Rehabilitation Services

Service Name	DAY REHABILITATION
Funding Source	Medicaid Behavioral Health Services
Setting	Facility based/non-hospital
Facility License	Adult Day Service
Basic 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. 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. • 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/rehabilitation/recovery and discharge plan with 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 the Clinical Supervisor, care staff and client/family. • The ability to arrange for general medical, pharmacology, psychological, dietary, pastoral, emergency

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	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.
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.
Staffing Ratio	• Clinical Supervisor to direct care staff ratio as needed to meet all clinical responsibilities outlined above • 1 staff to 6 clients during day and evening hours; access to licensed clinicians as described for Clinical Supervision 24/7 • Care staff to provide a variety of recovery/rehabilitative, therapeutic activities and groups for clients

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	throughout scheduled program times is expected • Other individuals could provide non-clinical administrative functions.
Hours of Operation	Regularly scheduled day, evening, or weekend hours
Desired Individual Outcome	• The individual has substantially met their treatment/recovery/rehabilitation 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 • Individual has support systems secured to maintain stability in a less restrictive environment
Rate	Behavioral Health: 1 Unit = Full Day/5 hours minimum; ½ unit = ½ day/3 hours minimum Medicaid (NMMCP): See Fee Schedule