

**UR Tool Avatar Users**  
**Addendum – Day Treatment Intensive (DTI) and Day Rehabilitation (DR)**

**EUR SPECIFIED FIELDS**

Client Name:		Client ID:		U.R. Date:			
Provider and Program:				Reviewer Name:			
<b>A ELIGIBILITY/AUTHORIZATION</b>							
		<b>Requirements</b>	Completed	Reportable	N/A	Comments	Program Response
A1	Medical Necessity	Confirm Mental Health Plan criteria met in Assessment					
A2	Authorization (Initial & Continuation)	Initial prior authorization required and authorization for continuation of DTI required at least every 3 months and for DR at least every 6 months.					
A3	Authorization (Outpatient Services)	Prior authorization required for medication support, counseling, psychotherapy, other mental health services, and case management provided on the same day as DTI or DR, excluding crisis services					
COMMENTS							
<b>B SERVICE COMPONENTS</b>							
		<b>Requirements</b>	Completed	Reportable	N/A	Comments	Program Response
B1	Community Meetings DTI and DR	At least 1x per day addressing issues pertinent to continuity and effectiveness of therapeutic milieu and actively involve staff and clients. Meeting topics include schedule, conflict resolution, planning, debriefing, etc.					
B2	Community Meeting Staff Requirements	DTI-A staff person whose scope of practice includes psychotherapy; DR-Physician; licensed/waivered/registered psychologist, LCSW. MFT; LPCC; registered nurse; LVN; psych					

**UR Tool Avatar Users**  
**Addendum – Day Treatment Intensive (DTI) and Day Rehabilitation (DR)**

		technician; or MHRS					
B3	Therapeutic Milieu (Skill Building Groups)	DTI and DR must provide groups focused on helping clients identify skills and adaptive behaviors that address symptoms and behaviors.					
B4	Adjunctive Therapies	Non-traditional modalities, e.g., art, recreation, dance, music; modality is directed toward developing and enhancing skills towards client plan goals.					
COMMENTS							
<b>C</b>	<b>ADDITIONAL SERVICE COMPONENTS</b>						
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
C1	Psychotherapy (DTI - Required & DR - Optional)	Provided by licensed, registered, or waived staff practicing within their scope of practice. DR may include psychotherapy instead of process groups, or in addition to process groups.					
C2	Process Groups (DTI & DR)	Groups to help clients develop skills necessary in developing problem-solving strategies and to assist one another in resolving behavioral and emotional challenges. DR may include psychotherapy instead of process groups or in addition to process groups.					
COMMENTS							

**UR Tool Avatar Users**  
**Addendum – Day Treatment Intensive (DTI) and Day Rehabilitation (DR)**

<b>D ATTENDANCE</b>							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
D1	Total number of minutes/hours	Review progress notes for total number of minutes/hours the client actually attended the program each day.					
D2	Unavoidable Absence	1. Total number of hours and minutes client actually attended the program documented; 2 Client present for at least 50 percent of the scheduled hours of operation; 3 Separate entry in record documenting reason for the unavoidable absence.					
D3	Frequent Absences	Provider responsible to re-evaluate client's need for DTI or DR and take appropriate action					
COMMENTS							
<b>E CONTINUOUS HOURS OF OPERATION</b>							
		Requirements	Completed	Reportable	N/A	Reviewer Comments	Program Response
E1	Half Day Claiming (Attendance log required)	Client must attend at least 3 hours of face to face services for provider to claim half day (breaks between activities, lunch and dinner do not count toward minimum hours of service)					
E2	Full-Day Claiming (Attendance log required)	Client must attend more than 4 hours per day of face to face services in program for provider to claim full-day					
COMMENTS							

**UR Tool Avatar Users**  
**Addendum – Day Treatment Intensive (DTI) and Day Rehabilitation (DR)**

<b>F LOCKOUTS</b>							
		<b>Requirements</b>	<b>Completed</b>	<b>Reportable</b>	<b>N/A</b>	<b>Reviewer Comments</b>	<b>Program Response</b>
F1	Crisis Residential (CR), Inpatient Psychiatric Services (IPS), and Jail	DTI or DR are not reimbursable on days when the client receives crisis residential, psychiatric inpatient, or jail services, except for the day of admission to CR or IPS. Jail is a lock out until they are adjudicated.					
F2	Mental Health Services	Mental health services are not reimbursable when provided by DTI or DR staff during the same period of time DTI and DR are claimed					
<b>COMMENTS</b>							
<b>G STAFFING</b>							
		<b>Requirements</b>	<b>Completed</b>	<b>Reportable</b>	<b>N/A</b>	<b>Reviewer Comments</b>	<b>Program Response</b>
G1	Psychotherapy (DTI)	Provided by licensed, registered or waived staff practicing within their scope of practice					
G2	DTI and DR Scheduled Hours of Operation	At least one staff person present and available to the group in the therapeutic milieu (review weekly schedule, progress notes and other documentation)					
<b>COMMENTS</b>							

**UR Tool Avatar Users**  
**Addendum – Day Treatment Intensive (DTI) and Day Rehabilitation (DR)**

<b>H DOCUMENTATION</b>							
		<b>Requirements</b>	<b>Completed</b>	<b>Reportable</b>	<b>N/A</b>	<b>Reviewer Comments</b>	<b>Program Response</b>
H1	Family Contact (DTI and DR)	Contact with client's family/support persons required for DTI and DR <b>at least</b> 1x month					
H2	DTI Daily Notes	Daily notes describe the service provided					
H3	Weekly Summary for DTI and Weekly Progress Note for DR	Weekly summary notes include dates of each day attended and services provided. DTI weekly summary must be reviewed and signed by a physician, a licensed/waivered/registered psychologist, LCSW, MFT, LPCC, RN who is either staff to the DTI program or the person directing the service.					
H4	Progress toward Goals	Weekly summary notes reflect progress toward goals, interventions and responses for DTI and DR					
H5	Psychotherapy Contact	Psychotherapy contact required at least 1x per week for DTI					
<b>COMMENTS</b>							
<b>I PROGRESS NOTES</b>							
		<b>Requirements</b>	<b>Completed</b>	<b>Reportable</b>	<b>N/A</b>	<b>Reviewer Comments</b>	<b>Program Response</b>
I1	All Entries	Do all entries include the following: A) The date(s) of service; B) The signature of the person providing the service (or electronic equivalent); C) The person's type of professional degree, licensure, or job title; D) The					

**UR Tool Avatar Users**  
**Addendum – Day Treatment Intensive (DTI) and Day Rehabilitation (DR)**

		date of signature; E) The date the documentation was entered in the client’s record; and F) The total number of minutes/ hours the client actually attended the program.					
I2	Progress Notes that need to be appended or disallowed	Please list the progress notes that need to be appended or disallowed on the supplemental worksheet, including the date and billing code of progress note and the reason for the disallowance. Please indicate if the progress note needs to be appended or disallowed. <b>Provider must submit the supplemental worksheet with the corrected McFloops if “Reportable” is selected.</b> Selecting “Completed” means there are no progress notes that need to be appended or disallowed.					
COMMENTS							
J	<b>PROGRAM COMPONENTS</b>						
J1	Review Written Program Description and Written Weekly Schedule	Review the Written Program Description and Written Schedule to determine if: A) There are specific activities described for each service component; B) All required service components are reflected in the Written Program Description, and Written Weekly Schedule; C) Required and qualified staff are available for all scheduled hours of operation.					
J2	Crisis Protocol	Is there a Crisis Protocol?					

