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**KEPRO**  
**Utilization Management Guidelines**  
**For West Virginia Medicaid Providers**  
**of Inpatient Psychiatric, Inpatient**  
**Psychiatric—Sub Acute, Partial**  
**Hospitalization and PRTF Services**

**Version 1.2**

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KEPRO Utilization Management Guidelines for West Virginia Medicaid Providers  
of Inpatient Psychiatric, Inpatient Psychiatric—Sub-Acute,  
Partial Hospitalization and PRTF Services

**CHANGE LOG**

<b>Replace</b>	<b>Changes</b>	<b>Date of Change</b>
UM Guidelines Version 1.1	Update Sub-acute guidelines to reflect adults and ASAM criteria	March 1, 2017

# West Virginia Medicaid Providers of Inpatient Psychiatric, Inpatient Psychiatric—Sub-Acute, Partial Hospitalization and PRTF Services

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# **West Virginia Medicaid Providers of Inpatient Psychiatric, Inpatient Psychiatric—Sub Acute, Partial Hospitalization and PRTF Services**

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## **KEPRO West Virginia Medicaid ASO**

The intent of these Utilization and Service Guidelines is to provide an overview of the Medicaid “High Intensity” Services, which include:

- Inpatient Psychiatric Hospitalization for Adults and Children < 21
- Inpatient Psychiatric Services – Sub Acute
- Partial Hospitalization
- Psychiatric Residential Treatment Facilities (PRTF) < 21

Each service listing provides a definition, service tier, program option, initial authorization limits, increments of re-authorization and service exclusions. In addition, the service listing provides member-specific criteria and discusses the conditions for admission, continuing stay, discharge, clinical exclusions and basic documentation requirements. The elements of these service listings will be the basis for utilization reviews and management by KEPRO.

KEPRO developed the guidelines from the current WV Medicaid Hospital Manual. Admission and continuing stay criteria for these services are developed based upon the intensity of the service in question. All services within this document require completion of the Behavioral Health CareConnection®. The Behavioral Health CareConnection® is a tiered system where the service selected dictates the data demand required. Each of the “high intensity” services included here demand Tier 4 data except PRTF Offender Services which demand Tier 5 data.

Prior authorization approval does not guarantee payment for services. Prior authorization is an initial determination that medical necessity requirements are met for the requested service. In the Managed Care position paper, published in 1999, the state of West Virginia introduced the following definition of medical necessity:

“services and supplies that are (1) appropriate and necessary for the symptoms, diagnosis or treatment of an illness; (2) provided for the diagnosis or direct care of an illness; (3) within the standards of good practice; (4) not primarily for the convenience of the plan member or provider; and (5) the most appropriate level of care that can be safely provided.”

In determining the appropriateness and necessity of services for the treatment of WV Medicaid members the diagnosis, level of functioning, clinical symptoms and stability and available support systems are evaluated. The Utilization Management Guidelines for the West Virginia Medicaid Providers of Inpatient Psychiatric, Inpatient Psychiatric—Sub Acute, Partial Hospitalization and PRTF Services published by KEPRO serve to outline the requirements for diagnosis, level of functional impairment and clinical symptoms of individuals who require the service. Level of available support is evaluated along with the level of assistance required for the member to perform activities of daily living. Services should be appropriate to the member's condition and be provided in the least restrictive setting as possible.

Authorizations may be requested once the provider registers with KEPRO to access the submission website. The service provider may then submit the appropriate required information. The provider will be electronically notified via our website of the status of their submitted requests. The decision will be transmitted to the provider to allow continued service provision and billing or KEPRO will communicate with the provider to resolve the request. In the event the member needs service beyond the initial authorized units, the provider will submit another prior authorization request for the service before the existing authorization expires.

Duplication of services by providers is not allowed. It is the responsibility of the provider(s) to coordinate care and to authorize services appropriately. Each provider is responsible for submitting the request for authorization for the services they provide. We are hopeful that this will encourage continued community coordination of services for members.

The vast majority of discrepancies between the request for service and the final authorization are resolved through a discussion and mutual agreement. When a request does not meet medical necessity and an agreement cannot be reached for another service that better meets the need, the request will be denied. In this event, both the provider and member will receive a denial notice. It is recommended that the provider discuss the reasons related to the denial and appeal options with the member.

While the information submitted on the Behavioral Health CareConnection® is a clinically relevant summary, it alone is not sufficient documentation of medical necessity. For this reason, KEPRO care managers may request additional information to make prior authorization decisions for members who do not clearly meet the UM guidelines for the service or do not meet clearly meet medical necessity requirements.

Retrospective reviews may determine that services as planned and documented do not meet the criteria requirements in the Medicaid manual. Through internal utilization management processes, providers need to ensure that medical necessity documentation is complete and consistent throughout the clinical record. Currently only PRTF providers are scheduled for retrospective reviews.

The purpose of the utilization review and management system is to assure that the member receives the appropriate service in an appropriate setting for an appropriate duration of treatment and support among service providers and throughout regions.

**DG003 Adult Acute Inpatient Psychiatric Hospitalization—DRG  
ND004 Adult Acute Inpatient Hospitalization—non DRG (BMU)**

**Definition:** Acute adult inpatient care for members 18 years or older offers the highest level of physical security and most intensive psychiatric care consisting of: constant medical and nursing oversight, a full range of therapeutic services including restraint and seclusion, intensive evaluation, medication management/titration, symptom stabilization, and intensive brief treatment.

The goal of acute inpatient care is to stabilize individuals who display acute psychiatric conditions associated with a relatively sudden onset and a short, severe course, or a marked exacerbation of symptoms associated with a more persistent, recurring disorder. Typically, the member poses a significant danger to self or others. Active family/significant other involvement is important unless contraindicated. Inpatient psychiatric units can be used in a licensed general hospital or freestanding behavioral health facility. Inpatient care must be medically necessary for the diagnosis and/or treatment of a behavioral health condition.

<b>Service Tier</b>	High Intensity Services/Tier 4
<b>Target Population</b>	MH, MH/SA, MH/ID/DD
<b>Program Option</b>	Chapter 510, WV Medicaid Hospital Manual
<b>Initial Authorization</b>	Unit = 1 day DRG admission = 30 days Non-DRG admission = 3 days
<b>Re-Authorization</b>	Unit = 1 day Non-DRG = Up to 5 days
<b>Admission Criteria</b>	The following criterion is necessary for admission: 1. The member has been evaluated by a licensed clinician and demonstrates symptomatology consistent with a DSM or ICD diagnosis, which requires and can reasonably be expected to respond to therapeutic interventions. –and– 2. One or more of the following are present and are exacerbated by member’s impulsivity or intoxication: a. An intentional suicide or homicide attempt with potential lethality -or- b. Current suicidal or homicidal ideation w/ a plan, intent and access to means -or-

	<ul style="list-style-type: none"> <li>c. Current self-injurious behavior resulting in immediate danger to self-<b>or-</b></li> <li>d. Current destructive/assaultive behavior resulting in immediate danger to other –<b>or-</b></li> <li>e. Active visual/auditory and/or command hallucinations, bizarre or delusional behavior exhibiting danger to self or others.-<b>or-</b></li> <li>f. Acute deterioration in ability to perform activities of daily living due to psychiatric symptoms that can not be safely treated in a less intensive level of care. -<b>or-</b></li> <li>g. Use of ECT in a secure, medical environment due to member's fragile medical condition. -<b>or-</b></li> <li>h. Requiring detoxification from alcohol and/or drugs and is at significant risk for acute withdrawal symptoms <b>and one of the following:</b> <ul style="list-style-type: none"> <li>• Failed OP treatment</li> <li>• Hallucinations (auditory, visual, tactile, or olfactory) or delusions.</li> <li>• Homicidal or suicidal attempt or ideation w/ a plan</li> <li>• Chronic medical conditions (e.g., epilepsy, cardiomyopathy, or diabetes) or pregnancy</li> <li>• Delirium tremens (or history of DTs)</li> </ul> </li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ul style="list-style-type: none"> <li>1. Current involvement and cooperation with treatment process <b>and one of the following:</b> <ul style="list-style-type: none"> <li>a. Continued admitting symptoms/behaviors are present or new and/or previously unidentified symptoms/behaviors have emerged –<b>or-</b></li> <li>b. Symptoms continue despite treatment or a reaction to treatment efforts (psychosocial or medication)</li> </ul> </li> </ul>



	<p>has caused a regression or unexpected response -<b>or</b>-</p> <p>c. Symptoms and functional impairments continue despite best efforts and modifications to treatment plan. – <b>or</b>-</p> <p>d. Progress toward treatment goals have occurred, as evidenced by measurable decline in signs, symptoms, and/or behaviors indicating a positive response to treatment.</p> <p>2. <b>And</b>, treatment goals are realistic, measurable, achievable and directed toward stabilization to allow treatment to continue in a less restrictive environment.</p> <p>3. <b>And</b>, family members are encouraged to participate unless contraindicated.</p>
<p><b>Discharge Criteria</b></p>	<p>1. Goals for member's treatment have been substantially met as evidenced by abatement of admission symptoms and the patient has returned to a level of functioning that allows reintegration into their previous living arrangement and/or use of a less intensive outpatient service.</p> <p>2. The member exhibits symptoms and functional impairment that requires a longer length of stay in a restrictive setting (e.g. State Psychiatric Hosp.)</p> <p>3. The member becomes medically unstable and requires treatment related to their physical health condition.</p> <p>4. The member is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care due to chronicity.</p>
<p><b>Service Exclusions</b></p>	<p>1. Admissions other than emergency to out-of-state facilities for services which are available in-state or in border area facilities</p> <p>2. Admissions for experimental or investigational procedures</p>

	<ol style="list-style-type: none"> <li>3. No Clinic, Rehabilitation, or TCM service may be billed during inpatient care.</li> </ol>
<b>Clinical Exclusions</b>	<ol style="list-style-type: none"> <li>1. Inpatient admission for services which could be performed in an outpatient setting</li> <li>2. Unstable medical condition that requires intensive medical management.</li> <li>3. Primary diagnosis/presenting problem related to Pervasive Developmental Disorders, Mental Retardation, or Traumatic Brain Injury.</li> </ol>
<b>Documentation</b>	<ol style="list-style-type: none"> <li>1. Admission is based on an order by the physician/psychiatrist who is licensed in the state in which he/she is located and authorized to admit members to the facility where services are rendered.</li> <li>2. There must be a permanent clinical record consistent with state and federal licensing regulations and facility records/policies.</li> <li>3. The member's hospital medical records and the hospital's utilization review mechanism must document that the care and services rendered were medically necessary; that the services rendered could only be provided on an inpatient basis (i.e. could not be provided on an outpatient basis or in a lower level of care facility); and that the services rendered were necessary for each day of inpatient care.</li> </ol>

**Additional Service Criteria:**

1. If during the distinct part inpatient stay, the treatment emphasis changes to, or shifts to a physical health diagnosis or condition, the hospital cannot bill the distinct part rate but must bill the appropriate DRG. In these instances, the patient must be discharged from the distinct part unit and if medically necessary, appropriate, and following medical necessity review and certification by the Bureau's utilization management agency, readmitted as an acute care medical admission.

2. Outpatient charges including observation services incurred within 24 hours of admission must be made a part of the inpatient claim.
3. Retrospective review is available for admissions occurring on weekends and holidays, or at times when the utilization management review process is unavailable. Additionally, retrospective review is permitted for admissions of Medicaid members whose eligibility has been determined retroactively. Retrospective review must be requested within 12 months of discharge date.
4. Nursing and other related services, such as use of hospital facilities, medical and social services, and transportation furnished by the hospital during an inpatient stay are included in the rate of reimbursement.
5. A multi-disciplinary treatment team consists of the following professionals at a minimum:
  - a. Board certified/board eligible psychiatrist (attending physician)
  - b. Registered nurse (certified psychiatric nurse preferred)
  - c. Psychologist (consultative)
  - d. Licensed clinical social worker
  - e. Activities therapist
6. Behavioral health services are provided by qualified behavioral health staff that meet Medicaid requirements for individual professional providers.
7. Progress notes should document the course of treatment including a description of the interventions implemented, member's response, and interpretation of the effectiveness of the intervention; date, length and type of therapy provided.
8. All clinical entries should be legible, sequential, signed and dated.

## AC002 Acute Inpatient Psychiatric Hospitalization < 21

**Definition:** This service targets members under the age of 21 that offers the highest level of physical security and most intensive psychiatric and nursing intervention. Inpatient psychiatric units located in a licensed general hospital or freestanding behavioral health facility are generally locked and equipped to restrain or seclude patients if necessary and staffed by nurses 24 hours per day, seven (7) days per week. Inpatient psychiatric hospitalization consists of a full range of diagnostic and therapeutic services offered with capability for emergency implementation of medical and psychiatric interventions.

Admission is the result of a behavioral health condition that requires rapid stabilization of psychiatric symptoms. This service is required to provide intensive evaluation, medication titration, symptom stabilization and intensive brief treatment. Inpatient care must be medically necessary for the diagnosis and/or treatment of a behavioral health condition.

<b>Service Tier</b>	High Intensity Services/Tier 4
<b>Target Population</b>	MH, MH/SA, MH/ID/DD
<b>Program Option</b>	Chapter 510, WV Medicaid Hospital Manual
<b>Initial Authorization</b>	Unit = 1 day 5 days
<b>Re-Authorization</b>	Up to 7 days
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. Individual is under the age of 21 with a known behavioral health condition - <b>and-</b></li> <li>2. Imminent risk for self-injury, with an inability to guarantee safety, as manifested by any one of the following: <ol style="list-style-type: none"> <li>a. Recent, serious, and dangerous suicide attempt, indicated by degree of lethal intent, impulsivity, and/or concurrent intoxication.</li> <li>b. Current suicidal ideation with intent, realistic plan, and/or available means.</li> <li>c. Recent self-mutilation that is severe and dangerous</li> <li>d. Recent verbalization or behavior indicating high risk for severe injury.-<b>or-</b></li> </ol> </li> <li>3. Imminent risk for injury to others as</li> </ol>

	<p>manifested by any of the following:</p> <ol style="list-style-type: none"> <li>a. Active plan, means, and lethal intent to inflict seriously injury to other(s). <b>-or-</b></li> <li>b. Recent assaultive behaviors that indicate a high risk for recurrent an serious injury to others <b>-or-</b></li> <li>c. Recent and serious physically destructive acts that indicate a high risk for recurrence and serious injury to others. <b>-or-</b></li> <li>d. Active hallucinations, bizarre or delusional behavior resulting in danger to self or others. <b>-or-</b></li> <li>e. Acute dysfunction – rapid deterioration of ADL’s to the point the member cannot perform daily living activities (safety, nutrition, shelter) due to psychiatric condition. The ability to function is so disorganized or bizarre it would be unsafe to be treated in a less intensive level of care. <b>-or-</b></li> <li>f. A need for acute psychiatric interventions (e.g., ECT) with a high probability of serious and acute deterioration of general medical and/or mental health.- <b>or-</b></li> <li>g. Requiring detoxification from alcohol and/or drugs and is at significant risk for acute withdrawal symptoms <b>and one of the following:</b> <ul style="list-style-type: none"> <li>• Failed OP treatment</li> <li>• Hallucinations (auditory, visual, tactile, or olfactory) or delusions.</li> <li>• Homicidal or suicidal attempt or ideation w/ a plan</li> <li>• Chronic medical conditions (e.g., epilepsy, cardiomyopathy,</li> </ul> </li> </ol>
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	<p>or diabetes) or pregnancy</p> <ul style="list-style-type: none"> <li>• Delirium tremens (or history of DTs)</li> </ul>
<p><b>Continuing Stay Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Current involvement and cooperation with treatment process <b>and one of the following:</b> <ol style="list-style-type: none"> <li>a. Continued admitting symptoms/behaviors are present or new and/or previously unidentified symptoms/behaviors have emerged <b>–or–</b></li> <li>b. Symptoms continue despite treatment or a reaction to treatment efforts (psychosocial or medication) has caused a regression or unexpected response <b>-or-</b></li> <li>c. Symptoms and functional impairments continue despite best efforts and modifications to treatment plan. <b>– or-</b></li> <li>d. Progress toward treatment goals have occurred, as evidenced by measurable decline in signs, symptoms, and/or behaviors indicating a positive response to treatment</li> </ol> </li> <li>2. <b>And</b>, treatment goals are realistic, measurable, achievable and directed toward stabilization to allow treatment to continue in a less restrictive environment.<b>-and-</b></li> <li>3. Family members are encouraged to participate in treatment unless documented their participation is contraindicated.</li> </ol>

<p><b>Discharge Criteria</b></p>	<ol style="list-style-type: none"> <li>1. Goals for treatment have been substantially met as evidenced by abatement of admission symptoms and the patient has returned to a level of functioning that allows reintegration into their previous living arrangement and/or use of a less intensive outpatient service.</li> <li>2. The member exhibits symptoms and functional impairment that requires a longer length of stay in a restrictive setting (e.g. State Psychiatric Hosp.)</li> <li>3. An individualized discharge plan with appropriate, realistic, and timely follow-up care is in place.</li> <li>4. The member becomes medically unstable and requires treatment related to their physical health condition.</li> </ol>
<p><b>Service Exclusions</b></p>	<ol style="list-style-type: none"> <li>1. Admissions other than emergency to out-of-state facilities for services which are available in-state or in border area facilities</li> <li>2. Admissions for experimental or investigational procedures</li> <li>3. Admissions and/or continued stays which are strictly for patient convenience and not related to the care and treatment of a patient</li> <li>4. No Clinic, Rehabilitation or TCM service may be billed.</li> </ol>
<p><b>Clinical Exclusions</b></p>	<ol style="list-style-type: none"> <li>1. Inpatient admission for services which could be performed in an outpatient setting</li> <li>2. Unstable medical condition that requires intensive medical management.</li> <li>3. Primary diagnosis/presenting problem related to Pervasive Developmental Disorders, Mental Retardation or Traumatic Brain Injury.</li> </ol>
<p><b>Documentation Requirement</b></p>	<ol style="list-style-type: none"> <li>1. Admission is based upon an order by a physician/psychiatrist who is licensed in the state in which he/she is located and authorized to admit</li> </ol>

	<p>members to the facility where services are rendered.</p> <ol style="list-style-type: none"> <li>2. There must be a permanent clinical record consistent with licensing regulations and facility records/policies.</li> <li>3. The member's hospital medical records and the hospital's utilization review mechanism must document that the care and services rendered were medically necessary; that the services rendered could only be provided on an inpatient basis (i.e. could not be provided on an outpatient basis or in a lower level of care facility); and that the services rendered were necessary for each day of inpatient care.</li> </ol>
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**Additional Service Criteria:**

1. Retrospective review is available for admissions occurring on weekends and holidays, or at times when the utilization management review process is unavailable. Additionally, retrospective review is permitted for admissions of Medicaid members whose eligibility has been determined retroactively. Retrospective review must be requested within 12 months of discharge date.
2. Nursing and other related services, such as use of hospital facilities, medical and social services, and transportation furnished by the hospital during an inpatient stay are included in the rate of reimbursement.
3. A multi-disciplinary treatment team consists of the following professionals at a minimum:
  - a. Board certified/board eligible psychiatrist (attending physician)
  - b. Registered nurse (certified psychiatric nurse preferred)
  - c. Psychologist (consultative)
  - d. Licensed clinical social worker
  - e. Activities therapist
4. Behavioral health services are provided by qualified behavioral health staff that meet Medicaid requirements for individual professional providers.
5. Progress notes should document the course of treatment including a description of the interventions implemented, member's response, and interpretation of the effectiveness of the intervention; date, length and type of therapy provided.
6. All clinical entries should be legible, sequential, signed and dated.



## LP002 Inpatient Psychiatric Hospitalization, Sub-Acute

**Definition:** Sub-Acute inpatient services are short term and designed to meet the psychiatric, social, and behavior needs of the member. A full range of diagnostic and therapeutic services including intensive evaluation, medication management/titration, symptom stabilization, and intensive brief treatment with family involvement are components of this service unless contraindicated.

The goal of Sub-Acute services is to further stabilize individuals who display marked exacerbation of symptoms, without imminent risk, who require less active medical monitoring, have a pattern of difficulty reaching stabilization, and have significant functional impairment secondary to their behavior health condition. Admission may occur as an increase or decrease in the continuum of care. Sub-Acute psychiatric units may be located in a licensed general hospital or freestanding behavioral health facility. The anticipated length of stay is between 7 – 21 days.

Programs specifically addressing substance use disorders as the primary focus of treatment will meet the above definition in addition to the American Society of Addiction Medicine (ASAM), Third Edition, guidelines for Level III.7.

<b>Service Tier</b>	High Intensity Services/Tier 4
<b>Target Population</b>	MH, SA, MH/SA, MH/ID/DD
<b>Program Option</b>	Chapter 510, WV Medicaid Hospital Manual
<b>Initial Authorization</b>	Unit = 1 day 5 days
<b>Re-Authorization</b>	Unit = 1 day Up to 7 days
<b>Admission Criteria</b>	<p><b>All (1-6)</b> of the following must be met for admission:</p> <ol style="list-style-type: none"> <li>1. Individual has a current DSM or ICD diagnosis amendable to psychiatric treatment, and</li> <li>2. Treatment at a lower level of care has been attempted or given serious consideration but isn't sufficient to address exacerbated psychiatric needs, and</li> <li>3. Sufficient competence, behavior control and cognitive capacity for this level of care, and</li> <li>4. Potential for restoration to a lower level of care after focused short term treatment, and</li> <li>5. Individual is medically stable but may</li> </ol>

	<p>require occasional medical observation and care.</p> <p>6. Moderate to high risk of impulsive behaviors placing themselves at risk or exercising poor judgment without 24-hour program.</p> <p><b>Programs serving members under age 21: the following additional criteria must be met in addition to 1-6 above.</b></p> <p>7. Age appropriate functioning is impacted due to serious and persistent impairment of the development progression and /or psychosocial functioning in 2 or more of the following areas:</p> <ol style="list-style-type: none"> <li>a. Personal safety</li> <li>b. Self care deficit</li> <li>c. Social/peer relations</li> <li>d. Family</li> <li>e. Vocational / Educational</li> </ol> <p>8. Living environment does not provide the type of support for therapeutic efforts to proceed at a lower level of care. The home environment is chaotic, disruptive, abusive, deleterious and /or unable to treat the patient while he /she is residing in foster care, group home or emergency shelter.</p> <p>Substance Abuse admission specific:</p> <p>9. Admissions for substance abuse programs meet ASAM adolescent criteria Level III.7. Adolescents in this level of care will meet two of the six ASAM dimensions, at least one of which will be in Dimension 1, 2, or 3.</p> <p>10. There is no immediate withdrawal risk and can be safely managed at this level of care.</p> <p><b>Adult programs: Criteria 1-6 must be</b></p>
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	<p><b>met in addition to the items below.</b></p> <p>11. The member can be safely treated at this level of care without immediate suicidal or homicidal risk, and</p> <p>12. There is a high degree of potential for leading to acute psychiatric hospitalization in the absence of this level of care.</p> <p>Substance Abuse admission specific:</p> <p>13. The member has a diagnosis of moderate to severe substance use disorder with limited to no withdrawal potential that can be safely addressed at this level of care.</p> <p>14. The member meets two of the six ASAM dimensions, at least one of which is in Dimension 1, 2, or 3.</p>
<p><b>Continuing Stay Criteria</b></p>	<p>1. Current involvement and cooperation with treatment process <b>and two of the following:</b></p> <ul style="list-style-type: none"> <li>a. Continued admitting symptoms/behaviors are present or new and/or previously unidentified symptoms/behaviors have emerged <b>-or-</b></li> <li>b. Symptoms continue despite treatment or a reaction to treatment efforts (psychosocial or medication) has caused a regression or unexpected response <b>-or-</b></li> <li>c. Symptoms and functional impairments continue despite best efforts and modifications to treatment plan. <b>- or-</b></li> <li>d. Progress toward treatment goals have occurred, as evidenced by measurable decline in signs, symptoms and/or behaviors indicating a positive response to treatment.</li> <li>e. Member is not sufficiently</li> </ul>

	<p>stable to be treated outside of a highly structured 24-hour psychiatric hospital.</p> <p>2. <b>And</b>, treatment goals are realistically achievable and directed toward stabilization to allow treatment to continue in a less restrictive environment.</p>
<p><b>Discharge Criteria</b></p>	<p>1. Goals for member's treatment have been substantially met as evidenced by abatement of admission symptoms and the patient has returned to a level of functioning that allows reintegration into their previous living arrangement and/or use of a less intensive outpatient service.</p> <p>2. The member exhibits symptoms and functional impairment that requires a longer length of stay in a restrictive setting ( i.e., PTRF)</p> <p>3. The member is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care</p>
<p><b>Service Exclusions</b></p>	<p>1. Admissions other than emergency to out-of-state facilities for services which are available in-state or in border area facilities</p> <p>2. Admissions for experimental or investigational procedures</p> <p>3. No Clinic, Rehabilitation or TCM service may be billed during inpatient care.</p>
<p><b>Clinical Exclusions</b></p>	<p>1. Inpatient admission for services which could be performed in an outpatient setting</p> <p>2. Unstable medical condition that requires intensive medical management.</p> <p>3. Primary diagnosis/presenting problem related to Pervasive Developmental Disorders, Mental Retardation, Traumatic Brain Injury or Substance Abuse (only diagnosis).</p>

<p><b>Documentation</b></p>	<ol style="list-style-type: none"> <li>1. There must be a permanent clinical record consistent with licensing regulations and facility records/policies.</li> <li>2. The member's records and the utilization review mechanism must document that the care and services rendered were medically necessary; that the services rendered could only be provided on an inpatient basis (i.e. could not be provided on an outpatient basis or in a lower level of care facility) and that the services rendered were necessary for each day of inpatient care.</li> </ol>
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**Additional Service Criteria:**

1. Retrospective review is available for admissions occurring on weekends and holidays, or at times when the utilization management review process is unavailable. Additionally, retrospective review is permitted for admissions of Medicaid members whose eligibility has been determined retroactively. Retrospective review must be requested within 12 months of discharge date.
2. Nursing and other related services, such as use of hospital facilities, medical and social services, and transportation furnished by the hospital during an inpatient stay are included in the rate of reimbursement.
3. A multi-disciplinary treatment team consists of the following professionals at a minimum:
  - a. Board certified/board eligible psychiatrist (attending physician). Substance abuse programs should have an addiction specialist.
  - b. Registered nurse (certified psychiatric nurse preferred)
  - c. Psychologist (consultative)
  - d. Licensed clinical social worker
  - e. Activities therapist
3. Behavioral health services are provided by qualified behavioral health staff that meet Medicaid requirements for individual professional providers.
4. The patient should have 24-hour access to the full spectrum of professional staffing in a controlled environment.
5. Progress notes should document the course of treatment including a description of the interventions implemented, member's response, and interpretation of the effectiveness of the intervention; date, length and type of therapy provided.
6. All clinical entries should be legible, sequential, signed and dated.

**RF 002 Psychiatric Residential Treatment Facility < 21 (MH/SA Program)**  
**SX 002 Psychiatric Residential Treatment Facility < 21 (Offender Program)**

**Definition:** A Psychiatric residential treatment facility provides treatment to individuals under age 21 with severe emotional disturbances and/or long-term psychiatric illnesses. Symptoms are complex and of a significant duration, that have not responded to shorter-term interventions and/or community based interventions. Psychiatric care is provided to individuals under the age of 21 that do not require acute psychiatric inpatient care, but whose immediate treatment needs require supervision and active treatment on a 24-hour inpatient basis to attain a level of functioning that allows subsequent treatment in a less restrictive setting. Admission to a PTRF is not considered an emergency admission.

All services must be delivered under the direction of a psychiatrist. PTRF services focus on the improvement of clients' symptoms by using strength and evidence-based strategies, group and individual therapy, family therapy, behavior management, medication management and monitoring as needed and active family engagement that are designed to improve and/or ameliorate the individual's mental health or co-occurring mental health and substance abuse condition. The ultimate goal of PTRF services is to promote a successful return of the member into the community.

<b>Service Tier</b>	High Intensity Service Review
<b>Target Population</b>	MH, MH/SA, A & C
<b>Medicaid Option</b>	WV Medicaid PTRF Manual, Chapter 531
<b>Initial Authorization</b>	Unit = 1 day <u>MH/SA Programs:</u> Seven (7) or thirty (30) days per medical necessity determination. <u>Sex Offender Programs:</u> Ten (10) or ninety (90) days per medical necessity determination.
<b>Re-Authorization</b>	30 days for MH/SA programs; 90 days for Offender programs
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. Individual is under the age of 21 and has known DSM or ICD mental health or a co-occurring mental health and substance abuse diagnosis/condition , <b>-and-</b></li> <li>2. Severe to acute psychiatric symptoms manifested from the qualifying diagnosis or condition. The severity of these symptoms contraindicate treatment at a lower level of care safely occurring <b>-and-</b></li> <li>3. Severe functional impairment due to</li> </ol>

	<p>psychiatric diagnosis, in three or more major life domains (school performance, family relationships, interpersonal relations, communication/thought processes, self-care, and community) is documented. Youth's impairments are determined by comparing to same age peers/developmental age – <b>and</b> -</p> <p>4. Failure in less restrictive levels of care within the previous six months despite active participation in treatment based on clinical pathways addressing their qualifying condition. Clinical pathways are standardized, evidence-based multidisciplinary management plans, which identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes –<b>and</b>-</p> <p>5. Individual demonstrates the ability capacity to positively respond to rehabilitative services. Child can participate and process information as evidenced by an appropriate IQ for the program to which they have been admitted unless there is substantial evidence that the IQ score is suppressed due to psychiatric illness.</p>
<p><b>Continuing Stay Criteria</b></p>	<p>1. Individual is under the age of 21 and has a confirmed DSM or ICD mental health or a co-occurring mental health and substance abuse condition , <b>-and-</b></p> <p>2. Psychiatric symptoms manifested from the qualifying diagnosis or conditions continue to be severe and/or complex and the severity of symptoms contraindicate treatment occurring safely at a lower level of care. The treatment plan has been modified to address barriers to achieving goals.</p> <p>3. New symptoms have emerged or previously unidentified symptoms have manifested that require continued treatment and the severity of symptoms contraindicate treatment occurring safely at a lower level of care, <b>-and-</b></p> <p>4. Multiple symptoms and functional impairments due to psychiatric diagnosis continue to be present despite progress being documented, – <b>and</b> –</p>

	<ol style="list-style-type: none"> <li>5. Individual and/or family continues to be actively engaged and participating in the care plan.</li> </ol>
<b>Discharge Criteria</b>	<ol style="list-style-type: none"> <li>1. Symptoms and functioning have improved and a lower level of care can safely be provided.</li> <li>2. The individual's treatment plan goals and objectives have been substantially met.</li> <li>3. The individual is not making progress toward treatment goals despite persistent efforts to engage him/her, and there is no reasonable expectation of progress at this level of care related to their psychiatric condition nor is it required to maintain the current level of functioning.</li> <li>4. An individualized discharge plan with appropriate, realistic, and timely follow-up care is in place.</li> <li>5. Care that no longer meets medical necessity.</li> </ol>
<b>Service Exclusions</b>	<ol style="list-style-type: none"> <li>1. Member acceptance and/or enrollment in the WV Title XIX I/DD Waiver.</li> <li>2. Member has ever received or qualified for ICF-ID level of care.</li> <li>3. Admission for the purpose of diagnostic services or placement on a "diagnostic unit".</li> <li>4. Primary diagnosis/presenting problem related to Pervasive Developmental Disorders and/or ID/DD conditions.</li> <li>5. When parents place their child in a PRTF, documentation by a psychiatrist or psychologist must indicate the child has been receiving and participating in services in the community for at least <b>six months</b> with significant functional deficits in school, home and community.</li> <li>6. Please review Chapter 531 WV Medicaid PRTF Manual for further criteria.</li> </ol>
<b>Clinical Exclusion</b>	<ol style="list-style-type: none"> <li>1. Actively suicidal and/or homicidal within the past thirty (30) days (unless the facility physician certifies that necessary supervision can be provided and safely guaranteed at this level of care).</li> <li>2. Unstable medical condition which may do irreversible damage to the child or adolescent</li> </ol>



	<p>or which requires intensive medical management.</p> <ol style="list-style-type: none"> <li>3. Acute psychosis</li> <li>4. Medical detoxification from substances is required</li> <li>5. Primary Diagnosis of Substance Abuse, Conduct Disorder, Oppositional Defiant or Disruptive Behavior NOS (Disruptive Behavior Disorder) only</li> <li>6. Individuals with Traumatic Brain Injury resulting in impaired cognitive ability to the degree that the rehabilitative nature of the service definition is not reached.</li> <li>7. A stay at the PRTF due to lack of transportation, placement and/or step-down delays or for the sole purpose of supervision is not permitted.</li> <li>8. Only dually diagnosed members with an ID/DD condition within the mild range will be considered for admission when the documentation substantiates the psychiatric condition is primary.</li> </ol>
<p><b>Documentation</b></p>	<p>Documentation must include:</p> <ul style="list-style-type: none"> <li>• A physician's order for admission, the results of the evaluation which establishes medical necessity for this level of service and the consumers individualized treatment plan.</li> <li>• The original MCM-1 with physician signature and date.</li> <li>• A weekly, face-to-face psychiatric review occurs by a psychiatrist and is documented.</li> <li>• A permanent clinical record maintained in a manner consistent with applicable state and federal licensing regulations and agency record keeping policies.</li> <li>• Documentation of any reportable incidents to the Department (i.e., life-threatening accident, death, elopement, etc.) must be present in the member's clinical record.</li> <li>• Behavioral observations of the youth.</li> <li>• Identification of the treatment service components provided.</li> <li>• Behavioral health services are provided by qualified behavioral health staff that meet Medicaid requirements for individual</li> </ul>

	<p>professional providers. Providers and clinicians employed by the PRTF are to provide services within the scope of their license.</p> <ul style="list-style-type: none"> <li>• Record of the child's program participation including specific times of their program participation.</li> <li>• Progress notes must document the course of treatment including a description of the interventions implemented, member's response, and interpretation of the effectiveness of the intervention; date, length and type of therapy provided.</li> <li>• All clinical entries must be legible, sequential, signed and dated.</li> <li>• A weekly note by an RN or Clinical Psychologist evaluating the individual's progress in treatment.</li> <li>• A weekly note by the responsible psychiatrist or clinical psychologist and a monthly evaluation of the individuals responses to all treatment services provided.</li> <li>• All comprehensive medication administration records, including PRN medications signed/initialed by all licensed/approved staff</li> <li>• Specific documentation of physical, chemical, or mechanical restraints, and crisis intervention episodes.</li> <li>• A sign-in/sign-out sheet in each member's record that indicates the date and time a youth departs the site and the date and time they return to the site. The reason for the absence must be noted and the notation must be signed and dated by an agency staff.</li> <li>• Programs addressing specific target populations should maintain documentation related to staff training focusing on program target population.</li> </ul>
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**Additional Service Criteria:**

The child must be receiving medically necessary services as indicated by an Individualized Treatment Plan and the program must include the following elements:

1. A comprehensive treatment plan must be completed within 14 days of admission and every 30 days thereafter and when significant changes occur in treatment a continued interdisciplinary, individualized treatment plan review occurs based on multidisciplinary assessments designed to restore an acceptable level of adaptive and/or psychological functioning and problem solving.
2. The child is receiving continued appropriate and timely evaluation of treatment needs, goals and impediments: aftercare treatment needs, and active disposition planning. At a minimum, the treatment plan must meet all WV licensing standards.
3. The child is receiving continued multidisciplinary assessment of the social, physiological/biological and developmental/cognitive processes and evaluation indicating their relevance for a plan of treatment.
4. The child is receiving skilled therapeutic milieu services provided by trained staff and supervised by licensed professional staff. All components of Psychiatric Residential Treatment Facility services must be available on a 24-hour basis including 24-hour/7 days per week professional staff must be present and highly structured programs with formalized behavioral programs and therapeutic interventions implemented.
5. The following staffing requirements must be fulfilled to meet identified medical, clinical and treatment needs of the members:
  - a. Physicians available 24 hours per day, seven days per week to respond to medical and/or psychiatric problems.
  - b. A registered nurse (RN) is on duty every awake shift to plan, assign, supervise and evaluate the needs of the member. A minimum of an LPN must be on duty during sleeping hours.
  - c. RN's and other treatment staff are assigned depending upon the number, location and acuity level of the members.
  - d. Medical and professional consultation and supervision must be readily available.
  - e. Liaison relationships are maintained with other psychiatric and human service providers for emergency services. Physical health services must be available 24 hours per day, seven days per week either directly or through contractual arrangement.
  - f. Written transfer agreements with one or more hospitals must be in place, which assures that an individual, can be transferred to an appropriate setting in a timely manner when transfer is necessary for more intensive psychiatric care or for medical treatment.
6. Psychiatric Residential Treatment Facilities may be a freestanding facilities or a physically distinct part of an acute care general or psychiatric hospital.

7. The facility must identify a medical/clinical director that is board certified in psychiatry and has experience in child/adolescent behavioral health. The medical director is responsible for the implementation of the member's treatment plan and coordination of services.
8. Documentation of a physical examination by a licensed physician or licensed advanced practice nurse (nurse practitioner), a behavioral health assessment by a psychiatrist or psychologist, a comprehensive nursing assessment completed by an RN, a social history completed by a licensed social worker and a preliminary treatment plan must be completed within 24 hours from admission. A psychological evaluation must also be completed following admission. Psychological testing completed within the past 12 months may be included in the member's clinical record if reviewed and approved by the physician or clinical psychologist and the IDT.
9. WV Medicaid members under the age of nine are not to be placed in out-of-state PRTF's unless there is documentation provided indicating this is the only alternative available to the child because other options have been explored and are not available in-state and if the placement is not made the safety/well-being of the child is at risk.
10. WV Medicaid members who are in the custody of the State and under the age of six must have prior written approval from the Secretary before being placed out of state.
11. When a retrospective documentation review indicates the clinical presentation differs from what is reported on the Behavioral Health CareConnection® an automatic referral to the WV Medicaid Fraud unit will occur.

**Partial Hospitalization  
(H0035DY or PM, H0015, 90853PH)**

**Definition:** Partial hospitalization is an outpatient hospital service rendered in a treatment setting, where an interdisciplinary program of medical therapeutic services is provided for the treatment of psychiatric and substance abuse disorders. The interdisciplinary program of medical therapeutic services may be delivered through any one of the following program formats (services may not be provided under multiple program formats concurrently):

1. Day programming (H0035DY) which must provide at a minimum, twenty (20) hours of scheduled treatment, delivered in sessions of 4 hours duration and extending over a minimum of five (5) days per week; or
2. Evening hours programming (H0035PM) must provide a minimum of sixteen (16) hours of scheduled programming, extending over a minimum of four (4) days per week; or
3. A short-term intensive program (90853PH) for those individuals whose needs can be met through an intensive outpatient program consisting of six to ten hours of group therapy per week, delivered in two (2) hour per day group therapy sessions.

<b>Service Tier</b>	High Intensity Services/Tier 4
<b>Target Population</b>	MH, MH/SA, MH/IDDD
<b>Program Option</b>	Chapter 510, WV Medicaid Hospital Manual
<b>Initial Authorization</b>	<p><u>H0035DY or H0035PM</u>: Unit = 1 day. Auth for 15 days.</p> <p><u>90853PH</u>: Unit=1hour. Auth 30 units for 15 days.</p> <hr/> <p><u>H0015</u>: Unit = 1 hour. Auth available for up to 3 hours per date of service. Provider must indicate number of hours in text field needed for specific date of service.</p>
<b>Re-Authorization</b>	<p><u>H0035DY or H0035PM</u>: Unit = 1 day. Auth for 15 days.</p> <p><u>90853PH</u>: Unit=1hour. Auth 30 units for 15 days.</p> <hr/> <p><u>H0015</u>: Unit = 1 hour. Auth available for up to 3 hours per date of service. Provider must indicate number of hours in text field needed for the specific date of service.</p>
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. Recent acute psychiatric symptoms including danger to self or others with current stability</li> </ol>

	<p>established although in jeopardy due to <b>1 or more</b> of the following:</p> <ol style="list-style-type: none"> <li>a. Insufficient behavioral care provider availability</li> <li>b. Inadequate patient support system</li> <li>c. Patient characteristics such as high impulsivity or unreliability—<b>and—</b></li> </ol> <p>2. Psychiatric symptoms have resulted in impairment of psychosocial functioning and/or developmental progression from the individual's baseline due to a DSM or ICD psychiatric disorder in <b>one or more of the following</b>:</p> <ul style="list-style-type: none"> <li>• Education;</li> <li>• Vocation;</li> <li>• Family;</li> <li>• Social/peer relations;</li> <li>• Self-care deficits;</li> <li>• Personal safety; <b>--and--</b></li> </ul> <p>3. Risk status is appropriate for a partial hospital program as indicated by <b>ALL</b> of the following:</p> <ul style="list-style-type: none"> <li>• Member is willing to participate in treatment voluntarily</li> <li>• Clinical condition does not require 24 hour care</li> <li>• No current attempt at self harm or harm to others or has had sufficient relief from previous ideations or attempts</li> <li>• Sufficient support network available for monitoring of member's condition</li> <li>• Member is agreeable to contacting provider or support if symptoms increase. <b>--and--</b></li> </ul> <p>4. The individual has failed to make sufficient clinical gains within an outpatient setting or has not attempted such outpatient treatment and the severity of presenting symptoms is such that prognosis of intensive outpatient treatment is poor.</p>
<p><b>Continuing Stay Criteria</b></p>	<p><b>Must meet one of the following indicators:</b></p> <ol style="list-style-type: none"> <li>1. Emergence of new and/or previously unidentified symptoms consistent with a DSM or ICD diagnosis; <b>-or-</b></li> <li>2. Limited progress has been made and a</li> </ol>

	<p>modification in the treatment plan and/or discharge goals has been made specifically to address the lack of expected treatment progress-<b>or-</b></p> <ol style="list-style-type: none"> <li>3. Progress toward treatment goals has occurred, as evidenced by measurable reductions in signs, symptoms, and/or behaviors to the degree that indicate continued responsiveness to the treatment. <b>-and-</b></li> <li>4. Current involvement and cooperation with treatment process; <b>-and-</b></li> <li>5. Family is involved and cooperating with treatment process (except where clinically counterproductive or legally prohibited).</li> <li>6. Risk status continues to be appropriate for this level of care.</li> </ol>
<p><b>Discharge Criteria (at least 1)</b></p>	<ol style="list-style-type: none"> <li>1. Goals for treatment have been substantially met as evidenced by abatement of admission symptoms and the patient has returned to a level of functioning that allows reintegration into their previous living arrangement and/or use of a less intensive outpatient service.</li> <li>2. The member exhibits symptoms and functional impairment that requires services in a more restrictive setting.</li> <li>3. Risk status is appropriate for services at a lower level of care.</li> <li>4. Functional impairments are more manageable or have diminished indicating services are appropriate at a less intensive level of care.</li> <li>5. An individualized discharge plan with appropriate, realistic, and timely follow-up care is in place.</li> <li>6. The member becomes medically unstable and requires treatment related to their physical health condition.</li> </ol>
<p><b>Service Exclusions</b></p>	<ol style="list-style-type: none"> <li>1. Admissions and/or continued stays which are strictly for patient convenience and not related to the care and treatment of a patient</li> <li>2. No Clinic, Rehabilitation or TCM service may be billed.</li> </ol>
<p><b>Clinical Exclusions</b></p>	<ol style="list-style-type: none"> <li>1. Unstable medical condition that requires intensive medical management.</li> <li>2. The member's clinical condition does not require the intensity and frequency of services</li> </ol>

	<p>and can be properly addressed with available, outpatient care.</p> <ol style="list-style-type: none"> <li>3. Primary diagnosis/presenting problem related to Pervasive Developmental Disorders, Mental Retardation, or Traumatic Brain Injury.</li> <li>4. Members risk status is so severe that more intensive services are required.</li> <li>5. Individual is not able to maintain gains achieved in partial hospitalization services and presents multiple readmissions to this level of care.</li> </ol>
<p><b>Documentation Requirement</b></p>	<ol style="list-style-type: none"> <li>1. Admission is based upon an order by a physician/psychiatrist who is licensed in the state in which he/she is located and authorized to admit members to the facility where services are rendered.</li> <li>2. There must be a permanent clinical record consistent with licensing regulations and facility records/policies.</li> <li>3. The member's medical records and the program's utilization review mechanism must document that the care and services rendered were medically necessary.</li> <li>4. Observation and assessment are performed regularly by a psychiatrist who is available 24 hours per day. Routine assessments are performed to coordinate all treatment, manage medication adjustments and manage medical and psychiatric needs.</li> <li>5. Initial psychiatric assessment must be performed and include a DSM or ICD diagnosis. The diagnosis must be made by the attending psychiatrist by a face to face personal examination;</li> <li>6. Multidisciplinary treatment plan updated twice a week with individualized realistic goals and achievable objectives directed toward stabilization and earliest possible disposition to a lower level of care. Address any modifications due to failure of improvement, within the expected timeframes;</li> <li>7. Physician progress notes twice a week documenting the provision of services, individual's cooperation with the treatment, response to all treatments and progress in</li> </ol>



	<p>reduction of signs, symptoms or behaviors. Documentation must also include any failure of treatment interventions;</p> <p>8. Weekly documentation of family/support system involvement. For individuals with special dependency needs (e.g., children, individuals who are seriously medically or physically impaired), documentation must include the ongoing assessments and interventions directed specifically toward stabilization and preservation of the individual in the least restrictive environment;</p> <p>9. Development and implementation of a comprehensive, individualized educational plan with specific recommendations based on the individual's presenting behaviors, symptoms, or impairment related to a DSM/ICD disorder, directed toward stabilizing and/or improving the educational functioning of the individual given the symptoms, behaviors or problems that necessitated acute partial hospitalization admission.</p> <p>10. Supervised structure and supportive milieu under the care of multidisciplinary treatment team with the goal of improving adaptive functioning and returning to developmentally culture appropriate social roles in work, home, and society;</p> <p>11. A discharge plan is initially formulated on admission, is directly linked to the behaviors and/or symptoms that resulted in admission. Documentation of discharge planning with full utilization of self/help and appropriate community resources should be included.</p>
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**Additional Service Criteria:**

1. Partial hospitalization services may only be rendered in settings authorized by the Bureau for Medical Services and subject to all prior authorization requirements and limitations.
2. The abbreviated treatment session is a one (1) hour unit of service limited to a maximum of three (3) units per date of service. This one (1) hour service unit may be billed for individuals who have been approved for either a four (4) hour day or evening programming or the two (2) hour short term intensive program in instances

when the patient is unable to complete the full four (4) hour or two (2) hour treatment session. This abbreviated treatment session is not intended to replace either the four (4) hour day or evening program, or the two (2) hour intensive outpatient modality. It is intended only for use in those instances when the patient is unable to complete either a four (4) hour evening or day program, or a two (2) hour intensive outpatient session. It may not be billed in addition to or with either the evening/day program or the intensive outpatient procedure code. If member is enrolled in a day or evening program, a maximum of 3 hours can be authorized for the H0015. If the member is enrolled in the 2-hour short-term program, a maximum of 1-hour unit will be authorized for the H0015.

3. Partial hospitalization programs may be operated by psychiatric acute inpatient facilities and acute care general hospitals with a Medicare certified distinct part substance abuse and/or psychiatric unit, which is accredited by the Joint Commission for Accreditation of Health Care Organizations (JCAHO). Additionally, the partial hospitalization program must meet the standards and guidelines for such programs as defined by a national accreditation or standard setting organization recognized by the West Virginia Medicaid Agency.
4. Psychiatric assessment or multidisciplinary treatment plan **to include all of the following:**
  - a. Assessments of individual, family, and community strengths/resources;
  - b. Specific multidisciplinary treatment recommendations targeting specific factors that precipitated the admission;
  - c. Developmental milestones and course;
  - d. Family dynamics
  - e. Current and past school, work, or other social role;
  - f. Ability to interact socially (including peer relationships);
  - g. Substance use/abuse;
  - h. Summary of all prior psychiatric hospitalizations, residential program admissions, intensive ambulatory mental health services, medication trials, and other mental health/ psychosocial interventions, including an assessment of their degree of success and/or failure;
5. Additionally, retrospective review is permitted for admissions of Medicaid members whose eligibility has been determined retroactively. Retrospective review must be requested within 12 months of discharge date.
6. A multidisciplinary treatment team is comprised, at a minimum, of the following:
  - a. Board certified/board eligible psychiatrist. For children under age 14, the psychiatrist should be board certified/board eligible child psychiatrist.
  - b. Registered nurse (BA level or certified psychiatric nurse)
  - c. Psychologist
  - d. Licensed clinical social worker
  - e. Education specialist in the case of a child/adolescent program
  - f. Activities therapist
7. A highly structured milieu exists that is dedicated to the treatment of psychiatric patients. In the case of children and adolescents, the unit is specifically dedicated to their care and segregated from the adult programs.
8. All clinical entries should be legible, sequential, signed and dated within the member's record.