## Subpart D. NONRESIDENTIAL AGENCIES/ FACILITIES/SERVICES

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Authority

The provisions of this Chapter 5200 issued under sections 105 and 112 of the Mental Health Procedures Act (50 P. S. §§ 7105 and 7112); section 201(2) of the Mental Health and Mental Retardation Act of 1966 (50 P. S. § 4201(2)); and section 1021 of the Public Welfare Code (62 P. S. § 1021), unless otherwise noted.

Source

The provisions of this Chapter 5200 adopted March 20, 1981, effective April 20, 1981, 11 Pa.B. 1008, unless otherwise noted.

GENERAL PROVISIONS

§ 5200.1. Legal base.

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

§ 5200.2. Scope.

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

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

§ 5200.3. Definitions.

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

Child psychiatrist—A physician who has completed a residency in psychiatry and who has a specialty in child psychiatry and is licensed to practice in this Commonwealth.

Department—The Department of Human Services.
Facility—A mental health establishment, hospital, clinic, institution, center or other organizational unit or part thereof, the primary function of which is the diagnosis, treatment, care and rehabilitation of mentally disabled persons.

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

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

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

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

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

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

Psychiatrist—A physician who has completed a 3 year residency in psychiatry and is licensed to practice in this Commonwealth.

Psychologist—A person licensed to practice psychology in this Commonwealth.

Quality assurance program—A formal process to assure quality care and maximize program benefits to patients.

§ 5200.4. Provider eligibility.

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

§ 5200.5. Application and review process.

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

(b) Programs currently operating under preexisting approval shall have 3 months after the effective date of this chapter to meet the requirements of this chapter.

§ 5200.6. Objective.

The objective of the psychiatric clinic treatment services is to increase the level of patient functioning and well being so that patients will require less intensive services. The service may be provided to persons with chronic or acute mental disorders who require active treatment.

§ 5200.7. Program standards.

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

ORGANIZATION

§ 5200.11. Organization and structure.

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

§ 5200.12. Linkages with mental health service system.

(a) A psychiatric clinic requires a close relationship with an acute psychiatric inpatient service. A written statement describing the accessibility and availability of the services to patients is required and shall be maintained on file at the clinic.

(b) A psychiatric clinic shall maintain linkages with other appropriate treatment and rehabilitative services including emergency services, partial hospitalization programs, vocational and social rehabilitation programs, and community residential programs and State psychiatric hospitals. A written statement documenting the linkages shall be maintained on file at the clinic.

(c) When the clinic serves children, linkages with the appropriate educational and social services agencies shall also be maintained. A written statement documenting the linkages shall be maintained on file at the clinic.
(d) A psychiatric clinic shall participate in the overall system of care as defined in the County Mental Health/Mental Retardation (MH/MR) plan. A clinic shall have an agreement regarding continuity of care and information exchange with the County MH/MR authority. A copy of an agreement shall be included in the application package. Psychiatric clinics shall document the need for their services in their application for a certificate of compliance.

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

STAFFING AND PERSONNEL

§ 5200.21. Qualifications and duties of the director/clinic supervisor.
(a) Each mental health outpatient facility shall have a director/clinic supervisor. This person shall be a qualified mental health professional with at least 2 years of supervisory experience or a professional administrator with a graduate degree in administration and 2 years of experience. If the director/clinic supervisor is not a qualified mental health professional, a physician shall be appointed as clinical director in addition to the director.
(b) The director’s/supervisor’s duties shall include:
(1) Direction, administration and supervision of the clinic.
(2) Development or implementation of the policies and procedures for the operation of the clinic.
(3) Regular meetings of staff to discuss plans, policy, procedures and staff training.
(4) Liaison with other portions of the service system.
(5) Administrative supervision of personnel.
(6) Employment, supervision, and discharge of staff according to established personnel policies.
(7) Supervision of staff training and development.

§ 5200.22. Staffing pattern.
(a) There shall be qualified staff and supporting personnel in sufficient numbers to provide the services included in the facility’s program. At least 50% of the treatment staff shall be mental health professionals. Other treatment staff may be mental health workers as required by the patient load.
(b) Staff shall include at least four full-time equivalent (FTE) mental health professionals.
(c) A psychiatric clinic is required to have at least 16 hours of psychiatric time per week to ensure minimally adequate care and supervision for all patients.
Psychiatric hours shall be expanded when treatment staff exceeds eight FTE. The ratio is two hours/week for each FTE treatment staff member.

(d) At a minimum all clinical staff shall be supervised by the psychiatrist having the responsibility for diagnosis and treatment of the patient as defined in § 5200.31 (relating to treatment planning).

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

(f) The clinic shall recruit and hire staff that is appropriate for the population to be served.

(g) If the psychiatric clinic serves children, specialized personnel are required, as appropriate, to deliver services to children.

(h) Each clinic shall have a written comprehensive personnel policy.

(i) There shall be a planned regular, ongoing program for staff development and training.

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

(k) Psychiatric residents licensed to practice medicine in this Commonwealth who are under the direct supervision of a psychiatrist are defined as mental health professionals for the purpose of defining staffing patterns.

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

§ 5200.23. Psychiatric supervision.

At a minimum, the psychiatric supervision of a psychiatric clinic shall be by a psychiatrist who must monitor all treatment plans on a regular basis as defined by § 5200.31 (relating to treatment planning). Psychiatric supervision shall be expanded as necessary for the patient population and services provided.

TREATMENT STANDARDS

§ 5200.31. Treatment planning.

A qualified mental health professional or treatment planning team shall prepare an individual comprehensive treatment plan for every patient which shall be reviewed and approved by a psychiatrist. For patients undergoing involuntary treatment, the treatment team shall be headed by a physician or psychologist. The treatment plan shall include the following:

(1) Be based on the results of the diagnostic evaluation described in paragraph (7).

(2) Be developed within 15 days of intake, and for voluntary patients, be reviewed and updated every 120 days or 15 patient visits—whichever is first—by the mental health professional and the psychiatrist. For involuntary
patients review shall be done every 30 days. Written documentation of this review in the case record is required.

(3) Specify the goals and objectives of the plan, prescribe an integrated program of therapeutic activities and experience, specify the modalities to be utilized and a time of expected duration and the person or persons responsible for carrying out the plan.

(4) Be directed at specific outcomes and connect these outcomes with the modalities and activities proposed.

(5) Be formulated with the involvement of the patient.

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

(7) Specify an individualized active diagnostic and treatment program for each patient which shall include where clinically appropriate services such as diagnostic and evaluation services, individual, group and family psychotherapy, behavior therapy, crisis intervention services, medication and similar services. For each patient the clinic shall provide diagnostic evaluation which shall include an assessment of the psychiatric, medical, psychological, social, vocational, and educational factors important to the patient.

Cross References
This section cited in 55 Pa. Code § 5200.22 (relating to staffing pattern); and 55 Pa. Code § 5200.23 (relating to psychiatric supervision).

§ 5200.32. Treatment policies and procedures.
Each facility shall have on file a written plan specifying the clinical policy and procedures of the facility. This plan shall provide for the following:

(1) Intake policy and procedures.

(2) Admission and discharge policies.

(3) The services to be provided and the scope of these services.

(4) Policies providing for continuity of care for patients discharged from the program.

MISCELLANEOUS PROVISIONS

§ 5200.41. 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 record keeping, the facility shall maintain a record for each person admitted to a psychiatric clinic. The record shall include the following:

(1) Patient identifying information

(2) Referral source.

(3) Presenting problems.
(4) Appropriately signed 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.
(b) Records shall also be maintained as follows:
(1) Legible and permanent.
(2) Reviewed periodically as to quality by the facility or clinical director as appropriate.
(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.
(c) The records must comply with §§ 5100.31—5100.39 (relating to confidentiality of mental health records).
(d) All case records shall be kept in locked and protected locations to which only authorized personnel shall be permitted access.

§ 5200.42. Drugs and medications.
(a) If medication is prescribed or dispensed by the facility, the requirements of all applicable Federal and State drug statutes and regulations shall be met.
(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. Such policy 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) All drugs shall be kept in a secure place.
(4) Each dose of medication administered by the facility shall be properly recorded in the patient’s medical record.

Cross References
This section cited in 55 Pa. Code § 5200.42b (relating to clarification of the term “written”—statement of policy).

Prescriptions for medications may be written by and dispensed on the order of a certified registered nurse practitioner in outpatient psychiatric clinics as authorized under 49 Pa. Code Chapter 18, Subchapter C (relating to certified registered nurse practitioners) and Chapter 21, Subchapter C (relating to certified registered nurse practitioners).
§ 5200.42a. Clarification of the term “written”—statement of policy.

(a) The term “written” in §§ 5200.42(b)(1) and 5200.42a (relating to drugs and medications; and medication prescription—statement of policy) includes prescriptions that are handwritten or recorded and transmitted by electronic means.

(b) Written prescriptions transmitted by electronic means must be electronically encrypted or transmitted by other technological means designed to protect and prevent access, alteration, manipulation or use by an unauthorized person.

Source

The provisions of this § 5200.42a adopted March 26, 2010, effective March 27, 2010, 40 Pa.B. 1644.

Cross References

This section cited in 55 Pa. Code § 5200.42b (relating to clarification of the term “written”—statement of policy).

§ 5200.42b. Clarification of the term “written”—statement of policy.

(a) The term “written” in §§ 5200.42(b)(1) and 5200.42a (relating to drugs and medications; and medication prescription—statement of policy) includes prescriptions that are handwritten or recorded and transmitted by electronic means.

(b) Written prescriptions transmitted by electronic means must be electronically encrypted or transmitted by other technological means designed to protect and prevent access, alteration, manipulation or use by an unauthorized person.

Source

The provisions of this § 5200.42b adopted August 2, 2013, effective August 3, 2013, 43 Pa.B. 4355.

§ 5200.43. Fee schedule.

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

§ 5200.44. Quality assurance.

All psychiatric clinics 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.
§ 5200.45. Physical facility.

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

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

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

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

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

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

(g) A psychiatric clinic is defined by its staff and organizational structure rather than by a specific building or facility. It may operate at more than one site if the respective sites meet all physical facility standards and the sites operate as a portion of the psychiatric clinic. The staffing pattern at each site shall be based on the ratio of total clinic patients seen at that site to the total patients seen in the psychiatric clinic as a whole. The Department will issue a single certificate of compliance to the parent organization which will list all operational sites.

§ 5200.46. Notice of nondiscrimination.

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

§ 5200.47. Other applicable regulations.

This chapter does not supplant other applicable regulations which apply to mental health facilities in the Commonwealth such as 34 Pa. Code Chapter 49—59 (relating to administration; general requirement; A-1 assembly group; division A-2 assembly; division A-3 assembly; group B educational; division C-2 hotels, motels, apartment buildings, etc.; division C-3 small group habitation; divisions C-4 single exit apartments; division D-O ordinary commercial, industrial, office; and D-H hazardous commercial, industrial, office), §§ 5100.31—5100.39 (relating to confidentiality of mental health records), and §§ 5100.51—5100.56 (relating to patient rights).

§ 5200.48. Waiver of standards.

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