



VALUE BEHAVIORAL HEALTH
of PENNSYLVANIA

A BEACON HEALTH OPTIONS COMPANY

Intensive Outpatient (IOP) and Specialty Services

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Overview of Presentation

- **PA Code Title 55 Chapter 5200 Psychiatric Outpatient Clinics (psychiatric supervision, treatment planning, medications, and quality assurance)**
- **Documentation Requirements for Psychiatric Outpatient Clinics**
- **Psychiatric Outpatient Clinics Compliance Tools**



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Intensive Outpatient IOP: Regulations & Requirements



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State Regulations

- **PA Code Title 55 Chapter 5200 Psychiatric Outpatient Clinics**

- <http://www.pacode.com/secure/data/055/chapter5200/chap5200toc.html>

Psychiatric Supervision:

At a minimum, the psychiatric supervision of a psychiatric clinic shall be by a psychiatrist who must monitor all treatment plans on a regular basis as defined by § 5200.31 (relating to treatment planning). Psychiatric supervision shall be expanded as necessary for the patient population and services provided.

State Regulations Continued

Treatment Planning:

A qualified mental health professional or treatment planning team shall prepare an individual comprehensive treatment plan for every patient which shall be reviewed and approved by a psychiatrist. For patients undergoing involuntary treatment, the treatment team shall be headed by a physician or psychologist.

The treatment plan should include the following:

1. Be based on the results of the diagnostic evaluation described in paragraph (7).
2. Be developed within 15 days of intake, and for voluntary patients, be reviewed and updated every 120 days or 15 patient visits—whichever is first—by the mental health professional and the psychiatrist. *For involuntary patients review shall be done every 30 days. Written documentation of this review in the case record is required.

State Regulations Continued

Treatment Planning Continued

The treatment plan should include the following continued:

3. Specify the goals and objectives of the plan, prescribe an integrated program of therapeutic activities and experience, specify the modalities to be utilized and a time of expected duration and the person or persons responsible for carrying out the plan.
4. Be directed at specific outcomes and connect these outcomes with the modalities and activities proposed.
5. Be formulated with the involvement of the patient.
6. For children and adolescents, when required by law or regulations, be developed and implemented with the consent of parents or guardians and include their participation in treatment as required.

State Regulations Continued

Treatment Planning Continued

The treatment plan should include the following continued:

7. Specify an individualized active diagnostic and treatment program for each patient which shall include where clinically appropriate services such as diagnostic and evaluation services, individual, group and family psychotherapy, behavior therapy, crisis intervention services, medication and similar services. For each patient the clinic shall provide diagnostic evaluation which shall include an assessment of the psychiatric, medical, psychological, social, vocational, and educational factors important to the patient.

State Regulations Continued

Medications:

§ 5200.42. Drugs and medications.

(a) If medication is prescribed or dispensed by the facility, the requirements of all applicable Federal and State drug statutes and regulations shall be met.

(b) Written policies and procedures providing for the safe dispensing and administration of drugs by the medical and nursing staff shall be in writing and on file. Such policy shall include the following:

1. Prescriptions shall be written only by the physician.
2. Drugs shall be dispensed only on the order of a physician.
3. All drugs shall be kept in a secure place.
4. Each dose of medication administered by the facility shall be properly recorded in the patient's medical record.

State Regulations Continued

Medications Continued

§ 5200.42a. Medication prescription—statement of policy.

Prescriptions for medications may be written by and dispensed on the order of a certified registered nurse practitioner in outpatient psychiatric clinics as authorized under 49 Pa. Code Chapter 18, Subchapter C (relating to certified registered nurse practitioners) and Chapter 21, Subchapter C (relating to certified registered nurse practitioners).

State Regulations Continued

Medications Continued

§ 5200.42b. Clarification of the term “written”—statement of policy.

(a) The term “written” in §§ 5200.42(b)(1) and 5200.42a (relating to drugs and medications; and medication prescription—statement of policy) includes prescriptions that are handwritten or recorded and transmitted by electronic means.

(b) Written prescriptions transmitted by electronic means must be electronically encrypted or transmitted by other technological means designed to protect and prevent access, alteration, manipulation or use by an unauthorized person.

State Regulations Continued

Quality Assurance:

§ 5200.44. Quality assurance.

All psychiatric clinics shall have a utilization review and clinical audit process designed to ensure that the most appropriate treatment is delivered to the patient. *Patients shall be discharged when the identified benefit, as reflected in the initial evaluation, goals, objectives, and treatment plan, has been received.



Provider Responsibilities with Compliance

Documentation Requirements

Documentation Requirements

The Key Components of a member record are:

1. Consent to Psychiatric Outpatient Services
2. Release of Information (ROI) following best practice standards for VBH-PA
3. Treatment Plan
4. Service Note/Progress Note
5. Encounter Form
 - Please refer to the Minimum Documentation Standards
 - <http://www.vbh-pa.com/wp-content/uploads/sites/9/fraud/pdfs/Treatment-Psychotherapy-Services.pdf>



Consent To Treatment

Documentation Requirements Continued

Consent to Psychiatric Outpatient Services

- Name and signature of the member, or if appropriate, legal representative
- Name of the provider (should correspond with license)
- Type of service is listed (psychiatric outpatient)
- Benefits and any potential risks
- Alternatives to psychiatric outpatient 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 outpatient services to the patient or guardian

***The person witnessing the consent and the person explaining the service can be the same person.



Release of Information

Documentation Requirements Continued

Release of Information

- A release of information should be completed prior to initiating psychiatric outpatient 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 outpatient services information in service notes and assessments will be released for audit, quality, and payment purposes
- Signature of member or guardian and signature date
- Clinician's signature, credentials, and signature date



Treatment Plan

Documentation Requirements Continued

Treatment Plan

- Must be completed according to service requirements. * Be based on the results of the diagnostic evaluation. Be developed within 15 days of intake, and for voluntary patients, be reviewed and updated every 120 days or 15 patient visits—whichever is first—by the mental health professional and the psychiatrist. *For involuntary patients review shall be done every 30 days.
- Treatment plan date
- Diagnoses and/or symptoms addressed
- Clinician's signature, credentials, and signature date
- Member or guardian's signature and signature date
- Evidence member or guardian participated with treatment plan development

Documentation Requirements Continued

Treatment Planning Continued

- Goals and objectives based on evaluation and mental health strengths and needs
- Treatment objectives and prescribe as an integrated program of therapies, activities, experiences, and appropriate education designed to meet these objectives
- Treatment goals are measurable
- Treatment goals have established timeframes
- Treatment plan addresses or notes less restrictive alternatives that were considered
- Treatment plan is easy to read and understand
- Treatment plan documents necessity for services
- Treatment plan documents the utilization of services
- Treatment plan/reviews must be completed with member or guardian signature and signature date



Progress Note

Documentation Requirements Continued

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
- Treatment goals addressed
- Current symptoms and behaviors
- Interventions and response to treatment

Documentation Requirements Continued

Progress Note Continued

- Next steps and progress in treatment
- Narrative with the clinical justification to support utilization and time billed
- Supporting documentation attached to progress note for intervention
- development and indirect services
- Clinician's signature, credentials, and signature date



Encounter Form

Documentation Requirements Continued

Encounter Form:

- Must be completed for each billable encounter (except for services that are excluded from encounter form requirements)
- 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's signature, credentials, and signature date



Specialty Services

Specialty Services

Sexual Offender Treatment:

Value Behavioral Health of Pennsylvania, Inc. (VBH-PA) and our County partners believe that the treatment of sexual offenders is fundamentally different from traditional psychotherapy in a numbers of ways.

1. Traditional clients seek treatment of their own volition because they are aware of their need for change, help, and growth.
2. Sexual offenders are usually court-ordered to treatment, and change, regardless of their desire, is imperative for the community at large.
3. *Sexual offender treatment providers must have knowledge and experience beyond that of the traditional psychotherapist.*

Specialty Services

Sexual Offender Treatment Continued

**Sexual offender treatment providers must be able to demonstrate significant knowledge about:*

- The criminal justice and corrections systems
- Specific treatment techniques for specific age groups
- Diagnostic criteria or classifications
- Normal and aberrant human sexual development
- Psychological and psycho-physiological testing relevant to appropriate sexuality and sexual deviance

Specialty Services

Sexual Offender Treatment Continued

All specialty sexual offender treatment providers are required to meet the minimum standards as detailed below. These standards will be reviewed on a yearly basis.

*Please note that the minimum standards are required in order to continue to be a contracted specialty sexual offender treatment provider.

Minimum standards for Individual Preferred Providers of Sexual Offender Treatment:

1. Individuals must be licensed and credentialed with VBH-PA
2. Must have **individual*** current clinical membership with the Association for Treatment of Sexual Abusers (ATSA) **-OR-** **individual*** Sexual Offender Assessment Board (SOAB) certification as a board member or provider of sex offender treatment.
3. Ongoing CEUs must meet individual licensing requirements

*Individuals under a group certification (e.g. employed with a provider/facility that has ATSA or SOAB membership) or under the supervision of an ATSA or SOAB member, are excluded from consideration.

Specialty Services

Treatment of Trauma:

Value Behavioral Health of Pennsylvania, Inc. (VBH-PA) and our county partners believe that the treatment of trauma is fundamentally different from traditional psychotherapy in a number of ways.

1. Many members who seek traditional psychotherapy are not having their needs met due to a significant history of trauma.
2. Trauma providers must have the specialized experience, training, and supervision beyond that of the traditional psychotherapist.

Specialty Services

Treatment of Trauma Continued

Trauma providers must be able to demonstrate significant knowledge about:

- Human behavior and development
- Comprehensive mental health evaluations/clinical interview
- Psychosocial assessment
- Specific treatment techniques for specific age groups
- Treatment protocols that include Cognitive Behavioral Therapy (CBT), skill building for emotional regulation, and a Trauma Narrative component

Specialty Services

Treatment Trauma Continued

The minimum standards for preferred providers treating trauma:

- Credentialed with VBH-PA
- Licensed and/or Licensed Eligible Professional (LPC, LCSW, LSW, LMFT, Psychologist, Psychiatrist)
- Evidence Based Practices: Utilizes Trauma-Focused CBT, certification and/or documentation supporting the completion of a SAMHSA-approved training program or course.
- For practitioners based in the NW3 and SW6 counties, it is preferred that this certification be accomplished via the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) National Certification Program
- Screening Tool: Utilizes the trauma symptom checklist for adults and children
- VBH-PA welcomes the use of additional screening tools, but is requesting that the practitioner submit the tool to VBH-PA for prior approval. The screening tools used should be culturally sensitive and appropriate.

Specialty Services

Treatment of Trauma Continued

The minimum standards for preferred providers treating trauma continued:

- Clinical supervision minimum one (1) time per month, for a minimum of one (1) hour, by a trauma trained supervisor. VBH-PA prefers that the supervision is provided by a trauma trained/certified supervisor, but it is not required.
- Practitioner must provide documentation of twelve (12) hours of trauma-focused training every two (2) years.



Compliance Tools

Compliance Tools

- Please reference the PA Code Title 55 Chapter 5200 for **all** Psychiatric Outpatient Clinic requirements.
- ❑ <http://www.pacode.com/secure/data/055/chapter5200/chap5200toc.html>
- Please refer to Psychiatric Outpatient Clinic Compliance Tools on the VBH-PA website.
- ❑ <http://www.vbh-pa.com/wp-content/uploads/sites/9/services/Psychiatric-Outpatient-Clinics.pdf>

VBH-PA Provider Manual Requirements

- **VBH-PA Provider Manual**

- <http://www.vbh-pa.com/provider/info/prvmanual/toc.htm>

- **FWA Webpage**

- http://www.vbh-pa.com/provider/info/prvmanual/6_ClmsPyt/fraud_abuse.htm

Minimum Documentation Requirements

- **VBH-PA Fraud & Abuse Webpage**

Treatment and Psychotherapy Services

- <http://www.vbh-pa.com/wp-content/uploads/sites/9/fraud/pdfs/Treatment-Psychotherapy-Services.pdf>

Questions

- Please submit questions into the chat or question feature.



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