

130 CMR 417.000: PSYCHIATRIC DAY TREATMENT PROGRAM MANUAL

Section

- 417.401: Introduction
- 417.402: Definitions
- 417.403: Eligible Members
- 417.404: Provider Eligibility
- 417.406: In-state Providers: Reporting Requirements
- 417.409: Out-of-state Providers: Maximum Allowable Fees
- 417.410: Nonreimbursable Services
- 417.411: Treatment Response
- 417.412: Scope of Services
- 417.413: Psychiatric Day Treatment Program Services Provided to Institutionalized Members
- 417.414: Referrals
- 417.421: Staffing Requirements
- 417.422: Organizational Structure
- 417.423: Qualifications of Professional Staff
- 417.431: Requirements for Admission
- 417.432: Admission Procedures
- 417.433: Treatment Planning
- 417.435: Case Management
- 417.436: Discharge from Program
- 417.437: Recordkeeping Requirements
- 417.438: Written Policies and Procedures
- 417.439: Administration

417.401: Introduction

All psychiatric day treatment programs participating in MassHealth must comply with the regulations of the MassHealth agency governing MassHealth including, but not limited to, 130 CMR 417.000 and 130 CMR 450.000: *Administrative and Billing Regulations*.

417.402: Definitions

The following terms used in 130 CMR 417.000 have the meanings given in 130 CMR 417.402, unless the context clearly requires a different meaning.

Freestanding Clinic. Any institution licensed as a clinic by the Department of Public Health pursuant to M.G.L. c. 111, § 51 that is not part of a hospital and that has its own legal identity, maintains its own patient records, and administers its own budget and personnel. Such institutions include mental health centers and community health centers.

Functional Maintenance Program. A planned combination of social, vocational, and recreational services designed for individuals disabled by a chronic mental illness who need continuing services to maintain skills that allow them to function within the community, but who do not require the more intensive care of inpatient or day treatment programs.

Identifiable Unit. A separate organizational unit within the same building as, but separately established from, the facility of which it is part that employs staff explicitly assigned to it, and has separately defined and established purposes, policies, procedures, and treatment services.

Mental Illness. Mental and emotional disorders as defined in the current International Classification of Diseases, Clinical Modification, or the American Psychiatric Association's Diagnostic and Statistical Manual, and manifested by impaired functioning in behavior, feeling, thinking, or judgment to the extent that the affected person, or someone else, can observe that the person affected is unable to fulfill reasonable personal and social expectations.

417.402: continued

Prevocational Activities. Services that prepare a member for paid or unpaid employment and that are not job-task oriented but are aimed at a generalized result. These services may include, but are not limited to, teaching concepts such as attendance, task completion, problem solving, safety, time management and career planning. These services may be considered part of the hourly rate when incorporated as part of the member's individualized treatment plan.

Psychiatric Day Treatment Program (the Program). A planned combination of diagnostic, treatment, and rehabilitative and recovery-oriented services provided to individuals with mental or emotional disabilities who need more active or inclusive treatment than is typically available through a weekly visit to a mental health center or hospital outpatient department, but who do not need full time hospitalization or institutionalization. Such a program utilizes multiple, intensive, and focused activities in a supportive environment to enable such persons to acquire skills to live an independent life in the community. Such programs may be operated by a freestanding clinic, a satellite clinic facility, or an identifiable unit of a clinic.

Satellite Clinic Facility. A facility not physically attached to a clinic that operates under the clinic's license and that falls under its fiscal, administrative, personnel, and clinical management.

Treatment Response. The degree to which an individual demonstrates progress toward goal achievement as evaluated by using the PDT program's assessment instrument.

Vocational Rehabilitative Services. services that provide vocational assessments, job training, and career counseling.

417.403: Eligible Members

(A) (1) MassHealth Members. The MassHealth agency covers psychiatric day treatment program services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in the MassHealth agency's regulations. The MassHealth agency's regulations at 130 CMR 450.105: *Coverage Types* specifically state, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.

(2) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program*.

(B) For information on verifying member eligibility and coverage type, see 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

(C) See 130 CMR 450.124: *Behavioral Health Services* for limitations on mental health and substance-abuse services provided to members enrolled with a MassHealth managed-care provider.

417.404: Provider Eligibility

(A) In State. In order to qualify for participation in MassHealth as an in state psychiatric day treatment program, a psychiatric day treatment program must be located in Massachusetts and:

- (1) Operate under a valid clinic license to provide mental health services issued by the Massachusetts Department of Public Health;
- (2) Be in operation at least five days a week and provide services to members at least six hours per day but fewer than 24 hours on each of those days; and
- (3) Meet all provider participation requirements as specified in 130 CMR 417.400 and 450.000: *Administrative and Billing Regulations*.

417.404: continued

(B) Out of State.

(1) To participate in MassHealth, an out-of-state psychiatric day treatment program must obtain a MassHealth provider number and meet the following criteria:

- (a) the clinic in which the psychiatric day treatment program operates must be appropriately licensed as required by the state agency of that state under whose jurisdiction it operates;
- (b) if the program is required by its own state's law to also be licensed or certified as a day treatment program, the program must be licensed or certified by the appropriate state agency under whose jurisdiction it operates;
- (c) the program participates in its state's Medicaid Program or the equivalent of that program;
- (d) the program has a rate established by its state's appropriate rate setting regulatory body.

(2) Out-of-state psychiatric day treatment services are covered only as provided in 130 CMR 450.109: *Out-of-state Services*.

417.406: In-state Providers: Reporting Requirements

All psychiatric day treatment programs must complete and submit a Uniform Financial Report annually to the Division according to the Centers for Health Information and Analysis and comply with all other applicable reporting requirements as specified in 957 CMR 6.00: *Cost Reporting Requirements*.

417.409: Out-of-state Providers: Maximum Allowable Fees

Payment to an out-of-state psychiatric day treatment program is in accordance with the applicable rate schedule of its state's Medicaid Program or its equivalent, and is always subject to the applicable conditions, exclusions, and limitations set forth in 130 CMR 417.000.

417.410: Nonreimbursable Services

The MassHealth agency does not pay psychiatric day treatment providers for:

(A) Vocational Rehabilitative Services. The MassHealth agency does not pay for any vocational rehabilitative services that may include, but are not limited to, activities which have a primary focus of producing goods or performing services. However, certain prevocational activities, such as time management groups and career planning groups to prepare members for less intensive services, may be considered part of the hourly rate.

(B) Educational Services. The MassHealth agency does not pay for educational services, such as traditional academic and special classroom services.

(C) Functional Maintenance Programs. The MassHealth agency does not pay for functional maintenance programs.

(D) Research and Experimental Treatment. The MassHealth agency does not pay for research or experimental treatment.

(E) Meals. The MassHealth agency does not pay for meals as part of psychiatric day treatment.

(F) Services Included as Part of Treatment Sessions. The MassHealth agency does not pay for the following services separately, since the fee for treatment sessions includes the cost of these services:

- (1) telephone contacts of any duration with or related to members;
- (2) any consultations about members with outside agencies;

417.410: continued

- (3) information and referral;
- (4) patient registration;
- (5) recordkeeping;
- (6) individual service planning; or
- (7) case management.

(G) Duplicative Services. The MassHealth Agency does not pay for psychiatric day treatment services when such services are duplicative of other services the member is receiving.

(H) Services provided when the member is in an inpatient setting. The MassHealth agency does not pay for psychiatric day treatment services when a member is receiving inpatient or long-term-care services in an acute or chronic hospital, a psychiatric hospital, or a level II or level III nursing facility. The MassHealth Agency also does not pay for psychiatric day Treatment services when the member resides in the facility in which psychiatric day treatment services are provided.

(I) Individual Therapy or Medication Evaluation. The MassHealth agency does not pay for individual therapy or medical evaluations provided by the psychiatric day treatment program.

(J) Group Therapy. The MassHealth agency does not pay for group therapy as a separate service provided by a psychiatric day treatment program.

417.411: Treatment Response

(A) Each psychiatric day treatment program must assess the member's recovery status at intake into the program, and assess treatment response every 90 days that the member remains in the program, and at discharge from the program. These assessments must be completed using instruments, subject to review by the MassHealth agency, for measuring an individual member's treatment response. Results of the assessments of treatment response must be kept in the member's medical record

(B) The MassHealth agency may decide to review a member's treatment if examination of the member's treatment response review indicates that one or more of the following applies:

- (1) no progress has been made for four months;
- (2) the member has regressed in their recovery; or
- (3) another reason deemed appropriate by the MassHealth agency.

(C) The MassHealth agency may review a member's treatment or conduct a utilization review for the reasons listed in 130 CMR 417.411(B) to determine whether a member's receipt of psychiatric day treatment services should be continued, modified, or terminated. The utilization review determines only the medical necessity of the service and neither establishes nor waives any other prerequisite for payment, such as member eligibility.

417.412: Scope of Services

A psychiatric day treatment program must ensure the availability of a sufficient variety of professional and special services to meet the needs of its member population. These services may be provided by the program itself or through referral to other agencies, as set forth in 130 CMR 417.414. Professional and special services that meet the needs of a psychiatric day treatment program that are all inclusive include: diagnostic, bio-psychosocial evaluation, self care, case management; group therapy; skills building and other recovery-oriented services; psycho-education; crisis planning and management; individualized treatment and recovery planning; multidisciplinary treatment review team; and discharge and aftercare planning, including relapse prevention planning. Programs refer for psychiatric and nursing assessment as indicated.

417.413: Psychiatric Day Treatment Program Services Provided to Institutionalized Members

The MassHealth agency pays a psychiatric day treatment program for the following services only when such services are not provided during a psychiatric day treatment program session:

(A) a preadmission evaluation visit of at least one hour that consists of a comprehensive evaluation to determine the need for psychiatric day treatment program services and to design a treatment plan; and

(B) a face-to-face individual or group session lasting at least one hour with the member's family or other involved persons to interpret accumulated data and to advise them on how to assist the member.

417.414: Referrals

(A) To ensure that members receive services not available from the program, but required by their comprehensive treatment plan or aftercare plan, a psychiatric day treatment program must have effective methods to promptly and efficiently refer these members to community resources. This requires that the staff know the resources available in the community, maintain a file of appropriate addresses, telephone numbers, and contact persons, have standing agreements with these resources as necessary, and prepare for and follow up on referrals through case conferences, written communications, and other less formal procedures.

(1) Emergency Service Team. The program, or parent corporation, must maintain a member-specific crisis plan and have established communication and referral protocols with the local emergency services program (ESP) to ensure expeditious access to emergency psychiatric care and hospitalization when necessary.

(2) Ambulatory Health Care Provider. The program must establish and maintain a transfer agreement with a MassHealth-participating ambulatory care provider to provide screening, diagnosis, and treatment services.

(3) Massachusetts Rehabilitation Commission. The program must establish and maintain a documented affiliation agreement with the local office of the Massachusetts Rehabilitation Commission to provide evaluation and rehabilitation services to members approaching discharge from the program. The agreement may allow for placement of a Massachusetts Rehabilitation Commission employee on site in the psychiatric day treatment program.

(4) Other Resources. The program must document the establishment of effective methods for providing its members with housing, employment, recreation, transportation, education, social services, health care, and legal services through referral to appropriate community agencies.

(B) If the psychiatric day treatment program is operated by a community health center, the program is deemed to be in compliance with the requirements for referral services listed in 130 CMR 417.414(A), if the community health center provides the services and the psychiatric day treatment program has established relationships and communication with the community health center's primary care staff.

417.421: Staffing Requirements

(A) Minimum Staffing Requirements. A psychiatric day treatment program must provide an adequate number of qualified personnel to fulfill the program's objective.

(B) Composition of the Treatment Team. The treatment team must contain multi-disciplinary staff available as appropriate for the needs of the participants. The treatment team must be comprised of mental health professionals who meet the requirements set forth under 105 CMR 140.530(C) or expressive therapy or allied health. The treatment team may also include other related mental health professionals necessary for the provision of intake, evaluation, diagnostic and treatment services.

417.422: Organizational Structure(A) Program Director.

(1) A psychiatric day treatment program must designate a full-time professional as overall administrator and clinical director to be responsible for the program and charged with day-to-day responsibility over it.

(2) The program director must have the following educational and work experience.

(a) Educational Requirements. A program director must have one of the following college degrees:

1. a master's degree in one of the disciplines set forth in 105 CMR 140.530(C): *Personnel Qualifications*;
2. a master's degree in a related health field (such as health administration or public health); or
3. a bachelor's degree in nursing (to become a registered nurse) or in occupational therapy, unless the basic preparation took place at a master's degree level.

(b) Experience Requirements. A program director must have five years of full-time, supervised clinical experience in a multidisciplinary team treatment setting, and a familiarity with the principles of the rehabilitation and recovery model. Two years of this experience must be attained after the degree required in 130 CMR 417.422(A)(3)(a) has been received, except for registered nurses and occupational therapists with a bachelor's degree who must have the required five years of experience subsequent to receiving their degrees. Occupational therapists with a bachelor's degree in occupational therapy and a master's degree in a related health field, as described in 130 CMR 417.422(A)(3)(a)2., must have two years of experience subsequent to receiving their master's degree. Experience should be broken down as follows:

1. two years of work with a participant population similar to that of receiving psychiatric day treatment program services;
2. one year (which may be concurrent with one of the foregoing two years) in another day treatment program; and
3. two years in an administrative/supervisory category.

(3) Responsibilities. The program director's responsibilities include:

- (a) hiring and firing of clinical staff;
- (b) establishing and implementing a supervision protocol in consultation with the medical director and/or clinic director;
- (c) establishing policies and procedures for participant treatment;
- (d) accountability for adequacy and appropriateness of participant treatment;
- (e) coordinating staff activities to meet program objectives;
- (f) program evaluation; and
- (g) establishing and supervising in-service training and education.

(B) Medical Director.

(1) The psychiatric day treatment program must designate a psychiatrist who meets the qualifications outlined in 130 CMR 417.423(A) as the medical director. The medical director is responsible for reviewing and approving all psychiatric day treatment medical policies and protocols and for supervising all psychiatric day treatment medical services provided by the staff.

(2) The role of the medical director in the program, apart from any other duties assumed under 130 CMR 417.422(B)(1), must include the following:

- (a) participation in the ongoing multidisciplinary evaluation and review of each participant's status;
- (b) review of physical examination reports on all participants participating in the program;

417.422: continued

- (c) monitoring or supervising the participant's medication regimen and prescribing medications as indicated and necessary upon consultation with the participant's primary care provider; and
  - (d) coordination of all aspects of the participant's treatment plan that involve physicians outside the program.
- (3) The medical director may be either a staff member or a consultant, but must work on-site for a minimum of four hours per week. In addition, arrangements must be made so that the medical director or another psychiatrist is available for telephone consultations every day the program is open.
- (4) If the medical director is a member of the treatment team, his or her responsibilities must include active involvement in all aspects of treatment planning and service delivery.

417.423: Qualifications of Licensed and Unlicensed Professional Staff

A psychiatric day treatment program's professional staff must meet the qualifications for their respective disciplines set forth in 130 CMR 417.423(A) through (K), and must demonstrate a familiarity with the principles of rehabilitation and recovery. All licensed and unlicensed professional staff must be supervised according to the supervisory protocol described at 130 CMR 417.422(A)(3)(b).

(A) Psychiatrist.

- (1) At least one psychiatrist employed by a psychiatric day treatment program, whether full time or as a consultant, must either currently be certified by the American Board of Psychiatry and Neurology, or the American Osteopathic Board of Neurology and Psychiatry, or be eligible applying for such certification.
- (2) Any additional psychiatrists must be at least licensed physicians in their second year of a psychiatric residency program accredited by the Council on Medical Education of the American Medical Association. Such physicians must be under the direct supervision of a fully qualified psychiatrist.
- (3) All clinics where psychiatric day treatment is provided must comply with 105 CMR 140.530(C)(1)(a) Mental Health regulation requirements.

(B) Psychologist. Any psychologist employed at a psychiatric day treatment program must either be licensed by the Massachusetts Board of Registration of Psychologists.

(C) Social Worker. A social worker employed at a psychiatric day treatment program must have a master's degree in social work and one year of postgraduate experience in a multidisciplinary mental health setting and must be licensed as an independent clinical social worker or eligible and in the process of applying for such licensure. Any additional social workers employed by the program must have a master's degree in social work.

(D) Board Certified Psychiatric Nurse. A psychiatric nurse employed at a psychiatric day treatment program must have a master's degree in nursing, be currently licensed to practice in the Commonwealth, and must be certified by the American Nurses Association as an Adult Psychiatric-Mental Health Clinical Nurse Specialist - Board Certified (PMHCNS-BC) or be a Psychiatric Mental Health Nurse Practitioner - Board Certified (PMHNP-BC). Any PMHCNS-BC or PMHNP-BC employed at a psychiatric day treatment program that is licensed to prescribe medications must make available to the MassHealth agency evidence of authorization from the Commonwealth of Massachusetts Board of Registration in Nursing, a completed and accepted Massachusetts Controlled Substance Registration, and a current, valid, and unrestricted Drug Enforcement Agency certificate. Any PMHCNS-BC or PMHNP-BC must have one year of experience in a mental health setting.

(E) Psychiatric Nurse. A psychiatric nurse employed at a psychiatric day treatment program must have either a Bachelor of Science degree in nursing and one year of experience in a mental health setting or its equivalent, or a license as a registered nurse and two years of experience in a mental health setting.

417.423: continued

(F) Licensed Mental Health Counselor. A licensed mental health counselor employed at a psychiatric day treatment program must have a master's degree in the mental health field, one year of postgraduate experience in a multidisciplinary mental health setting, and must be licensed as a mental health counselor or eligible and in the process of applying for such licensure. Any additional mental health counselors employed by the program must have a master's degree in the mental health field.

(G) Rehabilitation Counselor. A rehabilitation counselor employed at a psychiatric day treatment program must have a master's degree in rehabilitation counseling or vocational counseling and one year of experience in a mental health setting. The rehabilitation counselor must be either certified by the Council on Rehabilitation Education or eligible applying for such certification.

(H) Expressive Therapist. An expressive therapist employed at a psychiatric day treatment program must have a master's degree from an accredited program in dance, movement, music, psychodrama, art, or intermodal expressive therapy, and one year of supervised experience in a mental health setting subsequent to that degree.

(I) Occupational Therapist. An occupational therapist employed at a psychiatric day treatment program must be currently registered with the American Occupational Therapy Association and must have at least two years of supervised post-registration experience in a multidisciplinary mental health setting.

(J) Allied Health Professionals. An allied health professional employed at a psychiatric day treatment program must have a bachelor's degree in a field related to mental health, such as psychology, social work, or counseling, from an accredited educational institution with no experience necessary.

(K) Paraprofessional Staff. A paraprofessional staff member employed at a psychiatric day treatment program must have at least two years of experience in a mental health program and must receive weekly supervision from a qualified professional in psychiatry, psychology, social work, psychiatric nursing, or occupational therapy.

(L) Certified Peer Specialist (CPS). A person who has been trained by an agency approved by the Department of Mental Health (DMH) who is a self-identified consumer in recovery that can effectively share his or her experiences in the mental health system as well as help to serve as a mentor, advocate or facilitator.

417.431: Requirements for Admission

(A) Members seeking psychiatric day treatment program services must be evaluated by a multidisciplinary team composed of the treatment team and a psychiatrist (if the psychiatrist is not a member of the treatment team) following the admission procedures set forth in 130 CMR 417.432. The multidisciplinary team may admit the member to the program only if it determines that the applicant has a mental illness and functional impairment appropriate to psychiatric day treatment. Documentary evidence must support these findings.

(B) Applicants are considered appropriate for psychiatric day treatment program services if substantial functional limitations exist in at least two of the following areas:

- (1) emotional stability;
- (2) vocational/educational productivity;
- (3) social relations; and
- (4) self-care.

(C) Members would not benefit from psychiatric day treatment program services if currently:

- (1) sufficient impairment exists to require a more intensive level of service;
- (2) has medical conditions or impairments that would prevent beneficial utilization of services;



417.431: continued

- (3) the primary impairment is not psychiatric;
- (4) imminent risk to self or others;
- (5) requires a level of structure and supervision beyond the scope of the program; or
- (6) does not voluntarily consent to admission to treatment and/or refuses or is unable to participate in all aspects of treatment.

417.432: Admission Procedures

(A) A qualified professional employed by the psychiatric day treatment program must conduct a comprehensive evaluation, including an admission interview, to evaluate the member's potential to benefit from the services of the program.

(B) This comprehensive evaluation must be reviewed by the multidisciplinary team described in 130 CMR 417.431(A), including an examination of the member's medical status.

(C) If the member is referred to the program by a mental health clinic, hospital, physician, or by a psychotherapist, the program must document their attempts to obtain reports of previous histories and evaluations from the referring institution or individual. If this preliminary evaluation indicates that admission is not appropriate, the program must notify the referring agency or individual of this and terminate the admission procedures. If the preliminary evaluation indicates that the member may benefit from psychiatric day treatment program services, the comprehensive evaluation set forth in 130 CMR 417.432(A) and (B) should then be completed.

(D) If the comprehensive evaluation does not sufficiently demonstrate that the member needs or has a level of recovery appropriate for psychiatric day treatment program services, the member may be admitted to the program for a short term evaluation period to determine the ability of the program to meet the member's needs. The MassHealth agency pays the program for services provided during such an evaluation period only under the following conditions:

- (1) the member's record must contain specific documentation as to the need and time frame of the evaluation period;
- (2) the evaluation period must not exceed two weeks; and
- (3) the multidisciplinary team must review and update the preadmission evaluation at the end of the evaluation period.

(E) If a member is not considered appropriate for psychiatric day treatment program services, whether from the determinations of the comprehensive evaluation or from a therapeutic trial period, the program must formulate alternative treatment referrals with the member and arrange for such referrals within a 48-hour period from the time of the evaluation.

417.433: Treatment Planning

(A) The multidisciplinary team described in 130 CMR 417.431(A) must prescribe a plan of therapeutic activities and treatment designed to improve or maintain the participant's ability to function independently. This plan must be developed with and agreed to verbally or in writing by the participant. The multidisciplinary team must develop the plan after the member has completed ten visits to the program or by the end of the first month of attendance, whichever occurs first.

(B) The treatment plan must be goal oriented and time-limited with a focus on the principles of rehabilitation and recovery, and time frames must be established for the attainment of short- and long-term behavioral goals.

(C) All elements of the treatment plan must be documented in the medical record, as set forth in 130 CMR 417.437.

417.435: Case Management

(A) A member of the program's professional or paraprofessional staff must be assigned to each member as case coordinator to assume primary responsibility for that member's case. The case coordinator supervises the implementation of the treatment plan, maintains the member's records, initiates periodic review of the treatment plan for necessary modifications or adjustments, coordinates the various services provided by the program itself and by other agencies, coordinates referrals to other state agencies as needed, meets regularly with relatives and significant friends of the member, and monitors the member's progress in accomplishing the treatment goals.

(B) The case coordinator must review the member's treatment goals and treatment response weekly and, during staff meetings, inform the staff of any significant changes in the member's medical, mental, or emotional status. The entire staff must review the member's overall progress every 90 calendar days and, with the participation of the member, alter or revise the treatment plan as necessary.

(C) If the member fails to keep appointments or to adequately participate in the treatment plan, the case coordinator must make every effort to encourage the member to do so, and these follow-up efforts must be documented in the member's record.

417.436: Discharge from Program

A member must be discharged from a psychiatric day treatment program when a periodic review shows that the member has met all therapeutic goals or has ceased to substantially benefit from the program. If this discharge occurs because the member requires a lesser level of services than those of psychiatric day treatment, the program must prepare the member for the transition to a less intensive program or environment, such a clubhouse, a mental health clinic, or a social services agency.

417.437: Recordkeeping Requirements(A) Member Records.

- (1) Psychiatric day treatment programs shall maintain member records in accordance with 130 CMR 450.205: *Recordkeeping and Disclosure*, in addition to applicable recordkeeping requirements for clinics under M.G.L. c. 111 § 70, and 105 CMR 140.302(2).
- (2) Member records must be complete, accurate, and properly organized.
- (3) In community health centers, the psychiatric day treatment program's records must be integrated with the member's overall records.
- (4) The member's record must include at least the following information:
  - (a) all identifying data;
  - (b) a report of an examination performed by a physician within six months of the time of admission. If no such current examination exists, one must be performed within 30 days after the member's request for services. It is the responsibility of the psychiatric day treatment case coordinator to ensure that arrangements are made for such an exam. If the member resists the examination, the member's record must document the reasons for postponement;
  - (c) the name and address of the member's primary physician or medical clinic. The program must locate a physician or medical clinic for the member if the member is currently without one;
  - (d) a description of the member's psychiatric condition as indicated by the member and others, including the referral source, if any;
  - (e) the events that precipitated the member's referral;
  - (f) a comprehensive statement of the member's physical, psychosocial, social, economic, educational, and vocational assets and disabilities, stated in terms of the functional skill level of the member and a summary of the member's treatment response;
  - (g) the clinical impression and formulation, including diagnosis;
  - (h) short- and long-range goals that are realistic and obtainable, and a time frame for their achievement;

417.437: continued

- (i) a schedule of activities and therapies, both in and out of the program, necessary to achieve the member's goals and the responsibilities of each member of the treatment team;
- (j) the prescribed schedule for attendance and a record of the member's actual attendance;
- (k) a schedule of review dates to occur no less every 90 days to reassess the member's progress in accomplishing goals and overall treatment response;
- (l) a written record of the reassessments required in 130 CMR 417.437(E)(11) that includes recommendations for revision of the treatment plan, when indicated, and the names of the reviewers;
- (m) the name of the case coordinator;
- (n) weekly notes by the case coordinator as well as notes by the staff physician and other staff members significantly involved in the treatment plan;
- (o) reports on all conferences with family, friends, and outside professionals;
- (p) all information and correspondence to and from other involved agencies, including appropriately signed and dated consent forms, including the written authorization described at 130 CMR 417.437(B);
- (q) a drug-use profile (both prescribed and other); and
- (r) when discharged, a discharge summary, including a recapitulation of the member's treatment, a brief summary of the member's condition and response to treatment on discharge, achievement of treatment and recovery goals, and recommendations for appropriate services that should be provided in subsequent programs by the same or other agencies to accomplish the member's long-range treatment goals, and the program's future responsibility for the member's care.

(B) Program Records. The psychiatric day treatment program must also retain documentation reflecting compliance with the requirements of 130 CMR 417.000, including 130 CMR 417.438 and 130 CMR 417.439.

(C) Any and all records shall be made available to the MassHealth agency, upon request.

417.438: Written Policies and Procedures

A psychiatric day treatment program must have and observe written policies and procedures that include:

- (A) a statement of program philosophy and objectives;
- (B) admission procedures, including criteria and procedures for multidisciplinary review of each individual referral;
- (C) treatment procedures, including development of the treatment plan, case assignment, periodic review, and follow-up on drop-outs;
- (D) discharge criteria and procedures;
- (E) medication policy;
- (F) referral policy, including procedures for ensuring uninterrupted and coordinated patient care upon transfer;
- (G) procedures for clinical emergencies that occur both during and outside the program's operating hours;
- (H) recordkeeping policy;
- (I) personnel and management policies, including policies for hiring, discharging, and supervision protocol for all staff;

130 CMR: DIVISION OF MEDICAL ASSISTANCE

417.438: continued

- (J) a policy for proper food preparation, cleanliness, and storage, including designation of a staff person to take responsibility for supervision of the member's food preparation at each meal;
- (K) explicit fee policies for billing third-party payers and patients, along with procedures for cancellation and fee reductions;
- (L) procedures for fire and other nonclinical emergencies; and
- (M) staff training and evaluation.

417.439: Administration

- (A) Organization. The program must establish an organizational chart showing major operating programs of the facility, with staff divisions, administrative personnel in charge of each program, and their lines of authority, responsibility, and communication.
- (B) Staff Meetings. The program must document that staff meetings are held at least once a month to review the program and to recommend appropriate changes, if any.
- (C) Staff Development and Supervision. Each staff member must receive supervision appropriate to the person's skills and level of professional development. Supervision must be documented and must occur within the context of a formalized relationship that provides frequent and regularly scheduled individual or group personal contact with the supervisor.
- (D) All documents described in 130 CMR 417.439(A) through (C) will be accessible and available upon request.

REGULATORY AUTHORITY

130 CMR 417.000: M.G.L. c. 118E, §§ 7 and 12.

(PAGES 291 AND 292 ARE RESERVED FOR FUTURE USE.)