MODULE 4: INTRODUCTION TO COVERED SERVICES

TIME: 60 Minutes

PURPOSE:

Module 4 provides participants with an overview of covered services in preparation for a role play activity designed to provide key information about covered services. Specifically, this module will cover the goals and features of covered services, its history, and highlight key services.

LEARNING OBJECTIVES:

Upon completion of this module, participants will be able to:

- Discuss the purpose and goals of covered services;
- Use the Covered Services Guide as a resource, including possible variations between Title XIX/XXI and non-Title XIX/XXI eligible persons and services;
- Understand the qualifications needed to provide various services; and
- Identify and use the newer services.

MODULE AGENDA:

A.	Purpose and Learning Objectives of Module 4	1 Minute
B.	Purpose and Goals of the Covered Services	4 Minutes
C.	Rationale for the New Covered Services	5 Minutes
D	Major Features of Covered Services	5 Minutes
E.	Key Service Definition Presentations	45 Minutes

TRANSPARENCIES:

T-4.1: Purpose of Covered Services
T-4.2: Rationale for Covered Services

HANDOUTS:

H-4.1: Covered Services Guide Table of Contents
H-4.2: Examples of Information Found in the Covered Services Guide
H-4.3: Definitions of Service Providers
H-4.4: Summary of Highlighted Covered Services

PREPARED NEWSPRINT:

None

ADDITIONAL SUPPLIES:

None

1 Minute

A. PURPOSE AND LEARNING OBJECTIVES OF MODULE 4

Facilitator should spend a few minutes discussing the module cover sheet and reviewing the purpose and learning objectives of Module 4.

4 Minutes

B. PURPOSE AND GOALS OF COVERED SERVICES

T-4.1

The Facilitator should show T-4.1: *Purpose of Covered Services,* and note that the ADHS/DBHS has developed a comprehensive array of covered behavioral health services that will assist, support, and encourage each eligible person to achieve and maintain the highest possible level of health and self-sufficiency. The goals that influenced how covered services were developed included:

- Developing and aligning services to support a person-family-centered service delivery model;
- Increasing provider flexibility to meet better individual/family needs;
- Dispelling service myths and eliminating barriers to service;
- Recognizing and including support services provided by non-licensed individuals and agencies;
- Streamlining service codes and incorporating, where feasible, proposed HIPAA codes; and
- Maximizing use of Title XIX/XXI funds.

5 Minutes

C. RATIONALE FOR THE NEW COVERED SERVICES

T-4.2

The Facilitator should show T-4.2: *Rationale for Covered Services*, and present the history of covered services, including the following information:

- For many years, ADHS received requests to review and expand its array of covered services. Beginning in November 2000, ADHS conducted such a review using stakeholder interviews and research to determine the services covered in other States, as well as the services that can be reimbursed through Title XIX and Title XXI.
- Following this review, ADHS redefined current services and added new services to its array.
- To provide information about these changes, ADHS developed a comprehensive Covered Services Guide and other supporting documents. These documents were reviewed by stakeholders and revised in accord with their suggested changes.
- DHS then conducted training about the system, and Covered Services was implemented in October 2001.
- Some of the key elements of Covered Services are to maintain a comprehensive array of behavioral health services that will achieve health and self-sufficiency, provide services and supports to family members, and collaborate with other agencies to coordinate services.

- In addition, these services are intended to be responsive to each person's needs, be accessible, flexible, and cost-effective.

The Facilitator should remind participants that non-Title XIX individuals may not have access to all of these services and that it will depend on the funding available. Participants should check the Covered Services Guide or ask the RHBA for more specific information.

ADHS/DBHS has categorized its covered behavioral health services into a continuum of service domains in order to promote clarity and understanding through the consistent use of common terms across populations.

The Facilitator should slowly review the following specific service domains, which include:

- Treatment Services
- Rehabilitation Services
- Medical Services
- Support Services
- Crisis Intervention Services
- Inpatient Services
- Residential Services
- Behavioral Health Day Programs
- Prevention Services


H-4.1

The Facilitator should hand out H-4.1: *Covered Services Guide Table of Contents* and read the table of contents to the participants. The Facilitator should also hold up a copy of the Covered Services Guide for participants to see.


H-4.2

The Facilitator should then hand out H-4.2: *Examples of Information Found in the Covered Services Guide* for peer support and case management and say that the guide has the following information for each of the covered services:

- General Definition;
- Service Standards/Provider Qualification;
- Code Specific Information; and
- Billing Information.

The Facilitator should ask the participants to look over the handout for a couple of minutes and inform the participants that the latest version of this guide can be found on the Arizona Department of Health Services/Division of Behavioral Health Services website at www.hs.state.az.us/bhs.


H-4.3

The Facilitator should hand out H-4.3*: Definitions of Service Providers* and ask participants to identify themselves according to the categories described.

5 Minutes

D. MAJOR FEATURES OF COVERED SERVICES

One of the main features of covered services is to provide behavioral health services to family members as well as to the individual receiving services. For example, family members may need help with parenting skills, education regarding the nature and management of the addiction or mental health disorder, or relief from care giving.

Many of the services available can be provided to family members when the individual's treatment record reflects that the provision of these services is aimed at accomplishing the service plan goals (they show a direct, positive effect on the individual). Furthermore, the individual does not have to be present when the services are being provided to family members.

For purposes of service coverage and this guide, family is defined as "The primary care giving unit and is inclusive of the wide diversity of primary care giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together consisting of adults(s) and/or child(ren) with adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family."

45 Minutes

E. KEY SERVICE DEFINITION PRESENTATIONS

H-4.4

Facilitator should refer participants to H-4.4: *Summary of Highlighted Covered Services* explaining that for today's purposes, the training will focus on a subset of the State's covered services. This subset will be referred to as the "highlighted covered services." The Facilitator should then introduce the next activity.

The Facilitator will divide the room into groups of 2-3 people and give each group a card on which one side has printed a highlighted service, and on the other side has a brief description of the service. The participants will be instructed to prepare a 2-minute presentation to inform the rest of the group about their assigned service. The presentation can be in any format using available props. Participants are encouraged to have fun with the presentations and present the service as useful and attractive. Included in the presentation should be an example of a individual need that could be addressed by the service. The Facilitator should explain that awards will be given to participants at the conclusion of the presentation.

(*Note to trainer – It is important that each card has a notation indicating that the description on this card is for training purposes only, for actual benefit or*

service, consult the Covered Services Guide.)

The Facilitator should give participants 10 minutes to prepare their presentation and use the time to walk around to the groups and help them prepare their presentations. At the conclusion of the 10 minutes, the Facilitator should ask for a volunteer to give the first presentation and continue with the presentations until all highlighted services are covered.

After each presentation, the Facilitator should ask participants for a testimonial about when the covered service that was just described was used to benefit a client. After all the presentations are complete, the Facilitator should summarize the activity by asking participants:

- How does the provision of these services relate back to the principles that we discussed at the beginning of the training?

T-4.1: PURPOSE OF COVERED SERVICES PROJECT

The ADHS/DBHS has developed a comprehensive array of covered behavioral health services that will assist, support, and encourage each eligible person to achieve and maintain the highest possible level of health and self-sufficiency. The goals that influenced how covered services were developed included:

- Developing and aligning services to support a person-family-centered service delivery model;
- Increasing provider flexibility to meet better individual/family needs;
- Dispelling service myths and eliminating barriers to service;
- Recognizing and including support services provided by non-licensed individuals and agencies;
- Streamlining service codes and incorporating, where feasible, proposed HIPAA codes; and
- Maximizing use of Title XIX/XXI funds.

T-4.2: Rationale for Covered Services Project

- For many years, ADHS received requests to review and expand its array of covered services. Beginning in November 2000, ADHS conducted such a review using stakeholder interviews and research to determine the services covered in other States, as well as the services that can be reimbursed through Title XIX and Title XXI.

- Following this review, ADHS redefined current services and added new services to its array.

- To provide information about these changes, ADHS developed a comprehensive Covered Services Guide and other supporting documents. These documents were reviewed by stakeholders and revised in accord with their suggested changes.

- DHS then conducted training about the system, and Covered Services was implemented in October 2001.

- Some of the key elements of Covered Services are to maintain a comprehensive array of behavioral health services that will achieve health and self-sufficiency, provide services and supports to family members, and collaborate with other agencies to coordinate services.

- In addition, these services are intended to be responsive to each person's needs, be accessible, flexible, and cost-effective.

H-4.1: COVERED SERVICES GUIDE TABLE OF CONTENTS

ARIZONA DEPARTMENT OF HEALTH SERVICES DIVISION OF BEHAVIORAL HEALTH SERVICES COVERED BEHAVIORAL HEALTH SERVICES GUIDE

Release date September 1, 2001
Applicable for Services Provided on 10/03/01 or later
Version 4.0
Revision Date October 1, 2002
ADHS-DBHS Covered Services Guide
Revision Date: October 1, 2002 Version 4.0
Effective Date: October 3, 2001 2

TABLE OF CONTENTS

H-4.2: EXAMPLES OF INFORMATION FOUND IN COVERED SERVICES GUIDE

II. D. 1. Case Management

1. General Information

General Definition: Case management is a supportive service provided to enhance treatment goals and effectiveness. Activities may include:

- Assistance in maintaining, monitoring and modifying covered services;
- Brief telephone or face-to- face interactions with a person, family or other involved party for the purposed of maintaining or enhancing a person's functioning;
- Assistance in finding necessary resources other than covered services to meet basic needs;
- Communication and coordination of care with the person's family, behavioral and general medical and dental health care providers, community resources, and other involved supports including educational, social, judicial, community and other State agencies;
- Coordination of care activities related to continuity of care between levels of care (i.e., inpatient to outpatient care) and across multiple services (i.e., personal assistant, nursing services and family counseling);
- Outreach and follow-up of crisis contacts and missed appointments;
- Participation in staffings, case conferences or other meetings with or without the person or his/her family participating; and
- Other activities as needed.

Case management **does not** include:

- Creating the Service Plan document (primary responsibility of the assigned clinician);
- Administrative functions such as authorization of services and utilization review;
- Other covered services listed in the *ADHS/DBHS Covered Services Guide*.

2. Service Standards/Provider Qualifications

Case management services must be provided by individuals who are qualified *behavioral health professionals, behavioral health technicians, or behavioral health paraprofessionals* as defined in AAC R9-20.
If case management services are not provided by the primary behavioral health professional or assigned clinician, these services must be provided under their direction or supervision.

3. Code Specific Information

HCPCS/CPT Codes: CPT codes are restricted to independent practitioners with specialized behavioral health training and licensure. Please refer to the General Core

Billing Limitations #4 (including the footnote) on page 16 for a list of the independent practitioners. Please see ***Appendix***
B.9. Service Code Categories and Subcategories for the specific CPT/HCPCS codes which can be billed for **Support Services – Case Management.** Please see ***Appendix***

B.2. ADHS/DBHS Allowable Procedure Code Matrix to determine which type of provider can bill each CPT/HCPCS code.

W-Codes:
§ **W4040 – Case Management - Behavioral Health Professional – Office:** Case management services (see general definition above for case management services) provided at the provider's work site.
Provider Qualifications:
Behavioral health professional
Billing Provider Type:
RBHA (72)
Outpatient Clinic (77)
Billing Unit: 15 minutes

§ **W4041 – Case Management - Behavioral Health Professional: Out-of-Office:** Case management services (see general definition above for case management services) provided at a person's place of residence or other out-of-office setting.
Provider Qualifications:
Behavioral health professional
Billing Provider Type:
RBHA (72)
Outpatient Clinic (77)
Billing Unit: 15 minutes

§ **W4042 – Case Management– Office:** Case management services (see general definition above for case management services) provided at the provider's work site.
Provider Qualifications:
Behavioral health technician or behavioral health paraprofessional
Billing Provider Type:
RBHA (72)
Outpatient Clinic (77)
Billing Unit: 15 minutes

§ **W4043 – Case Management - Out-of- Office:** Case management services (see general definition above for case management services) provided at a person's place of residence or other out-of-office setting.
Provider Qualifications:
Behavioral health technician or behavioral health paraprofessional
Billing Provider Type:
RBHA (72)
Outpatient Clinic (77)

Billing Unit: 15 minutes

4. Billing Limitations

For case management services the following billing limitations apply:

1. Except for case management services provided by behavioral health professionals who bill independently using CPT codes, case management services provided by an OBHL licensed inpatient or residential setting or in a therapeutic/medical day program setting are included in the rate for those settings and cannot be billed separately as w-codes. However, provider agencies other than the inpatient, residential facility or day program can bill case management services provided to the person residing in and/or transitioning out of the inpatient or residential settings or who is receiving services in a day program.

2. The provider may not bill case management for any time associated with a therapeutic interaction.

3. Multiple provider agencies may bill for this service during the same time period when more than one provider is simultaneously providing a case management service (i.e., a staffing). In addition, more than one individual within the same agency may bill for this service (e.g., individuals involved in transitioning a person from a residential level of care to a higher (subacute) or lower (outpatient) level of care, staff from each setting may bill case management when attending a staffing).

4. Billing for case management is limited to individual providers who are directly involved with service provision to the person, e.g., when a clinical team comprised of multiple providers physicians, nurses etc. meets to discuss current case plans, only team members who are directly involved with the person can bill for case management.

5. Transportation (emergency and non-emergency) provided to an ADHS/DBHS member is not included in the rate and should be billed separately using the appropriate transportation procedure codes.

6. For the Case Management “W” codes:

- See general core billing limitations in Section I
- Where applicable travel time by the provider is included in the rates. See core transportation billing limitations in Section I.
- The provider should bill all time he/she spent in direct or indirect contact with the person, family and/or other parties involved in implementing the treatment/service plan. Indirect contact includes telephone calls and collateral contact with the person, family and/or other involved parties.

II. D. 4. Peer Support

1. General Information

General Definition: Peer support services are provided by persons or family members who are or have been consumers of the behavioral health system. This may involve assistance with more effectively utilizing the service delivery system (e.g. assistance in developing plans of care, identifying needs, accessing supports, partnering with professionals, overcoming service barriers) or understanding and coping with the stressors of the person's disability (e.g. support groups), coaching, role modeling and mentoring, or understanding and coping with the stressors of the person's disability (e.g. support groups).
Peer support services are intended for enrolled persons and/or their families who require greater structure and intensity of services than those available through community-based recovery fellowship groups and who are not yet ready for independent access to community-based recovery groups (e.g. AA, NA, Dual Recovery). These services may be provided to a person, group or family.

2. Service Standards/Provider Qualifications

Individuals providing peer support must be employed by or contracted with a Community Service Agency or a licensed facility allowed to bill the procedure code. Community Service Agencies providing this service will be Title XIX certified by ADHS.
Peer support services may also be provided by a licensed behavioral health agency using in addition to individuals who are meet the qualifications above, individuals who are qualified as *behavioral health professionals, technicians, or para-professionals* as defined in AAC R9-20.

3. Code Specific Information

W-Codes
§ **W4047 – Peer Support:** Peer support services (see general definition above) provided to an individual person for a short period to time, e.g., less than 3 hours in duration.
Billing Provider Type:
RBHA (72)
Outpatient Clinic (77)
Community Service Agency (A3)
Rural Substance Abuse Transitional Center (A6)

§ **W4048 – Peer Support – Extended**: Peer support services (see general definition above) provided to a person for a period of time which is 3 or more hours in duration
Billing Provider Type:
RBHA (72)
Outpatient Clinic (77)
Community Service Agency (A3)

Rural Substance Abuse Transitional Center (A6)
Billing Unit: 60 minutes

§ **W4049 – Peer Support – Group**: Peer support services (see general definition above) provided to a group of persons and/or their families.
Billing Provider Type:
RBHA (72)
Outpatient Clinic (77)
Community Service Agency (A3)
Rural Substance Abuse Transitional Center (A6)
Billing Unit: 30 minutes

4. Billing Limitations

For peer support services the following billing limitations apply:

1. See general core billing limitations in Section I.
2. Where applicable travel time by the provider is included in the rates. See core transportation billing limitations in Section I.
3. Except for peer support services provided by behavioral health professionals who bill independently using HCPCS/CPT codes, peer support services provided in an OBHL licensed inpatient, residential or day program setting are included in the rate for those settings and cannot be billed separately as w-codes. However, provider agencies other than the inpatient, residential facility or day program can bill peer support services provided to the person residing in and/or transitioning out of the inpatient or residential settings or who is receiving services in a day program.
4. Transportation (emergency and non-emergency) provided to persons and/or family members is not included in the rate and should be billed separately using the appropriate transportation procedure codes.
5. Peer support (W4047) and peer support – extended (W4048) cannot both be billed on the same day.

H-4.3: DEFINITION OF SERVICE PROVIDERS

"Behavioral Health Paraprofessional" means an individual who meets the applicable requirements in R9-20-204 and has:

a. An associate's degree,
b. A high school diploma, or
c. A high school equivalency diploma

"Behavioral Health Technician" means an individual who meets the applicable requirements in R9-20-204 and:

a. Has a master's degree or bachelor's degree in a field related to behavioral health,
b. Is a registered nurse,
c. Is a physician assistant who is not working as a medical practitioner,
d. Has a bachelor's degree and at least one year of full-time behavioral health work experience,
e. Has an associate's degree and at least two years of full-time behavioral health work experience,
f. Has a high school diploma or high school equivalency diploma and a combination of education in a field related to behavioral health and full-time behavioral health work experience totaling at least two years,
g. Is licensed as a practical nurse, according to A/R/S/ Title 32, Chapter 15, with at least three years of full-time behavioral health work experience, or
h. Has a high school diploma or high school equivalency diploma and at least four years of full-time behavioral health work experience.

"Behavioral Health Professional" means an individual who meets the applicable requirements in R9-20-204 and is a:

a. Psychiatrist,
b. Behavioral health medical practitioner,
c. Psychologist,
d. Social worker (certified),
e. Counselor (certified),
f. Marriage and family therapist (certified),
g. Substance abuse counselor (certified), or
h. Registered nurse with at least one year of full-time behavioral health work experience.

H-4.4: SUMMARY OF HIGHLIGHTED COVERED SERVICES

A. Treatment Services

- Treatment Services are provided by or under the supervision of behavioral health professionals to reduce symptoms and improve or maintain functioning. These services have been further grouped into the following three subcategories: counseling; consultation, assessment and specialized testing; and other professional.
- One of the highlighted services in the category of consultation, assessment and specialized testing is **supported employment assessment**.
- Supported employment assessment can be defined as an assessment of a person that results in a written summary report that includes the identification of services needed to support employment for the person.
- The provider qualifications for this new service include a certified rehabilitation counselor/vocational evaluation who are associated with community service agencies or outpatient clinics.
- Within the broader category of treatment services a few other services have been redefined or added. These include: comprehensive and general assessment, screening, and auricular acupuncture.
- Auricular acupuncture is applied by a certified acupuncturist practitioner to specific areas of the body to treat alcoholism, substance abuse, or chemical dependency.

B. Rehabilitation Services

- Rehabilitation services include the provision of education, coaching, training, demonstration and other services including securing and maintaining employment to remediate residual or prevent anticipated functional deficits. These services have been grouped into a few subcategories, including living skills training, cognitive rehabilitation, health promotion, and supported employment.
- One of the highlighted services in CSP is **living skills training**.
- Living skills training involves teaching independent living, social and communication skills to persons and/or their families in order to maximize the person s ability to live and participate in the community and to function independently.
- Examples of areas that may be addressed include: self-care, household management,

social decorum, same- and opposite-sex friendships, avoidance of exploitation, budgeting, recreation, development of social support networks, and use of community resources.

- Services may be provided to a person, a group of persons, or their families with the person(s) present.

- Living skills training services must be provided by individuals who are qualified behavioral health professionals, behavioral health technicians, or behavioral health paraprofessionals. This may also include LPNs who have training in providing living skills training as required by the person's service plan.

- Another highlighted service is **health promotion**.

- Health promotion can be defined as education and training provided to a group of persons and/or their families related to the enrolled person's treatment plan on health-related topics, such as the nature of illness, relapse and symptom management, medication management, stress management, safe sex practices, HIV education, and healthy lifestyles.

- Health promotion services may be provided by individuals who are qualified behavioral health professionals or behavioral health technicians or who are educators or subject matter experts. This may also include other medical personnel, such as LPNs or RNs who are not allowed to bill independently using CPT codes. All individual providers must be appropriately certified/trained in the area in which they are providing training.

- Supported Employment Services are designed to assist a person or group to choose, acquire and maintain a job or other community activity, such as volunteer work.

- There are two other highlighted services under the category of supported employment services: **pre-job training, education and development** and **job coaching and employment support**.

- Pre-job training, education and development include services that prepare a person to engage in meaningful work-related activities. These may include:

    - Career/educational counseling;
    - Job shadowing;
    - Assistance in the use of educational resources;
    - Training in resume preparation;
    - Job interview skills;
    - Study skills;
    - Work activities;

- Professional decorum and dress;
- Time management; and
- Assistance in finding employment.

- Job coaching and employment support includes support services that enable a person to complete job training or maintain employment. These could include:

  - Monitoring and supervision;
  - Assistance in performing job tasks;
  - Work-adjustment training; and
  - Supportive counseling.

C. Support Services

Support Services are provided to facilitate the delivery of or enhance the benefit received from other behavioral health services. These services have been grouped into the following subcategories: case management, personal assistance, family support, peer support, and therapeutic foster care services.

- **Case Management**: This is a group of supportive services that is provided to enhance treatment goals and effectiveness. Such activities may include but are not limited to the following:

  - Assistance in maintaining, monitoring and modifying covered services;
  - Brief telephone or face-to-face interactions with a person, family or other involved party for the purpose of maintaining or enhancing a person s functioning;
  - Assistance in finding necessary resources other than covered services to meet basic needs;
  - Communication and coordination of care with the person s family, behavioral and general medical and dental health providers, community resources, and other involved supports including educational, social, judicial, community and other State agencies;
  - Coordination of care activities related to the continuity of care between levels of care (e.g., inpatient to outpatient care)and across multiple services (e.g., personal assistant, nursing services and family counseling);
  - Outreach and follow-up of crisis contacts and missed appointments;
  - Participation in staffing, case conferences or other meetings with or without the person or his/her family participating; and
  - Other activities as needed.

Case Management **does not** include the following:

- Creating the service plan document (primary responsibility of the assigned clinician);
- Administrative functions such as authorization of services and utilization review; and
- Other covered services listed in the *ADHS/DBHS Covered Services Guide.*

In addition to case management services provided in the provider's work site, these services can also be provided at a person's home, or in other out-of-office settings.

- **Personal Assistance services** involve the provision of support activities to assist a person in carrying out daily living tasks and other activities essential for living in a community. These services are provided to maintain or increase the self-efficiency of the person. These services may include but are not limited to:

    - Homemaking assistance (e.g. cleaning, food preparation, essential errands);
    - Personal care (e.g. bathing, dressing, oral hygiene); and
    - General supervision and appropriate intervention (e.g., assistance with self-administration of medications, and monitoring of individual's condition and functioning level).

These services may involve hands-on assistance, such as performing the task for the person or cueing the person to perform the task.

- **Family Support services** involve face-to face interaction with family member(s) directed toward restoration, enhancement or maintenance of the family functioning to increase the family's ability to effectively interact and care for the person in the home and community. Support activities may include assistance to families to:

    - Adjust to the person's disability;
    - Develop skills to effectively interact and/or manage the person;
    - Understand the causes and treatment of behavioral health issues;
    - Understand and effectively utilizing the system; or
    - Conduct long term planning for the person and the family.

- **Peer Support services** are provided by persons or family members who are or have been consumers of the behavioral health system. These services may involve:

    - Assistance with more effectively utilizing the service delivery system, (e.g., identifying needs, accessing supports, partnering with professionals, overcoming service barriers);
    - Understanding and coping with the stressors of the person's disability (e.g., support groups);

- Coaching; or
- Role modeling and mentoring

Peer support services are intended for enrolled persons and/or their families who require greater structure and intensity of services than those available through community-based recovery fellowship groups and who are not yet ready for independent access to community-based recovery groups, such as AA, NA, and Dual Recovery. These services may be provided to a person, group or family.

- **Therapeutic foster care services** are provided by a foster parent/family to a person residing in their home in order to implement the in-home portion of the person's behavioral health services plan assisting and supporting a person in achieving his/her service plan goals and objectives. These services include supervision and the provision of behavioral health support services including:

    - Personal assistance (especially prescribed behavioral interventions);
    - Living skills training;
    - Transportation of the person when necessary to activities such as therapy and visitations; and/or
    - Participation in treatment and discharge planning.

D. Behavioral Health Day Programs

Behavioral health day program services are scheduled on a regular basis either on an hourly, half day or full day basis and may include services such as therapeutic nursery, in-home stabilization, after school programs, and specialized outpatient substance abuse programs. These programs can be provided to a person, group of persons and/or families in a variety of settings, such as a person's home, a behavioral health, or other community services agency (supervised day program only).

Depending on the level and type of staffing necessary, day programs can be grouped into three subcategories: Supervised Day Programs, Therapeutic Day Programs, and Medical Day Programs.

- **Supervised Day Program:** These programs are regularly scheduled programs of individual, group and/or family activities/services related to the enrolled person's treatment plan designed to improve the ability of the person to function in the community and may include the following services:

    - Living skills training;
    - Health promotion;
    - Supported employment; and
    - Peer support.

- **Therapeutic Day Program:** These programs are regularly scheduled programs of active treatment modalities, which may include any of the following services:

    - Individual, group and/pr family therapy;
    - Living skills training;
    - Health promotion;
    - Supported employment;
    - Family support;
    - Medication monitoring;
    - Case management;
    - Peer support; and/or
    - Medical monitoring.

- **Medical Day Program:** Medical Day Programs are a regularly scheduled program of active treatment modalities, including medical interventions in a group setting. These may include:

    - Individual, group, and/or family counseling
    - Living skills training
    - Health promotion;
    - Supported employment;
    - Medication monitoring;
    - Family support;
    - Case management;
    - Nursing services such as medication monitoring, methadone administration, and medical/nursing assessments.