

Day Treatment

Day Treatment Intensive and Day Rehabilitation services are provided in structured programs to a distinct group of individuals. For both, services are available at least 3 hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation, and collateral. Both programs require a daily community meeting. Both programs also require at least one contact per month with the legally responsible adult for a minor client that focuses on the role of the support person in supporting the client’s community reintegration.

Day Treatment Intensive programs must provide psychotherapy, process groups, skill-building groups, and adjunctive therapies (e.g. art, recreation, dance, or music). There must be an average ratio of at least one staff to eight clients during the period the program is open. In a Day Treatment Intensive program, the daily community meetings must include staff whose scope of practice includes psychotherapy. Day Treatment Intensive programs must submit daily progress notes and a weekly clinical summary for each client.

Day Rehabilitation programs must provide process groups and/or psychotherapy, skill-building groups, and adjunctive therapies. There must be an average ratio of at least one staff to ten clients during the period the program is open. In a Day Rehabilitation program, the daily community meetings must include staff who is a physician, registered nurse, psychiatric technician, licensed vocational nurse, mental health rehabilitation specialist, or a licensed/waivered/registered psychologist, clinical social worker, or marriage and family therapist. Day Rehabilitation programs must complete weekly progress notes.

Please see most recent State Protocol for full requirements for Day Treatment

Lockout Clarification:

Mental Health Services (assessment, plan development, therapy, rehabilitation, collateral) and Therapeutic Behavioral Service (TBS) are not reimbursable on days when Day Treatment Intensive or Day Rehabilitation services are reimbursed. Targeted Case Management and Medication services are reimbursable but must be billed separately.

Who Can Use These Codes?*

	Physician	PA	NP	RN	RN with MH/MA	LVN or Psych Tech	L/R/W Psych	L/R/W LCSW/ASW, MFT/MFTI, LPCC/LPCCI	Trainee - post BA/BS and pre MA/MS/PhD	MHRS	Other, Unlicensed
Day Treatment Intensive	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Day Rehabilitation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N

*Only Day Treatment Direct Service Staff can use these codes

Day Treatment Intensive

Service Codes: Half Day - H2012C
 Full Day - H2012D

Day Treatment Intensive is a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the client in a community setting. The services help the child/adolescent gain social and functional skills necessary for healthy development and social integration. A key component of Day Treatment Intensive is contact with the client's family/caregivers at least once a month. The service may be integrated with an educational program.

Day Treatment Intensive Half Day

Clients receive a minimum of three hours per day of face-to-face services

Day Treatment Intensive Full Day

Clients receive more than four hours per day of face-to-face services

Billable Services Include:

- ✓ May include assessment, plan development, therapy, rehabilitation and collateral activities
- ✓ Must Include:
 - Daily Community Meetings including staff whose scope of practice includes psychotherapy
 - Process Groups
 - Skill-building Groups
 - Adjunctive Therapies
 - Psychotherapy

Non-Billable Activities Include:

- ✗ Breaks between activities, including lunch and dinner breaks, do not count toward the determination of the minimum hours of service
- ✗ Medication support services should be billed separately

Good Day Treatment Intensive Documentation Includes:

- Daily progress notes on activities, and a weekly clinical summary are required (the weekly summary must be reviewed and signed by a physician, a licensed, waived, or registered psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor, or a registered nurse who is either staff at the program or the person directing the service)
- Separate progress notes for psychotherapy written in BIRP format
- Separate progress note documenting at least one contact per month with the legally responsible adult for a client who is a minor
 - The contacts should focus on the role of the support person in supporting the client's community reintegration

- Programs shall ensure that this contact occurs outside the program hours and outside the therapeutic program
- Documentation of client's attendance in the total number of minutes/hours
- A separate entry in the medical record documenting the reason and the total minutes/hours of actual attendance if the client is avoidably absent and does not attend the scheduled hours of operation (client must be present for 50% of the scheduled day treatment intensive program hours to claim that day)
- Documentation that the required and qualified staff were available for the program hours

Day Rehabilitation

Service Codes: Half Day - H2012A
 Full Day - H2012B

Day Rehabilitation is a structured program of rehabilitation and therapy to improve, maintain, or restore a child/adolescent's personal independence and functioning, consistent with requirements for learning and development. The service focuses on maintaining clients in their community and school settings. A key component of Day Rehabilitation is contact with the client's family/caregivers at least once a month. The service may be integrated with an educational program.

Day Rehabilitation Half Day

Clients receive a minimum of three hours per day of face-to-face services

Day Rehabilitation Full Day

Clients receive more than four hours per day of face-to-face services

Billable Services Include:

- ✓ May include assessment, plan development, therapy, rehabilitation and collateral activities
- ✓ Must Include:
 - Daily Community Meetings
 - Process Groups (may include psychotherapy instead of process groups or in addition to process groups)
 - Skill-building Groups
 - Adjunctive Therapies

Non-Billable Activities Include:

- ✗ Breaks between activities, including lunch and dinner breaks, do not count toward the determination of the minimum hours of service
- ✗ Medication support services should be billed separately

Good Day Rehabilitation Documentation Includes:

- Required weekly progress note
- Separate progress notes for psychotherapy written in BIRP format

- Separate progress note documenting at least one contact per month with the legally responsible adult for a client who is a minor
 - The contacts should focus on the role of the support person in supporting the client's community reintegration
 - Programs shall ensure that this contact occurs outside the program hours and outside the therapeutic program
- Documentation of client's attendance in the total number of minutes/hours
- A separate entry in the medical record documenting the reason and the total minutes/hours of actual attendance if the client is avoidably absent and does not attend the scheduled hours of operation (client must be present for 50% of the scheduled day treatment intensive program hours to claim that day)
- Documentation that the required and qualified staff were available for the program hours