



Pennsylvania  
**Department of Human Services**

**TITLE 55. HUMAN SERVICES**  
**CHAPTER 5210 PARTIAL HOSPITALIZATION**

**REGULATORY COMPLIANCE GUIDE**

**(November 26, 2024)**

**Office of Mental Health and Substance Abuse Services**  
**(OMHSAS)**

## INTRODUCTION

On October 12, 2019, 55 Pa. Code Chapter 1153 (relating to outpatient behavioral health services) and on July 19, 1981, 55 Pa. Code Chapter 5210 (relating to partial hospitalization services) became effective. These regulations governs the payment and operation of partial hospitalization programs in the Commonwealth of Pennsylvania. In most cases, the regulations speak for themselves. There are, however, some regulatory provisions that require additional clarification. Even when the meaning of a regulation is very clear, the purpose and intent of the regulation may not be. There can also be inconsistencies in how regulations are interpreted, and both providers and OMHSAS Licensing Representatives need to know how compliance will be determined. This guide is meant to help providers and OMHSAS Licensing Representatives better understand the regulations.

This guide is a companion piece to 55 Pa. Code Chapter 5210; it is intended to be a helpful reference for these regulations. **The explanatory material contained in this guide in no way supplants the plain meaning and intent of the regulations set forth in 55 Pa. Code Chapter 5210.**

In addition, this guide has been developed to provide clear explanations of the regulatory requirements of 55 Pa. Code Chapter 5210 to help agencies providing partial hospitalization services provide safe environments and effective services to individuals through regulatory compliance, and to help OMHSAS Licensing Representatives protect individuals by conducting consistent and comprehensive inspections. It provides a detailed explanation of each regulatory requirement, including expectations for compliance, guidelines for measuring compliance, and the primary purpose for the requirement. Finally, this guide includes general regulatory requirements and procedures, and overviews of complex regulatory issues to provide a more global understanding of the chapter and its purpose.

## Table of Contents

<b>REGULATION</b>	<b>PAGE</b>
<b>PART 1: An Introduction and Overview of Regulatory Process</b>	<b>6</b>
<b>How to Use the Regulatory Compliance Guide</b>	<b>7</b>
<b>Overview of the Licensing Process</b>	<b>8</b>
<b>The Plan of Correction</b>	<b>12</b>
<b>Waivers</b>	<b>15</b>
<b>Occupancy Permits</b>	<b>16</b>
<b>PART 2: Regulations, Discussions, and Inspection Procedures</b>	<b>17</b>
<b>GENERAL PROVISIONS</b>	<b>18</b>
<b>§ 5210.2. Scope.</b>	<b>18</b>
<b>§ 5210.3. Definitions.</b>	<b>18</b>
<b>§ 5210.5. Application review process.</b>	<b>21</b>
<b>§ 5210.7. Program standards.</b>	<b>22</b>
<b>ORGANIZATION</b>	<b>23</b>
<b>§ 5210.11. Organization and structure.</b>	<b>23</b>
<b>§ 5210.12. Linkages with other parts of the service system.</b>	<b>25</b>
<b>PARTIAL HOSPITALIZATION—ADULT</b>	<b>27</b>
<b>§ 5210.21. Staffing and personnel.</b>	<b>27</b>
<b>§ 5210.22. Psychiatric supervision.</b>	<b>28</b>
<b>§ 5210.23. Treatment planning and records.</b>	<b>29</b>
<b>§ 5210.24. Treatment team.</b>	<b>29</b>
<b>§ 5210.25. Contents and review of a comprehensive treatment plan.</b>	<b>31</b>
<b>§ 5210.26. Records.</b>	<b>32</b>

<b>§ 5210.27. Treatment policies and procedures.</b>	<b>35</b>
<b>§ 5210.28. Size of program.</b>	<b>35</b>
<b>PARTIAL HOSPITALIZATION—CHILDREN AND YOUTH</b>	<b>36</b>
<b>§ 5210.31. Staffing and personnel.</b>	<b>36</b>
<b>§ 5210.32. Psychiatric supervision.</b>	<b>37</b>
<b>§ 5210.33. Treatment planning and records.</b>	<b>38</b>
<b>§ 5210.34. Treatment team.</b>	<b>38</b>
<b>§ 5210.35. Contents and review of a comprehensive treatment plan.</b>	<b>40</b>
<b>§ 5210.36. Treatment policies and procedures.</b>	<b>41</b>
<b>§ 5210.37. Linkages with educational programs.</b>	<b>42</b>
<b>§ 5210.38. Size of program.</b>	<b>42</b>
<b>§ 5210.39. Patient program.</b>	<b>43</b>
<b>MISCELLANEOUS PROVISIONS</b>	<b>43</b>
<b>§ 5210.51. Fee schedule.</b>	<b>43</b>
<b>§ 5210.52. Quality assurance.</b>	<b>44</b>
<b>§ 5210.53. Physical facility.</b>	<b>44</b>
<b>§ 5210.54. Combined programs.</b>	<b>47</b>
<b>§ 5210.55. Notice of nondiscrimination.</b>	<b>48</b>
<b>§ 5210.56. Other applicable regulations.</b>	<b>48</b>
<b>§ 5210.57. Waiver of standards.</b>	<b>49</b>
<b>§ 5210.58. Drugs and medications.</b>	<b>49</b>
<b>PART 3: Relevant Bulletins</b>	<b>52</b>
<b>OMHSAS-02-01 The Use of Seclusion and Restraint in Mental Health Facilities and Programs</b>	<b>53</b>

<b>OMHSAS-08-02 Guidelines for Interagency Planning for Children in Need of Behavioral Health Rehabilitation Services or Partial Hospitalization Services During the School Day</b>	<b>60</b>
<b>PART 4: Additional Resources</b>	<b>63</b>
<b>Bureau of Equal Opportunity</b>	<b>64</b>
<b>Civil Rights Compliance – General Process / Additional Instructions</b>	
<b>Electronic Record Keeping</b>	<b>66</b>
<b>Shared Space/Co-Location Attestation</b>	<b>67</b>
<b>Shared Space/Co-Location Attestation Form</b>	<b>68</b>

# **PART 1:**

## **An Introduction and Overview of the Regulatory Process**

## How to Use the Regulatory Compliance Guide

This Regulatory Compliance Guide was developed to provide explanations of the regulatory requirements of 55 Pa. Code Chapter 5210. This guide is intended to help licensed providers to provide safe environments and effective services to individuals in treatment through regulatory compliance. Further, this guide was created to assist OMHSAS Licensing Representatives in conducting consistent and comprehensive inspections. This guide provides a detailed explanation of regulatory requirements including, explanations for compliance, guidelines for measuring compliance, and the primary benefit of the requirement.

Each regulation that is measured during an inspection is included in the Regulatory Compliance Guide and is accompanied by clarifying information. The illustration below shows how regulations are presented and how OMHSAS Licensing Representatives and providers can effectively use this guide.

This area lists the regulation exactly as it appears in Chapter 5210.



**Regulation: § 5210.24. Treatment team.**

- (a) The treatment team leader shall assure that staff trained and experienced in the use of the modalities proposed in the treatment plan shall participate in its development, implementation and review.

The "Discussion" section provides information about applying the regulation, including referencing other regulations and applicable narratives.



**Discussion:** The modalities proposed in the treatment plan should be considered when selecting the staff who will be involved in its development, implementation, and review. It is the responsibility of the treatment team leader to verify that staff members have been trained and experienced in these modalities.

The "Inspection Procedures" section describes how Representatives may measure compliance with the regulation.



**Inspection Procedures:** OMHSAS Licensing Representatives may review treatment plans, staff trainings and qualification documents to ensure that treatment team members are trained and experienced in the modalities in the treatment plan. OMHSAS Licensing Representatives may also conduct staff interviews.

The "Primary Benefit" section explains how the regulation protects individuals in treatment, including: health, safety, and well-being.



**Primary Benefit:** Ensures that treatment team members have experience and training required to carry out the modalities identified in the treatment plan.

## **Suggestions**

Throughout the guide, the words “OMHSAS suggests” are seen repeatedly. This phrase indicates that what is written is a suggestion based on best practices, not a regulatory requirement. Failure to follow a suggestion will not result in a regulatory violation.

## **Inspection Procedures**

Please note that the “Inspection Procedures” are guidelines, and the specific means of measuring compliance with a regulation may differ depending on circumstances specific to the facility, the reason for the inspection, and the nature ofDo the regulatory violation.

## **Overview of the Licensing Process**

55 Pa. Code Chapter 20 provides the authority to the Department to issue, deny, renew or not renew, and revoke Certificates of Compliance (COC), and to conduct inspections. The following section outlines the processes that OMHSAS Licensing Representatives will follow, as the situations allow, for initial, renewal, complaint, or incident inspection. Inspections can be announced and unannounced.

### **Initial Application and Annual Renewal Documents**

Providers must receive a COC to provide partial hospitalization services. The DHS licensing website includes all the documents (licensing application and instructions) that are required to submit an initial license application or annual renewal.

### **Components of a Certificate of Compliance**

The COC includes the legal entity name, the facility name and address (primary location), and any additional satellite sites. It additionally lists the maximum capacity and the effective date span of the COC. The COC is renewed on an annual basis as outlined in 55 Pa Code Chapter 20.31.

In addition to the primary location, additional sites may be added. All additional sites should be within 50 miles of the primary location. Any additional questions on this process should be directed to the applicable OMHSAS field office or the assigned OMHSAS Licensing Representative.

### **Annual Licensing Visit Preparation**

Prior to an announced licensing visit, OMHSAS Licensing Representatives will provide the Partial Hospitalization Program with the following:

- A letter/e-mail confirming the date and time of the licensing visit and provide a list of documents that will need to be reviewed when on-site.
- A confirmation of location where the licensing visit will occur and a request for a workspace in the facility where OMHSAS Licensing Representatives may work in private. If the clinic maintains electronic records, a computer to access these records must be available for each Representative who will be present.



- Pre-inspection documents including the program information form and CPSL tracking form. The provider must complete and return to the OMHSAS Licensing Representative prior to the licensing visit.

### **Conducting the Entrance Conference**

During the entrance conference, OMHSAS Licensing Representatives will:

- Facilitate introductions that include name and title.
- Briefly state the purpose of the inspection.
- Discuss the agenda for the day.
- Request a point of contact and discuss a way to maintain communication throughout the visit.
- Provide an opportunity for the director or clinical supervisor to give updates on the program to inform of any changes, issues, successes that occurred since the previous licensing visit, and ask any questions.
- Discuss waivers or policy updates as needed.

### **Source of Inspection**

Compliance with regulations can be measured through three methods:

- "On-site" – Direct observation during an on-site inspection. This includes direct observation using all five senses. Site observations include, but are not limited to, the physical inspection of staff offices, conference room(s), waiting room(s), rooms used to provide therapy, and the room(s) where medication may be stored and/or dispensed. This is conducted to assure compliance with Federal, State, and local requirements for safety, fire, accessibility, health, and medication.
- "Records" – Inspection of written documents. This may include, but is not limited to, an inspection of written and electronic materials, photographs, and other paper and electronic materials.
- "Interview" – Asking questions for further insight into how services are provided and how regulatory requirements are met. This may include, but is not limited, to the following: Directors, Supervisors, staff members, and individuals receiving treatment

### **Records**

The following minimum number of records for staff and individuals in treatment must be reviewed for each facility. Additional records should be reviewed if there is reason to suspect violations, or if the minimum sample is not representative of the population served or of the various staff positions.

For records of individuals in treatment, a variety of records are selected to provide an accounting of the different services and populations served by the facility. Selected records will account for, but are not limited to, the following: main location and satellite locations, and represent all populations served. The OMHSAS Licensing Representatives assigned to work with the facility will request information prior to the inspection to help in their selection of individual records.

OMHSAS Licensing Representatives will review a minimum of 12 individual records. Of these 12, two must be records of individuals who have been discharged. If a provider serves less than 12 individuals in the licensing period in review, OMHSAS Licensing Staff should review all individual records available in this period. OMHSAS Licensing Representatives will review additional files as necessary for a variety of other factors.

For staff records (HR files), OMHSAS Licensing Representatives review these records to determine whether staff meet position qualification requirements, and have all required clearances, supervision and trainings.

- For newly licensed programs, all staff records will be reviewed during the initial site visit.
- For established programs, the staff records of all staff members who have been hired or promoted in the period following the previous site visit will be reviewed. This includes any staff member who has left the provider during this timeframe. At least 10 percent of all tenured staff files should be reviewed.
- OMHSAS Licensing Representatives will review additional files as necessary for a variety of other factors.

OMHSAS Licensing Representatives will also review additional records; these records will be either requested prior to, or during the on-site inspection. This includes, but is not limited to, the following: current description of services, organizational chart, current waivers, changes in policies and procedures, documentation of trainings and supervision, quality improvement plans and reports, most recent BEO approval letter, incident report(s), census data, staffing schedules, and current linkages agreements.

### **Conducting the Exit Conference**

If the inspection will last more than one day, OMHSAS Licensing Representatives will conduct a partial exit conference with the director or clinical supervisor at the end of each day on-site. OMHSAS Licensing Representatives will explain the progress of the inspection, including what has been and what remains to be done and when OMHSAS will return to complete the inspection.

Prior to conducting the final exit conference, OMHSAS Licensing Representatives will:

- Review the program using the Chapter 5210 Partial Hospitalization regulations along with the corresponding survey tool to ensure that compliance has been measured in all areas.
- Confer with any accompanying OMHSAS Licensing Representatives on preliminary findings (strengths, recommendations, citations).
- Notify the facility of the time and place of the exit conference at least one hour prior to the full exit conference, whenever possible.

During the final exit conference, OMHSAS Licensing Representatives will:

- Allow the facility to include any staff they wish to have present.
- Allow the facility a chance to provide additional information or clarification when needed.
- Remind attendees that the purpose of the conference is to provide preliminary findings.

- Review each citation found, provide the rationale for each regulation cited, provide technical assistance, and discuss the Plan of Correction (POC) process.
- Explain that all citations must be reviewed by an OMHSAS supervisor before being recorded on a written licensing inspection summary (LIS) and sent to the facility.
- Refer to appropriate local or state training sources, as needed.
- Provide forms, technical assistance materials, and other documents to assist with compliance.
- Explain the next steps in the licensing process (preparation and mailing of the LIS, POC submission by the facility, review of POC, follow-up on the POC as needed, recommendation re: licensure).
- Explain that the OMHSAS Community Program Managers/Regional Director makes all decisions regarding license issuance or enforcement action.

During the final exit conference, OMHSAS Licensing Representatives will NOT:

- Make preliminary recommendations for licensing actions (i.e. issuance of a provisional license).
- Speculate regarding possible licensing outcomes.
- Make statements of value judgments about the facility's appearance, operations, or staff.

### **Other Licensing Visits**

In addition to initial and annual licensing visits, 55 Pa Code Chapter 20.33 gives the Department the authority to conduct announced and unannounced on-site investigations, and complaint investigations. Announced and unannounced on-site inspections are often, but not required to be, conducted after an event that jeopardized the health and safety of an individual served by the program, or after a sentinel event has occurred. Complaint investigations are conducted by the Department when a complaint is received. Chapter 20.34 requires providers to allow full access to the facility or agency and its records during these investigations.

OMHSAS Licensing Representatives will prepare to conduct these inspections by determining what questions need to be asked, to whom these questions should be asked, what documents need to be attained and reviewed, and if any immediate actions need to be taken. Supervisors will be consulted if there is uncertainty at any point in the investigative process. To conduct these investigations, the OMHSAS Licensing Representative may request to review files such as individual records, policies and procedures relevant to the investigated issue, video footage, and other applicable files.

During an announced or unannounced on-site investigation, OMHSAS Licensing Representatives will conduct an entrance conference similar to an initial or annual licensing visit, with a focus on identifying the relevant staff, individuals, and resources needed to conduct the investigation. Following an on-site investigation, it is not always possible to conduct a full exit conference since further research may be needed. In such cases, a preliminary exit conference may be conducted to allow OMHSAS Licensing Representatives

the opportunity to discuss any immediate actions that must occur, and to outline the next steps in the process of the investigation.

During a complaint investigation, it is not always necessary for the OMHSAS Licensing Representative to complete the investigation on-site. OMHSAS Licensing Representatives will contact the complainant to discuss their complaint and, when not conducting an on-site visit as outlined above, contact the provider to give an overview of the complaint, ask relevant questions, and request files for review.

At the conclusion of any investigation, OMHSAS Licensing Representatives will contact the provider to inform them of the results of the investigation and provide any recommendations or deficiencies found during the investigation.

### **Frequency of OMHSAS Inspections of Satellite Locations**

While the regulation uses the term "site" related to a facility, it is common practice that OMHSAS licensing representatives use the term "satellite" or "satellite site" for any clinic locations that are not deemed the primary location on the certificate of compliance.

OMHSAS licensing staff are required to inspect the licensed organization annually. Because Partial Hospitalization programs typically have medication on-site, OMHSAS licensing staff are expected to review all sites, including the primary location and satellites, every year.

## **The Plan of Correction**

The Department of Human Services (DHS) has created a consistent approach to licensing throughout DHS which ensures that every POC is implemented timely to protect the ongoing safety and well-being of those served by a program. This process is outlined in DHS Bulletin *14-Bul-107* and below.

### **The Plan of Correction Process**

1. If any licensing violations are found during an on-site inspection or investigation, an LIS with identified deficiencies will be issued. An attempt will be made to issue the LIS within 15 business days of the date of the exit conference.
2. In response to the LIS, the program shall return an acceptable POC to the assigned OMHSAS Licensing Representative no later than 10 calendar days after the LIS was sent to the program. Based upon the violation, OMHSAS may request the POC be submitted earlier than 10 calendar days after the LIS was sent to the program.
3. An acceptable POC must include, at a minimum, explicit and measurable corrective actions to address each specific violation, including any measures or systemic changes to ensure the licensing violation will not reoccur.

4. OMHSAS either accepts or does not accept the POC. OMHSAS will attempt to accept or not accept the POC within 10 business days from the receipt of the POC.
5. If OMHSAS does not accept the POC, then the program shall submit a second, revised POC. The program should submit the second, revised POC within five business days (or less if OMHSAS determines it necessary) of the date of the notice that the first POC was unacceptable.
6. Upon receipt of the second, revised POC, OMHSAS either accepts or does not accept the POC. OMHSAS will attempt to accept or not accept the second, revised POC within five business days of the receipt of the second, revised POC.
7. If OMHSAS does not accept the second, revised POC, then OMHSAS may direct the POC, or may take further licensing action, which could include revocation or refusal to renew the COC, or issuance of a provisional COC. OMHSAS will attempt to notify the program within 10 business days from the date the second POC was determined not acceptable.
8. Upon acceptance of the POC, OMHSAS will send a written notification to the program that the POC is acceptable. OMHSAS' acceptance of a POC only serves as OMHSAS' acknowledgement of the program's willingness to adequately and timely correct the licensing violations. Acceptance of a POC did not and does not absolve the program of the obligation to achieve and maintain compliance, nor does it confirm that the program is compliant with licensing requirements.
9. OMHSAS verifies compliance by an on-site reinspection or by reviewing documentation that was submitted by the program and that conclusively demonstrates the POC was implemented, compliance was achieved and is being maintained.
10. The timeframe for verification of compliance should be based upon how the regulatory violations may impact the health and safety of individuals. OMHSAS will attempt to re-inspect those violations that pertain to serious health and safety issues within five business days after the implementation date of the POC for that specific violation. For all other compliance issues, OMHSAS will attempt to re-inspect or review documents within 30 calendar days after the last implementation date specified in the POC. By way of further explanation on the 30-day timeframe, if a POC contains multiple items and plans responsive to an LIS, then the latest date should be used when determining the timeframe for completing the re-inspection. Nothing in this guidance precludes an OMHSAS Licensing Representative from conducting on-site monitoring visits before the specific implementation date of the POC or any item within the POC.
11. If, upon reinspection or document review, OMHSAS finds that the program has achieved and is maintaining compliance, then OMHSAS will notify the program in writing and issue a new annual COC. OMHSAS will also update, accordingly, any documents posted to the web to indicate that the POC has been implemented and the licensee has achieved compliance.

12. If OMHSAS finds that a POC has not been fully implemented or the program has not achieved and maintained compliance with any licensing requirements, then OMHSAS will issue a provisional COC unless there is an extraordinary circumstance.

Please note, nothing in this process limits OMHSAS in any way from taking other licensing actions, as OMHSAS finds appropriate, pursuant to applicable laws and regulations.

**Elements of an Acceptable Plan of Correction**

Regulations are necessary to ensure the safety and well-being of those that we serve. It is important that this is kept in mind as a provider writes a POC. To help provide all the elements needed in a POC, the following sections have been created to assist a provider in writing an acceptable POC.

Why did it happen? Understanding why the violation happened is critical to keep it from happening again. Sometimes the most easily identifiable cause may not be the real reason the violation occurred. One way a provider can identify the root cause of the problem is by asking “why” multiple times. This is a very simple approach for identifying each violation’s source.

What do you do now to fix the problem? When writing your immediate solution, address who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. The solution needs to be realistic, sustainable, and specific.

How do you prevent this from happening again? The goal of the POC is not only to fix the violation, but to make sure there is a sustainable plan in place to keep it from happening again. These long-term solutions should greatly reduce or eliminate the chances of the violation happening again and do it in a manner that is sustainable over time. The POC should detail specific, realistic, actionable steps that keep the violation from happening again.

Provider’s Plan of Corrective Action / Projected Dates of Completion. The provider’s plan of corrective action includes itemized steps needed to fix the violation and prevent it from happening again. It clearly denotes each specific, realistic, and actionable step, and the person responsible for implementing each step. The column entitled “Provider” under the heading “Projected Dates of Completion on the LIS is where the providers list the date(s) each step in the plan of correction will be completed.

Provider’s Plan of Corrective Action	Projected Dates of Completion	
	Provider	Approved
Provider’s Plan of Correction is entered here.	Date in which each step of plan will be implemented	Leave blank

## **Waivers**

Occasionally, an Intensive Behavioral Health Services provider is unable to comply with a regulation due to the structure, operation, or population served. It is for this reason that providers are permitted to request waivers of certain regulations. When waivers are approved, additional conditions may apply. Intensive Behavioral Health Services providers must comply with all regulations unless a waiver has been approved. Submitting a request for a waiver does not permit noncompliance, nor is a plan to submit a waiver an acceptable POC for a regulatory violation.

### **Requesting a Waiver**

In order to request a waiver, providers must follow the most follow the requirements of the most updated version of the waiver bulletin. The bulletin contains the documents required for submission of the waiver request. Providers can find current bulletins on the DHS website. Additionally, a written response from the County MH/IDD Administrator(s) approving the waiver request must be submitted to the regional OMHSAS Field Office.

Determinations may be delayed or denied if all of the information required is not included in the waiver request form.

### **The Waiver Decision**

Facilities and agencies should not consider the submission of a waiver request to mean that it is approved and that they are excused from following the regulation. Instead, facilities or agencies must comply with the regulation as it is written unless and until they receive a written notice that the waiver has been approved, along with any additional conditions of the approval.

If the waiver is granted, the Department will specify the length of time for which the waiver is granted and any conditions that the facility must meet.

If the waiver is denied, facilities have the right to appeal. Instructions for filing an appeal will be included in the denial letter.

### **Waiver Denials, Renewals, and Revocations**

Agencies may also request renewal of an approved waiver. It is recommended that requests for continuation of the waiver be submitted to the assigned OMHSAS Licensing Representative 60 days in advance of the approved waiver's expiration date or 60 days prior to the date of license renewal, whichever is earlier to be consistent with 55 Pa. Code Chapter 20 requirements around reapplication. Requests for renewal must include a letter of support from the County MH/IDD Administrator(s).

Agencies may appeal adverse rulings (such as denials) regarding requests for waiver. Appeals are directed to:

OMHSAS Bureau of Policy, Planning & Program Development  
ATTN: Waiver Appeals  
P.O. Box 2675  
Harrisburg, Pennsylvania 17105  
or: [RA-PWOMHSASWAIVERS@pa.gov](mailto:RA-PWOMHSASWAIVERS@pa.gov)

Any appeal must be in writing and must be received within 30 days of the mailing date of the letter being appealed.

The Department may revoke a waiver at any time if the conditions required by the waiver are not met, if conditions have not been met on a continual basis or if there is a risk to the health, safety, or well-being of the individuals served.

### **Occupancy Permits**

Agencies that wish to begin providing services, or wish to provide services at a location that is not on their current certificate of compliance, must submit an occupancy permit for this new location. The address on the occupancy permit must exactly match the address of the location where the services will be provided. A post office box is not accepted for a program facility address; rather, the street address is required. If the address has been changed, the agency should speak with either the Post Master or Emergency Medical Services (911) and request this be explained in written form. The agency could also check with the county organization that issued the permit to verify whether it has a permit with the updated address. Occupancy permits must list the address of the structure, the name of the building official, the use code, and the maximum occupancy. One of the following is required for the main site and satellites:

- A copy of the Department of Labor and Industry (L&I) Certificate.
- Pittsburgh, Philadelphia, Scranton or participating Municipality Occupancy Certificate (after April 9, 2004) under the Uniform Construction Code (UCC) for the building in which the program is located. A list of UCC participating municipalities is available online.
- A report from a private inspection service stating the results of its review, along with the credentials of the inspector and the criteria by which the review was conducted.



**PART 2:**

**Regulations, Discussion,  
and Inspection Procedures**

## GENERAL PROVISIONS

### **Regulation: § 5210.2. Scope.**

(b) This chapter applies to private, nonprofit or for-profit facilities which provide mental examination, diagnosis, care and treatment to the mentally ill or emotionally disturbed for a period of more than 3 hours but not less than 24 hours during the day, evening or night, and which participate in the public mental health program.

### **Discussion:**

A provider that wishes to run a Mental Health Intensive Outpatient (IOP) program may choose to seek a license under the scope of this regulation or under the scope of 55 Pa Code Chapter 5200 Psychiatric Outpatient Clinics. Providers that wish to provide IOP should consult both regulations and determine which best fits their intended service provision. It is also important to note that IOP is not a service licensed by the Department, and accordingly all documentation distributed to the provider will reference the chapter under which the program is licensed or approved.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the initial application for licensure, service description, staff schedules, times sheets, and pre-inspection documentation to determine compliance with this section of the regulation.

**Primary Benefit:** Outlines the type of programs that fall under this regulation.

### **Regulation: § 5210.3. Definitions [FTE-Full-time equivalent]**

FTE—Full-time equivalent—Thirty-seven and one-half hours per week of staff time.

**Discussion:** FTE includes time spent in both direct service provision and non-billable activities.

**Inspection Procedures:** OMHSAS Licensing Representatives will review pre-inspection documentation, and may review staff rosters, staff schedules, timesheets, and pre-inspection documentation to determine compliance with this section of the regulation.

**Primary Benefit:** Ensures that providers use a standardized definition of what is considered a full-time equivalent.

### **Regulation: § 5210.3. Definitions. [Mental health professional]**

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 mental health clinical experience.

**Discussion:** On October 12, 2019, 55 Pa Code Chapter 1153 was updated. Chapter 1153 includes provisions for medical assistance payment for both psychiatric outpatient clinics and partial hospitalization programs. In the updated Chapter 1153.2 (relating to definitions), the qualification requirements of a mental health professional were changed, adding the additional requirement of a graduate degree that includes a clinical practicum. For the purpose of determining compliance with Chapter 5210 licensing requirements, OMHSAS Licensing Representatives will not consider this additional clinical practicum requirement. Providers that receive medical assistance funding and wish to hire a mental health professional without a graduate degree that includes a clinical practicum may consult their managed care organizations for guidance as they may hold contracted providers to higher standards than what is found in this regulation.

OMHSAS suggests verifying a person's education through official college transcripts, as they are sent directly to the hiring provider and not the individual and contain a seal as well as the accrediting agency name. College diplomas can be forged more easily than transcripts.

Accredited colleges can be verified on the Federal Department of Education or the Council for Higher Education Accreditation website. Even though colleges may sound familiar, diploma mills have been known to use familiar colleges by changing the name slightly so that it appears familiar (e.g. Ohio State University to Ohio State College). There are not only fake colleges but also fake accreditation counsels; therefore, accrediting agencies may be verified through this website.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the staff record to verify the staff member has a graduate degree, the training in a required field, and mental health clinical experience to determine compliance with this section of the regulation.

**Primary Benefit:** To ensure staff working in the MHP role have appropriate education, training and experience.

**Regulation: § 5210.3. Definitions. [Mental health worker]**

Mental health worker—A person without a graduate degree who by training and experience has achieved recognition as a mental health worker

**Discussion:** On October 12, 2019, 55 Pa Code Chapter 1153 was updated. Chapter 1153 includes provisions for medical assistance payment for both psychiatric outpatient clinics and partial hospitalization programs. In the updated Chapter 1153.2 (relating to definitions) substantial additional qualification requirements were added to meet the qualification requirements of a mental health worker. For the purpose of determining compliance with Chapter 5210 licensing requirements, OMHSAS Licensing Representatives will not consider these additional requirements. However, providers receiving medical assistance payment and wish to hire a mental health worker without the additional requirements found in Chapter 1153 may consult their managed care organizations for guidance as they may hold contracted providers to higher standards than what is found in this regulation.

Although the regulation does not make a specific reference, OMHSAS recommends that a mental health worker should have achieved an undergraduate degree at a minimum. A mental health worker in a partial hospitalization program must have training and experience in mental health services prior to providing services in the program.

OMHSAS suggests verifying a person's education through official college transcripts, as they are sent directly to the hiring provider and not the individual and contain a seal as well as the accrediting agency name. College diplomas can be forged easier than transcripts.

Accredited colleges can be verified on the Federal Department of Education or the Council for Higher Education Accreditation website. Even though colleges may sound familiar, diploma mills have been known to use familiar colleges by changing the name slightly so that it appears familiar (e.g. Ohio State University to Ohio State College). There are not only fake colleges but also fake accreditation counsels; therefore, accrediting agencies may be verified through this website.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the staff record to verify the staff member has education, training and experience that meets the qualifications of this section. OMHSAS Licensing Representatives will also review staff supervision records to determine staff is being supervised by a mental health professional.

**Primary Benefit:** To ensure staff working in the MHW role have appropriate education, training, and experience.

**Regulation: § 5210.3. Definitions [Partial hospitalization].**

Partial hospitalization—A nonresidential treatment modality which includes psychiatric, psychological, social and vocational elements under medical supervision. It is designed for patients with moderate to severe mental or emotional disorders. Partial hospitalization patients require less than 24-hour care, but more intensive and comprehensive services than are offered in outpatient treatment programs. Partial hospitalization is provided on a planned and regularly scheduled basis for a minimum of 3 hours, but less than 24 hours in any 1 day.

**Discussion:** The 3 hour minimum operational requirement includes only the hours in which services are provided and does not include activities such as breaks and mealtime unless services are provided within the context of these activities.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the program service description, treatment schedules, and tour the facility to determine compliance with this section of the regulation.

**Primary Benefit:** To ensure partial hospitalization programs operate in a standardized manner, including operational hours per day, services provided and medical supervision.

**Regulation: § 5210.3. Definitions [Program capacity].**

Program capacity—The maximum number of patients which the program is designed to serve on 1 day. Since some patients may attend the program less frequently than every day, it is not the total registered patient population.

**Discussion:** Program capacity is determined by the provider and is printed on the certificate of compliance. The capacity dictates the staffing ratio required for the provider. Capacity may be raised or lowered by requesting the assigned OMHSAS Licensing Representative process an addendum to the certificate of compliance; with a capacity increase, the program must maintain adequate staffing to support the increase.

**Inspection Procedures:** OMHSAS Licensing Representatives will observe the physical space in which the service is provided, and review the program information form, as well as the certificate of occupancy to ensure the approved capacity of the program is appropriate.

**Primary Benefit:** Ensures that programs do not exceed the maximum number of individuals that the program is designated to serve in one day.

**Regulation: § 5210.5. Application review process.**

(a) Any facility intending to provide partial hospitalization services shall file an application for a certificate of compliance with the Department under Chapter 20 (relating to licensure or approval of facilities and agencies). A facility 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 visit by the Department's designee at other times to ensure continuing conformance of the operations of the facility with these regulations. The Department may request the facility to provide information concerning programs and fiscal operations at the Department's discretion.

**Discussion:** 55 Pa Code Chapter 20 outlines licensure and approval requirements and highlights important topics such as: application and reapplication, licensing fees, fire safety approval, civil rights compliance, the inspection process, plan of correction process, and the different types of certificates of compliance.

Additionally, Chapter 20.34 (relating to access) outlines the requirements of the provider to provide the Department access to the facility and records for announced and unannounced inspections. OMHSAS Licensing Representatives do not need to sign confidentiality forms to access provider records. Article X gives the Department the power and duty to license facilities that provide mental health treatment. In the exercise of these powers and duties, each licensing staff is authorized to enter and inspect programs that possess or may require a license and to have full and free access to the program's records. (See 62 P.S. § 1016).

OMHSAS licensing staff are required to inspect the licensed program annually. They are additionally required to ensure all facilities, including the primary location and satellites, are reviewed at least every three years. OMHSAS licensing staff may rotate the location at which they complete the yearly onsite inspection to ensure all sites are seen within the three-year period. In each instance that a provider requests to add a satellite location, a walk-through inspection should be completed prior to adding the location to the license. Satellites will be inspected as needed when issues arise.

**Inspection Procedures:** For providers seeking a license or approval, OMHSAS Licensing Representatives will review the application packet. For licensed providers, DHS Licensing Administration will review applications and reapplications and process licensing fees. OMHSAS Licensing Representatives are guided by the requirements of Chapter 20 when conducting licensing inspections. OMHSAS Licensing Representatives will ensure that access to the facility and records is provided in accordance with Chapter 20 requirements.

**Primary Benefit:** Ensures a standardized method to attain and retain a license to provide mental health services in the Commonwealth and ensures information necessary to conduct inspections is provided to the Department.

**Regulation: § 5210.7. Program standards.**

(a) Accreditation. These standards must be met by any facility seeking licensure or approval. For-profit facilities must also have the Joint Commission on Accreditation of Hospital (JCAH) accreditation in order to be licensed or approved under this chapter.

**Discussion:** Although JCAH accreditation requirement was removed from 55 Pa Code Chapter 1153, JCAH accreditation is still a requirement in this regulation.

**Inspection Procedures:** OMHSAS Licensing Representatives will review JCAH accreditation to determine compliance with the regulation.

**Primary Benefit:** To ensure partial hospitalization programs meet the additional standards required by the Joint Commission.

**Regulation: § 5210.7. Program standards.**

(b) General description.

(1) Partial hospitalization services may be directed towards different patient populations. Therefore, two different types of partial hospitalization programs are delineated. Adult partial hospitalization is a program designed for the treatment of adults with acute psychiatric illness, or an acute exacerbation of chronic psychiatric illness, or the treatment and rehabilitation of adults who are chronically ill and marginally functional and who require a more intensive and supervised treatment program than that which is afforded by various types of outpatient or aftercare programs. Children and youth partial hospitalization programs are designed for the treatment of adolescents and children 14 years

of age or under as either alternatives to inpatient care or as more intensive treatment programs than are afforded by outpatient settings.

- (2) Adult partial hospitalization programs may treat adolescents under the age of 14 years when clinically appropriate, and where specialized children and youth partial hospitalization programs are not available. The treatment plan shall specify the appropriateness of this procedure. When adolescents are treated in the adult program, a specialized program appropriate to their needs shall be developed including arrangements for education. Children and youth partial hospitalization programs may treat adolescents 14 years of age and older when clinically appropriate.

**Discussion:** Children and Youth Partial Hospitalization programs are licensed under the corresponding sections under this chapter and may also be dually licensed under 55 Pa. Code § 3800. When adolescents are served in a partial hospitalization program that primarily serves adults, arrangements for education and safety must be provided pursuant to this regulation. A partial hospitalization program that provides any services to an adolescent, even when the program primarily serves adults, must employ staff members who have completed Child abuse and criminal history in accordance with 23 Pa.C.S. § § 6301–6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

**Inspection Procedures:** OMHSAS Licensing Representatives will review individual records, program information forms, and service descriptions to determine whether the individuals’ receiving services align with the program standards outlined in the regulation. In situations where adult programs provide services to adolescents, OMHSAS Licensing Representatives will review provision of education and safety of the adolescents, including staff Child Protective Services Law documentation.

**Primary Benefit:** Provides consistency in the program standards of the partial hospitalization program and ensures that partial hospitalization program’s milieu is specialized to the age of the individuals served to best meet their needs.

## **ORGANIZATION**

**Regulation: § 5210.11. Organization and structure.**

The partial hospitalization unit shall be as a separate, identifiable organizational unit with its own director, or supervisor, and staffing pattern. When the unit is a portion of a larger organizational structure, the director or supervisor of the unit 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 all services provided by the unit shall be on file and available to the Department. The Department shall be notified of any major change in the organizational structure or services.

**Discussion:** This section of the regulation is primarily focused on ensuring a well-defined organization and structure within the provider agency and the services provided by the provider.

In order for the provider to meet the "separate, identifiable organizational unit" requirement, organizations that have programs in multiple levels of care may share staff between programs so long as the partial hospitalization program has a distinct director, clinical supervisor and staffing pattern that is sufficient to provide services to all individuals in the partial program.

The Department interprets the requirement to describe the organizational structure to include an outline of the roles, responsibilities, and relationships between organizational staff. The organizational chart may depict the structure of the organization as a whole or be broken down by department or unit.

A service description must be submitted as part of the application process; it must include the following at a minimum:

- Name, address, and telephone number of the agency contact person for this license application.
- The address of the service location.
- The specific services that are to be provided by the licensed program.
- Job title, education, mental health experience of staff that will provide services in the licensed program. There must be a Program Director.
- Age and/or special needs populations to be served in the program.
- Joint Commission (JCAHO) status for "for profit agencies".

A service description should be updated and submitted to the OMHSAS Licensing Representative when changes are made. The OMHSAS Licensing Representative will review and approve submissions. Any changes in the service description should be submitted to Field Office staff prior to the implementation of any new services.

Per 55 Pa. Code § 20.58. (relating to notification of change), providers shall notify the Department at least 30 days in advance of the intention to change the legal entity, name, location or profit or nonprofit status of the provider. For changes not outlined in the preceding, providers must notify the Department within 30 days after the change occurs. Facilities may fulfill this requirement by notifying their OMHSAS Licensing Representatives.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the organization chart of the program, and could potentially review time sheets, job descriptions and staffing schedules to determine that the program operates as a separate unit with required staffing levels. An OMHSAS Licensing Representative will review the program's service description at the time of application and as updates are submitted. To make sure that OMHSAS was notified of organizational changes, OMHSAS Licensing Representatives will review pre-inspection documents, organizational charts, current service descriptions, and facility records.

**Primary Benefit:** Ensures that each program has appropriate staff designated for specific roles and responsibilities required by the regulation. Organizational charts help to clarify responsibility for specific tasks. A comprehensive, written description of programs ensures that a facility has a written plan as to what services the facility offers and how



the services will be provided. Notifying the Department of major changes helps to ensure that the Department is kept informed of organizational or service modifications.

**Regulation: § 5210.12. Linkages with other parts of the service system.**

(a) Partial hospitalization program requires a close relationship with an acute psychiatric inpatient service. A written statement as to the availability of these services to patients is required and shall be maintained on file at the facility.

**Discussion:** OMHSAS suggests reviewing linkage agreements annually to ensure linkages are current and providers are still operational. Likewise, OMHSAS suggests that linkage agreements should be updated any time there is a change in process or signatory.

For providers that provide partial hospitalization services with children in school, per bulletin OMHSAS-08-02 (see PART 3 Relevant Bulletins for more information), OMHSAS suggests that the provider should have letters of agreement to facilitate collaboration between educational and behavioral health services. The letters of agreement should clearly define the roles and responsibilities of each entity. When an educational entity is not willing to sign a letter of agreement, the provider should document efforts made to execute the letter of agreement and the rationale for the education entity's refusal to sign the agreement and should forward that information to the Department.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's linkage agreements.

**Primary Benefit:** Establishing close relationships with other agencies helps to ensure that individuals served by the facility receive the appropriate services that are needed. Written statements describing the accessibility and availability of the services to individuals helps to make certain that the facility has a plan in place for effective delivery of services.

**Regulation: § 5210.12. Linkages with other parts of the service system.**

(b) Partial hospitalization program shall also assure linkages with other appropriate treatment and rehabilitative services including emergency services, outpatient services, and vocational rehabilitation programs. A written statement documenting such linkages shall be maintained on file at the facility.

**Discussion:** OMHSAS suggests reviewing linkage agreements annually to ensure linkages are current and providers are still operational. Likewise, OMHSAS suggests that linkage agreements be updated any time there is a change in process or signatory.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's linkage agreements.

**Primary Benefit:** Establishing linkages with other agencies helps to ensure that individuals served by the facility receive the appropriate services that are needed. Written

statements describing the accessibility and availability of the services to individuals helps to make certain that the facility has a plan in place for effective delivery of services.

**Regulation: § 5210.12. Linkages with other parts of the service system.**

(c) The partial hospitalization program shall participate in the overall system of care as defined in the County Mental Health/Mental Retardation (MH/MR) plan. A letter of agreement with the county program is required specifying the relationship of the partial program with the county program case management system and shall be included in its application for a certificate of compliance.

**Discussion:** OMHSAS suggests reviewing linkage agreements annually to ensure linkages are current and providers are still operational. Likewise, OMHSAS suggests that linkage agreements be updated any time there is a change in process or signatory.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's linkage agreements.

**Primary Benefit:** Having agreements and information exchanges with the County MH/IDD authority regarding continuity of care helps to ensure that measures are in place for delivery of services.

**Regulation: § 5210.12. Linkages with other parts of the service system.**

(d) New partial hospitalization programs or new sites of existing programs established after the effective date of this chapter shall document the need in the proposed service area for the expansion of partial hospitalization services. County MH/MR authorities shall review this documentation and make recommendation to the Department. The Department may deny approval of such expansion where inadequate justification is provided.

**Discussion:** In this section of the regulation the linkages with the mental health service system refers to the county letter of support needed for the initial licensure or addition of a new site to the existing license. A letter of support is needed from each county where a site is located.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's linkage agreements when a new application is received or when a new site is added to an existing license.

**Primary Benefit:** Documenting the need for new partial hospitalization programs or additional sites helps both County MH/IDD authorities and the Department to determine if the request is justified.

## PARTIAL HOSPITALIZATION—ADULT

### **Regulation: § 5210.21. Staffing and personnel.**

(a) Program director. The program director shall be a mental health professional and have a minimum of 2 years of post-graduate clinical experience.

**Discussion:** This regulation requires Program Directors to be mental health professionals. OMHSAS Licensing Representatives will use the definition of mental health professional found in 5210.3 to determine if qualifications are met. Section 5210.3 defines mental health professionals as “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 mental health clinical experience.”

Although OMHSAS Licensing Representatives’ licensing inspections are focused on determining compliance with 55 Pa Code Chapter 5210.3. It is important for providers who accept payment from medical assistance to be aware of the definition of mental health professional found in 55 Pa Code Chapter 1153.2 (relating to definitions). The definition found in Chapter 1153 requires mental health professionals to have a graduate degree in a generally recognized clinical discipline in which the degree program includes a clinical practicum. This definition is relevant to partial hospitalization providers who receive medical assistance funding because Chapter 1153 outlines medical assistance payment requirements for both Psychiatric Outpatient Clinics and Partial Hospitalization Programs. Providers that receive medical assistance funding may consult their managed care organizations for guidance as they may hold contracted providers to the higher definition standard found in Chapter 1153.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the Director’s documentation of his/her qualifications, which may include, but are not limited to awarded degree, transcripts, license, certification and resume. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures that the Director will have the necessary education and experience to successfully perform the duties and responsibilities required of the position. Ensures that directors have the knowledge, skills, and abilities required to properly manage and administer a partial hospitalization program.

### **Regulation: § 5210.21. Staffing and personnel.**

(b) Staff/patient ratio. Adult partial hospitalization programs shall have a minimum of one full-time equivalent (FTE) clinical staff member to every six patients. Staff/patient ratio is to be determined on the basis of the designed program capacity, such as, a program with a program capacity of 30 would require five FTE staff. When there are changes in the program capacity, appropriate staffing changes shall be made as required. Staff should be of appropriate disciplines and shall include at least one member, other than program director, who is a mental health professional or one member who is a psychiatric nurse. All clinical staff time devoted specifically to the partial program

including that of the program director and medical staff shall be included when calculating patient/staff ratio.

**Discussion:** As the capacity on the license determines the staffing ratio, it is important to adjust capacity as needed. The minimum requirement of one FTE clinical staff member to every six individuals designated in the program capacity is set while the program is operational, regardless of the number in attendance. If attendance at the program decreases to the point that the FTE set by the capacity is not feasible, OMHSAS suggests to maintain compliance with this section of the regulation the program may contact the OMHSAS Licensing Representative to discuss an addendum to the license to decrease the capacity. Similarly, if the program experiences greater need than anticipated when capacity was determined, the program may contact the OMHSAS Licensing Representative to request an addendum to add to the capacity.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's submitted pre-inspection documents as well as records which may include, but are not limited to, staffing schedules and qualifications to determine compliance with the regulation. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures an adequate staffing level for the provision of services at the partial hospitalization program that includes sufficient clinical staffing qualified to provide the service. Linking the FTE requirement to the capacity on the license ensures a stable staffing level with minimal shifts resulting from attendance fluctuations.

**Regulation: § 5210.21. Staffing and personnel.**

(c) Adult partial hospitalization programs shall have a minimum of 2 hours of assigned psychiatric time per week for every five patients of program capacity. This is to ensure adequate care and supervision for patients in the partial hospitalization program and documentation of clinical staff training and development.

**Discussion:** The required hours of psychiatric time are based on the number of individuals served by the program within a given week.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's submitted program information form as well as records which may include, but are not limited to, the psychiatrist's job description and schedule, pay statements, weekly attendance records, program policies and procedures, clinical staff meeting minutes, and notes contained in the individual records. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Establishes sufficient psychiatric hours to meet the needs of individuals receiving services in the partial hospitalization program.

**Regulation: § 5210.22. Psychiatric supervision.**

At a minimum, the psychiatric supervision of an adult partial hospitalization program shall be a psychiatrist who shall monitor each treatment plan on a regular basis as

defined in § 5210.23 (relating to treatment planning and records) and clinically supervise the treatment of patients.

**Discussion:** The psychiatrist's clinical supervision of a partial hospitalization program should include monitoring treatment plans on a regular basis. Although the clinical supervision of the treatment of patients is not defined in this section, OMHSAS recommends that psychiatrists establish appropriate standards for treatment and are involved in the quality management process, clinical staff meetings, and consult with all clinical staff.

Certified Registered Nurse Practitioners and Physician Assistants may not fulfill the required psychiatric supervision of the partial hospitalization program.

**Inspection Procedures:** OMHSAS Licensing Representatives will review individual records, the psychiatrist's job description, and policies and procedures outlining clinical supervision.

**Primary Benefit:** Ensures that a qualified psychiatrist supervises the treatment plans and clinical treatment of individuals within the partial hospitalization program.

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**Regulation: § 5210.23. Treatment planning and records.**

An individualized treatment plan shall be formulated for patients in adult partial hospitalization programs by the patient's treatment team. A treatment team shall consist of a treatment team leader, a psychiatrist when the treatment team leader is not a psychiatrist and other appropriate staff. The treatment team leader shall be a mental health professional. For patients undergoing involuntary treatment, the treatment team leader shall be a physician or psychologist.

**Discussion:** This section sets the minimum standards for the composition of a treatment team. OMHSAS interprets this to mean the entire treatment team must sign the treatment plans. § 5210.24 provides further guidance on the duties of the treatment team.

**Inspection Procedures:** OMHSAS Licensing Representatives will review pre-inspection documents and treatment plan signatures to determine the involvement of the required treatment team members in the treatment planning process. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures that treatment plans are created by a team of qualified and appropriate staff members, ensuring psychiatric oversight of the plan.

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**Regulation: § 5210.24. Treatment team.**

- (a) The treatment team leader shall assure that staff trained and experienced in the use of the modalities proposed in the treatment plan shall participate in its development, implementation and review.

**Discussion:** The modalities proposed in the treatment plan should be considered when selecting the staff who will be involved in its development, implementation, and review. It is the responsibility of the treatment team leader to verify that staff members have been trained and experienced in these modalities.

**Inspection Procedures:** OMHSAS Licensing Representatives may review treatment plans, staff trainings and qualification documents to ensure that treatment team members are trained and experienced in the modalities in the treatment plan. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures that treatment team members have experience and training required to carry out the modalities identified in the treatment plan.

**Regulation: § 5210.24. Treatment team.**

- (b) The treatment team leader is responsible for the implementation and review of the individualized treatment plan, for the coordination of service delivery from other service providers and for the review of progress notes and discharge summary.

**Discussion:** The treatment team leader must be personally involved in the implementation and review of the treatment plan. Pursuant to this regulation, documentation of the treatment team leader's involvement in the treatment plan, progress notes, and discharge summary should be contained in the individual record. OMHSAS suggests that the treatment team leader sign the treatment plan, progress notes, and discharge summary. Requirements in this section may be delegated to other staff members, but the overall responsibility to ensure these tasks are met falls on the treatment team leader. OMHSAS suggests the provider develop clear policies and procedures that outline how the responsibilities of the team leader will be personally involved in the implementation and review of the treatment plan.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the policies and procedures outlining the treatment team leader's responsibilities, signatures on the initial and updated treatment plans, service coordination notes, progress notes and discharge summary to determine compliance with the regulation. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures a clear definition of the responsibilities of the treatment team leader in the creation and review of treatment plans, and the supervision of services and case documentation.

**Regulation: § 5210.24. Treatment team.**

- (c) The treatment team leader shall ensure that the person in treatment is encouraged to become involved in the treatment planning process.

**Discussion:** Here, the requirement that an individual be "involved in the treatment planning process" can naturally take various forms. However, such involvement as required by this section may be best evidenced by the individual's signature on the plan,

as well as in a progress note created for the session in which the plan was developed. Additionally, OMHSAS suggests that language used in the treatment plan should be in the individual's own language whenever possible.

**Inspection Procedures:** OMHSAS Licensing Representatives will review treatment plan signatures, and progress notes from the date the plan was developed. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures that the individual becomes involved in the treatment plan, giving them a voice in the treatment planning process, and helping to improve the individualization of the treatment plan.

**Regulation: § 5210.25. Contents and review of a comprehensive treatment plan.**

The treatment plan shall include the following:

- (1) Be formulated to the extent possible, with the cooperation and consent of the patient, or a person acting on his behalf.
- (2) Be based upon diagnostic evaluation which includes examination of the medical, psychological, social, cultural, behavioral, familial, educational, vocational and developmental aspects of the patient's situation.
- (3) Set forth treatment objectives and prescribe an integrated program of therapies, activities, experiences and appropriate education designed to meet these objectives.
- (4) Be maintained and updated with signed daily notes, and be kept in the patient's medical record or a form developed by the facility.
- (5) Be developed within the first 5 days of service and reviewed by the treatment team a minimum of once every 20 days of service to the individual patient and modified as appropriate.

**Discussion:** OMHSAS interprets this section of the regulation to mean cooperation and consent can be evidenced by the signature (ink or electronic, or PIN) of the individual on the treatment plan; when the individual is unable to sign a signature, a note should be added to the treatment plan to explain the reason. Providers may have a paper signature page that is signed the day of the treatment planning meeting to verify those treatment team members who participated. Signed daily notes containing a list of all participants should be utilized to verify participation in a treatment planning meeting as well. It is recommended that the treatment plan be written in the individual's own language when possible. As the treatment plan must be based upon a diagnostic evaluation, the evaluation should occur prior to the creation of the treatment plan. The evaluation(s) must contain, at a minimum, all the elements of subsection (2). OMHSAS interprets the requirements of this section to mean that a treatment plan is effective on the date of the final treatment team signature. Therefore the full treatment team must sign off on the initial treatment plan by the 5<sup>th</sup> day of service. Updated treatment plans must be signed by the full treatment team within 20 days of service from the previous treatment plan.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the individual treatment plan for content, and the treatment plan signature dates against the program attendance to determine compliance with plan development requirements. OMHSAS Licensing Representatives will also review the date the diagnostic evaluation was conducted to ensure the treatment plan is based on the diagnostic evaluation.

**Primary Benefit:** Ensures that individuals in treatment have input and consent on the creation of their treatment plan, that the plan is based on diagnostic evaluation and is updated regularly.

**Regulation: § 5210.26. Records.**

(a) Under section 602 of the Mental Health and Mental Retardation Act of 1966 (50 P. S. § 4602) and in accordance with recognized and acceptable principles of patient recordkeeping, the record shall include the following:

- (1) Patient identifying information.
- (2) Referral source.
- (3) Presenting problem.
- (4) Consent forms.
- (5) Medical, social and developmental history.
- (6) Diagnosis and evaluation.
- (7) Treatment plan.
- (8) Treatment progress notes for each contact.
- (9) Medication orders.
- (10) Discharge summary.
- (11) Referrals to other agencies, when indicated.

**Discussion:** None.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the individual records to determine compliance with the regulation.

**Primary Benefit:** Ensures that individual records are maintained with consistent documentation in accordance with established principles of patient recordkeeping.

**Regulation: § 5210.26. Records.**

- (b) Records shall also be maintained as follows:
- (1) Legible and permanent.



- (2) Reviewed periodically as to quality by the facility director.
- (3) Maintained in a uniform manner so that information can be provided in a prompt, efficient, accurate manner and so that data is accessible for administrative and professional purposes.
- (4) Signed and dated by the staff member writing in the record.

**Discussion:** The records referred to in this section include all the items under § 5210.26(a), and any other written documentation relating to an individual receiving services. "Legible" means that the record is clear enough to read or decipher. "Permanent" means that the record is lasting or intended to last or remain unchanged indefinitely. Removeable items such as sticky notes should not be used. The material needs to be readily available, in a uniform and non-fragmented manner, and there must be a good backup system to ensure that information is not lost.

Per 55 Pa Code Chapter 1101.51(e)(1)(iii)A line should be drawn through errors or changes such that the original entry is still legible and staff initials are permitted if there is a key that includes the full name, title, and signature of the staff person. Correction fluid/tape should not be used.

The information needs to be provided in a prompt, efficient, accurate manner so that data is accessible for administrative and clinical purposes. If using electronic records, a process for electronic signatures needs to be in place. Electronic signatures and electronic pad signatures are both acceptable, and the use of a PIN is not prohibited.

Documentation should be developed and utilized by the facility director to track the date that the contents of the individual record was reviewed, and any outcomes of the review.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's individuals records to determine if all entries made are permanent, legible, dated and signed by the staff person making the entry. OMHSAS Licensing Representatives will also review documentation that shows records are reviewed by the director.

**Primary Benefit:** Ensures that records are useable and unaltered, and maintained in a manner that allows efficient access. Periodic review provides further assurance that records are kept properly. Records which are signed and dated by the staff member writing the entry act as evidence that proper services and actions were carried out within required timeframes.

**Regulation: § 5210.26. Records.**

- (c) The facility shall maintain a record on each person admitted to the partial hospitalization program.

**Discussion:** None.

**Inspection Procedures:** OMHSAS Licensing Representatives will review individual records, attendance sheets and may conduct interviews with staff in order to determine compliance with the regulation.

**Primary Benefit:** Ensures that every individual served by the partial hospitalization program has treatment records maintained.

**Regulation: § 5210.26. Records.**

(d) The records shall comply with §§ 5100.31–5100.39 (relating to confidentiality of mental health records).

**Discussion:** OMHSAS suggests providers have policies and procedures and staff training to ensure staff members are knowledgeable of the requirements for record confidentiality and release of information as outlined in §§ 5100.31–5100.39.

**Inspection Procedures:** OMHSAS Licensing Representatives will review individual records and may conduct interviews with staff in order to determine compliance with the regulation.

**Primary Benefit:** Ensures the confidentiality of individual records and the proper release of records through both voluntary and involuntary means.

**Regulation: § 5210.26. Records.**

(e) Case records shall be kept in locked, protected locations to which only authorized personnel shall be permitted access.

**Discussion:** Paper documents should be stored in a locked room or in locked cabinets where only authorized personnel may have access. Electronic health records must be secured in a manner that only authorized personnel may be granted access.

When in use, files should not be in the open where names and/or protected health information may be viewed by unauthorized personnel. It is recommended that providers should have a system for paper records to track files that are taken out of storage to ensure they are returned and kept in the locked storage.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the physical location where files are stored, may review the means to access an electronic health record system, and may conduct interviews with staff in order to determine compliance with the regulation.

**Primary Benefit:** Ensures that individual records may not be accessed by unauthorized individuals and that the contents of the records are protected.

**Regulation: § 5210.27. Treatment policies and procedures.**

(a) Each facility shall have a written plan describing the policies and procedures of the partial hospitalization program. The plan shall provide for:

- (1) The services to be provided and the scope of such services.
- (2) Intake policy and procedures.
- (3) Admissions and discharge policies.
- (4) Policies providing for continuity care for patients.
- (5) There shall be a planned regular, ongoing program for staff development.

**Discussion:** OMHSAS recommends that staff development policies outline both training and supervision of staff.

**Inspection Procedures:** OMHSAS Licensing Representatives will review all policies and procedures during the initial licensing inspection and will annually review the policies and procedures that have been updated since the previous inspection. OMHSAS Licensing Representatives will review the facility's policies relating to treatment to ensure that the policies exist and are properly implemented. OMHSAS Licensing Representatives may also review staff training files to determine if the facility is following staff development policies and procedures. OMHSAS Licensing Representatives may also conduct staff interviews to verify compliance with the regulation.

**Primary Benefit:** Ensures that all aspects of the clinical services provided by the program are done in a manner that is standardized for all individuals served.

**Regulation: § 5210.28. Size of program.**

Adult partial programs shall operate a minimum of 3 full days a week and shall have a minimum program capacity of 15 patients.

**Discussion:** According to § 5210.3 (relating to definitions), partial hospitalization programs are required to provide services for at least 3 hours but less than 24 hours in any day.. This means that the partial hospitalization programs must operate at least 3 days a week for at least 3 hours per day.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the program's schedule and may review staffing timesheets and conduct interviews with staff in order to determine compliance with the regulation.

**Primary Benefit:** Ensures that partial hospitalization programs have operation hours that are consistent and provide individuals with adequate opportunity to receive treatment.

## PARTIAL HOSPITALIZATION—CHILDREN AND YOUTH

### **Regulation: § 5210.31. Staffing and personnel.**

- (a) Program director. The program director shall be a mental health professional with a minimum of 3 years of relevant post-graduate clinical experience including one year experience or training with children and youth mental health programs.

**Discussion:** This section requires Program Directors to be mental health professionals. OMHSAS Licensing Representatives will use the definition of mental health professional found in 5210.3 to determine if qualifications are met. Section 5210.3 defines mental health professionals as “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 mental health clinical experience.”

Although OMHSAS Licensing Representatives’ licensing inspections are focused on determining compliance with 55 Pa Code Chapter 5210.3. It is important for providers who accept payment from medical assistance to be aware of the definition of mental health professional found in 55 Pa Code Chapter 1153.2 (relating to definitions). The definition found in Chapter 1153 requires mental health professionals to have a graduate degree in a generally recognized clinical discipline in which the degree program includes a clinical practicum. This definition is relevant to partial hospitalization providers who receive medical assistance funding because Chapter 1153 outlines medical assistance payment requirements for both Psychiatric Outpatient Clinics and Partial Hospitalization Programs. Providers that receive medical assistance funding may consult their managed care organizations for guidance as they may hold contracted providers to the higher definition standard found in Chapter 1153.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the Director’s documentation of his/her qualifications, which may include, but are not limited to, awarded degree, transcripts, license, certification, and resume. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures that the Director will have the necessary education and experience to successfully perform the duties and responsibilities required of the position. Ensures that directors have the knowledge, skills, and abilities required to properly manage and administer a partial hospitalization program.

### **Regulation: § 5210.31. Staffing and personnel.**

- (b) Staff/patient ratio. Children and youth partial hospitalization programs require a minimum of one FTE clinical staff member for every five patients, such as, a program with an average daily capacity of 20 would require four FTE staff. Staff/patient ratio shall be prorated on the basis of capacity of the program. When there are changes in program capacity, appropriate staffing changes shall be made as required. Staff shall be of appropriate professional disciplines and shall include at least one member, other than the program director, who is a mental health professional or one member who is a psychiatric nurse. Any clinical staff time

devoted specifically to the partial program including that of program director and medical staff shall be calculated in the patient/staff ratio.

**Discussion:** As the capacity on the license determines the staffing ratio, it is important to adjust capacity as needed. The minimum requirement of one FTE clinical staff member to every five patients designated in the program capacity is set while the program is operational, regardless of the number in attendance. If attendance at the program decreases to the point that the FTE set by the capacity is not feasible, the program shall contact the OMHSAS Licensing Representative to discuss an addendum to the license to decrease the capacity. Similarly, if the program experiences greater need than anticipated when capacity was determined, the program shall contact the OMHSAS Licensing Representative to request an addendum to add to the capacity.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's submitted pre-inspection documents as well as records which may include, but are not limited to, staffing schedules and qualifications to determine compliance with the regulation. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures an adequate staffing level for the provision of services at the partial hospitalization program that includes sufficient clinical staffing qualified to provide the service.

**Regulation: § 5210.31. Staffing and personnel.**

(c) Psychiatric staff. Children and youth partial hospitalization programs shall have a minimum of 2 hours of assigned psychiatric time per week for every five patients of program capacity.

**Discussion:** The required hours of psychiatric time are based on the number of individuals served by the program within a given week.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's submitted program information form as well as records which may include, but are not limited to, the psychiatrist's job description and schedule, pay statements, program policies and procedures, clinical staff meeting minutes and notes contained in the individual records. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Establishes sufficient psychiatric hours to meet the needs of individuals receiving services in the partial hospitalization program.

**Regulation: § 5210.32. Psychiatric supervision.**

At a minimum, the psychiatric supervision of a children and youth partial hospitalization program shall be by a psychiatrist who shall monitor each treatment plan on a regular basis as defined in § 5210.33 (relating to treatment planning and records) and clinically supervise the treatment of all patients.

**Discussion:** The psychiatrist's clinical supervision of a partial hospitalization program should include the monitoring of treatment plans on a regular basis. Although the clinical supervision of the treatment of patients is not defined in this section, OMHSAS

recommends that psychiatrists establish appropriate standards for treatment and are involved in the quality management process, clinical staff meetings and consult with all clinical staff.

Certified Registered Nurse Practitioners and Physician Assistants may not fulfill the required psychiatric supervision of the partial hospitalization program.

**Inspection Procedures:** OMHSAS Licensing Representatives will review individual records, the psychiatrist's job description, and policies and procedures outlining clinical supervision. OMHSAS Licensing Representatives may also review treatment standards and prescribing practices, clinical staff meetings or meeting notes, and consultation records.

**Primary Benefit:** Ensures that a qualified psychiatrist supervises the treatment plans and clinical treatment of individuals within the partial hospitalization program.

**Regulation: § 5210.33. Treatment planning and records.**

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

**Discussion:** This section sets the minimum standards for the composition of a treatment team. As a best practice, OMHSAS suggests that the entire the treatment team sign the treatment plans. § 5210.24 provides further guidance on the duties of the treatment team. Consult § 5210.3 (relating to definitions) for information regarding the qualification requirements of a mental health professional.

**Inspection Procedures:** OMHSAS Licensing Representatives will review pre-inspection documents and treatment plan signatures to determine the involvement of the required treatment team members in the treatment planning process. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures that treatment plans are created by a team of qualified and trained staff members, ensuring psychiatric oversight of the plan.

**Regulation: § 5210.34. Treatment team.**

(a) The treatment team leader shall ensure that staff trained and experienced in the use of the modalities proposed in the treatment plan shall participate in its development, implementation and review.

**Discussion:** The modalities proposed in the treatment plan should be considered when selecting the staff who will be involved in its development, implementation, and review. It

is the responsibility of the treatment team leader to verify that staff members have been trained and experienced in these modalities.

**Inspection Procedures:** OMHSAS Licensing Representatives may review treatment plans, staff trainings and qualification documents to ensure that treatment team members are trained and experienced in the modalities in the treatment plan. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures that treatment team members have experience and training required to carry out the modalities identified in the treatment plan.

**Regulation: § 5210.34. Treatment team.**

(b) The treatment team leader is responsible for the implementation and review of the individualized treatment plan, for the coordination of service delivery from other service providers, and for the review of progress notes and discharge summary.

**Discussion:** The treatment team leader must be personally involved in the implementation and review of the treatment plan. OMHSAS interprets this to be evidenced by the treatment team leader's signature on the treatment plan. Requirements in this section may be delegated to other staff members, but the overall responsibility to ensure these tasks are met falls on the treatment team leader. OMHSAS suggests the provider develop policies and procedures that outline how the responsibilities of the team leader will be met.

Discharge summary requirements for children in a partial hospitalization program who are in school is outlined in this regulatory compliance guide in Part 3: Relevant Bulletins – OMHSAS-08-01 Guidelines for Interagency Planning for Children in Need of Behavioral Health Rehabilitation Services or Partial Hospitalization Services During the School Day.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the policies and procedures outlining the treatment team leader's responsibilities, signatures on the initial and updated treatment plans, service coordination notes, progress notes and discharge summary to determine compliance with the regulation. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures a clear definition of the responsibilities of the treatment team leader in the creation and review of treatment plans; and the supervision of services and case documentation.

**Regulation: § 5210.34. Treatment team.**

(c) The treatment team leader shall ensure that the child or youth in treatment is encouraged to become increasingly involved in the treatment planning process.

**Discussion:** Here, the requirement that an individual be "involved in the treatment planning process" can naturally take various forms. However, such involvement as required by this section may be best evidenced by the individual's signature on the plan, as well as

in a progress note created for the session in which the plan was developed. Additionally, OMHSAS suggests that language used in the treatment plan should be in the individual's own language whenever possible.

**Inspection Procedures:** OMHSAS Licensing Representatives will review treatment plan signatures, and progress notes from the date the plan was developed. OMHSAS Licensing Representatives may also conduct staff interviews.

**Primary Benefit:** Ensures that the child or youth becomes involved in the treatment plan, giving them a voice in the treatment planning process, and helping to improve the individualization of the treatment plan.

**Regulation: § 5210.35. Contents and review of a comprehensive treatment plan.**

(a) The treatment plan shall:

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

(2) Be based upon diagnostic evaluation which includes examination of the medical, psychological, social, cultural, behavioral, familial, educational, vocational, and developmental aspects of the patient's situation.

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

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

**Discussion:** Here, the requirement that the plan be formulated with the cooperation and consent of the patient or person acting on his behalf can naturally take various forms. However, such involvement as required by this section may be best evidenced by the individual's, or the person action on their behalf's, signature on the plan, as well as in a progress note created for the session in which the plan was developed. Additionally, OMHSAS suggests that language used in the treatment plan should be in the individual's own language whenever possible.

As the treatment plan must be based upon a diagnostic evaluation, the evaluation should occur prior to the creation of the treatment plan. The evaluation(s) must contain, at a minimum, all the elements of subsection (2).

**Inspection Procedures:** OMHSAS Licensing Representatives will review the individual treatment plan for content to determine compliance with plan development requirements. OMHSAS Licensing Representatives will also review the date the diagnostic evaluation was conducted to ensure the treatment plan is based on the diagnostic evaluation.



**Primary Benefit:** Ensures that individuals in treatment have input and consent on the creation of their treatment plan, that the plan is based on specifically assessed strengths and needs.

**Regulation: § 5210.35. Contents and review of a comprehensive treatment plan.**

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

**Discussion:** OMHSAS interprets the requirements of this section to mean that a treatment plan is effective on the date of the final treatment team signature. Therefore all treatment team members, as outlined in § 5210.23, should sign off on the initial treatment plan by the 5<sup>th</sup> day of service. Updated treatment plans must be signed by the treatment team within 20 days of service from the date the previous treatment plan was effective.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the individual treatment plan signature dates against the program attendance to determine compliance with plan development requirements.

**Primary Benefit:** Ensures that individuals have a treatment plan which is developed and updated in a regular and timely fashion, ensuring the individual's current needs are addressed.

**Regulation: § 5210.36. Treatment policies and procedures.**

Each facility shall have a written plan describing the policies and procedures of the partial hospitalization program. The plan shall provide for:

- (1) The services to be provided and the scope of such services.
- (2) Intake policy and procedures.
- (3) Admissions and discharge policies.
- (4) Policies providing for continuity of care for patients.
- (5) There shall be a regular ongoing program for staff development.

**Discussion:** OMHSAS recommends that staff development policies outline both training and supervision of staff.

**Inspection Procedures:** OMHSAS Licensing Representatives will review all policies and procedures during the initial licensing inspection and will annually review the policies and procedures that have been updated since the previous inspection. OMHSAS Licensing Representatives will review the facility's policies relating to treatment to ensure that the policies exist and are properly implemented. OMHSAS Licensing Representatives may also

review staff training files to determine if the facility is following staff development policies and procedures. OMHSAS Licensing Representatives may also conduct staff interviews to verify compliance with the regulation.

**Primary Benefit:** Ensures that all aspects of the clinical services provided by the program are done in a manner that is standardized for all individuals served.

**Regulation: § 5210.37. Linkages with educational programs.**

Basic education and, in particular, special education are an essential and required part of service for emotionally disturbed children and youth. By law, such education is to be provided by the Department of Education or its agent. The education program may be provided at the same site as the partial hospitalization program, but is considered a separate, though complimentary, program and shall not be included as part of the partial hospitalization program for reimbursement purposes.

**Discussion:** One way partial hospitalization programs that serve school-aged children can strive to meet the requirements of this section is to have "letters of agreement" with local education agencies to facilitate collaboration between educational and behavioral health services, including the local education agencies that are responsible for the education of all children. OMHSAS suggests that these letters of agreement clearly define the roles and responsibilities of each entity.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's schedule, documentation outlining the facility's links with the education system, and may also conduct staff interviews to verify compliance with the regulation.

**Primary Benefit:** Allows children and youth partial hospitalization programs to include educational provision at the licensed facility.

**Regulation: § 5210.38. Size of program.**

Children and youth partial hospitalization programs shall operate a minimum of 3½ days a week and shall have a minimum program capacity of 10 patients.

**Discussion:** OMHSAS interprets this section of the regulation to mean three half days per week.

According to § 5210.39 (relating to patient program), patients shall receive a minimum of 3 hours per day of planned treatment. This means that the children and youth partial program must operate at least 3 ½ days a week for at least 3 hours per day.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the program's schedule and may review staffing timesheets and conduct interviews with staff in order to determine compliance with the regulation.

**Primary Benefit:** Ensures that partial hospitalization programs have operation hours that are consistent and provide individuals with adequate opportunity to receive treatment.

**Regulation: § 5210.39. Patient program.**

Patients in partial hospitalization programs shall receive a minimum of 3 hours of planned treatment programs per hospitalization day. These programs shall emphasize a therapeutic milieu, and include therapeutic, recreational, social and vocational activities, individual, group, or family psychotherapy, psychiatric, psychological and social evaluations, medication evaluations and other activities as determined by the treatment team.

**Discussion:** According to § 5210.38 (relating to size of program), children and youth partial hospitalization programs shall operate a minimum of three half days per week. This means that the children and youth partial program must operate at least 3 ½ days a week for at least 3 hours per day.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the program's schedule, individual/group/family progress notes, and may conduct interviews with staff in order to determine compliance with the regulation.

**Primary Benefit:** Ensures that partial hospitalization programs provide adequate opportunity to receive treatment that includes multiple facets of the individuals' recovery and assures that the program activities are directed by the treatment team.

**MISCELLANEOUS PROVISIONS**

**Regulation: § 5210.51. Fee schedule.**

Each partial hospitalization program shall maintain a schedule of uniform basic charges for services which is available to all patients. Fee schedules shall be submitted to the Department for information purposes.

**Discussion:** It is recommended that the fee schedule should be posted in a conspicuously visible area in the clinic waiting room. If the fee schedule is not posted it should be readily available to all individuals.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the fee schedule during the physical facility walkthrough to determine compliance with the regulation.

**Primary Benefit:** Ensures that individuals understand the facility's charges for specific services.

**Regulation: § 5210.52. Quality assurance.**

All partial hospitalization programs shall have a utilization review and clinical audit process designed to ensure that the most appropriate treatment is delivered to the patient. Patients shall be discharged when the identified benefit, as reflected in the initial evaluation, goals, objectives, and treatment plan has been received.

**Discussion:** Quality assurance should be focused not only on the quality of services offered but also on the means to achieve it. It is recommended that the psychiatrist be involved in the quality assurance process, which may include attending meetings and developing and implementing plans for improvement. The psychiatrist's involvement in this process may be in person, over the phone, through emails and other electronic communication formats, and documented in the format as chosen by the program.

OMHSAS recommends providers that provide partial hospitalization services should have policies and procedures to outline the quality assurance review, identify the responsible staff to conduct the reviews, and show how clinical audits are conducted.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's policies and procedures and documents related to quality assurance. OMHSAS Licensing Representatives will also review individual records to determine if patients who have achieved identified benefits have been discharged. OMHSAS Licensing Representatives may conduct interviews with staff in order to determine compliance with the regulation.

**Primary Benefit:** A utilization review and clinical audit process helps to ensure that the services provided meet the needs of the individuals, and that documentation of services meet Federal and State requirements. The process also ensures that individuals do not receive services that will not progress them towards the identified benefit of treatment.

**Regulation: § 5210.53. Physical facility.**

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

**Discussion:** The facility's physical site must be designed, arranged, or furnished to meet individuals' needs. OMHSAS recommends the physical site should include age-appropriate furnishings.

**Inspection Procedures:** OMHSAS Licensing Representatives will examine the facility's physical site to determine if adequate space, equipment and supplies are provided.

**Primary Benefit:** Ensures equipment, supplies, and adequate space meet the needs of the individuals receiving services.

**Regulation: § 5210.53. Physical facility.**

- (b) All space and equipment shall be well maintained and shall meet applicable

Federal, State and local requirements for safety, fire and health.

**Discussion:** This requirement applies to all space and equipment accessible to individuals and staff.

**Inspection Procedures:** OMHSAS Licensing Representatives will examine all areas of the facility to determine if fire extinguishers are maintained as required, evacuation routes/signage are posted, handicap accessibility is afforded, and evaluate the general cleanliness of the facility to ensure it meets applicable safety laws. OMHSAS Licensing Representatives may also review fire safety reports or other documentation to ensure compliance with the regulation.

**Primary Benefit:** Space and equipment that is well maintained helps to allow for easy evacuation during an emergency and prevent health and safety issues/concerns.

**Regulation: § 5210.53. Physical facility.**

(c) A waiting room which is neat, cheerful and comfortably furnished shall be provided.

**Discussion:** A waiting room should be comfortable, clean and inviting as it is the first room that is seen when an individual enters the facility. Everything from the arrangement of seating, artwork, and intensity of lighting has an impact on an individual's mood and well-being. It is recommended that the culture of the individuals receiving services (including linguistics) be considered when furnishing the waiting room.

**Inspection Procedures:** OMHSAS Licensing Representatives will examine the facility's waiting room to determine compliance with the regulation.

**Primary Benefit:** Ensure a facility's waiting room is a calm and comfortable environment appropriate to the culture of the individuals served.

**Regulation: § 5210.53. Physical facility.**

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

**Discussion:** None.

**Inspection Procedures:** OMHSAS Licensing Representatives will examine the office space for the clinical staff to determine compliance with the regulation.

**Primary Benefit:** Ensures that clinical staff have the proper office equipment needed to provide therapy and that the individuals receiving services have equipment that promotes comfort.

**Regulation: § 5210.53. Physical facility.**

(e) There shall be an adequate number of suitably equipped conference rooms to provide for staff conferences and therapy.

**Discussion:** "Adequate number" means that there are enough conference rooms accessible such that staff do not have to wait for rooms to become available.

Conference rooms that are "suitably equipped" should have enough chairs for the number of staff that would be in a staff meeting or training or the number of individuals that would be in a group at any given time. Conference rooms should also be equipped with the technological means to allow staff or other individuals to participate remotely if needed.

**Inspection Procedures:** OMHSAS Licensing Representatives will examine the facility's conference rooms.

**Primary Benefit:** Ensures that clinical staff have the proper office equipment needed to conduct staff meetings, training, and provide therapy and that the individuals receiving services have equipment that promotes comfort.

**Regulation: § 5210.53. Physical facility.**

(f) There shall be adequate provisions for the privacy of the patient in interview rooms.

**Discussion:** Private information regarding individuals receiving services may be discussed only where such information cannot be overheard by others. It is recommended that sound machines are provided for each office or conference room in which services are rendered to ensure confidentiality.

**Inspection Procedures:** OMHSAS Licensing Representatives will examine the physical site premises and may interview staff and individuals to verify that privacy is being protected.

**Primary Benefit:** Ensures that an individual's right to privacy will be protected.

**Regulation: § 5210.53. Physical facility.**

(g) The facility shall be appropriate to the age and developmental needs of the persons served.

**Discussion:** The demographics, such as age, should be considered when choosing chairs, desks, or tables to be utilized by individuals receiving services.

**Inspection Procedures:** OMHSAS Licensing Representatives will examine the physical site premises to verify age and developmental appropriateness for the persons served in the facility.

**Primary Benefit:** Ensures that the facility is functional and an appropriate environment for the population served.

**Regulation: § 5210.53. Physical facility.**

- (h) A partial hospitalization program 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 a total partial hospitalization program. The Department will issue a single certificate of compliance to the parent organization which will list all operational sites.

**Discussion:** According to Chapter 20.58 Notification of change, the legal entity must notify the Department of a change in location prior to that change. New sites must be visited by an OMHSAS Licensing Representative before a site is operational and before the site can be added to the certificate of compliance. The provider shall ensure that the certificate of compliance listing the specific address is posted at each site

**Inspection Procedures:** OMHSAS Licensing Representatives will examine the physical site premises, review issued certificate of compliance and may interview staff to verify compliance with the regulation.

**Primary Benefit:** Allows providers to deliver services at multiple sites under one certificate of compliance and ensures physical facility standards are met.

**Regulation: § 5210.54. Combined programs.**

Facilities may be certified for different types of programs at the same location; however, such facilities shall have clearly separate programs and shall meet all the staffing and other requirements for the projected program capacity of each program.

**Discussion:** The hours in FTE of staff who work in a partial hospitalization program and in another service must be separate.

**Inspection Procedures:** OMHSAS Licensing Representatives may review pre-inspection documentation, organizational charts, staff job descriptions, timesheets and may conduct staff interviews to determine compliance with the regulation.

**Primary Benefit:** Allows facilities to provide services in multiple programs but ensures the partial hospitalization program has a dedicated staff to meet the needs of the program.

**Regulation: § 5210.55. Notice of nondiscrimination.**

Programs may not discriminate against staff or clients on the basis of age, race, sex, ethnic origin, economic status, sexual preference, or religion and must observe all applicable State and Federal laws and regulations.

**Discussion:** All licensed providers are required to provide services and ensure employment is conducted in a nondiscriminatory manner. To ensure providers licensed by the Department operate in compliance with State and Federal civil rights laws and regulations, all licensed providers must complete an annual Civil Rights Compliance Attestation form as part of the licensing renewal process. OMHSAS recommends that all licensed providers have current policies to ensure Equal Employment Opportunity and Nondiscrimination in Services.

**Inspection Procedures:** OMHSAS Licensing Representatives will review facility's policies and procedures around nondiscrimination and ensure the Civil Rights Compliance annual attestation has been submitted.

**Primary Benefit:** Ensures that staff individuals receiving services are not discriminated against and are treated in a respectful and dignified manner.

**Regulation: § 5210.56. Other applicable regulations.**

This chapter does not supplant other applicable regulations which apply to mental health facilities in the Commonwealth of Pennsylvania such as 34 Pa. Code Chapters 49—59 and §§ 5100.31—5100.39 and 5100.51—5100.56 (relating to confidentiality of mental health records; and patient rights).

**Discussion:** In addition to all sections of Chapter 5210, providers should comply with other applicable regulations that apply to mental health facilities in the Commonwealth. Providers should especially familiarize themselves with the regulations cited in this section.

34 Pa. Code Chapters 49—59 outline building code requirements. § 5100.31—5100.39 outlines confidentiality of mental health records and § 5100.51—5100.56 outlines patient rights.

Additionally, providers serving child and youth must meet the requirements of 23 Pa.C.S. § § 6301—6386 (relating to Child Protective Services Law), and 55 Pa. Code Chapter 3490 (relating to protective services) including mandated reporting and training requirements.

**Inspection Procedures:** OMHSAS Licensing Representatives will review the facility's compliance with other applicable regulations including those cited in this section.

**Primary Benefit:** Ensures that providers providing partial hospitalization services are in compliance with additional regulations that apply to mental health facilities in the Commonwealth.



**Regulation: § 5210.57. Waiver of standards.**

In instances where the development of specialty partial hospitalization program services is severely limited by these standards, such as, rural clinics, a waiver may be granted to a particular standard for a period of 6 months and may be renewed up to 3 times. The waivers can be applied only in areas where the need for the services and the attempts to meet the standards are adequately documented. The waivers are to be considered only in exceptional circumstances and are subject to approval by the Office of Mental Health.

**Discussion:** A provider may request a waiver of regulations or program standards, or portion of regulations or program standards. The Department will make a decision to approve or deny the waiver as soon as operationally possible. In reviewing any such waiver request, the Department will consider whether the facility has demonstrated that substitute measures assure the health, safety and welfare of all individuals who receive services from the provider.

The Department will review each waiver annually as part of the annual licensing inspection to determine if the waiver is still warranted and if there is continued compliance with the conditions required by the waiver. The Department may revoke the waiver at any time if the conditions required by the waiver are not met, if conditions have not been met on a continual basis or if there is a risk to the health, safety, or well-being of the individuals receiving services.

**Inspection Procedures:** Prior to the inspection, OMHSAS Licensing Representatives will review the facility's record to determine whether waivers have been granted. During the inspection, OMHSAS Licensing Representatives will verify that the conditions of the waiver are being met.

**Primary Benefit:** Waivers allow partial hospitalization programs to operate in an exceptional manner, while providing quality services that ensure the health and safety of the individuals served by the program.

**Regulation: § 5210.58. Drugs and medications.**

- (a) If medication is prescribed or dispensed by the facility, the requirements of applicable Federal and State drug statutes and regulations shall be met.

**Discussion:** Per Act 96 of 2018, prescriptions of controlled substances in Schedule II, III, IV & V shall be transmitted electronically in a manner that meets requirements outlined in 21 CFR § 1311.120. The Act outlines several circumstances in which the requirement would not apply, which includes, but is not limited to, a practitioner or health care facility that either does not have internet access or an electronic health record system. Those who do not meet any of the listed exceptions and are unable to timely comply with the electronic prescribing requirements may petition the Department of Health for an exemption from the requirements based on economic hardships, technical limitations or exceptional circumstances.

A listing of controlled substances and their schedule is available here:  
<https://www.dea.gov/drug-scheduling>.

Medication records should include all information provided on the prescription. This includes the following information, per 49 Pa. Code § 27.18(d):

- (1) The name, address, telephone number and DEA number of the pharmacy.
- (2) The name of the patient.
- (3) Full directions for the use of its contents.
- (4) The name of the prescriber.
- (5) The serial number of the prescription and the date originally filled.
- (6) The trade or brand name of the drug, strength, dosage form and quantity dispensed. If a generic drug is dispensed, the manufacturer's name or suitable abbreviation of the manufacturer's name shall also be shown.
- (7) On controlled substances, the statement: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

**Inspection Procedures:** OMHSAS Licensing Representatives may review medication charts, interview staff to determine if medication is prescribed and dispensed by the facility and determine if Federal and State drug statutes and regulations are met.

**Primary Benefit:** Ensures that medications are prescribed and dispensed in a manner consistent with Federal and State guidelines.

**Regulation: § 5210.58. Drugs and medications.**

- (b) Written policies and procedures providing for the safe dispensing and administration of drugs by the medical and nursing staff shall be in writing and on file. The policies shall include the following:
  - (1) Prescriptions shall be written only by the physician.
  - (2) Drugs shall be dispensed only on the order of a physician.
  - (3) 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.

**Discussion:** Unlike in the updated Psychiatric Outpatient Clinic regulation, the prescription of medicines is limited to a physician.

Medication records should include all information provided on the prescription. This includes the following information, per 49 Pa. Code § 27.18(d):

- (1) The name, address, telephone number and DEA number of the pharmacy.
- (2) The name of the patient.
- (3) Full directions for the use of its contents.
- (4) The name of the prescriber.
- (5) The serial number of the prescription and the date originally filled.
- (6) The trade or brand name of the drug, strength, dosage form and quantity

dispensed. If a generic drug is dispensed, the manufacturer's name or suitable abbreviation of the manufacturer's name shall also be shown.

- (7) On controlled substances, the statement: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

**Inspection Procedures:** OMHSAS Licensing Representatives will review the orders for the prescription medications to determine if they are current and were prescribed by an authorized physician. OMHSAS Licensing Representatives will interview an authorized person who administers medication regarding the process for dispensing medication during the facility walkthrough and will observe the storage and records of medication to ensure they meet Federal and State Drug statutes and regulations.

**Primary Benefit:** Ensures that medications are prescribed by a person authorized to do so, and that the prescribed medicine is recorded and stored properly, which will facilitate the accuracy and ease in medication dispensing and administration.

## **Part 3**

# **Relevant Reference Bulletins**

## OMHSAS-02-01 THE USE OF SECLUSION AND RESTRAINT IN MENTAL HEALTH FACILITIES AND PROGRAMS

### **Bulletin Section: DEFINITIONS:**

**Seclusion** is restricting a child/adolescent/adult in a locked room, and isolating the person from any personal contact. The term "locked room" includes any type of door locking device such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door closed, preventing the individual from leaving the room. Seclusion does not include the use of a time-out room. Locking an individual in a bedroom during sleeping hours is considered seclusion.

### **Bulletin Section: DEFINITIONS:**

**Time-out room** is an unlocked room used to remove an individual from the individual's immediate environment to reduce stimulation and assist the individual to regain self-control. Use of a time-out room constitutes a potential alternative to the use of seclusion and restraint.

### **Bulletin Section: DEFINITIONS:**

**Restraint** is any chemical, mechanical, or manual technique used for the purpose of restricting movement.

1. A chemical restraint (federal term: "drug used as a restraint") is a medication used to control acute, episodic behavior that is not the standard treatment for the consumer's medical or psychiatric condition, and is intended to significantly lower the individual's level of consciousness and restricts the movement of a consumer. A medication ordered by a physician as part of the ongoing individualized treatment plan for treating the symptoms of mental, emotional, or behavioral disorders is not a chemical restraint.
2. A mechanical restraint is a device used to control acute, episodic behavior that restricts movement or function of a consumer or portion of a consumer's body. Examples of mechanical restraints are handcuffs that are locked around the wrists, elbow restraints, foot restraints, cloth harnesses applied to any portion of the body, and blanket wraps. Mechanical restraints do not include measures to promote body positioning to protect the consumer and others from injury, or to prevent the worsening of a physical condition. Devices also used for medical treatment such as helmets for prevention of injury during seizure activity, mitts, and muffs to prevent self-injury are not considered restraints.
3. A manual restraint is a physical hands-on technique that restricts the movement or function of the consumer's body or portion of the consumer's body. Prompting, escorting or guiding a consumer who does not resist to assist in the activities of daily living is not a manual restraint.

**Bulletin Section: RECOMMENDED PRACTICES:**

**A. Seclusion**

1. The use of seclusion is not permitted by regulation in 55 Pa. Code, Chapter 3800, Child Residential and Day Treatment Facilities, §3800.206 (with the exception of secure care as stated in, §3800.273), and in 55 Pa. Code, Chapter 5320, Long Term Structured Residence, §5320.54 (a). Seclusion should not be used in adult residential treatment facilities, crisis residential services, crisis mobile services, crisis walk-in services, community residential rehabilitation programs, partial hospitalization programs, psychiatric outpatient clinics, behavioral health rehabilitation service programs, family based mental health services, intensive case management, resource coordination programs, and psychiatric rehabilitation programs.

**Bulletin Section: RECOMMENDED PRACTICES:**

**B. Mechanical Restraints**

1. The use of mechanical restraints is not permitted by regulation in 55 Pa. Code, Chapter 3800, Child Residential and Day Treatment Facilities, §3800.210 (with the exception of secure care as stated in, §3800.273), and in 55 Pa. Code, Chapter 5320, Long Term Structured Residence, §5320.54 (b). Mechanical restraints should not be used in adult residential treatment facilities, crisis residential services, crisis mobile services, crisis walk-in services, community residential rehabilitation programs, partial hospitalization programs, psychiatric outpatient clinics, behavioral health rehabilitation service programs, family based mental health services, intensive case management, resource coordination programs, and psychiatric rehabilitation programs.

**Bulletin Section: RECOMMENDED PRACTICES:**

**C. Chemical Restraints**

1. The administration of chemical restraints is not permitted by regulation in 55 Pa. Code, Chapter 5320, Long Term Structured Residence, §5320.54 (b). Although chemical restraints are not specifically prohibited by regulation in Residential Treatment Facilities and inpatient facilities they should be strongly discouraged by the clinical leadership. Chemical restraints should not be used in crisis residential services, crisis mobile services, crisis walk-in services, community residential rehabilitation programs, partial hospitalization programs, psychiatric outpatient clinics, behavioral health rehabilitation service programs, family based mental health services, intensive case management, resource coordination programs, and psychiatric rehabilitation programs. Significant risks are attached to the use of medication with the intent to immobilize an individual. Immobilization of an individual may result in the person being defenseless against aggressive behavior from peers and may also increase the individual's risk of accidental falls and other physical injuries. If a chemical restraint is utilized, the

individual must be under close observation to protect them from these and other problematic events. Chemical restraints should only be ordered by a licensed physician and administered by a qualified registered nurse or physician.

**Bulletin Section: RECOMMENDED PRACTICES:**

**D. Manual Restraints**

2. Manual restraints should only be used in an emergency as a safety measure, when there is imminent danger of bodily harm to the consumer or others, and only after appropriate less restrictive behavioral techniques have been tried, in community residential rehabilitation facilities, adult, children/adolescents residential treatment facilities, crisis residential facilities, crisis mobile services, crisis walk-in services, partial hospitalization programs, psychiatric inpatient facilities, psychiatric outpatient clinics, behavioral health rehabilitation service programs, family based mental health services, intensive case management, resource coordination programs, and psychiatric rehabilitation programs. Less restrictive behavioral and physical interventions include the use of de-escalation techniques by trained staff, such as reducing environmental stimuli, escorting the consumer to a quiet room, and permitting time for the consumer to verbalize his/her concerns.

**Bulletin Section: RECOMMENDED PRACTICES:**

**D. Manual Restraints**

4. When manual restraints are used in an emergency situation, the following practices should be followed:
  - \* Manual restraint should not be applied without an order based upon the presenting situation. A physician preferably orders manual restraint. However, if a physician is not available, a certified registered nurse practitioner (CRNP) or physician assistant (PA), licensed psychologist or a licensed social worker (LSW) may order a manual restraint. The resident's treatment team physician must be contacted and informed about the use of restraint, unless the ordering licensed professional is also the resident's treatment team physician.
  - \* In emergency situations, a registered nurse (RN), practical nurse (LPN), licensed occupational therapist (OT), or physical therapist (PT) is permitted to initiate the use of an emergency safety intervention for the protection of the consumer and/or others, and must immediately contact the physician on duty/on call and obtain a verbal order.
  - \* When applying a manual restraint, at least two staff trained in the use of manual restrictive procedures should be involved in any intervention that would immobilize a consumer. A third trained staff who is not involved with applying the restraint should continuously observe the physical and emotional condition of the individual and document the observation at least every 10 minutes

during the time the manual restraint is applied. The staff observing the restraint may order a cessation of the restraint if he or she feels it necessary or advisable to ensure the individual's physical well being, or if continuation of the restraint is no longer necessary.

- \* At no time should a staff person apply his/her weight on any portion of the consumer's respiratory system.
- \* As early as feasible in the restraint process, staff should inform the individual of the behavioral criteria required for the restraint to be discontinued. The restraint should be discontinued when the individual meets the behavioral criteria.
- \* Staff must use clinically approved restraints that they have been trained to use and that are applied appropriately, so the safety of the individual is maximized.
- \* The position of the manual restraint should be changed at least every ten minutes after application begins.
- \* Trained staff should take a consumer's history into consideration when a decision is made to use manual restraints. For example, a child/adult may have a history of posttraumatic stress disorder (PTSD), physical or sexual abuse, and the use of restraints could cause further trauma.
- \* Manual restraints should not be used on consumers who have medical or physical conditions where there is reason to believe that such use would endanger their lives or exacerbate a medical condition

## **Bulletin Section: RECOMMENDED PROCEDURES**

### **A. Debriefing and Review Of Incident**

The following procedures should be followed after any use of seclusion or restraint. All are intended to decrease the likelihood of the consumer needing restrictive procedures in the future.

- \* Review of incident between consumer and primary therapist or treating psychiatrist: A review of the incident leading to the seclusion or restraint should occur, within 24 hours of the termination of the restrictive procedure, between the consumer and the consumer's primary therapist and/or treating psychiatrist, and under most circumstances the involved mental health staff unless their presence jeopardizes the well being of the consumer. Such review should seek to understand the incident within the framework of the consumer's life history and primary mental health issues, and should help the consumer identify and expand effective coping mechanisms to avoid future need for restrictive procedures. This review with the primary therapist or treating psychiatrist, or a subsequent review, may also include the consumer's family members as appropriate, and may at times involve a change in the consumer's treatment plan. The nature and



outcomes of this review between consumer and primary therapist, or treating psychiatrist should be documented in the consumer's record.

- \* Review of the incident between involved staff and supervisor: A one-on-one review between staff involved in the restrictive procedure and the supervisor should occur within 24 hours after any use of seclusion or restraint. This review should address the circumstances leading to the restrictive procedure, the nature of prior de-escalation efforts attempted, the staff response to the incident, and ways to effectively support the consumer's constructive coping in the future and avoid the need for future seclusion or restraint. The nature and outcomes of this review between involved staff and supervisor should be documented by the facility, for purposes of continuous performance improvement and monitoring.

It is also expected that appropriate staff contact the consumer's family within 24 hours of the use on a restrictive procedure. To the extent that notification of family members requires the individual consent, the notifying staff must ensure that appropriate consent is obtained.

## **Bulletin Section: RECOMMENDED PROCEDURES**

### **B. Documentation**

Documentation in the consumer's record of an incident of seclusion or restraint should include the following information:

- \* The time, date and location where the incident occurred.
- \* The precipitating event and circumstances giving rise to need for restrictive procedure.
- \* Identification of less restrictive interventions attempted first.
- \* Any circumstances that precluded other, less restrictive interventions from being implemented.
- \* The specific restrictive procedure used and duration of use.
- \* The rationale for the specific restrictive procedure used.
- \* Record of vital signs obtained and of consumer's emotional and physical condition, during the procedure.
- \* Any injuries or medical care required following the procedure.
- \* Summary of the debriefing of consumer with staff following the restrictive procedure.
- \* Any other actual or planned follow up actions.

## **Bulletin Section: RECOMMENDED PROCEDURES**

### **C. Training**

- \* Prior to working unsupervised with consumers, staff should receive at least 10 hours of training on less restrictive alternatives to the use of seclusion or restraints. Facilities and programs whose policies allow for the use of any type of restraint should provide training on the proper application of restraints.
  
- \* Staff should receive training that includes the following:
  - Listening skills
  - Communication skills
  - Relationship building with consumer and family
  - De-escalation techniques
  - Conflict resolution
  - Violence prevention
  - Psychosis (command hallucinations directing the consumer to become violent)
  - Risk assessment
  - Debriefing techniques
  - Possible negative psychological effects of seclusion and restraint
  - Understanding of how age, gender, cultural background, history of abuse or trauma may effect an individual's response to seclusion and restraint
  - The proper application of manual restraints appropriate to the age, weight, and diagnosis of the consumer served.
  - The developmental stages of children/adolescents/adults and the vulnerabilities of individuals to assess when seclusion or restraints are appropriate.
  - Individuals with posttraumatic stress disorder (PTSD) and those with a history of sexual/physical abuse.
  - Appropriate documentation to be included in the consumer's records.
  - The removal of restraints and how to monitor individuals in restraint or seclusion.
  
- \* Staff should be able to verbalize understanding of the training, and successfully demonstrate their skills and knowledge through a written exam. If a facility's/program's policies and procedures allow the use of restraint, staff should demonstrate the appropriate application of those restraints the facility/program has approved for use.
  
- \* Staff should regularly receive training and refresher courses in alternative non-intrusive behavior modification techniques. If a facility/program allows the use of restraint or seclusion, staff should also receive ongoing education and training in the safe and appropriate use of restraint or seclusion.

- \* A record of training should be kept which included the person trained, date, source, content, and the length of each course.

**Bulletin Section: CONTINUOUS PERFORMANCE IMPROVEMENT AND MONITORING:**

Each facility should employ ongoing efforts directed toward the goal of reducing and eliminating the use of seclusion and restraints. A performance improvement and monitoring program designed to continuously review, assess, and analyze the facility's use of seclusion and restraints should be in place. Facilities should clearly document the attempt and failure of less restrictive alternatives and include justification for the use of seclusion or restraint. Consumer debriefing and clinical response to the use of seclusion or restraints should be documented in the consumer's medical record.

Any facility that uses seclusion or restraint should develop a comprehensive performance and risk management program to reduce the use of restrictive procedures and to minimize incidents that result in harm to persons in the facility. The performance and risk management plan should include:

- \* A plan to address the prevention, detection, evaluation and correction of any environmental triggers that may lead to the use of seclusion and restraints.
- \* A plan to track the type and number of occurrences, and the duration of each occurrence, in which seclusion and restraint were used.
- \* A system to report, investigate, analyze, monitor, and track incidents resulting in injuries or death related to the use of seclusion and restraints.
- \* A requirement to file a formal written incident report within 24 hours from the time a seclusion or restraint is used. The report should include the name and diagnosis of the person, the time, date and place where the incident occurred, staff members involved, any other individuals involved, and any medical care administered, and follow-up. Follow-up should include notification of the physician and family (with proper consent when necessary). And a copy on the written incident report should be given to the new facility if the resident needs to be transferred. The treatment team leader should sign the report and facility senior management should review all incident reports.
- \* A system to monitor improvement in the decline of seclusion and restraints. Aggregate data, as well as patterns of seclusion and restraints, should be reviewed by the quality management program, with the objective of reducing and ultimately eliminating the use of seclusion and restraints.

**OMHSAS-08-01 GUIDELINES FOR INTERAGENCY PLANNING FOR CHILDREN IN NEED OF BEHAVIORAL HEALTH REHABILITATION SERVICES OR PARTIAL HOSPITALIZATION SERVICES DURING THE SCHOOL DAY**

**Bulletin Section: LETTERS OF AGREEMENT:**

To facilitate collaboration between educational and behavioral health services, providers of behavioral health rehabilitation services and partial hospitalization programs as well as, when appropriate, Behavioral Health MCOs should have letters of agreement with providers and programs, including the local education agencies, that are responsible for the education of all children. The letters of agreement should clearly define the roles and responsibilities of each entity. When an educational entity is not willing to sign a letter of agreement, the provider should document efforts made to execute the letter of agreement and the rationale for the education entity's refusal to sign the agreement and should forward that information to the Department.

**Bulletin Section: INTERAGENCY TEAM MEETING PROCESS:**

The interagency team should include the child, the parent(s) or legal guardian(s), a representative from the County MH/MR program, the Behavioral Health MCO, if applicable, providers who are providing or will provide services to the child, a representative from the school district in which the child is living and any other child-serving agencies that are providing services to the child or the family. A parent may invite an advocate or other individual or agency identified as a resource to attend and participate in the interagency team meeting. Interagency team meetings should take place in person when possible, but may also occur via teleconference or videoconference. Documentation of interagency team meetings should include a summary of the discussion and meeting outcomes. A signature sheet documenting the attendance of all participants should be maintained in the child's record.

The Department recommends that, whenever possible, a joint meeting occur that integrates the treatment team, interagency team, IEP team, or any other required team for a comprehensive planning and assessment process. Time frames for these meetings should occur on a regular basis as dictated by any existing requirements or by the team and based on the needs of the child and family.

It is the responsibility of the County MH representative on the child's team to facilitate collaboration with the LEA and other relevant child-serving agencies to initiate referrals for treatment and support services and to monitor service delivery.

The purpose of the initial interagency team meeting is to discuss, appraise and document whether less restrictive and less intensive services were considered or implemented before the child was referred for treatment in a partial hospitalization program or for a Behavioral Health Rehabilitation Service; that every attempt is made to provide both the educational and behavioral health services that will maintain the child in his or her regular classroom or school; and why the child cannot be served in the regular classroom or school with supportive educational services or school-based behavioral health services.

At each meeting, the interagency team should review and discuss clinical evaluations and recommendations and, if relevant, the child's IEP. The interagency team process should include a discussion of information relevant to the child's level of functioning in all life domains, exploring service options that are strength based and child and family focused, identify areas of need and barriers to success and develop a comprehensive service plan.

Finally, the interagency team should discuss the child's educational program in light of the child's behavioral health needs, what regular or special education the child needs and who will provide the services. The team's decisions should be included in the child's treatment plan. Whenever possible, the team's discussions should be guided by the principle that the education provided to the child should be sufficient to permit the child to make a successful transition from the program or service without significant interruption in instruction in at least the core subjects necessary for promotion or graduation in the school district in which the child is living. If the child has not been identified as a child with a disability in need of special education services or Section 504 (called a 504 plan or a service agreement), the team should advise the family that it can request an evaluation from the school district in which the child is living.

If a member of the interagency team disagrees or if the team cannot reach consensus about the most appropriate plan for the child, the team should seek assistance from the County MH/MR program to resolve the issues and to discuss options and alternatives with the child and family.

Department regulations require partial hospitalization treatment teams to reconvene every twenty program or school days, or when requested by a member of the team to review the child's treatment plan. The treatment team and interagency team processes serve as a conduit for ongoing multi-system collaboration. The Department recommends that partial hospitalization staff invite members of the interagency team to subsequent meetings or, when appropriate, to review the child's progress in treatment, to review the child's educational program, to discuss other recommendations and to plan for continued treatment or discharge from the partial hospitalization program.

**Bulletin Section: INTERAGENCY TEAM MEETING PROCESS:**

Discharge occurs when goals and objectives identified in the evaluation and in the treatment plan have been met, or when the program is no longer the least restrictive setting that meets the child's needs, or when the parent chooses to withdraw the child or when the child, if age appropriate, chooses to withdraw from the program. Discharge planning begins when a child is admitted to a service. A discharge plan is a comprehensive document that includes multi-system recommendations based on the needs of the child following treatment in a partial hospitalization program or a Behavioral Health Rehabilitation Service. Discharge planning should include discussion and participation from members of both the treatment and the interagency teams, including the school district. A discharge plan should also include follow-up recommendations for behavioral health treatment, an educational plan, including a

plan for transitioning the child from the partial hospitalization program or the Behavioral Health Rehabilitation Service to the recommended school placement, community supports and other services that may be needed.

The plan for follow-up treatment should be finalized at a final discharge meeting that should occur at least seven days prior to the anticipated discharge date. The plan should specify the role of the treatment team or interagency team members accountable to implement the discharge plan and the child's specific education or special education program upon discharge. However, a child's discharge should not be delayed because of the inability to convene a timely discharge planning meeting, and in such situations the meeting should be held as soon after discharge as is possible. It is the responsibility of the County MH representative on the child's interagency team to ensure that the discharge recommendations are carried out and referrals are made for follow-up services.

When the discharge planning team does not reach consensus on the discharge plan for behavioral health services, the County MH representative should contact the County MH/MR Program to resolve the issues and to discuss options and alternatives with the child and family. When the team does not reach consensus on the discharge plan regarding the education program, the parent should be informed of the options for resolving education and special education disputes, including where the parents can obtain advocacy support.

## **PART 4:**

# **Additional Resources**

## **Bureau of Equal Opportunity Civil Rights Compliance – General Process**

Civil Rights Compliance (CRC) forms must be submitted, as outlined in this section, by all provider agencies who are submitting an initial application or annual license renewal application.

Providers seeking a new license will utilize a CRC form (HS 2126). This form must be included in the packet submitted as part of any new license request. The new application, supporting documents, and CRC form must be emailed to: [RA-PWLICADOMHSASPRO@pa.gov](mailto:RA-PWLICADOMHSASPRO@pa.gov). The CRC form can be found at: [App for License \(pa.gov\)](http://App%20for%20License%20(pa.gov)) or <https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Pages/App-for-License.aspx>.

For license renewals, a provider will now submit a CRC Attestation form (HS 2125). The Attestation form must be submitted as part of a renewal licensing application. The renewal notice will still be sent out 130 days prior to expiration. The renewal application and Attestation must be emailed to: [RA-PWLICADOMHSASPRO@pa.gov](mailto:RA-PWLICADOMHSASPRO@pa.gov). The CRC form can be found at: [App for License \(pa.gov\)](http://App%20for%20License%20(pa.gov)) or <https://www.dhs.pa.gov/providers/Clearances-and-Licensing/Pages/App-for-License.aspx>

The issuance of the new license or renewal license will indicate that your CRC form or CRC Attestation form submission was approved. If there are issues/questions on the submitted CRC or Attestation form, a staff member from DHS will contact you. Please see the "Bureau of Equal Opportunity Civil Rights Compliance - Additional Instructions" section below for additional instructions on how to successfully complete the forms.

Note: At the discretion of program offices, you can amend the communication to allow legal entities to submit an attestation form for multiple locations and include attachments of additional locations.

## **Bureau of Equal Opportunity Civil Rights Compliance – Additional Instructions**

1. When sending the CRC form or the CRC Attestation form please send as a PDF. Please do NOT send as a secure file, secure email, or link to a secure portal to retrieve the document. We are unable to access those forms and they will be returned. When emailing the forms for submission:
  - a. Use the following naming convention in the subject line when submitting Renewal HS2125:
    - i. Attestation – OMHSAS – [Name of Facility or Agency] – [License number or APP number if assigned]
  - b. Use the following naming convention in the subject line when submitting a new application HS2126
    - i. New – OMHSAS – [Type of Service] – [Name of Facility or Agency]



2. In OMHSAS there are providers who have one license that covers multiple locations. In this case, you only need to submit one form and list the addresses of each satellite site/location that falls under that license.
3. If in the past, you completed the Civil Rights Compliance Questionnaire (CRCQ) annually as part of the renewal license process, you will need to complete the Civil Rights Attestation (HS2125) when you receive your next notice to complete the renewal application process.
4. Please ensure that the "Non-Discrimination in Employment" policy statement and the "Non-Discrimination in Services" policy statements issued by your facility contain updated contact information (as indicated below). If this administrative update is the only change that has occurred since the facility's last license was issued, it is not necessary to provide updated copies to the Department as part of Form HS 2125.

Commonwealth of Pennsylvania  
Department of Human Services  
BEO/Office of Civil Rights Compliance  
Room 225, Health & Welfare Building  
P.O. Box 2675 Harrisburg, PA 17120  
Inquiries: (717) 787-1127  
Email: RA-PWDHSCivilRights@pa.gov

Office for Civil Rights  
U.S. Department of Health and Human Services Centralized Case Management  
Operations 200 Independence Avenue, S.W.  
Room 509F HHH Bldg  
Washington, D.C. 20201  
Customer Response Center: (800) 368-1019 TDD: (800) 537-7697  
<https://www.hhs.gov/ocr/complaints>

U.S. Equal Employment Opportunity Commission 801 Market Street, Suite 1000  
Philadelphia, PA 19107-3126  
Inquiries: (800) 669-4000  
<https://www.eeoc.gov/federal-sector/overview-federal-sector-eeo-complaint-process>

Pennsylvania Human Relations Commission 333 Market Street, 8th Floor  
Harrisburg, PA 17101  
<https://www.phrc.pa.gov/File-a-complaint>  
Inquiries: (717) 787-4410

## **Electronic Record Keeping**

Many human services facilities and agencies licensed by the Department of Human Services maintain electronic records for the operation and management of their settings.

### **Procedures for Electronic Recordkeeping**

Electronic recordkeeping is permissible if all of the following conditions are met:

- 1) The electronic record is immediately accessible to, and the medium used to produce the electronic records is able to produce paper copies of records for, OMHSAS or any other oversight agency.
- 2) The electronic format conforms to the requirements of applicable Federal and State laws.
- 3) The medium used maintains a record of any deletion or change and that shows the original and altered versions, dates of creation and the creator.
- 4) If an agency provides multiple levels of care, the records for each level of care should be maintained separately in the electronic file.

### **Use of Electronic Signatures**

Electronic signatures and electronic pad signatures may be used in lieu of pen-and-ink signatures on any document required by regulation to be signed by the facility, the individual receiving services from the setting, or any other individual who may or must sign the document. The use of a PIN is not prohibited.

As a reminder, a process for electronic signatures needs to be in place. Records should be locked and protected with only authorized personnel permitted access. The record needs to be confidential, therefore, security measures must be in place so that information is only available to staff who are authorized via proper passwords, PINs; etc.

## Shared Space/Co-Location Attestation

Currently, when a provider submits an application to enroll in the MA Program, and the provider is attempting to enroll with the same distinct address as another currently-enrolled provider, the Department's Provider Enrollment system identifies the address match and the providers are asked to submit additional information and documentation related to the arrangement between the providers, which has delayed the processing of the provider's enrollment application(s).

In an effort to facilitate the enrollment of providers that are co-located with other providers, the Department has developed the Co-Location Attestation form, that will allow providers to attest to their compliance with State and Federal anti-kickback laws and the MA regulations at § 1101.51, including the freedom of choice provision.

When a provider submits an enrollment or revalidation application and is using the same distinct street address as a different currently-enrolled provider, the Department will identify the address match and will forward the attestation form to both the applicant and the currently enrolled provider(s) along with a request for proposed language for signage. This signage advises beneficiaries that they may receive services from any enrolled provider and must be displayed in a prominent place in the provider's office, such as a waiting room or at the point of check-in.

In addition, a provider that seeks to enroll at a location that is located within another provider's offices may also request a copy of the attestation form and submit it and proposed language for signage to the Department prior to the Department identifying the co-location arrangement.

The completed attestation form and proposed language for signage must be submitted to the following by both providers that are at the service location:

**Email:** [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov)

**Postal mail:** DHS Enrollment Unit  
PO Box 8045  
Harrisburg, PA 17105-8045

**Fax:** (717) 265-8284

The Department will review the information and proceed with the processing of the application. The Department may, if needed, request additional information or clarification.

***Applicable Regulation(s): § 5210.11(a) (relating to organization and structure).***

## Shared Space/Co-Location Attestation Form

This attestation is to be completed by a provider that seeks to enroll a location that is co-located with another provider enrolled in the Medical Assistance Program. A separate attestation must be completed by both of the providers that are providing services at the service location.

On behalf of \_\_\_\_\_ ("Provider") which will be co-locating with \_\_\_\_\_ which is a \_\_\_\_\_, located at the following address: \_\_\_\_\_,

I attest to the following:

Any agreements for the use of space or equipment or for personnel or management services by the providers must meet the requirements in 42 CFR § 1001.952(b),(c), and (d);

The provider shall comply with all other Federal and State laws and regulations prohibiting illegal kickbacks and referrals;

The space used by the providers shall be separated by walls, partitions, or other means sufficient to guarantee privacy to patients;

The provider will take whatever other measures are necessary to ensure and maintain patient confidentiality in accordance with applicable laws and regulations, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA);

The provider shall advise patients that they have freedom of choice in selecting providers and that the patients may choose any Medical Assistance enrolled provider;

The provider shall also display signage, approved by the Department of Human Services, displayed in a prominent place, such as a waiting room or at the point of check-in, stating that patients may choose any enrolled provider to provide services;

The provider will not make any direct or indirect referral arrangements between practitioners and other providers of medical services or supplies but may recommend the services of another provider or practitioner;

The provider will not make automatic referrals.

This attestation does not amend, reduce or eliminate any requirements imposed by State and Federal law and regulation relating to, or governing, the individual provider's participation in the Medical Assistance Program.

I possess all necessary powers and authority to execute this Written Attestation on behalf of the provider set forth below and in doing so bind the provider.

I understand that any false statements made therein are subject to the penalties contained in 18 Pa. C.S. § 4904, relating to any unsworn falsifications to authorities.

Printed or Typed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Entity: \_\_\_\_\_

Provider Type: \_\_\_\_\_

NPI #: \_\_\_\_\_

**Forward to:**

**Email:** [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov)

-or-

**Postal mail:** DHS Enrollment Unit  
PO Box 8045  
Harrisburg, PA 17105-8045

-or-

**Fax:** (717) 265-8284