

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:
 - a. 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.

1. Eligibility must answer "Yes" to criteria a, b, and c

a. Individual has an included primary mental health diagnosis	<input type="radio"/> Yes	<input type="radio"/> No
b. Individual has severe symptoms and severe functional impairments	<input type="radio"/> Yes	<input type="radio"/> No
c. Without Day Rehabilitation Services, behaviors will lead to further deterioration in functioning	<input type="radio"/> Yes	<input type="radio"/> No

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.

2. Please check all of the following that apply:

Services provided in the past 90 days		
<input type="checkbox"/> Adult Residential	<input type="checkbox"/> Case Management	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Crisis Residential	<input type="checkbox"/> Day Treatment Intensive	<input type="checkbox"/> Group Therapy
<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Inpatient Psychiatric Treatment	<input type="checkbox"/> Med Support Services
Services not being provided, but considered as options to address concerns of the individual's treatment team		
<input type="checkbox"/> Adult Residential	<input type="checkbox"/> Case Management	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Crisis Residential	<input type="checkbox"/> Day Treatment Intensive	<input type="checkbox"/> Group Therapy
<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Inpatient Psychiatric Treatment	<input type="checkbox"/> Med Support Services

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 Care - must answer "Yes" to the following

Team has concluded additional services outlined in item 2 would not be as effective as Day 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.

4. 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 symptoms cause clinically significant distress

Yes

No

6. These above symptoms cause clinically significant impairment in the following areas

Activities of Daily Living

Occupational

Other

Social

10. Complete Section 7: Eligibility:

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.

Staff Signature

Staff Name

Signature Date

Get Signature

12. Select Final and submit when complete.

Draft/Final

Draft

Final

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.