



## Mental Health Day Treatment Clinic Services Guidelines

Provider will ensure consistent coordination and communication with other agencies including Child Welfare, Oregon Youth Authority (OYA) and Juvenile Justice. Minimally, these communications should include monthly treatment progress reports and invitations to treatment reviews and other relevant meetings.

Service planning and provision will be child and family-centered. The individualized needs of the child and family will determine the type, intensity, and frequency of services provided. Provider will demonstrate a philosophy of families as equal partners and family involvement and participation in all phases of orientation, assessment, treatment planning and the child's treatment by documentation in the clinical record. Provider will have a policy and procedure on family involvement that includes specific supports to family Members that address and prevent barriers to family involvement. Provider will ensure that a primary focus of treatment is assisting Members and their family Members in transferring newly developed skills to the home and community settings. Specific services may include comprehensive mental health assessment; individual, group and family therapy; multi-family treatment group; parent or child skills training; pre-vocational/vocational rehabilitation; behavior management; activity and recreational therapy; physical health care coordination; interpreter services; case management; clinical services coordination; and consultation. Provider will coordinate referrals to early intervention as appropriate and maintain coordination with early intervention services. Services shall be provided in the home, community or discharge school setting as clinically indicated.

Provider shall maintain regular contact with the Behavioral Health Plan Care Coordinators and will ensure they are invited with sufficient advance notice to treatment reviews and IEP meetings, and that they consistently receive treatment updates. Provider shall provide at least four (4) hours of services each working day to consumers enrolled in preschool through fifth grade programs and at least five (5) hours of services each working day to consumers enrolled in sixth through twelfth grade programs. These services will be billed per diem using HCPC Code H0037.

Provider shall ensure that Behavioral Health Plan Care Coordinators are routinely provided with written clinical documentation including mental health assessment and treatment plan, medication management notes and treatment plan updates. These should be provided minimally on a monthly basis.

In the event that an enrolled Member's absence or transition precludes Contractor's delivery of the minimum number of per diem hours, Provider may deliver services to the absent or transitioning consumer on an hourly basis. Provider shall document and submit claims for services provided on an hourly basis. These services will be billed on an hourly basis using HCPCS Code H2012.

Provider shall participate in Child and Family Team meetings to occur no less frequently than every 30 days. These meetings may be held at the facility, but may also occur in the family's home or

elsewhere in the community that is convenient for the family. Child and family teams will include family Members including involved biological family Members, or foster parents, the Behavioral Health Plan Care Coordinator, involved Provider and agencies such as Child Welfare, the child when appropriate, and any other natural, formal, and informal supports as identified by the family. Individualized Service Coordination Plans shall be developed by a child and family team and subsequent revisions to be done every 90 days. The child's individual treatment plan shall be integrated into the Service Coordination Plan.

Provider shall provide active, focused case management beginning at the date of admission which will link the child to appropriate community-based services delineated in the service coordination plan, coordinate care with pre-admission and post-admission agencies, and develop and implement discharge plans. Discharge planning shall include applicable education service district or school district to coordinate and provide needed educational services for the children after discharge, and these discussions should begin at intake. Final discharge planning meetings should occur at the child's discharge placement to accommodate teachers and other staff from the new setting. The applicable school district or education service district representative shall be invited to the intake and all subsequent treatment reviews and IEP meetings. Provider shall include the parent and/or guardian in discharge planning and reflect their needs and desires to the extent clinically indicated.

Provider shall ensure that admitted children shall have, or have been, screened for an Individual Education Plan, Personal Education Plan or Individual Family Service Plan.

Provider will coordinate with education staff to ensure that IEP's are routinely updated.

Provider will utilize a clinical model that is evidence-based and integrated into all aspects of milieu treatment, and will not rely on a point system for behavior management. If a point or level system is clinically indicated for a specific Member, it will be individualized and justified in the Member's clinical record. Staff supervision will incorporate a focus on the ongoing implementation of evidence based practices.

Provider shall, with involvement of parents, caregivers, and the child, develop Service Plan (SP) as defined in 309-022-0105(93). The SP shall include behavioral support services according to OAR 309-022-0140(3)(g) and 309-022-0165.

Provider shall provide at least one face-to-face contact per month with a Licensed Medical Practitioner (LMP) to each child and adolescent served under this Contract. Additional medication management services may be provided by a psychiatric nurse practitioner based on medical necessity. Medication management is included in the per diem rate for services.

To ensure a smooth and coordinated transition for the Member from one school setting to the next, Provider shall obtain the appropriate release and submit mental health information to the receiving school district using the appropriate.

Provider shall cooperate with the Wraparound and/or Behavioral Health Plan-designated care coordinator(s) for ongoing Utilization Management as well as for children requiring admission to; and discharge from acute, sub-acute, and less restrictive levels of care as medically necessary.