

# Beacon NMNC 3.303.05 Day Treatment (Members under the age of 6)

Day Treatment services assist individuals under the age of 6 assist with the recovery and rehabilitative process, providing supportive, transitional services to members who are not acutely ill, but require moderate supervision to avoid risk and/or continue to reintegrate into the community or school. These programs must be available a minimum of four days per week. This structured, activity-based setting is ideal for members who have significant symptoms requiring extended therapeutic interventions. Day treatment is focused on the development of a member's social skills, self-care, management of illness, life, school, and community participation, thus maintaining or enhancing current levels of functioning and skills. Members participating in treatment have access to crisis management; individual, group and family therapy; and coordination with collateral contacts as clinically indicated. Treatment declines in intensity as members develop skills and attain specific goals within a reasonable timeframe allowing the transition to an outpatient setting with other necessary supports and longer-term supportive programming (i.e., school).

## **ADMISSION CRITERIA**

*All of the following criteria must be met:*

1. Symptoms consistent with a *DSM* or corresponding ICD diagnosis
2. Member's symptoms and level of functioning requires daily support and structure
3. Member has the capacity to participate and benefit from day treatment
4. Treatment at a less intensive level of care would contribute to an exacerbation of symptoms
5. Member is assessed to be at risk of requiring a higher level of care if not engaged in day treatment services
6. Guardian voluntarily consents to member's admission and treatment
7. Member's psychiatric/biomedical condition is sufficiently stable to be managed in a day treatment setting

## **CONTINUED STAY CRITERIA**

*All of the following criteria must be met:*

1. Another less intensive level of care would not be adequate to administer care
2. Treatment is still necessary to reduce symptoms and increase functioning for the member to be transitioned to a less restrictive setting
3. Treatment is individualized, consistent with sound clinical practice and tailored to address factors that precipitated the need for this service
4. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out
5. Family/guardian is participating in treatment as clinically indicated
6. Coordination of care and active discharge planning are ongoing
7. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident

## DISCHARGE CRITERIA

Any *one* of the following criteria must be met: 1, 2, 3, or 4; criterion 5 is recommended, but optional.

1. Member meets criteria for another sufficiently available level of care, either more or less intensive; or
2. Guardian withdraws consent for treatment
3. Member does not appear to be participating in the treatment plan despite multiple documented attempts to address engagement issues; or
4. Member's individual treatment plan and goals have been met
5. Member's support system is in agreement with the aftercare treatment program

## EXCLUSIONS

Any *one* of the following criteria is sufficient for exclusion from this level of care:

1. Member is a risk to self or others, or sufficient impairment exists that a more intensive level of service is required; or
2. Member can be safely maintained and effectively treated at a less intensive level of care and that level of care is sufficiently available; or
3. Guardian does not voluntarily consent to admission or treatment, and/or member/guardian refuses or is unable to participate in all aspects of treatment; or
4. Member requires a level of structure and supervision beyond the scope of the program; or
5. Member has medical conditions or impairments that would prevent beneficial utilization of services or is not stabilized on medications; or
6. Primary problem is social, economic (i.e., housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care

## REFERENCES

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice. In the course of reviewing the criteria annually, there is an extensive literature search conducted and each of the following sources are consulted to determine if there is any relevance research or update.

1. Professional societies: American Psychiatric Association (APA); American Academy of Child and Adolescent Psychiatry (AACAP)
2. National care guideline and criteria entities: MCG Behavioral Health Care Guidelines (formerly known as Milliman Care Guidelines); Change Healthcare's InterQual Behavioral Health Criteria
3. National health institutes: National Institutes of Health (NIH)
4. Professional publications and psychiatric texts
5. Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
6. National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)