



Community Behavioral Health: Provider Notification Behavioral Health Rehabilitative Services (BHRS) Forum Frequently Asked Questions (FAQ) September 8, 2017

At the CBH Behavioral Health Rehabilitative Services (BHRS) and School Therapeutic Services (STS) Provider Forum held on February 6, 2017, providers were asked to submit their questions about BHRS. A collaborative workgroup including representatives from CBH and providers developed the following responses to the questions that were submitted. Please submit any further questions regarding this FAQ to CBH.Compliancecontact@phila.gov.

BHRS FORUM FAQs

1. Q) Cheat sheet for what's billable vs. not billable for Behavioral Specialist Consultant (BSC), Mobile Therapy (MT), Therapeutic Support Staff (TSS)

A) CBH has developed a workgroup, including representation from the BHRS provider network, to develop a list of billable and non-billable activities specific to BHRS not already addressed by MA regulations. Providers are welcome to send questions to Jeanae.Hopgood@phila.gov to have questions reviewed by the workgroup.

2. Q) Is an agency able to bill for TSS services during their on-site supervision by BSC? (To clarify, can TSS services occur simultaneously with onsite supervision?)

A) This question is answered by Pennsylvania Department of Human Services (DHS) 2001 Medical Assistance (MA) Bulletin Number 01-01-05, 29-01-03, 33-01-03, 41-01-02, 48-01-02, 49-01-04, 50-01-03 "Revisions to Policies and Procedures Relating to Mobile Therapy, Behavioral Specialist Consultant and Therapeutic Staff Support Services" (http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_004396.pdf) and corresponding "Frequently Asked Questions" regarding this Bulletin: (<http://www.dhs.pa.gov/provider/frequentlyaskedquestions/behavioralhealthrehabilitationservicesbhersfrequentlyaskedquestions/>):

53. Can a TSS worker bill TSS hours when receiving on-site supervision?

Response: Yes, when the TSS is providing services while supervision is being performed.

Note that a BSC or MT cannot bill for BSC or MT services while providing the on-site component of the TSS supervision. See CBH Provider Notice "[TSS Supervisor Requirements](#)" dated May 12, 2017 for details. See also the DHS FAQ, which states:

46. In the event that a TSS worker receives supervision during a regularly scheduled time once a week for one hour with a primary supervisor in the context of a group, can a MT or BSC provide the on-site supervision component? Response: The MT or BSC could perform the on-site supervision because he or she meets the qualifications for a supervisor, not because he or she is the MT or BSC assigned to the case. This supervision is distinct from the clinical consultation that a MT or BSC provides. Clinical consultation does not meet the requirement for on-going supervision. If someone other than the designated supervisor provides the on-site supervision, there must be feedback from this person to the designated supervisor.

3. Q) Can Behavioral Health Worker (BHW) supervision be conducted in group format (STS)?

A) For BHW supervision, CBH follows the Commonwealth's standards for TSS. See PA DHS 2001 MA Bulletin Number 01-01-05, 29-01-03, 33-01-03, 41-01-02, 48-01-02, 49-01-04, 50-01-03 "Revisions to Policies and Procedures Relating to Mobile Therapy, Behavioral Specialist Consultant and Therapeutic Staff Support Services" (http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_004396.pdf) and corresponding "Frequently Asked Questions" clarification document regarding this Bulletin: (<http://www.dhs.pa.gov/provider/frequentlyaskedquestions/behavioralhealthrehabilitationervicesbhrs/frequentlyaskedquestions/>):

49. Can group supervision qualify for requirements? Example: one supervisor and three TSSs in room - session, one hour. Does that count for their hours/week of supervision? Response: Yes; however, there must be periodic one-to-one supervision, in addition to group supervision.

4. Q) How many hours of supervision does a TSS need per month with a caseload of 25 hours per week?

A) See PA DHS MA 2001 Bulletin Number 01-01-05, 29-01-03, 33-01-03, 41-01-02, 48-01-02, 49-01-04, 50-01-03 "Revisions to Policies and Procedures Relating to Mobile Therapy, Behavioral Specialist Consultant and Therapeutic Staff Support Services" (http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_004396.pdf):

Effective July 1, 2001, all TSS workers must receive ongoing supervision by a qualified supervisor, each week that the TSS worker provides services, as follows: a. TSS workers employed twenty hours per week or more must receive at least one hour of supervision per week; b. TSS workers employed less than twenty hours per week must receive at least thirty minutes of supervision per week.

5. Q) In an STS program, can a Lead Clinician bill 30 minutes/week for a client who is temporarily in a higher level of care for collaboration/continuity of care purposes? (In the past, this has been approved then sporadically it's been unapproved).

A) Lead clinicians can bill for collaboration when it is clinically relevant to the reason for admission and to support discharge planning.

6. Q) Does compliance take back money if during a visit they find that supervision notes are not legible? Missing?

A) Providers must follow PA DHS MA 2001 Bulletin Number 01-01-05, 29-01-03, 33-01-03, 41-01-02, 48-01-02, 49-01-04, 50-01-03 “Revisions to Policies and Procedures Relating to Mobile Therapy, Behavioral Specialist Consultant and Therapeutic Staff Support Services” (http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_004396.pdf), which states that:

The enrolled provider must make the documentation of training, assessment and assistance, and supervision sessions readily available for review and copying by the Department, or a contractor or other designee of the Department, on request (page 6).

Provider rates are developed to include supervision and training for staff. While the CBH Compliance Department does not currently take back money for missing supervision documentation, providers should always follow relevant Commonwealth regulations and be prepared for CBH to enforce them.

7. Q) How often do you feel supervision of STS Lead Clinicians should occur?

A) Supervision should occur in accordance to your program service description which was approved by the state regarding adequate clinical oversight for the lead clinician’s caseload. In each description, the lead clinician is equivalent to that of a mobile therapist.

8. Q) We were told that BSCs cannot bill more than half of the authorization for data analysis. Is that annually or monthly? We have found that the BSC may need to spend more time on data analysis around a re-auth or if an addendum is needed but most of the yearly auth is direct.

A) Progress notes and treatment plans need to reflect the time spent collecting and examining the data.

CBH does not have a maximum amount of time permitted to be spent on data analysis. The role of the lead clinician is to determine effectiveness of interventions and support the rationale for an intervention or service change. Progress notes and treatment plans need to document the work performed and include conclusions driven from the analysis. The time reflected in the progress notes should be supported by the amount of data available for review in the record and by the resulting changes in treatment that may follow.

9. Q: Can you inform providers when you find that a clinician is doing something fraudulent?

A) CBH Compliance Analysts regularly advise providers of concerns found during audits, often recommending that providers conduct self audits, including reviews of encounter forms and outreach to families, schools, and any other service locations if fraud is suspected. CBH cannot notify a provider if a staff member was suspected of fraud while working at a previous employer, as not all cases result in prosecutions. CBH’s Compliance Department regularly makes referrals to the DHS Bureau of Program Integrity and Office of Attorney General for further investigation when warranted.

Providers can strengthen their internal compliance efforts by checking the three exclusions databases prior to hire and monthly (see the [June 21, 2106 CBH Provider Notice](#) for discussion of this requirement) in conjunction with a thorough new hire screening process and ongoing internal quality assurance measures. Periodic reviews of documentation during supervision can also assist providers in detecting potential fraud, waste, and/or abuse.

10. Q) Who is permitted to conduct TSS supervision? Psychologist, clinical supervisor, etc. Specify level of education, degrees.

A) This question is answered by PA DHS 2001 MA Bulletin Number 01-01-05, 29-01-03, 33-01-03, 41-01-02, 48-01-02, 49-01-04, 50-01-03 “Revisions to Policies and Procedures Relating to Mobile Therapy, Behavioral Specialist Consultant and Therapeutic Staff Support Services” (http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_004396.pdf) and corresponding “Frequently Asked Questions” clarification document regarding this Bulletin: (<http://www.dhs.pa.gov/provider/frequentlyaskedquestions/behavioralhealthrehabilitation/bhhrs/frequentlyaskedquestions/>)

43. What are educational/job requirements for a TSS worker supervisor? Response: In order to be qualified to conduct either the initial Assessment and Assistance or the ongoing supervision of TSS workers, the supervisor must be: 1) a licensed mental health professional; or 2) a person with a graduate mental health degree and at least one year of experience either: a) in a CASSP service system (employed by or under contract to children and youth services, juvenile justice, mental health, special education, or drug and alcohol, working with children); or b) employed by a licensed mental health services agency or subcontracted agency.

Note that this means that if the person is not a licensed mental health professional, they must have a graduate mental health degree as stated in #2, **and** either a) or b) above.

11. Q) Can a Board Certified Behavior Analyst (BCBA) do supervision for BSCs?

A) Per the [CBH Manual for Review of Provider Personnel Files](#):

For non-BSC-ASDs: “Regular/documented clinical supervision from a supervisor meeting the criteria for licensed psychologist” (page 26).

For BSC-ASDs: “Appropriate supervision as determined by the provider and regulatory entities” (page 24).

Per the [CBH ABA Performance Standards](#):

For BSC-ASDs working in an ABA-designated program: “The BSC-ASD providing ABA services will abide by the BACB’s supervision structure as if they were in the process of obtaining BCBA certification. They will obtain supervision by a BCBA or BCBA-D (Board Certified Behavior Analyst- Doctoral level), with supervision credentialing by the BACB, for 5% of their direct clinical hours worked per supervision period (two-weeks). 50% of these hours must be in-person, individual supervision. 50% may be in small groups of no more than 10 people. The BSC-ASD

must review each case that they are working on at least once monthly during supervision sessions” (page 11).

12. Q) How can CBH give providers QI's when they know staffing is an issue?

A) Quality indicators (QI) are used for tracking and trending data.