

Psychiatric Day Rehabilitation MH - Adult

Definition

Day Rehabilitation services are designed to provide individualized treatment and recovery, inclusive of psychiatric rehabilitation and support for clients with a severe and persistent mental illness and/or co-occurring disorders who are in need of a program operating variable hours. Services must be community-based, family-centered, culturally competent, recovery oriented, trauma informed, and developmentally appropriate. The psychiatric day rehabilitation program provides on-site psychosocial rehabilitation and skill acquisition activities. 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.

Policy

Psychiatric Day Rehabilitation mental health services are available to Medicaid Managed Care eligible adult members, age 21 and over.

Program Requirements

Refer to the “Facility Program Standards” for additional requirements and a brief description of Medicaid Rehabilitation Option (MRO) services.

Licensing/Accreditation

Adult day service

The agency must have written policies and procedures related to:

Refer to the “Standards Common to all Levels of Care” for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features/Hours

Regularly scheduled day, evening, or weekend hours

Service Expectations

- A diagnostic interview conducted by a licensed, qualified clinician prior to admission
- A bio-psychosocial and strengths-based assessment prior to admission by licensed and credentialed mental health professionals practicing within their scope, with ongoing assessment as needed, or completed by another provider within 12 months prior to the date of admission, approved and updated by the current licensed professional.
- An initial treatment/rehabilitation/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 72 hours
- Alcohol and drug screening and assessment as needed
- A 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 treatment team, including the individual, every 90 days, making necessary changes then or as medically indicated.. Each review should be signed by members of the treatment team, at a minimum the Clinical Supervisor, care staff and client/family
- The ability to arrange for general medical, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services
- Ancillary service referral as needed: (dental, optometry, ophthalmology, other mental health and/or social services including substance abuse 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
- Services available a minimum of 5 hours/day, 5 days/week which may include weekend and evening hours.
- 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

Features/Hours

Regularly scheduled day, evening, or weekend hours to meet individual needs

Staffing

- Clinical Supervision by a licensed person (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. The Clinical Supervisor will review each case plan monthly at a minimum. The Clinical Supervisor will in addition, continually incorporate new rehabilitation information and best practices into the program to assure program effectiveness and viability, and assure quality of rehabilitation clinical records.
- Direct care staff, holding a BS degree or higher in psychology, sociology, or a related human service field are preferred, but two years of course work in a human services field, and two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a mental health diagnoses is acceptable.
- Other individuals could provide non-clinical administrative functions.

Staff Ratios

- Clinical Supervisor to direct care staff ratio as needed to meet all responsibilities outlined above

- 1 staff to 6 clients during day and evening hours; access to licensed mental health professionals 24/7
- Care staff to provide a variety of recovery/rehabilitative, therapeutic activities and groups for clients throughout scheduled program times is expected

Training

Refer to “Standards Common to all Treatment Services” for a list of potential training topics related to the provision of mental health and substance abuse treatment. Agencies should provide adequate pre-service and ongoing training to enhance the capability of all staff to treat the individuals they serve and provide the maximum levels of safety for themselves and others. All staff must be educated/trained in rehabilitation and recovery principles.

Clinical Documentation

The program shall follow the agency’s written policy and procedures regarding clinical records. The agency’s policies must include specifics about timely record entry by all professionals and paraprofessionals providing services in the program.

The clinical record must provide information that fully discloses the extent and outcome of treatment services provided to the client. The clinical record must contain sufficient documentation to justify Medicaid Managed Care participation.

The record must be organized with complete legible documents. When reviewing a clinical record, a clinician not familiar with the client or the program must be able to review, understand and evaluate the mental health and substance abuse treatment for the client. The clinical record must record the date, time, and complete name and title of the facilitator of any treatment service provided to the client. All progress notes should contain the name and title of the author of the note.

In order to maintain one complete, organized clinical record for each client served, the agency must have continuous oversight of the condition of the clinical record. The provider shall make the clinical record available upon Medicaid and/or the ASO’s request to review or receive a copy of the complete record. All clinical records must be maintained for seven years following the provision of services.

Length of Services

Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client’s ability to make progress on individual treatment/recovery goals

Special Procedures

None allowed.

Clinical Guidelines: Day Rehabilitation – Mental Health

Admission Guidelines:

All of the following must be present:

1. DSM (current version) Axis I diagnosis consistent with a serious and persistent mental illness i.e. a primary diagnosis of schizophrenia, major affective disorder 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:
 - 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.
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.

Exclusionary Guidelines:

Any of the following are sufficient for exclusion from this level of care:

1. The individual does not meet DSM (current version) Axis I diagnosis consistent with severe and persistent mental illness.
2. The individual has a primary diagnosis of substance dependence/abuse or developmental disability.
3. The persistent mental illness has not been present for the last 12 months or is not expected to last 12 months or longer.
4. The persistent mental illness does not seriously interfere with the client's ability to function independently in two of three functional areas.
5. The individual is in an inpatient setting.

6. The individual is a resident of a nursing facility.

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.

Discharge Guidelines:

All of the following are required for discharge from this level of care:

1. Maximum benefit has been achieved and consumer can function independently without extensive supports. (Deficits in daily living have improved. Deficits in functional areas have improved and now manageable without extensive supports.)
2. Services are primarily monitoring in nature. Consumer can function such that she/he can live successfully in the residential setting of his/her choice.
3. Sustainability plan for supports is in place.
4. Formal and informal supports have been established.
5. A crisis relapse plan is in place.

OR The individual requests discharge from the service.

