

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Continuing Day Treatment Programs
Policy Number	3.01.20
Category	Contract Clarification
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Committee Approval Date	04/22/21, 04/21/22, 04/20/23
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Product Disclaimer	<ul style="list-style-type: none"> If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

- I. Services provided by Continuing Day Treatment (CDT) Programs that are licensed or operated by the New York State Office of Mental Health (OMH) are **eligible for coverage** under New York State Medicaid Managed Care Plans and Health and Recovery Plans (HARP).
- II. For CDT to be considered **medically necessary**, the following criteria must be met:
 - A. **Admission Criteria - ALL** of the following admission criteria must be met:
 1. The individual must be evaluated by a licensed clinician and meets the criteria for a designated mental illness diagnosis, as specified in the current edition of Diagnostic and Statistical Manual or ICD-10-CM equivalent, and a related dysfunction requiring interventions that cannot be adequately provided in a lower level of care;
 2. The initial and ongoing assessment process identifies the individual's unique strengths, needs, and goals;
 3. The individual demonstrates the capability of developing more complex personal and interpersonal life skills, including problem solving, self-advocacy and the appropriate use of community resources;
 4. The individual does not require 24-hour supervision and management such as an inpatient or residential treatment program; **AND**
 5. The resulting treatment plans identify specific services that are among the services that the CDT program is authorized to provide (*see Policy Guideline I and Description*).
 - B. **Continuing Stay Criteria (concurrent review)** - Concurrent review and authorizations should occur at six-month intervals. **ALL** of the following continuous stay criteria must be met:
 1. The individual continues to meet admission criteria;
 2. The individual continues to make progress toward treatment goals, as evidenced by a lessening of symptoms and stabilization of functioning, but either goals of treatment have not yet been achieved or adjustments in the treatment plan are needed to address lack of progress;

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3. There is documentation of coordination of care and active discharge planning throughout the course of treatment;
 4. The individual continues to require services at that level of care and could not be more appropriately discharged or referred to another program; **AND**
 5. Either another less intensive level of care would not be adequate to provide care, or there is a lack of availability of a viable alternative program.
- C. **Discharge Criteria** - Any **ONE** of the following criteria must be met:
1. The individual has achieved current recovery goals and can identify no other goals that would require additional CDT services;
 2. The individual is not participating in a recovery plan and is not making progress toward any goals, extensive engagement efforts have been exhausted, and no significant benefit is expected from participation;
 3. The individual can live, learn, work, and socialize in the community with supports from natural and/or community resources; **OR**
 4. The individual has become more acutely symptomatic and requires a higher level of care for stabilization.

POLICY GUIDELINES

- I. A written individual treatment plan must be completed prior to the 12th visit or within 30 days of admission, whichever occurs first. Review of the treatment plan must take place at least every three months. The treatment plan should meet **ALL** of the following criteria:
 - A. The treatment plan identifies symptom reduction needs, functional deficits, and maladaptive behaviors that impede the ability of the individual to achieve life goals;
 - B. The services provided should be clinically appropriate in terms of type, frequency and extent, and should be considered effective in the context of the individual's diagnosis and need; **AND**
 - C. The treatment plans should be reviewed and modified to reflect progress, changes in the individual's condition, and any major life events.

DESCRIPTION

The New York State OMH defines “continuing day treatment” as a program that provides seriously mentally ill adults with the skills and supports necessary to remain in the community and/or work toward a more independent level of functioning. Individuals often attend the program several days per week, with visits lasting more than an hour.

According to Title 14 of the New York Codes, Rules, and Regulations, a continuing day treatment program shall provide assessment and health screening services to all eligible individuals who participate and shall offer **ALL** of the following services, to be provided consistent with each individual’s condition(s) and needs:

- I. medication therapy;
- II. medication education;
- III. case management;
- IV. health referral;
- V. rehabilitation readiness development;
- VI. psychiatric rehabilitation readiness determination and referral; **AND**
- VII. symptom management.

A continuing day treatment program may also provide the following additional services:

- I. supportive skills training;
- II. activity therapy;
- III. verbal therapy;
- IV. crisis intervention services; and
- V. clinical support services.

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