

Service Name	DAY REHABILITATION
Setting	Facility based/non-hospital
Facility License	As required by DHHS Division of Public Health.
Basic Definition	Day rehabilitation services are designed to provide individualized treatment and recovery, inclusive of psychiatric rehabilitation and support for individuals with a severe and persistent mental illness and/or co-occurring disorders who are in need of a program operating variable hours. The intent of the service is to support the individual in the recovery process so that he/she can be successful in a community living setting of his/her choice.
Service Expectations basic expectations for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> • Complete an initial diagnostic interview (IDI) if one has not been completed within the 12 months prior to admission to day rehabilitation to ensure the individual meets the criteria for having a severe and persistent mental illness. The IDI will identify the need for day rehabilitation and outline the needed services and resources for the individual. The IDI shall serve as the treatment plan until the comprehensive plan of care is developed. • If the IDI was completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum to ensure the information is reflective of the individual's current status and functioning. The review and update should be completed within 30 days of admission. • A strengths-based assessment 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 and may be completed by non-licensed or licensed individuals on the team. • An initial treatment/rehabilitation/recovery plan to guide the first 30 days of treatment should be developed within 72 hours of admission. • An alcohol and drug screening assessment as needed. • A comprehensive treatment/rehabilitation/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals, that includes a documented discharge and relapse prevention plan completed within 30 days of admission. • Review the treatment/rehabilitation/recovery and discharge plan with the treatment team, including the individual, every 90 days making necessary changes then or as often as medically indicated. Each review should be signed by members of the treatment team, at a minimum by the Clinical Supervisor, assigned therapist and individual and or the family or legally responsible person. • Ancillary service referral as needed (e.g. dental, optometry, ophthalmology, other mental health and/or social services including substance use disorder treatment, etc.). • Therapeutic milieu providing active treatment/recovery/rehabilitation activities led by individuals trained in the provision of recovery principles. • The on-site capacity to provide medication administration and/or self-administration, symptom management, nutritional support, social, vocational, and life-skills building activities, self-advocacy, peer support services, recreational activities, and other independent living skills that enable the individual to reside in their community. • Ability to coordinate other services the individual may be receiving and refer to other necessary services. • Referral for services and supports to enhance independence in the community.

Length of Service	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.
Staffing	<ul style="list-style-type: none"> • Clinical direction by a licensed professional (APRN, RN, LMHP, PLMHP, LIMHP, licensed psychologist, provisionally licensed psychologist) working with the program to provide clinical direction, consultation and support to day rehabilitation staff and the individuals they serve. The clinical director will review individual clinical needs every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned individuals and identifying any clinical recommendations in serving them. • Direct Care Staff (non-licensed) must have a high school diploma at a minimum and have demonstrated skills and competencies in the treatment of individuals with mental health disorders. Direct care staff are directly supervised by individuals licensed as a Licensed Mental Health Practitioner. • All staff should be educated/trained in rehabilitation, recovery principles, and trauma informed care.
Staffing Ratio	<ul style="list-style-type: none"> • Clinical supervisor to direct care staff ratio as needed to meet all clinical responsibilities outlined above. • One staff to six individuals during day and evening hours; access to licensed clinicians as described for Clinical Direction 24/7. • Care staff to provide a variety of recovery/rehabilitative, therapeutic activities and groups for individuals throughout scheduled program times is expected.
Hours of Operation	Regularly scheduled day, evening, and weekend hours with 24/7 on call access to a mental health provider.
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has met his/her treatment plan goals and objectives. • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions. • The individual has alternative support systems secured to help the individual maintain stability in the community.
Admission guidelines	<p>All of the following will be present:</p> <ul style="list-style-type: none"> • DSM (current edition) diagnosis consistent with a long standing serious and persistent mental illness with symptoms of sufficient severity and duration that it is expected to cause significant, ongoing, disabling functional impairments. These impairments are beyond the scope of the person's informal support system to remediate and require professional assistance to guide the individual to recovery. • 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 individual's ability to function independently in an appropriate manner in two of three functional areas: vocational/education, social skills, and activities of daily living: <ul style="list-style-type: none"> ○ 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. ○ 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.

	<ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ▪ Grooming, hygiene, washing clothes, meeting nutritional needs; ▪ Care of personal business affairs; ▪ Transportation and care of residence; ▪ Procurement of medical, legal, and housing services; or ▪ Recognition and avoidance of common dangers or hazards to self and possessions. ● Functional deficits of such intensity that require daily rehabilitative interventions three to five days a week and three to six hours per day in a structured day setting. ● The individual is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional manner if needed rehabilitation services are not provided as identified in the above bullet. ● Symptoms and functional deficits are related to the primary diagnosis.
Continued stay guidelines	<p>All of the following guidelines are necessary for continuing treatment at this level of care:</p> <ul style="list-style-type: none"> ● The individual continues to meet admission guidelines. ● The individual does not require a more intensive level of services and no less intensive level of care is appropriate. ● There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas. ● The individual is making progress towards rehabilitation goals. ● There is evidence of continued discharge planning and attempts to discharge.