



Behavioral Health Services for Children:

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About PHLP

- We are a statewide, non-profit law firm that provides free legal services to individuals having trouble accessing publicly-funded health care coverage and services.
- We serve clients from **all PA counties**
- There is **no income limit** for our services
- Technical assistance to PLAN org. staff, social workers, others
- Also engage in policy advocacy, community education, monthly newsletters and other publications

Today's Topics

- ❑ Importance of child behavioral health to our clients
- ❑ Services through school districts, IUs and county ID/DD agencies
- ❑ BHRS
- ❑ ABA
- ❑ Residential
- ❑ How to access services
- ❑ Appeal rights if services are denied or terminated

Why you need to know about these services

A child's behavioral challenges can affect:

- Parent's employment
- Education
- Custody
- Housing
- Safety of the child & other family members
- Child's involvement in the juvenile justice system

School districts (“LEAs”)

Parents/guardians are often called to leave work to pick up a child from school that is having behavior problems. This often results in the parent/guardian losing their job which in turn can result in utility shut-offs, loss of housing and force the family onto public assistance.

However, for school aged children, school districts are responsible to provide behavioral health services that are needed to enable the child to participate in and benefit from the school district’s educational programming

Parents/guardians should be advised to seek behavior supports for their child from the school district to help their child succeed at school and enable the parent to keep his/her job

School districts- 2

This is done by requesting a “multidisciplinary evaluation” which can result in identifying the child as eligible for special education, including behavior supports

If the child is identified as qualifying for special education, the parent(s) is entitled to work with the school district in developing an Individual Education Program (IEP) which should include a behavior support plan

The behavior plan establishes the specific behavior supports the school district is responsible to provide

School districts- 3

Families do not have free choice of behavior health providers for services provided per an IEP. School districts typically use their own staff or an agency with which they have contracted to provide behavioral health services and may place the child in a special class. The parent/guardian may need to appeal (“go to due process”) if they believe the staff or placement are inappropriate for the child’s behavioral health needs

Behavioral health services in school may also be provided by agencies funded by Medical Assistance HealthChoices Managed Care Organizations (MCOs). School districts and Medical Assistance have separate but overlapping legal obligations to provide behavioral health services to school age children

School districts- 4

Parents/guardians have greater choice of providers through HealthChoices than through their child's school district. However, school districts have the legal right to refuse to allow an outside agency from providing behavioral health services in their schools. The school district remains obligated to provide behavioral health services as specified in the child's behavior support plan.

School districts are not responsible to provide behavior supports at home or in other settings that are not part of the child's educational program

Residential & Pre-school

However, some school districts have partially funded residential placements for children with significant complex needs and have usually done so in conjunction with funding provided by HealthChoices

Pre-school children age 3+ are also entitled to behavioral health services under Early Intervention which is provided by an Intermediate Unit (“IU”) or a contractor for the school district.

Children under 3 may also be entitled to behavioral supports through a different Early Intervention program which is usually administered by the County Intellectual/Developmental Disabilities agency.

Referrals

Clients should be referred to the following organizations for information about and assistance in obtaining needed behavior supports for their child(ren) from the child's school district or Early Intervention agency:

- ConsultLine (run by the PA Dept. of Education)- 1-800-879-2301;
- Spanish help line- 1-877-983-7627
- The PEAL Center- 1-866-950-1040, pealcenter.org
- Disability Rights PA- 1-800-692-7443, www.disabilityrightspa.org

Services through Medical Assistance

Medical Assistance funds a wide variety of behavioral health services for children and youth under age 21.

These services can be provided in an office, the child's home, school, the community or in a residential setting

Children with significant behavioral challenges can qualify for Medical Assistance regardless of the parent's income (category PH95)

Children who are covered by other health insurance (except CHIP) can also qualify for Medical Assistance which will cover some services private insurance won't and

For most children, their behavioral health coverage is through a behavioral health managed care organization that serves their county

Behavioral Health Rehabilitation Services (“BHRS” or “wraparound”)

- These services are the most common group of services provided to children. They are provided one on one in the child’s home, community and in school in accordance with the child’s treatment plan.
- Because the goal of BHRS is the transfer of skills from the mental health professionals to family and other individuals such as teachers who regularly interact with the child, a parent/guardian or other adult must be present while the TSS, Mobile Therapist or BSC is with the child. Therefore, BHRS cannot be used to provide staffing when the child is home alone.

Therapeutic Staff Support (TSS)

Therapeutic staff support refers to an individual who provides one-on-one interventions to a child or adolescent at home, school, day care, other community-based program, or community setting when the behavior without this intervention would require a more restrictive treatment or educational setting.

Most common BHRS service

Must have a Bachelor's degree in certain fields or an Associates degree with 3 years experience working with children or adolescents

Mobile Therapist

A mobile therapist provides intensive therapeutic services to a child and family in settings other than a provider agency or office

Supervises TSSs

Must have a Master's level mental health degree + 1 year experience serving children or licensed mental health professional

Behavior Specialist Consultant

While maintaining some direct contact with child and family, the behavior specialist consultant (BSC) primarily provides assessment, program design and monitoring rather than direct therapy.

Must be licensed psychologist or a Master's level clinician supervised by a licensed psychologist

Applied Behavioral Analysis (ABA)

ABA consists of a group of behavioral interventions that use direct observation, measurement, and functional analysis of the relations between environment and behavior to design interventions using environmental modifications, behavior stimuli and consequences.

ABA is used to develop needed skills (behavioral, social, communicative, and adaptive functioning) through the use of reinforcement, prompting, task analysis, or other appropriate interventions in order for a child or adolescent to master each step necessary to achieve a targeted behavior.

ABA- 2

It can also be used to reduce or ameliorate the presence of a child's or adolescent's maladaptive or restricted behaviors, impairments in communication, or impairments in social interactions or relationships or assist a child or adolescent with achieving or maintaining the skills needed for maximum functional capacity in performing activities of daily living.

Therefore, ABA services can address skills like toilet training for a child. This is recognized by medical necessity criteria that are different from those used for BHRS.

A child or adolescent does not have to present with externalizing or negative behaviors in order for ABA to be medically necessary.

ABA- 3

ABA interventions are evidenced based therapies for children on the autism spectrum but may be used for children with other diagnoses.

As a result of Disability Rights PA lawsuit Sonny O v. Dallas, ABA interventions are now covered under Medical Assistance.

They are billed as TSS and BSC services. However, BSCs who provide ABA to children on the autism spectrum must be licensed as Behavior Specialists under the Autism Insurance Act, Act 62, or have certain other licenses. TSS staff implementing ABA treatment plans must also have special training in ABA.

ABA- 4

DHS published proposed regulations in July 2018 recognizing ABA as a distinct service. Following extensive public comments, DHS is expected to submit its final version of the regulations to the Independent Regulatory Review Commission in the next few months. These regulations will make significant changes to the current education training and supervision requirements for staff providing ABA.

Summer therapeutic activities programs

Also known as therapeutic summer camps, these provide a range of age appropriate specialized therapies (defined as art, music, dance and movement, play, recreational or occupational therapies) and/or more traditional structured therapeutic group activities designed to aid in the development of interpersonal relationship, daily living, decision-making, problem-solving and coping skills

Hours are supposed to be generally limited to 3 hours a day and not for preschool children

Providers must have a “service description” approved by the state Office of Mental Health & Substance Abuse

Family based services

Is provided by a team composed of either two child mental health professionals or one child mental health professional and a child mental health worker. The educational and training requirements for the child mental health professional are higher than those for a TSS.

It incorporates intensive home therapy, casework services, family support services and 24 hour, 7 day availability for crisis stabilization

Is available to children who are at risk for out-of-home placement due to a severe emotional or behavioral disorder, or due to a severe mental illness. Family based is also used as a step-down for children returning to their family, which may include natural or substitute care families, following out-of-home placement.

Family based services- 2

Unlike BHRS, one of the team members can work with parents & siblings without the child being present while the other team member works with the child.

It can also provide out of home respite during a family crisis.

The initial authorization for family based is 32 weeks. While it can be reauthorized beyond 32 weeks, that is uncommon

Partial hospitalization

Offers a wide range of treatment in a setting segregated from the child's natural setting for part of the day. As such, it is more restrictive than BHRS or Family Based but less restrictive than residential programs because the child returns home each evening. It is used as step-down care for a child leaving residential placement or to avoid residential placement for a child whose needs cannot be met by BHRS.

It is appropriate for children who require the coordinated, intensive and comprehensive treatment available from a multi-disciplinary team within a single setting

Group therapy is a common modality in partial hospitalization

Residential

Residential Treatment Facilities (RTFs)

- ❑ The child lives in the facility where they receive behavioral health services.
- ❑ Unlike acute psychiatric hospitalization, the residences are not locked

Psychiatric hospital

- ❑ Most restrictive setting. Can include locked wards. Most common now for short term stays to address a mental health crisis

Reinvestment funds

BH MCOs are limited to the amount of “excess revenue” (profit) they can keep. Excess revenue about that limit must be “reinvested” by the BH MCO in behavioral health programs

BH MCOs request permission from the Office of Mental Health & Substance Abuse to use their reinvestment funds on specific behavioral health programs that would not otherwise be covered by Medical Assistance.

Reinvestment funds- 2

These allow the creative use of funds to fill identified gaps in the service system, test new innovative treatment approaches, and develop cost-effective alternatives to traditional services

Reinvestment funds can be used for proprietary therapies known as “evidence based therapies” or for special outreach or assistance to target populations.

Because the BH MCOs decide programs they will seek permission to fund, these programs vary between BH MCOs

Accessing services through Medical Assistance (HealthChoices)

The "psych eval"

- Obtaining a psychiatric or psychological evaluation ("psych eval") is usually the first step in accessing behavioral health services funded by Medical Assistance
- Most children on Medical Assistance are enrolled in a Behavioral Health Managed Care Organization ("BH MCO" called a "bim-koh") through a program called HealthChoices
- The BH MCO enrolls service providers and determines the type and amount of behavioral services it will pay for. It does not provide direct behavioral health services.
- The family does not get to choose their child's BH MCO. They are assigned based on the child's county of residence. See <http://www.healthchoices.pa.gov/providers/about/behavioral/> for a list of BH MCOs by county.
- The family can obtain a list of providers enrolled with that BH MCO and should then contact one or more to see if they are able to provide the psych eval
- The parent/guardian obtains the child's psych eval from a psychiatrist (for residential services) or psychologist who usually works for a behavioral health agency that is enrolled with the child's BH MCO
- The psych eval provides information about the child's strengths and needs and then makes recommendations regarding the type, amount and location (home, community or school) of services
- Only a psychiatrist can recommend residential services provided out-of-home
- Some counties (Chester & Phila) require "comprehensive evals" done by selected. In those situations, the agency performing the comprehensive eval may not be permitted to provide the services recommended by the eval

The treatment plan

- If the psych eval recommends services other than in-office therapy, the behavioral health provider then appoints a therapist to develop a treatment plan based on the psych eval
- The provider submits the psych eval and treatment plan to the BH MCO for review and approval. This process is called "prior authorization".
- Requests are typically for 6 months of services but requests for BHRS for a child with an autism diagnosis can be for 12 months.
- If the BH MCO approves the services requested in the amount requested, the provider can start services as soon as it has qualified staff to assign to the child. Unfortunately, there is a serious shortage of qualified staff so families may wait months for a staff person to be hired to serve their child

Continuation of services

- Authorizations by the BH MCO for BHRS are usually for 6 months or for children on the autism spectrum, 12 months. Authorizations for residential services may be for even shorter periods of time.
- Prior to the expiration of the authorization period, the service provider will get a new psych eval done, revise the treatment plan and submit these to the BH MCO for review.
- The BH MCO will consider whether goals in the treatment plan have been met. If they have, the BH MCO will probably authorize a reduction of services over future months known as "titration".
- If goals have not been met, the BH MCO will want to know what progress has been made towards those goals. If little progress has been made, the BH MCO may deny the current service and recommend a different service or insist the service provider redo the treatment plan.
- The BH MCO will also consider whether less restrictive alternatives are available, especially for residential services. So, BHRS may be authorized instead of continued residential services. For services in school, the MCO will also consider whether the school is providing behavioral supports.

Appeals

- If the BH MCO denies the service requested or approves a lesser amount, the BH MCO must provide the parent/guardian with written notice and the parent/guardian can appeal that denial.
 - The 1st appeal is to the BH MCO and is called a "grievance".
 - The parent/guardian has 60 days from the date the denial notice is mailed by the MCO to ask for a grievance. The request for a grievance can be made over the phone or in writing.
 - If the BH MCO is terminating or reducing a behavioral health service the child is currently receiving, the family can ensure that service continues pending the hearing decision by asking for a grievance within 10 days from the date the termination or reduction notice was mailed.
 - If the services requested are new or increased from the amount of services currently received, filing a grievance will not automatically authorize those new or additional services while the grievance is pending.
 - However, the parent/guardian can request an "expedited grievance" if they can get a psychologist or psychiatrist to write a letter stating that the child's "life, physical or mental health, or ability to attain, maintain or regain maximum function would be placed in jeopardy" if the child had to wait 30 days for a grievance decision (the regular time line for grievance decisions). For an expedited grievance, the BH MCO must hold and decide the grievance within 48 hours upon receipt of the psychiatrist/psychologist certification
 - The grievance is decided by a panel of 3 people, one of whom must be a psychologist (or psychiatrist if a residential service is being requested) and another who must be a consumer or parent of a child enrolled in that plan.
 - Individuals who had any involvement in the decision being appealed cannot serve as panel members
 - If the grievance is denied, the parent/guardian can appeal to DHS which is scheduled as a "fair hearing" and heard by an Administrative Law Judge from the Bureau of Hearings & Appeals
 - We recommend legal service advocates contact us if they are considering representing a child in a behavior health grievance or fair hearing

Accessing services- the BH MCOs

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The psych eval- 2

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Treatment plans & authorization requests

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Requests for continued treatment

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Requests for continued treatment- 2

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Appeals- the grievance

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Grievance- new service request

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Grievance panel & Fair Hearing

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THANK YOU!

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