

Day Treatment – Child and Adolescent MH

Definition

Day Treatment provides a community based, coordinated set of individualized treatment services to children/adolescents with mental health and substance abuse diagnoses whose symptoms are interfering with their daily functioning in a typical school, work, and/or home environment and need the additional structured treatment interventions of this level of care. While less intensive than partial hospitalization, this service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities provided in a structured setting/manner. Day Treatment leads to the attainment of specific goals through treatment interventions and allows for transition of the child/adolescent to an outpatient level of care. This level of care is intended for children/adolescents who reside with their parent(s)/caregiver(s). It provides stabilization during the week-day/week-end and/or after-school hours as medically necessary for youth who are transitioning from an acute or residential level of care to a home environment, or are at risk to be placed in a higher level of care in order to address current symptoms. Family involvement, including family therapy, from the beginning of treatment is extremely important and, unless contraindicated, should occur at least weekly. Coordination of school performance is an important component of treatment planning as is involvement with school personnel to monitor the ongoing impact of treatment and facilitate constructive ways of working with the youth.

Policy

Mental health/substance abuse day treatment services are available to youth aged 20 and younger.

Program Requirements

Refer to the program standards common to all levels of care for additional requirements.

Licensing/Accreditation

The provider must possess accreditation with a recognized national accrediting organization unless an exception has been granted by Medicaid and managed care entity through proof of active work toward accreditation. All professional individuals have to be appropriately licensed.

The agency must have written policies and procedures related to:

The agency must have written policies and procedures related to the provision of Day Treatment Services. Refer to “Standards Common to all Levels of Care” for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features/Hours

Day Treatment services may be available 7 days/week, with a minimum availability of 5 days /week including days, evenings and weekends. The service must be available to meet the needs of the youth and their family. The provider must identify their scheduled service hours in their program description. The service must provide or otherwise demonstrate that youth

and family have on-call access to a licensed mental health provider on a 24-hour, seven-day per week basis.

Service Expectations

- A comprehensive bio-psychosocial assessment must be completed prior to entry into the program or if previously completed, the provider should obtain and review this assessment in lieu of completing a new assessment. If upon review the assessment is no longer clinically current, the provider will update the assessment.
- An initial diagnostic interview must be completed prior to entry into the program to be used for determining medical necessity.
- An initial plan will be developed with the multidisciplinary treatment team, which includes the youth and their family, by the second day of treatment based on the referring practitioner's comprehensive assessment until the Supervising Practitioner can complete the face to face diagnostic interview and the treatment plan and discharge plan is developed.
- The supervising practitioner must complete a face-to-face, Initial Diagnostic Interview upon admission and a face-to-face treatment intervention with the client at least every 14 calendar days for the duration of the service
- A nursing assessment must be completed by an RN or APRN at admission
- Additional assessments and screenings will be completed as determined by the supervising practitioner
- The multidisciplinary team develops and signs a family centered, outcome focused comprehensive treatment and discharge plan within 10 days of admission. The multidisciplinary team consists of the youth, the parent(s)/caregiver, the therapist/licensed clinician, the RN, the supervising practitioner and other supportive individuals identified by the youth and/or parent(s) caregiver and team members including the psychiatrist.
- Treatment interventions that are outcome focused based on the comprehensive assessment, treatment goals, culture, expectations, and needs as identified by the youth/family/caregiver.
- The individual treatment/recovery and discharge plan is reviewed and updated as frequently as medically indicated, but at a minimum of every 30 days, and signed by the supervising practitioner and other multidisciplinary team members
- Medication management and youth/family education (expected benefits, potential side effects, potential interactions, dosage, obtaining/filling prescriptions, etc.)
- Health education (nutrition, hygiene, medications, personal wellness, etc.)
- The following mandatory services must be provided in the Day Treatment program: pharmacology, psychological, and dietary, in addition to psychotherapy, substance abuse counseling, and nursing
- Ancillary service referral as needed: (dental, optometry, ophthalmology, spiritual, general medical other mental health and/or social services, etc.)
- Individual psychotherapy (1x weekly), group psychotherapy (1x daily) and, family psychotherapy (1x weekly) at a minimum to address individualized treatment goals
- Psychoeducational services and activities to help youth develop social, vocational, recreational and other independent living skills as age appropriate

- Awareness and skill development for youth and/or family in regards to accessing community resources and natural supports that could be used to help facilitate youth/family efficacy and increase youth function without the support of ongoing Day Treatment
- Discharge planning starts at admission and must be part of the treatment plan and all treatment plan reviews. Prior to discharge, the Day Treatment provider must facilitate, confirm, and document that contacts are made with the identified community service(s) or treatment provider (if medically necessary), as identified in the discharge plan.

Staffing Requirements

Supervising Practitioner: (Physician, preferably psychiatrically trained)

The responsibilities of the Supervising Practitioner include but are not limited to the following:

- Assume accountability to direct the care of the client at the time of admission
- Complete a face to face initial diagnostic interview immediately before or at the time of admission
- Provides guidance in the development of the treatment/discharge plan
- Provide face-to-face service to the client at least every 30 days (or as medically necessary) to include a diagnostic assessment or a review the effectiveness of the treatment plan
- Attend treatment planning meetings at a minimum of every 30 days to provide supervision and direction to the treatment team
- Provide supervision and direction with crisis situations

Program/Clinical Director: (LMHP, Psychiatric RN, APRN, LIMHP, Licensed Psychologist Dual Licensure (e.g. LMHP/LADC or LMHP/PLADC) is required for Dual Day Treatment (MH/SA) programs)

A clinician fully licensed by the State of Nebraska, who is providing services within his/her scope of practice and licensure, and has two years of professional experience in the psychiatric treatment of children and adolescents. This clinician has professional experience in a treatment setting similar to that for which the clinician is providing services of the program director. Individuals who meet the criteria to act as the supervising practitioner may not hold both the supervising practitioner and program director roles for a single program at the same time.

The responsibilities of the Program/Clinical Director include but are not limited to the following:

- Oversees, implements, and coordinates all treatment services and activities provided within the program.
- Continually incorporates new clinical information and best practices into the program to assure program effectiveness and viability.
- Oversees the process to identify, respond to, and report crisis situations on a 24 hour per day, 7 day per week basis.
- Responsible in conjunction with a supervising practitioner for the program's clinical management

- Assures quality organization and management of clinical records, other program documentation, and confidentiality.

Therapist/licensed clinician: (LMHP, LIMHP, PLMHP, LADC, Licensed Psychologist, Provisionally Licensed Psychologist, APRN, Licensed Psychiatrist)

The clinician(s) providing MH/SA services for youth in the treatment program must be operating within their scope of practice and meeting program requirements.

The role and responsibilities of the therapist include but are not limited to the following:

- Reports to the Program/Clinical Director and Supervising Practitioner for clinical and non-clinical guidance and direction
- Communicates treatment issues to supervising practitioner as needed
- Provides individual, group, family psychotherapy, and/or substance abuse counseling
- Assists to develop/update treatment plans for individuals in their care in conjunction with the multidisciplinary team
- Provides assistance to direct care staff in implementing the treatment plan
- Provides input to the multidisciplinary team and attends treatment team meetings
- Provides continuous and ongoing assessment to assure the clinical needs of the youth and parent(s)/caregiver are met. This includes transitioning of youth to other treatment and care settings, or other types of supports as necessary.

Registered Nurse: (RN or APRN)

Nursing services must be provided by a registered nurse licensed by the state in which she or he practices. The nurse must operate within their scope of practice. The nurse should have documented experience and training in the treatment of youth. If an APRN is utilized they must have a psychiatric specialty, and work in collaboration with a psychiatrist

The responsibilities of the registered nurse include but are not limited to the following:

- Reports to the Program/Clinical Director for programmatic guidance
- Relates to the psychiatrist and medical physician as necessary regarding medical, psychiatric and physical treatment issues
- Provides nursing assessments
- Is a member of the multidisciplinary treatment team
- Provides medical interventions within the scope of practice as necessary
- Manages the storage and delivery of medication as necessary
- Oversees medication, client Health education
- Supports special treatment procedures as defined by program requirements and state and federal regulations.

Direct care/Behavioral Technician: Holds a BS degree or higher in psychology, sociology, or a related human service field are preferred, but two years of course work in a human services field, and two years experience/training with demonstrated skills and competencies in treatment with individuals with a MH diagnoses is acceptable. These educational/experience requirements apply to new staff employed after the date of the effectiveness of these service definitions.

- Has a clear understanding of the treatment plan and discharge plan
- Provides psycho-educational activities to support youth in developing social, recreational, and other independent living skills as appropriate
- Provides continual supervision to youth in the treatment program

Staff Ratios

All staffing must be adequate to meet the individualized treatment needs of the client and meet the responsibilities of each staff position as outlined in the Staffing Requirements section to include:

- Supervising Practitioner: adequate to provide necessary services to admitted youth
- Program/Clinical Director: adequate to fulfill the expectations of this position
- Registered Nurse: adequate to provide necessary services to admitted youth
- Therapist/Licensed Clinician to individual served: 1 to 12 maximum clients
- Direct Care/Behavioral Technician to individual served: 1 to 6 maximum clients (ratios may need to be higher if interventions are carried out in the community)

Training

Refer to “Standards Common to all Treatment Services” for a list of potential training topics related to the provision of mental health and substance abuse treatment. Agencies should provide adequate pre-service and ongoing training to enhance the capability of all staff to treat the individuals they serve and provide the maximum levels of safety for themselves and others.

Clinical Documentation

The program shall follow the agency’s written policy and procedures regarding clinical records that meet the accreditation body, Medicaid guidelines and the Managed Care Handbook. The agency’s policies must include specifics about timely record entry by all professionals and paraprofessionals providing services in the program.

The clinical record must provide information that fully discloses the extent and outcome of treatment services provided to the client. The clinical record must contain sufficient documentation to justify the Medicaid Managed Care service that was specifically delivered by the staff person, who it was delivered to and the frequency/duration of the service.

The record must be organized with complete legible documents. When reviewing a clinical record, a clinician not familiar with the client or the program must be able to review, understand and evaluate the mental health and substance abuse treatment for the client. The clinical record must record the date, time, and complete name and title of the facilitator of any treatment service provided to the client. All progress notes should contain the name and title of the author of the note including signature and when appropriate the signature of the Supervising Practitioner.

In order to maintain one complete, organized clinical record for each client served, the agency must have continuous oversight of the condition of the clinical record. The provider shall make the clinical record available upon Medicaid and/or the managed care entity’s

request to review or receive a copy of the complete record. All clinical records must be maintained for seven years following the provision of services.

Length of Services

Length of service is individualized and based on clinical criteria for admission and continuing stay. Frequency and duration is expected to be adjusted based upon the symptoms and acuity of the mental health/substance abuse diagnoses for which they were admitted. As clients make progress toward treatment goals, frequency and duration of the service is expected to decrease. If progress is not being made and client stability is not increasing, the treatment plan must be adjusted to promote progress.

Special Procedures

None allowed. The program is expected to teach and implement symptom management without the use of restraints or seclusions. If an emergency restraint is required due to imminent danger to self or others, the program must comply with state licensure, Medicaid, and ASO requirements including a comprehensive incident report. This incident report must be reviewed and signed by the Clinical Program Director and Supervising Practitioner. A program must provide documentation that all staff have been trained in de-escalation, emergency restraint, and de-briefing procedures. An agency is expected to have the emergency restraint policies and procedures outlined in their program description.

For client's who present with co-occurring symptoms and diagnoses, the provider must refer to the Youth Criteria of the Patient Placement Criteria for the Treatment of Substance-Related Disorders of the American Society of Addiction Medicine, Second Edition Revised (ASAM PPC-2R or current version) pages 217-233. Providers are responsible to refer to the ASAM PPC-2R Youth Placement Manual for complete criteria. The provider must also adhere to the service descriptions and clinical guidelines for SA Day Treatment Level II.1 as well as the clinical guidelines identified in this service description.

Clinical Guidelines: Day Treatment – Child and Adolescent MH

Admission Guidelines

All of the following guidelines are necessary for admission to this level of care:

1. The child/adolescent demonstrates symptomatology consistent with a DSM (current edition) diagnosis which requires, and can reasonably be expected to respond to, the structured milieu of the proposed Day Treatment program.
2. There are significant symptoms that currently interfere with the child/adolescent's ability to function in more than one life area.
3. There is an expectation that the child/adolescent has the developmental level and/or capacity to make significant progress toward treatment goals using Day Treatment.
4. The patient's condition requires a structured program with frequent supervision intervention and or treatments which cannot be provided in a less intensive outpatient setting at this time, and /or Day Treatment can safely substitute for, or shorten, a potential hospital stay.
5. The child/adolescent has a safe, supportive environment for the time outside of the Day Treatment program and is believed to be capable of controlling the

behavior and/or to seek appropriate support when not in the Day Treatment setting.

In addition, one of the following Guidelines is necessary for admission to this level of care:

6. There is clinical evidence that the child/adolescent would be at risk to self or others if he or she were not in a Day Treatment program, *or*
7. As a result of the child/adolescent's mental disorder, there is an inability to adequately care for one's physical needs, representing potential serious harm to self.

Exclusion Guidelines

Any of the following Guidelines are sufficient for exclusion from this level of care:

1. The child/adolescent's safety needs cannot be adequately met outside of an inpatient setting or their treatment requires 24/7 availability of psychiatric medical and nursing interventions.
2. The child/adolescent requires a level of structure and supervision beyond the scope of Day Treatment services.
3. The child/adolescent has a medical condition or impairment that warrants a medical/surgical setting for treatment.
4. The primary problem is social, educational, or economic (i.e. family conflict, need for a special school program, housing, etc.), one of physical health without concurrent major psychiatric episode, or treatment is being used as an alternative to incarceration.
5. Treatment goals are educational or supportive in nature or are intended to address issues other than currently active symptoms of a DSM diagnosis causing significant functional impairments.
6. Treatment for Pervasive Developmental Disorders and/or adaptive limitations from Pervasive Development Disorders is ineligible for Medicaid reimbursement.

Continued Stay Guidelines

All of the following Guidelines are necessary for continuing treatment at this level of care:

1. The child/adolescent's condition continues to meet Admission Guidelines for this level of care.
2. The child/adolescent's treatment continues to require the current level of care. A less intensive level of care would not be adequate for continued progress and a more intensive level of care does not appear to be necessary for continued progress to occur.
3. Treatment planning is individualized and appropriate to the child/adolescent's changing condition, with realistic and specific goals and objectives clearly stated and progress on each goal documented.
4. The treatment plan is carefully structured to achieve optimum results in the most time efficient manner possible, consistent with sound clinical practice.
5. Progress in relation to the DSM disorder symptoms is clearly evident and is described in objective terms.
6. Goals of treatment have not yet been fully achieved and adjustments in the treatment plan to address lack of progress are documented.
7. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's objective functional outcomes as described in the treatment plan.

8. When appropriate, the child/adolescent is referred for psychopharmacological evaluation and intervention, and, when necessary, for re-evaluation. Collaboration with the prescriber should include regularly reporting information about side effects, compliance and effectiveness.
9. There is active discharge planning documented.
10. The child/adolescent is motivated for continued treatment as evidenced by compliance with program rules and procedures.

Discharge Guidelines

Any one of the following Guidelines is sufficient for discharge from this level of care:

1. The child/adolescent no longer meets Continued Stay Guidelines, or meets Guidelines for a less, or more, intensive level of care.
2. The child/adolescent's and/or family's documented treatment plan goals and objectives have been substantially met
3. In spite of documented attempts to address non compliance, the child/adolescent's attendance is at a level that renders continued Day Treatment ineffective.
4. Consent for treatment is withdrawn by the parent or legal guardian.

4.19.2010

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