

To: Day Treatment System of Care Providers
From: Steve Jones, LCSW, QM Program Manager

Date: 11/20/13

Re: Updated County Standard for Day Programs

Recently, the Department of Health Care Services (DHCS) released its Annual Review Protocol for Consolidated Specialty Mental Health Services and Other Funded Services for FY 13-14, which included the chart review protocol for non-hospital services which included day programs.

Effective December 1, 2013.

As a result of the recent released protocol by DHCS, there are several changes that directly impact day treatment programs. To address these changes the County of San Diego is updating documentation standards based upon the new protocol. Standards for documenting day program participation and day program descriptions:

A distinction is now made between and Avoidable versus Unavoidable absences

Definitions of an Avoidable Absence occurring during day program hours are:

1. Avoidable Absence (Typically not billable):
 - a. Appointments scheduled during day program hours.
 - i. Appointments can be scheduled outside of the day program hours as not to disrupt the participation of the beneficiary.
 - ii. If the absences are frequent and seem avoidable, document the reason for the absence, the frequency of the absences and if there are services that may be better suited for the beneficiary.
 1. Documentation should include the amount of minutes/hours the beneficiary attended. These days should not be claimed but documented for tracking purposes.

Unavoidable Absence (Possibly billable) occurring during day program hours are:

1. Crisis Intervention
2. Illness
3. Unavoidable Absences
 - a. Should be infrequent in number.
 - i. If the unavoidable absences are frequent and a pattern, there should be consideration regarding alternative services that can better suit the beneficiary's need. Document the reason for the absence, the frequently of the absences and an evaluation of services that may be better suited for the beneficiary.
 1. Documentation should include the amount of minutes/hours the beneficiary attended. These can be claimed provided that the beneficiary attended more than 50% of the day program.
4. Attendance:
 - a. The Daily and Weekly notes should include the amount of minutes/hours the beneficiary attended. All beneficiary time must be accounted, this includes but is not limited to:

QUALITY MANAGEMENT MEMO

- i. Signing in and out for meals, groups, community meeting etc, in order to account for the time beneficiary participated.

No longer documenting that the beneficiary attended over 50% of the DTI or Day Rehab program is acceptable for reimbursement for the day. There must be documentation stating the number of hours/minutes the beneficiary attended and the reason the absence was “unavoidable” for Medi-Cal Reimbursement. Although programs keep a log documenting the beneficiary arrival time and time they left program and returned to program, the time accounted for in the log must be thoroughly documented in the daily and weekly notes as well.

Secondly, for the Program Description, there is a minor change: (see comment in **bold**)

- o 500-700 words
- o Brief background, history and include identifying the parent organization, if applicable
- o Target population
- o Services offered (**include Community Meeting and how it meets criteria and other activities that may not be part of the milieu**)
- o What about the program makes it unique/special
- o Location and address, contact manager’s name and phone number
- o Name and phone number of COR

Summary of Expectations:

Starting December 1, 2013:

1. All Daily and Weekly notes should include the amount of minutes/hours the beneficiary attended.
2. All absences, avoidable and unavoidable should be documented; this includes the amount of minutes/hours the beneficiary attended.
 - a. If the absences are frequent and seem avoidable, document the reason for the absence, the monitoring of the absences and if there are services that may be better suited for the beneficiary
 - b. If the unavoidable absences are frequent and a pattern, there should be consideration regarding alternative services that can better suit the beneficiary’s need. Document the reason for the absence, the monitoring of the absences and evaluation of services that may be better suited for the beneficiary.
3. Program description should include those activities that are not considered part of the milieu, this is Community Meeting and others meetings that are not considered part of the milieu.

Please contact the QM Unit at QIMatters.hhsa@sdcounty.ca.gov with any questions.