**CHAPTER 5230 Psychiatric Rehabilitation Services: Service Description Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Certificate #: |  | License Expiration Date: |  |
| County: | Reviewer: |  |
| PROMISe #: |  |  | Review Date: |  |
| Facility Name: |  |  | Recommendation: | 🞏 Approved | 🞏 Revisions needed |
| Facility Address: |  |  | Recommended Expiration Date:(If program operates at multiple sites, list locations on Multiple Sites Form) |
|  |  |
| Telephone Number: |  |  | Legal Entity: |  |
| CEO: |  |  | Address: |  |
| Agency Director: |  |  |  |  |
| Program Director: |  |  |  |  |
| **GENERAL INFORMATION** |
| Type of Control:  | Public |  | Private |  | Profit |  | Non-Profit |  |  | Certification: |   |
| Rehab Approach: | Clubhouse |  | Social Skills |  | Boston Univ. |  |  Psycho-ed |  | Other |  | Certification Exp. Date: |   |
| Prog. Type: PRS 03  | Site based 90 |  | Clubhouse 91 |  | Mobile 92 |  | Cert. of Occ. Type/date: |  | BEO Approval |  |

|  |  |  |
| --- | --- | --- |
|  | Hours & Days of Operation:  |  |
|  | Total Direct Service Staff:  |  | **FTE** |  | Total CPRP-certified staff: |  | **FTE** |
|  | Total Psych Rehab Specialists:  |  | **FTE** | Psych Rehab Workers: |  | **FTE** | Psych Rehab Assistants: |  | **FTE** |
| **REGULATORY BASE:**  | **HIV/AIDS/OSHA Documentation** |
|  | **Title 55 – Chapter 5230 Psychiatric Rehabilitation Services**  |  |
|  | **Title 55 – Chapter 20 – Licensure or Approval of Facilities & Agencies** |  | **SURVEY KEY:** |
|  | **1153 – Medical Assistance Manual**  |  |  | **C =** | **Compliance** |
|  | **Articles IX and X of the Public Welfare Code** |  |  |  **N =** | **Non-Compliance** |
|  | **Title 55 – Chapter 5100 – Mental Health Procedures** |  |  | **P =** | **Partial Compliance** |
|  |  |  |  | **N/A =** | **Non-Applicable** |

**MULTIPLE SITES SUPPLEMENT**

Site Address(es) & Telephone Number(s)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  | 3. |  |
|  |  |
|  |  |
|  |  |
| Phone: |  | Phone: |  |
| 2.  |  | 4. |  |
|  |  |
|  |  |
|  |  |
| Phone: |  | Phone: |  |

# SPECIAL SHIFTS (List by Address)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Address | Shift days and times | Average attendance over 20 days of operation |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

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| **§5230.15** | **Does the service description include a description of:** | **Y/N** | **Comments** |
| 1) | The governing body, the advisory board, and an organizational chart? |  |   |
| 2) | The provider’s philosophy that is reflective of the principles of PRS and Recovery? |  |  |
| 3) | The population to be served, including anticipated daily attendance, age range, diagnostic groups, plans to identify and accommodate special and culturally diverse populations? |  |  |
| 4) | The approaches and evidence-based practices that will be utilized? |  |  |
| 5) | Has a facility identified as a Clubhouse attained ICCD accreditation within 3 years of licensing? |  |  |
| 6) | The location where services are being provided (facility, community, both)? |  |  |
| 7) | Expected service outcomes for individuals? |  |  |
|  8) i. | Staffing patterns? |  |  |
| ii. | Staffing ratios? |  |  |
| iii. | Staff qualifications? |  |  |
| iv. | Staff supervision plans? |  |  |
| v. | Staff training protocols? |  |  |
| 9) | Service delivery patterns—frequency and duration of services? |  |  |
| 10) | Days and hours of PRS operation? |  |  |
| 11) | Geographic limits of PRS operation? |  |  |
| 12) | A description of the physical site, including copies of applicable licenses and certificates? |  |  |
| 13) | The process for development of an IRP with the individual? |  |  |
| 14) | Admission and discharge policies and procedures? |  |  |
| 15) | Methods for collaboration to identify and use the individual’s preferred community resources? |  |  |
| 16) | The process for developing and implementing the QI plan? |  |  |
| 17) | The procedure for filing and resolving complaints? |  |  |

# PROGRAM SURVEY SUMMARY

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| **COMMENDATIONS/COMMENTS:** |
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| **SUGGESTIONS:** |
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| **RECOMMENDATIONS FOR APPROVAL:** |
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