

#	Category	Standard	Provisional Standard	Notes/Comments
1	Service Definition/ Required Components	<p><b>Therapeutic Rehabilitation Program</b> is rehabilitative service for adults with SMI and children with SED designed to maximize reduction of mental disability and restoration of the recipient's best possible functional level. Services shall be designed for the reduction in disabilities related to social, personal, and daily living skills, as well as the restoration of these skills. Component services are delivered using a variety of psychiatric rehabilitation techniques and focus on improving daily living skills, self-monitoring of symptoms and side effects, emotional regulation skills, crisis coping skills and interpersonal skills. Services may be provided individually or in a group setting.</p> <p><b>Therapeutic Rehabilitation Services for Adults</b> A therapeutic rehabilitation program of a community mental health center is a goal oriented service for persons with SMI which provides a therapeutic program for persons who require less than twenty-four (24) hours a day care but more than outpatient counseling. Therapeutic rehabilitation shall be an effective intervention, the purpose of which is to assure that a person with a psychiatric disability possesses those physical, emotional, and intellectual skills to live, learn, and work in his own particular environment.</p> <p>Services shall be designed for the development, acquisition, enhancement, and maintenance of interpersonal, personal adjustment, and daily living skills. The focus of all services shall be on helping clients to develop and maintain a healthy self-esteem. Clients shall be encouraged to retain the fullest possible control of their daily lives, to set their own rehabilitation goals, and to participate fully in decisions affecting their own lives</p>		

#	Category	Standard	Provisional Standard	Notes/Comments
		<p>and future.</p> <p><b>Therapeutic Rehabilitation Services for Children</b></p> <p>Children’s therapeutic rehabilitation program shall be a goal-oriented program for children under age twenty-one (21) who have a mental health diagnosis as established in the most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, and who require more than intermittent outpatient services.</p> <p>Children’s therapeutic rehabilitation services may be provided twelve (12) months a year. Individual, group, and family therapies and collateral services may be provided in addition to the therapeutic rehabilitation services.</p>		
2	Provider Requirements / Qualifications	<p>These services shall be provided by:</p> <ol style="list-style-type: none"> <li>1. A licensed psychologist;</li> <li>2. A licensed professional clinical counselor;</li> <li>3. A licensed clinical social worker;</li> <li>4. A licensed marriage and family therapist;</li> <li>5. A physician;</li> <li>6. A psychiatrist;</li> <li>7. An advanced practice registered nurse;</li> <li>8. A licensed psychological practitioner;</li> <li>9. A licensed psychological associate working under the supervision of a licensed psychologist;</li> <li>10. A licensed professional counselor associate working under the supervision of a licensed professional clinical counselor;</li> <li>11. A certified social worker working under the supervision of a licensed clinical social worker;</li> <li>12. A marriage and family therapy associate working under the supervision of a licensed marriage and family therapist;</li> </ol>		

#	Category	Standard	Provisional Standard	Notes/Comments
		<p>13. A physician assistant working under the supervision of a physician;</p> <p>Under CMHCs psychiatric nurses and professional equivalents could also provide this service.</p>		
3	Staffing Requirements	Staff should follow continuing education requirements and other rules and guidelines from their individual professional Boards, in order to maintain individual credentials.		Includes caseload size, team composition, training and continuing education requirements, etc.
4	Supervision Requirements	A psychiatrist shall be present in the therapeutic rehabilitation program on a regularly scheduled basis, at least monthly.		
5	Admission Criteria	Adults with SMI, Children with SED who require less than 24 hour care but more than outpatient counseling.		
6	Service Planning / Documentation	<p>Treatment plans should be developed through a person centered planning process. Goals and objectives should be individualized.</p> <p>The need for this level of intervention shall be identified by the appropriate mental health center staff and shall be indicated in the treatment plan.</p> <p>A weekly summary note shall be used to document billable services. Staff notes shall be written by the person providing the service and cosigned, when appropriate. The weekly summary note shall reflect the goals and objectives identified in the treatment plan. In addition, it shall include an objective description of the individual's attitude, a reaction to treatment, progress, behavior, suggested changes in treatment, and other</p>		

#	Category	Standard	Provisional Standard	Notes/Comments
		<p>information as deemed relative. A description of the activities and how the activities were used to facilitate psychiatric therapy shall also be included.</p> <p>Treatment plans shall be reviewed and updated by staff at least every three (3) months.</p>		
7	Continued Stay Criteria	Adults with SMI or Children with SED continue to require a therapeutic program less than twenty-four (24) hours a day but more than outpatient counseling.		
8	Discharge Criteria	<p>Adults with SMI or Children with SED no longer want, require or need a therapeutic program less than twenty-four (24) hours a day care but more than outpatient counseling.</p> <p>When symptom reduction indicates a lesser level of care.</p>		
9	Service Setting	Program site or Community when indicated.		Documentation must include Site of service
10	Service Limitations / Exclusion	Educational and vocational services and needs shall NOT be covered under the TRP service. However, it is recognized that individuals participating in a therapeutic rehabilitation program have specific educational and vocational needs; therefore, the systems work in a collaborative effort.		
11	Unit of Service	1 hour		
12	Service Codes	<p>HCPS Code: H2019</p> <p>CMHC Code: 129 Child/Youth 130 Adult</p> <p>“Mental Health Only Service”</p>		
13	Program Evaluation / Quality Improvement	No fidelity scale for TRP. These standards would be used to monitor.		
14	Program Principles	Principle 1: Psychiatric rehabilitation practitioners convey		PRA – psychrehabassociation.org

#	Category	Standard	Provisional Standard	Notes/Comments
		<p>hope and respect, and believe that all individuals have the capacity for learning and growth.</p> <p>Principle 2: Psychiatric rehabilitation practitioners recognize that culture is central to recovery, and strive to ensure that all services are culturally relevant to individuals receiving services.</p> <p>Principle 3: Psychiatric rehabilitation practitioners engage in the processes of informed and shared decision-making and facilitate partnerships with other persons identified by the individual receiving services.</p> <p>Principle 4: Psychiatric rehabilitation practices build on the strengths and capabilities of individuals.</p> <p>Principle 5: Psychiatric rehabilitation practices are person-centered; they are designed to address the unique needs of individuals, consistent with their values, hopes and aspirations.</p> <p>Principle 6: Psychiatric rehabilitation practices support full integration of people in recovery into their communities where they can exercise their rights of citizenship, as well as to accept the responsibilities and explore the opportunities that come with being a member of a community and a larger society.</p> <p>Principle 7: Psychiatric rehabilitation practices promote self-determination and empowerment. All individuals have the right to make their own decisions, including decisions about the types of services and supports they receive.</p>		

#	Category	Standard	Provisional Standard	Notes/Comments
		<p>Principle 8: Psychiatric rehabilitation practices facilitate the development of personal support networks by utilizing natural supports within communities, peer support initiatives, and self- and mutual-help groups.</p> <p>Principle 9: Psychiatric rehabilitation practices strive to help individuals improve the quality of all aspects of their lives; including social, occupational, educational, residential, intellectual, spiritual and financial.</p> <p>Principle 10: Psychiatric rehabilitation practices promote health and wellness, encouraging individuals to develop and use individualized wellness plans.</p> <p>Principle 11: Psychiatric rehabilitation services emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with personal recovery. Programs include structured program evaluation and quality improvement mechanisms that actively involve persons receiving services.</p> <p>Principle 12: Psychiatric rehabilitation services must be readily accessible to all individuals whenever they need them. These services also should be well coordinated and integrated with other psychiatric, medical, and holistic treatments and practices.</p>		