

Title 23: Division of Medicaid

Part 206: Mental Health Services

Part 206 Chapter 1: Community Mental Health Services

Rule 1.4 Day Programs

A. Psychosocial Rehabilitation is an active treatment program designed to support and restore community functioning and well-being of an adult Medicaid beneficiary who has been diagnosed with a serious and persistent mental disorder. Psychosocial rehabilitation programs must use systematic, curriculum based interventions for skills development for participants. Its purpose is to promote recovery in the individual's community by alleviating psychiatric decompensation, confusion, anxiety, feelings of low self-worth, isolation and withdrawal. Program activities aim to improve reality orientation, social adaptation, physical coordination, daily living skills, coping skills, effective management of time and resources, task completion and activities to incorporate the individual into independent community living. It is oriented toward empowerment, recovery and competency.

1. Psychosocial Rehabilitation may be provided to adults with a serious and persistent mental illness.
2. Psychosocial Rehabilitation must be provided in a program certified by the Department of Mental Health.
3. Psychosocial Rehabilitation is the most intensive day program available for adults. It is designed to support individuals who require extensive clinical services to support community inclusion and prevent re-hospitalization.
4. Psychosocial Rehabilitation must be provided by a program which has at least one (1) clinical staff member present during the time of program operation.
 - a) Clinical staff member is defined as a staff member who holds a master's degree and professional license (ex.: Physician, Psychologist, Licensed Certified Social Worker, Licensed Master Social Worker, Licensed Professional Counselor or Licensed Marriage & Family Therapist) or who is a DMH Certified Mental Health Therapist, DMH Certified Intellectual and Developmental Disabilities Therapist or a DMH Certified Addiction Therapist (when appropriate for the individual receiving service and the service provided).
 - b) Those who are provisionally certified must be supervised by a licensed professional or a credentialed DMH Certified Mental Health Therapist, DMH Certified Intellectual and Development Disabilities Therapist or DMH Certified Addiction Therapist.

- 1) The supervisor must be of the same discipline as those they supervise (i.e. Mental Health = Mental Health; IDDD= IDDD; Addiction Therapist = Addiction Therapist)
 - 2) The signature of credentialed supervisor is required on documentation of all services provided.
5. Beneficiaries may participate in psychosocial rehabilitation up to five (5) hours per day, up to five (5) days per week.
 6. Psychosocial Rehabilitation services must be prior authorized by the Division of Medicaid or its designee, effective for dates of service on or after July 1, 2012.
 7. Psychosocial Rehabilitation services are not eligible for Medicaid reimbursement on the same day as group therapy, day support, senior psychosocial rehabilitation, crisis residential or acute partial hospitalization.
 8. Documentation Requirements
 - a) The case record must contain a monthly progress summary for each beneficiary that includes:
 - 1) Notation of each date the service was provided,
 - 2) The length of time the service was provided on each date, and
 - 3) A summary of the beneficiary's progress that relates to the goals and objectives established on the Treatment Plan.

B. Day Support is a program of structured clinical activities in a group setting designed to support and enhance the role functioning of adult Medicaid beneficiaries who are able to live fairly independently in the community through the regular provision of structured therapeutic support. Program activities aim to improve beneficiaries' reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, and task completion as well as to alleviate such psychiatric symptoms as confusion, anxiety, isolation, withdrawal and feelings of low self-worth. The activities provided must include, at a minimum, the following: group therapy, individual therapy, social skills training, coping skills training, and training in the use of leisure-time activities. Day Support programs must provide active clinical treatment in a group setting.

1. Beneficiaries may participate in Day Support for a maximum of five (5) hours per day, a maximum of five (5) days per week. This program is the least intensive psychosocial rehabilitation service available.

2. Day Support Services may be provided to individuals with a Serious and Persistent Mental Illness or Substance Abuse diagnosis. It may be provided to individuals with intellectual and developmental disabilities through June 30, 2012.
3. Day Support must be provided by a program which has at least one clinical staff member responsible for planning and directly supervising program operation.
 - a) Clinical staff member is defined as a staff member who holds a master's degree and professional license (ex.: Physician, Psychologist, Licensed Certified Social Worker, Licensed Master Social Worker, Licensed Professional Counselor or Licensed Marriage & Family Therapist) or who is a DMH Certified Mental Health Therapist, DMH Certified Intellectual and Developmental Disabilities Therapist or a DMH Certified Addiction Therapist (when appropriate for the individual receiving service and the service provided).
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 - (1) The supervisor must be of the same discipline as those they supervise (i.e. Mental Health = Mental Health; IDDD= IDDD; Addiction Therapist = Addiction Therapist)
4. The signature of credentialed supervisor is required on documentation of all services provided.
5. Day Support services must be prior authorized by the Division of Medicaid or its designee for dates of service on or after July 1, 2012.
6. Day support services are not eligible for Medicaid reimbursement on the same day as group therapy, clubhouse, senior psychosocial rehabilitation, crisis residential or acute partial hospitalization.
7. Documentation Requirements
 - a) The case record must contain a progress summary for each beneficiary that includes:
 - 1) Notation of each date the service was provided,
 - 2) The length of time the service was provided on each date, and
 - 3) A summary of the beneficiary's progress that relates to the goals and objectives established on the Treatment Plan.

C. Senior Psychosocial Rehabilitation is a program of structured activities designed to support and enhance the ability of senior Medicaid beneficiaries to function at the highest possible level of

independence in the most integrated setting appropriate to their needs. The activities target the specific needs and concerns of the senior while aiming to improve beneficiaries' reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion and other areas of competence that promote independence in daily life. Activities are designed to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth.

1. Beneficiaries may participate in Senior Psychosocial Rehabilitation for a maximum of five (5) hours per day, a maximum of five (5) days per week.
2. Senior Psychosocial Rehabilitation may be provided to adults age fifty (50) and older with a diagnosis of a serious and persistent mental illness. It may be provided to individuals with intellectual and developmental disabilities through June 30, 2012.
3. Senior Psychosocial Rehabilitation must be provided by a program which has at least one clinical staff member present during the time of program operation.
 - a) Clinical staff member is defined as a staff member who holds a master's degree and professional license (ex.: Physician, Psychologist, Licensed Certified Social Worker, Licensed Master Social Worker, Licensed Professional Counselor or Licensed Marriage & Family Therapist) or who is a DMH Certified Mental Health Therapist, DMH Certified Intellectual and Developmental Disabilities Therapist or a DMH Certified Addiction Therapist (when appropriate for the individual receiving service and the service provided).
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 - (1) The supervisor must be of the same discipline as those they supervise (i.e. Mental Health = Mental Health; IDDD= IDDD; Addiction Therapist = Addiction Therapist)
 - (2) The signature of credentialed supervisor is required on documentation of all services provided.
4. Senior Psychosocial Rehabilitation services provided in a nursing facility must also be authorized through the Preadmission Screening and Resident Review (PASRR) rules.
5. Senior psychosocial rehabilitation services provided in the community for individuals who are not residents of a nursing facility must be prior authorized by the Division of Medicaid or its designee for dates of service on or after July 1, 2012.
6. Elderly psychosocial services are not eligible for Medicaid reimbursement on the same day as group therapy, day support, psychosocial rehabilitation, crisis residential or acute partial hospitalization.

7. Documentation Requirements

a) The case record must contain a progress summary for each beneficiary that includes:

(1) Notation of each date the service was provided,

(2) The length of time the service was provided on each date, and

(3) A summary of the beneficiary's progress that relates to the goals and objectives established on the Treatment Plan.

D. Day Treatment is a behavioral intervention program, provided in the context of a therapeutic milieu, which provides primarily school age children/adolescents with serious emotional disturbances (SED) the intensity of treatment necessary to enable them to live in the community. The program is based on behavior management principles and includes, at a minimum, positive feedback, self-esteem building and social skills training. Additional components are determined by the needs of the participants in a particular program and may include skills training in the areas of impulse control, anger management, problem solving, and/or conflict resolution. The most important element of Day Treatment is the consistency and qualifications of the staff providing the service. Day Treatment is the most intensive outpatient program available to children and adolescents. It provides an alternative to residential treatment or acute psychiatric hospitalization and/or serves as a transition from these services.

1. Beneficiaries may participate in the program a maximum of five (5) hours per day, five (5) days per week with a minimum of four hours per week.
2. Day Treatment may be provided to children with SED.
3. Day Treatment programs must be provided in accordance with DMH Operational Standards.
4. In order to participate in the Day Treatment program, a child or youth must be on the permanent roster for the program. They shall not participate on an intermittent basis.
5. Day Treatment must include involvement of the family or individuals acting in loco parentis as often as possible, but not less than twice per month, in order to achieve improvement that can be generalized across environments.
6. Day Treatment Services are not eligible for Medicaid reimbursement on the same day as group therapy, crisis residential or acute partial hospitalization.
7. Day Treatment must be prior authorized by the Division of Medicaid or its designee for dates of service on or after July 1, 2012.

8. Day Treatment services must be provided by a non-case management staff member who holds a Master's Degree and professional license (ex: Licensed Certified Social Worker, Licensed Marriage & Family Therapist, Licensed Professional Counselor, Psychologist, Licensed Master Social Worker, or a Medical Doctor) or who is a DMH Certified Mental Health Therapist or DMH Provisionally Certified Mental Health Therapist.
9. The staff person providing day treatment services must also provide other therapy services for the children and youth in day treatment, which are deemed medically necessary whenever possible.

10. Documentation Requirements

- a) The case record must contain progress notes for each beneficiary.
- b) The progress notes must include:
 - 1) Date the service was provided,
 - 2) Length of time the service was provided on each date, and
 - 3) A summary of the beneficiary's progress that relates to the goals and objectives established on the Treatment Plan.

E. Acute Partial Hospitalization is a program that provides medical supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to beneficiaries who are experiencing a period of such acute distress that their ability to cope with normal life circumstances is severely impaired. Acute Partial Hospitalization is designed to provide an alternative to inpatient hospitalization for such beneficiaries or to serve as a bridge from inpatient to outpatient treatment. Program content may vary based on beneficiary need but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms.

1. Acute Partial Hospitalization may be provided to children with SED or adults with SPMI.
2. Acute Partial Hospitalization must be prior authorized by the Division of Medicaid or its designee for dates of service on or after July 1, 2012.
3. Acute Partial Hospitalization programs must be certified by the Department of Mental Health.
4. Acute Partial Hospitalization programs must have medical supervision and nursing services immediately available during hours of operation.
5. Acute Partial Hospitalization is limited to one hundred (100) days per state fiscal year.
6. Documentation requirements:

- a) The case record must contain a physician order for the service stating that inpatient care would be necessary without the service.
- b) The case record must contain a daily progress summary for each beneficiary which meets the documentation criteria for acute partial hospitalization services.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

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1. Beneficiaries may participate in the program a maximum of five (5) hours per day, five (5) days per week with a minimum of four hours per week.

2. Day Treatment may be provided to children with SED.

3. ~~No less than four (4) individuals may participate in a Day Treatment programs must be provided in accordance with DMH Operational Standards. in order to achieve a therapeutic milieu.~~

4. ~~No Day Treatment room shall have more than ten (10) individuals with emotional and/or behavior disorders participating in the program at any time.~~

~~If programs are developed for individuals with a diagnosis of Autism/Asperger's are developed around youth who meet medical necessity criteria, there shall be no more than four (4) individuals with a diagnosis of Autism/Asperger's per program.~~

54. In order to participate in the Day Treatment program, a child or youth must be on the permanent roster for the program. They shall not participate on an intermittent basis.

65. Day Treatment must include involvement of the family or individuals acting in loco parentis as often as possible, but not less than twice per month, in order to achieve improvement that can be generalized across environments.

76. Day Treatment Services are not eligible for Medicaid reimbursement on the same day as group therapy, crisis residential or acute partial hospitalization.

87. Day Treatment must be prior authorized by the Division of Medicaid or its designee for dates of service on or after July 1, 2012.

98. Day Treatment services must be provided by a non-case management staff member who holds a Master's Degree and professional license (ex: Licensed Certified Social Worker, Licensed Marriage & Family Therapist, Licensed Professional Counselor, Psychologist, Licensed Master Social Worker, or a Medical Doctor) or who is a DMH Certified Mental Health Therapist or DMH Provisionally Certified Mental Health Therapist.

109. The staff person providing day treatment services must also provide other therapy services for the children and youth in day treatment, which are deemed medically necessary whenever possible.

140. Documentation Requirements

a) The case record must contain progress notes for each beneficiary.

b) The progress notes must include:

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 - a) The case record must contain a physician order for the service stating that inpatient care would be necessary without the service.
 - b) The case record must contain a daily progress summary for each beneficiary which meets the documentation criteria for acute partial hospitalization services.

Source: ~~Section 43-13-117 (16) of the Mississippi Code of 1972, as amended; Section 43-13-121 of the Mississippi Code of 1972, as amended.~~ Miss. Code Ann. §§ 43-13-117, 43-13-121.