

*Provider Bulletin #15-03*  
**Philadelphia Behavioral Health System**  
**Community Behavioral Health**  
Acute Partial Hospital Program Documentation Requirements

June, 22, 2015

The purpose of this bulletin is to outline the documentation requirements based on the hourly rate structure. Please consider this a draft. We welcome your comments and questions. Please respond by July 24, 2015.

Applicable State Regulations

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Providers will be required to adhere to all applicable state licensing and payment requirements for Partial Hospital Programs. This includes (but may not be limited to) 55 Pa. Code § 5210 (Partial Hospitalization Licensing Regulations), 55 Pa. Code § 1153 (Outpatient Psychiatric Regulations) and 55 Pa. Code § 1101 (General Provisions). This would also include all applicable state bulletins or policy clarifications. CBH may utilize more specific and/or stringent requirements or definitions at times.

General Documentation Regulations

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Children's Acute PHP (325-21) is now billed in hourly units. This reflects a significant change in the documentation and billing requirements from the previous per diem acute PHP model. The hourly rate assigned to the level of care is viewed as being inclusive of all applicable outpatient services. This would include therapy (individual, group, and/or family), psycho educational groups, medication management, and assessment.

Documentation MUST support the units billed by the provider. To assist in accomplishing this, providers should ensure that every note:

- Indicates the date and time(s) of the service provided. This MUST be reflected using clock times to indicate time in and time out. Providers should utilize AM/PM designations or military time to specify the time of session. The clock times must accurately reflect the time spent in session for the particular service.

- Is signed by the staff person completing the service. This must be an original signature and the signature must also be dated. Dates may NOT be pre-printed. All notes must be signed (finalized) and placed in the client chart either prior to billing or within 7 days of the service, whichever occurs first.
- Is legible. Illegible notes (as determined by multiple DBH audit/clinical staff) will not be considered for approval/payment.
- Contains a clear and accurate representation of what occurred in the service being documented. This must include a report of BOTH the client and staff person's contribution to the service.
- Clearly relates back to stated objectives/goals documented in the treatment plan or addressing an emergent clinical need.
- Reflects a service performed by an appropriately credentialed and screened individual. Screenings required may include criminal background checks, state child abuse clearances and FBI fingerprint checks.
- (Group psychotherapy progress notes) Provides sufficient information to determine the group size. Psychotherapy groups must contain at least two but no more than 10 clients. Group psychotherapy sessions should occur for a minimum of one hour per session.
- (Psychoeducational Group Notes) Provides sufficient information to determine the group size. Psychoeducational groups must contain at least two but no more than 16 clients. These groups are permissible as a limited adjunct to more traditional therapy modalities (individual, group, and family).
- (Family therapy documentation) Indicates the specific family members present and contributing to the session.

## Treatment Plans

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The Treatment Planning update to the CBH Credentialing Manual is available on the CBH website (<http://dbhids.org/assets/Forms--Documents/Treatment-Plan-Chart-Full-Text-Version.pdf>), requirements for completing and updating treatment plans in Children's Acute PHP will be updated to reflect the following requirements:

***Initial Treatment Plan Due:*** Within the first five (5) days of service

**Treatment Plan Updates Due:** A minimum of once every 7 days of service and when an extension is requested.  
*Note: the plan due at Day 19 may be incorporated into the Discharge Summary.*

**Required Signatures:** Client (Parent/Guardian if child under 14-years old), Psychiatrist, Treatment Team

*An individual treatment plan shall be formulated for all patients in children and youth partial hospitalization programs by the patient's treatment team. A treatment team shall consist of a treatment team leader, a psychiatrist and other appropriate staff of the treatment program. 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. Treatment plans shall be reviewed with parents or guardians of persons in children and youth partial programs if appropriate.*

#### CONTENTS AND REVIEW OF A COMPREHENSIVE TREATMENT PLAN:

*The treatment plan shall:*

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

*(B) 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.*

*(C) Set forth treatment objectives and prescribe an integrated program of therapies, activities, experiences and appropriate education designed to meet these objectives and staff assignments.*

*(D) Be maintained and updated with signed daily notes, and be kept in the patient's medical record on a form developed by the facility.*

*(E) Treatment plans for children and youth partial hospitalization programs shall be developed within the first 5 days of service and reviewed by the treatment team and psychiatrist a minimum of once every 20 days of service and modified as appropriate. Such modification shall be recorded in the patient's record.*

#### CONTENTS AND REVIEW OF AN UPDATED TREATMENT PLAN:

*(A) Statement of Progress to include (but not limited to):*

- Change in client presentation*
- Change in medication; Response to medication (if applicable)*
- Change in diagnosis (if applicable)*
- Effectiveness of behavioral and family interventions*
- Collateral contacts, collaboration with other service providers*
- Collaboration with the school around educational and behavioral health needs*
- Attendance issues addressed (if applicable)*

*(B) New, modified, or continued goals and interventions. Explanation of transfer of skills to school, home, and community settings.*

*(C) Continuing Support Plan*

- Recommendations for new or continued services*
- Plans to address child welfare needs (if applicable)*

