

Active Treatment

Jolene Ring, LMFT, Behavioral Health Specialist,
Inpatient Services, OHCA



Active Treatment

- Treatment that is intended to reduce or eliminate the disease in a patient
- The active treatment program must be appropriate to the needs of the patient and be directed toward restoring and maintaining optimal levels of physical and psychosocial functioning.

Active treatment begins with a thorough clinical assessment.

317:30-5-95.30.

- **Medical necessity criteria for continued stay - psychiatric residential treatment center for children**
- **For continued stay Psychiatric Residential Treatment Facilities for children, admissions must meet the terms and conditions contained in (1), (2), (5), (6), and either (3) or (4) of this subsection.**

(1) Any DSM-IV-TR Axis I primary diagnosis with the exception of V codes, adjustment disorders, and substance abuse related disorders, accompanied by detailed symptoms supporting the diagnosis. In lieu of a qualifying Axis I diagnosis, children 18-20 years of age may have an Axis II diagnosis of any personality disorder.

(2) Conditions are directly attributed to a mental disorder as the primary reason for continued stay (this does not include placement issues, criminal behavior, status offenses).

(3) Patient is making measurable progress toward the treatment objectives specified in the treatment plan.

(A) Progress is measured in behavioral terms and reflected in the patient's treatment and discharge plans.

(B) Patient has made gains toward social responsibility and independence.

(C) There is active, ongoing psychiatric treatment and documented progress toward the treatment objective and discharge.

(D) There are documented efforts and evidence of active involvement with the family, guardian, child welfare worker, extended family, etc.

- (4) child's condition has remained unchanged or worsened.
 - (A) Documentation of regression is measured in behavioral terms.
 - (B) If condition is unchanged, there is evidence of re-evaluation of the treatment objectives and therapeutic interventions.

- (5) There is documented continuing need for 24-hour observation and treatment as evidenced by:
 - (A) Intensive behavioral management.
 - (B) Intensive treatment with the family/guardian and child in a structured milieu.
 - (C) Intensive treatment in preparation for re-entry into community.

(6) Documented efforts of working with child's family, legal guardian and/or custodian and other human service agencies toward a tentative discharge date.

The written Conditions of Participation are provided for the facility by the Oklahoma Health Care Authority.

Oklahoma Health Care Authority
 Conditions of Treatment Participation
 Inpatient Psychiatric Programs for Children

- Programs that provide Inpatient acute or residential psychiatric services to children under contract with the Oklahoma Health Care Authority must provide a program of "Active Treatment". "Active Treatment" includes the participation of the patient's family or guardian in the following ways while the patient remains in the care of the treatment program.
- Upon admission to an inpatient psychiatric program the patient's family or guardian will review the organization's written policy regarding patient's rights, behavior management of patients, patient grievance procedures, and access to the Office of Client Advocacy.
- The child's family or guardian will communicate with treatment team members to provide available information necessary for the patient assessment and treatment. This information includes, but may not be limited to the patient's past and current physical, medical, developmental, social, emotional, academic and behavioral status.
- The patient's family or guardian will communicate on a regular basis with treatment team members, and as indicated by team recommendations for the child's continued treatment needs. This will allow the child's family or guardian to participate in the planning of their child's treatment and discharge needs.
- The patient's family or guardian understands that the purpose of treatment within an acute or residential psychiatric program is to stabilize disabling symptoms that pose an immediate threat to the life of the child and or others. It is within the rights of the child of receive treatment in the least restrictive setting and return to their community as soon as he or she is able.
- The patient's family must participate in family sessions on a regular basis. The family must participate in at least one family session per week for the patient receiving treatment in an acute or a residential psychiatric program. The family understands that the treatment team member responsible for coordinating their regular family sessions will document the family or guardian's efforts to attend and the record of their attendance.
- I certify that I have read or that I have had these statements read to me. I understand the conditions of participation stated herein. The personnel of the admitting facility have provided me the opportunity to have questions concerning these conditions answered. My signature below indicates that I agree to participate in treatment as stated in these conditions and as they apply to the patient whose name is _____ . The patient's family or guardian understands that the purpose of treatment within an acute or residential psychiatric program is to stabilize disabling symptoms that pose an immediate threat to the life of the child and or others. It is within the rights of the child of receive treatment in the least restrictive setting and return to their community as soon as he or she is able.
- _____ Date _____ Signature and Relationship to Patient
- _____ Date _____ Signature of Witness

- These guidelines specify the conditions of the family or guardian's participation in "Active Treatment".
- The signature of the family member or guardian acknowledges their understanding of the conditions of their participation in "Active Treatment" while the patient remains in the care of the facility.
- The conditions include provisions of participation required for the continued Medicaid compensable treatment.

- The patient's family or guardian understands that the purpose of treatment within an acute or residential psychiatric program is to stabilize disabling symptoms that pose an immediate threat to the life of the child and or others. It is within the rights of the child of receive treatment in the least restrictive setting and return to their community as soon as he or she is able.

- Active Treatment also includes an ongoing program of assessment, diagnosis, intervention, evaluation of care and treatment, and planning for discharge and aftercare under the direction of a physician.

- The components of Active Treatment consist of integrated therapies that are provided on a regular basis and will remain consistent with the patient's ongoing need for care.

Integrated Therapies include

- Individual Therapy
- Family Therapy
- Process Group Therapy
- Expressive Group
- Individual Rehabilitative
- Group Rehabilitative

Options when child is not progressing in treatment:

- Ask your APS reviewer to schedule a staffing with APS and OHCA
- Refer to another treatment program
- Request a doc to doc consultation through the Psychiatric Hotline

Examples of Progress Note addressing active treatment

“Pt was able to control her behavior today while playing basketball because staff helped her identify her frustration from her poor basketball skills and redirected her to time practicing on free throws while she calmed herself.”

Discharge Planning

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Inpatient Services, OHCA



Individual Plan of Care

- Must include specific discharge and after care plans that are appropriate to the patient's needs and effective on the day of discharge.
- At the time of discharge, after care plans will include referral to medication management, out-patient behavioral health counseling and case management to include the specific appointment date(s), names and addresses of service provider(s) and related community services to ensure continuity of care and reintegration for the recipient into their family school, and community

Discharge referral information

1. Specific recommendations
 - a. number of children in the home
 - b. family setting vs group setting
 - c. better with groups or individuals
 - d. better with males or females
 - e. intimacy needs
 - f. interactions with younger children in the home
 - g. interactions with older children in the home
2. Behaviors that can be expected upon discharge
3. Supports that need to be in place
4. Type of educational needs

5. Type of recreational needs
6. Day to day activities
 - a. ones that are good for the child
 - b. ones that should be avoided for the child
7. Involvement with bio family while inpatient or upon discharge
8. Involvement with siblings while inpatient or upon discharge
9. Is child able to go to daycare vs to home after school

Treating physicians need to be sure prescriptions cover the period until outpatient medication appointment is scheduled.

Inspection of Care Update and Changes

Jolene Ring, LMFT OHCA Behavioral Health Services
Diane Medders, LPC APS Healthcare Inpatient Behavioral Health



2008- 2009 Quality of Care Scores

- Audited 44 facilities (to date)
 - 32 Instate
 - 12 out of state
- Average score: 73
- Range 46- 93

Instate Providers

- 12 acute
 - Average score: 74
 - Range: 60-93
- 20 RTC
 - Average score: 75
 - Range: 61-90

Out of State Providers

- 1 acute
 - Score: 46
 - Range: NA
- 11 RTC
 - Average score: 69
 - Range: 51-82

Changes in IOC

- For IP and TFC
 - Sampling process changes from 5 % to 3 % of admission since last IOC
 - Maximum number of records to review changed from 20 to 10
 - Minimum number of records to review remains 5

- Goal is to thoroughly look at:
 - Appropriateness of care,
 - Quality of care,
 - Active treatment,
 - Discharge planning,
 - Implementation of treatment plans,
 - Documentation of active treatment across milieu,
 - Documentation of clinical information supporting need for care,
 - Agreement with information submitted in Care Connection.

Active Treatment

- More than minimal contractual requirements
- Documentation indicates:
 - Coordinated care across the milieu
 - Progress or regression of the patient
 - Active, ongoing efforts to address treatment issues,
 - Occurs on weekends (more than group rehab)

- Active treatment must meet documentation and content requirements in OAC 317.
- Clock hour vs. therapy hour
- Modifications due to child's needs/ functional ability

Group Rehab Documentation:

- Must indicate more than "attended & participated",
- Activity needs to be directed towards treatment issues, skills development or re-development,
- Needs to include response and outcome,
- Next year, the following will not be accepted:
 - Note only indicates "attended / participated", "watched movie", "cleaned unit/ room", etc.
 - Does not indicate skills development or re-development or response/ outcome.

Individual/ Family Therapy Documentation

- Not just a review of recent behaviors,
- Actual therapy addressing identified treatment issues, and patient/ family response and outcome,
- Needs to indicate discussion of discharge plans,
- Needs to indicate content of parent training occurring in FT,
- Topics could include passes and safety plans,
- Brief telephone calls with guardian will not count as family.

Expressive Therapy Documentation

- Review OAC 317 for what activities are considered Expressive activities,
- Group must have documented therapeutic goal,
- Activity needs to be directed towards treatment issues,
- Documentation of patient's response and outcome
- Next year, the following will not be accepted:
 - Recreation or an activity that appears to be recreational with no therapeutic goal
 - Group conducted by CTRS or LMHP is not necessarily ET
 - Activity that is part of school does not count as ET

Documentation Examples

Group Rehab:

“pt attended and participated.”

“pt cleaned unit with peers.”

-not meeting skills development as identified on tx plan.

“pt did not attend group.”

- no reason given, no make-up or IR noted

“pt slept thru group. Will be seen throughout the week in various RT groups.”

-no make-up indicated

Expressive Therapy:

Activity: Leisure Awareness

“pt actively participated in group held on soccer field. Met group goals when he listened to instructions about how to keep warm while doing outside activities as well as proper stretching to avoid injuries. He displayed a bright affect AEB smiling/ laughing with the rest of the group at appropriate times. His interactions were supportive when he said “I though I would catch that ball but you hit it too good for me to get it”. Did not require any redirection for inappropriate behavior.

Signed by CTRS

Activity: Creative Crafts

“pt attended group and participated in making a frog and butterfly using woodsies. Pt expressed “Look, I made a frog and butterfly, now I need some eyes on them.” Pt stayed on focus and on task interacting well with others. Pt tested limits at times, needed minimal prompts. Will continue to see in group daily basis as permitted.”

signed by CTRS

“Pt did not attend expressive therapy due to unit restrictions.”

“pt was appropriate in her demonstration of positive social interactions in the group setting. Pt was also very helpful in moving the female houses. She demonstrated positive behaviors.”

- Documentation does not reflect actual treatment goals of pt or therapeutic purpose of group.
- Leisure Awareness is Rehab, not ET, per OAC 317.
- No make up documented.
- Concrete, behaviorally descriptive, towards identified treatment issues.

Other Items

- Guardian signatures on treatment plans,
- Are therapists available on weekends/ after hours to accommodate families?
- Is doctor available to meet/ talk with guardian?
- Documentation that aftercare treatment recommendations, safety plans, and other pertinent information is being passed on to aftercare providers.

- U/S LMHP IT, FT and PGT notes are co-signed by LMHP,
- Treatment team signatures on treatment plans must be dated the team member actually signed.
 - Typed dates and “one date fits all” will not be accepted.

Corrective Action Plans

- OHCA will be notified in writing if a corrective action plan is requested two years in a row.
 - If the previous year’s CAP was not implemented sufficiently,
 - Regardless if one is submitted or not,
 - Identified areas of concern may vary between the CAPs.

DRG Facilities

- All of stay will be reviewed
- Recoupement will be limited to days covered by DRG payment

If a medical record does not indicate active treatment, support medical necessity criteria, or if it appears the child has maximized benefit of treatment, or stay appears to be placement; the case will be staffed with APS physician during IOC for treatment recommendations or decertification at the end of the current PA.

TFC Inspection of Care

- Active treatment documentation issues are the same as IP
- Daily logs
- Family therapy with bio-family
- Developing a quality score index for TFC providers over the next year, to be used starting SFY 2011 audits

Travel Assistance

- If a family needs assistance with travel expenses, OHCA can provide some assistance at the time of the child's admission and at the time of the discharge.
- To access this assistance, the family needs to contact Jolene Ring, 405-522-7446.
- The treatment facility will need to contact Jolene to confirm admission time or discharge time.

- Once the child has been admitted, the facility is responsible for providing some travel assistance to families that should require help.
- Each facility is required to have a plan and to offer this assistance to those families.
- In cases where the plan is a reimbursement of expenses but the reimbursement is a hardship on the family, the facility should contact Jolene Ring to make alternative arrangements with the facility then reimbursing Federation of Families.

Insure Oklahoma Behavioral Health Changes

- Adult behavioral health inpatient days will be limited to 30 per year for both mental health and substance abuse.
- Effective date of changes not yet determined.

Pharmacy Issues

Challenges and Solutions for transitioning children from IMD/RTC to lower level of care

Challenge 1

- IMD indicator in claims system will block a submitted pharmacy claim and cause it to deny. The pharmacy sees a denial code that says “Institutionalized patient, NDC not covered.”

Solution

- On the morning of a discharge, please call APS even though the child has not yet left the hospital so that APS will remove the IMD indicator. If the discharge disrupts, call APS back to let them know the child did not discharge

Challenge 2

- Prior Authorization (PA) may be required for step therapy. If the child was treated with first tier medications while inpatient, the data is not available in the claims payment system and the pharmacy claim will deny for a prior authorization. Check the list at www.okhca.org/providers/rx/pa. The preferred list may change once per year in January.

Solution

- Download PHARM-4 PA form from www.okhca.org/rx-forms. Complete Section 2 of the form, including the medication name, dose and date range of the trial, with a note that the trial occurred during an inpatient stay. It may be helpful to note that this is an inpatient discharge medication request. If you know which pharmacy will be used, call the pharmacy and advise them of the situation. Fax the petition to them and they will complete Section 1 of the form and forward to the PA unit for approval. If you do not know which pharmacy will be used, send this form with the child's guardian with instructions to give it to the pharmacy along with the prescriptions that need to be filled.

Challenge 3

The medication dosage is restricted and requires an override for high dose or quantity limit.

Solution

Call the Pharmacy Help Desk for an override. Be prepared to give a clinical justification for the dosage and let them know that the dose was established during an inpatient stay. The Pharmacy Help Desk number is 405-522-6205 option 4 or 1-800-522-0114 option 4

The doctor or nurse may ask to speak to a pharmacist at the Pharmacy Help Desk to expedite the prior authorization when it is known that that a prior authorization or override will be required for the child.

- The regular College of Pharmacy hours and contact information are:
- Phone: (405)522-6205 option 4 or (800)522-0114 option 4
- Hours: Monday – Friday (8:30a – 7:00p); Sat (9:00a – 5:00p); Sun (11a – 5p)
- Email: pharmacy@okhca.org OHCA
Website: www.okhca.org