



Psychiatric Day Treatment (PDT) PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Psychiatric Day Treatment (PDT)		
PS #: 012	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 9/02/2021;	Effective Date: 2/06/2022;
Last Revised Date: 4/20/2023;	Next Annual Review Date: 9/02/2022; 4/20/2024;	Retire Date:

COVERED SERVICES:

Psychiatric Day Treatment (PDT) is a program for Members who have a psychiatric diagnosis and can benefit from a coordinated set of individualized, integrated, and therapeutic supportive services and who need a more active or inclusive treatment than is typically available through traditional outpatient mental health services. The program is designed with the goal of Members achieving and maintaining their highest level of functioning and the ability to work toward life goals while continuing to live in the community.

Less intensive than partial hospitalization, PDT is based on Recovery and Wellness principles and provides 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 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 guides the course of treatment.

COMPONENTS OF SERVICES:

- The PDT offers structured, goal-oriented groups that focus on symptom management to support the Members in improving their ability to function in a community setting which includes Members enhancing community tenure, establishing and maintaining interpersonal relationships and focusing on healthy lifestyle practices
- Full therapeutic programming is provided five days per week, with a minimum of 30 hours of active programming per week (including groups) that include vocational and rehabilitative programming. The scope of required service components provided in this level of care includes, but is not limited to, the following:
 - Bio-psychosocial evaluation
 - Psychiatric evaluation
 - Treatment planning

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- Individual, group, and family therapy
 - On-site prescribing or access to prescribing
 - Case and family consultation
 - Peer support and/or other recovery-oriented services
 - Substance use assessment and counseling
 - Development of behavioral plans and crisis prevention plans, recovery/relapse plans, and/or safety plans, as applicable
 - Connection to community resources that support the Members independent functioning and increase support community tenure
- Psychopharmacology services may be provided by the day treatment program or will be coordinated with the Member's prescriber, and documentation of this will occur in the Member's record
 - For Members who give consent, the provider makes documented attempts to contact the guardian, family members, and/or significant others within 48 hours of admission, unless clinically or legally contraindicated. The provider provides the Members supports with all relevant information related to maintaining contact with the program and the Member, including names and phone numbers of key nursing staff, primary treatment staff, social worker/care coordinator/discharge planner, etc. If contact is not made, PDT staff must document the barrier to success in the Member's health record
 - Psychiatric Day Treatment services are accessible to the Member seven days per week, directly or on an on-call basis
 - If a Member is experiencing a behavioral health crisis and contacts the provider during business hours or outside business hours, the provider, based on their assessment of the Member's needs and under the guidance of their supervisor, may: 1) offer support and intervention through the services of the PDT program, during business hours; 2) implement interventions to support the Member and enable them to remain in the community, when clinically appropriate, e.g., highlight elements of the Member's crisis prevention plan and/or safety plan and 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; 3) refer the Member to their outpatient provider; and/or 4) refer the Member to an ESP for emergency behavioral health crisis assessment, intervention, and stabilization
 - Outside business hours, the provider offers live telephonic coverage and /or has access to or an arrangement with other services that offer off-hours coverage

STAFFING REQUIREMENTS:

- The program maintains a multi-disciplinary staff that includes a psychiatrist and any two of the following licensed clinicians, at least one of which must be independently licensed:
 - Psychologist; Clinical Nurse Specialist (RNCS)
 - Licensed Independent Clinical Social Worker (LICSW); Licensed Clinical Social Worker (LCSW)

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- Psychiatric Nurse (RN)
- Licensed Occupational Nurse (OTR)
- Licensed Mental Health Counselor (LMHC)
- Licensed Marriage and Family Therapist (LMFT)
- Certified Rehabilitation Counselor (CRC)
- Certified Addiction Counselor (CAC)
- Registered Psychiatric Rehabilitation Practitioner (RPRP)
- Registered Expressive Therapists (ATR, MTR, etc.)
- Registered Recreational Therapists (RTR)
- Certified Alcohol and Drug Counselor (CADAC)
- Allied Health and Paraprofessional staff should be used to complement the staffing above
- Regularly scheduled supervision and scheduled staff development trainings are requirements for all staff positions

Training Expectations:

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and medical care
- Best practices in health equity and inclusivity for Members of various racial, ethnic, and cultural backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

Transgender Inclusive and Affirming Expectations:

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. This expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Making admission decisions without regard to the Member's gender identity
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's



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- legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care

Trauma-Informed Care Expectations:

It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment
- Offering trauma-specific treatment interventions and approaches

ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:

- The Provider ensures that referrals from inpatient psychiatric facilities are scheduled for an intake appointment within 3 days of discharge from the inpatient facility. Routine request for service from the community need to be scheduled within 10 days of referral
- The provider ensures that appropriate assessments are completed and that an initial treatment and discharge plans are determined within 48 hours of the intake
- The Member is assigned a primary clinical contact upon admission including documentation of this contact on the Members medical record
- The treatment plan is reviewed by a multi-disciplinary team and the Member every 30 days of attendance or 90 calendar day or whichever comes first. Any admission to an inpatient facility necessitates a change in the treatment plan
- The treatment plan has clearly defined to include measurable short- and long-term goals, objectives, and outcomes, including the steps for and reasonable and attainable time frames toward achievement of goals
- The Member, in collaboration with the provider chooses a daily schedule that reflects the Members needs and aligns with the treatment plan goals and objectives
- If there are barriers to accessing outside services and/or transportation services, the **provider notifies Commonwealth Care Alliances (CCA' s) Clinical Team by calling CCA' s Provider Line at 866-420-9332 option #4** and asking to speak to the Members Care Team. Transportation is a CCA covered benefit service

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- 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
- With Member consent and the establishment of the clinical need, PDT staff will coordinate with guardians/caregiver and other treatment providers, CCA Care Team including PCP's and behavioral health providers relative to treatment and care coordination issues. All such contact is documented in the Member's health record
- The provider collaborates with the Member and the ESP provider in the catchment area in which the Member lives, and other clinical treatment providers to obtain the Member's crisis prevention plan, recovery/relapse prevention plan and/or safety plan. The provider collaborates with these entities to update the plan if needed or develops one if the Member does not yet have one. With Member consent, the PDT provider may share the plan with the ESP and other appropriate Care Team members as appropriate and documents related collaboration in the Member's health records

DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:

- The discharge planning process begins on the day of admission to the program and identifies barrier to treatment
- If the Member is not compliant with attendance, the clinician attempts to reach the Member and the Members CCA Care Team **by calling CCA's Provider Line at 866-420-9332 option #4** and documents efforts to reach the Members as successful or unsuccessful in the Members record
- If the Member is not compliant with attendance and attempts by the clinician have not resulted in a positive outcome. Provider will notify CCA Care team of attendance challenges in an attempt for CCA to support the member with engagement in psychiatric day treatment programming
- The provider develops organizational and clinical linkages with ESPs, inpatient units and community resources to enhance continuity of care for Members Member's crisis prevention/safety plan
- A Members engagement in the PDT program as well as all activities, community linkages, referrals and family/natural support are documented in the Members records
- The provider ensures that Members who are state agency involved (DMH, DDS, etc.) have discharge plans that are well coordinated with the areas site offices and teams and that this collaboration is documented in the Members record
- If there are barriers to accessing covered services, the **provider notifies CCA's Clinical Team by calling CCA's Provider Line at 866-420-9332 option #4** and asking to speak to the Members Care Team. Transportation is a CCA covered benefit service
- At the time of discharge the provider ensures that the Member has a current crisis prevention plan, recovery/relapse prevention plan and/or safety plan in place that has been



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- updated to reflect the current needs of the Member and that the Member has a copy of the discharge plan upon discharge

QUALITY MANAGEMENT:

- ☐ The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides
- ☐ The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families
- ☐ Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records and inform clinical programming
- ☐ Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request and must be consistent with CCA's performance standards for PDT level of care
- ☐ The success of the program and the care and well-being of the members relies on a collaborative partnership with Commonwealth Care Alliance and its provider network
- ☐ Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs). Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies. A more complete list of SRE's can be found in Section 11 of CCA's Provider Manual

REIMBURSEMENT:

Please refer to CCA's Covered Services and Prior Authorization PDF in the Provider Manual Link: [Here](#)

PAYMENT POLICIES:

Please refer to CCA's Payment Policies

Link: [Here](#)

BILLING PROCEDURES:

Please refer to SECTION 6: Claims and Billing Procedures section in CCA's Provider Manual.

Link: [Here](#)

Insurance eligibility must be confirmed on a regular and frequent basis. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center on the Eligibility Verification System



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APPROVALS:

CCA Business Process Owner	
Julie Fine	VP, Clinical Strategy & Implementation •
Print Name	Print Title
<i>Julie D. Fine, LICSA</i>	4/12/2023
Signature	Date

CCA Senior Clinical/Operational Lead	
Print Name	Print Title
Signature	Date

CCA CMO or Designee	
Nazlim Hagmann, MD	Associate Chief Medical Officer
Print Name	Print Title
<i>Nazlim Hagmann</i>	4/12/2023
Signature	Date



**Psychiatric Day Treatment (PDT)
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Signature

Date

CCA CMO or Designee [Print]

Title [Print]

Signature

Date