

SERVICE CATEGORY: REHABILITATION SERVICES

SERVICE DEFINITION

Service Name	DAY REHABILITATION
Funding Source	Behavioral Health
Setting	Facility based/non-hospital
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	Day Rehabilitation services provide individualized treatment and recovery, psychiatric rehabilitation and support for individuals with a severe and persistent mental illness or co-occurring disorders. Day Rehabilitation focuses on skill and resource development related to the individual's ability to manage the illness and the recovery process in order to function as independently as possible and be successful in a community living setting of choice.
Service Expectations	<ul style="list-style-type: none"> • A mental health assessment conducted by a licensed, qualified clinician at admission or completed within 12 months prior to the date of admission that includes a current diagnosis, level of care recommendation and a discharge plan. If the prior assessment is not relevant or does not contain the necessary information then a mental health assessment addendum would be necessary. The assessment will serve as the treatment plan until the treatment plan can be developed. The addendum should be completed within 30 days of admission. • Clinically appropriate programmatic assessments, as determined necessary, which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the individual, should be completed within 30 days of admission. • An initial treatment/rehabilitation/recovery plan to guide the first 30 days of treatment developed by the end of the third scheduled program day if there is no prior completed mental health assessment functioning as the treatment plan. • Alcohol and drug screening during admission assessments and thereafter as indicated • A treatment/rehabilitation/recovery plan developed by the treatment team within 30 days of admission that integrates individual strengths and needs, formal and informal supports, measurable goals, and a documented discharge and relapse prevention plan.

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	<ul style="list-style-type: none"> • Review the treatment/rehabilitation/recovery and discharge plan with treatment team, including the individual, every 90 days, or as often as clinically indicated. Each review will be signed by members of the treatment team, and at a minimum the Clinical Supervisor, direct care staff and the individual. • Arrange for medical, pharmacology, psychological, dental, vision, dietary, pastoral, emergency medical, laboratory and other diagnostic/treatment or ancillary services as needed • Engage and strengthen informal support system as appropriate • Therapeutic milieu providing active treatment/recovery/rehabilitation activities led by individuals trained in the provision of recovery principles. These activities include skill building in areas such as community living, personal care, social relationships, vocational/educational, and use of leisure time • The on-site capacity to provide medication administration and/or self-administration, with an emphasis on symptom management, self-determination, and wellness education • All services must be culturally sensitive
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual's ability to make progress on individual treatment/recovery goals. The amount, duration, and frequency of the service will be documented in the treatment plan.
Staffing	<ul style="list-style-type: none"> • Clinical Supervision by a licensed professional (APRN, RN, LMHP, PLMHP, LIMHP, Licensed Psychologist, Provisionally Licensed Psychologist); working with the program to provide clinical supervision, consultation and support to direct care staff and the individuals they serve. • Direct Care staff shall have demonstrated skills and competencies in treatment with individuals with a behavioral health diagnosis, demonstrated by at least one of the following: two years lived experience; two years' direct care experience in a human service field; two years of training in a human service field; or a bachelor's degree or higher in psychology, sociology, or related human service field, which is preferred. • All staff must be educated/trained in rehabilitation and recovery principles.

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Staffing Ratio	<ul style="list-style-type: none"> • Clinical Supervisor to direct care staff ratio as needed to meet all clinical responsibilities. The Clinical Supervisor will review clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review is acceptable. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker's case load is reviewed. • 1 staff to 6 clients during day and evening hours; access to licensed clinicians as described for Clinical Supervision 24/7
Hours of Operation	<ul style="list-style-type: none"> • Regularly scheduled day, evening and weekend hours with 24/7 on call access to a mental health provider.
Individual Desired Outcome	<ul style="list-style-type: none"> • The individual has substantially met the treatment/recovery/rehabilitation plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without this level of professional interventions and external supports • Individual has formal and informal support systems secured to maintain stability in a lower level of care

UTILIZATION GUIDELINES

DAY REHABILITATION

I. Admission Guidelines:

All of the following must be present:

1. DSM (current version) diagnosis consistent with a serious and persistent mental illness i.e. a primary diagnosis of schizophrenia, major affective disorder, PTSD, OCD or other major mental illness under the current edition of DSM.
2. Persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the client's ability to function independently in an appropriate manner in two of three functional areas.
3. Presence of functional deficits in two of three functional areas: Vocational/education, Social Skills, and Activities of Daily Living.
 - a. Vocational/Education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks.
 - b. Social skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others.
 - c. Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in three of five of the following:
 - a) Grooming, hygiene, washing clothes, meeting nutritional needs;
 - b) Care of personal business affairs;
 - c) Transportation and care of residence;
 - d) Procurement of medical, legal, and housing services; or
 - e) Recognition and avoidance of common dangers or hazards to self and possessions.
4. Functional deficits of such intensity requiring multiple hours of rehabilitative interventions daily in a structured day setting.
5. The individual is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional manner if needed multiple hours of rehabilitation services are not provided.
6. Symptoms and functional deficits are related to the primary diagnosis.
7. There is an expectation that the client will benefit from rehabilitation treatment.

II. Continued Stay Guidelines:

All of the following guidelines are necessary for continuing treatment at this level of care:

1. The individual continues to meet admission guidelines.
2. The individual does not require a more intensive level of services and no less intensive level of care is appropriate.
3. There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas.
4. The individual is making progress towards rehabilitation goals.