

Inpatient Provider Update



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Western Department of Mental Health
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APS Healthcare



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Inpatient Rule Changes effective July 1, 2010



- Language changes

Replaced “patient” with “member”

OHCA Behavioral Health Provider Manual

The Joint Commission (TJC)

Addition of LADC to the LBHP definition where
omitted previously



- Removed Medical Necessity Criteria from OAC rules and placed them in the OHCA Provider Handbook
- Evidence that treatment program is trauma-informed must be documented
- Noted that mechanical restraints will not be used on any SoonerCare member



- Deleted Sub acute definition
- PRTF's will submit cost reports annually to OHCA
- CALOCUS –level of care assessment tool for use by individual contracted LBHPs and APS
- Expanded definition of the RTC level of Community Based Residential Transitional

Community Based, transitional RTC



- A non-secure PRTF that furnishes structured, therapeutic services
- Has 16 or less beds
- Intended for children that are ready to transition from a more intense residential level of care into the community
- Should be ready, or at least soon be ready, to attend public school
- Not an IMD, ancillary expenses can be billed separately

New active treatment requirements for CBT



- Individual Plan of Care (IPC) must be completed within 7 days of admission
- IPC update must be completed within 30 days of the master IPC
- Individual and Family therapy weekly
- Process group two hours per week
- Expressive group therapy—twice a week
- Group Rehabilitation—6 times a week

CBT requirements continued



- History and physical –within 7 days of admission
- Psychiatric Evaluation—within 7 days of admission
- Psychosocial Evaluation –within 7 days of admission
- RN on site at least one hour per day and available 24 hours per day
- Admitted under a doctor's order



2010 Inspections of Care Update and 2011 IOC Tool Changes



Western Department of Health
and Human Services

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- Audited 37 facilities (to date)
 - 32 Instate
 - 6 out of state
- Average score: 73
 - Last year 73
- Range 41- 91
 - Last year 46-93

Instate Providers



- 11 acute

Average score: 72

Last year: 74

Range: 60-79

Last year: 60-93

- 20 RTC

Average score: 73

Last year: 75

Range: 41-91

Last year: 61-90

Out of State Providers



- 1 acute

Score: 71

Range: NA

Last year: 1 provider

Score: 46*

*different programs

- 5 RTC

Average Score:73

Last year: 69

Range: 59-84

Last year: 51-82

IOC Updates



- Documentation of Expressive and Rehab Services
 - Must meet activity and documentation requirements or will be recoupable.
 - Per OAC regs: documentation must be for each individual session of active treatment. Weekly summaries are not acceptable.
 - Often documentation does not reflect actual treatment goals of pt or therapeutic purpose of group.
- Leisure Awareness is Rehab, not ET, per OAC 317.
- Substance use prevention/ education is Rehab.
- No make-up documented or make-up lacks processing.
- Notes should be concrete, behaviorally descriptive, toward identified treatment issues.

Expressive Therapy



- "Expressive group therapy" means art, music, dance, movement, poetry, drama, psychodrama, structured therapeutic physical activities, experiential (ROPES), recreational, or occupational therapies that encourage the member to express themselves emotionally and psychologically.
- Through active expression, inner-strengths are discovered that can help the member deal with past experiences and cope with present life situations in more beneficial ways.
- The focus of the group must be directly related to goals and objectives on the individual member's plan of care. Documentation must include how the member is processing emotions/feelings.
- Expressive therapy must be a planned therapeutic activity, facilitated by staff with a relevant Bachelor's degree and/or staff with relevant training, experience, or certification to facilitate the therapy.



Group Activity: sports

Date: 2/10/10 Start Time: 1000 End Time: 1200 Total Time: 2hr

Treatment Plan Goal Addressed: The patient will learn appropriate social, recreational, and leisure skills in order to—

<input checked="" type="checkbox"/> Improve Social Skills	<input type="checkbox"/> Decrease Sexual Acting Out	<input checked="" type="checkbox"/> Improve Critical Thinking Skills
<input checked="" type="checkbox"/> Improve Positive Self Esteem	<input checked="" type="checkbox"/> Improve Ability To Manage Impulsivity	<input checked="" type="checkbox"/> Improve Mood
<input checked="" type="checkbox"/> Promote Community Interactions	<input checked="" type="checkbox"/> Improve Ability to Manage Stress	<input type="checkbox"/>
<input checked="" type="checkbox"/> Improve Anger Management	<input checked="" type="checkbox"/> Improve Ability to Manage Leisure Time	<input type="checkbox"/>

Type of Group:

<input type="checkbox"/> Arts & Crafts	<input checked="" type="checkbox"/> Physical Fitness	<input checked="" type="checkbox"/> Gym / Sports Activity
<input checked="" type="checkbox"/> Group Games	<input checked="" type="checkbox"/> Leisure Awareness	<input type="checkbox"/> Drama / Music
<input checked="" type="checkbox"/> Community Reintegration	<input checked="" type="checkbox"/> Stress Management / Coping Skills	<input type="checkbox"/>

Specific Activity: pt displayed good teamwork and problem solving skills. Pt stated that sports relieves his stress

Patient's Affect: (Check one) Normal Flat Abnormally Elevated

Patient's Mood: (Check one) Pleasant Depressed Irritable Angry

Group Participation: (Check all that apply)

<input checked="" type="checkbox"/> Active Participation	<input type="checkbox"/> Apathetic	<input type="checkbox"/> Hostile / Aggressive / Provoking
<input checked="" type="checkbox"/> Cooperative Play	<input type="checkbox"/> Uncooperative with Peers	<input type="checkbox"/> Withdrawn / Isolated
<input checked="" type="checkbox"/> Attentive / Attention to task	<input type="checkbox"/> Inattentive / Off Task	<input type="checkbox"/> Excessive Talking
<input checked="" type="checkbox"/> Followed Directions	<input type="checkbox"/> Disrespectful / Defiant / Uncooperative	<input type="checkbox"/> Wandering / Leaving Area
<input checked="" type="checkbox"/> Positive Peer Interactions	<input type="checkbox"/> Negative Interactions with Peers	<input type="checkbox"/> Disruptive / Hyperactive
<input checked="" type="checkbox"/> Positive Attitude	<input type="checkbox"/> Negative Attitude	<input type="checkbox"/> Self Harmful
<input checked="" type="checkbox"/> Maintained Appropriate Boundaries	<input type="checkbox"/> Sexual Acting Out	<input type="checkbox"/> Refused / Failed to Participate

Interventions Required: (Check all that apply)

<input checked="" type="checkbox"/> Basic Group Facilitation	<input type="checkbox"/> Limit Setting Required	<input type="checkbox"/> Time Out / Removed From Group
<input checked="" type="checkbox"/> Repeat Instructions / Occasional Cues	<input type="checkbox"/> De-Escalation Required	<input type="checkbox"/> Special Treatment Intervention
<input type="checkbox"/> Multiple Redirections Required	<input type="checkbox"/> 1:1 Supervision	<input type="checkbox"/>

Describe how patient processed emotions/feelings and discussed future interventions for maintaining a healthy lifestyle in response to this activity: Pt stated that physical exercise made him feel better about himself and decreased stress

Provide additional explanation of behaviors checked above relevant to treatment:



Teamwork (tanagram)/Interactive Game: clients encouraged to focus on teamwork while participating in interactive game (tanagram). Discussic following game to examine how we interact with others and how teamwork is influenced by our participation or non participation, role of communication. Processed how communication impacts team success and identify personal issue that can be impacted by communication. Areas addressed include: increase self awareness; increase awareness of effective communication skills; increase attn to task; increase proble solving skills, explore role of teamwork in problem-solving activities/situations.

Client attended group with neutral affect, cooperative with game and group activity. Client assumes a quiet leadership role - offers guidance to peers when they struggle, genuinely tries to be supportive. Noted to roll her eyes when female peer was bossy and intrusive. Able to contribute relevant and insightful feedback during processing "you watch what other people are doing and try to see it from another perspective".



- Did note what focus of group was, what activity was, how it aided in meeting goals and what child demonstrated or his/her response.
- Questionable area is aspect of leisure awareness. Leisure awareness, recreation, etc, will not be accepted for ET next audit year without documentation of aspect that encourages the member to express themselves emotionally and psychologically. Must show structured therapeutic activity related to child's goals and response. If art projects are used, cannot be just "worked on fuse beads" or "painted picture frame". These do not show therapeutic focus and process of activity towards goals. Ideally the focus is individualized to the client's identified needs.



- Notes for Volleyball/ basketball, without documentation of how physical activity was expressive activity designed to help child address treatment goals in setting other than traditional group therapies. If it appears to be strictly physical activity/ recreational in nature, will not be accepted for ET, but will be counted as Rehab.
- Structured free time
- Social Skills without specific goal, structured activity, or therapeutic focus.

Group Rehab



- **"Group rehabilitative treatment" means behavioral health remedial services, as specified in the individual care plan which are necessary for the treatment of the existing primary behavioral health disorders and/or any secondary alcohol and other drug (AOD) disorders in order to increase the skills necessary to perform activities of daily living.**
- **Examples of educational and supportive services, which may be covered under the definition of group rehabilitative treatment services, are basic living skills, social skills (redevelopment, interdependent living, self-care, lifestyle changes and recovery principles. Each service provided under group rehabilitative treatment services must have goals and objectives, directly related to the individual plan of care.**
- **"Individual rehabilitative treatment" means a face to face, one on one interaction which is performed to assist members who are experiencing significant functional impairment due to the existing primary behavioral health disorder and/or any secondary AOD disorder in order to increase the skills necessary to perform activities of daily living.**
- **REHAB: Notes need to reflect back to identified need on treatment plan.**



- Many records indicate generic rehab goals or needs that are the similar in all reviewed records (not individualized to child).
- Hygiene: if not an issue for child, then rehab in this area is not needed. Might be appropriate in psychotic, MR or autistic spectrum children, if areas are documented.
- Often see notes on “Cleaning unit/ room, making bed”. Not a problem that requires inpatient level of care treatment.
- Cards, movies and board games: as social skills/ peer interaction, with note that patient participated w/o difficulty or with positive attitude.
- “Attended and participated” charted as only response of child. Need to see patient response, what was learned, demonstrated, verbalized. If child refused to participate, then note that and what was done instead (individual rehab or attempts to engage).

Examples



- “3 on 3 Basketball- Participated.”

Group Activity: <i>Movie</i>			
Date: <i>2-21-10</i>	Start Time: <i>1730</i>	End Time: <i>1830</i>	Total Time: <i>1hr</i>
Tx Plan Goal Addressed: <i>major depression</i> <i>oppositional defiant disorder</i>			
Objective Addressed: <i>peer interaction</i>			
Skills addressed: (Check one)			
<input type="checkbox"/> Basic living	<input type="checkbox"/> Redevelopment	<input type="checkbox"/> Self-care	<input type="checkbox"/> Recovery principles
<input checked="" type="checkbox"/> Social Skills	<input type="checkbox"/> Interdependent living	<input type="checkbox"/> Lifestyle change	<input type="checkbox"/>
Affect: (Check one)			Other:
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Flat	<input type="checkbox"/> Abnormally Elevated	
Mood: (Check one)			Other:
<input checked="" type="checkbox"/> Pleasant	<input type="checkbox"/> Depressed	<input type="checkbox"/> Irritable	<input type="checkbox"/> Angry
Cooperation/Participation: (Check one)			
<input checked="" type="checkbox"/> Active/appropriate participation for at least 75% of activity		<input type="checkbox"/> Minimal participation	<input type="checkbox"/> Disruptive/inappropriate behavior
		<input type="checkbox"/> Little or no participation	<input type="checkbox"/> Refused group/Sick
Describe how this activity related to the patient's treatment plan, the patient processed emotions/feelings and the progress the patient made towards his/her treatment goals: <i>He had a attitude.</i>			

Better examples



Group Activity: <i>DISCUSSION</i>			
Date: <i>2/26/10</i>	Start Time: <i>(830)</i>	End Time: <i>1930</i>	Total Time: <i>1 HR</i>
Tx Plan Goal Addressed:			
Objective Addressed: <i>PERSONAL SPACE</i>			
Skills addressed: (Check one)			
<input type="checkbox"/> Basic living	<input type="checkbox"/> Redevelopment	<input type="checkbox"/> Self-care	<input type="checkbox"/> Recovery principles
<input checked="" type="checkbox"/> Social Skills	<input type="checkbox"/> Interdependent living	<input type="checkbox"/> Lifestyle change	<input type="checkbox"/>
Affect: (Check one)	<input type="checkbox"/> Flat	<input checked="" type="checkbox"/> Abnormally Elevated	Other: _____
<input type="checkbox"/> Normal			
Mood: (Check one)	<input type="checkbox"/> Depressed	<input type="checkbox"/> Irritable	<input type="checkbox"/> Angry
<input checked="" type="checkbox"/> Pleasant			Other: _____
Cooperation/Participation: (Check one)	<input type="checkbox"/> Minimal participation		<input type="checkbox"/> Disruptive/inappropriate behavior
<input checked="" type="checkbox"/> Active/appropriate participation for at least 75% of activity	<input type="checkbox"/> Little or no participation		<input type="checkbox"/> 'Refused' group/Sick
Describe how this activity related to the patient's treatment plan, the patient processed emotions/feelings and the progress the patient made towards his/her treatment goals:			
<i>PT COMMENTS ALOT. PT TALKS EXCESSIVELY, UPSETTING PEERS. PT IS TOLD REPEATEDLY TO MINIMIZE COMMENTS. PT GIVES EYE CONTACT.</i>			



- Discussion was used to develop skill of personal space. Not clear what goal was of discussion. This was not on his treatment plan, but note indicates issues with interactions with peers, which were noted as problematic on intake.

Quality items



- More than minimal contractual requirements
- Documentation indicates:
 - Coordinated care across the milieu
 - Progress or regression of the patient
 - Active, ongoing interventions to address treatment issues that requires that level of care,
 - Scheduled treatment 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 (PDD, MR, learning disabled, dyslexia, other communication problems such as receptive or expressive language, etc)
- Overlapping documentation of services may result in recoupment

Other Items



- Under supervision LMHP-- IT, FT and PGT notes must be 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.
 - Legibility of staff name and credentials
 - Often clinical information is provided in Care Connection but not in the medical record
 - DC planning needs to be continually updated on IPC

Other Items- continued



- Planned passes need to be included on IPC before and documentation in chart after passes.
- Incongruent medications and diagnosis without supporting documentation
- Diagnosis on IPC does not agree with Psychiatric Eval or diagnosis as physician changes it (focus of treatment/ re-evaluation)
- Diagnoses- Primary Axis I: R/O, V codes, By hx or Substance Abuse are not allowed
- PDD/ MR: escalating behaviors or MH diagnosis to support need for IP treatment

Other Items- continued



- If Mental Health co-occurring w/ Substance Abuse, then the medical record must indicate active treatment for the documented Mental Health diagnosis or it will full day recoupement

Specialty Programs



- Documentation should exist in the chart that clearly outlines why a patient is being transferred from a regular PRTF to a specialty program.
 - Process of decision making
 - Need for the program
 - Expected benefit
 - Discussion with the guardian

Content of Medical Record



- If a medical record does not indicate active treatment, support medical necessity criteria for admission or continued stay, or if it appears the child has maximized benefit of treatment, or stay appears to be placement; based on information in the chart, **the case will be staffed with APS physician during IOC for treatment recommendations or decertification.**

TFC Inspection of Care Update



- Active treatment documentation: need to indicate goal, therapist's intervention, child/ parent's response, outcome. Many notes are very vague and generic, difficult to tell what was goal, outcome.
- Daily logs signed by Therapeutic Parent Specialist (TPS)
- Family therapy with bio-family often not noted when reunification is identified goal
- Documentation of GED or equivalent of TPS
- Quality scoring will begin with audits for SFY 2011

TFC Recoupement



- Recoupement is unchanged.
 - Remains \$10.00 per missing item
- Missing item is determined by frequency of treatment identified on IPC
 - Need to be able to tell what frequency/ duration active treatment (IT, FT, PGT, BLS, SS) are expected to be provided
 - Changes in frequency should be documented on the IPC, signed and dated
- Based on agency's own policy on documentation in record

Scoring for Quality of Care



- For both Inpatient and Therapeutic Foster Care
- Past has been 0-4
- To provide better distinction and improve information, scoring is changing to 0-6, beginning SFY 2011.

SFY 2011 Inspection Of Care Scoring



- 0- NA
- 1- Not documented in record
- 2- Documented in record, not meeting requirements
- 3- Meets documentation requirements, minimal clinical information
- 4- Meets documentation requirements, with some descriptive clinical information
- 5- Meets documentation requirements, with detailed clinical information
- 6- Meets documentation requirements, provides thorough clinical view