DIVISION OF MENTAL HEALTH AND HOSPITALS

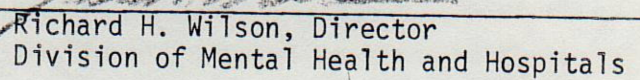
Administrative Bulletin Transmittal Memorandum No. 48

August 26, 1983

SUBJECT: Administrative Bulletin 5:01 - Attachment A
Rehabilitation Services Standards

The enclosed attachment provides instructions for completion of a Rehabilitation Services Referral form and a Progress Note form, which are to be used in conjunction with paragraphs 10 and 11 of Administrative Bulletin 5:01, Rehabilitation Services Standards, issued on October 25, 1982.

These forms are to be implemented immediately upon receipt.



Richard H. Wilson, Director
Division of Mental Health and Hospitals

RHW:PK:r

Rehabilitation Services Referral and Progress Note Documentation Process

I. Referral Form

The Rehabilitation Referral Form (a self-carboning form of 1 original and 3 copies) is to be used by the treatment team in making a referral to any of the Rehabilitation Services. The Referral form will serve to communicate the treatment team's request for a Rehabilitation Service and to initiate specific action. A separate referral document is to be used for each service being requested for each client. The goals stated on the referral must reflect and correspond to the goals stated in the individual treatment plan (DOSP). The Treatment plan must document that a referral has been initiated.

The original referral is to be placed in the patient's medical record in the section designated for consultation requests. The remaining three (3) copies are to be forwarded to the Rehabilitation Services Office and recorded as having been received.

These three copies will then be forwarded to the appropriate discipline for action. A response to the referral will be made within 5 days by completing the Response to Referral section and returning a copy of the completed form to the program coordinator who has signed the referral. The second copy is forwarded to the rehabilitation services office and entered into the active file. The final copy is retained by the discipline until the requested service has been completed, discontinued or changed. At such times the referral is returned to the rehabilitation office for appropriate recording and then returned by that office to the program coordinator.

II. An initial progress note is generated within 5 days after the patient has been seen. Unit based staff will write progress notes directly into the patient's clinical record in accordance with established policy. Centralized rehabilitation staff will write an initial note and subsequent monthly progress notes on a copy of the standard interdisciplinary progress note form. This form is to be clearly marked "Rehabilitation Progress Note", followed by notation of the specific discipline (e.g. recreation, education, etc.) The note is to be dated and signed by the writer and forwarded to the treatment team leader for insertion into the chronological interdisciplinary progress note section of the patient's clinical record.

The unused portion of the form is to be "X ed" out in order to preserve the chronological order of the notes.

Sample forms are attached.

Instructions for the Completion of this Form:

1. Use addressograph in space provided on the right front of form. If no addressograph is available, write in: patient's name, date of admission, unit, date of birth, and sex.

2. Use a separate form for referral to each service and for each patient.

3. The goals stated on the referral must correspond to the goals in the patient's individual Treatment Plan.

4. The original referral is to be placed in the patient's medical record in the section designated for consultation requests. The remaining three (3) copies are to be forwarded to the Rehabilitation Services Office and recorded as having been received.

   These three copies will then be forwarded to the appropriate discipline for action. A response to the referral will be made within 5 days by completing the Response to Referral section and returning a copy of the completed form to the program coordinator who has signed the referral. The second copy is forwarded to the rehabilitation services office and entered into the active file. The final copy is retained by the discipline until the requested service has been completed, discontinued or changed. At such times the referral is returned to the rehabilitation office for appropriate recording and then returned by that office to the program coordinator.

5. If the referral cannot be acted upon immediately, is incomplete, or is deemed inappropriate, it is to be returned to the treatment team, or program coordinator, with appropriate notation and/or request for clarification or additional information.

6. An initial progress note is generated within 5 days after the patient has been seen. Unit based staff will write progress notes directly into the patient's clinical record in accordance with established policy. Centralized rehabilitation staff will write an initial note and subsequent monthly progress notes on a copy of the standard interdisciplinary progress note form. This form is to be clearly marked "Rehabilitation Progress Note", followed by notation of the sepcific discipline (e.g. recreation, education, etc.) The note is to be dated and signed by the writer and forwarded to the treatment team leader for insertion into the chronological interdisciplinary progress note section of the patient's clinical record.

   The unused portion of the form is to be "X ed" out in order to preserve the chronological order of the notes.

NOTE: In the case of a patient's SELF REFERRAL, the particular Rehabilitation Services staff will check "other" and indicate patient's request for a referral to said service. This form will then be sent to the individual's treatment team or program coordinator for consideration and appropriate action.

DIVISION OF MENTAL HEALTH AND HOSPITALS

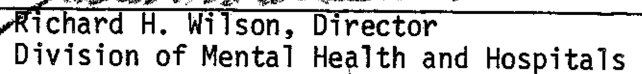
Administrative Bulletin Transmittal Memorandum No. 48

August 26, 1983

SUBJECT: Administrative Bulletin 5:01 - Attachment A
Rehabilitation Services Standards

The enclosed attachment provides instructions for completion of a Rehabilitation Services Referral form and a Progress Note form, which are to be used in conjunction with paragraphs 10 and 11 of Administrative Bulletin 5:01, Rehabilitation Services Standards, issued on October 25, 1982.

These forms are to be implemented immediately upon receipt.



Richard H. Wilson, Director
Division of Mental Health and Hospitals

RHW:PK:r

Rehabilitation Services Referral and Progress Note Documentation Process

I. Referral Form

The Rehabilitation Referral Form (a self-carboning form of 1 original and 3 copies) is to be used by the treatment team in making a referral to any of the Rehabilitation Services. The Referral form will serve to communicate the treatment team's request for a Rehabilitation Service and to initiate specific action. A separate referral document is to be used for each service being requested for each client. The goals stated on the referral must reflect and correspond to the goals stated in the individual treatment plan (DOSP). The Treatment plan must document that a referral has been initiated.

The original referral is to be placed in the patient's medical record in the section designated for consultation requests. The remaining three (3) copies are to be forwarded to the Rehabilitation Services Office and recorded as having been received.

These three copies will then be forwarded to the appropriate discipline for action. A response to the referral will be made within 5 days by completing the Response to Referral section and returning a copy of the completed form to the program coordinator who has signed the referral. The second copy is forwarded to the rehabilitation services office and entered into the active file. The final copy is retained by the discipline until the requested service has been completed, discontinued or changed. At such times the referral is returned to the rehabilitation office for appropriate recording and then returned by that office to the program coordinator.

II. An initial progress note is generated within 5 days after the patient has been seen. Unit based staff will write progress notes directly into the patient's clinical record in accordance with established policy. Centralized rehabilitation staff will write an initial note and subsequent monthly progress notes on a copy of the standard interdisciplinary progress note form. This form is to be clearly marked "Rehabilitation Progress Note", followed by notation of the specific discipline (e.g. recreation, education, etc.) The note is to be dated and signed by the writer and forwarded to the treatment team leader for insertion into the chronological interdisciplinary progress note section of the patient's clinical record.

The unused portion of the form is to be "X ed" out in order to preserve the chronological order of the notes.

Sample forms are attached.

Instructions for the Completion of this Form:

1. Use addressograph in space provided on the right front of form. If no addressograph is available, write in: patient's name, date of admission, unit, date of birth, and sex.

2. Use a separate form for referral to each service and for each patient.

3. The goals stated on the referral must correspond to the goals in the patient's individual Treatment Plan.

4. The original referral is to be placed in the patient's medical record in the section designated for consultation requests. The remaining three (3) copies are to be forwarded to the Rehabilitation Services Office and recorded as having been received.

   These three copies will then be forwarded to the appropriate discipline for action. A response to the referral will be made within 5 days by completing the Response to Referral section and returning a copy of the completed form to the program coordinator who has signed the referral. The second copy is forwarded to the rehabilitation services office and entered into the active file. The final copy is retained by the discipline until the requested service has been completed, discontinued or changed. At such times the referral is returned to the rehabilitation office for appropriate recording and then returned by that office to the program coordinator.

5. If the referral cannot be acted upon immediately, is incomplete, or is deemed inappropriate, it is to be returned to the treatment team, or program coordinator, with appropriate notation and/or request for clarification or additional information.

6. An initial progress note is generated within 5 days after the patient has been seen. Unit based staff will write progress notes directly into the patient's clinical record in accordance with established policy. Centralized rehabilitation staff will write an initial note and subsequent monthly progress notes on a copy of the standard interdisciplinary progress note form. This form is to be clearly marked "Rehabilitation Progress Note", followed by notation of the sepcific discipline (e.g. recreation, education, etc.) The note is to be dated and signed by the writer and forwarded to the treatment team leader for insertion into the chronological interdisciplinary progress note section of the patient's clinical record.

   The unused portion of the form is to be "X ed" out in order to preserve the chronological order of the notes.

NOTE: In the case of a patient's SELF REFERRAL, the particular Rehabilitation Services staff will check "other" and indicate patient's request for a referral to said service. This form will then be sent to the individual's treatment team or program coordinator for consideration and appropriate action.

REHABILITATION SERVICES

Patient Identification: **Referral Form** **Addressograph:**

Name:

Date of Admission: Unit:

Date of Birth: Sex:

(Check Appropriate Service)

Rehabilitation Assessment	____	Vocational Rehabilitation	____
Education	____	Therapeutic Recreation	____
Occupational Therapy	____	Music Therapy	____
Physical Therapy	____	Movement Therapy	____
Speech/Language Pathology	____	Art Therapy	____

Reason for Referral: ( ) Evaluation, ( ) Re-assess, ( ) Program Plan, ( ) Other

Comments: ______________________________

Treatment Goals: (Include Problem No. & Problem) ______________________________

____

____

____

Restrictions/Limitations & Privileges: ______________________________

____

______________ (Referred by:) ______________ (Unit/Ward) ______________ (Date)

______________ (Program Coordinator:) ______________ (Section) ______________ (Date)

(See Instructions on Reverse Side)

Response to Referral: Date: ______________

Program Assignment: ______________ Starting Date: ______________

Time/Frequency: ______________________________

______________ Location: ______________

Recommendations: ______________________________

____

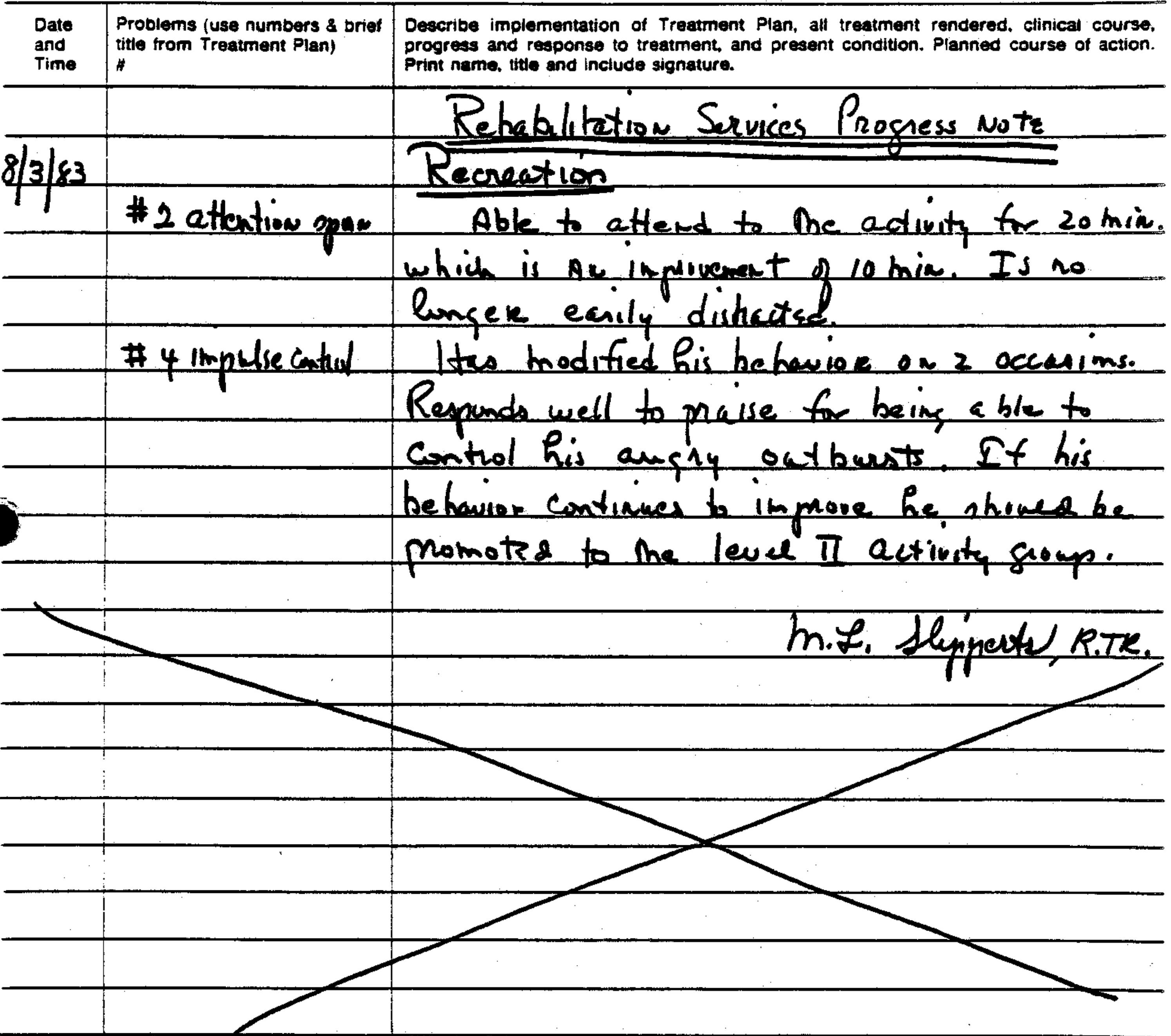
______________________________ Date: ______________
(Signature of Rehabilitation Staff & Extension)

Attachment A
A.B. 5:01
page 4

4-82
Rev. 4/82
M-22A

TRENTON PSYCHIATRIC HOSPITAL

PROGRESS NOTES



Date and Time	Problems (use numbers & brief title from Treatment Plan) #	Describe implementation of Treatment Plan, all treatment rendered, clinical course, progress and response to treatment, and present condition. Planned course of action. Print name, title and include signature.
		Rehabilitation Services Progress Note
8/3/83		Recreation
	#2 attention span	Able to attend to the activity for 20 min. which is an improvement of 10 min. Is no longer easily distracted.
	#4 impulse control	Has modified his behavior on 2 occasions. Responds well to praise for being able to control his angry outbursts. If his behavior continues to improve he should be promoted to the level II activity group.
		M.L. Slippertz, R.TR.

DIVISION OF MENTAL HEALTH AND HOSPITALS

ADMINISTRATIVE BULLETIN 5:01

October 25, 1982

SUBJECT: Rehabilitation Services Standards
Applicability: H

1. Rehabilitation Services includes those departments or contracted services whose primary focus is the development and restoration of those functions and performance skills that are essential for achieving an appropriate level of independence in activities of daily living and in work and leisure.

   1.1 Rehabilitation services characteristically include: Activity Therapies (Therapeutic Recreation, Art Therapy, Movement Therapy, Music Therapy); Educational Services (Academic, Consumer Health, Vocational Education); Occupational Therapy; Physical Therapy; Speech and Language Pathology and Vocational Rehabilitation.

   1.2 Such services shall be available within the facility or by a written contract with an individual or agency outside of the facility.

2. Rehabilitation Services shall have written policies and procedures that address the over all philosophy, goals and organizational procedures of rehabilitation services.

   2.1 Each department/service shall have a written plan that describes its organization, philosophy, goals, policies and functions.

   2.2 Clear, measurable goals and objectives shall be written for each department/service and there shall be a documented process for monitoring goal attainment.

   2.3 Rehabilitation Services shall have a qualified professional responsible for the coordination, management and over-all direction of services, who is currently credentialed in one of the rehabilitation specialties.

   2.4 Each department or service within Rehabilitation Services shall be headed by a qualified professional currently credentialed in the respective professional field.

3. Rehabilitation Services must be an integral, high priority, part of patient care services.

   3.1 Rehabilitation Services must have a direct line of authority to the management and decision making bodies of the institution.

   3.2 Rehabilitation staff shall hold membership in appropriate administrative and clinical committees.

3.3 There must be documented evidence of functional linkage with clinical services and the treatment teams.

3.4 Participation in and collaboration with the treatment team shall be sufficient to ensure comprehensive treatment planning and regular progress review.

4. Departments within rehabilitation services shall have appropriate linkage with resources and services outside the institution and a well organized plan for using and collaborating with such resources.

5. Rehabilitation Services must be integrated. Program design and the manner in which program is implemented shall reflect inter-departmental program sharing and collaboration so that the patient's educational, social, physical, psychological, recreational and vocational needs are addressed in are integrated, and developmentally sequenced manner.

6. Program services must be comprehensive.

6.1 Services for patients shall offer remediation programs that are specifically designed to address the following problems and are accessible to all patients requiring such services.

Impairment in sensory integration and perception.

Physical disabilities and debilitation.

Impairments and deficits in task behaviors and cognitive skills.

Deficiencies in the ability to play and to experience pleasure.

Limitations in social and interpersonal skills.

Speech, language and hearing disorders and impairments.

Deficiencies in work habits, attitudes and skills.

Learning disabilities and educational deficiencies.

Limitations in self care and self maintenance skills.

6.1 Program design and organization shall be based on current Level of Function (LOF) data of the hospital population.

7. Services for patients must be individualized. They shall reflect a personally tailored, integrated regimen, clearly designed and adjusted to the individual's level of functioning and specific rehabilitation problems and needs as these are specified in the Discharge Oriented Service Plan (DOSP).

7.1 There shall be a written statement defining the specific rehabilitation goals, and objectives of each program or activity offered by a department or service.

7.2 Programs must be culturally and economically relevant and shall be congruent with the patient's past and anticipated life style and social role.

7.3 The kinds of activities provided and the context in which they occur shall conform to and reflect cultural and economic realites of the individual patient and the enviroment.

7.4 Program schedules and daily routines shall reflect a culturally relevant, age appropriate, normal use of time with appropriate tasks and activities. The kinds of programs and the times at which they are offered shall reflect a normal life style of appropriately timed work, leisure and rest.

7.5 Recreation, socialization, library services, adult education and other appropriate activities shall be available to all patients during evenings and on weekends.

7.6 Special holiday programs shall be accessible to all patients on the day on which the holiday occurs.

7.7 As appropriate, patients shall play an active role in planning, and implementing their leisure programs.

7.8 There shall be a well organized, written plan for the regular review and revision of programs and services to ensure that programs are relevant to the level of functioning, to the culture and the needs and interests of patients.

7.9 There shall be written procedures for on-going patient care monitoring activities and for review of the utilization of rehabilitation resources.

8. There shall be an adequate number of appropriately qualified staff to provide the needed services, to monitor programs and adequately supervise assistive staff.

8.1 There shall be a clearly designed table of organization and plan to ensure adequate and appropriate on-going supervision of both professional and paraprofessional staff.

8.2 Documentation shall verify that supervision is on-going and provides the essential and appropriate professional counsel and guidance to staff in the areas of direct patient services and the management of such services.

8.3 There shall be documentation to verify that professional staff are credentialed in the appropriate field.

8.4 There shall be an adequate number of Qualified Occupational Therapy staff to provide the following programs for all patients for whom such remediation is indicated:

Training in activities of daily living
Sensory integration
Physical restoration
Pre-vocational assessment and training
Task skills development
Social and leisure skill development

8.5 There shall be an adequate number of qualified Activity Therapy staffs to provide the following programs as appropriate to the needs of patients.

Evening, week-end and holiday recreation;
Leisure interest and skill development;
Physical fitness training;
Music, Movement, Art Therapy; and
Socialization Programs.

8.6 There shall be an adequate number of qualified Vocational Rehabilitation staff to provide the following, as appropriate to the needs of patients:

Vocational testing, evaluation and assessment
Work skills training programs
On-the-job training programs
Work and job placement
Vocational counseling

8.7 There shall be an adequate number of qualified Education staff to provide the following, as appropriate to the needs of patients:

Academic education
Remedial education
Health education
Vocational education

8.8 Qualified physical therapy staff or contracted services shall be adequate to provide the following physical therapy services, readily accessible to all patients needing such services:

Mobility and ambulation training
Physical restoration to include:
- Muscle and joint facilitation
- Orthotics and prosthetics
- Wheel chair management

8.9 Qualified speech and language staff or contracted services shall be adequate to provide, the following services readily accessbile to all patients requiring such services:

Speech, language and hearing screening and assessments.
Remedial programs for language development
Communication skills training
Assistive devise training and use.

9. Assessments and evaluations shall be adequate for establishing rehabilitation goals, setting priorities, monitoring progress and planning discharge.

9.1 An initial rehabilitation needs assessment shall be completed on all patients admitted to the facility. This assessment shall be completed within 10 calendar days of admission, and shall include an overview of:

<u>Education</u>: current and past interests, abilities and achievements
<u>Work history</u>: current and past skills, interests, attitudes and motivation.
<u>Leisure skills</u>: current and past interests, abilities and leisure patterns.
<u>Physical functioning</u>: abilities, aptitudes, disabilities, limitations. To include speech/hearing limitations or disabilities.
<u>Social</u>: attitudes, skills and behaviors.
<u>Self maintenance</u>: skills, deficits and patterns.
<u>Life style</u>: daily activity patterns.
<u>Recommendations</u> for program focus, specific intervention strategies, and/or further evaluations

9.2 An occupational therapy evaluation shall be completed on all patients referred to that service. Such evaluation shall include, as appropriate to goals and problems, indepth assessments of:

Sensory-motor integration, perception
Physical functioning
Task behaviors, cognitive skills
Self maintenance skills, limitations
Interpersonal and group skills and behaviors
Leisure interests and patterns
Activity configuration summary
Recommendations for goal focus and priorities

9.3 A vocational rehabilitation assessment shall be completed on all patients referred to that service and shall include in depth information relative to:

Vocational history
Work skills and aptitudes
Work skill deficits and training needs
Work attitudes, habits, interests and motivations
Interest in and potential for training and/or practice.
Recommendations for programming and priority focus.

9.4 Comprehensive speech, language and hearing evaluations shall be provided when initial screening and/or performance behaviors indicate a deficiency or dysfunction in communication.

9.5 Standardized, educational assessments and an Individual Education Plan shall be completed or updated on all patients 21 years of age and younger.

9.5.1 Such assessments and plans shall meet the requirements of the State, Federal and local school districts.

9.5.2 Adult patients referred to education services shall be assessed as appropriate and learning goals established in concert with treatment goals.

9.6 An indepth assessment of the patient's leisure interests, skills and aptitudes; social and interpersonal behaviors and skills; communication patterns, style and needs shall be completed in response to a referral for therapeutic recreation, music, art or movement therapy. Such assessments shall include recommendations for future treatment goal focus.

10. A written signed referral from the treatment team is necessary for the initiation of any rehabilitation service, except for open recreation programs.

10.1 A referral is not required for participation in open recreation and socialization activities such as those provided for general fun, relaxation and normalization.

10.1.1 Some means of documenting participation in such programs shall be evident.

11. A progress note at the required intervals shall be documented in the clinical record for each patient for whom a referral to a rehabilitation service has been made.

11.1 A discharge summary note shall be completed at the time of discharge from or discontinuation of a service or program. Such a note shall include a summary of progress in relation to the goal(s) that were established; a statement of current status; and as appropriate, recommendations for continued and/or other programs or services.

12. There shall be an established, written procedure and formula for making budgetary allocations to rehabilitation services, to the departments or programs within Rehabilitation and a mechanism for monitoring expenditures.

12.1 Rehabilitation Services/departments shall be involved in the process of allocating funds for rehabilitation.

12.2 A specific amount of money shall be allocated to Rehabilitation Services on a yearly basis.

12.3 There shall be a clearly defined procedure for regularly providing accounting statements of expenditures and balances.

13. Record keeping shall be adequate for tracking referrals and discharges, verifying attendance and schedules, auditing utilization of services, monitoring and recording patient earnings and such other data as are required for the operation of services and quality assurance.

13.1 All patient work programs shall conform to State and Federal wage and hour regulations.

14. Rehabilitation services shall maintain on-going staff development programs.

14.1 Rehabilitation staff shall receive training and demonstrate competence in handling medical and psychiatric emergencies.

14.2 Engagement in continuing education, professional affiliations, advanced education and research shall be supported and encouraged.

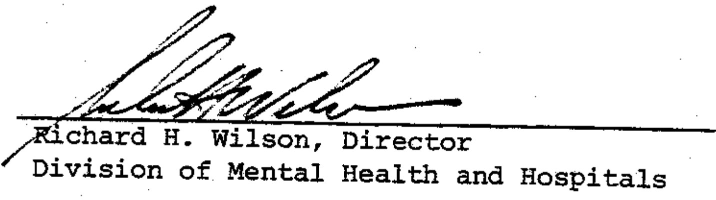
15. Appropriate space, equipment and facilities shall be provided.

15.1 All space, equipment and facilities shall meet Federal, State and local requirements for safety, fire prevention, health and sanitation.

Adapted from:

Fidler, Gail S., Design of Rehabilitation Services in Psychiatric Hospital Settings, Ramsco Publications, Maryland 1982

Consolidated Standards, JCAH, 1981



Richard H. Wilson, Director
Division of Mental Health and Hospitals

RHW:er