**To:** Day Treatment System of Care Providers **Date**: 8/27/14

**From:** Steve Jones, LCSW, QM Program Manager

**Re:** DHCS Standards for Day Treatment Programs

After consultation with DHCS, stakeholders, County QI and Executive County Staff, County of San Diego Behavioral Health Services (BHS) is reaffirming the FY13-14 DHCS Annual Review Protocol for updated standards for Day Treatment Services. With the inclusion of this communication, Day Treatment Providers shall follow the standards referenced below effective September 5, 2014.

Per DHCS standards, beneficiaries are expected to be present in the day treatment program for all scheduled hours of operation. When a beneficiary is “unavoidably” absent for some part of the hours of operation, day treatment for an individual beneficiary will only be reimbursed if the beneficiary is present for at least 50% of the hours of the scheduled hours of that day**.  *Reference****: DMH Information Notice No. 02-06.*

There are several changes that directly impact day treatment programs. To address these changes, BHS is reaffirming the documentation standards listed in the FY13-14 DHCS Protocol.

**STANDARDS**: Day Treatment Program Participation and Day Treatment Program Descriptions

**Avoidable vs. Unavoidable Absences for Day Treatment Programs**

Definitions of an Avoidable Absence occurring during day program hours are:

1. Avoidable Absence (Not billable):
   1. Appointments scheduled during day program hours.
      1. Appointments should be scheduled outside of the day program hours as not to disrupt the participation of the beneficiary.
      2. If the absences are avoidable, document the reason and frequency for the absence and if there are other services that may be better suited for the beneficiary. These days may not be claimed but should be documented for tracking purposes.

Definitions of an Unavoidable Absence occurring during day program hours are:

1. Unavoidable Absence during day program hours are:
   1. Crisis Intervention
   2. Illness
   3. Client requested to attend a meeting during Day Treatment Program that was unexpected, unplanned, unscheduled, or otherwise unknown. This type of unavoidable absence should be infrequent and non-reoccurring.
2. Unavoidable Absences
   1. Should be infrequent.
      1. If the unavoidable absences are frequent, there should be consideration for alternative services. Document the reason and frequency for the unavoidable absence, and an evaluation to determine best level of care.
      2. Documentation should include the amount of hours and minutes the beneficiary attended. Day Treatment may be claimed only if the beneficiary attended more than 50% of the scheduled hours of the day program.
3. Attendance Verification:
   1. The Daily and Weekly notes shall include the amount of hours and minutes the beneficiary attended. All beneficiary time must be accounted for. Programs are expected to have a sign-in attendance log for beneficiary participation during scheduled day program hours.
   2. It is recommended that the attendance log include the following elements:
      1. Title of Sign In Sheet (ex. Day Treatment Sign In Sheet)
      2. Youth Name
      3. Sign In Signature
      4. Time In
      5. Community Meeting
      6. All Groups
      7. Time Out
      8. Total Time
      9. Sign Out Signature
      10. Comments
      11. Attestation statement verifying accuracy of tracking log

Please send in Day Treatment Attendance Log for QM Review and approval by Sept 15, 2014. Email Attendance Log to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov). (See attached Sample Log)

**DAY TREATMENT PROGRAM DESCRIPTION REQUIREMENTS** *(Annual Requirement each fiscal year or when there is a change to the Day Treatment Schedule)*

There is a minor change: (see comment in **bold**)

* 500-700 words
* Brief background, history and include identifying the parent organization, if applicable
* Target population
* Services offered **(include Community Meeting and how it meets criteria and other activities that may not be part of the milieu)**
* What about the program makes it unique/special
* Location and address, contact manager’s name and phone number
* Name and phone number of COR
* Program description should include those activities that are not considered part of the milieu such as Community Meeting and others meetings that are not considered part of the milieu.

Please contact the QM Unit at [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov) with any questions.