

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
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Title: Day Program Requirements	Functional Area: Target Populations & Array of Services	
Approved By: (Signature on File) Signed version available upon request		
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BACKGROUND/CONTEXT:

Sacramento County is required to ensure consistent implementation and tracking of Day Treatment Intensive and Day Rehabilitative services in accordance with California Department of Mental Health (DMH) Information Notice No. 02-06 and 03-03, the California Department of Health Care Services (DHCS)/Mental Health Plan contract, and the DHCS Annual Review Protocol for Specialty Mental Health Services and Other Funded Services.

DEFINITIONS:

Day Rehabilitation: A structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development that provides services to a distinct group of beneficiaries and is available at least 3 hours and less than 24 hours each day the program is open. (Title 9, CCR, 1810.212)

Day Treatment Intensive: A structured multi-disciplinary program of *therapy* that may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least 3 hours and less than 24 hours each day the program is open. (Title 9, CCR, 1810.213)

Licensed Practitioner of the Healing Arts (LPHA): Licensed Psychiatric Medical Doctor (MD); Licensed Psychiatric Registered Nurse; Licensed or Waived Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Marriage Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC), Associate Clinical Social Worker (ASW), Associate Marriage and Family Therapist (AMFT), or Associate Professional Clinical Counselor (APCC).

Qualified Mental Health Professional (QMHP): Licensed Psychiatric Medical Doctor (MD); Licensed Psychiatric Registered Nurse (RN); Licensed or Waived Psychologist, LCSW, LMFT, LPCC, ASW, AMFT, and APCC. *Additionally*, Licensed Psychiatric Technician (LPT); Licensed Vocational Nurse (LVN); Mental Health Rehabilitation Specialist (MHRS) certified by the County Mental Health Plan.

Core Services: Day Rehabilitation: Daily Community Meeting; Process Groups; Skill Building Groups; Adjunctive Therapies (art, recreation, dance, music as a therapeutic expression). Psychotherapy Group is optional.

Day Treatment Intensive: Daily Community Meeting; Process Groups; Skill Building Groups; Adjunctive Therapies (art, recreation, dance, music) and Psychotherapy Group.

Community Meetings: To occur once a day, actively involving the staff and beneficiaries, and addresses the relevant items such as current events and individual issues that beneficiaries and/or staff wish to discuss to elicit support of the group and conflict resolution.

Day Rehabilitation: The community meeting includes staff who is a physician, a registered nurse, psychiatric technician, licensed vocational nurse, MHRS, a licensed/waived/registered psychologist, LCSW, LMFT, LPCC, ASW, AMFT, or APCC.

Day Treatment Intensive: The community meeting includes a staff whose scope of practice includes psychotherapy, such as a Psychiatrist, Licensed/Waived/Registered Psychologist, LCSW, LMFT, LPCC, ASW, AMFT, or APCC.

Process Group: *Skill Development:* Facilitated by staff in a peer group environment. Includes problem-solving strategies, supportive guided feedback, and effective communication skill building through effective group process.

Psychotherapy can substitute or be in addition to “Process Group” in Day Rehabilitation.

Skill Building Group: Similar to process group, except the focus is more active. Includes activities to identify barriers/obstacles related to ones psychiatric/psychological experiences. Includes Symptom/Behavior identification and active management techniques. Incorporates activities (such as role play) with group participation and feedback for increasing adaptive behaviors.

Adjunctive Therapies: Non-traditional therapy that utilizes self expression such as: art, recreation, dance, music etc. Adjunctive therapies are not recess and must be structured and directed towards a client plan goal. The emphasis is on a theme such as cooperative interaction, turn taking, sharing, positive redirecting or symptom management.

Psychotherapy Group: **Conducted by an LPHA or LPHA Waived staff.** Psychosocial therapeutic method to: Assist client(s) in achieving a better psychosocial adaptation; to acquire greater human realization of psychosocial potential and insight. To assist in the modification of internal and external conditions that affect behavior, emotions and thinking in respect to intrapersonal and interpersonal processes. Psychotherapy is a requirement for Day Treatment Intensive.

Clinical Bundle: The required documentation to be completed by the assigned provider including Assessment Documents and Client Plan. Refer to QM Documentation Training: CWS Documentation Bundles and your contract for the specific required documentation.

PURPOSE:

The purpose of this policy is to clarify documentation requirements specifically for Day Programs. These requirements would be in addition to completion of the Clinical Bundle outlined within the associated policies referenced at the end of this policy. In addition, this policy will help improve quality and accountability for certification of these Medi-Cal specialty mental health services through the use of a standardized daily day program attendance sheet. This tool will provide verification of mandated attendance; staff qualification and program requirements.

DETAILS:

Day Program Requirements

1. Day Rehabilitation (DR) documentation must include the following:
 - a. Provide the Weekly Summary Progress Report, signed by the Program Director or designee. This documentation must include the following:
 - i. Progress or lack of progress towards the treatment goals;
 - ii. Barriers identified that impact progress towards those goals;
 - iii. Interventions that were tried during the previous month;
 - iv. Receptivity by client;
 - v. If lack of progress was noted, indicate new interventions initiated;
 - vi. Follow-up and future treatment plans.

- b. Monthly documentation of one contact with family, caregiver, or significant support person identified by an adult client or one contact per month with the legally responsible adult for a client who is a minor.
 - i. This contact is face-to face or by an alternative method such as email, telephone, etc.
 - ii. This contact focuses on the role of the support person in supporting the client's community reintegration.
 - iii. This contact occurs outside the hours of operation and outside the therapeutic program.
- c. All entries in the client's medical record include: The date(s) of service; the signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; the date of signature; the date the documentation was entered in the client record.
- d. Provider will verify the billing dates are consistent with the client participation in the program as evidenced by his/her signature on the billing invoice documents.
- e. Provide the Weekly Detailed Schedule that is available to clients and as appropriate to their families, caregivers, or significant support persons and identifies when and where the service components of the program will be provided and by whom. The Weekly Detailed Schedule will specify:
 - i. The program staff
 - ii. Staff's qualifications
 - iii. Scope of their services
- f. For DR, at a minimum there must be an average ratio of at least one person from the following list to 10 beneficiaries or other clients in attendance during the period the program is open:
 - i. Physician
 - ii. Psychologist or related registered/waivered professional
 - iii. LCSW or related registered/waivered professional
 - iv. MFT or related registered/waivered professional
 - v. Registered Nurses
 - vi. Licensed Vocational Nurses
 - vii. Psychiatric Technicians
 - viii. Occupational Therapists
 - ix. Mental Health Rehabilitation Specialists (defined in title 9, section 630)
 - x. Persons providing services who do not participate in the entire Day Rehab session, whether full or half-day, shall only be included as part of the above ratio formula on a pro rata basis based on the percentage of time they participated in the session.
- g. If there are more than twelve clients in the DR program, staffing shall include at least two (2) staff from the above list.
- h. DR staff (MHRS) must be present and available to the group. LPHA or LPHA Waived staff must provide the Community Meetings and Psychotherapy Groups.

2. Day Treatment Intensive (DTI) documentation must include the following:

- a. Daily Progress Notes reflecting activities attended.
- b. Provide the Weekly Clinical Summary, signed by a physician, a licensed/waivered psychologist, clinical social worker, marriage and family therapist, licensed professional clinical counselor or a registered nurse who is either staff to the day treatment intensive program or the person directing the service. This documentation must include the following:
 - i. Progress or lack of progress towards the treatment goals;
 - ii. Barriers identified that impact progress towards those goals;
 - iii. Interventions that were tried during the previous month;
 - iv. Receptivity by client;
 - v. If lack of progress was noted, indicate new interventions initiated;
 - vi. Follow-up and future treatment plans.
- c. Monthly documentation of one contact with family, caregiver, or significant support person identified by an adult client or one contact per month with the legally responsible adult for a client who is a minor.
 - i. This contact is face-to face or by an alternative method such as email, telephone, etc.

- ii. This contact focuses on the role of the support person in supporting the client's community reintegration.
- iii. This contact occurs outside the hours of operation and outside the therapeutic program.
- d. All entries in the client's medical record include: The date(s) of service; the signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; the date of signature; the date the documentation was entered in the client record.
- e. Provider will verify the billing dates are consistent with the client participation in the program as evidenced by his/her signature on the billing invoice documents.
- f. Provide the Weekly Detailed Schedule that is available to clients and as appropriate to their families, caregivers, or significant support persons and identifies when and where the service components of the program will be provided and by whom. The Weekly Detailed Schedule will specify:
 - i. The program staff
 - ii. Staff's qualifications
 - iii. Scope of their services
- g. For DTI, at a minimum there must be an average ration of at least one person from the following list to 8 beneficiaries or other clients in attendance during the period the program is open:
 - i. Physician
 - ii. Psychologist or related registered/waivered professional
 - iii. LCSW or related registered/waivered professional
 - iv. MFT or related registered/waivered professional
 - v. Registered Nurses
 - vi. Licensed Vocational Nurses
 - vii. Psychiatric Technicians
 - viii. Occupational Therapists
 - ix. Mental Health Rehabilitation Specialists (defined in title 9, section 630)
 - x. Persons providing services who do not participate in the entire Day Program session, whether full or half-day, shall only be included as part of the above ratio formula on a pro rata basis based on the percentage of time they participated in the session.
- h. For all scheduled hours of operation there must be at least one staff person from the above list who is present and available to the group in the therapeutic milieu.
- i. If there are more than twelve clients in the DTI program, staffing shall include at least one staff from the above list.
- j. For DTI, staff shall include at least one staff person whose scope of practice includes psychotherapy and they must be present and available for community meeting and psychotherapy group.

3. All Day Programs must have the following:

- a. Service Components
 - i. Daily Community Meetings; *
 - ii. Process Groups (Day rehabilitation may include psychotherapy instead of process groups, or in addition to process groups.
 - iii. Skill-building Groups; and
 - iv. Adjunctive Therapies;
 - v. Additionally, Day Treatment Intensive programs also require Psychotherapy.
- b. Community Meetings shall occur at least once a day to address issues pertaining to the continuity and effectiveness of the therapeutic milieu, and shall actively involve staff and beneficiaries. Community meetings shall include:
 - i. For day treatment intensive, include a staff person whose scope of practice includes psychotherapy.
 - ii. For day rehabilitation, include a staff person who is a physician, a licensed/waivered/registered psychologist, clinical social worker, or marriage and family therapist; and a registered nurse, psychiatric technician, licensed vocational nurse, or mental health rehabilitation specialist.

- c. The Written Program Description that describes the specific activities of each service and reflects each of the required day program components.
- d. The Mental Health Crisis Protocol for responding to clients experiencing a mental health crisis. The protocol shall assure the availability of appropriately trained and qualified staff and include agreed upon procedures for addressing crisis situations. The protocol may also include referrals for crisis intervention, crisis stabilization or other specialty mental health services necessary to address the client's urgent or emergency psychiatric condition. If the protocol includes referrals, the Program staff shall demonstrate the capacity to handle the crisis until the client is linked to an outside crisis service.
- e. Hours of the Day program must be continuous. There must be documentation of the total number of minutes / hours the client actually attended the program each day. Breaks between activities, as well as lunch and dinner breaks, do not count toward the continuous hours of operation for purposes of determining minimum hours of service.
 - i. For Half Day programs, the beneficiary must receive face-to-face services a *minimum* of three (3) hours each day the program is open.
 - ii. For Full Day programs, the beneficiary must receive face-to-face services in a program with services available more than four (4) hours per day.
 - iii. Documentation of the reason the client was absent (due to leave of absence (LOA), hospitalization, etc.). Those dates are specifically excluded from billing.
 - iv. Documentation of unavoidable absences. An unavoidable absence is a beneficiary missing part of the Day Rehabilitation or Day Treatment Intensive program due to an unplanned absence. Examples, include family emergency, client became ill, court appearance, appointment that cannot be rescheduled and documents the reason, family events such as a funeral or wedding, or transportation issues. Home visits or doctor visits that are scheduled do not meet the criteria for "unavoidable absence". If the client is unavoidably absent, but has still been present for more than 50% of the scheduled hours of operation for the day, the services can still be billed if the following is documented:
 1. The total time (number of hours and minutes) the client actually attended the program.
 2. Verification the client attended for at least 50 percent of the hours of the program operation.
 3. There must be a separate entry in the medical record documenting the reason for the unavoidable absence which clearly explains why the client could not be present for the full program.
 4. If absences are frequent then the provider must re-evaluate the client's need for the Day Rehabilitation or Day Treatment Intensive Program.

General Instructions for Day Program Attendance Sheet

THE DAY PROGRAM ATTENDANCE SHEET MUST BE COMPLETED DAILY IN INK (preferably blue ink).

The following are line by line instructions for the completion of the Day Program Attendance Sheet.

- 1) **Agency Name:** Your Agency's name.
- 2) **Day Program Attendance Sheet:** Title of form. No entry required.
- 3) **Date:** Today's Date.
- 4) **Day Program:** Indicate by marking the box next to the appropriate program (rehab or intensive) and duration of program (½ day or full day).
- 5) **Total Program Hours: From –To:** Annotate the hours of the entire program for the given date.

- 6) Name of Program: If using this form for one group only, enter the agency assigned program name.
- 7) Check type of Group Facilitated on this Day: A daily Community Meeting is a mandatory. Check all boxes that apply. If two of the same type of group are held on the same day, indicate the group type by marking the box and annotate the number in parenthesis (#) next the name of the group. e.g. Skill Building (2)
- 8) From / To: Under the selected group type, enter the time the group begins and ends for the specified date.
- 9) QMPH Facilitator (LPHA/MHRS) Name: Assigned staff prints and signs name. Include your staff classification by checking the appropriate box. (See LPHA/QMHP definition above). This staff must be present and available to the group during the stated group times. (According to program type)
- 10) Additional Participating Staff: All other staff assisting in the specified group, print name and staff classification (LPHA, MHRS, MHAI, MHAI) and initial next to name.
- 11) Crisis Worker (on duty): Name of person assigned as the Crisis Worker for stated date. Please print name and staff classification and sign next to printed name. The Crisis Worker **can not** be the same individual as the Facilitator or Additional Participating Staff assigned to any of the daily groups.
- 12) Attendance is less than 50%: Check the box if the client was **not** present in the group for at least 50% of the time.
- 13) Participating clients: Facilitator prints the name of each client that is present and meets the mandated attendance criteria for the group they are facilitating.

Agency Name
Daily Program Attendance Sheet
Date

Please Print and Complete All Information
This sheet must be fully completed on each day of service

Day Program	<input type="checkbox"/>	Rehab	<input type="checkbox"/>	Intensive
	<input type="checkbox"/>	½ Day	<input type="checkbox"/>	Full Day

Total Program Hours/Minutes: _____ From: _____ To: _____

Name of Program: _____

Check type of group facilitated on this day:

Community Meeting		Process Group		Skill Building		Psycho Therapy		Adjunctive Therapy	
From	To	From	To	From	To	From	To	From	To

QMHP Facilitator:
_____ MHRS _____ LPHA

Name: _____

Additional Participating
Staff:

Name: _____

(This person must be trained
in Crisis Intervention)

Name: _____

Please Print the Full Name of Each Participating Client

Check only if client's attendance was less than 50% of day program group time. Explain reason for unavoidable absences in the client's chart. Document in the chart the total time (number of hours and minutes) client attended.

1. Client Name	
2. Client Name	
3. Client Name	
4. Client Name	
5. Client Name	
6. Client Name	
7. Client Name	
8. Client Name	
9. Client Name	
10. Client Name	
11. Client Name	
12. Client Name	
13. Client Name	
14. Client Name	

LPHA = Licensed Psychiatric MD, Licensed or Waived Psychologist, LCSW, MFT and Licensed Psychiatric RN
QMPH = Licensed Psychiatric MD, Licensed or Waived Psychologist, LCSW, MFT and Licensed Psychiatric RN.
Additionally, Licensed Psychiatric Technician (LPT); Licensed Vocation Nurse (LVN) and Mental Health Rehabilitation Specialist (MHRS) certified by the County Mental Health Plan.

REFERENCE(S)/ATTACHMENTS:

- Mental Health Plan
- DMH Information No. 02-06
- DMH Information No. 03-03
- California Code of Regulations, Title 9, §1840.318; §1840.350; §840.352; §630
- MHSUDS IN# 17-040

RELATED POLICIES:

- QM 04-01 Site Certification of Provider Physical Plan
- QM 10-27 Core Assessment
- QM 10-27 Client Plan
- QM 01-07 Determination for Medical Necessity and Target Population
- QM 10-02 Health Questionnaire
- QM 10-29 Mental Status Exam
- QM 10-23 Out of County Authorization, Documentation and Billing Procedure

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		
	Mental Health Treatment Center		
	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use, Prevention, and Treatment Services		
	Specific grant/specialty resource		

CONTACT INFORMATION:

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