**Section 380.120 Applicability and General Requirements**

a) The *Act* and this Part provide *for licensure of long term care facilities that are federally designated as institutions for mental disease on* July 22, 2013 *and specialize in providing services to individuals with serious mental illness. On and after* July 22, 2013*, these facilities shall be governed by* the *Act instead of the Nursing Home Care Act.* (Section 1-101.5(a) of the Act)

b) *All consent decrees that apply to facilities federally designated as institutions for mental disease shall continue to apply to facilities licensed under* the *Act* and this Part*.* (Section 1-101.5(b) of the Act)

c) *A facility licensed under* the *Act* and this Part *may voluntarily close, and the facility may reopen in an underserved region of the State, if the facility receives a certificate of need from the Health Facilities and Services Review Board. At no time shall the total number of licensed beds under* the *Act* and this Part *exceed the total number of licensed beds existing on July 22, 2013* (the effective date of Public Act 98-104) (Section 1-105(c) of the Act)*.*

d) Subject to the Act and this Part, the facility shall develop and implement a psychiatric rehabilitation program providing individual and group therapeutic interventions, services and supports to address the goals, preferences, needs, strengths and risks of persons with a diagnosis of mental illnesses and who meet clinical criteria as specified in each level of service.

e) Triage centers, crisis stabilization units, transitional living units, and recovery and rehabilitation supports units shall be designed to improve the adaptive functioning of persons with mental illness, facilitate the recovery of those persons, and enable those persons to achieve a higher level of independence while preventing regression to a lower level of functioning.

f) As defined in the Act and this Part, the facility may develop specialized units and programs to serve different consumers in different stages of illness, including:

1) Non-residential triage centers, with a length of stay no more than 23 hours, for short-term crisis assessment and disposition;

2) Crisis stabilization units that serve consumers for no more than 21 days;

3) Recovery and rehabilitation supports units that address longer-term consumer mental health rehabilitation needs and training; and

4) Transitional living units that prepare consumers for community transition within 120 days following admission.

g) Each of these programs shall have its own separate program and staffing requirements, based on the crisis intervention and recovery treatment needs of the consumers, and as required by the Act and this Part.

h) A facility is not required to implement all of the programs in subsection (e)(1) through (4).

i) All levels of service shall incorporate evidence-based practices, biopsychosocial approaches, and programs regarding the treatment and rehabilitation of persons who have mental illnesses.

j) The mental health rehabilitation and recovery services shall be designed to assist consumers in developing skills to effectively manage their symptoms and effectively become capable of increasing levels of independent functioning in the community.

k) All services shall reflect varying individual goals, diverse needs, concerns, strengths, motivations and abilities of each consumer, which shall be documented in writing within the medical chart. The programs shall emphasize the participation of consumers in all aspects of treatment, including, but not limited to, individual treatment, services planning, program design and evaluation.

l) The facility shall have an interdisciplinary team at all levels of service. The IDT shall include a physician and a licensed clinical social worker or a licensed clinical professional counselor, as well as the consumer, the consumer's guardian, and other professionals, including the consumer's primary service providers, particularly the staff most familiar with the consumer, and other appropriate professionals and caregivers as determined by the consumer's needs. The consumer or his or her guardian may also invite other people to meet with the IDT and participate in the process of identifying the consumer's strengths and needs.

m) For all levels of service except triage centers, a facility shall provide linkage, including coordinating the consumer's care with other health care providers, including, but not limited to, primary care physicians, psychiatrists, hospitals and other medical professionals, to ensure that the mental and physical health care needs of the consumer are met. The facility shall share all relevant treatment information for a consumer with the community-based behavioral health provider or other health care provider to facilitate a consumer's recovery and rehabilitation. Linkage may occur through direct partnerships with providers, as well as through managed care entities.

n) For triage centers, linkage means connecting the consumer to a community-based behavioral health provider if the triage staff determines that community behavioral health services are needed.

o) A crisis stabilization center, recovery and rehabilitation supports center, or a transitional living unit shall not accept for treatment anyone with medical issues requiring active intervention or treatment, or who requires a higher level of medical care, e.g., issues beyond medical maintenance, including, but not limited to, persons:

1) Who require skilled nursing care, who have limited feeding capacity, or who need assistance ambulating;

2) With a swallowing problem with recurring aspiration;

3) Who require a catheter, such as a foley catheter, feeding tubes or nasogastric tubes, or central lines;

4) Who are at risk of medically significant complications due to recent major medical trauma, according to the requirements for trauma in the Emergency Medical Services, Trauma Center, Primary Stroke Center and Emergent Stroke Ready Hospital Code;

5) With acute neurological symptoms, including unstable seizure disorders;

6) Who require ongoing nebulizer treatments that are not self-administered;

7) Who require electrocardiogram monitoring/telemetry;

8) For transitional living and rehabilitation and recovery only, with a condition that potentially requires urgent surgery;

9) Who are at risk of medically significant complications due to drug withdrawal;

10) With medically significant bleeding;

11) With communicable diseases requiring isolation,except for brief contact isolation;

12) With delirium;

13) With primary dementia;

14) With moderate, severe or profound developmental disability;

15) With methadone dependency, unless he or she is in an accredited methadone program; or

16) With toxic levels of medication or who are at risk to become toxic (i.e., acetaminophen).

p) A triage center shall screen all consumers for the medical issues in subsection (n).