CHAPTER 4

Regulations and Requirements for Services Based on Blocks of Time (Mode 10)

MEDI-CAL REIMBURSABLE SERVICES
- **Hours of Time**
  - **Crisis Stabilization**
- **Half or Full-Days of Time**
  - **Day Treatment Intensive (DTI)**
  - **Day Rehabilitation (DR)**

COUNTY GENERAL FUND REIMBURSABLE SERVICES
- **4-hour Blocks of Time**
  - **Socialization Services**
  - **Vocational Services**

MEDI-CAL REIMBURSABLE SERVICES BASED ON HOURS OF TIME

CRISIS STABILIZATION SERVICES

Definition of Service Activities and Site Requirements (§1810.210):

A service lasting less than 24 hours, to or on behalf of a client for a condition which requires a more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral, and therapy.

Crisis Stabilization must be provided on site at a licensed 24-hour health care facility or hospital-based outpatient program or a provider site certified by the State Department of Mental Health to provide Crisis Stabilization

NOTE: This is a bundled service and is not claimed by individual staff.

Procedure Codes:

Crisis Stabilization services have separate procedure codes based on site of delivery of services as noted below (See "Guide to Procedure Codes" for codes and definitions):

⇒ Crisis Stabilization - Emergency Room

⇒ Crisis Stabilization - Urgent Care Facility

Contact Requirements [§1840.338(b)(c)]:

⇒ Medical backup services must be available either on-site or by written contract or agreement with a hospital. Medical backup means immediate access within reasonable proximity to health care for medical emergencies. The Department shall define immediate access and reasonable proximity. Medications must be available on an as needed basis and the staffing pattern must reflect this availability.

⇒ All persons receiving Crisis Stabilization shall receive an assessment of their physical and mental health. This may be accomplished using protocols approved by a physician. If outside services are needed, a referral that corresponds with the person's need shall be made, to the extent resources are available.

Claiming Rules (§1840.322):

The billing unit for Crisis Stabilization is client time, based on hour blocks of time.

- Each hour block of crisis stabilization services to the client shall be claimed.
- Partial blocks of time shall be rounded up or down to the nearest one-hour increment with the exception of services lasting less than one hour, which shall always be rounded up to a one hour increment.

Note: Client time spent in the waiting room is not service time.

Lockouts (§1840.368):

Crisis Stabilization is not reimbursable on days when Psychiatric Inpatient Hospital or Psychiatric Health Facility or Psychiatric Nursing Facility Services are reimbursed, except on the day of admission to those services.

Crisis Stabilization is a package program and no other Medi-Cal services are reimbursable during the same time period this service is reimbursed, except for Targeted Case Management.

The maximum number of hours claimable to Medi-Cal for Crisis Stabilization in a 24-hour period is 20 hours.

Minimum Documentation Requirements:

(See also "General Documentation Requirements" in Chapter 1)

⇒ Date of Service
⇒ Type of Service delivered and Procedure Code
⇒ Acuity of Individual or situation which jeopardizes Individual's ability to maintain Community functioning
⇒ A description of what was attempted and/or accomplished by service staff including observation of the Individual
⇒ Time the Service Began and Ended
⇒ Plan for Subsequent Service, if applicable

Frequency of Documentation (SDMH contract, Exhibit A, Attachment 1, Appendix C):

Daily - a minimum of one progress note for every twenty-three hours for which services are billed.

Staffing Requirements (§1840.348):

Services must be provided by staff functioning within the State's scope of practice and employer job description/responsibilities.

1) A physician shall be on call at all times for the provision of those services which can only be provided by a physician.

2) There shall be a minimum of one Registered Nurse, Psychiatric Technician, or Licensed Vocational Nurse on site at all times clients are present.

3) At a minimum there shall be a ratio of at least one of the licensed/registered/waivered mental health professionals on site for each four persons (1:4) receiving Crisis Stabilization services at any given time.

4) If the client is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such staff shall be available.

5) Other staff may be utilized by the program, according to need.

6) If Crisis Stabilization are co-located with other specialty mental health services, staff providing Crisis Stabilization must be separate and distinct from staff providing other services.

7) Staff included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

MEDI-CAL REIMBURSABLE SERVICES BASED ON HALF OR FULL DAY OF TIME

DAY TREATMENT INTENSIVE & DAY REHABILITATION

Day Treatment Intensive and Day Rehabilitation services **must be authorized by the Department prior to delivery and claiming.**

Authorization Requirement (SDMH Information Notices No(s) 02-6 & 02-08; State Contract, Exhibit A, Attachment 1):

The requirement for prior authorization also extends to outpatient mental health services (Individual, Collateral, Family, Group therapy and rehabilitation) planned for delivery on the same day the client is in the day treatment program. (SDMH Contract, Exhibit A, Attachment 1, "Requirements for DTI & DR", "Authorization and Service Requirements." This applies regardless of whether or not the outpatient mental health services are delivered within a single clinic or in a different clinic.

Definitions:

Both Day Treatment Intensive and Day Rehabilitation are packaged programs with services available at least three hours and less than 24 hours each day the program is open (§1810.213 & §1810.212, respectively)

(See "Billing" below for additional time requirements.)

Day Treatment Intensive (§1810.213)

Day Treatment Intensive service is a structured multi-disciplinary treatment program as an alternative to hospitalization, to avoid placement in a more restrictive setting, or to maintain the client in a community setting.

NOTE: For seriously emotionally disturbed children and adolescents, Day Treatment Intensive provides a range of services to assist the child/adolescent to gain the social and functional skills necessary for appropriate development and social integration. Interventions are intended to prevent hospitalization, placement in a more restrictive facility, or out of home placement. This service may be integrated with an education program. A key component of this service is contact with the families of these Individuals.

Day Rehabilitation (§1810.212)

Day Rehabilitation is a structured program of rehabilitation and therapy to improve, maintain, or restore personal independence and functioning, consistent with the requirements for learning and development which provides services to a distinct group of clients.

NOTE: For seriously emotionally disturbed children and adolescents, Day Rehabilitation focuses on maintaining Individuals in their community and school settings, consistent with their requirements for learning and development and enhanced self-sufficiency. Services emphasize delayed personal growth and development. This service may be integrated with an education program. A key component of this service is contact with the families of these Individuals.

Service Activities and Components:

Service Activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral (§1810.212 & §1810.213)

NOTE: Medication Support Services that are provided within a day program shall be billed separately from the Day Treatment Intensive or Day Rehabilitation programs [§1840.326(b)].

Day Treatment Intensive (DTI) and Day Rehabilitation (DR) programs are **required** to include the following minimum service components and shall be available at least a weekly average of 3 hours per day for full-day programs and an average of 2 hours per day for half-day programs (SDMH Contract, Exhibit A, Attachment 1). The service components must be developmentally and age appropriate (SDMH Letter No. 03-03)

⇒ **Community meetings** that occur at a minimum of once a day, but may occur more frequently as necessary, to address issues pertinent to the continuity and effectiveness of the therapeutic milieu, and actively involve staff and clients. The community meetings will address relevant items, including the schedule for the day, current events, individual issues clients or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or for special events, old business from previous meetings, or from previous day treatment experiences, and debriefing or wrap up.

Staffing Requirements for Community Meetings:

- DTI - A staff person whose scope of practice includes psychotherapy.
- DR- Physician; licensed/waivered/registered psychologist, clinical social worker, MFT; registered nurse; psychiatric technician; LVN; or MH Rehabilitation Specialist.

⇒ **A therapeutic milieu**, i.e., a structured therapeutic program with the following service components:

Both DTI & DR **shall** provide the following:

- Skill building groups: These are groups where staff help clients identify barriers related to their psychiatric and psychological experiences and, through group interaction, become better able to identify skills that address symptoms and behaviors. Skill building will support learning and using adaptive behaviors.

- Adjunctive therapies: Non-traditional therapies involving staff and clients where the therapeutic intervention utilizes self-expressive modalities, e.g., art, recreation, dance, music. The modality is directed towards developing and enhancing skills towards client plan goals.

Additionally for DTI:

- Psychotherapy: The use of psychosocial methods within a professional relationship to assist the client or clients to achieve a better psychosocial adaptation; to acquire greater human realization of psychosocial potential and adaptation; to modify internal and external conditions that affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes. **Psychotherapy shall be provided by licensed, registered, or waivered staff practicing within their scope of practice.**

  DTI **may** also include process groups, defined below, in addition to the service activities listed above.

Additionally for DR:

- Process Groups: Groups facilitated by staff to help clients develop the skills necessary to deal with their individual problems and issues by using the group process to provide peer interaction and feedback in developing problem-solving strategies and to assist one another in resolving behavioral and emotional problems.

  DR **may** include psychotherapy instead of process groups or in addition to process groups.

In the therapeutic milieu, specific activities are performed by identified staff and takes place for the continuous scheduled hours of operation for the program. The staff and activities teach, model, and reinforce constructive interactions; include peer and staff feedback to clients on strategies for symptom reduction, increasing adaptive behaviors, and reducing subjective distress; involve clients in the overall program, e.g., providing opportunities to lead community meetings and to provide feedback to peers, include behavior management interventions that focus on teaching self-management skills that children, youth, adults, and older adults may use to control their own lives, to deal effectively with future and present problems, and to function well with minimal or no additional therapeutic intervention.

These service components shall apply/be made available for at least a weekly average of 3 hours per day for full-day programs and an average of two hours per day for half-day programs:

⇒ Breaks between milieu activities and lunch or dinner breaks do not count towards the total hours of operation of the day program for purposes of determining minimum hours of service (SDMH Letter No. 03-03).

⇒ **At least one contact** (face-to-face or by an alternative method, e.g., e-mail, telephone, etc.) **per month with a family member**, caregiver, or other 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. Adult clients may choose whether or not this service component is done for them. The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration. It is expected that this contact will occur outside the hours of operation of the day treatment program.

⇒ A detailed **weekly schedule** identifying where and when the service components identified above will be provided and by whom shall be made available to clients and, as appropriate, to their families, caregivers, or significant support persons. The written weekly schedule shall specify the program staff, their qualifications, and their scope of responsibilities.

Other Required Service Components (SDMH Contract, Exhibit A, Attachment 1):

⇒ An established 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 include referrals for crisis intervention, crisis stabilization, or other specialty mental health services necessary to address the client's urgent or emergency psychiatric condition (crisis services). If clients will be referred to crisis services outside the day treatment or intensive day rehabilitation program, the DTI or DR staff shall have the capacity to handle the crisis until the client is linked to outside crisis services.

⇒ A written program description for DTI and DR. Each provider of these services shall be required to develop and maintain this program description. The written program description shall describe the specific activities of the service and reflect each of the required components of the services described in this section.

Site and Contact Requirements [Day Treatment Intensive (§1840.328); Day Rehabilitation (§1840.330)]

There is a clearly established site for services although all services need not be delivered at that site.

Claiming Rules (§1840.318):

⇒ Day Treatment Intensive and Day Rehabilitation shall be billed as half days or full days of service.

⇒ The following requirements apply for claiming of services based on half-days or full days of time:

1. A half day shall be billed for each day in which the client receives face-to-face services in a program with services available four hours or less per day. Services must be available a minimum of three hours each day the program is open.
2. A full day shall be billed for each day in which the client receives face-to-face services in a program with services available more than four hours per day.

Clients are expected to be in attendance all the scheduled hours of the program, but a service may be claimed in unusual situations if the client has been in attendance at least 50% of the hours of operation of the program (SDMH Contract, Exhibit A, Attachment 1).

Lockouts (§1840.360):

Day Treatment Intensive & Day Rehabilitation services are not reimbursable on days when Crisis Residential Treatment Services, Inpatient Services, or Psychiatric Health Facility Services or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission to those services.

Mental Health Services are not reimbursable when provided by Day Treatment Intensive or Day Rehabilitation staff during the same time period that Day Treatment Intensive or Day Rehabilitation services are being provided.

Two half day programs may not be provided to the same client on the same day.

Minimum Documentation Requirements:

(See also Chapter 1, "General Documentation Rules")

- Date of Service
- Type of Service delivered and Procedure Code
- Daily Notes (for DTI only): description of service provided. This includes a weekly schedule that shows:
  - the specific activities in which a client participates each day of his/her attendance along with a brief daily service note
  - the length of time of each activity
  - the total time of participation of the client for each day.
- Weekly Clinical Summaries (DTI only): Brief narrative describing what was attempted and/or accomplished toward the client goal(s) by the client and service staff.
- Weekly Summary (DR only): A description of what was attempted and/or accomplished toward the client goal(s), by the client and service staff.
- Daily activities in which the client participated must be reflected in the documentation.

Frequency of Documentation (SDMH contract, Exhibit A, Attachment 1, Appendix C):

- DTI: Daily Progress Notes on activities **and** a weekly clinical summary

- DR: Weekly summary

Signature Requirements:

(See also Chapter 1, "Signature Requirements," under "General Documentation Rules")

Weekly clinical summaries for DTI and weekly summaries for DR clients must be written and signed by the service provider and, if applicable, reviewed and co-signed by a physician, a licensed/waivered/registered psychologist, social worker or MFT, or a RN, who is either staff to the DTI or the person directing the service (SDMH Contract, Exhibit A, Attachment 1, Appendix C).

NOTE:

- Co-signatures may NEVER be used to allow a staff person to perform a service that is not within his/her scope of practice. The qualified staff person (see "Signature Requirements" above) co-signing a Day Rehabilitation note affirms they have supervised the service delivery and assume responsibility and liability for the service.
- DTI and DR progress notes written by unlicensed staff without a bachelor's degree in a mental health related field or two years of experience (paid or unpaid) delivering mental health services in the mental health field must have all progress notes co-signed by a mental health professional until the experience/education requirement is met.

Staffing Requirements:

Day Treatment Intensive

- DTI programs serving more than **12** clients must include staff from at least two of the staff categories listed in "Staffing Requirements for Day Treatment Programs" in the Appendix (§1840.350).

- At a minimum there must be an average ratio of at least one staff to **8** Individuals (1:8) in attendance during the period the program is open. Other staff may be utilized according to program need, but shall not be included as part of the ratio formula (§1840.350). The staff categories that meet this requirement appear in the Appendix item, "Staffing Requirements for Day Treatment Programs."

- At least one staff person must be present and available to the group in the therapeutic milieu for all scheduled hours of operation (SDMH Contract, Exhibit A, Attachment 1).

- Program staff may be required to spend time on day treatment intensive activities outside the hours of operation and therapeutic milieu, e.g., time for travel, documentation, and caregiver contacts (SDMH Contract, Exhibit A, Attachment 1). This time is not separately reimbursable.

NOTE: A physician; licensed/waivered/registered psychologist, social worker, MFT; or Registered Nurse must be included in the staffing for DTI programs since weekly clinical summaries must be written and/or co-signed by one of these disciplines. Also, other clinical services provided by the program may be appropriately provided by a clinician.

Day Rehabilitation

- At a minimum there must be an average ratio of at least one staff to **10** Individuals (1:10) in attendance during the period the program is open (See "Staffing Requirements for Day Treatment Programs" in Appendix for allowable staff categories). Other staff may be utilized according to program need, but shall not be included as part of the ratio formula (§1840.352).

- Programs serving more than **12** Individuals must include two staff identified in "Staffing Requirements for Day Treatment Programs" (See Appendix). (§1840.352).

NOTE: While there is no specific State requirement for a physician, a licensed/waivered/registered psychologist, social worker, or MFT, or a RN to be a part of the minimum staffing, there are at least 2 situations which would require their inclusion: 1) the program is acting as Coordinator [the signature of a licensed/waivered/registered staff person is required on Coordination Plans] or 2) the program is providing clinical assessments and/or clinical/therapeutic services which are only within the scope of practice of licensed/waivered/registered staff.

Day Treatment Intensive and Day Rehabilitation:

Staff who are not solely used to provide DTI or DR services may be utilized according to program need, but shall not be included as part of the staff to client ratio formulas to meet staffing requirements listed above (SDMH Letter No.: 03-03).

A clear audit trail shall be maintained for staff who function as both Day Treatment Intensive or Day Rehabilitation staff and in other capacities (§1840.350 and §1840.352).

At least one day treatment staff person must be physically present in any room or other separate identifiable location in which the therapeutic milieu is being provided to one or more clients (SDMH Letter No.: 03-03)

NOTE: DTI/DR staff that is budgeted entirely (100%) to a DTI/DR program may not claim any other type of service.

STAFFING REQUIREMENTS FOR DAY TREATMENT PROGRAMS

Day Treatment Intensive (DTI)

At a minimum there must be an average ratio of at least one person from the following list providing DTI services to **8** clients in attendance during the period the program is open.

DTI programs serving more than **12** clients shall include at least one person from each of the two following staff categories:

- Physicians
- Psychologists or related waivered/registered professionals
- Licensed Clinical Social Workers or related waivered/registered professionals
- Marriage, Family and Child Counselors (MFT's) or related waivered/registered professionals
- Registered Nurses
- Licensed Vocational Nurses
- Psychiatric Technicians
- Occupational Therapists
- Mental Health Rehabilitation Specialists as defined in §630.

Day Rehabilitation (DR)

At a minimum there must be an average ratio of at least one person from the following list providing DR services to **10** clients in attendance during the period the program is open:

- Physicians
- Psychologists or related waivered/registered professionals
- Licensed Clinical Social Workers or related waivered/registered professionals
- Marriage, Family and Child Counselors (MFT's) or related waivered/registered professionals
- Registered Nurses
- Licensed Vocational Nurses
- Psychiatric Technicians
- Occupational Therapists
- Mental Health Rehabilitation Specialists as defined in §630.

Persons providing services in DR programs serving more than **12** clients shall include at least two of the following:

- Physicians
- Psychologists or related waivered/registered professionals
- Licensed Clinical Social Workers or related waivered/registered professionals
- Marriage, Family and Child Counselors (MFT's) or related waivered/registered professionals
- Registered Nurses
- Licensed Vocational Nurses
- Psychiatric Technicians
- Mental Health Rehabilitation Specialists as defined in §630.