



Provider Notice

At this time, there are no changes to the Department of Medical Assistance Services (DMAS) regulations pertaining to Therapeutic Day Treatment (TDT) services. Service delivery is dependent on the clinical needs of the member. The amount of services provided to a child within TDT is based upon the needs of each individual and how their treatment needs are expected to be appropriately addressed in the program. This means that the child may need five days a week of services, or it may mean that they only require one to two days a week of TDT.

The minimum daily service delivery requirement is no less than two hours per day and as necessary to provide therapeutic interventions. If a member is titrating out of services and approaching readiness for discharge, they may only require one unit of TDT services a few days per week until they are discharged. If a child requires five days a week of TDT and the maximum of three units per day, based upon continued medical necessity, then it is likely that they may need the same amount of services and treatment during the summer break. If they are able to function and remain stable during the summer with only one to two days of programming a month, the provider should re-assess the child to determine if resuming a higher level of treatment intensity is medically necessary.

Following the summer break and at the start of the school year, if a provider assesses there to be clinical justification for a child to resume a treatment plan of five days a week, three units per day of services, this recommendation will be documented and submitted on the service authorization request to Magellan. It is possible the child may no longer need the school-based TDT service, which can be an indicator of effective summer treatment. Providers are reminded that this is an opportunity to coordinate care for the child to perhaps obtain another more appropriate service based on their current clinical status. It is also an opportunity to document any identified best practices that contributed to a successful discharge from the service. Magellan is interested in hearing those best practices and what is helping children to get better within the program. This information supports an understanding of the clinical effectiveness and value of TDT services.

When the provider does their intake, they should gather information from the 30 days prior to the service request that justifies the CURRENT need for TDT. The provider can do their intake whenever they choose. However, it may be more difficult to get information on behaviors that occurred over the summer that show medical necessity for TDT. It may be beneficial for the provider to wait for the member to be in school for a certain amount of time to observe the child to determine if they continue to need the service. Magellan continues to review clinical information from the 30 days prior to the TDT service request submission. Behaviors that occurred at the end of the previous school year do not necessarily justify the need for services at the beginning of the next school year if there are no reports of an escalation of behaviors, mental health symptoms, or incidents in the 30

days prior to the intake.

Ultimately, TDT is a mental health service. The program, regardless of the location of the service, must be therapeutic in nature and individualized to the mental health needs of each member. The summer program must be therapeutic and include all the same activities held during the school year, i.e. groups, individual therapy, therapeutic activities. All program requirements apply to all three types of TDT – in school, after school and summer programs.