Psychiatric Rehabilitation Services

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Overview of Presentation

- PRS Chapter 5230 Regulations & Requirements (admission, continued stay, and discharge criteria)
- Documentation Requirements for PRS
- PRS Compliance Tools
Psychiatric Rehabilitation Services: Regulations & Requirements
• **PA Code Title 55 Chapter 5230 Psychiatric Rehabilitation Services**

http://www.pacode.com/secure/data/055/chapter5230/chap5230toc.html

**Admission Requirements:**

1. Written recommendation from a Licensed Practitioner of the Healing Arts (LPHA). An LPHA is any one of the following: physician, physician’s assistant, certified registered nurse practitioner, and psychologist.

2. Have the presence or history of a serious mental illness that’s been diagnosed by an LPHA. Serious Mental Illness (SMI) includes schizophrenia, major mood disorder, schizoaffective disorder, borderline personality disorder, and psychotic disorder (NOS- not otherwise specified).
1. For individuals that don’t have an SMI, an LPHA can write a recommendation that includes a mental illness diagnosis listed on Axis I in the DMS 5 with the corresponding ICD-10 code or subsequent versions.

2. The recommendation has to include a description of a functional impairment that’s a result of the mental illness.

3. Has a moderate to severe functional impairment with at least one of the following domains: living, learning, working, and socializing.

4. The member chooses to receive PRS. There should be a signed and dated consent to treatment form located in the members’ record. Please refer to the HealthChoices Minimum Documentation Standards for All Provider Types for more details regarding Consent to Treatment for PRS.

Continued Stay Requirements:

A PRS agency can determine a continued need for services through a members’ updated individual rehabilitation plan (IRP).

A members’ eligibility for continued stay is determined by documentation of the following:

1. The member chooses to continue participating in the PRS program.
2. Continued need is based on one or both of the following:
   - A functional impairment is identified in the (IRP).
   - Withdrawing from the service could result in loss of any rehabilitation gain that the member made while receiving PRS services.

Please refer to the PRS services tab for the Continued Stay form.

Discharge Requirements:
When a PRS agency documents one of the following criteria, discharge can occur:
1. The member achieved goals from their IRP plan and has made progress.
2. Gained maximum rehabilitative benefit.
3. Will not lose rehabilitation gain or a retained goal as a result of withdrawal from service.
4. Has voluntarily terminated.
Provider Responsibilities with Compliance

Documentation Requirements
The Key Components of a PRS member record are:

1. Consent to Psychiatric Rehabilitation Services
2. Release of Information (ROI) following best practice standards for VBH-PA
3. Rehabilitation Plan – *A strengths based assessment should be completed prior to the initial IRP and then updated annually or when a goal is achieved or the member requests to update it.
4. Service Note/Progress Note
5. Encounter Form
   - Please refer to the Minimum Documentation Standards
Consent To Treatment
Consent to Psychiatric Rehabilitation Services

- Name and signature of the member, or if appropriate, legal representative
- Name of the provider (should correspond with license)
- Type of psychiatric rehabilitation services
- Benefits and any potential risks
- Alternatives to psychiatric rehabilitation services
- Date consent is obtained
- Statement that services were explained to patient or guardian
- Signature of person witnessing the consent (clinician, specialist, professional, or worker)
- Name and signature of person who explained psychiatric rehabilitation services to the patient or guardian
Release of Information

- A release of information should be completed prior to initiating psychiatric rehabilitation services. This allows VBH-PA to review the entire member chart for audit, quality, and payment purposes.
- Member’s name or Medical Assistance identification number
- Date of release
- Expiration of release
- Dates of service range for the release
- Statement that the complete member record including psychiatric rehabilitation services information in service notes and assessments will be released for audit, quality, and payment purposes
- Signature of member or guardian and signature date
- Psychiatric rehabilitation specialist’s signature, credentials, and signature date
Individual Rehabilitation Plan
Individual Rehabilitation Plan

- Must be completed according to service requirements. * Initial IRP should be completed by 20th date of attendance but no later than 60 calendar days of initial contact. IRP should be updated at least every 90 calendar days and when a goal is completed, the member requests a change, or when no progress made. ** A strengths based assessment should be completed prior to the initial IRP and then updated annually or when a goal is achieved or the member requests to update it.
- Strengths and needs specific to the member’s functional impairments
- Psychiatric rehabilitation specialist’s signature, credentials, and signature date
- Member or guardian’s signature and signature date
- Evidence member or guardian participated with rehabilitation plan development
**Individul Rehabilitation Plan Continued**

- Goals and objectives based on referral and assessments of the member’s strengths and needs
- Service goals are measurable
- Service goals have established timeframes
- Rehabilitation plan is easy to read and understand
- Rehabilitation plan documents necessity for services
- Rehabilitation plan documents the utilization of services, such as frequency and time
- Rehabilitation plan reviews must be completed with member or guardian signature and signature date
- IRP’s require the dated signature of the PSR Director
Service Note - VBH-PA Minimum Documentation Standards

- Must be completed for each billable encounter
- Name or Medical Assistance identification number
- Date of service
- Start and stop times of service
- Units match the claims billing
- Place of service (specific location for community services)
- Reason for the session or encounter specific to member’s needs
- Service goals addressed
- Description of services provided by psychiatric rehabilitation specialist
- Member’s response to service goals and objectives
- Next steps and plans for continued services
- Narrative with the justification to support utilization and time billed
Service Note - VBH-PA Minimum Documentation Standards Cont’d

- Supporting documentation, when applicable
- Psychiatric rehabilitation specialist’s signature, credentials, and signature date

Pa Code 5230.63 Regulations

- § 5230.63. *Daily entry.*

- A PRS agency shall include an entry for the day service was provided in the record of an individual as follows:
  1. Indicates the date, time, duration, location and type of interaction.
  2. Documents service provided in the context of the goal.
  3. Documents the individual response to service.
  4. Includes the signature of the individual, or if the individual does not sign, documents the reason.
  5. Is signed and dated by staff providing the service.
**Encounter Form**

- Must be completed for each billable encounter (except for crisis and indirect services)
- Member name including member identification number (as required in the PA Medicaid Bulletin)
- Type of service
- Date with start and stop times
- Total units billed
- Signature of Member for each encounter
- Psychiatric rehabilitation specialist’s signature, credentials, and signature date
Compliance Tools
Compliance Tools

- Please reference the PA Code Title 55 Chapter 5230 for all Psychiatric Rehabilitation Services requirements.
  - [http://www.pacode.com/secure/data/055/chapter5230/chap5230toc.html](http://www.pacode.com/secure/data/055/chapter5230/chap5230toc.html)

- Please refer to PRS Compliance Tools in the services tab on the VBH-PA website.
  - [http://www.vbh-pa.com/services/Psychiatric-Rehabilitation-Services-Outline.pdf](http://www.vbh-pa.com/services/Psychiatric-Rehabilitation-Services-Outline.pdf)
VBH-PA Provider Manual Requirements

- VBH-PA Provider Manual
  - [http://www.vbh-pa.com/provider/info/prvmanual/toc.htm](http://www.vbh-pa.com/provider/info/prvmanual/toc.htm)

- FWA Webpage
- VBH-PA Fraud & Abuse Webpage
  Therapeutic & Rehabilitation Services
Questions

- Open phone lines and have a question and answer session amongst peers
- Questions can be submitted through the chat function and will be read at the end of the training
- Encourage open collaboration and participation to clarify answers to questions
- Questions will be documented and answers posted on the fraud/abuse webpage along with the training
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http://www.vbh-pa.com/fraud_abuse.htm