

Category: Utilization Management

Code: UM 2.0 Attach K Day Treatment

Subject: Day Treatment Level of Care Guidelines

Purpose: The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for day treatment services.

Policy: BHP Care Management (CM) staff use the following level of care guidelines for mental health day treatment when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

DEFINITIONS:

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders

ICD:

The most current edition of the International Statistical Classification of diseases and related health problems.

BACKGROUND:

The criteria set is based on expert professional practice guidelines.

Day treatment is a time-limited, ambulatory, treatment program that offers therapeutically intensive, coordinated and structured clinical services within a stable therapeutic milieu. Patients in a Day Treatment Program may exhibit a range of developmental, cognitive, behavioral or affective disturbances. Day treatment programs aim to reduce/relieve the disturbances mentioned while helping the patients to maintain a level of function that allows them to live in the community.

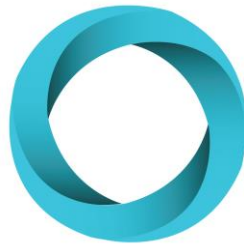
All non-hospital based providers of mental health treatment must be licensed for the services being requested.

GUIDELINES:

Medical Necessity Criteria – Must satisfy all of the following: I and II

I. Patient requirements – any of the following: A-C

A. Admission - must satisfy: 1, or all of 2-6



1. Care is court ordered; or
 2. The patient's clinical condition meets criteria for a DSM or ICD primary diagnosis; and
 3. The patient demonstrates a significant impairment and/or decrease in functioning; and
 4. The patient resides in a safe environment and is medically stable for this level of care; and
 5. Within 30 days prior to admission, the patient was assessed by a licensed health care professional appropriate to this program and deemed to be safe for this level of care; and
 6. Ongoing, active outpatient therapy, of at least once a week visits, has not been sufficient in meeting treatment goals, or such therapy is clearly inappropriate or unsafe at this time.
- B. Continued treatment - must satisfy: 1, or all of 2-8
1. Care is court ordered; or
 2. The patient's clinical condition continues to meet the diagnostic criteria for DSM or ICD primary diagnosis; and
 3. The patient continues to demonstrate impairment and/or decrease in functioning that requires continued treatment at this level of care; and
 4. Care is directed by an individualized treatment plan that is based on a physical and mental status examination that includes comprehensive assessments; and
 5. Treatment goals are realistically achievable and directed toward re-stabilization to allow treatment to continue in a less restrictive environment; and.
 6. The patient continues to regularly attend and actively participate in the program – one of the following:
 - a. There is substantial risk of decompensation from baseline level of functioning if the patient is discharged to a less intensive treatment setting; or
 - b. The patient has yet to complete the goals and objectives of the individualized treatment plan that is necessary to facilitate transition to a less intensive treatment setting.
 7. Regularly scheduled comprehensive multi-disciplinary assessments of diagnosis and treatment are performed in a timely manner that includes comprehensive assessments.
 8. The patient is evaluated at least every 3 months and documented progress is being made in completing the goals indicated in the treatment plan. Treatment plan and/or discharge plan is re-evaluated and changes are made if necessary based on the patient's progress.



C. Discharge – must satisfy one or more of the following: 1- 7

1. The patient's symptomatology and level of functioning have improved sufficiently to allow transition to a less intensive level of care; or
2. The patient is persistently not attending or refuses to participate or cooperate in the Day Treatment Program, despite repeated staff attempts to engage the patient and address nonparticipation issues; or
3. The patient has met the treatment goals and objectives on their individualized treatment plan; or.
4. The patient's symptomatology and level of functioning have not improved in the last three months or have deteriorated requiring an alternative treatment setting; or.
5. Care is custodial or maintenance in nature; or.
6. Ongoing substance use or abuse that would preclude or decrease the effectiveness of treatment (may merit need for substance abuse evaluation or treatment); or
7. The patient demonstrates severe exacerbation of symptoms and/or disruptive/unsafe behaviors that require a more intensive level of treatment; or

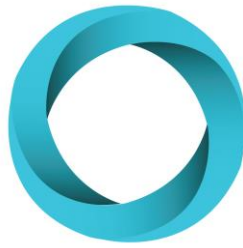
Note: Discharge criteria do not apply to court ordered care.

II. Program requirements – all of the following: A-D

- A. The program must have a contractual relationship with a mental health system of care that includes mental health emergency and inpatient services and regular consultation with a staff board certified or eligible psychiatrist; and
- B. For adults, the program must be available 3 hours/day to a maximum of fifteen hours a week; and
- C. Specific goals for completion should be in place within one (1) week of admission.
- D. The day treatment program must be able to provide access to mental health emergency services, including referral to a higher level of care if needed, and regular consultation with a psychiatrist. Day treatment services must be available year round with a maximum break for holidays and vacation of two weeks. For children and adolescents, the program also must be available a maximum of fifteen hours per week but with a minimum of at least three (3) hours of services provided one day per week. Treatment plans for children and adolescents must contain a family component or a rationale as to why it is not appropriate.

Regulatory / External References: NCQA UM 2.0 Clinical Criteria for UM Decisions, Chapter 62M.

1. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, TR 2000.



2. Minnesota Department of Human Services. Adult day treatment. 2011. Retrieved from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_058152#.

3. Minnesota Department of Human Services. Adult public mental health services in Minnesota. 2011. Retrieved from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_003494

Internal References: Richard Sethre PsyD LP

Source: PreferredOne, BHP

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Date Revised: 03/01/2014

Date Evaluated by Clinical Team: April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017

Revision Tracking

<u>Date Revised</u>	<u>Revision Type</u> List all applicable: <ul style="list-style-type: none">- Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc).- Change in process/procedure- Change in requirements- New attachments or forms added- Updated documentation to clarify policy- Other	<u>Details of Revision Made</u>