

ANNEX A

TITLE 55. PUBLIC WELFARE

PART III. MEDICAL ASSISTANCE MANUAL

CHAPTER 1153 OUTPATIENT [PSYCHIATRIC] BEHAVIORAL HEALTH SERVICES

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SCOPE OF BENEFITS

§ 1153.21. Scope of benefits for [the categorically needy] children under 21 years of age.

§ 1153.22. Scope of benefits for [the medically needy] adults 21 years of age or older.

§ 1153.23. [Scope of benefits for State Blind Pension recipients.] (Reserved).

§ 1153.24. [Scope of benefits for General Assistance recipients.] (Reserved).

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GENERAL PROVISIONS

§ 1153.1. Policy.

The MA Program provides payment for specific medically necessary psychiatric outpatient clinic services, MMHT services and psychiatric outpatient partial hospitalization services rendered to eligible [recipients] individuals MA BENEFICIARIES by psychiatric outpatient clinics and psychiatric outpatient partial hospitalization facilities enrolled as providers under the program. Payment for [outpatient psychiatric] behavioral health services is subject to the provisions of this chapter, Chapter 1101 (relating to general provisions) and the limitations established in

Chapter 1150 (relating to [the] MA Program payment policies) and the MA Program [fee schedule] Fee Schedule.

§ 1153.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

~~*Adult* – An individual 21 years of age or older.~~

Adult partial hospitalization program - A program licensed by the Department, Office of Mental Health and Substance Abuse Services, to provide partial hospitalization services to individuals 15 years of age or older.

ADVANCED PRACTICE PROFESSIONAL - A PERSON WHO HOLDS A CURRENT PENNSYLVANIA LICENSE AS A CERTIFIED REGISTERED NURSE PRACTITIONER OR A PHYSICIAN ASSISTANT AND:

- (1) HOLDS A MENTAL HEALTH CERTIFICATION, OR
- (2) OBTAINS A MENTAL HEALTH CERTIFICATION WITHIN 2 YEARS OF BEING HIRED BY THE PSYCHIATRIC OUTPATIENT CLINIC OR WITHIN 2 YEARS OF JULY 30, 2020, WHICHEVER IS LATER.

Children and youth partial hospitalization program - A program licensed by the Department, Office of Mental Health and Substance Abuse Services, to provide partial hospitalization services to individuals ~~14 years of age or younger~~ UNDER 15 YEARS OF AGE.

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Collateral family psychotherapy - Psychotherapy provided to the family members of [a clinic patient in the absence of that patient] an individual receiving psychiatric outpatient clinic services in the absence of the individual.

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Facility - A mental health establishment, hospital, clinic, institution, center or other organizational unit or part thereof, the primary function of which is the diagnosis, treatment, care and rehabilitation of individuals with mental illness or emotional disturbance.

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Family psychotherapy - Psychotherapy provided to two or more members of a family. At least one family member shall have a diagnosed mental [disorder] illness or emotional disturbance. Sessions shall be [at least ½ hour in duration and shall be] conducted by a clinical staff person.

Group psychotherapy - Psychotherapy provided to no less than [two] 2 and no more than [ten] 12 persons with diagnosed mental [disorders for a period of at least 1 hour] illness or emotional disturbance. These sessions shall be conducted by a clinical staff person.

[Home visit - A visit made to an eligible recipient's place of residence, other than a treatment institution or nursing home, for the purpose of observing the patient in the home setting or providing a compensable outpatient psychiatric service.]

Individual Psychotherapy - Psychotherapy provided to one person with a diagnosed mental [disorder for a minimum of 1/2 hour] illness or emotional disturbance. These sessions shall be conducted by a clinical staff person.

Inpatient SERVICES - [A patient] TREATMENT PROVIDED TO AN An individual who has been admitted to a treatment institution or an acute care hospital or psychiatric hospital on the recommendation of a physician and is receiving room, board and professional services in the facility on a continuous 24-hour-a-day basis.

Intake - [The first contact with a patient for initiation or renewal of services.] The first contact with an individual for the initiation of or re-admission to outpatient behavioral health services covered by this chapter.

INTERACTIVE AUDIO AND VIDEO - REAL-TIME TWO-WAY OR MULTIPLE-WAY COMMUNICATION.

[Mental disorder—Conditions characterized as mental disorder by the International Classification of Diseases---ICD-9-CM ---including mental retardation with associated psychiatric conditions (ICD-9-CM codes 317 to 319) and excluding drug/alcohol conditions ([ICD-9-CM] codes 291----292.9.)

LPHA - Licensed Practitioner of the Healing Arts - A person who is licensed by the Commonwealth to practice the healing arts. This term is limited to a physician, physician's assistant, certified registered nurse practitioner, LICENSED CLINICAL SOCIAL WORKER, LICENSED MARRIAGE AND FAMILY THERAPIST, LICENSED PROFESSIONAL COUNSELOR or psychologist.

MMHT- Mobile Mental Health Treatment - One or more of the following services provided in an individual's residence or approved community site:

- (i) Assessment.
- (ii) Individual, group or family therapy.
- (iii) Medication visits.

Mental health professional - [A person trained in a generally recognized clinical discipline including but not limited to psychiatry, social work, psychology or nursing, rehabilitation or activity therapies who has a graduate degree and clinical experience.]

A person who meets one of the following:

(i) Has a graduate degree from a college or university that is accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation (CHEA) in a generally recognized clinical discipline which includes mental health clinical experience IN WHICH THE DEGREE PROGRAM INCLUDES A CLINICAL PRACTICUM.

(ii) Has an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators, Inc. (AICE) or the National Association of Credential Evaluation Services (NACES). The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.

(iii) Is licensed in a generally recognized clinical discipline which THAT includes mental health clinical experience.

Mental health worker - [A person who does not have a graduate degree in a clinical discipline but who by training and experience has achieved recognition as a mental health worker, or a person with a graduate degree in a clinical discipline.] A person acting under the supervision of a mental health professional to provide services who meets one of the following:

(i) Has a bachelor's degree from a college or university that is accredited by an agency recognized by the United States Department of Education or the CHEA in a

recognized clinical discipline including social work, psychology, nursing, rehabilitation or activity therapies.

(ii) Has a graduate degree in a clinical discipline with 12 graduate-level credits in mental health or counseling from a program that is accredited by an agency recognized by the United States Department of Education or the CHEA.

(iii) Has an equivalent degree from a foreign college or university that has been evaluated by the AICE or the NACES. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.

Mental illness or emotional disturbance - A mental illness or emotional disturbance DISORDER that meets the diagnostic criteria within the current version of the *Diagnostic and Statistical Manual OF MENTAL DISORDERS* or the International Classification of Diseases. A mental illness or emotional disturbance is characterized by clinically significant disturbances in an individual's cognition, emotional regulation or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning.

Outpatient SERVICES - [A person] An individual who is not a resident of a treatment institution and who is receiving covered medical and [psychiatric services at an approved or licensed outpatient psychiatric] behavioral health services from a licensed psychiatric outpatient clinic or partial hospitalization facility which is not providing [him] the individual with room and board and professional services on a continuous 24-hour-a-day basis. MEDICAL OR BEHAVIORAL HEALTH SERVICES PROVIDED TO AN INDIVIDUAL BY A PSYCHIATRIC OUTPATIENT CLINIC OR PARTIAL

HOSPITALIZATION OUTPATIENT FACILITY THAT DOES NOT PROVIDE ROOM, BOARD AND PROFESSIONAL SERVICES ON A CONTINUOUS 24-HOUR-A-DAY BASIS.

Psychiatric clinic clozapine monitoring and evaluation visit - A [minimum 15-minute] visit for the monitoring and evaluation of [a patient's] an individual's physical and mental condition during the course of treatment with clozapine. The term includes only a visit provided to an eligible [recipient] individual receiving clozapine therapy, and only by a psychiatrist, physician, certified registered nurse practitioner, registered nurse [(RN),] or physician assistant.

Psychiatric clinic medication visit - A [minimum 15-minute] visit only for administration of a drug and evaluation of [a patient's physical and] an individual's physical or mental condition during the course of prescribed medication. This visit is provided to an eligible [recipient] individual only by a psychiatrist, physician, certified registered nurse practitioner, physician assistant, registered nurse or licensed practical nurse [who is a graduate of a school approved by the State Board of Nursing or who has successfully completed a course in the administration of medication approved by the State Board of Nursing].

Psychiatric evaluation - An initial mental status examination and evaluation of [a patient provided only by a psychiatrist in a face-to-face interview with the patient] an individual provided only by a psychiatrist in a face-to-face interview or using real-time, two-way interactive audio-video transmission with prior written approval from the Department with the individual THROUGH THE USE OF INTERACTIVE AUDIO AND VIDEO COMMUNICATION THAT CONFORMS TO INDUSTRY-WIDE TECHNOLOGY

STANDARDS AND IS IN COMPLIANCE WITH STATE AND FEDERAL PRIVACY AND SECURITY LAWS. It [shall] must include a comprehensive history and evaluation of pertinent diagnostic information necessary to arrive at a diagnosis and ~~treatment plan~~, recommendations for treatment or further diagnostic studies or consultation. The history [shall] must include individual, social, family, occupational, drug, medical and previous psychiatric diagnostic and treatment information.

Psychiatric outpatient clinic [provider] PROVIDER - A facility [approved by the Department, Office of Medical Assistance, and fully approved/licensed] ENROLLED IN THE MA PROGRAM TO PROVIDE PSYCHIATRIC OUTPATIENT CLINIC SERVICES AND fully-licensed by the Department, Office of Mental Health and Substance Abuse Services, to provide specific medical, psychiatric and psychological services for the diagnosis and treatment of mental [disorders] illness or emotional disturbance.

[Treatment is provided to eligible Medical Assistance outpatient recipients who are not residents of a treatment institution or receiving similar treatment elsewhere.]

Psychiatric outpatient clinic services - Outpatient medical, psychiatric and psychological services listed in the MA Program Fee Schedule furnished to [a mentally disordered outpatient while the person] an individual with mental illness or emotional disturbance while the individual is not a resident of a treatment institution, provided by or under the ~~supervision~~ DIRECTION of a psychiatrist [in a facility organized and operated to provide medical care to outpatients].

Psychiatric outpatient partial hospitalization provider - A facility [approved by the Department of Human Services, Office of Medical Assistance] enrolled in the MA Program to provide partial hospitalization OUTPATIENT services and fully

[approved/licensed] licensed by the Department, Office of Mental Health and Substance Abuse Services, to provide psychiatric, medical, psychological and psychosocial services as partial hospitalization for the diagnosis and treatment of mental [disorders] illness and OR emotional disturbance. [Treatment is provided to eligible MA outpatient recipients who are not residents of a treatment institution or receiving similar treatment elsewhere].

Psychiatric partial hospitalization - An active outpatient psychiatric day or evening treatment session including medical, psychiatric, psychological[,] and psychosocial treatment listed in the MA Program Fee Schedule. This service shall be provided to [mentally disordered outpatients in a supervised, protective setting for a minimum of 3 hours and a maximum of 6 hours in a 24-hour period] an individual with mental illness or emotional disturbance ~~in a supervised, protective setting~~. ON A PLANNED AND REGULARLY SCHEDULED BASIS FOR A MINIMUM OF 3 HOURS BUT LESS THAN 24 HOURS IN ANY 1 DAY. The session shall be provided by a psychiatrist or by psychiatric partial hospitalization personnel under the ~~supervision~~ DIRECTION of a psychiatrist.

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Psychotherapy - The treatment, by psychological means, of the problems of an emotional nature in which a trained person deliberately establishes a professional relationship with [the patient with the object of removing, modifying or retarding] an individual with the objective of removing, modifying or relieving existing symptoms of mediating disturbed patterns of behavior and of promoting positive personality growth and development.

TELE-BEHAVIORAL HEALTH -

(i) THE USE OF INTERACTIVE AUDIO AND VIDEO COMMUNICATION TO PROVIDE CLINICAL SERVICES AT A DISTANCE USING TECHNOLOGY THAT CONFORMS TO THE INDUSTRY-WIDE STANDARDS AND IS IN COMPLIANCE WITH STATE AND FEDERAL PRIVACY AND SECURITY LAWS.

(ii) TELE-BEHAVIORAL HEALTH DOES NOT INCLUDE TELEPHONE CONVERSATION, ELECTRONIC MAIL MESSAGE, OR FACSIMILE TRANSMISSION BETWEEN A PSYCHIATRIST OR AN ADVANCED PRACTICE PROFESSIONAL AND AN INDIVIDUAL RECEIVING SERVICES, OR A CONSULTATION BETWEEN TWO HEALTH CARE PRACTITIONERS, ALTHOUGH THESE ACTIVITIES MAY SUPPORT THE DELIVERY OF TELE-BEHAVIORAL HEALTH.

~~*Supervision by a psychiatrist*—The psychiatrist [personally] provides or orders, guides and oversees compensable medical, psychiatric and psychological services provided to [recipients] individuals by psychiatric outpatient clinic or partial hospitalization personnel as specified in § 1153.52(a) (relating to payment conditions for various services).~~

Treatment institution - A facility approved or licensed by the Department or its agents that provides [full-or part time psychiatric treatment services for resident patients with mental disorders –mental retardation residential facilities] full-time psychiatric treatment services for resident individuals with mental illness or emotional disturbance, RESIDENTIAL-residential facilities for individuals with intellectual disabilities or community residential rehabilitation services are not considered to be mental health treatment institutions.

UNDER THE DIRECTION OF A PSYCHIATRIST - RECEIVING OVERSIGHT AND CONSULTATION BY A PSYCHIATRIST IN THE MEDICAL, PSYCHIATRIC AND PSYCHOLOGICAL SERVICES PROVIDED TO INDIVIDUALS BY PSYCHIATRIC OUTPATIENT CLINIC OR PARTIAL HOSPITALIZATION PERSONNEL.

COVERED AND NONCOVERED SERVICES

§ 1153.11. Types of services covered.

Medical Assistance Program coverage for [outpatient] psychiatric outpatient clinics, [and] partial hospitalization OUTPATIENT facilities and MMHT services is limited to professional medical and psychiatric services for the diagnosis and treatment of mental [disorders, including mental retardation] illness or emotional disturbance, including A MENTAL ILLNESS OR EMOTIONAL DISTURBANCE ALONG WITH AN INTELLECTUAL DISABILITY ~~intellectual disabilities~~, as specified in the MA Program Fee Schedule PROVIDED BY PSYCHIATRIC OUTPATIENT CLINIC PROVIDERS AND PSYCHIATRIC OUTPATIENT PARTIAL HOSPITALIZATION PROVIDERS TO MA BENEFICIARIES.

§ 1153.12. Outpatient services.

The [outpatient] psychiatric outpatient clinic services specified in the MA Program Fee Schedule and the ~~outpatient~~ psychiatric partial hospitalization OUTPATIENT services specified in the MA Program Fee Schedule are covered only when provided by [approved outpatient psychiatric] licensed psychiatric outpatient clinics or psychiatric partial hospitalization OUTPATIENT facilities ~~when ordered by~~ UNDER THE DIRECTION OF a psychiatrist. MMHT services specified in the MA Program Fee Schedule are covered only when provided by a licensed psychiatric outpatient clinic

that has an approved service description for MMHT. Payment is subject to the conditions and limitations established in this chapter and Chapter 1101 (relating to general provisions).

§ 1153.14. Noncovered services.

Payment will not be made for the following types of services regardless of where or to whom they are provided:

(1) A covered [clinic] psychiatric outpatient clinic, MMHT or partial hospitalization OUTPATIENT service conducted over the telephone.

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(4) [A] An MA covered service, including psychiatric [clinic] outpatient clinic, MMHT and partial hospitalization OUTPATIENT services, provided to inmates of State or county correctional institutions or committed residents of public institutions.

(5) Psychiatric outpatient clinic, MMHT or partial hospitalization OUTPATIENT services to residents of treatment institutions, such as[, persons] individuals who are also being provided with room or board or both, and services, on a 24-hour-a-day basis by the same facility or distinct part of a facility or program.

(6) Services delivered at locations other than [approved psychiatric outpatient clinics or partial hospitalization facilities with the exception of home visits under the conditions specified in §1153.52(d) (relating to payment conditions for various services)] licensed psychiatric outpatient clinics with the exception of MMHT under the conditions specified in §1153.52(d) (relating to payment conditions for various services) or partial hospitalization OUTPATIENT facilities.

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(9) Psychiatric outpatient clinic services, MMHT SERVICES and psychiatric partial hospitalization OUTPATIENT SERVICES provided on the same day to the same [patient] individual, WITH THE EXCEPTION OF CLINICAL SERVICES NOT OFFERED BY THE FACILITY PROVIDING SERVICES TO THE INDIVIDUAL.

(10) Covered psychiatric outpatient clinic services, MMHT SERVICES and psychiatric partial hospitalization OUTPATIENT services, with the exception of family psychotherapy, provided to persons without a mental [disorder or mental retardation] illness or emotional disturbance or an intellectual disability diagnosis rendered by a psychiatrist in accordance with the current version of the *Diagnostic and Statistical Manual OF MENTAL DISORDERS* or the International Classification of Diseases--- [ICD-9-CM, Chapter V, "Mental Disorders."] Chapter V, "Mental, Behavioral, and Neurodevelopmental Disorders."

(11) [Psychiatric outpatient clinic and psychiatric partial hospitalization services provided to patients with drug/alcohol abuse or dependence problems, such as alcohol dependence and nondependent abuse of drugs, alcohol psychoses, and drug psychoses, unless the patient has a primary diagnosis of a nondrug/alcohol abuse/dependence related mental disorder.] Psychiatric outpatient clinic, MMHT and psychiatric partial hospitalization OUTPATIENT services provided to individuals with substance-related and addictive disorders, unless the individual has a primary diagnosis of a mental illness or emotional disturbance.

(12) Drugs [and], biologicals and supplies furnished to [psychiatric clinic or psychiatric partial hospitalization patients during a visit to the] an individual receiving services at a psychiatric outpatient clinic or a partial hospitalization OUTPATIENT

facility during a visit to the psychiatric outpatient clinic or PARTIAL HOSPITALIZATION OUTPATIENT facility. These are included in the psychiatric outpatient clinic medication visit fee or partial hospitalization session payment. Separate billings from any source for items and services provided [in the] by the psychiatric outpatient clinic are noncompensable.

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(14) [Home visits] MMHT services not provided in accordance with the conditions specified in § 1153.52(d).

(15) Services provided beyond the [15th] 30th calendar day following intake, without ~~the psychiatrist's~~ review and approval of the initial assessment and treatment plan IN ACCORDANCE WITH § 1153.52(A)(7)(8) (RELATING TO PAYMENT CONDITIONS FOR VARIOUS SERVICES).

(16) The hours that the [client] individual participates in an education program delivered in the same setting as a children and youth partial hospitalization OUTPATIENT program unless, in addition to the teacher, a clinical staff person works with the child in the classroom. The Department will reimburse for only that time during which the [client] individual is in direct contact with a clinical staff person.

(17) Group psychotherapy provided in the [patient's] individual's home.

(18) Psychiatric [clinic] outpatient clinic-MMHT and partial hospitalization OUTPATIENT services provided to nursing home residents on the grounds of the nursing home or under the corporate umbrella of the nursing home.

(19) Electroconvulsive therapy and electroencephalogram provided through MMHT.

(20) MMHT SERVICES provided on the same day as other home and community-based behavioral health services to the same individual WITH THE EXCEPTION OF CLINICAL SERVICES NOT OFFERED BY THE PSYCHIATRIC OUTPATIENT CLINIC.

~~(21) MMHT services provided as a substitute for transportation to the psychiatric outpatient clinic.~~

SCOPE OF BENEFITS

§ 1153.21. Scope of benefits for [the categorically needy] children under 21 years of age.

[Categorically needy recipients] Children under 21 years of age are eligible for the full range of covered psychiatric outpatient clinic, MMHT and psychiatric partial hospitalization services in the MA Program Fee Schedule.

§ 1153.22. Scope of benefits for [the medically needy] adults 21 years of age or older.

[Medically needy recipients] Adults 21 years of age or older are eligible for the full range of covered psychiatric outpatient clinic, MMHT and psychiatric partial hospitalization services in the MA Program Fee Schedule.

§ 1153.23. [Scope of benefits for State Blind Pension recipients] (Reserved).

[State Blind Pension recipients are eligible for the full range of covered psychiatric outpatient clinic and psychiatric partial hospitalization services in the MA Program fee schedule.]

§ 1153.24. [Scope of benefits for General Assistance recipients] (Reserved).

[General Assistance recipients, age 21 to 65, whose MA benefits are funded solely by State funds, are eligible for medically necessary basic health care benefits as defined

in Chapter 1101 (relating to general provisions). See § 1101.31(e) (relating to scope).]

PROVIDER PARTICIPATION

§ 1153.41. Participation requirements.

In addition to the participation requirements established in Chapter 1101 (relating to general provisions), [outpatient] psychiatric outpatient clinics and ~~outpatient~~ partial hospitalization OUTPATIENT facilities shall meet the following participation requirements:

(1) Have a current ~~full~~ [licensure/approval] licensure as a psychiatric outpatient clinic or partial hospitalization outpatient facility by the Department's Office of Mental Health and Substance Abuse Services. To remain eligible for MA reimbursement, a psychiatric outpatient clinic or partial hospitalization OUTPATIENT facility shall be ~~fully~~ [licensed/approved] licensed at all times as a psychiatric outpatient clinic or partial hospitalization outpatient facility.

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(3) Have a written [patient] referral plan for individuals receiving services that provides for inpatient hospital care and follow-up treatment.

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(5) Appoint an administrator or director responsible for the internal operation of the psychiatric outpatient clinic or partial hospitalization OUTPATIENT facility. Appoint a psychiatrist or psychiatrists responsible for the supervision and direction of services rendered to eligible [recipients] individuals.

(6) Notify immediately the Department, Office of Medical Assistance [,Bureau of Provider Relations, in writing] Programs, Bureau of Fee-for-Services, in the manner

prescribed by the Department, of [a] facility or clinic name, address[,] and service changes prior to the effective date of change. Failure to do so may result in payment interruption or termination of the provider agreement.

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(8) Have each branch location or satellite of [an approved] a licensed psychiatric outpatient clinic or partial hospitalization OUTPATIENT facility also licensed [or approved] by the Office of Mental Health and Substance Abuse Services as a psychiatric outpatient clinic site or psychiatric hospitalization OUTPATIENT facility, whichever is applicable, and [approved] enrolled by the Office of Medical Assistance Programs before reimbursement can be made for services rendered at the branch or satellite. [Approval] Licensure and enrollment of the parent organization does not constitute [approval] licensure and enrollment for any branches or satellites of the same organization.

(9) [Be approved by the Department's Office of Medical Assistance.] Be enrolled as a provider in the Medical Assistance Program.

(10) Have medications prescribed by a licensed ~~[physician] practitioner within his scope of practice~~ PSYCHIATRIST, PHYSICIAN, CERTIFIED REGISTERED NURSE PRACTITIONER OR PHYSICIAN ASSISTANT WITHIN THE PRACTITIONER'S SCOPE OF PRACTICE.

(11) Psychiatric outpatient clinics providing MMHT SERVICES shall have a service description approved by the Department under the conditions specified in § 5200.51 (relating to provider service description).

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§ 1153.42. Ongoing responsibilities of providers.

(a) *Responsibilities of providers.* Ongoing responsibilities of providers are established in Chapter 1101 (relating to general provisions). [Outpatient psychiatric] Psychiatric outpatient clinics and ~~outpatient~~ psychiatric partial hospitalization OUTPATIENT facilities shall also adhere to the additional requirements established in this section.

(b) *Recordkeeping requirements.* In addition to the requirements listed in § 1101.51(e) (relating to ongoing responsibilities of providers), the following items [shall] must be included in the medical records of MA BENEFICIARIES [MA patients receiving outpatient psychiatric clinic] individuals receiving psychiatric outpatient clinic, MMHT and ~~outpatient~~ psychiatric partial hospitalization OUTPATIENT services:

(1) The treatment plan [shall] must include:

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(ii) Services to be provided to the [patient] individual ~~in~~ BY the PSYCHIATRIC OUTPATIENT clinic or partial hospitalization OUTPATIENT facility or through referral.

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PAYMENT FOR OUTPATIENT [PSYCHIATRIC CLINIC AND OUTPATIENT PSYCHIATRIC PARTIAL HOSPITALIZATION] BEHAVIORAL HEALTH SERVICES

§ 1153.51. General payment policy.

(a) Payment is made for medically necessary professional medical and psychiatric services provided by or under the supervision and direction of a psychiatrist [in participating outpatient psychiatric] by participating psychiatric outpatient clinics and ~~outpatient~~ psychiatric partial hospitalization OUTPATIENT facilities subject to the

conditions and limitations established in this chapter and Chapters 1101 and 1150 (relating to general provisions; and MA Program payment policies) and the MA Program Fee Schedule.

(b) THE DEPARTMENT WILL PUBLISH PROCEDURES FOR THE USE OF TELE-BEHAVIORAL HEALTH TO PROVIDE COMPENSABLE PSYCHIATRIC OUTPATIENT CLINIC OR PSYCHIATRIC PARTIAL HOSPITALIZATION SERVICES IN THE PENNSYLVANIA BULLETIN.

(c) Payment will not be made for a compensable psychiatric [clinic] outpatient clinic, MMHT or psychiatric partial hospitalization OUTPATIENT service if payment is available from another public agency or another insurance or health program.

§ 1153.52. Payment conditions for various services.

(a) The following conditions shall be met by [outpatient] psychiatric outpatient clinics and partial hospitalization OUTPATIENT programs, as applicable, to be eligible for payment:

(1) A psychiatrist shall be present in the psychiatric outpatient clinic and ~~outpatient~~ partial hospitalization OUTPATIENT facility, as required by the Office of Mental Health [approval/licensing] and Substance Abuse Services licensing regulations, to perform or supervise the performance of all covered services provided to [MA patients] individuals receiving MA BENEFICIARIES benefits.

(2) Psychiatric evaluations shall be performed only by a psychiatrist in a face-to-face interview [with the patient] or using a real-time, two way interactive audio-video transmission with prior written approval from the Department with the individual.
INTERACTIVE AUDIO AND VIDEO COMMUNICATION THAT CONFORMS TO

INDUSTRY-WIDE TECHNOLOGY STANDARDS WITH THE INDIVIDUAL AND IS IN COMPLIANCE WITH STATE AND FEDERAL PRIVACY AND SECURITY LAWS.

Additional interviews with other staff may be included as part of the examination but shall be included in the psychiatric evaluation fee. Separate billings for these additional interviews are not compensable.

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(6) The psychiatric outpatient clinic medication visit shall be provided only by a psychiatrist, physician, certified registered nurse practitioner, physician assistant, registered nurse or licensed practical nurse [who is a graduate of a school approved by the State Board of Nursing or who has successfully completed a course in the administration of medication approved by the State Board of Nursing].

(7) Within [15] 30 consecutive calendar days following intake for individuals who continue to participate in the treatment process, a mental health professional or mental health worker under the supervision of a mental health professional, shall: [examine and initially assess each patient in the clinic; determine the patient's diagnosis and prepare an initial treatment plan] ~~interview and initially assess each individual in the psychiatric outpatient clinic; determine the individual's diagnosis and prepare an initial treatment plan in collaboration with the individual; and date and sign the examination, diagnosis and treatment plan in the [patient's] medical record. The treatment plan shall be developed, maintained and periodically reviewed in accordance with the following criteria:~~

———(i) The psychiatrist shall verify each [patient's] individual's diagnosis and approve the initial treatment plan prior to the provision of any treatment beyond the

~~[15th] 30th day following intake. This review and approval shall be dated and signed in the [patient's] medical record.~~

~~———— (ii) [The psychiatrist and mental health professional, or mental health worker under the supervision of a mental health professional, shall review and update each patient's treatment plan at least every 120 days or 15 clinic visits, whichever is first, or, as may otherwise be required by law throughout the duration of treatment. Each review and update shall be dated, documented and signed in the patient's record by the psychiatrist and mental health professional.] The mental health professional or mental health worker under the supervision of a mental health professional and in collaboration with the individual receiving services shall review and update the treatment plan at least every 180 days or as may otherwise be required by law throughout the duration of treatment. Each update shall be dated, documented and signed in the medical record by the mental health professional and the individual receiving services.~~

~~———— (iii) The treatment plan and updates shall be based upon the evaluation and diagnosis. Treatment shall be provided in accordance with the identified goals in the treatment plan and updates. Psychiatrists' reviews and [reevaluations] re-evaluations of diagnoses, treatment plans and updates shall be done within 1 year of the previous psychiatric review with the mental health professional or mental health worker under the supervision of a mental health professional, [in the clinic and, whenever possible with the patient] by the psychiatric outpatient clinic and with the individual receiving services. The review shall be dated and signed in the medical record.~~

~~—(8) The psychiatric clinic clozapine monitoring and evaluation visit shall be used only~~

~~for a person receiving clozapine therapy.~~

(i) INTERVIEW AND COMPLETE AN ASSESSMENT WITH EACH INDIVIDUAL RECEIVING SERVICES FROM THE PSYCHIATRIC OUTPATIENT CLINIC.

(ii) DEVELOP THE INITIAL TREATMENT PLAN BASED UPON THE ASSESSMENT IN COLLABORATION WITH THE INDIVIDUAL.

(iii) DATE AND SIGN THE INITIAL TREATMENT PLAN.

(iv) REQUEST THE INDIVIDUAL TO SIGN AND DATE THE TREATMENT PLAN. IN THE EVENT THE INDIVIDUAL DOES NOT SIGN THE TREATMENT PLAN, THE MENTAL HEALTH PROFESSIONAL OR MENTAL HEALTH WORKER SHALL DOCUMENT THE REQUEST IN THE RECORD.

(8) THE INITIAL TREATMENT PLAN SHALL BE REVIEWED AND APPROVED IN ACCORDANCE WITH THE FOLLOWING:

(i) IF THE INDIVIDUAL IS RECEIVING PSYCHOTHERAPY AND OTHER CLINIC SERVICES, THE PSYCHIATRIST OR ADVANCED PRACTICE PROFESSIONAL SHALL REVIEW, APPROVE, SIGN AND DATE THE INITIAL TREATMENT PLAN.

(ii) IF THE INDIVIDUAL IS RECEIVING MEDICATION MANAGEMENT SERVICES ONLY, THE PSYCHIATRIST, PHYSICIAN, CERTIFIED REGISTERED NURSE PRACTITIONER OR PHYSICIAN ASSISTANT RESPONSIBLE FOR

PRESCRIBING AND MONITORING THE USE OF THE MEDICATIONS SHALL SIGN AND DATE THE INITIAL TREATMENT PLAN.

(iii) THE INITIAL TREATMENT PLAN SHALL BE DEVELOPED, REVIEWED, APPROVED, DATED AND SIGNED PRIOR TO THE PROVISION OF ANY TREATMENT SERVICES BEYOND THE 30th DAY FOLLOWING INTAKE.

(iv) THE INITIAL TREATMENT PLAN SHALL BE KEPT IN THE INDIVIDUAL RECORD.

(9) THE TREATMENT PLAN SHALL BE REVIEWED AND UPDATED AT LEAST EVERY 180 DAYS OR AS MAY OTHERWISE BE REQUIRED BY LAW THROUGHOUT THE DURATION OF TREATMENT IN ACCORDANCE WITH THE FOLLOWING:

(i) THE TREATMENT PLAN UPDATES SHALL BE BASED UPON THE ASSESSMENT, DIAGNOSIS AND INPUT FROM THE TREATMENT TEAM AND INDIVIDUAL RECEIVING SERVICES.

(ii) THE TREATMENT PLAN UPDATE SHALL BE SIGNED AND DATED BY THE MENTAL HEALTH PROFESSIONAL, MENTAL HEALTH WORKER UNDER THE SUPERVISION OF THE MENTAL HEALTH PROFESSIONAL, CERTIFIED REGISTERED NURSE PRACTITIONER OR PHYSICIAN ASSISTANT PROVIDING TREATMENT SERVICES TO THE INDIVIDUAL.

(iii) THE MENTAL HEALTH PROFESSIONAL OR THE MENTAL HEALTH WORKER SHALL REQUEST THE INDIVIDUAL TO SIGN AND DATE THE TREATMENT PLAN UPDATE. IN THE EVENT THE INDIVIDUAL DOES NOT

SIGN THE TREATMENT PLAN, THE MENTAL HEALTH PROFESSIONAL OR MENTAL HEALTH WORKER SHALL DOCUMENT THE REQUEST IN THE RECORD.

(iv) THE TREATMENT PLAN UPDATE SHALL BE KEPT IN THE INDIVIDUAL RECORD.

(10) TREATMENT SHALL BE PROVIDED IN ACCORDANCE WITH THE IDENTIFIED GOALS IN THE TREATMENT PLAN AND UPDATES.

(11) THE TREATMENT PLAN SHALL BE REVIEWED ON AN ANNUAL BASIS BY THE PSYCHIATRIST OR ADVANCED PRACTICE PROFESSIONAL THROUGHOUT THE COURSE OF TREATMENT FROM THE PSYCHIATRIC OUTPATIENT CLINIC AND THE REVIEW DOCUMENTED IN THE INDIVIDUAL RECORD.

(12) THE PSYCHIATRIC CLINIC CLOZAPINE MONITORING AND EVALUATION VISIT SHALL BE USED ONLY FOR AN INDIVIDUAL RECEIVING CLOZAPINE THERAPY.

(b) *Psychiatric outpatient partial hospitalization.* Payment will only be made for psychiatric ~~outpatient~~ partial hospitalization OUTPATIENT SERVICES provided to eligible [patients with mental disorders in approved] individuals with mental illness or emotional disturbance in licensed psychiatric ~~outpatient~~ partial hospitalization OUTPATIENT facilities under the following conditions:

(1) [Patients] Individuals receiving partial hospitalization OUTPATIENT services shall meet the following criteria:

* * * * *

(iii) ~~Have a psychiatric condition requiring provision of supervised, protective setting for a prescribed time period to prevent institutionalization or ease the transition from inpatient care to more independent living.~~ BE DIAGNOSED WITH A MENTAL ILLNESS OR EMOTIONAL DISTURBANCE AND PRESCRIBED SERVICES FOR A PERIOD OF AT LEAST 3 HOURS BUT LESS THAN 24 HOURS IN ANY ONE DAY TO PREVENT HOSPITALIZATION OR TO SUPPORT THE TRANSITION FROM INPATIENT TREATMENT TO OUTPATIENT SERVICES.

(2) The following components shall be available in [an approved] a licensed psychiatric partial hospitalization OUTPATIENT facility and provided to [the patient] an individual, if necessary, in accordance with the [patient's] individualized treatment plan:

* * * * *

(v) Medication administration and evaluation provided only by a psychiatrist, physician, CERTIFIED REGISTERED NURSE PRACTITIONER, PHYSICIAN ASSISTANT, registered nurse or licensed practical nurse.

* * * * *

(c) *Psychiatric outpatient clinic.* Payment will only be made for psychiatric outpatient clinic services [provided to eligible patients with mental disorders in approved] or MMHT services provided to eligible individuals with mental illness or emotional disturbance by licensed psychiatric outpatient clinics under the following conditions:

(1) [Psychiatric clinic medication] Medication visits shall be ~~a minimum duration of 15 minutes.~~ They shall be provided only for the purpose of administering medication and for evaluating the physical and mental condition of [the patient] an individual during the course of prescribed medication.

(2) [Patients receiving psychiatric clinic services shall have a mental disorder diagnosis verified by a psychiatrist.] Individuals receiving psychiatric outpatient clinic services or MMHT SERVICES shall have a mental illness or emotional disturbance diagnosis verified by a psychiatrist OR LPHA.

* * * * *

(4) [Psychiatric clinic clozapine] Clozapine monitoring and evaluation visits shall be a ~~minimum duration of 15 minutes.~~ They shall be provided only for [a person receiving clozaril and for monitoring and evaluating the patient's white blood cell count] an individual receiving clozapine and for monitoring and evaluating the individual's absolute neutrophil count to determine whether clozapine therapy should be continued or modified.

[(d) *Psychiatric clinic services provided in the home.* Psychiatric clinic services delivered in the patient's home are subject to the conditions and limitations established in the chapter. Home visits, as defined in § 1153.2 (relating to definitions), are compensable as outpatient psychiatric services listed in the MA Program Fee Schedule only if the physician's documentation in the patient's records and progress notes fully substantiates that one of the following conditions exists:

(1) The client's disability requires specialized transportation which is not generally available.

(2) The client has a behavior disorder which disrupts the clinic environment.

(3) The client has a diagnosis of agoraphobia.

(e) *Observation of the client in the home environment.* Observation of the client in the home environment is considered to be an individual psychotherapy services and compensable only when:

(1) The client is currently in therapy.

(2) Observation of the client in his home setting is a necessary component of the client's psychotherapeutic regimen.]

(d) MMHT. MMHT services are subject to the conditions and limitations established in this chapter. MMHT services provided in the home or other approved community sites are compensable only if documentation in the ~~medical~~ INDIVIDUAL record substantiates all of the following:

(1) The services are provided to an eligible individual with mental illness or emotional disturbance.

(2) ~~The services are ordered by an LPHA.~~ THERE IS A WRITTEN RECOMMENDATION FOR MMHT SERVICES FROM A LPHA ACTING WITHIN THE SCOPE OF PROFESSIONAL PRACTICE.

(3) The services if provided in a psychiatric outpatient clinic would be medically necessary.

(4) The ~~evaluation~~ ASSESSMENT documents a mental or physical illness that impedes or precludes the individual's ability to participate in services at the psychiatric outpatient clinic.

(5) Treatment plan updates document the continued clinical need for MMHT services.

§ 1153.53. Limitations on payment.

[(a) Payment is subject to the following limitations:

(1) For recipients 21 years of age or older, 180 three-hour sessions, 540 total hours, of psychiatric partial hospitalization in a fiscal year per recipient, except for State Blind Pension recipients, for whom payment is limited to 240 3-hour sessions, 720 total hours, of psychiatric partial hospitalization in a consecutive 365-day period per recipient.

(2) At least 3 hours but no more than 6 hours of psychiatric partial hospitalization per 24-hour period.

(3) Two outpatient psychiatric evaluations in psychiatric clinics per patient per year.

(4) For recipients 21 years of age or older, a total of 5 hours or 10 one-half hour sessions of psychotherapy per recipient per 30-consecutive day period, except for State Blind Pension recipients, for whom payment is limited to a total of 7 hours or 14 one-half hour sessions of psychotherapy per recipient per 30-consecutive day period. This period begins on the first day that an eligible recipient receives an outpatient psychiatric clinic service listed in the MA Program Fee Schedule. Psychotherapy includes the total of individual, group, family, collateral family psychotherapy services and home visits provided per eligible recipient per 30-consecutive day period.

(5) Three psychiatric clinic medication visits per patient per 30-consecutive days in psychiatric outpatient clinics.

(6) One outpatient comprehensive diagnostic psychological evaluation or no more than \$80 worth of individual psychological or intellectual evaluations in psychiatric clinics per patient per 365 consecutive days.

(7) The partial hospitalization fees listed in the MA Program Fee Schedule include payment for all services rendered to the patient during a psychiatric partial hospitalization session. Separate billings for individual services are not compensable.

(8) Partial hospitalization facilities licensed for adult programs will be reimbursed at the adult rate, regardless of the age of the client receiving treatment.

(9) Partial hospitalization facilities licensed as children and youth programs will be reimbursed at the child rate only when the client receiving treatment is 14 years of age or younger.

(10) Family psychotherapy and collateral family psychotherapy are compensable for only one person per session, regardless of the number of family members who participate in the session or the number of participants who are eligible for psychotherapy.

(11) Psychiatric clinic clozapine monitoring and evaluation visits are limited to five visits per patient per calendar month.

(12) Any combination of psychiatric clinic medication visits and psychiatric clinic clozapine monitoring and evaluation visits is limited to five per patient per calendar month.

(b) The Department is authorized to grant an exception to the limits specified in subsection (a)(1) and (4) as described in § 1101.31(f) (relating to scope).]

Payment is subject to the following limitations:

(1) Psychiatric partial hospitalization OUTPATIENT SERVICE is provided for at least 3 hours per 24-hour period.

(2) The partial hospitalization OUTPATIENT SERVICE fees listed in the MA Program Fee Schedule include payment for all services rendered to the individual during a psychiatric partial hospitalization OUTPATIENT session. Separate billings for individual services are not compensable.

(3) Partial hospitalization OUTPATIENT facilities licensed for adult programs will be reimbursed at the adult rate, regardless of the age of the individual receiving treatment.

(4) Partial hospitalization OUTPATIENT facilities licensed as children and youth programs will be reimbursed at the child rate only when the individual receiving treatment is UNDER 15 YEARS OF AGE ~~44 years of age or younger.~~

(5) Family psychotherapy and collateral family psychotherapy are compensable for only one person per session, regardless of the number of family members who participate in the session or the number of participants who are eligible for psychotherapy.

(6) MMHT group therapy shall be provided only in an approved community-based site as specified in the treatment plan to individuals receiving MMHT SERVICES from the psychiatric outpatient clinic.

§ 1153.53a. [Requests for waiver of hourly limits] (Reserved).

[(a) Clients who are 20 years of age or younger and who are diagnosed as having one of the medical conditions listed in this section, or conditions of equal severity, may request a waiver from the general limitation on the number of hours of covered services. The medical conditions are:

(1) Infantile autism.

- (2) Atypical childhood psychosis.
- (3) Borderline psychosis of childhood.
- (4) Schizophrenia.
- (5) Schizophrenic syndrome of childhood.
- (6) Impulse control disorder.
- (7) Early deprivation syndrome.
- (8) Unsocialized aggressive reaction.
- (9) Hyperkinetic conduct disorder.
- (10) Over anxious disorder.
- (11) Anorexia nervosa.
- (12) Neurotic depression –with suicidal ideation.

(b) The request for a waiver shall be accompanied by supporting medical documentation and a second physician's certification as to the medical necessity of psychotherapy beyond the general limitation.

(c) The request for a waiver is reviewed by the Office of Mental Health, Bureau of Community Programs, and acted upon within 30 days of receipt. Failure to act within 30 days constitutes approval of the waiver.

(d) Waivers are granted for periods of up to 6 months. Requests for additional waivers shall be submitted 30 days prior to the expiration of an existing waiver and are reviewed under the same conditions as specified above.

(e) Request for waivers must be submitted to: Department of Human Services, Office Medical Assistance, Room 515 Health and Welfare Building, Harrisburg, Pennsylvania 17120.

(f) A denial of a waiver request may be appealed under the same terms and conditions as any denial of services. See Chapter 275 (relating to appeal and fair hearing and administrative disqualification hearings). Notice of a decision of waiver request will be mailed to the MA recipient and to the provider of services.]

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PART VII. MENTAL HEALTH MANUAL
SUBPART D. NONRESIDENTIAL
AGENCIES/FACILITIES/SERVICES
CHAPTER 5200. PSYCHIATRIC OUTPATIENT CLINICS

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STAFFING AND PERSONNEL

§ 5200.21. Qualifications and duties of the [director/clinic] director/clinical supervisor.

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§ 5200.24. Criminal history and child abuse certification.

TREATMENT STANDARDS

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§ 5200.33. DISCHARGE.

MISCELLANEOUS PROVISIONS

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§ 5200.42. [Drugs and medications] Medications.

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§ 5200.44. Quality assurance program.

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MOBILE MENTAL HEALTH TREATMENT

§ 5200.51. Provider service description.

§ 5200.52. Treatment plans.

§ 5200.53. Discharge.

GENERAL PROVISIONS

§ 5200.1. Legal base.

The legal authority for this chapter is sections 105 and 112 of the Mental Health Procedures Act (50 P.S. §§ 7105 and 7112); section 201(2) of the Mental Health and [Mental Retardation] Intellectual Disability Act of 1966 (50 P.S. § 4201(2)); and section 1021 of the [Public Welfare] Human Services Code (62 P.S. § 1021).

§ 5200.2. Scope.

(a) This chapter provides standards for the licensing of freestanding [outpatient] psychiatric outpatient clinics under section 1021 of the [Public Welfare] Human Services Code (62 P.S. § 1021), and approval of psychiatric outpatient clinics which are a part of a health care facility as defined in section 802.1 of the Health Care Facilities Act (35 P.S. § 448.802a), and under sections 105 and 112 of the Mental Health Procedures Act (50 P.S. §§ 7105 and 7112).

(b) This chapter applies to private, nonprofit [corporations] or for-profit corporations and public entities which provide medical examination, diagnosis, care [and treatment to the mentally ill or the emotionally disturbed], treatment and support to individuals with mental illness or emotional disturbance on an outpatient basis and which participate in the public mental health program. This chapter does not apply to group or individual practice arrangements of private practitioners.

§ 5200.3. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

~~*Advanced practice professional* - A person who holds a current Pennsylvania license as one of the following:~~

~~—(i) Certified registered nurse practitioner with a mental health certification.~~

~~—(ii) Physician assistant with a mental health certification or at least 1 year of experience working in a behavioral health setting under the supervision of a~~

~~psychiatrist. A PERSON WHO HOLDS A CURRENT PENNSYLVANIA LICENSE AS A CERTIFIED REGISTERED NURSE PRACTITIONER OR A PHYSICIAN ASSISTANT AND:~~

~~(1) HOLDS A MENTAL HEALTH CERTIFICATION, OR~~

~~(2) OBTAINS A MENTAL HEALTH CERTIFICATION WITHIN 2 YEARS OF BEING HIRED BY THE PSYCHIATRIC OUTPATIENT CLINIC OR WITHIN 2 YEARS OF JULY 30, 2020, WHICHEVER IS LATER.~~

~~Assessment - A face-to-face interview that includes an evaluation of the psychiatric BEHAVIORAL HEALTH, medical, psychological, social, vocational and educational factors important to the individual.~~

* * * * *

~~FTE - Full-time equivalent - Thirty-seven and one half hours per week.~~

~~*Facility* - A mental health establishment, hospital, clinic, institution, center or other organizational unit or part thereof, the primary function of which is the diagnosis,~~

treatment, care and rehabilitation of [mentally disabled persons] individuals with mental illness or emotional disturbance.

[Full-time equivalent (FTE) - Thirty-seven and one half hours per week of staff time.]

INTERACTIVE AUDIO AND VIDEO - REAL-TIME TWO-WAY OR MULTIPLE-WAY COMMUNICATION.

LPHA - Licensed Practitioner of the Healing Arts - A person who is licensed by the Commonwealth to practice the healing arts. The term is limited to a physician, physician assistant, certified registered nurse practitioner, LICENSED CLINICAL SOCIAL WORKER, LICENSED MARRIAGE AND FAMILY THERAPIST, LICENSED PROFESSIONAL COUNSELOR or psychologist.

MMHT- Mobile Mental Health Treatment - One or more of the following services provided in an individual's residence or approved community site:

- (i) Assessment.*
- (ii) Individual, group or family therapy.*
- (iii) Medication visits.*

Mental health professional - [A person trained in a generally recognized clinical discipline including but not limited to psychiatry, social work, psychology or nursing, rehabilitation or activity therapies who has a graduate degree and clinical experience.] A person who meets one of the following:

- (i) Has a graduate degree from a college or university that is accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation (CHEA) in a generally recognized clinical discipline*

which includes mental health clinical experience IN WHICH THE DEGREE PROGRAM INCLUDES A CLINICAL PRACTICUM.

(ii) Has an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators, Inc. (AICE) or the National Association of Credential Evaluation Services (NACES). The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.

(iii) Is licensed in a generally recognized clinical discipline which THAT includes mental health clinical experience.

Mental health worker - [A person without a graduate degree in a clinical discipline who by training and experience has achieved recognition as a mental health worker.] A person acting under the direction SUPERVISION of a mental health professional to provide services who meets one of the following:

(i) Has a bachelor's degree from a college or university that is accredited by an agency recognized by the United States Department of Education or the CHEA in a recognized clinical discipline including social work, psychology, nursing, rehabilitation or activity therapies.

(ii) Has a graduate degree in a clinical discipline with 12 graduate-level credits in mental health or counseling from a program that is accredited by an agency recognized by the United States Department of Education or the CHEA.

(iii) Has an equivalent degree from a foreign college or university that has been evaluated by the AICE or the NACES. The Department will accept a general

equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.

Mental illness or emotional disturbance - A mental illness or emotional disturbance DISORDER that meets the diagnostic criteria within the current version of the *Diagnostic and Statistical Manual OF MENTAL DISORDERS* or the International Classification of Diseases (ICD). A mental illness or emotional disturbance is characterized by clinically significant disturbances in an individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning.

Psychiatric outpatient clinic [(outpatient)] - A nonresidential treatment setting in which psychiatric, psychological, social, educational and other related services are provided under medical supervision. It is designed for the evaluation and treatment of [patients with mental or emotional disorders] individuals with mental illness or emotional disturbance. [Outpatient] Psychiatric outpatient services are provided on a planned and regularly scheduled basis.

[*Psychiatric nurse* - A person who by years of study, training and experience has achieved professional recognition and standing in the field of psychiatric nursing and who is licensed by the State Board of Nursing to engage in the practice of professional nursing.

Psychiatric social worker - A person with a graduate degree in social work who by years of study, training and experience in mental health has achieved professional recognition and standing in the field of psychiatric social work.]

Psychiatrist - A physician who has completed [a 3 year] at least 3 years of a residency in psychiatry and is licensed to practice in this Commonwealth.

* * * * *

Quality assurance program - A formal process to assure quality care and maximize program benefits to [patients] individuals receiving services.

~~Telepsychiatry~~ TELE-BEHAVIORAL HEALTH -

(i) ~~Services provided by a psychiatrist licensed by the Commonwealth using real-time, two-way interactive audio-visual transmission.~~ THE USE OF INTERACTIVE AUDIO AND VIDEO COMMUNICATION TO PROVIDE CLINICAL SERVICES AT A DISTANCE USING TECHNOLOGY THAT CONFORMS TO THE INDUSTRY-WIDE STANDARDS AND IS IN COMPLIANCE WITH STATE AND FEDERAL PRIVACY AND SECURITY LAWS.

(ii) ~~Telepsychiatry TELE-BEHAVIORAL HEALTH services do~~ DOES not include telephone conversation, electronic mail message, or facsimile transmission between a psychiatrist OR AN ADVANCED PRACTICE PROFESSIONAL and an individual receiving services, or a consultation between two health care practitioners, although these activities may support telepsychiatry THE DELIVERY OF TELE-BEHAVIORAL HEALTH services.

§ 5200.4. Provider eligibility.

[Psychiatric clinic (outpatient) services for the mentally and emotionally disturbed shall be provided only by a facility which complies with this chapter and is certified by the Department to provide such a program. Nothing in this chapter is intended to regulate the practice of psychiatry or psychology in a solo practice or group practice.]

Psychiatric outpatient clinic services for individuals with mental illness or emotional disturbance shall be provided only by a facility which complies with this chapter and is licensed by the Department. Nothing in this chapter is intended to regulate the provision of mental health services in individual or group private practice.

§ 5200.5. Application and review process.

(a) A facility intending to provide psychiatric outpatient clinic services shall file an application for a certificate of compliance with the Department in accordance with Chapter 20 (relating to licensure or approval of facilities and agencies). Facilities shall meet both the requirements of Chapter 20 and this chapter to obtain a certificate. Submission of an application does not constitute a certificate to operate pending Departmental approval. [Facilities shall be inspected a minimum of once per year, but are subject to visits by the Department's designee at other times at the Department's discretion. The Department may request the facility to provide information concerning program and fiscal operation at the Department's discretion.]

(b) [Programs currently operating under preexisting approval shall have 3 months after the effective date of this chapter to meet the requirements of this chapter.] Facilities will be inspected a minimum of once per year, and are subject to visits by the Department's designee at other times at the Department's discretion. The facility shall provide information concerning program and fiscal operation at the Department's request.

§ 5200.6. Objective.

[The objective of the psychiatric clinic treatment services is to increase the level of patient functioning and well-being so that patients will require less intensive services.]

The service may be provided to persons with chronic or acute mental disorders who require active treatment.] The objective of the psychiatric outpatient clinic treatment services is to facilitate an individual's recovery to improve functioning, enhance resiliency and well-being, promote independence and maintain optimal functioning in the community consistent with the individual's preferences. The service may be provided to individuals with short-term or long-term treatment needs.

§ 5200.7. Program standards.

This chapter shall be met by a facility seeking licensure or approval. [For-profit facilities shall also have Joint Commission on Accreditation of Hospitals (JCAH) accreditation in order to be licensed or approved under this chapter.]

ORGANIZATION

§ 5200.11. Organization and structure.

[The psychiatric clinic shall be a separate, identifiable organizational unit with its own director, or supervisor, and staffing pattern. When the clinic is a portion of a larger organizational structure, the director or supervisor of the clinic shall be identified and his responsibilities clearly defined. The organizational structure of the unit shall be described in an organizational chart. A written description of programs provided by the unit shall be available to the Department. The Department will be notified of a major change in the organizational structure or services.]

(a) The psychiatric outpatient clinic must be a separate, identifiable organizational unit with its own director, clinical supervisor and staffing pattern. When the psychiatric outpatient clinic is a portion of a larger organizational structure, the director and clinical

supervisor of the psychiatric outpatient clinic shall be identified and their responsibilities clearly defined.

(b) The organizational structure of the unit must be described in an organizational chart.

(c) A written description of programs provided by the unit shall be available to the Department.

(d) The psychiatric outpatient clinic shall notify the Department WITHIN TEN DAYS of a major change in the organizational structure or services.

§ 5200.12. Linkages with mental health service system.

(a) A psychiatric outpatient clinic requires a close relationship with an acute psychiatric inpatient service and a provider of emergency examination and treatment. A written statement describing the accessibility and availability of the services to [patients] individuals is required and shall be maintained on file at the [clinic] psychiatric outpatient clinic and updated as needed.

(b) [A psychiatric clinic shall maintain linkages with other appropriate treatment and rehabilitative services including emergency services, partial hospitalization programs, vocational and social rehabilitation programs, and community residential programs and State psychiatric hospitals. A written statement documenting the linkages shall be maintained on file at the clinic.] A psychiatric outpatient clinic shall maintain linkages with other treatment and rehabilitative services for a full continuum of care, including crisis services, partial hospitalization programs, peer support, psychiatric rehabilitation programs, intensive community services, community residential programs and community psychiatric hospitals. A written statement describing the accessibility and

availability of the services to individuals is required and shall be maintained on file at the psychiatric outpatient clinics and updated as needed to accurately state the services currently available.

(c) When the psychiatric outpatient clinic serves children, linkages with the appropriate educational and social service agencies shall also be maintained. [A written statement documenting the linkages shall be maintained on file at the clinic.] A written statement describing the accessibility and availability of the services to children is required and shall be maintained on file at the psychiatric outpatient clinic and updated as needed to accurately state the services currently available.

(d) A psychiatric outpatient clinic shall participate in the overall system of care as defined in the County [Mental Health/Mental Retardation (MH/MR)] Mental Health/Intellectual Disability (MH/ID) plan. A psychiatric outpatient clinic shall have an agreement regarding continuity of care and information exchange with the County [MH/MR] MH/ID authority. A copy of an agreement [shall] must be included in the application package. Psychiatric outpatient clinics shall document the need for their services in their application for a certificate of compliance.

(e) New psychiatric outpatient clinics or new sites of existing psychiatric outpatient clinics established after the effective date of this chapter shall document the need in the proposed service area for the expansion of outpatient services. County [MH/MR] MH/ID authorities shall review this documentation and make a recommendation to the Department. The Department may deny approval of the expansion where inadequate justification is provided.

STAFFING AND PERSONNEL

§ 5200.21. Qualifications and duties of the [director/clinic] director/clinical supervisor.

[(a) Each mental health outpatient facility shall have a director/clinic supervisor.

This person shall be a qualified mental health professional with at least 2 years of supervisory experience or a professional administrator with a graduate degree in administration and 2 years of experience. If the director/clinic supervisor is not a qualified mental health professional, a physician shall be appointed as clinical director in addition to the director.

(b) The director's/supervisor's duties shall include:

(1) Direction, administration and supervision of the clinic.

(2) Development or implementation of the policies and procedures for the operation of the clinic.

(3) Regular meetings of staff to discuss plans, policy, procedures and staff training.

(4) Liaison with other portions of the service system.

(5) Administrative supervision of personnel.

(6) Employment, supervision, and discharge of staff according to established personnel policies.

(7) Supervision of staff training and development.]

(a) Each psychiatric outpatient clinic shall have a director and clinical supervisor, who may be the same individual. A clinical supervisor shall be a qualified mental health professional with at least 2 years of supervisory experience.

(b) The director shall be responsible for the overall operation of the psychiatric outpatient clinic, including daily management, ensuring that clinical supervision is available during all operational hours, developing a quality improvement plan for the psychiatric outpatient clinic and monitoring adherence with this chapter.

(c) The clinical supervisor's responsibilities shall include all of the following:

(1) Supervision of clinical staff.

(2) Development or implementation of the policies and procedures for the operation of the psychiatric outpatient clinic.

(3) Regular meetings of clinical staff to discuss clinical cases, treatment plans, ~~policy~~-POLICIES and procedures.

(4) Liaison with other portions of the service system.

(5) Employment, supervision and discharge of clinical staff according to established personnel policies.

(6) Supervision and documentation of clinical staff training and development.

§ 5200.22. Staffing pattern.

(a) There shall be qualified staff and supporting personnel in sufficient numbers to provide the services included in the facility's program. At least 50% of the treatment staff shall be mental health professionals. Other treatment staff may be mental health workers as required by the patient load.

(b) Staff shall include at least four full-time equivalent (FTE) mental health professionals.

(c) A psychiatric clinic is required to have at least 16 hours of psychiatric time per week to ensure minimally adequate care and supervision for all patients. Psychiatric

hours shall be expanded when treatment staff exceeds eight FTE. The ratio is two hours/week for each FTE treatment staff member.]

(a) There shall be qualified staff and supporting personnel in sufficient numbers to provide the services included in the psychiatric outpatient clinic's program AS

FOLLOWS: At least 50% of the treatment staff shall be mental health professionals.

(b) An outpatient psychiatric clinic is required to have 2 hours of psychiatric time per week for each FTE treatment staff member. The psychiatrist shall provide 50% of the required psychiatric time. The remaining time may be provided by advanced practice professionals specializing in behavioral health to ensure minimally adequate care or with prior written approval from the Department by the use of telepsychiatry.

(1) AT LEAST 50% OF THE TREATMENT STAFF PROVIDING PSYCHOTHERAPY SERVICES SHALL BE MENTAL HEALTH PROFESSIONALS.

(2) A PSYCHIATRIC OUTPATIENT CLINIC IS REQUIRED TO HAVE 2 HOURS OF PSYCHIATRIC TIME PER WEEK FOR EACH FTE MENTAL HEALTH PROFESSIONAL AND MENTAL HEALTH WORKER PROVIDING CLINICAL SERVICES.

(3) THE PSYCHIATRIST MUST PROVIDE 50% OF THE REQUIRED PSYCHIATRIC TIME AT THE PSYCHIATRIC OUTPATIENT CLINIC.

(4) THE REMAINING 50% OF THE PSYCHIATRIC TIME MAY BE PROVIDED BY:

(i) AN ADVANCED PRACTICE PROFESSIONAL.

(ii) A PSYCHIATRIST OFF-SITE BY THE USE OF TELE-BEHAVIORAL HEALTH.

(iii) A COMBINATION OF SUBPARAGRAPHS (i) AND (ii).

[(d)] ~~(c)~~ (B) ~~At a minimum all~~ALL clinical staff shall be supervised by the psychiatrist having the OVERALL responsibility for ~~diagnosis and treatment of the~~ [patient] individual receiving services CLINICAL SERVICES PROVIDED BY THE PSYCHIATRIC OUTPATIENT CLINIC as defined in § ~~5200.31 (relating to treatment planning)~~ 5200.23 (RELATING TO PSYCHIATRIC SUPERVISION).

[(e)] ~~(d)~~ (C) There shall be sufficient clerical staff to keep correspondence, records[,] and files current and in good order.

[(f)] ~~(e)~~ (D) The psychiatric outpatient clinic shall recruit and hire staff that is appropriate for the population to be served.

[(g)] ~~(f)~~ (E) If the psychiatric outpatient clinic serves children, specialized personnel are required, as appropriate, to deliver services to children.

[(h)] ~~(g)~~ (F) Each psychiatric outpatient clinic shall have a written comprehensive personnel policy.

[(i)] ~~(h)~~ (G) There shall be a [planned] written plan for regular, ongoing [program for] staff development and training.

[(j)] ~~(i)~~ (H) Graduate and undergraduate students in accredited training programs in various mental health disciplines may participate in the treatment of [patients] individuals receiving services when under the direct supervision of a mental health professional, but are not to be included for the purpose of defining staffing [pattern] patterns.

~~[(k)]~~ ~~(i)~~ (l) Psychiatric residents [licensed] with an unrestricted license to practice medicine in this Commonwealth who are under the direct supervision of a psychiatrist are defined as mental health professionals for the purpose of defining staffing patterns.

~~[(l)]~~ ~~(k)~~ (J) Volunteers may be used in various support and activity functions of the clinic, but are not considered for the purposes of defining staffing patterns.

§ 5200.23. Psychiatric supervision.

~~-At a minimum, the psychiatric~~ THE supervision of a psychiatric outpatient 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)~~ AND, AT A MINIMUM, INCLUDE THE FOLLOWING: ~~Psychiatric supervision shall be expanded as necessary for the [patient] clinic population and services provided.~~

(A) ESTABLISHMENT OF APPROPRIATE STANDARDS FOR TREATMENT AND PRESCRIBING PRACTICES.

(B) INVOLVEMENT IN THE QUALITY MANAGEMENT PROCESS.

(C) PARTICIPATION IN CLINICAL STAFF MEETINGS 2 TIMES PER MONTH. THE PSYCHIATRIC OUTPATIENT CLINIC SHALL MAINTAIN WRITTEN DOCUMENTATION OF CLINICAL STAFF MEETINGS, INCLUDING ATTENDANCE.

(D) CONSULTATION TO ALL CLINICAL STAFF.

§ 5200.24. Criminal history and child abuse certification.

(a) A psychiatric outpatient clinic shall HAVE DOCUMENTATION OF THE complete COMPLETED a criminal history background check for staff, including volunteers that will have direct contact with an individual.

(b) A psychiatric outpatient clinic that serves children shall HAVE DOCUMENTATION OF THE ~~complete~~ COMPLETED criminal history and child abuse certifications, and mandated reporter training in accordance with 23 Pa. C.S. §§ 6301-6386 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services) FOR ALL STAFF, INCLUDING VOLUNTEERS THAT WILL HAVE DIRECT CONTACT WITH CHILDREN.

(c) A psychiatric outpatient clinic shall develop and implement written policies and procedures regarding personnel decisions based on the criminal history and child abuse certification, including volunteers.

TREATMENT STANDARDS

§ 5200.31. Treatment planning.

~~(a) A qualified mental health professional or treatment planning team shall prepare an individual comprehensive treatment plan [for every patient] with every individual who participates beyond the intake process which shall be reviewed and approved by a psychiatrist. For [patients] individuals undergoing involuntary treatment, the treatment team shall be headed by a [physician or] psychiatrist or licensed clinical psychologist. [The treatment plan shall include the following:] The treatment plan must meet all of the following requirements:~~

~~(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.] Be developed within 30 days of intake when the individual continues participation in the treatment process. For individuals who voluntarily participate in the treatment process, the treatment plan shall be reviewed and signed by the mental health professional, psychiatrist and individual receiving services. Treatment plans shall be updated every 180 days by the mental health professional and the individual receiving services. The psychiatrist shall review and approve the treatment plan within 1 year of the previous psychiatric review as evidenced by the psychiatrist's signature. For an individual under an involuntary outpatient commitment, the review shall be done every 30 days by the psychiatrist. Written documentation of progress for the review period in the medical record is required.~~

~~(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.] Be developed with the active involvement of the individual receiving services and must include strengths and needs. The treatment plan may also address individual preferences, resilience and functioning.~~

~~(6) For children and adolescents, when required by law or regulations, be developed and implemented with the consent of the parents or guardians and include their participation in treatment as required.~~

~~(7) Specify an individualized [active diagnostic and treatment program for each patient which shall include where] treatment program for each individual which must include 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] individual receiving services, the psychiatric outpatient clinic shall provide diagnostic evaluation which shall include an assessment of the psychiatric, medical, psychological, social, vocational[,] and educational factors important to the [patient] individual.~~

~~(b) The treatment plan and updates must be based upon the evaluation and diagnosis. Treatment shall be provided in accordance with the identified goals in the treatment plan and updates.~~

(A) FOR EACH INDIVIDUAL RECEIVING SERVICES, A MENTAL HEALTH PROFESSIONAL OR MENTAL HEALTH WORKER UNDER THE SUPERVISION OF A MENTAL HEALTH PROFESSIONAL SHALL COMPLETE AN ASSESSMENT OF THE BEHAVIORAL HEALTH, MEDICAL, PSYCHOLOGICAL, SOCIAL, VOCATIONAL, EDUCATIONAL AND OTHER FACTORS IMPORTANT TO THE INDIVIDUAL PRIOR TO THE DEVELOPMENT OF THE INITIAL COMPREHENSIVE TREATMENT PLAN.

(B) AN INITIAL COMPREHENSIVE TREATMENT PLAN SHALL BE DEVELOPED, REVIEWED AND APPROVED WITHIN 30 DAYS OF THE INTAKE AND ASSESSMENT WITH EVERY INDIVIDUAL WHO CONTINUES TO PARTICIPATE IN THE TREATMENT PROCESS IN ACCORDANCE WITH THE FOLLOWING:

(1) THE MENTAL HEALTH PROFESSIONAL OR THE MENTAL HEALTH WORKER UNDER THE SUPERVISION OF THE MENTAL HEALTH PROFESSIONAL

AND THE INDIVIDUAL RECEIVING SERVICES SHALL DEVELOP, SIGN AND DATE THE INITIAL TREATMENT PLAN.

(2) IF THE INDIVIDUAL IS RECEIVING PSYCHOTHERAPY AND OTHER CLINICAL SERVICES, THE PSYCHIATRIST OR ADVANCED PRACTICE PROFESSIONAL SHALL REVIEW, APPROVE, SIGN AND DATE THE INITIAL TREATMENT PLAN.

(3) IF THE INDIVIDUAL IS RECEIVING MEDICATION MANAGEMENT SERVICES ONLY, THE PSYCHIATRIST, PHYSICIAN, CERTIFIED REGISTERED NURSE PRACTITIONER OR PHYSICIAN ASSISTANT RESPONSIBLE FOR PRESCRIBING AND MONITORING THE USE OF THE MEDICATION SHALL REVIEW, APPROVE, SIGN AND DATE THE INITIAL TREATMENT PLAN.

(4) FOR INDIVIDUALS UNDER AN INVOLUNTARY OUTPATIENT COMMITMENT, THE MENTAL HEALTH PROFESSIONAL OR ADVANCED PRACTICE PROFESSIONAL PROVIDING SERVICES AND THE INDIVIDUAL SHALL DEVELOP, REVIEW, SIGN AND DATE THE INITIAL TREATMENT PLAN. THE TREATMENT PLAN SHALL BE REVIEWED AND SIGNED BY THE PSYCHIATRIST AS PART OF THE OVERSIGHT OF THE TREATMENT SERVICES PROVIDED.

(C) THE TREATMENT PLAN MUST BE BASED UPON THE ASSESSMENT AND SHALL:

(1) SPECIFY THE GOALS AND OBJECTIVES OF THE PLAN, PRESCRIBE AN INTEGRATED PROGRAM OF THERAPEUTIC ACTIVITIES AND EXPERIENCES, SPECIFY THE MODALITIES TO BE UTILIZED AND THE EXPECTED DURATION OF

SERVICES AND THE PERSON OR PERSONS RESPONSIBLE FOR CARRYING OUT THE PLAN.

(2) BE DIRECTED AT SPECIFIC OUTCOMES AND CONNECT THESE OUTCOMES WITH THE TREATMENT MODALITIES AND ACTIVITIES PROPOSED.

(3) BE DEVELOPED WITH THE ACTIVE INVOLVEMENT OF THE INDIVIDUAL RECEIVING SERVICES AND SHALL INCLUDE STRENGTHS AND NEEDS. THE TREATMENT PLAN MAY ALSO ADDRESS INDIVIDUAL PREFERENCES, RESILIENCE AND FUNCTIONING.

(4) FOR CHILDREN AND ADOLESCENTS UNDER 14 YEARS OF AGE, BE DEVELOPED AND IMPLEMENTED WITH THE CONSENT OF PARENTS OR GUARDIANS AND INCLUDE THEIR PARTICIPATION IN TREATMENT AS REQUIRED BY STATUTE OR REGULATION.

(5) SPECIFY AN INDIVIDUALIZED TREATMENT PROGRAM FOR EACH INDIVIDUAL, WHICH SHALL INCLUDE CLINICALLY APPROPRIATE SERVICES SUCH AS PSYCHIATRIC EVALUATION AND DIAGNOSIS, PSYCHOLOGICAL EVALUATION, INDIVIDUAL, GROUP AND FAMILY PSYCHOTHERAPY, BEHAVIOR THERAPY, CRISIS INTERVENTION SERVICES, MEDICATION EVALUATION AND MANAGEMENT, AND SIMILAR SERVICES.

(D) THE TREATMENT PLAN SHALL BE REVIEWED AND UPDATED THROUGHOUT THE DURATION OF TREATMENT AS FOLLOWS:

(1) FOR INDIVIDUALS UNDER AN INVOLUNTARY OUTPATIENT COMMITMENT, THE TREATMENT PLAN SHALL BE REVIEWED AND UPDATED EVERY 30 DAYS BY THE MENTAL HEALTH PROFESSIONAL OR ADVANCED

PRACTICE PROFESSIONAL PROVIDING TREATMENT SERVICES AND THE INDIVIDUAL RECEIVING SERVICES. THE TREATMENT PLAN UPDATE SHALL BE REVIEWED AND SIGNED BY THE PSYCHIATRIST AS PART OF THE OVERSIGHT OF TREATMENT SERVICES PROVIDED.

(2) FOR INDIVIDUALS VOLUNTARILY RECEIVING TREATMENT, THE TREATMENT PLAN SHALL BE REVIEWED AND UPDATED AT A MINIMUM EVERY 180 DAYS BY THE MENTAL HEALTH PROFESSIONAL, MENTAL HEALTH WORKER UNDER THE SUPERVISION OF A MENTAL HEALTH PROFESSIONAL, CERTIFIED REGISTERED NURSE PRACTITIONER OR PHYSICIAN ASSISTANT PROVIDING TREATMENT SERVICES AND THE INDIVIDUAL RECEIVING SERVICES.

(3) THE TREATMENT PLAN UPDATE SHALL BE SIGNED AND DATED BY THE MENTAL HEALTH PROFESSIONAL, MENTAL HEALTH WORKER UNDER THE SUPERVISION OF A MENTAL HEALTH PROFESSIONAL, CERTIFIED REGISTERED NURSE PRACTITIONER OR PHYSICIAN ASSISTANT PROVIDING TREATMENT SERVICES.

(4) THE MENTAL HEALTH PROFESSIONAL OR MENTAL HEALTH WORKER SHALL REQUEST THE INDIVIDUAL TO SIGN AND DATE THE TREATMENT PLAN UPDATE. IN THE EVENT THE INDIVIDUAL DOES NOT SIGN THE TREATMENT PLAN UPDATE, THE MENTAL HEALTH PROFESSIONAL OR MENTAL HEALTH WORKER SHALL DOCUMENT THE REQUEST IN THE RECORD.

(E) ALL TREATMENT SERVICES SHALL BE PROVIDED IN ACCORDANCE WITH THE IDENTIFIED GOALS IN THE TREATMENT PLAN AND UPDATES.

(F) THE TREATMENT PLAN AND UPDATES SHALL BE KEPT IN THE INDIVIDUAL RECORD.

(G) THE TREATMENT PLAN SHALL BE REVIEWED ON AN ANNUAL BASIS BY THE PSYCHIATRIST OR ADVANCED PRACTICE PROFESSIONAL THROUGHOUT THE COURSE OF TREATMENT FROM THE PSYCHIATRIC OUTPATIENT CLINIC AND DOCUMENTED IN THE INDIVIDUAL RECORD.

§ 5200.32. Treatment policies and procedures.

Each [facility] psychiatric outpatient clinic shall have on file a written plan specifying the clinical policy and procedures of the facility AND SHALL PROVIDE SERVICES IN ACCORDANCE WITH THEM. This plan [shall] must provide for the following:

- (1) Intake AND ASSESSMENT policy and procedures.
- (2) Admission ~~and discharge~~ policies INCLUDING TIME FRAMES FOR THE FOLLOWING:
 - (I) REFERRALS FROM CRISIS INTERVENTION OR EMERGENCY SERVICES.
 - (II) REFERRALS FROM INPATIENT UNITS.
 - (III) REFERRALS FOR MEDICATION MANAGEMENT SERVICES.
 - (IV) OTHER REFERRALS.
- (3) The services to be provided and the scope of these services.
- (4) DISCHARGE policies providing for continuity of care for [patients] individuals discharged from the program.
- (5) COMPLAINT POLICIES AND PROCEDURES.

(6) STATEMENT OF RIGHTS IN ACCORDANCE WITH §§ 5100.51—5100.56 (RELATING TO PATIENT RIGHTS).

§ 5200.33. DISCHARGE.

(A) A PSYCHIATRIC OUTPATIENT CLINIC SHALL COMPLETE A DISCHARGE SUMMARY FOR EACH INDIVIDUAL AT LEAST 45 DAYS BEFORE DISCHARGE FROM SERVICES THAT INCLUDES THE FOLLOWING:

- (1) SUMMARY OF SERVICES PROVIDED AND OUTCOMES.
- (2) REASON FOR DISCHARGE.
- (3) REFERRAL OR RECOMMENDATION FOR OTHER SERVICES IF NEEDED.

(B) THE PSYCHIATRIC OUTPATIENT CLINIC SHALL PROVIDE THE FOLLOWING INFORMATION TO INDIVIDUALS AT DISCHARGE:

- (1) CONTACT INFORMATION FOR THE LOCAL CRISIS INTERVENTION SERVICE.
- (2) CONTACT INFORMATION FOR ANY REFERRALS.

MISCELLANEOUS PROVISIONS

§ 5200.41. Records.

(a) Under section 602 of the Mental Health and [Mental Retardation] Intellectual Disability Act of 1966 (50 P.S. § 4602), and in accordance with recognized and acceptable principles of [patient record keeping] ~~medical~~ recordkeeping, the facility shall maintain a record for each [person admitted to a psychiatric clinic] individual receiving services from a psychiatric outpatient clinic. The record [shall] must include the following:

(1) [Patient identifying] Identifying information.

* * * * *

(3) ASSESSMENT INCLUDING presenting problems.

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(5) Medical, social[,] and developmental history.

(6) Diagnosis and evaluation.

(7) Treatment plan and updates.

* * * * *

(12) A written order RECOMMENDATION FROM A LPHA ACTING WITHIN THE PRACTITIONER'S SCOPE OF PRACTICE for any MMHT SERVICES provided.

(b) Records shall also be maintained as follows:

* * * * *

(2) [Reviewed periodically as to quality by the facility or clinical director as appropriate.] Reviewed ~~bi-annually~~ TWICE A YEAR as to quality by the director, or clinical supervisor OR PSYCHIATRIST as appropriate.

* * * * *

[(c) The records must comply with § § 5100.31-5100.39 (relating to confidentiality of mental health records).

(d) All case records shall be kept in locked and protected locations to which only authorized personnel shall be permitted access.]

(c) All protected ~~medical and mental health~~ INDIVIDUAL records, written and electronic, shall be secured in accordance with all applicable Federal and State privacy and confidentiality statutes and regulations.

§ 5200.42. [Drugs and medications] Medications.

(a) If medication is prescribed or dispensed by the [facility] psychiatric outpatient clinic, the requirements of all applicable Federal and State drug statutes and regulations shall be met. In addition, all of the following apply:

(1) Prescriptions shall be written only by a licensed ~~practitioner~~ PSYCHIATRIST, PHYSICIAN, CERTIFIED REGISTERED NURSE PRACTITIONER OR PHYSICIAN ASSISTANT within THE PRACTITIONER'S scope of practice.

(2) The term "written" includes prescriptions that are handwritten or recorded and transmitted by electronic means.

(3) 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.

(4) A record of any medication prescribed shall be documented in the individual ~~medical~~ record.

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

[(1) Prescriptions shall be written only by the physician.

(2) Drugs shall be dispensed only on 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.]

(1) Medications shall be dispensed only on an order of a licensed practitioner PSYCHIATRIST, PHYSICIAN, CERTIFIED REGISTERED NURSE PRACTITIONER OR PHYSICIAN ASSISTANT within THE PRACTITIONER'S scope of practice.

(2) All medication shall be kept in a secure place.

(3) Each dose of medication administered by the psychiatric outpatient clinic shall be properly recorded in the individual's medical record.

§ 5200.43. Fee schedule.

Each ~~outpatient~~ psychiatric OUTPATIENT clinic shall maintain a schedule of uniform basic charges for services which are available to all [patients] individuals receiving services. [Fee schedules shall be submitted to the Department for information purposes.]

§ 5200.44. Quality assurance program.

All psychiatric outpatient clinics shall have a utilization review and clinical audit process designed to ensure that the most appropriate treatment is delivered to the [patient] individual receiving services and that treatment is indicated. [Patients shall be discharged when the identified benefit, as reflected in the initial evaluation, goals, objectives, and treatment plan, has been received.] Psychiatric outpatient clinics that provide MMHT SERVICES shall include MMHT services in the Quality Assurance plan.

THE QUALITY ASSURANCE PLAN SHALL INCLUDE THE FOLLOWING:

(1) PROCESS FOR THE ANNUAL REVIEW OF THE QUALITY, TIMELINESS AND APPROPRIATENESS OF THE SERVICES PROVIDED, INCLUDING FEEDBACK ON SATISFACTION WITH SERVICES FROM INDIVIDUALS RECEIVING SERVICES.

(2) IDENTIFICATION OF THE TYPE OF REVIEW AND THE METHODOLOGY FOR THE REVIEW.

(3) DOCUMENTATION OF THE FINDINGS OF THE ANNUAL REVIEW.

(4) UTILIZATION OF THE ANNUAL REVIEW FINDINGS TO IMPROVE PSYCHIATRIC OUTPATIENT CLINIC SERVICES.

§ 5200.45. Physical facility.

(a) Adequate space, equipment and supplies shall be provided in order that the outpatient services can be provided effectively and efficiently. Functional surroundings shall be readily accessible to the [patient] individual and community served.

(b) All space and equipment shall be well maintained and [shall] must meet applicable Federal, State[,] and local requirements for safety, fire, accessibility and health.

(c) A waiting room which is [neat, cheerful, and comfortably furnished] clean, comfortable and sensitive to the culture of the population served shall be provided.

(d) There shall be office space for the clinical staff suitably equipped with chairs, desks, tables[,] and other necessary equipment.

* * * * *

(f) There shall be adequate provisions for [the privacy of the patient in interview rooms] privacy within the psychiatric outpatient clinic.

(g) A psychiatric outpatient clinic is defined by its staff and organizational structure rather than by a specific building or facility. It may operate at more than one site if the respective sites meet all physical facility standards and the sites operate as a portion of the psychiatric outpatient clinic. The staffing pattern at each site shall be based on the

ratio of total [clinic patients seen at that site to the total patients seen in the psychiatric clinic as a whole] individuals served at that site to the total individuals served in the psychiatric outpatient clinic as a whole. The Department will issue a single certificate of compliance to the parent organization which will list all operational sites.

§ 5200.46. Notice of nondiscrimination.

[Programs shall not discriminate against staff or clients on the basis of age, race, sex, religion, ethnic origin, economic status, or sexual preference, and must observe all applicable State and Federal statutes and regulations.] Programs may not discriminate against staff or individuals receiving services on the basis of race, color, creed, disability, religious affiliation, ancestry, gender, gender identity or expression, sexual orientation, national origin or age, and shall observe COMPLY WITH all applicable State and Federal statutes and regulations.

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§ 5200.48. Waiver of standards.

In instances where the development of specialty psychiatric outpatient clinic services is severely limited by these standards, such as[,] rural clinics[,] or specialty clinics, a waiver may be granted [for staffing standards for a period of 6 months and may be renewed up to 3 times]. [Such waivers] Waivers may be applied only in areas where the need for [such] these services and the attempts to meet the standards are adequately documented. [Such waivers] Waivers are to be considered only in exceptional circumstances and are subject to approval by the [office of Mental Health] Department.

MOBILE MENTAL HEALTH TREATMENT

§ 5200.51. Provider service description.

(a) Prior to the delivery of MMHT services, a psychiatric outpatient clinic shall submit to the Department for approval a MMHT service description that includes the information required under subsection (b). A psychiatric outpatient clinic shall submit a revised service description to the Department if there are changes to the information required under subsection (b).

(b) A service description must include all of the following:

(1) The population to be served, including all of the following:

(i) Expected number of individuals to be served.

(ii) The age ranges of the individuals to be served.

(iii) The presenting problems and other characteristics supporting the need for

MMHT SERVICES.

(iv) The location of the provision of the services, whether in the home or community or both.

(v) The goals, objectives and expected outcomes of the MMHT services.

(2) Staffing pattern, including all of the following:

(i) Number of mental health professionals, licensed clinical psychologists, and psychiatrists providing MMHT SERVICES.

(ii) The qualifications of a staff person providing a MMHT service.

(iii) The specific clinical services to be provided by each staff.

(3) The policies and procedures for all of the following:

- (i) The supervision of MMHT services.
- (ii) Staff support in the provision of MMHT SERVICES.
- (iii) Coordination of care with physical health services.

(c) A psychiatric outpatient clinic shall provide MMHT SERVICES only as set forth in its approved service description.

§ 5200.52. Treatment planning.

(a) Treatment planning shall be completed in accordance with § 5200.31 (relating to treatment planning) and shall include all of the following:

- (1) Services to be provided.
- (2) Treatment goals.
- (3) Duration of service.
- (4) Supports and interventions necessary to alleviate barriers to receiving services at a psychiatric outpatient clinic.
- (5) Identification of the professional providing each service.
- (6) Location of service provision.

(b) A MMHT SERVICES provider shall complete an assessment as required by § 5200.31(a)(7) prior to developing the treatment plan. In addition, the following shall apply:

(1) The assessment shall include documentation of the disabling effects of a mental or physical illness that impedes or precludes the individual's ability to participate in services at the psychiatric outpatient clinic.

(2) The assessment shall be completed by a psychiatrist, mental health professional, or an advanced practice professional trained and qualified to provide services at a psychiatric outpatient clinic under the supervision of a psychiatrist.

(c) Treatment plans shall be updated AT A MINIMUM every 180 days at a minimum.

§ 5200.53. Discharge.

(a) Discharge planning shall be discussed with the individual receiving MMHT services.

(b) Upon discharge, the psychiatric outpatient clinic providing MMHT shall complete a discharge summary that must include the following:

(1) MMHT services provided.

(2) Outcomes of MMHT service.

(3) Reason for discharge.

(4) Referral or recommendation for other services.