Rehabilitation Services

Service Name	PSYCHIATRIC RESIDENTIAL REHABILITATION
Funding Source	Medicaid Behavioral Health Services
Setting	Facility based.
Facility License	Mental Health.
Basic Definition	Psychiatric Residential Rehabilitation is 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 disorder who are in need of recovery and rehabilitation activities within a residential setting. Psychiatric Residential Rehabilitation is provided by a treatment/recovery team in a 24-hour staffed residential facility. 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	• A diagnostic interview conducted by a licensed, qualified clinician AND a bio-psychosocial assessment by a licensed and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission. NOTE: The combination of the diagnostic interview and bio-psychosocial is called a Pre-Treatment Assessment (PTA) by Medicaid and Long-Term Care. • If the diagnostic interview and/or the bio-psychosocial assessment were completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client'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 client, should be completed within 30 days of admission and may be completed by non-licensed or licensed individuals on the client's team. • An initial treatment/rehabilitation/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 72 hours of admission. • Arrange for psychiatric services as needed • Alcohol and drug screening; 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/recovery and discharge plan with the individual, other approved family/supports, and the

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	Clinical Supervisor every 90 days or more often as needed; updated as medically indicated; approved and signed by the Clinical Supervisor, other team members, and the individual being served. • 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 offering 25 hours of staff led active treatment/rehabilitation/recovery activities per client served, 7 days/week • 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 and offer a minimum of 20 hours/week of additional off-site rehabilitation, vocational, and educational activities • 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 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.
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 client clinical needs with the worker 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 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. • DBH: Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Medicaid and Long-Term Care: Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework 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 behavioral health diagnoses is acceptable. • All staff must be educated/trained in rehabilitation and recovery principles. • Other individuals could provide non-clinical administrative functions.

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Staffing Ratio	• Clinical Supervisor to direct care staff ratio as needed to meet all responsibilities • 1 staff to 4 clients during client awake hours (day and evening shifts); 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake, overnight staff for 11 or more individuals served; access to on-call, licensed mental health clinicians as described for Clinical Supervision 24/7 • Care staff to provide a variety of recovery/rehabilitative, therapeutic activities and groups for clients throughout scheduled program times is expected.
Hours of Operation	24/7
Desired Individual Outcome	• The individual has substantially met their treatment/rehabilitation/recovery plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed with professional external supports and interventions outside of the psychiatric residential rehabilitation facility • Individual has support systems secured to maintain stability in a less restrictive environment
Rate	1 Unit = 1 Day