

**MADERA COUNTY
BEHAVIORAL HEALTH SERVICES**

POLICY NO.: MHP 33:00

**SUBJECT: INTENSIVE AND REHABILITATIVE DAY TREATMENT FOR YOUTH IN
OUT-OF-COUNTY PLACEMENT**

POLICY:

Intensive and/or Rehabilitative Day treatment services will be provided to Madera County youth in out of county placements.

PURPOSE:

To provide a structure that delineates an Intensive and Rehabilitative Day Treatment program for youth, that meets State criteria.

DEFINITION:

- I. "Day Treatment Intensive and Rehabilitative" means structured, multi-disciplinary programs of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least three hours and less than twenty-four hours each day the program is open. Services must be made available during the course of the therapeutic milieu for at least an average of three hours per day for full-day programs and an average of two hours per day for half-day programs. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. (Please note that day treatment intensive can also include components that occur outside the therapeutic milieu, e.g., family therapy, travel, documentation, and contacts with significant support persons.) Day Treatment Intensive and Rehabilitative must include:
 - A. Process groups to help clients develop the skills necessary to deal with their individual problems/issues by using the group process to provide peer interaction and feedback in developing problem-solving strategies and to assist one another in resolving behavioral and emotional problems.
 - B. Skill Building Groups to help clients identify barriers/obstacles related to their psychiatric/psychological experiences and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors.
 - C. Adjunctive Therapies that allow clients to participate in non-traditional therapy that utilizes self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention. Participants do not need to have any level of skill in the area of self-expression, but rather be able to utilize the modality to develop or enhance skills

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directed towards client plan goals.

- D. One contact (face-to-face or by an alternative method, e.g., e-mail, telephone, etc.) per month is required with a family member, caregiver or other significant support person identified by an adult client, or one contact per month with the legally responsible adult for a client who is a minor. The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration.
 - E. Must have an established protocol for responding to clients experiencing a mental health crisis. The protocol must assure the availability of appropriately trained and qualified staff and include agreed upon procedures for addressing crisis situations. If clients will be referred to crisis services outside the day treatment intensive or day rehabilitation program, the day treatment intensive or day rehabilitation staff must have the capacity to handle the crisis until the client is linked to the outside crisis services.
 - F. Must have and make available to clients and, as appropriate, to their families, caregivers or significant support persons a detailed written weekly schedule that identifies when and where the service components of program will be provided and by whom. The written weekly schedule will specify the program staff, their qualifications, and the scope of their responsibilities.
 - G. Intensive Day Treatment must also include psychotherapy using psychosocial methods within a professional relationship to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions that affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy is provided by licensed, registered, or waived staff practicing within their scope of practice. Psychotherapy does not include physiological interventions, including medication intervention.
- II. Day Treatment Intensive and Rehabilitative Staffing Requirements:
- A. At a minimum there must be an average ratio of at least one person from the following list providing Day Treatment Intensive services to eight beneficiaries or other clients in attendance during the period the program is open. Day Treatment Intensive requires that one staff person be present at all times whose- scope of practice includes psychotherapy. Day Treatment Rehabilitation services must have one person from the following list to ten beneficiaries or other clients in attendance during the period the program is open.
 - 1. Physicians.
 - 2. Psychologists or related waived/registered professionals.
 - 3. Licensed Clinical Social Workers or related waived/registered professionals.

4. Marriage, Family and Child Counselors or related waived/registered professionals.
 5. Registered Nurses.
 6. Licensed Vocational Nurses.
 7. Psychiatric Technicians.
 8. Occupational Therapists.
 9. Mental Health Rehabilitation Specialists as defined in Section 630.
- B. Persons who are not solely used to provide Day Treatment Intensive services may be utilized according to program need, but shall not be included as part of the above ratio formula. The MHP shall ensure that there is a clear audit trail of the number and identity of the persons who provide Day Treatment Intensive services and function in other capacities.
- C. Persons providing services in Day Treatment Intensive and Day Treatment Rehabilitation programs serving more than 12 clients shall include at least one person from each of two of the following groups (this includes one staff person whose scope of practice is psychotherapy for Intensive Day Treatment):
1. Physicians.
 2. Psychologists or related waived/registered professionals.
 3. Licensed Clinical Social Workers or related waived/registered professionals.
 4. Marriage, Family and Child Counselors or related waived/registered professionals.
 5. Registered Nurses.
 6. Licensed Vocational Nurses.
 7. Psychiatric Technicians.
 8. Occupational Therapists.
 9. Mental Health Rehabilitation Specialists as defined in Section 630.
- III. Documentation Requirements:
- A. An Assessment and Client Plan of Care must be completed every 90 days for clients in Day Treatment Intensive. Clients in Day Treatment Rehabilitative require an Assessment and Client Plan of Care every 180 days.
- B. Progress notes must be contained in the client record and related to the client's progress in treatment. Progress notes must include, but are not limited to:
1. Timely documentation of relevant aspects of client care.

2. Signature of the person providing the service (or electronic equivalent); the person's degree, licensure, or job title.
 3. Date service was provided.
 4. Will be legible.
 5. Will document referrals to community resources and other agencies when appropriate.
 6. Will document follow-up care, or as appropriate, a discharge summary.
- C. Progress notes will be documented at the frequency noted below:
1. Mental Health, medical support, and crisis intervention services will be documented at every service contact.
 2. Day Treatment Intensive notes must be completed daily.
 3. Intensive Day treatment Summary and Rehabilitative Day Treatment notes must be completed weekly.

PROCEDURES

- I. Day Treatment Intensive and Rehabilitative Assessment
- A. Out of county clinical provider will complete a full assessment to determine if the beneficiary meets criteria for specialty mental health services.
 - B. If it is determined that the youth would benefit from an Intensive Day Treatment program, the clinician will notify MHP by phone (559-675-7850 or 1-888-275-9779) requesting authorization. The clinician will submit Assessment and Client Plan of Care to MHP within 24 hours.
 - C. Initial services will be authorized for no longer than 3 months for Day Treatment Intensive and 6 months for Day Treatment Rehabilitative.
- II. Admission Criteria
- A. Initial authorization by MHP will be for 3 months. Reauthorization will be a maximum of every 3 months for Day Treatment Intensive and every 6 months for Day Treatment Rehabilitative.
 - B. Adolescents who exhibit a serious mental/emotional disorder and meet Specialty Mental Health Medi-cal medical necessity criteria.
 - C. Have a functional impairment as a result of a mental/emotional disorder and a GAF below 50.
 - D. The functional impairment must result from a Medi-cal "included" diagnosis. See Attachment 1 (Medical Necessity Criteria).
 - E. The need for this level of care is warranted by:
 1. Previous treatment failures and continued decompensation.

2. Prevention of possible hospitalization and/or placement at a higher level of care.

III. Assessment and Client Plan of Care (Day Treatment Intensive and Rehabilitative)

A. Assessment must include the following:

1. Relevant physical health information.
2. Presenting problems and relevant conditions affecting the client's physical and mental health status (living conditions, daily activities, social support, school).
3. Will describe client's strengths that will facilitate success in treatment.
4. Risk factors must be documented. (suicide, homicide, drug usage, physical, sexual abuse, gang involvement).
5. Current meds, dosages, prescribing physician, and date of initial prescription.
6. Self report of allergies, adverse reactions to medications and food, or lack thereof.
7. Mental health history will be documented, including previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data (including lab results), relevant family.
8. Pre-natal and peri-natal events and complete developmental history.
9. Past and present use of tobacco, alcohol, caffeine, prescribed, over the counter, and illicit substances.
10. Mental status examination.
11. 5 AXIS Diagnosis from the most current DSM, which must be consistent with presenting problem(s), history, mental status evaluation, and/or other assessment data.
12. Relevant cultural information.
13. Clinician completing Assessment must sign and date.

B. Client Plan of Care

1. Will have specific observable and/or quantifiable long-term goals.
2. Specific objectives that will document how the client will achieve the long-term goals.
3. Modalities and proposed frequency of treatment will be clearly stated.
4. Interventions will specifically address treatment objectives.
5. Proposed duration of treatment will be clearly documented with each

objective.

6. Client strengths and barriers to treatment will be documented.
7. Clinician completing Plan of Care must sign and date.
8. Client and/or legal guardian must sign as evidence of involvement in treatment planning.
9. If the client is in need of additional specialty mental health services that can only be provided outside the scheduled day treatment hours, the clinician must document the "modality and frequency" of the service requested along with "after day treatment" specified to identify that the services are being requested for after day treatment hours on the Client Plan of Care. The documentation for this additional specialty mental health service must support the request.
10. All additional Day Treatment Services must have prior authorization in order to receive payment. If a CPOC has already been approved, then the "Day Treatment CPOC Addendum" form will be used.

AUTHORIZATION

1. The MHP will review forms for medical and service necessity for treatment. If client meets criteria for Intensive Day Treatment or Rehabilitative Day Treatment, services will be authorized for 3 months.
2. The MHP will review and return authorized forms to the provider within 24 hours of receipt by MHP.
3. When the client no longer meets medical necessity and service criteria for Intensive or Rehabilitative Day Treatment, the clinician is expected to discharge the client from the program.
4. All Authorizations that are received by the MHP prior to 5:00 p.m. on a working day will be reviewed and returned by 5:00 PM the next business day.

REAUTHORIZATION

1. If the clinician determines the client is in need of Rehabilitative or Intensive Day Treatment beyond the initially authorized 3 months, the clinician must complete a new Day Treatment Intensive Assessment and Client Plan of Care. These forms must be submitted to the MHP two weeks prior to the expiration of the first authorization period.
Reauthorization will be a maximum of every 3 months for Day Treatment Intensive and every 6 months for Day Treatment Rehabilitative.
2. Client and/or legal guardian must sign as evidence of involvement in treatment planning.
3. If it is determined by the MHP that the client does not meet service criteria, an NOA-B will be sent. (See NOA-B Policies and Procedures Attachment 2).

Page: 6 of 7
Initials:

4. The Client Plan of Care must include discharge planning to out patient mental health service directly through MHP.

RETROSPECTIVE CHART REVIEW

1. A minimum of 1 chart and a maximum of 10% of Madera County client charts will be reviewed each quarter.
2. If a retrospective review of the documentation does not support the service criteria for treatment subsequent to an MHP review, charges for the specific days that do not document medical and service necessity will be disallowed.