TUFTS Health Plan

a Point32Health company

Psychiatric Day Treatment Program Performance Specifications

These performance specifications apply to the following Tufts Health Plan products:

- ☐ Tufts Health Plan Commercial[1]
- ☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)[2]
- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)[2]

These performance specifications apply to the following Tufts Health Public Plans products:

- ☐ Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- ☐ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☒ Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service will be expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations and all requirements of these service-specific performance specifications, in addition to the General Behavioral Health Performance Specifications. All Performance Specifications are located online at Tufts Health Plan, in the Provider Resource Center.

DEFINITION

Psychiatric day treatment is for Members who have psychiatric disorders so they can achieve and maintain their highest level of functioning and work toward life goals while continuing to live in the community. Day treatment is a transitional service and can assist Members who no longer require active medically based services but have significant residual symptoms that require extended intervention. For example, a Member with schizophrenia in partial remission may need extended treatment to reacquire functional adaptive behaviors.

Day treatment programs are focused on maintaining or enhancing a Member's current levels of functioning and skills in the community. Members will hopefully develop additional coping skills, community supports, and access resources to assist with making clinical and social gains once the day treatment program is no longer needed and/or once the Member has transitioned to a less intensive level of care (e.g., a supported work setting, BH program, or psychosocial rehabilitation program).

COMPONENTS OF SERVICE

Provider will comply with all applicable DMH and DPH licensure and resulting requirements:

1. The provider provides structured goal-oriented groups focused on improving the Member's ability to function in the community and to establish and maintain stable interpersonal relations to manage his or her symptoms.
2. The provider assists, as appropriate, with vocational, educational, and other recovery-focused interests.
3. The scope of services available will include but not be limited to: behavioral management; intake evaluation to include biopsychosocial evaluation; case consultation; treatment coordination by an identified staff person; discharge planning; group therapy; initial psychiatric assessment (as indicated); multi-disciplinary treatment team meetings; initial substance abuse assessment (as indicated); identify or assist with transportation; psychoeducation; identify or assist with self-help group or consumer driven activities; treatment planning and therapeutic milieu.
4. Psychopharmacology services may be provided by the day treatment program or will be coordinated with the Member's prescriber, and documentation of this will occur in the Member's record.

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1. Commercial products include HMO, POS, PPO, and CareLink℠ when Tufts Health Plan is the primary administrator.
2. Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

5. Services are provided a minimum of five days per week, which includes a minimum of 30 hours/week of clinical programming, inclusive of group programming.

STAFFING REQUIREMENTS

1. The program maintains a multi-disciplinary staff that includes a psychiatrist and any two of the following licensed clinicians, at least one of which must be independently licensed:
    - Psychologist; Clinical Nurse Specialist (RNCS); Licensed Independent Clinical Social Worker (LICSW); Licensed Clinical Social Worker (LCSW); Psychiatric Nurse (RN); Licensed Occupational Nurse (OTR); Licensed Mental Health Counselor (LMHC)); Licensed Marriage and Family Therapist (LMFT); Certified Rehabilitation Counselor (CRC); Certified Addiction Counselor (CAC); Certified Alcohol and Drug Counselor (CADAC)
    - Paraprofessional staff should be used to complement the staffing above
    - Supervision and regular scheduled staff development trainings are requirements for all staff positions
    - Facility is responsible for providing staffing and supervision in accordance with THPP Behavioral Health General Performance Specifications, and DPH and BSAS Licensing requirements

SERVICE, COMMUNITY, AND COLLATERAL LINKAGES

1. Program staff coordinates treatment planning and aftercare with the Member's primary care clinician, outpatient, and other community-based providers, involved state agencies, educational system, community supports and family, guardian, and/or significant others when applicable. If consent for such coordination is withheld or refused by the parent or guardian of a minor, then this is documented in the Member's record.
2. The program ensures that a written aftercare plan is available to the Member at the day of discharge. When consent is given, a copy of the written aftercare plan is forwarded at the time of discharge to the referral source, family/guardian/significant other, DMH (if DMH member), outpatient or community-based provider, PCP, school, and other entities and agencies that are significant to the Member's aftercare.
3. In the case of Members involved with CBHI services, the facility social worker or other clinician will collaborate with those providers, including but not limited to Community Service Agencies (CSA). The facility will accommodate requests from a CSA to facilitate or attend a team meeting while the Member is at the facility. If a Member is admitted to a 24-hour level of care, they will collaborate with the facility.

QUALITY MANAGEMENT (QM)

1. The facility will develop and maintain a quality management plan that is consistent with that of Tufts Health Public Plans and utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and will include outcome measures and satisfaction surveys to measure and improve the quality of care and service delivered to Members, including youth and their families.
3. Clinical outcomes data must be made available to Tufts Health Public Plans upon request and must be consistent with Tufts Health Public Plans' performance standard for psychiatric day treatment.
4. All Reportable Adverse Incidents will be reported to Tufts Health Public Plans within one business day of their occurrence per Tufts Health Public Plans policy and DMH licensing requirements. A Reportable Adverse Incident is an occurrence that represents actual or potential harm to the well-being of a Member, or to others by action of a Member, who is receiving services managed by Tufts Health Public Plans or has recently been discharged from services managed by Tufts Health Public Plans.
5. The facility/program will adhere to all reporting requirements of DPH and/or DMH regarding Serious Incidents and all related matters.

PROCESS SPECIFICATIONS

Treatment Planning and Documentation

1. Each Member receives a written, individualized treatment plan, reviewed by a multi-disciplinary team, and the Member, after the fifth day of attendance, every 30 days of attendance, or 60 calendar days thereafter, after any psychiatric admission which necessitates a change in the treatment plan, or when major clinical changes occur.
2. Ensure that Behavioral Health Clinical Assessments conducted by Behavioral Health Providers are in writing, dated and signed, and include, at a minimum, the following:
    - Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations, and strengths.
3. The treatment plan has clearly defined, measurable short- and long-term goals, objectives, and outcomes, including the steps for achievement. As with all treatment plans, time frames are included.

4. Members are assigned a primary treatment contact/coordinator upon admission, and this is clearly documented in their chart.

Discharge Planning and Documentation

1. Discharge planning process begins on admission to the program, including the identification of potential barriers to discharge.
2. The transition to the providers/caregivers identified in the discharge/aftercare plan begins while the Member is active in the program to ensure greater compliance.
3. All activities and plans are documented in the Member's chart, including their permission for any outside contact, including coordination of services.

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- November 2020: Templates updates