leader in a consumer or family group, and has a high school diploma or equivalency.

(c) Staff persons employed by a provider who' have 5 years experience as a supervisor, of mental health services in a mental health agency prior to January 1, 1992, are exempted from this section.

(d) An MHCI service medical professional is one of the following:

(1) A psychiatrist.

(2) A physician with 1 year of mental health service experience in diagnosis, evaluation and treatment.

(3) A certified registered nurse practitioner authorized in accordance with. 49 Pa. ,Code § 21.291 (relating to institutional - health care facility committee; committee determination of standard policies and procedures) to diagnose mental illness.

(e) An MHCI service medical assistant is one of the following:

(1) A licensed practical nurse.

(2) A certified paramedic.

(3) A physician's assistant

(f) An MHCI service aide or mobile aide has the following:

(1) A high school diploma or equivalency.

(2) Completed the provider's approved training requirements.

(g) Staff of a program serving children and adolescents under 18 years of age shall have clearance in accordance with 23 Pa.C.S. § 6344 (relating to information relating to prospective child-care personnel).

§ 5240.32. Quality assurance and utilization review.

The quality of each crisis intervention service shall be ensured by written provider procedures which include queerly staff conferences and case reviews, required attendance at training programs for staff members and other oversight. 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.

§ 5240.33. Conflict of interest.

When an agency that provides MHCI services also provides other mental health services, the responsible county administrator shall ensure that the provider agency:

(1) Does not restrict the freedom of choice of an individual in crisis, or the parent if the individual is a child, when non-emergency referrals are made or other services are solicited in a non-emergency situation.

(2) Fully discloses that other services which the proeider agency performs could be obtained from another agency if the consumer so desires.

(3) Makes available to each individual in crisis and parent, if the individual is a child, a listing of mental health treatment, rehabilitation and support services available within a reasonable proximity to the individual's home where needed services could be obtained and if the individual in crisis or parent, if the individual is a child, so desires, the MHCI worker shall assist the individual in accessing those services. This information shall be made available to family members of adults in crisis if there is documentation of the adult's assent.

CONSUMER RIGHTS

§ 5240.41. Consumer participation.

(a) An individual or parent, if the individual is a child under 1.4 years of age, has. the right' to refuse medication: or placement in a crisis residence, or terminate service without prejudice to other parts of the treatment program and future services.

(b) An adolescent 14 to 18 .years of age may consent to, or reject service under the Mental Health Procedures Act (50 P. S. §§ 7101-7503).

(c) Parents shall be notified prior to intervention if the individual is a child. If an individual is 14 years of age or older, parents shall be notified and parental involvement shall be sought unless the individual in, crisis objects.

(d) A, service decision may not be made in violation of an individual's civil rights.

(e) Consumers have the right to appeal the provision of service in accordance with Chapter 275 (relating to appeal and fair hearing).

(f) A provider may not discriminate against consumers or staff persons on the basis of age, race, sex, religion, ethnic origin, disability, economic status or sexual preference and shall. comply with applicable State and Federal statutes, including Chapter 5100 (relating to mental health procedures) and section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794), relating to nondiscrimination on the basis of handicap or disability, and the Americans with Disabilities Act (42 U.S.C.A.: §§..12101 - 12213).

§ 5240.42. Notice of confidentiality.

Individuals receiving 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.

PAYMENT

§ 5240.51. Payment for MHCI services.

To receive payment for MHCI services under this chapter the following apply:

(1) A provider shall comply with Chapter 4300 (relating to county mental health and mental retardation fiscal manual).

(2) There is liability for billable services under Chapter 4305 (relating to liability for community mental health and mental retardation services) unless superseded by this chapter. The individual in crisis who is receiving service is the liable person under Chapter 4305.

(3) MHCI services are exempt from MA co-payment charges.

(4) Payment for a unit of service is made at a Departmentally-established fee-for-service rate.

(5) Fees which are based on costs shall be reconciled annually.

(6) Emergency psychiatric/medical services, provided by a hospital emergency room or ambulance personnel are not reimbursable under this chapter.'

(i) Referrals to an ambulance or hospital emergency room provider are reimbursable.

(ii) MHCI services and emergency or other treatment services are compensable on the same day.

Subchapter B. TELEPHONE CRISIS SERVICE

§ 5240.71. Service description.

The telephone crisis service is a 24-hour a day, 7 days a week "hot-line" service available- in each MH/MR catchment area throughout the state which screens incoming calls and provides appropriate counseling, consultation and referral to individuals who exhibit an acute problem of disturbed thought, behavior, mood or social relationships. Service is also provided to callers who represent or seek assistance for individuals who are exhibiting these problems.

§ 5240.72. County administrator's responsibilities.

Administrators shall be responsible to assure telephone crisis service availability 24 hours a day, 7 days a week throughout the geographic area.

§ 5240.73. Provider responsibilities.

(a) A written plan, approved by the county administrator, shall be on file showing how services are provided. The telephone shall be answered by a member of the crisis staff, not by a recording or other mechanical device.

(b) A written plan shall show the organizational structure of the program.

(1) Overall supervision of the unit, as well as individual supervision, shall be carried out by a mental health professional.

(2) MHCI telephone crisis services shall be provided by mental health professionals and workers qualified under § 5240.31 (relating to staff requirements).

§ 5240.74. Payment conditions.

(a) Only the time spent indirect - telephone contact with a person in crisis, or a. parent if the person is a child, may be billed at the unit rate. Costs necessary for other activities required for the service are built into the rate.

(b) A unit of service is 15 minutes or a major portion thereof.

Subchapter C. WALK-IN CRISIS SERVICE

§ 5240.91. Service description.

The walk-in crisis service is service provided at a provider site in face-to-face contact with individuals in crisis or with individuals seeking help for persons in crisis. Service is available at a designated facility. Service includes assessment, information. and referral, crisis counseling, crisis resolution, accessing community resources and back-up, including emergency services and psychiatric or medical consultation. The service also provides intake, documentation, evaluation and follow-up.

§ 5240.92. County administrator's responsibilities.

(a) Administrators shall assure that providers adhere to this chapter and provide prompt service availability.

(b) Administrators shall maintain a record of providers of walk-in crisis services showing service availability.

§ 5240:93. Provider responsibilities.

(a) A written plan, approved by the county administrator, shall be on file showing how services are provided.

(b) A written plan shall show the organizational structure of the program.

(1) Overall supervision of the unit, as well as individual supervision shall be carried out by a mental health professional.

(2) MHCI walk-in crisis services shall be provided by mental health professionals and workers qualified under § 5240.31 (relating to. staff requirements).

§ 5240.94. Payment conditions.

(a) Only the time spent in face-to-face contact with a person in crisis is billable at the unit rate. Administrative and other costs necessary for the service are built into the rate.

(b) A unit of service is 15 minutes or a major portion thereof.

Subchapter D. MOBILE CRISIS SERVICE

§ 5240.101. Service description.

The mobile crisis service is service provided at a community site which is the place where the crisis is occurring or a place where a person in crisis is located. The service shall be available with prompt response. Service may be individual or team delivered by mental health professionals or workers. Service includes crisis intervention, assessment, counseling, resolution, referral and follow-up. Extended service by mobile crisis aides is available. The service provides back-up and linkages with other services and referrals. Access to mobile crisis service shall be obtained through approved sources.

§ 5240.102. County administrator's responsibilities.

(a) Administrators shall assure that providers adhere to this chapter and, provide prompt service availability.

(b) Administrators shall maintain a record of providers of mobile crisis service showing service availability.

(c) Administrators shall approve and maintain a list of approved referral sources. This list shall be reviewed and approved yearly.

§ 5240.103. Provider responsibilities.

(a) A written plan, approved by the county administrator, shall be on file showing how. prompt service availability is assured.

(1) A list of referral sources authorized to activate the service shall be on file.

(2) The list of referral sources shall be approved by the county administrator and reviewed annually.

(b) A written plan shall show the organizational structure of the program.

(1) Overall supervision of the unit, as well as individual supervision, shall be carried out by a mental health professional.

(2) MHCI mobile crisis service shall be provided individually or in teams by mental health professionals and workers qualified under § 5240.31 (relating to staff requirements).

(3) Mobile crisis aides may be, assigned by a provider to be with a consumer who has received crisis service to monitor and help stabilize the consumer's behavior. Each assignment of mobile crisis aides shall be approved by a physician. or a~ supervisor who is a mental health professional.

(4) Referrals for ongoing service for publicly funded consumers may be made through the county administrator or a licensed or approved mental health service provider who provides case management.

§ 5240.104. Payment conditions.

(a) Only the time, spent by a staff member, mental health professional or worker, at a site which results in a face-to-face contact with a person in crisis, is billable at the unit rate. A unit of service is 15 minutes or major portion thereof.

(b) The time, spent by a mobile crisis aide onsite with the person in crisis is billable at the unit rate. A unit of service is 4 hours or a major portion thereof.

(c) Administrative and other costs necessary for the service are built into the rate.

Subchapter E. MEDICAL MOBILE CRISIS TEAM SERVICE

The medical mobile crisis team service provided in the community directly to an individual in crisis by a team consisting of a person authorized to administer medication and a mental health professional or a crisis worker. Unless one team member is a physician, there shall be mobile telephone linkage with a physician for medical back-up and authorization to administer medication. The medical mobile crisis team shall be called in situations where it is known or anticipated that medication will be required. The service shall supplement rather than be a substitute for mobile crisis services in the area. The service is accessed through approved sources.

§ 5240.122. County administrator's responsibilities.

(a) Administrators shall assure that providers' adhere to this chapter and provide prompt service availability.

(b) Administrators shall maintain a record of providers of medical mobile crisis service showing service availability.

(c) Administrators shall approve and maintain' a list of approved referral sources. This list shall be reviewed and approved yearly.

§ 5240.123. Provider responsibilities.

(a) A written plan, approved by the county administrator, shall be on file showing how service is provided.

(1) A list of referral sources-authorized to activate the service shall be on file.

(2) The list of referral sources shall be approved by the county administrator and reviewed annually.

(b) A written plan shall show the organizational structure of the program.

(1) Service is provided by treatment teams composed of one medical professional, an RN, or medical assistant qualified to administer medication and another person who is a mental health professional or worker. Staff persons shall qualify under '§ 5240.31 (relating to staff requirements). A treatment team shall have either a medical professional or mental health professional present.

(2) Supervision of the unit and individual supervision shall be provided by a medical professional, or mental health professional.

§ 5240.124. Payment conditions.

(a) Only the time spent by a medical mobile crisis team at a site which results in a face-to-face contact with a person in crisis, is billable at the unit rate. Administrative and other costs necessary for the service are built into the rate.

(b) A unit of service is 15 minutes or a major portion thereof.

Subchapter F. CRISIS RESIDENTIAL SERVICE

§ 5240.141. Service description.

The crisis residential service is a service provided at small facilities that provide residential accommodations and continuous supervision for individuals in crisis. The service provides a temporary place to stay for consumers who need to be removed from a stressful environment or who need a place in which to stay to stabilize or until other arrangements are made. Access shall be provided through approved referral sources.

§ 5240.142. County administrator's responsiblities.

(a) Administrators shall assure that providers adhere to this chapter and provide prompt service availability.

(b) Administrators shall maintain a record of providers of crisis residential service showing service availability.

(c) Administrators shall approve and maintain a list of approved referral sources. This list shall be reviewed and approved yearly.

§ 5240.143. Facility requirements.

(a) Facility capacity is limited to eight beds.

(b) The facility shall meet National, State, and local laws relating to building codes and access and food preparation and handling.

(1) The facility shall be appropriate for the purpose for which it is used.

(2) One facility may not serve both adults and children.

(3) Staff persons of adolescent and children's units shall have training in child's mental health as well as access to mental health and medical professionals with education and training in child development and child mental health issues.

(4) Facilities for children and adolescents shall be age appropriate. They may include distinct units . for older children or adolescents, or both.

(c) A facility shall be unlocked from the inside and occupancy shall be voluntary.

§ 5240.144. Provider responsibilities.

(a) A written plan, approved by the county administrator, shall be on file showing how service is provided.

(b) The provider shall have on file a list of referral sources approved by county administrator. This list shall be reviewed and approved annually.

(c) The provider shall ensure that individuals have medical clearance prior to placement in the facility.

(d) Provider services includes:

(1) Intake.

(2) Examination and evaluation. Assurance that a medical examination and diagnosis is made for consumers housed over 24 hours.

(3) Room and board.

(4) Counseling and crisis stabilization.

(5) Limited recreational activities.

(6) Linkages and referrals through county mental health case management service providers for publicly funded consumers.

(7) Administration of medication.

(e) Organizational requirements are as follows:

(1) The crisis residential service shall be separately identified with a full-time supervisor.

(2) Overall supervision of the service and individual supervision shall be provided by a medical professional or a mental health professional.

(3) Additional staff may be mental health workers, medical assistants or aides.

(4) Staff persons shall qualify under § 5240.31 (relating to staff requirements).through:

(f) Two staff members shall be on duty at all times, one of whom shall be a medical professional or mental health professional.

(1) A person authorized under State law to administer medication shall be available for prompt response at all times.

(2) There shall be a physician back-up to authorize the administration of medication.

§ 5240.145. Payment conditions.

(a) Service is billable while the consumer is in residence.

(b) A unit of service is 8 hours or a major portion thereof.

(c) A maximum stay is 120 hours. An additional stay is authorized if recommended by a physician, psychiatric nurse practitioner, licensed psychologist or licensed social worker and approved by the county administrator.

APPENDIX A. CASSP AND CSP PRINCIPLES CASSP Principles

CASSP Principles

(a) *Core values for the system of care.*

(1) The system of care should be child-centered, with the needs of the child and family dictating the types and mix of services provided.

(2) The system of care should be community-based, with the focus of services as well as management and decision making responsibility resting at the community level.

(b) *Principles of services for children and adolescents in this Commonwealth.*

(1) Children and adolescents deserve to live and grow in nurturing families.

(2) Children and adolescents' needs for security and permanency in family relationships should pervade all planning.

(3) The family setting should be the first focus for treatment for the child or adolescent. Out-of-home placement should be the last alternative. Young children should not need to be in a State hospital to receive appropriate mental health treatment.

(4) Communities should develop a rich array of services for children and their families so that alternatives to out-of-home placement are available, such as home-based services, parent support groups, day treatment facilities, crisis centers and respite care.

(5) Parents and the child should participate fully in service planning decisions.

(6) The uniqueness and dignity of the child or adolescent and his family should govern service decisions. Individualized service plans should reflect the child or adolescent's developmental needs which include family, emotional, intellectual, physical, and social factors. The older adolescent's right to risk should be considered. Children and adolescents should not need to-be labeled in order to receive necessary services.

(7) The community service systems which are involved with the child and family should participate land share placement, program, funding and discharge responsibilities.

(8) The primary responsibility for the child or adolescent should remain with the family and community. Pre-placement planning should -include a discharge plan.

(9) Case management should be provided to each child and family to ensure that multiple services are delivered in a coordinated, time-limited, and therapeutic manner which meet the needs of child and family.

(10) Each child should have an advocate.

CSP Principles

The CSP philosophy is embodied in a set of guiding principles, emphasizing client self-determination, individualized and flexible services, normalized services and service settings and service coordination.

(1) Services should be consumer-centered. Services should be based on and responsive to the needs of the client rather than the needs of the system or the needs of providers.

(2) Services should empower clients. Services should incorporate consumer self-help approaches and should be provided in a manner that allows clients to retain the greatest possible control over their own lives. As much as possible, clients should set their own goals and decide what services they will receive. Clients also should be actively involved in all aspects of planning and delivering services.

(3) Services should be racially and culturally appropriate. Services should be available, accessible and acceptable to members of racial and ethnic minority groups and women.

(4) Services should be flexible. Services should be available whenever they are needed and for as long as they are needed. They should be provided in a variety of ways with individuals able to move in and out of the system as their needs change.

(5) Services should focus on strengths. Services should build upon assets and strengths of clients in order to help them maintain a sense of identity, dignity and self-esteem.

(6) Services should be normalized and incorporate natural supports. Services should be offered in the least restrictive, most natural setting possible. Clients should be encouraged to use the natural supports in the community and should be integrated into the normal living, working, learning and leisure time activities of the community.

(7) Services should meet special needs. Services should be adapted to meet the needs of subgroups of severely mentally ill persons, such as elderly individuals in the community or in institutions, young adults and youth in transition to adulthood, mentally ill individuals with substance abuse problems, mental retardation, or hearing impairments; mentally ill persons who are homeless; and mentally ill persons who are inappropriately placed within the correctional system.

(8) Service systems should be accountable. Service providers should be accountable to the users of the services and monitored by the State to assure' quality of care and continued relevance to client needs. Primary consumers and families should be involved in planning, implementing, monitoring and evaluating services.

(9) Services should be coordinated. In order to develop community support. services, services should be coordinated through mandates or written agreements that require ongoing communication and linkages between participating agencies and between the various levels of government. In order to be effective, coordination shall occur at the client, community and State levels. In addition, mechanisms should be in place to ensure continuity of care and coordination between hospital and other community services.