

### NMNC 3.303.03 Day Treatment

Day Treatment services assist individuals in beginning the recovery and rehabilitative process, providing supportive, transitional services to members who are no longer acutely ill, but still require moderate supervision to avoid risk and/or continue to reintegrate into the community or workforce. These programs must be available a minimum of four days per week. This structured, activity-based setting is ideal for members who continue to have significant residual symptoms requiring extended therapeutic interventions. Day treatment is focused on the development of a member's independent living skills, social skills, self-care, management of illness, life, work, 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., clubhouse, employment, school, etc.).

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p><b>All of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1) Symptoms consistent with a <i>DSM</i> or corresponding ICD diagnosis</li> <li>2) Member's exacerbation or longstanding psychiatric disorder and level of functioning requires daily support and structure</li> <li>3) Member has the motivation and capacity to participate and benefit from day treatment</li> <li>4) Treatment at a less intensive level of care would contribute to an exacerbation of symptoms</li> <li>5) Member is assessed to be at risk of requiring a higher level of care if not engaged in day treatment services</li> <li>6) Member/guardian is willing to participate in treatment voluntarily</li> <li>7) Member's psychiatric/substance use/biomedical condition is sufficiently stable to be managed in a day treatment setting</li> </ol>	<p><b>All of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1) Member continues to meet admission criteria</li> <li>2) Another less intensive level of care would not be adequate to administer care</li> <li>3) Treatment is still necessary to reduce symptoms and increase functioning for the member to be transitioned to a less restrictive setting</li> <li>4) Treatment is individualized, consistent with sound clinical practice and tailored to address factors that precipitated the need for this service</li> <li>5) Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out</li> <li>6) Family/guardian is participating in treatment as clinically indicated</li> <li>7) Coordination of care and active discharge planning are ongoing</li> <li>8) 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</li> </ol>	<p><b>Any one of the following criteria must be met: 1, 2, 3 or 4; criteria 5 and 6 are recommended, but optional.</b></p> <ol style="list-style-type: none"> <li>1) Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; or</li> <li>2) Guardian G withdraws consent for treatment or the member withdraws consent and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for inpatient level of care; or</li> <li>3) Member does not appear to be participating in the treatment plan despite multiple documented attempts to address engagement issues; or</li> <li>4) Member is not making progress toward goals, nor is there expectation of any progress.</li> <li>5) Member's individual treatment plan and goals have been met</li> <li>6) Member's support system is in agreement with the aftercare treatment program</li> </ol>

### 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; or
- 3) Member or guardian does not voluntarily consent to admission or treatment, and/or 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 I, 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, or admission is being used as an alternative to incarceration

### Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

- 1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
- 2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
- 3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
- 4) Professional publications and psychiatric texts: [see Beacon's [Publication Reference Table](#)]
- 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)