



PSYCHIATRIC DAY TREATMENT (PDT)

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

Psychiatric Day Treatment (PDT) provides a coordinated set of individualized, integrated, and therapeutic supportive services to Enrollees with psychiatric disorders, who need more active or inclusive treatment than is typically available through traditional outpatient mental health services.

While less intensive than partial hospitalization, Psychiatric Day Treatment is an intensive, clinical program that includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a structured setting. Psychiatric Day Treatment programs provide 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 assists Enrollees in beginning the recovery and wellness process and provides supportive transitional services to Enrollees 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.

Psychiatric Day Treatment offers the Enrollee 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 Enrollee and/or Enrollee's family guides the course of treatment.

SERVICE COMPONENTS

1. The provider provides services at a minimum of five days per week. The provider offers a minimum of 30 hours of active programming per week.
2. Psychiatric Day Treatment provides structured, goal-oriented groups focused on symptom management, understanding the Enrollee's psychiatric condition(s), improving the Enrollee's ability to function in a valued role in the community, establishing and maintaining stable interpersonal relations, and practicing health-promoting lifestyles. The program assists Enrollees in identifying and protecting their legal rights, as well as identifying and pursuing vocational, educational, and other community and/or recovery-focused interests.
3. The scope of required service components provided in this level of care includes, but is not limited to, the following:
 - a) Behavioral management
 - b) Bio-psychosocial evaluation
 - c) Crisis management
 - d) Development and/or updating of crisis prevention plan, or safety plan as part of the Crisis Planning Tools for youth
 - e) Discharge planning/case management
 - f) Group therapy
 - g) Multi-disciplinary treatment team review
 - h) Peer support and recovery-oriented services
 - i) Psychiatric and nursing assessment, as indicated
 - j) Psycho-education
 - k) Substance use disorder assessment and services, as indicated
 - l) Treatment planning
4. The provider ensures that each Enrollee receives a program orientation at the initiation of services. The information includes the following: a description of program services, hours of operation, confidentiality, informed consent, nondiscrimination provisions, rights and responsibilities, rules of the program, and telephone numbers of the appropriate Emergency Services Program/Mobile Crisis Intervention (ESP/MCI).
5. Psychiatric Day Treatment services are accessible to the Enrollee 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 911, call the nearest ESP/MCI, or to go to a hospital Emergency Department (ED), does not meet the after-hours on-call requirement.
6. If an Enrollee experiencing a behavioral health crisis contacts the provider, during business hours or outside business hours, the provider, based on his/her assessment of the Enrollee's needs and under the guidance of his/her supervisor, may:
 - a) refer the Enrollee to his/her outpatient provider;
 - b) refer the Enrollee to an ESP/MCI for emergency behavioral health crisis assessment, intervention, and stabilization; and/or

- c) implement other interventions to support the Enrollee and enable him/her to remain in the community, when clinically appropriate, e.g., highlight elements of the Enrollee's crisis prevention/safety plan, encourage implementation of the plan, offer constructive, step-by-step strategies which the Enrollee may apply, and/or follow-up and assess the safety of the Enrollee and other involved parties, as applicable.

STAFFING REQUIREMENTS

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Plan service-specific performance specifications, and the credentialing criteria outlined in the provider manual, found at providerexpress.com.
2. The provider utilizes a multi-disciplinary staff that includes a psychiatrist, and any two of the following licensed clinicians (one of which must be independently licensed):
 - a) Psychologist
 - b) Psychiatric Nurse Mental Health Clinical Specialist (PNMHCS)
 - c) Licensed Independent Clinical Social Worker (LICSW)
 - d) Licensed Clinical Social Worker (LCSW)
 - e) Registered Nurse (RN)
 - f) Licensed Occupational Therapist (OTR)
 - g) Licensed Mental Health Counselor (LMHC)
 - h) Licensed Marriage and Family Therapist (LMFT)
 - i) Certified Rehabilitation Counselor (CRC)
 - j) Certified Addiction Counselor (CAC)
 - k) Certified Alcoholism and Drug Abuse Counselor (CADAC)
 - l) Registered Psychiatric Rehabilitation Practitioner (RPRP)
 - m) Registered Expressive Therapists (ATR, MTR, etc.)
 - n) Registered Recreational Therapists (RTR)
3. Additional staffing may include allied health professionals or paraprofessional staff as outlined in 130 CMR 417.423.
4. The program staff participate in regularly scheduled supervision and attend training that promotes skill development in the provision of clinical and rehabilitative services to Enrollees.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. The provider develops and documents organizational and clinical linkages with each of the high-volume referral source ESPs/MCIs and inpatient units, holds regular meetings or has other contacts as necessary, and communicates with the ESPs/MCIs and inpatient units on clinical and administrative issues, as needed, to enhance continuity of care for Enrollees. A Memorandum of Understanding is required with the local ESP/MCI to facilitate collaboration around Enrollees' crisis prevention/safety plans as well as to access

ESP/MCI crisis assessment, intervention, and stabilization for Enrollees enrolled in day treatment when needed. On an Enrollee-specific basis, the provider collaborates with the ESP/MCI upon admission to ensure the ESP's/MCI's evaluation and treatment recommendations are received, any existing crisis prevention/safety plan is obtained, and, in preparation for discharge, to develop or update the Enrollee's crisis prevention/safety plan.

2. For those Enrollees who would benefit from or are currently receiving medication management and monitoring, the provider facilitates the referral to or monitors the Enrollee's ongoing status with the prescriber.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. The provider ensures that for referrals from psychiatric inpatient units, Enrollees are scheduled for an intake appointment within three business days from the date of discharge.
2. Enrollees with routine requests for services are offered an appointment to be scheduled within 10 business days of the date of the request.
3. Upon admission, the provider assigns each Enrollee a primary counselor.
4. The provider ensures that assessments are completed, that a multi-disciplinary treatment team has been assigned to each Enrollee, and that the treatment team has met to review the assessment and initial treatment plan and initial discharge plan within 48 hours of admission.
5. The treatment plan is reviewed by the multi-disciplinary team and the Enrollee after the following:
 - a) Every 30 days of attendance or 90 calendar days, whichever comes first
 - b) Any 24-hour behavioral health inpatient admission that necessitates a change in the treatment plan
 - c) When major clinical changes occur
6. In collaboration with the provider and in the context of the treatment plan, the Enrollee chooses a daily schedule that is revised on a periodic basis to reflect his/her needs. If public transportation is not readily available, the provider assists the Enrollee with identifying reasonable transportation alternatives (e.g., public transportation, PT-1 forms, etc.).

Discharge Planning and Documentation

1. If the Enrollee does not attend the program as scheduled on a given day, the assigned clinician attempts to contact the Enrollee within 24 hours and documents such effort(s), including unsuccessful attempts, within the Enrollee's health record.
2. If the Enrollee terminates without notice, every effort is made to contact him/her and to provide assistance for appropriate follow-up plans (i.e., schedule another appointment or provide appropriate referrals). Such activity is documented in the Enrollee's health record.

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.