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745.3 DAY TREATMENT

The New Mexico Medicaid program (Medicaid) pays for medically necessary health services furnished to eligible recipients. To help Medicaid recipients under twenty-one (21) years of age receive services, the New Mexico Medical Assistance Division (MAD) pays for services furnished by day treatment providers.

This section describes service description, eligible providers, provider responsibilities, eligible recipients, covered services, noncovered services, treatment plan, prior approval and utilization review, and general reimbursement methodology.

745.31 Eligible Providers

Upon approval of New Mexico Medical Assistance Program Provider Participation Agreements by MAD, agencies which are licensed by the New Mexico Department of Health as Limited Diagnostic and Treatment Centers and meet the certification standards established by MAD or its designee are eligible to be reimbursed for furnishing day treatment services. Those programs located in public school settings do not need to be licensed. A waiver is provided by the Department of Health since the school is already a licensed facility. Direct services must be furnished by licensed clinical professionals or under their supervision, as described in the certification criteria.

Once enrolled, providers receive a packet of information, including Medicaid program policies, billing instructions, utilization review criteria and other pertinent material from MAD or its designee. Providers are responsible for ensuring that they have received these materials and for updating them as new materials are received from MAD.

745.32 Provider Responsibilities

Providers who furnish services to Medicaid recipients will comply with all specified Medicaid participation requirements. See Section MAD-701, GENERAL PROVIDER POLICIES.

Providers will verify that individuals are eligible for Medicaid at the time services

are furnished and determine if Medicaid recipients have other health insurance.

Providers will maintain records which are sufficient to fully disclose the extent and nature of the services furnished to recipients. See Section MAD-701, GENERAL PROVIDER POLICIES.

745.33 Eligible Recipients

Medicaid covers day treatment services for recipients who are under twenty-one (21) years of age who, through an assessment process, have been determined to meet the criteria established by MAD or its designee for admission to non-residential mental health services and to be able to benefit from this level of care.

Day Treatment services are designed for individuals under twenty-one (21) years of age who, as a result of emotional, behavioral, neurobiological or substance abuse problems, and who have been diagnosed as severely emotionally disturbed (SED), are at moderate to high risk of being placed in an out-of-home placement; exhibit risk for serious clinical deterioration; exhibit emotional and behavioral problems which impair their functioning; and other less intensive interventions have failed or are inappropriate for the recipient's clinical needs.

Day Treatment services are also designed to transition those individuals being discharged from residential services, that require intensive therapeutic interventions to facilitate family reunification and/or emancipation in a least restrictive environment.

Recipients have the freedom to receive services from the eligible provider of their choice.

745.34 Covered Services

Medicaid covers therapeutic day treatment services which are a coordinated and intensive set of therapeutic individual, family, multifamily, and group services intended for recipients whose living environments provide adequate supervision and support or who are living independently. The goal of day treatment is to maintain the recipient in the home or community environment and to address the

recipient's emotional or behavioral dysfunction in the most normal environment possible. Day treatment meets this goal by improving the recipient's adaptive functioning through individual, group, and family therapies as well as specialized group sessions. The treatment objectives identify skills deficits and focus on skills acquisition for both the recipient and their family system. By identifying strengths of the recipient and their families, the program can build on the functionality of the family system.

The following services will be furnished by day treatment service providers to receive reimbursement from Medicaid. Payment for performance of these services is included in the day treatment reimbursement rate:

1. Assessment and diagnosis of the social, emotional, physical, and psychological needs of the recipient and family for the development of the initial treatment plan. Evaluations which have already been performed will not be repeated;

2. Development of a comprehensive treatment plan which meets MAD requirements, including interventions with significant members of the recipient's family which are designed to enhance adaptive functioning. The individualized, goal-directed treatment plan will specify the intended outcome and projected length of treatment services based on the individual and family needs and strengths;

3. Counseling and therapy services furnished in individual, family, multifamily, group and/or specialized group sessions will focus on the attainment of the following skills: anger management, communication and problem-solving skills, impulse control, coping and mood management skills, chemical dependency and relapse prevention skills, identification of maladaptive family processes and more functional alternatives, and individualized therapeutic goal setting.

   Only those activities of daily living and basic life skills that are assessed as being a clinical problem should be addressed in the treatment plan and deemed appropriate to be included in the individualized program.

4. Families who are unable to attend regularly scheduled sessions at the Day Treatment facility due to transportation difficulties or other reasons may receive individual family sessions scheduled in their home by the provider. Family outreach by the providers is strongly encouraged.

5. Supervision of self-administered medication;

6. Furnishing appropriate staff to provide crisis intervention; and

7. Therapeutic recreation activities which are supportive of clinical objectives and measurable outcomes specifically listed in the treatment plan.

745.35 Noncovered Services

Day treatment services are subject to the limitations and coverage restrictions which exist for other Medicaid services. See Section MAD-602, GENERAL NONCOVERED SERVICES. Medicaid does not cover the following specific day treatment activities:

1. Educational programs;

2. Vocational training which is related to specific employment opportunities, work skills, or work settings;

3. Pre-vocational training; and

4. Any service not identified in the treatment plan;

5. Recreation activities not related to the treatment issues;

6. Leisure time activities such as watching television, movies, or playing computer games.

7. Transportation reimbursement for the therapist who delivers services in the family's home.

745.36 Treatment Plan

An initial treatment plan must be developed and approved by the utilization review designee prior to the delivery of services. The initial treatment plan will include documentation of prior treatment interventions and their efficacy, family involvement in the current treatment process, and the presenting clinical problems and targeted treatment behaviors. A statement addressing the therapeutic appropriateness of this level of care will be included in the initial documentation.

The comprehensive treatment plan will be developed within fourteen (14) days of the initiation of services by a team of professionals in consultation with the recipient, their families and others involved in the recipient's care.

(A) The team must review and modify the treatment plan at least every thirty (30) days or more often when indicated based on the changing clinical needs.

(B) The following will be contained in the assessment process or clinical information obtained and used in the development of the treatment plan: the functional level of the recipient's mental status; intellectual

function; physical, psychological, vocational, and social evaluations; medication status.

(C) The treatment plan will be based on the clinical needs identified in the assessments.

(D) Identified clinical needs will be addressed by specific therapeutic interventions. There will be documentation by the designated staff responsible for those interventions. Documentation should focus on measurable outcomes of the treatment goals and objectives.

(E) The comprehensive treatment plan and all supporting documentation will be available for review in the record. The following should be included in the record:

1. The provider will document the rationale Day Treatment is the least restrictive environment for the recipient's clinical needs;

2. Description of intermediate and long-range goals, with a projected timetable for their attainment and the duration and scope of therapy services;

3. Statement and rationale of the treatment plan for achieving these intermediate and long-range goals, including provision for review and modification of the plan;

4. For the purpose of comprehensive coordination of services, the program will specify in the comprehensive treatment plan each of the following areas of care which may be delivered by other services providers : medication orders, restorative and rehabilitative services such as OT,PT,or ST; psychiatric/psych-ology services, social services, diet and special procedures recommended for the health

and safety of the recipient; and

5. Aftercare and discharge plans, a projected discharge date will be criteria for discontinuation of services.

745.37 Prior Approval and Utilization Review

All Medicaid services are subject to utilization review for medical necessity and program compliance. Reviews can be performed before services are furnished, after services are furnished and before payment is made, or after payment is made. See Section MAD-705, PRIOR APPROVAL AND UTILIZATION REVIEW. Once enrolled, providers receive instructions and documentation forms necessary for prior approval and claims processing.

(A) Before any day treatment services are furnished to Medicaid recipients, prior approval must be obtained from MAD or its designee based on an initial treatment plan review. Required documentation must be included with requests for prior approval. Requests for services are prior approved for an initial thirty (30) day period. Services continue only after approval of the comprehensive treatment plan by MAD or its designee. The initial continued stay review must include a copy of a current EPSDT screen. A request for continued stay can be approved for up to three (3) months.

Services for which prior approval was obtained remain subject to utilization review at any point in the payment process.

(B) Prior approval of services does not guarantee that individuals are eligible for Medicaid. Providers must verify that individuals are eligible for Medicaid at the time services are furnished and determine if Medicaid recipients have other health insurance.

(C) Providers who disagree with prior approval request denials or other review decisions can request a re-review and a reconsideration. See Section MAD-953, RECONSIDERATION OF

UTILIZATION REVIEW DECISIONS.

745.38 Reimbursement

Day treatment providers must submit claims for reimbursement on the HCFA-1500 claim form or its successor. See Section MAD-702, BILLING FOR MEDICAID SERVICES. Once enrolled, providers receive instructions on documentation, billing, and claims processing.

Reimbursement for day treatment services is made at the lesser of the following:

1. The provider's billed charges; or

2. The MAD fee schedule.

(A) The provider's billed charge is their usual and customary charge for services.

(B) "Usual and customary" charge refers to the amount which the individual provider charges the general public in the majority of cases for a specific service or procedure.

745.39 Service Description

Day Treatment fills an essential position in the fundamental arrangement of mental health services. As a non-residential service that is deliberately less medicalized than partial hospitalization, day treatment primarily addresses the therapeutic needs of children and adolescents who are severely emotionally disturbed (SED) and their family systems, who are either transitioning from residential services into lower levels of care, or who are attempting to avoid residential care altogether. In accomplishing this goal, day treatment should offer therapeutic interventions that assist children, adolescents and families to better contain their impulses, to cope with their emotions, and to develop interpersonal skills that will allow them to re-enter or be maintained in school and home settings.

Day Treatment is distinct from Partial Hospitalization (see 742.4). The main difference is in the intensity of the programming and proportional mix of mental health professionals. Most of the care in Day Treatment is rendered by masters level therapists and counselors who are treating recipients who generally have emotional, behavioral, neurobiological or substance abuse problems that compromise their level of functioning. This places them at risk for out of home placement or further clinical deterioration. Frequently other less intensive interventions have failed or are not appropriate for the clinical needs of these recipients.

Partial hospitalization is far more medicalized and meant for recipients with complex psychiatric disorders that may require hospital level structure,and close medication management, but do not require twenty-four hour continous and restrictive care.

Day Treatment for a child or adolescent is conducted in a minimum of four hour/day program, two to five days a week based on the acuity of the clinical needs of the recipient and family.