Psychiatric Partial Hospitalization Services

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Overview of Presentation

- Goal of Psychiatric Partial Hospitalization
- Psychiatric Partial Hospitalization & other parts of the system
- Treatment Planning
- Records
- Beacon Minimum Documentation Standards
- Resources/References
Goal and Objectives
The goal of partial hospitalization is to increase the level of patient functioning. The service may be provided to clients with chronic or acute mental disorders who require active treatment. Its objectives include the following:

1) The diversion of patients from acute psychiatric inpatient units or shorten the length of stay.

2) Crisis stabilization and treatment of chronically ill patients currently in treatment who require more intensive service for some period of time than is provided in OP or aftercare programs.

3) The return to the community of intermediate or long-term patients.
Psychiatric Partial Hospitalization & Other Parts of the System
§ 5210.12. Linkages with other parts of the service system

(a) Partial hospitalization program requires a close relationship with an acute psychiatric inpatient service. A written statement as to the availability of these services to patients is required and shall be maintained on file at the facility.

(b) Partial hospitalization program shall also assure linkages with other appropriate treatment and rehabilitative services including emergency services, outpatient services, and vocational rehabilitation programs. A written statement documenting such linkages shall be maintained on file at the facility.

(c) The partial hospitalization program shall participate in the overall system of care as defined in the County Mental Health/Intellectual Disability (MH/ID) plan. A letter of agreement with the county program is required specifying the relationship of the partial program with the county program case management system and shall be included in its application for a certificate of compliance.
Process in place for partial hospitalization programs expected to last more than three school weeks as well as behavioral health rehabilitation services.

Designed to ensure that students are admitted to and remain in such programs and services only to the extent that such services are the least restrictive available to meet their needs; that students received necessary education and special education during their placements; and that coordinated discharge planning takes place without interruption of needed behavioral health and educational services.
Question:

May individuals receive other levels of care while also receiving PHP services such as outpatient mental health services; Behavioral Health Rehabilitation Services and Family Based Mental Health Services?

OMHSAS

Answer/Response:

Other services that are not provided as a component of services that exist within PHPs or are unattainable through PHPs may also be provided in situations when those additional services have been deemed medically necessary.
Treatment Planning
§ 5210.23. Treatment Planning and Records

- An individualized treatment plan shall be formulated for patients in partial hospitalization programs by the patient’s treatment team.

- A treatment team shall consist of a treatment team leader, a psychiatrist when the treatment team leader is not a psychiatrist and other appropriate staff.

- The treatment team leader shall be a mental health professional. For patients undergoing involuntary treatment, the treatment team leader shall be a physician or psychologist.

- For all patients in children and youth partial hospitalization programs, treatment plans shall be reviewed with parents or guardians of persons in children and youth partial programs if appropriate.
The treatment plan shall include the following:

(1) Be formulated to the extent possible, with the cooperation and consent of the patient, or a person acting on his behalf.

(2) Be based upon diagnostic evaluation which includes examination of the medical, psychological, social, cultural, behavioral, familial, educational, vocational and developmental aspects of the patient’s situation.

(3) Set forth treatment objectives and prescribe an integrated program of therapies, activities, experiences and appropriate education designed to meet these objectives.
(4) Be maintained and updated with signed daily notes, and be kept in the patient’s medical record or a form developed by the facility.

(5) Be developed within the first 5 days of service and reviewed by the treatment team a minimum of once every 20 days of service to the individual patient and modified as appropriate.
§ 5210.22. Psychiatric supervision.

At a minimum, the psychiatric supervision of an adult partial hospitalization program shall be by a psychiatrist who shall monitor each treatment plan on a regular basis as defined in §5210.23 (relating to treatment planning and records) and clinically supervise the treatment of patients.

§ 5210.32. Psychiatric supervision.

At a minimum, the psychiatric supervision of a children and youth partial hospitalization program shall be by a psychiatrist who shall monitor each treatment plan on a regular basis as defined in §5210.33 (relating to treatment planning and records) and clinically supervise the treatment of all patients.
Records
(a) Under section 602 of the Mental Health and Mental Retardation Act of 1966 (50 P. S. § 4602) and in accordance with recognized and acceptable principles of patient recordkeeping, the record shall include the following:

1. Patient identifying information.
2. Referral source.
4. Consent forms.
5. Medical, social and developmental history.
6. Diagnosis and evaluation.
§ 5210.26. Records

Records Continued:

(7) Treatment plan.
(8) Treatment progress notes for each contact.
(9) Medication orders.
(10) Discharge summary.
(11) Referrals to other agencies, when indicated.
§ 5210.26. Records

Records Continued:

(b) Records shall also be maintained as follows:

(1) Legible and permanent.

(2) Reviewed periodically as to quality by the facility director.

(3) Maintained in a uniform manner so that information can be provided in a prompt, efficient, accurate manner and so that data is accessible for administrative and professional purposes.

(4) Signed and dated by the staff member writing in the record.

(c) The facility shall maintain a record on each person admitted to the partial hospitalization program.
Beacon Minimum Documentation Requirements
The following will describe Beacon’s Minimum Documentation Standards for:

1. Consents to treatment
2. Releases of Information
3. Service Plans/Treatment Plans
4. Progress Notes
5. Encounter Forms
Consent to Treatment
Beacon Documentation Requirements

Consent to Treatment:

- Name and signature of the member, or if appropriate, legal representative
- Name of the provider (should correspond with license)
- Type of services and/or treatment
- Benefits and any potential risks
- Alternative services and/or treatment
- Date and time 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 the procedure to the patient or guardian
Release of Information
Beacon Documentation Requirements

Release of Information:

- A release of information must be completed prior to rendering services that allows Beacon 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 treatment information in service/progress notes and assessments will be released for audit, quality, and payment purposes.
- Signature of member or guardian and signature date.
- Clinician, specialist, professional, or worker’s signature, credentials, and signature date.
Service Plan/Treatment Plan
Beacon Documentation Requirements

Service Plan:

- Must be completed according to service requirements
- Service/rehabilitation/recovery plan date
- Strengths and needs specific to the member’s diagnosis and/or functional impairments
- Clinician, specialist, professional, or worker’s signature, credentials, and signature date
- Evidence member or guardian participated with service/rehabilitation/recovery plan development
- Goals and objectives based on referral and assessments of the member’s strengths and needs
Beacon Documentation Requirements

Service Plan Continued:

- Service goals are measurable
- Service goals have established timeframes
- Service/rehabilitation/recovery plan is easy to read and understand
- Service/rehabilitation/recovery plan documents necessity for services
- Service/rehabilitation/recovery plan documents the utilization of services, such as frequency and time
- Service/rehabilitation/recovery plan reviews must be completed with the member or guardian’s signature and signature date
Progress Note
Beacon Documentation Requirements

Progress Note:

- 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 clinician, specialist, professional, or worker
- Member’s response to service goals and objectives
Beacon Documentation Requirements

Progress Note Continued:

- Next steps and plans for continued services
- Narrative with the justification to support utilization and time billed
- Supporting documentation, when applicable
- Includes the signature of the individual, or if the individual does not sign, documents the reason (Psych Rehab services only)
- Clinician, specialist, professional, or worker’s signature, credentials, and signature date
Encounter Form
Beacon Documentation Requirements

**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

- Clinician, specialist, professional, or worker’s signature, credentials, and signature date
Resources/References
Please reference the PA State Regulations listed below and on the next slide for all Psychiatric Partial Hospitalization Service Requirements.

- **Chapter 5210. Partial Hospitalization**
  
  [https://www.pacode.com/secure/data/055/chapter5210/chap5210toc.html](https://www.pacode.com/secure/data/055/chapter5210/chap5210toc.html)

- **Chapter 1153. Outpatient Psychiatric Services**
  
  [https://www.pacode.com/secure/data/055/chapter1153/chap1153toc.html](https://www.pacode.com/secure/data/055/chapter1153/chap1153toc.html)

- **OMHSAS Bulletin-08-01, Issue Date: 1-04-08**, Guidelines for Interagency Planning for Children in Need of Behavioral Health Rehabilitation Services or Partial Hospitalization on Services During the School Day
Resources/References

- OMHSAS Health Choices Behavioral Health Policy Clarification- Issue Clarification #:01-07, Date of issue: 9-13-07

- OMHSAS Health Choices Behavioral Health Policy Clarification- Issue Clarification #:01-13, Date of Receipt: 01/08/13

- OMHSAS Health Choices Behavioral Health Policy Clarification- Issue Clarification #:01-14-01, Date of Receipt: 01-15-2014
Questions ??????

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Thank you