

## **Psychiatric Day Treatment**

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications.

The Performance Specifications contained herein pertain to the following service:

- Psychiatric Day Treatment

**Psychiatric Day Treatment** provides a coordinated set of individualized, integrated, and therapeutic supportive services to Members with psychiatric disorders, who need more active or inclusive treatment than is typically available through traditional outpatient mental health services.

While less intensive than partial hospitalization, Psychiatric Day Treatment is an intensive, clinical program that includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a structured setting. Psychiatric Day Treatment programs provide rehabilitative, pre-vocational, educational, and life-skill services to promote recovery and attain adequate community functioning, with focus on peer socialization and group support.

Psychiatric Day Treatment assists Members in beginning the recovery and wellness process and provides supportive transitional services to Members who are no longer acutely ill, require moderate supervision to avoid risk, and/or are not fully able to re-enter the community or the workforce.

Psychiatric Day Treatment offers the Member opportunities and support for involvement in community, social, and leisure time programs, as well as opportunities to pursue personal, ethnic, and cultural interests. Services are provided in a community setting. A goal-directed treatment plan developed with the Member and/or Member's family/caregiver guides the course of treatment.

## **Components of Service**

1. The provider provides services at a minimum of five days per week. The provider offers a minimum of 30 hours of active programming per week.
2. Psychiatric Day Treatment provides structured, goal-oriented groups focused on symptom management, understanding the Member's psychiatric condition(s), improving the Member's ability to function in a valued role in the community, establishing and maintaining stable interpersonal relations, and practicing health-promoting lifestyles. The program assists Members in identifying and protecting their legal rights, as well as identifying and pursuing vocational, educational, and other community and/or recovery-focused interests. The scope of required service components provided in this level of care includes, but is not limited to, the following:

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- a. Treatment planning;
  - b. Diagnostic;
  - c. Behavioral management;
  - d. Bio-psychosocial evaluation;
  - e. Self-care;
  - f. Psycho-education;
  - g. Crisis planning and management;
  - h. Case management;
  - i. Group therapy;
  - j. Skills building, peer support, and other recovery-oriented services;
  - k. Individualized treatment and recovery planning;
  - l. Multidisciplinary treatment review team;
  - m. Discharge planning;
  - n. Psychiatric and nursing assessment, as indicated;
  - o. Substance use disorder assessment and services, as indicated; and
  - p. Treatment planning
3. The provider ensures that each Member receives a program orientation at the initiation of services. The information includes the following: a description of program services, hours of operation, confidentiality, informed consent, nondiscrimination provisions, rights and responsibilities, rules of the program, and telephone number(s) of the appropriate Adult Mobile Crisis Intervention (AMCI) provider.
  4. Psychiatric Day Treatment services are accessible to the Member seven days per week, directly or on an on-call basis. Outside business hours, the provider offers telephonic coverage. An answering machine or answering service directing callers to call 911, call the nearest Adult Mobile Crisis Intervention provider, or to go to a hospital emergency department (ED), does not meet the after-hours on-call requirement.
  5. If a Member experiencing a behavioral health crisis contacts the provider, during business hours or outside business hours, the provider, based on his/her assessment of the Member's needs and under the guidance of his/her supervisor, may: 1) refer the Member to his/her outpatient provider; 2) refer the Member to an Adult Mobile Crisis Intervention provider for emergency behavioral health crisis assessment, intervention, and stabilization; and/or 3) implement other interventions to support the Member and enable him/her to remain in the community, when clinically appropriate, e.g., highlight elements of the Member's crisis prevention/safety plan, encourage implementation of the plan, offer constructive, step-by-step strategies which the Member may apply, and/or follow-up and assess the safety of the Member and other involved parties, as applicable.

**Staffing Requirements**

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Senior Whole Health's service-specific performance

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specifications, and the credentialing criteria outlined in the Senior Whole Health's Provider Manual as referenced at [www.SWHMA.com](http://www.SWHMA.com).

2. The provider utilizes a multi-disciplinary staff that includes a psychiatrist, AND any two of the following licensed clinicians (one of which must be independently licensed):
  - a. Psychologist
  - b. Psychiatric Nurse Mental Health Clinical Specialist (PNMHCS)
  - c. Licensed Independent Clinical Social Worker (LICSW)
  - d. Licensed Clinical Social Worker (LCSW)
  - e. Registered Nurse (RN)
  - f. Licensed Occupational Therapist (OTR)
  - g. Licensed Mental Health Counselor (LMHC)
  - h. Licensed Supervised Mental Health Counselor (LSMHC)
  - i. Licensed Marriage and Family Therapist (LMFT)
  - j. Certified Rehabilitation Counselor (CRC)
  - k. Licensed Alcohol and Drug Counselor (LADC1)
  - l. Registered Psychiatric Rehabilitation Practitioner (RPRP)
  - m. Registered Expressive Therapists (ATR, MTR, etc.)
  - n. Registered Recreational Therapists (RTR)Additional staffing may include allied health professionals or paraprofessional staff as outlined in 105 CMR 140.530.
3. The program staff participate in regularly scheduled supervision and attend training that promotes skill development in the provision of clinical and rehabilitative services to Members.

## **Process Specifications**

### **Assessment, Treatment Planning, and Documentation**

1. The provider ensures that for referrals from psychiatric inpatient units, Members are scheduled for an intake appointment within **3** business days from the date of discharge.
2. Members with routine requests for services are offered an appointment to be scheduled within **10** business days of the date of the request.
3. Upon admission, the provider assigns each Member a primary counselor.
4. The provider ensures that assessments are completed, that a multidisciplinary treatment team has been assigned to each Member, and that the treatment team has met to review the assessment and initial treatment plan and initial discharge plan within 48 hours of admission.
5. The treatment plan is reviewed by the multi-disciplinary team and the Member after the following:
  - a. Every 30 days of attendance or 90 calendar days, whichever comes first
  - b. Any 24-hour behavioral health inpatient admission that necessitates a change in the treatment plan
  - c. When major clinical changes occur

6. In collaboration with the provider and in the context of the treatment plan, the Member chooses a daily schedule that is revised on a periodic basis to reflect his/her needs. If public transportation is not readily available, the provider assists the Member with identifying reasonable transportation alternatives (e.g., public transportation, PT-1 forms, etc.)

### **Discharge Planning and Documentation**

1. If the Member does not attend the program as scheduled on a given day, the assigned clinician attempts to contact the Member, and/or caregiver with appropriate consent, within 24 hours and documents such effort(s), including unsuccessful attempts, within the Member's health record.
2. If the Member terminates without notice, every effort is made to contact him/her and to provide assistance for appropriate follow-up plans (i.e., schedule another appointment or provide appropriate referrals). Such activity is documented in the Member's health record.

### **Service, Community, and Collateral Linkages**

1. The provider develops and documents organizational and clinical linkages with each of the high-volume referral source Adult Mobile Crisis Intervention provider and inpatient units, holds regular meetings or has other contacts as necessary, and communicates with the Adult Mobile Crisis Intervention provider and inpatient units on clinical and administrative issues, as needed, to enhance continuity of care for Members. On a Member-specific basis, the provider collaborates with the AMCI provider upon admission to ensure the AMCI provider's evaluation and treatment recommendations are received, any existing crisis prevention/safety plan is obtained, and, in preparation for discharge, to develop or update the Member's crisis prevention/safety plan.
2. For those Members who would benefit from or are currently receiving medication management and monitoring, the provider facilitates the referral to or monitors the Member's ongoing status with the prescriber.
3. With Member consent, the provider collaborates with the Member's PCP and/or PCT and develops the behavioral health section of the Member's Individual Plan of Care, if appropriate.