

Adult Day Treatment

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Overview

The goal of Adult Day Treatment (ADT) is to reduce or relieve the effects of symptoms associated with a diagnosed mental illness and provide skills training that will result in the person to live and function more independently in the community. ADT is a short-term, community-based mental health program consisting of group psychotherapy, rehabilitative interventions and other therapeutic group services provided by a multidisciplinary team under the clinical supervision of a mental health professional.

Eligible Providers

The following may apply to become [adult day treatment](#) providers:

- A hospital accredited by the joint commission on accreditation of health organizations and licensed under [Minnesota Statutes, 144.50 to 144.55](#)
- A community mental health center as defined under [Minnesota Statutes, 256B.0625](#), subdivision 5
- An entity that is under contract with the county board to operate a program that meets the requirements of [Minnesota Statutes, 245.4712](#), subdivision 2, and Minnesota Rules, parts [9505.0170 to 9505.0475](#)

Individual members of the adult day treatment multidisciplinary team must meet, at a minimum, the standards for a [mental health practitioner](#). Psychotherapy components of day treatment must be provided by a mental health professional or a [clinical trainee](#).

Follow [group psychotherapy](#) guidelines for staffing and group size requirements.

A Minnesota Health Care Programs (MHCP) provider must receive [approval](#) before starting ADT services. Providers must also be [CTSS-certified](#) if providing children's day treatment to members 18-20 years old.

Treatment Supervision

Adult day treatment providers are required to follow guidelines in the [Treatment Supervision](#) section of the MHCP Provider Manual.

Eligible Members

Members eligible for adult day treatment must:

- Be 18 years old or older (members age 18-20 years may receive adult day treatment, CTSS or both, depending on medical necessity)
- Meet all listed under Admission Criteria or Continuing Stay Criteria

Members enrolled in a [managed care organization](#) (MCO) must receive day treatment services through the MCO, which may have different coverage and authorization requirements.

Admission Criteria

For admission, a member must:

- Be experiencing symptoms impairing thought, mood, behavior or perception that interfere with the ability to function with a lesser level of service
- Have the cognitive capacity to engage in and benefit from this level of treatment
- Reasonably be expected to benefit in improved functioning at work, school or social relationships
- Need a highly structured, focused treatment approach to accomplish improvement and to avoid relapse requiring higher level of treatment
- Have a primary diagnosis of mental illness as determined by a [diagnostic assessment](#) (DA), excluding dementia and other organic conditions. The DA must be completed following face-to-face evaluations of an individual's nature, severity and impact of behavioral difficulties, functional impairment, subjective distress, strengths and resources
- Have a [functional assessment](#) (FA) completed before the Individual Treatment Plan
 - An FA should be updated at least every 180 days
 - Update the member's functional assessment with the client's current functioning whenever there is a significant change in the member's functioning or at least every 180 days
- Have a completed [Level of Care Assessment or Necessity of Care Recommendation or Referral](#) recommending ADT, and:
 - Must be completed before receiving services, but no sooner than 30 days before receiving services
 - Are valid for 180 days
 - Must be updated when a person undergoes any significant change in functioning, or a significant life event has occurred
- Complete an Individual Treatment Plan (ITP) (refer to [Minnesota Statutes, 245I.10](#)) before beginning services. The member's ITP must:
 - Include attainable, measurable goals as they relate to day treatment services
 - Be reviewed by the provider and updated with member progress at least every 180 days until discharge, and include an available discharge plan
 - Include an attainable discharge plan for the member
 - Must be a collaborative and person-centered process involving the member, and with the permission of the member, the member's family and others in the member's support system
 - The ITP and subsequent revisions of the ITP must be approved by the member before treatment begins. The mental health professional or practitioner will request the member, or other person authorized by statute to consent to mental health services for the member, to sign the member's ITP or revision of the ITP. If the member or authorized person refuses to sign the plan or a revision of the plan, the mental health professional or mental health practitioner will note on the plan the refusal to sign and the reasons for the refusal

Day treatment may also be appropriate for:

- Members with a brain injury (BI) diagnosis that coexists with the primary mental illness diagnosis
- Court-ordered treatment or for a member who is a potential danger to self, if the program provides adequate structure and sufficient support systems exist in the community
- Members residing in inpatient or residential facilities (nursing facilities, IMDs, hospitals, RTCs) when an active discharge plan indicates a move to an independent living arrangement within 180 days. A mental health professional must deem the day treatment services medically necessary and the facility plan of care must include day treatment

Continuing Stay Criteria

The following criteria must be met for a member to continue treatment:

- The member's condition continues to meet admission criteria as evidenced by active psychiatric symptoms and continued functional impairment
- The individual treatment plan contains specific goals and documented measurable progress toward goals
- An active discharge plan is in place
- Attempts to coordinate care and transition to other services are documented, as clinically indicated

Discharge Criteria

Discharge a member who meets any of the following:

- Treatment plan goals and objectives have been met
- No longer meets continuing stay criteria
- Mental health disorders have decreased and lesser level of service is appropriate
- Is voluntarily involved in treatment and no longer agrees to attend day treatment
- Exhibits severe exacerbation of symptoms or disruptive or dangerous behaviors requiring a more intensive level of service. Do not close chart if individual is expected to return to day treatment
- Does not participate despite multiple attempts to engage the person and address nonparticipation issues
- Does not make progress toward treatment goals and no reasonable expectation that progress will be made
- No longer meets the level of intensity for ADT services on a Level of Care assessment
- Does not have or ceases to have the cognitive capacity to benefit from day treatment services. Refer member to the county human service or private agency for other services, such as:
 - Day habilitation programs
 - Adult day care
 - Waiver program services

Covered Services

Adult day treatment consists of:

- At least one hour of group psychotherapy (maximum of two hours)
- Services at least two days a week for at least three consecutive hours per day. ADT services may be longer than three hours per day
- Group time focused on rehabilitative interventions and other intensive therapeutic services, provided by a multidisciplinary staff
- A group of at least three, but not more than 12. For a group of three to eight people, one mental health professional or practitioner is required to conduct the group. For a group of nine to 12 people, a team of at least two mental health professionals or two mental health practitioners or one mental health professional and one mental health practitioner is required to co-conduct the group.

ADT services must:

- Stabilize the member's mental health status so the member is able to engage and benefit from a lower level of care
- Develop and improve the member's independent living and socialization skills

Noncovered Services

The following services or activities may not be billed as day treatment:

- Services cannot be provided to members who reside in a nursing facility, hospital, institute of mental disease, or state-operated treatment center unless the client has an active discharge plan that indicates a move to an independent living setting within 180 days

- Primarily recreation-oriented, nonmedically supervised services or activities, including, but not limited to:
 - Sports activities
 - Exercise groups
 - Craft hours
 - Leisure time
 - Social hours
 - Meal or snack time or preparation
 - Trips to community activities
 - Tours
- Social or educational services that do not have or cannot reasonably be expected to have therapeutic outcomes related to the member's mental health condition
- Consultations with other providers or service agency staff about the care or progress of a member
- Prevention or education programs provided to the community
- Day treatment for members with a primary diagnosis of substance use disorder
- Psychotherapy for more than two hours daily
- ADT service hours that exceed the 15-hour per week limit
- Participation in meal preparation and eating that is not part of a clinical treatment plan to address a member's eating disorder
- Services not included in the member's treatment plan as medically necessary and appropriate
- Less intensive services, such as a "club-house" or social program not covered by MHCP

Authorization

Refer to [Authorization](#) for general authorization policy and procedures. For adult day treatment, authorization is required to:

- Exceed 115 hours of day treatment per calendar year
- Provide adult day treatment services concurrent with other services

To request authorization, submit the following:

- [MHCP Authorization Form \(DHS-4695\) \(PDF\)](#) (except when using MN-ITS)
- [Adult Mental Health Rehabilitative Services Authorization Form \(DHS-4159A\) \(PDF\)](#)
- Most current [diagnostic assessment](#)
- Current [functional assessment](#)
- Current [level of care assessment determination](#)
- Current individual treatment plan
- Progress notes for the past six sessions or two weeks, whichever is greater
- Discharge plan, discharge criteria and projected discharge date
- Medical necessity explanation for additional units of service

Special Consideration for Concurrent Residential Crisis Stabilization

The day treatment provider must submit a request for authorization, along with a letter of support from the residential crisis stabilization provider, if the member meets at least one of the following:

- Was already attending adult day treatment and continuation of these services adds appropriate continuity to his or her life
- Needs more intensive therapeutic intervention than the crisis stabilization facility can provide
- Needs specific therapeutic intervention that the crisis stabilization program cannot provide (treatment for eating disorders, obsessive or compulsive disorder, etc.)
- Is transitioning to day treatment following the stay at the crisis stabilization facility

Authorization for Targeted Clinical Services Programs

Follow all threshold and authorization requirements for adult day treatment. For targeted clinical services, the following additional documentation requirements also apply:

Complete a diagnostic assessment annually

- Complete a functional assessment and a level of care assessment every 180 days
- The member's treatment plan, including:
 - Treatment guidance for a six-month time period
 - Monthly reviews and updates on goals and objectives
 - Progress notes for the previous two weeks. For members who progress more slowly, a quarterly report may be used to emphasize progress
- Optional, additional assessments of:
 - Cognitive functioning
 - Risk of re-offense

Billing

- Providers are responsible to [coordinate services](#). Review [MHCP Billing Policy](#) for general billing requirements and guidance when submitting claims.
- Bill day treatment services online using [MN-ITS 837P](#).
- Do not use modifiers
- Do not provide or bill for adult day treatment for children under 18 years old

Adult Day Treatment			
Code	Description	Units	Limitations
H2012	Behavioral Health Day Treatment	1 hour	Maximum 15 hours per week - may not obtain authorization for more day treatment hours in a week 115 hours per calendar year without prior authorization

Legal References

[Minnesota Statutes, 256B.0671](#), subdivision 3

[Minnesota Statutes, 256B.0625](#), subdivision 5

[Minnesota Statutes, 245I](#) (Mental Health Uniform Service Standards Act)