Psychiatric Rehabilitation Services (PRS) Documentation Format

Components of the PRS Documentation Format:
- Psychiatric Rehabilitation Daily Services Record
- Psychiatric Rehabilitation Services Plan
- Psychiatric Rehabilitation Services Monthly Note
- Psychiatric Rehabilitation Services Plan Review

Agencies are not required to use this format for documentation of psychiatric rehabilitation services. Agencies may use any format of their choice provided that it contains the essential elements of documentation outlined in the Psychiatric Rehabilitation Medical Necessity Criteria and Standards (Second Edition) and meets the documentation requirements to qualify for Medical Assistance reimbursement.

Psychiatric Rehabilitation Daily Services Record

Purpose:
- To create a record of services a person receives during the course of one day at a PRS site-based program.
- To record the consumer’s verification of receipt of psychiatric rehabilitation services at the site-based program on that specific date.
- To document the consumer’s response to PRS, progress toward rehabilitation goals and objectives, and changes related to rehabilitation plans, goals and objectives.
- To record total billable and total nonbillable hours to assure accurate billing for psychiatric rehabilitation services.

Using the Psychiatric Rehabilitation Daily Services Record:

1. Before putting the Record into use, the agency inserts the names of groups, work units and other services which the consumer might participate in while at the program. Services should be listed under the appropriate column for the Role Performance Area addressed by that service: Vocational, Educational, Self-Maintenance-Living, Illness Management and Wellness, and Social. Only services eligible for reimbursement as PRS should be included in the top portion of the Record. Any nonbillable services are listed in that section near the bottom of the Record form. A PRS Service Area from the Psychiatric Rehabilitation Medical Necessity Criteria and Standards (Second Edition) is listed in the left hand column to identify the primary purpose of particular PRS services. Also, it is important for the program to maintain a separate written description of the group, work unit or service. This description gives a complete overview including information such as purpose; goals and expected outcomes; time, place and frequency of meetings; who might be interested in this particular service, and leaders/contact persons.
2. Time frame for the Psychiatric Rehabilitation Daily Services Record: Complete the Record each day the consumer attends the site-based program.

3. Upon arriving at the program, consumer or designated staff person completes the Time In using the exact time of arrival.

4. At the close of program, consumers, with assistance of designated staff, if needed, circle the names of all groups, work units or services attended during the course of time spent that day at the PRS program. Under Time Out, the exact clock time of departure is recorded, and the consumer signs the statement attesting to receiving psychiatric rehabilitation services on this date.

5. Designated staff, with the assistance of the consumer, if desired, completes a Daily Progress Note summarizing consumer response to services that day and recording progress toward rehabilitation goals and objectives as well as any changes and other important events related to rehabilitation plans, goals and objectives.

6. Staff person completing the Daily Progress Note signs and dates the note and prints name and title on the next line of the Record.

7. Information needed for billing is forwarded to the agency billing office. When determing Total Billable Hours, rounding up hours for billing is not permitted.

8. The Psychiatric Rehabilitation Daily Services Record is filed in the consumer’s PRS program service record.

9. Agency updates the Psychiatric Rehabilitation Daily Services Record as needed to reflect current PRS program groups, work units and services.

Considerations in Using the Psychiatric Rehabilitation Daily Services Record:

1. It is essential the Psychiatric Rehabilitation Daily Services Record be accurate in reporting Time In, Time Out, and the services the consumer has received during the day at the PRS program.

2. To assure accuracy, the agency needs to put into place an effective system for checking individuals in and out of the program and recording services each consumer receives during the course of the day.

3. Rounding up hours for billing is not permitted.

4. In preparing the Psychiatric Rehabilitation Daily Services Record for agency use, care must be taken to classify services accurately as billable or nonbillable according to the Psychiatric Rehabilitation Medical Necessity Criteria And
Standards (Second Edition). Examples of psychiatric rehabilitation services can be found in Section I.A., Program Description. Certain services may be provided as part of a PRS program but are not billable per Section I.A.3.d of the Standards. Services which are not Medicaid reimbursable include vocational activities or training such as job development, placement and coaching that prepare a person for a specific job, and educational services including GED programs or educational programs that prepare a person for a particular trade. However, activities such as learning to operate a word processor as part of a vocational exploration process or learning basic math skills to increase cognitive abilities that have been affected by mental illness and which do not prepare a person for a specific trade can be psychiatric rehabilitation, if clearly connected to an individual’s rehabilitation plan and the goal of the activity is clearly understood by both the staff and consumer. For more specific information about services which are billable and those which do not qualify for Medicaid reimbursement consult Policy Clarifications #RFP11-97-124 on breaks, lunch and activities, #RFP11-97-138 on leisure activities, #RFP11-97-151 on using a word processor and #RFP11-97-153 regarding services that cannot be billed to Medicaid.

Note: ICCD certified clubhouses should review Policy Clarification #RFP3-96-248/11-97-164 regarding billable activities in clubhouses. It is projected the majority of what occurs in clubhouses can be billed as psychiatric rehabilitation. ICCD Standards state, “all work in the clubhouse is designed to help members gain self-worth, purpose and confidence, it is not intended to be job-specific training.” Therefore, only the job specific training that occurs at the TEP worksite would be ineligible for Medicaid reimbursement. Other activities that are ineligible are lunch and leisure and social activities not related to the psychiatric rehabilitation services plan. These ineligible activities apply to all site-based and mobile psychiatric rehabilitation providers.

5. It is essential to relate the content of the Daily Progress Note to the rehabilitation goals and objectives included in the Psychiatric Rehabilitation Services Plan.

6. All Daily Progress Notes must be legible.

Psychiatric Rehabilitation Services Plan

Purpose:

- To summarize assessment of the consumer’s current status with regard to PRS areas designated in the Psychiatric Rehabilitation Medical Necessity Criteria And Standards (Second Edition).
- To document an individualized, person-specific rehabilitation plan.
- To serve as a master record of all rehabilitation goals and objectives for an individual.
- To delineate psychiatric rehabilitation services that the person will receive including consumer and provider responsibilities.
- To project target dates for rehabilitation goals and objectives.
To identify important supports and other services that will be needed to assist the consumer to attain and maintain rehabilitation goals and objectives.
To record the consumer’s comments about the plan and PRS services and the consumer’s choice to participate in psychiatric rehabilitation services.

Using the Psychiatric Rehabilitation Services Plan:

1. Time Frame for the Psychiatric Rehabilitation Services Plan:
   - **Initial Plan** must be developed by the 20th day of attendance, not to exceed two months from the date of admission.
   - **Update** the Psychiatric Rehabilitation Services Plan as part of each PRS Plan Review so that the Plan contains an up-to-date master list of current rehabilitation goals and objectives.
   - **Note**: A Psychiatric Rehabilitation Services Plan Review is required every three months after the date of the Initial Time frame for the Psychiatric Rehabilitation Services Plan. Additional information on completing the Psychiatric Rehabilitation Services Plan Review starts on page 7.

2. Current Status: Discuss with the consumer the current status of each area which may be considered for PRS, any recent changes in status, and the consumer’s interest in making changes in this area, either to a new environment or to make improvements in an existing situation. Also take into account any unmet needs and cultural considerations.

3. In partnership with the consumer, develop rehabilitation goal(s) and objectives for PRS. Identify the domain for the rehabilitation goal and establish target dates for both goals and objectives. Describe the person’s strengths which may help in accomplishing the goal. Goals are behavioral rehabilitation outcomes for the consumer which may be facilitated by PRS. Goals are often expressed in terms of the role(s) the consumer prefers to gain and maintain in the community. Objectives are the steps needed to reach the goal. Objectives are person-centered and stated in terms of what the person will do or accomplish to move toward the goal.

4. As objectives to obtain and maintain the rehabilitation goal are identified, select in collaboration with the consumer the services and methods that will be employed to accomplish the objective and identify the consumer’s responsibilities and specific staff responsibilities for each service plan objective. Finally, select with the consumer suitable target dates when the objectives will be accomplished as well as a target date for the goal. Target dates for objectives should be reasonable estimates when the objective will be accomplished. Time to accomplish objectives will vary depending on the objective, and target dates should not be assigned because they coincide with dates for plan reviews.
5. Discuss with the consumer other supports and services which may be needed to assist in attaining and maintaining the identified rehabilitation goals and objectives. When other supports and services are identified, include plans for the consumer to receive or become engaged in these supports or services.

6. Consumers sign and date the Psychiatric Rehabilitation Services Plan and, if they desire, write comments about the Plan.

7. The staff person responsible for overseeing the development of the Psychiatric Rehabilitation Services Plan with the consumer signs and dates the plan. Staff name and title are printed below the staff signature.

8. When completing a Psychiatric Rehabilitation Services Plan Review, update the Psychiatric Rehabilitation Services Plan to reflect status changes in rehabilitation goals and objectives. Examples of status changes are when a rehabilitation goal or objective is Accomplished (A), Cancelled (C) or Revised (R).

9. Each rehabilitation goal has its own number. Rehabilitation objectives are identified by the rehabilitation goal number and the objective’s own letter. As new rehabilitation goals are established, use consecutive numbering.

Considerations in Using the Psychiatric Rehabilitation Services Plan:

1. The Plan is always developed in partnership with the consumer and reflects discussion between the consumer and the staff person responsible for developing the plan.

2. All rehabilitation goals and objectives must be stated in behavioral terms. It is recommended that terms which are not behavioral such as “improving self-esteem” be avoided in developing rehabilitation goals and objectives. Additionally, terms which are vague such as “improving social skills” can make it difficult to determine if rehabilitation goals and objectives have been accomplished. It would be better to define what specifically the person will be able to do or do better that will help in attaining and keeping the rehabilitation goal.

3. Rehabilitation goals and objectives should reflect benefits to the consumer and are stated in terms of actions and outcomes for the consumer. Rehabilitation goals and objectives are never stated in terms of what staff will do. Staff interventions are detailed in the Services and Methods section of the Psychiatric Rehabilitation Services Plan. Often, rehabilitation goals and objectives start with “Person will …”

4. It is recommended that goals and objectives be written in language that is clear to the consumer and avoids the use of jargon. For example, an objective
such as “Person will improve his social support network” is unclear and is not
stated in commonly used language. It would be preferable to identify the issue to
be addressed and write an objective in behavioral terms using everyday
language. Examples might be: “Person will have a list of people he can call
when he can not solve problems in his residence;” or “Person will be able to
demonstrate making a telephone call to ask for assistance to solve a problem at
home.” Both the consumer and the staff person developing the plan should
have a clear understanding of what the rehabilitation goals and objectives will
“look like” when they are accomplished.

5. Consumers must sign Psychiatric Rehabilitation Services Plans to indicate
that they are choosing to participate in PRS.

6. It is important to use the Psychiatric Rehabilitation Services Plan as a master
list for rehabilitation goals and objectives to have one place in the consumer’s
record where the current goals and objectives can be easily identified. If goals
and objectives are updated only in the Psychiatric Rehabilitation Services Plan
Review document, it will be necessary to read through all the Reviews to attempt
to determine what is being addressed currently through PRS and the target
dates.

7. It is useful to rewrite the Psychiatric Rehabilitation Services Plan on an annual
basis to make sure it is a legible, easy to follow plan.

8. Psychiatric Rehabilitation Services Plans must be legible. They must be
signed and dated by the staff person developing the Plan as well as the
consumer.

Psychiatric Rehabilitation Services Monthly Note

Purpose:
- To summarize progress toward achieving rehabilitation goals and
  objectives.
- To identify barriers to making progress toward achieving rehabilitation
  goals and objectives and consider how to overcome these barriers.
- To consider any changes that may be needed in existing rehabilitation
  goals and objectives.
- To identify any new rehabilitation goals and objectives that may need to
  be established.

Using the Psychiatric Rehabilitation Services Monthly Note:

1. Time frame for the Psychiatric Rehabilitation Services Monthly Note: A
   Monthly Note is required for each month the consumer is enrolled in a PRS site-
   based program.
2. Both the consumer and the designated staff member participate in developing the Psychiatric Rehabilitation Services Monthly Note.

3. Before beginning to write the Psychiatric Rehabilitation Services Monthly Note, review the Psychiatric Rehabilitation Services Daily Notes for the past month and consider the current rehabilitation goals and objectives in the Psychiatric Rehabilitation Services Plan. The Monthly Note should include information about progress with regard to each current rehabilitation goal and its objectives. Use the left hand column entitled “Goal # and Objective Letter” to indicate each goal and objective is being addressed in that part of the Monthly Note.

4. Changes in rehabilitation goals and objectives or the addition of new rehabilitation goals and objectives must also be recorded on the Psychiatric Rehabilitation Services Plan.

5. The Psychiatric Rehabilitation Services Monthly Note is signed and dated by both the consumer and the staff person participating in developing the note. The staff person prints name and title under the signature and date. If the consumer does not sign the Monthly Note, the staff person must include a statement explaining the reason for this.

Considerations in Using the Psychiatric Rehabilitation Monthly Note:

1. The Psychiatric Rehabilitation Services Monthly Note is targeted to the rehabilitation goals and objectives. It is often helpful in planning to write the Monthly Note to structure the note in three parts. All data concerning progress regarding rehabilitation goals and objectives in recorded in the first part of the note. This is followed by a statement of the consumer and staff person’s perspective on what the data indicate regarding progress in the rehabilitation process. The final section of the note focuses on plans for the next month including any changes to be made in rehabilitation goals and objectives or psychiatric rehabilitation services the person will receive in the PRS program.

2. All Psychiatric Rehabilitation Services Monthly Notes must be legible.

Psychiatric Rehabilitation Services Plan Review

Purpose:
- To assess the current status of domains addressed by psychiatric rehabilitation services including any changes in the consumer’s status in each domain, the consumer’s level of interest in making changes in the domains, unmet needs, and cultural considerations.
- To review progress with regard to established rehabilitation goals and objectives as detailed in the Psychiatric Rehabilitation Services Plan.
- To determine any changes needed in existing rehabilitation goals and objectives.
- To identify areas where new rehabilitation goals and objectives are to be established.
- To consider the effectiveness of other supports and services included in the Psychiatric Rehabilitation Services Plan and to revise plans for other supports and services as needed and preferred by the consumer.

Using the Psychiatric Rehabilitation Services Plan Review:

1. Time frame for the Psychiatric Rehabilitation Services Plan Review: A Review is required every three months after the date of the Initial Time frame for the Psychiatric Rehabilitation Services Plan.

2. Both the consumer and the designated staff member participate in developing the Psychiatric Rehabilitation Services Plan Review.

3. Before beginning to write the Psychiatric Rehabilitation Services Plan Review, review the Psychiatric Rehabilitation Services Monthly Notes and Daily Progress Notes over the past three months and consider the current rehabilitation goals and objectives in the Psychiatric Rehabilitation Services Plan. The Plan Review should include a summary of progress for each current rehabilitation goal and its objectives. Use the left hand column entitled “Goal # and Objective Letter” to indicate the goal and objective to be summarized. Describe any revisions to be made in psychiatric rehabilitation services.

4. Indicate any new rehabilitation goals and objectives to be established. Be sure to record the new goals and objectives on the Psychiatric Rehabilitation Services Plan, which serves as a master list containing all rehabilitation goals and objectives.

5. Discuss with the consumer other supports and services which may be needed to assist in attaining and maintaining the identified rehabilitation goals and objectives. Record any changes to be made in other supports and services. As other supports and services are identified, include plans for the consumer to receive or become engaged in these supports or services.

6. Consumers sign and date the Psychiatric Rehabilitation Services Plan Review. If there is no consumer signature, the staff person must include a reason for the lack of a consumer signature.

7. The staff person responsible for overseeing the development of the Psychiatric Rehabilitation Services Plan with the consumer signs and dates the plan. Staff name and title are printed below the staff signature.
8. When completing a Psychiatric Rehabilitation Services Plan Review, update the Psychiatric Rehabilitation Services Plan to reflect status changes in rehabilitation goals and objectives. Examples of status changes are when a rehabilitation goal or objective is Accomplished (A), Cancelled (C) or Revised (R).

9. Each rehabilitation goal has its own number. Rehabilitation objectives are identified by the rehabilitation goal number and the objective’s own letter. As new rehabilitation goals are established, use consecutive numbering.

Considerations in Using the Psychiatric Rehabilitation Services Plan Review:

1. The Plan Review is always developed in partnership with the consumer and reflects discussion between the consumer and the staff person responsible for developing the plan review.

2. Review all rehabilitation goals and objectives to make sure they are stated in behavioral terms and are written in clear, everyday language. Avoid the use of jargon. See the section on Considerations in Using the Psychiatric Rehabilitation Services Plan for additional information.

3. Psychiatric Rehabilitation Services Plan Reviews must be legible. They must be signed and dated by the staff person developing the Plan as well as the consumer.

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