

## 2.40 STRUCTURED DAY TREATMENT SERVICES

### 2.402 Day Treatment (Adult)

Description of Services: Day treatment provides a coordinated set of individualized therapeutic services to individuals with psychiatric disorders who may be able to function only partially in a school, work, and/or home environment and need the additional structured activities of this level of care. While less intensive than partial hospitalization, day treatment is an intensive, clinical program that includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a structured setting. Day treatment programs typically are less acute and medically "involved" than partial hospitalization and more focused on peer socialization and group support. In addition, these programs provide rehabilitative, pre-vocational, educational, and life skill services to attain adequate community functioning. Services include an ongoing assessment of the individual's level of functioning in the community. Services also may include the following: individual, group, and other therapy as indicated in the individualized, goal-directed treatment plan; therapeutic recreation and structured leisure time activities; crisis intervention; supervision of self-administration of medication; and development of a rehabilitation plan with self-determined goals. Active family/significant other involvement is important unless contraindicated. Frequency should occur based on individual needs. Providers should ensure that the individual has opportunities and support for involvement in community, social, leisure time programs, as well as opportunities to pursue personal, ethnic, and cultural interests. Services are usually provided in a school or community setting and are distinct from partial hospitalization services which are more intense, structured and provided in a medical setting that may or may not be connected to an inpatient facility. The goal of day treatment is to assist individuals with developing the social, educational, and psychological skills necessary to live as independently as possible. Day treatment is for individuals who need more active or inclusive treatment than is typically available through traditional outpatient mental health services. Day treatment services usually require a minimum of 3 days/week, 3 hours/day of structured treatment in order to develop or regain skills necessary to function in a more independent living environment. Day treatment assists individuals in beginning the recovery and rehabilitation process and may provide supportive transitional services to patients 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. Individuals admitted for day treatment may spend part of the day at the treatment site, with other structured time given to volunteer work, vocational rehabilitation, clubhouse, part-time employment, school, etc., which are part of an integrated therapeutic plan. Day Treatment should not be confused with custodial and social rehabilitation programs for the chronically and severely impaired. Day Treatment leads to the attainment of specific goals through specific therapeutic interventions within a designated timeframe and allows for transition of the patient to an outpatient level of care and other necessary supports such as clubhouses, assisted community employment or other structured activities.

#### Criteria

##### Admission Criteria

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

1. The individual demonstrates symptomatology consistent with a DSM-IV-TR (Axes I-IV) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention in a structured milieu.
2. Exacerbation or persistence of a longstanding psychiatric disorder results in symptoms of thought, mood, behavior, or perception that significantly impair functioning.
3. Treatment planning should be individualized and specifically state what benefits the individual can reasonably expect to receive. The individual needs structure for activities of daily living.
4. The individual is capable of mastering more complex personal and interpersonal life skills (e.g., problem solving, assertiveness, self-advocacy, shopping, meal preparation, development of leisure skills, and the use of community resources).

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| <p style="text-align: center;"><b>Psychosocial,<br/>Occupational, and<br/>Cultural and Linguistic<br/>Factors</b></p> | <p><i>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</i></p>  |
| <p style="text-align: center;"><b>Exclusion Criteria</b></p>  | <p><i>Any of the following criteria are sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual is a risk to self or others, or sufficient impairment exists that a more intensive level of service is required.</li> <li>2. The individual can be safely maintained and effectively treated at a less intensive level of care.</li> <li>3. The individual does not voluntarily consent to admission or treatment, and/or refuses or is unable to participate in all aspects of treatment;</li> <li>4. The individual requires a level of structure and supervision beyond the scope of the program.</li> <li>5. The individual has medical conditions or impairments that would prevent beneficial utilization of services.</li> <li>6. The primary problem is social, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.</li> </ol>  |
| <p style="text-align: center;"><b>Continued Stay<br/>Criteria</b></p>   | <p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual's condition continues to meet admission criteria at this level of care.</li> <li>2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.</li> <li>3. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems, social, occupational and interpersonal assessment with involvement unless contraindicated. Expected benefits from all relevant modalities, including family and group treatment are documented.</li> <li>4. Individual is actively participating in the plan of care and treatment to the extent possible consistent with the individual's condition.</li> <li>5. There is documented active discharge planning from the beginning of treatment.</li> <li>6. There is a documented active attempt at coordination of care with relevant providers when appropriate.</li> <li>7. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.</li> <li>8. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.</li> <li>9. Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes as described in the discharge plan.</li> <li>10. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.</li> </ol> |

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| <b>Discharge Criteria</b> | <p><i>Any of the following criteria are sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> <li>1. The individual's documented treatment plan goals and objectives have been substantially met and/or the individual no longer meets admission criteria, and/or a safe, continuing care program can be arranged at an alternate level of care.</li> <li>2. Behavioral symptoms secondary to the psychiatric diagnosis have decreased to a level where there is no immediate risk of out of community placement and there is no indication that hospitalization, rehospitalization, or readmission to other acute levels of care is imminent.</li> <li>3. The consumer appears able to remain stable with a less intense level of services including routine outpatient care, physician-prescribed medications as needed, and community-based support</li> <li>4. The individual exhibits severe disruptive or dangerous behaviors (e.g., suicide/homicide attempt, drug/alcohol addiction, and symptoms of psychosis) that require stabilization at a more intensive level of care.</li> <li>5. The individual, family, guardian, and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. Non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. In addition, either it has been determined that involuntary inpatient treatment is inappropriate, or a court has denied a request to issue an order for involuntary inpatient treatment.</li> <li>6. Consent for treatment is withdrawn, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.</li> <li>7. The patient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. (Progress is defined as measurable positive behavior change in at least one treatment goal mutually determined by the Member and the day treatment program during a specified authorization period).</li> </ol> |
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