

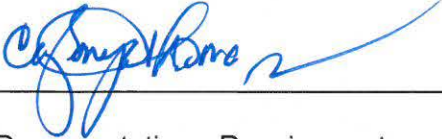


**County of San Bernardino
Department of Behavioral Health**

INFORMATION NOTICE 14-10

Date July 21, 2014

To Department of Behavioral Health (DBH) Staff and Contract Agencies

From CaSonya Thomas, MPA, CHC, Director 

Subject County of San Bernardino Chart Documentation Requirements and Guidelines for Day Treatment Intensive and Day Treatment Rehabilitation Programs

Purpose Critical update on program and Chart documentation requirements, for the provision of Day Treatment Intensive and Day Treatment Rehabilitation services.

Introduction [DMH Information Notice 02-06](#) and California Code of Regulations (CCR) Title 9. Rehabilitative and Developmental Services Division 1. Department of Mental Health Chapter 11. Medi-Cal Specialty Mental Health Services Subchapter 1. General Provisions Article 2. Definitions, Abbreviations and Program Terms, [§ 1810.212, Day Rehabilitation](#) & [§ 1810.213, Day Treatment Intensive](#), outline the essential requirements for the provision of Day Treatment Intensive and Day Treatment Rehabilitation services. [DMH Information Notice No. 03-03](#) provides additional clarification on the requirements outlined in [DMH Information Notice 02-06](#). The guidelines/instructions contained in this notice are derived from feedback received from recent Department of Health Care Services (DHCS) audits and its review of Day Treatment programs. Guidelines/Instructions are reflective of areas in which the State is directing counties and their providers to make changes as detailed in this Information Notice (IN).

The standards for on-site review of organizational providers and the requirement to review written program descriptions for individual and group providers are meant to ensure that Specialty Mental Health Services, including Day Treatment Intensive and Day Rehabilitation, are provided in environments that meet specified health and safety requirements and by providers who have policies and procedures guiding the operation of their programs, have adequate staff to provide services and maintain staffing ratios that meet the requirements to allow the provider to claim Medi-Cal reimbursement.

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Definitions

1810.212 “Day Rehabilitation” is a structured program of rehabilitation and therapy to improve, maintain, or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available at least three 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.

1810.213 “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 individual in a community setting, which provides services to a distinct group of individuals. Services are available at least three 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.

	<u>Half Day</u>	<u>Full Day Program</u>
Minimum hours of operation (continuous therapeutic milieu)	3	More than 4
Minimum average daily hours of service components (Psychotherapy, process groups, skill building groups and adjunctive therapies groups) must be made available	2	3

**Guidelines/
Instructions**

Client Recovery Plan/Treatment Plan

- All Client Plans [Mental Health Services (MHS) and Medication Support Services (MSS)] for providers of Day Treatment Intensive and Day Treatment Rehabilitation services must contain the dated signatures of the client and/or caregiver, in addition to the provider’s signature. This must be signed and dated at, or prior to, the time the planned service is provided. If there is no client signature, or it is dated late, there must be an indication on the Client Plan as to the reason for this, and a progress note referenced which explains the reason for it not being present or being dated late. In this latter event, the plan must still be signed at the earliest possible time.
- Goals and objectives on client plans (‘MHS’ and ‘MSS’) must be able to contrast the baseline measurements with the goal objectives.
- All Client Plans (‘MHS’ and ‘MSS’) must specify a fixed “Plan Start Date” and “Plan End Date”.

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Guidelines/ Instructions (continued)

Progress Notes

- Documentation must clearly delineate the amount of time spent by the client in each group (e.g. - 1 hr., 2 hrs. etc.). The group and Progress Note must match the program schedule.
- Note content must focus on the mental health condition and staff interventions. Daily activity logs are not Progress Notes and are not acceptable forms of documentation for any Medi-Cal billing purpose. Content that does not focus on alleviating targeted impairments (i.e.- helping the client achieve treatment plan goals) related to the mental health condition does not support medical necessity for the service and the service will be disallowed.
- Progress notes must include enough information to give a clear picture of the client's responses to interventions.
- Exact hours of attendance must be documented, and present, within the client chart. It is not adequate to document as "Present at least 50% of the Day" or "Present for more than 51% of the Day". All Day Treatment notes should include exact hours and minutes of service.
- Any period of time in which a client is not present during a session must be documented. Unavoidable absent times must be properly documented. Attending another scheduled appointment, does not qualify as unavoidable. Generally, only unforeseen crisis or emergency types of events are considered unavoidable.
- It is critical to ensure documentation supports more than 4 hours of service when billing for Day Treatment Full Day.
- Documentation must illustrate which staff was directly involved with each of the services provided.
- Day Treatment notes should include clear notations of the exact time allotted for breaks and lunch, and make clear, that these times are not part of the billing for the day.
- All entries shall contain the dated signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure or job title; and the relevant identification number, if applicable.

Administrative

- Day Treatment program schedules must include clear break out of the time allotted for breaks and lunch. It should be clear that these blocks of time are not included in the billing for the day.
- It is required that there be daily sign in/sign out sheets for each client to support client attendance in the program.

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Guidelines/ Instructions (continued)

- Daily schedules will include all categories of groups required of the Programs' daily service, as well as a definition of the group (i.e-Skills Building group, Process group, Adjunctive therapies, etc.). Service providers scheduled to provide those groups must appear on daily schedules. Each group must have a sign-in and sign-out log.
- Community meetings are to be identified on the schedule and in the program description with a description of the meeting.
- Staffing requirements for the Program (i.e.- Day Treatment Intensive, Day Treatment Rehabilitation), must be evidenced by Staff Attendance sign-in Logs (or other means) which clearly identify which Staff were present on a given day. It is not adequate to merely have a staffing schedule. For any unforeseen absences, there must be a clear and documented audit trail as to what staff provided coverage, and that the service coverage was provided within their Scope of Practice.
- Persons providing Day Treatment Intensive services who do not participate in the entire Day Treatment Intensive session, whether full-day or half-day, may be utilized according to program need, but shall only be included as part of the ratio formula on a pro rata basis based on the percentage of time in which they participated in the session. There must be a clear audit trail of the number and identity of the staff that provide Day Treatment Intensive services and function in other capacities.
- Staff providing Day Treatment Intensive services must document any period of time in which a client is not present during a session. Unavoidable absent times must be properly documented. Clients attending another scheduled appointment, does not qualify as unavoidable. Generally, only unforeseen crisis or emergency types of events are considered unavoidable.

Note: The above guidelines are applicable and must be followed for Day Treatment Rehabilitation Services as well.

The guidelines and instructions above are in addition to the requirements cited in [DMH Information Notice 02-06](#) and [DMH Information Notice 03-03](#). Please refer to the above referenced notices for further details.

Questions

Any questions regarding this Information Notice may be directed to the Department of Behavioral Health Quality Management Division, at **(909) 421-9456**.
