Psychiatric Day Treatment
Performance Specifications

Providers contracted for this level of care or service are expected to comply with all the requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the General performance specifications. The requirements outlined within these service-specific performance specifications take precedence over those in the general performance specifications.

Psychiatric Day Treatment provides a coordinated set of individualized, integrated, and therapeutic support services to Members with psychiatric disorders, who need 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 program, Psychiatric Day Treatment 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 to Members who are no longer acutely ill, require moderate supervision to avoid risk, and/or 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 guides the course of treatment.

COMPONENTS OF SERVICES:

- The provider provides services a minimum of five days a week per week, with a minimum of 30 hours of active programming per week.
- The program provides structured, goal-oriented groups focused on symptom management, understanding the Member's psychiatric condition(s), improving the Member's ability to function in their community, establishing and maintain stable interpersonal relationships, and practicing health-promoting lifestyles. The program assists Members in identifying and protecting their legal rights, as well as identifying and pursing 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:
    - Bio-psychosocial evaluation
    - Psychiatric evaluation
    - Treatment planning
    - Individual, group, and family therapy
    - Behavioral management
    - Crisis management
    - Development of behavioral plans and crisis prevention plans, recovery/relapse plans, and/or safety plans, as applicable
    - On-site prescribing or access to prescribing

- Case and family consultation
- Peer support and/or other recovery-oriented services
- Substance use assessment and services, as indicated.
- Discharge planning.
- Connection to community resources that support the Members independent functioning and increase support community tenure.

- The provider ensures that each Member receives a program orientation at the at the initiation of services. The information includes:
  - A description of programming
  - Hours of operation
  - Confidentiality
  - Informed consent
  - Non-discrimination provisions
  - Member's Rights and responsibilities
  - Rules of the program and
  - Telephone number(s) of the appropriate Adult Mobile Crisis Intervention (AMCI) providers.
- 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 the nearest AMCI, 911, or go to the nearest hospital emergency department, does not meet the after-hours on-call requirement.
- 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 Psychiatric Day Treatment 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 AMCI for emergency behavioral health crisis assessment, intervention, and stabilization

STAFFING REQUIREMENTS:

- The program utilizes 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
  - Psychiatric nurse mental health clinical specialist (PNMHCS)
  - Licensed Independent Clinical Social Worker (LICSW)
  - Licensed Clinical Social Worker (LCSW)
  - Psychiatric Nurse (RN)
  - Licensed Occupational therapist (OTR)
  - Licensed Mental Health Counselor (LMHC)
  - Licensed Marriage and Family Therapist (LMFT)
  - Certified Rehabilitation Counselor (CRC)
  - Certified Addiction Counselor (CAC)
  - Certified Alcohol and Drug Abuse Counselor (CADAC)
  - Registered Psychiatric Rehabilitation Practitioner (RPRP)
  - Registered Expressive Therapists (ATR, MTR, etc.)
  - Registered Recreational Therapists (RTR)
  - Additional staffing may include allied health professionals or paraprofessional staff as outlined in 130 CMR 417.423

- Regularly scheduled supervision and scheduled staff development trainings are requirements for all staff positions that promotes skill development in the provision of clinical and rehabilitative services to Members.

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 (i.e., consistently using the name and pronouns that the Member uses for themselves).
- 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)

SERVICE, COMMUNITY AND COLLATERAL LINKAGES:

- Program staff coordinates treatment planning and aftercare with the Member's primary care physician (PCP), outpatient, and other community-based providers, involved state agencies, community supports and family, guardian, and/or significant others when applicable. If consent for such coordination is withheld or refused by the Member or guardian, then this is documented in the Member's health record.
- The program ensures that a written aftercare plan is available to the Member at the day of discharge. When consent is given, a copy of the written aftercare plan is forwarded at the time of discharge to the referral source, family/guardian/significant other, outpatient or community-based provider, PCP, and other entities and agencies that are significant to the Member's aftercare.
- The provider develops and documents organizational and clinical linkages with each of the high-volume referral source AMCIs and inpatient units, holds regular meetings or has other contacts as necessary, and communicates with the AMCIs and inpatient units on clinical and administrative issues, as needed, to enhance continuity of care for Members. A Memorandum of Understanding is required with the local AMCI to facilitate collaboration around Members' crisis prevention/safety plans as well as to access AMCI crisis assessment, intervention, and stabilization for Members enrolled in day treatment when needed. On a Member-specific basis, and treatment recommendations are received, any existing crisis prevention/safety plan is obtained, and, in preparation for discharge, to develop or update the Member prevention/safety plan.
- 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.

PROCESS SPECIFICATIONS: ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:

- The Provider ensures that referrals from inpatient psychiatric facilities/units, Members are

scheduled for an intake appointment within 3 days business days from the date of discharge from the inpatient facility.

- Routine request for service from the community need to offer an appointment within 10 business days of referral.
- Upon admission, the provider assigns each Member a primary counselor.
- The provider ensures the assessments are completed, that a multi-disciplinary 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.
- The treatment plan is reviewed by the multi-disciplinary team and the Member after the following:
    - Every 30 days of attendance or 90 calendar days, whichever comes first.
    - Any 24-hour behavioral health inpatient admission that necessitates a change in the treatment plan; and
    - When major clinical changes occur.
- 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 their needs.
- 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** and asking to speak to the Member's Care Team. Medical transportation is a CCA covered benefit service.

DISCHARGE PLANNING AND DOCUMENTATION

- Discharge planning beings on admission to the program, including the identification of potential barriers to discharge.
- The transition to the providers/caregivers identified in the discharge/aftercare plan begins while the Member is active in the program to ensure greater compliance.
- All activities and plans are documented in the Member's health record including their permission for any outside contact, including coordination of services.
- If a Member does not attend the program as scheduled on a given day, the assigned clinician attempts to contact the Member within 24 hours and documents such effort(s), including unsuccessful attempts, within the Member's health record.
- 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** and documents efforts to reach the Members as successful or unsuccessful in the Member's health record.
- 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 Member's record.
- 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.
- updated to reflect the current needs of the Member and that the Member has a copy of the discharge plan upon discharge.

EXPECTED OUTCOMES AND QUALITY MANAGEMENT:

- The facility and/or program will develop and maintain a quality management plan that is consistent and that 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 this level of care for quality management and Network Management purposes.
- 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) and Adverse Incidents.
- Reportable adverse incidents must be reported to CCA and MassHealth Office of Behavioral Health within one business day as per policy and DMH licensing requirements. Providers must follow all laws and regulations for reporting Adverse Incidents (per MassHealth All Provider Bulletin 316).
- Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies.

DOCUMENT UPDATES:

- **December** 2024: Revised template