# Monterey County Behavioral Health, Quality Improvement

Re:	Referrals to Day Rehabilitation Services
Form Reference	Screening Tool for Day Rehabilitation Services
Effective	5/01/2024

### **TOPIC**

In the spirit of continuous quality improvement and in response to the Department of Health Care Services specialty mental health prior authorization requirements, Monterey County Behavioral Health Quality Improvement department has developed the **Screening Tool for Day Rehabilitation (DR) Services** to support medical necessity for Day Rehabilitation Services. This screening tool shall be submitted along with the referral packet to DR providers and is not intended to replace the current referral process.

Day Rehabilitation Services are supportive services to those with Mental Health and Substance Use Disorders, provided in a non-institutional setting which provides a structured program as an alternative to other higher level of care settings (such as hospitalization for persons in care experiencing an acute psychiatric episode or crisis). The service includes a range of activities and services that support persons in care in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. This service is available on a full day basis at least four hours and less than 24 hours each day the program is open. Service activities may include but are not limited to daily community meetings, skill building groups, therapeutic programming including process groups, and at least once monthly contact with family members or significant support person(s).

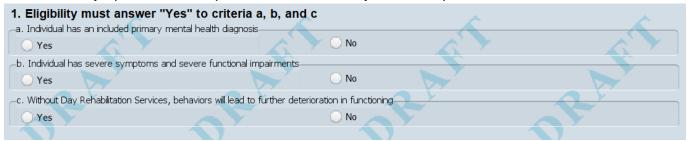
Starting 05/01/2024 referrals and/or admissions to Day Rehabilitation will now require the addition of **Screening Tool for Day Rehabilitation Services.** This tool is the result of a collaborative effort between Monterey County Behavioral Health and partner Day Rehabilitation service providers to screen in/out persons in care who may be eligible for Day Rehabilitation services, to ensure that individuals are appropriately placed in a safe and least restrictive level of care.

This screening tool will also help coordinate the person's care by informing Day Rehabilitation service providers of the person in care's symptoms, impairments, and level of functioning that should be addressed as part of the Day Rehabilitation treatment plan. This screening tool

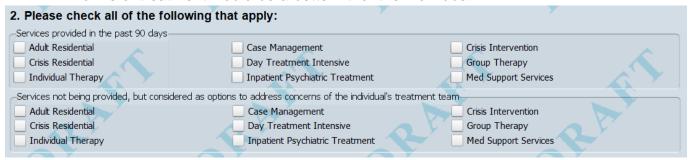
should be completed by the person in care's case coordinator prior to the authorization/referral of Day Rehabilitation services to establish medical necessity.

#### **PROCEDURE**

- 1. Start Date: 05/01/2024
- 2. Person in care's case coordinator selects individual from AVATAR.
- 3. Search for "Screening Tool for Day Rehabilitation Services".
- 4. It is recommended that the screening tool be completed within 30 days prior to the person in care's referral to Day Rehabilitation Services.
- 5. Complete Section 1: To be eligible for Day Rehabilitation services, a person in care:
  - Should have a primary mental health diagnosis and Substance Use Disorder diagnosis.
  - b. Have severe symptoms and functional impairments as a result of their mental health diagnosis.
  - c. Without Day Rehabilitation services available for either half day or full day, five days per week, the person in care is likely to decompensate.



- 6. Complete Section 2: This section asks the clinician to consider:
  - a. What services, if any, has the person in care received in the past 90 days? This is intended to help determine if other levels of intervention have been attempted already.
  - b. What services have not been provided to the person in care, but have been considered options? This is intended to help the clinician consider if any other forms of treatment would be a better fit for the individual.



#### 7. Complete Section 3:

a. In order to be eligible for Day Rehabilitation, the treatment team must conclude that additional services outlined in 2b would not be as effective as Day

Rehabilitation services (select "yes"). If there are other services more effective than Day Rehabilitation, those interventions should be utilized.

3. Lower Levels of C	care - must answer "Yes" to the following		
Team has concluded addition	onal services outlined in item 2 would not be as effective as Da	y Rehabilitation Services——————	
○ Yes	○ No		

- 8. Complete Section 4:
  - a. In order to coordinate treatment amongst the person in care, case coordinator, and Day Rehabilitation program, please indicate the current symptoms/behaviors the person in care is experiencing that Day Rehabilitation services would target.

I. Please select current symptoms/behaviors that apply (must select at least one)				
	A dramatic change in appetite			
	Agitation			
	Auditory Hallucinations			
	Breathing rapidly (hyperventilation)			
	Depersonalization			
	Derealization			
	Difficulty sleeping			
	Dissociative amnesia			
	Erotomanic Delusions			
	Euphoria			
	Excessive Sleeping			

- 9. Complete sections 5 & 6:
  - a. Referencing the symptoms selected in section 4, indicate whether the symptoms cause significant impairments.
  - b. Select the areas of the impairment in the person in care's life.

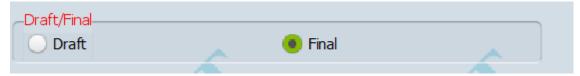
5. These above symptom	s cause clinically significa	nt distress	<u> </u>	
○ Yes		○ No		
6. These above symptom	s cause clinically significa	nt impairment in the fol	lowing areas	7
Activities of Daily Living	Occupational	Other	Social	
10 Complete Section 7				

10. Complete Section 7: Eligib	ility:	
7. Client is/is not eligible	for Day Rehabilitation Services	
Is Eligible	Is Not Eligible	

11. Staff Signature and date: this form should be completed by a licensed/license-eligible clinician since this form is establishing medical necessity for Day Rehabilitation Services.



12. Select Final and submit when complete.



Special Considerations: All Day Rehabilitation Services are voluntary. Screening a person in care for Day Rehabilitation services may not always result in a referral to a provider and may be subject to authorization from the mental health plan. Results indicated on this form are intended as a clinical guide to standardize screening practices for this specific level of care.

## The following report is available:

 155 Day Rehab Svcs Report by Client—This will allow user to print the report of a finalized screening tool to submit as part of a referral packet.