**Section 300.4050 Psychiatric Rehabilitation Services for Facilities Subject to Subpart S**

a) The facility shall develop and implement a psychiatric rehabilitation program. A facility may contract with an outside entity to provide all or part of the psychiatric rehabilitation program as long as individual residents' needs are met and subsection (c)(4) is met. The program shall be designed to allow a wide array of group and individual therapeutic activities, including, but not limited to, the following:

1) Skills training programs addressing a comprehensive range of skill areas, including the major domains of self-maintenance, social functioning, community living, occupational preparedness, symptom management, and substance abuse management. Skills training programs should:

A) Include available published, validated modules with highly structured curricula for teaching targeted skills (e.g., trainer's manuals and videotapes that demonstrate the skills to be learned);

B) Proceed within a training-to-mastery framework that addresses discrete sets of skill competencies, introduces targeted skills in a graded fashion, and regulates the difficulty of exercises to create a momentum of success;

C) Include focused instructions and modeling, frequent repetition of new material, auditory and visual representation, role playing and practice, and immediate positive feedback for attention and participation; and

D) Be adjusted in content, form and duration to match residents' profiles in terms of stress tolerance, learning impairments, and motivational characteristics. Environmental conditions shall be arranged to help compensate for deficits in resident concentration, attention, and memory (e.g., reduction of distracting stimuli and extensive use of supportive reminder cues), as needed.

2) Incentive programs, such as motivational interviewing, behavioral contracting, shaping or individual positive reinforcement, and token economy.

3) Strategies for skill generalization, such as homework, in vivo training, resource management skills, problem-solving skills, and self-management skills (self-monitoring, self-evaluation and self-reinforcement).

4) Aggression prevention and management, including resident screening (history of aggressive and assaultive behavior, precipitating factors, signals of escalating risk, and effective de-escalation strategies); identification and modification of environment risk factors (e.g., physical plant and resident mix); provision of skills training, behavioral, and appropriate psychopharmacological interventions based on individualized resident assessment; and policies and procedure for rapid response to behavioral emergencies.

5) Substance dependence and abuse management services, including toxicological screens, psychopharmacology, alcohol and drug education, group interventions, recovery programs (e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Mentally Ill Substance Abusers (MISA)), and harm reduction.

b) The facility's psychiatric rehabilitation program shall be integrated with other services provided to residents by the facility to develop a cohesive approach to each resident's overall needs and consistent plan of care.

c) Each facility shall have a written description of the components provided by the psychiatric rehabilitation program. Documentation shall include a description of psychiatric rehabilitation principles, the specific rehabilitation techniques and methods, and the type/level of staff utilization in providing each service to the residents.

1) The facility's psychiatric rehabilitation program shall develop, apply and evaluate strategies to create opportunities for residents to practice, transfer, and utilize skills both in the facility and in the broader community.

2) The facility's psychiatric rehabilitation program shall demonstrate close working alliances with community mental health and vocational service providers through such indicators as joint staff training and planning activities, mutual referrals, collaborative resident treatment planning, and effective resident transition.

3) Resources utilized outside of the facility for service provision, consultation, or referrals shall be included in this documentation.

4) If a facility uses consultants or contracts all or part of the psychiatric rehabilitation program to another entity:

A) A contract shall include a written description of the components, the name of the person responsible for each component, and the type/level and number of staff used in each component.

B) The facility shall have a policy that indicates coordination between facility staff and the entity or consultants, including unannounced visits by designated facility management to the site of the components of the program.

C) Consultants contracting directly with the facility or through another entity who are not physicians shall have participated in an Illinois Department of Public Aid-approved Psychiatric Rehabilitation Training Program.

D) Contracted personnel shall meet the same education and experience requirements as facility personnel under this Subpart.

(Source: Added at 26 Ill. Reg. 3113, effective February 15, 2002)