



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

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September 11, 2003

DMH LETTER NO.: 03-03

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: CLARIFICATION OF MEDI-CAL DAY TREATMENT INTENSIVE
AND DAY REHABILITATION PROGRAM REQUIREMENTS

Effective September 1, 2003, the contracts between mental health plans (MHPs) and the Department of Mental Health (DMH) will require that MHPs ensure that medically necessary day treatment intensive and day rehabilitation are provided in programs that meet specific standards. A copy of the contract language is provided as Attachment 1. DMH has received requests from MHPs and providers for technical clarification on the new requirements, which were originally described in DMH Information Notice No. 02-06, in the several areas. This letter provides the requested clarification on the contract terms regarding Medi-Cal day treatment intensive and day rehabilitation program requirements with regards to:

- Day treatment intensive and day rehabilitation services in the same program,
- Continuous hours of operation,
- Staffing ratios,
- Service components and
- Staff present and available to the therapeutic milieu.

Day Treatment Intensive and Day Rehabilitation Services In the Same Program

MHP responsibilities for ensuring that providers meet Medi-Cal requirements for day treatment intensive and day rehabilitation, including certifying organizational providers through an on-site review, are described in the DMH/MHP contract. The standards for on-site review of organizational providers and the requirement to review written program descriptions for individual and group providers are meant to ensure that specialty mental health services, including day treatment intensive and day rehabilitation, are provided in environments that meet specified health and safety requirements and by providers who have policies and procedures guiding the operation of their programs, have adequate staff to provide services and maintain staffing ratios that meet the requirements to allow the provider to claim Medi-Cal reimbursement. Day treatment programs



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must be certified by the MHPs (or DMH in the case of MHP owned or operated programs) as either day treatment intensive or day rehabilitation because of the differences in program descriptions, staffing and staffing ratios described in regulation and the DMH/MHP contract. MHPs also have the authority to certify programs as either day treatment intensive or day rehabilitation according to any additional standards MHPs may use to manage their program.

When an MHP determines a beneficiary meets medical necessity for day rehabilitation and no day rehabilitation program is reasonably available to the beneficiary, an MHP may determine that those service needs could be met through a program certified as day treatment intensive. Services would be authorized and reimbursed as day rehabilitation. A typical example of a situation in which day rehabilitation is not reasonably available is a day treatment program that does not have enough staff or enough clients to support two levels of service and still provide effective treatment.

Beneficiaries who are determined by the MHPs to meet medical necessity for day treatment intensive cannot be adequately served in day treatment programs certified as day rehabilitation. Day rehabilitation programs are certified as such based on lower staffing and reduced service component requirements than day treatment intensive. MHPs are responsible for arranging and reimbursing adequate care for their beneficiaries. In the absence of an appropriate level of day program, alternatives for treatment should be identified, authorized and provided.

Continuous Hours of Operation

The requirement for continuous hours of operation does not preclude short breaks (for example, a school recess period) between milieu activities. A lunch or dinner break may also be appropriate, depending on the program's schedule. These breaks do not count towards the total hours of operation of the day program for purposes of determining minimum hours of service.

Staffing Ratio

The average ratio of day program staff to attendees in the day program is based on the average number of day program attendees (Medi-Cal beneficiaries and other clients) participating in the continuous hours of operation of the day treatment program on that day. Consistent with existing regulations, there must be, at a minimum, average ratios of day program staff as described in Title 9, California Code of Regulations (CCR), Sections 1840.350 and 1840.352 (Attachment 2) providing day program services to the identified number beneficiaries and other clients in attendance during the hours of operation of the program. Staff providing individual services, including individual therapy, to day program attendees may continue to be counted in the staffing ratio during the time they are in individual therapy in addition to the time they are present and available in the therapeutic milieu.

When day programs provide services in multiple rooms, each offering a different milieu, staff counted in the staffing ratio would have to be of the appropriate number to meet the staffing ratio requirements for the given number of beneficiaries or clients in the overall program. For example, day rehabilitation provided in a day program that served 60 clients in five rooms at the same program site, with 12 clients in each room, would need to have six staff that met the staffing requirements of Title 9, CCR, Section 1840.352 available to the milieu as described below.

Day program staff in the milieu room working momentarily with an individual beneficiary would be considered staff available to the milieu. Day program staff on site, but in another room performing administrative activities or any activities other than individual treatment services that are part of the day program, staff waiting in a separate area and staff on call would not be considered staff available to the therapeutic milieu. In the event the day treatment staff counted towards the staffing ratio are required to be absent from the room (attending to immediate personal needs, a crisis situation, or providing individual therapy), the day treatment staff remaining in therapeutic milieu must have sufficient training and skills to continue the day treatment program and to ensure the health and safety of the participants. MHPs may address what is a reasonable absence from the therapeutic milieu as part of their contract negotiation process with providers and, for MHP owned and operated programs, should address the issue in the written program description.

Service Components

The DMH/MHP contract (Attachment 1) provides a general description of the required service components for day treatment intensive and day rehabilitation. The services provided under each of the required service components need to be developmentally- and age-appropriate. For example, a process group serving children could be content specific (e.g., anger management, loss/bereavement, or esteem building) to help children to develop skills necessary to deal with their individual problems using the group process to provide peer interaction and feedback. Staff could employ behaviorally focused interventions in the treatment milieu (redirecting, providing token economies, or contingency contracting). Process groups for adults could be less organized around specific content and more focused on the development of problem-solving strategies. Day rehabilitation programs may offer psychotherapy groups instead of process groups or in addition to process groups.

Family/caregiver involvement can be a critical component in the success of the mental health treatment of children. When necessary, family/caregivers could attend an individual therapy session with the child during day treatment program. Family therapy sessions can be included in the rate for day treatment and be offered outside the hours of the continuous milieu. The MHP is responsible for determining if a provider's program meets the requirements.

Staff Present and Available

Present and available means staff responsible for the provision of the day program must be available to the day program's therapeutic milieu and available to respond to the needs of the group. Persons who are not solely used to provide day treatment intensive or day rehabilitation during the program's hours of operation may be utilized according to program need, but do not count in the staffing ratio. At least one day treatment staff person must be physically present in any room or other separately identifiable location in which the therapeutic milieu is being provided to one or more clients. This staff person does not have to be of the staff described in Title 9, CCR, Sections 1840.350 and 1840.352, if the staff meeting these criteria are outside the milieu under allowable conditions as described above, however, the additional staff must have adequate training, knowledge and skill to address the mental health needs of the beneficiaries in the day treatment program.

MHPs continue to retain the authority to set higher or more specific standards than those described above. Providers are encouraged to contact their respective MHPs regarding implementation of the new DMH/MHP contract provisions.

MHPs are encouraged to consult with DMH as needed to resolve any questions or concerns regarding implementation of these changes. Please feel free to contact your contract manager in Technical Assistance and Training Section below for assistance.

DMH Technical Assistance and Training Contract Managers:

Bay Area Region	Ruth Walz	(707) 252-3168
Central Region	Anthony Sotelo	(916) 651-6848
Northern Region	Jake Donovan	(916) 651-9867
Southern Region	Eddie Gabriel	(916) 654-3263

Sincerely,

(Original Signed By)

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosures

cc: Chief, Technical Assistance and Training
California Mental Health Planning Council