

Program: _____

Date of Review: _____

Intensive Day Treatment Service Component Requirements	Requirement Met?	Comments
A. Therapeutic Milieu Continuous hours of operation (May include lunch breaks and other short breaks, but these breaks are not counted in the continuous hours calculation)		
Full Day=>4 hours per day	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Half Day=3 hours per day minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Community Meetings Minimum of one per day Staffing mandates: Psychiatrist or licensed/waivered/registered psychologist or clinical social worker or marriage family counselor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Required Therapeutic Components		
Groups Full Day= At least an average of 3 hours/day (15 hours/week) Half Day=At least an average of 2 hours/day (10 hours/week)		
1) Skill Building <ul style="list-style-type: none"> ▪ An organized effort to teach a skill. Examples include but are not limited to: Independent Living, Relationship, Symptom Management skills, Shopping for meal preparation 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Adjunctive Therapies <ul style="list-style-type: none"> ▪ Examples include but are not limited to: Art, Music, Dance, Recreational Therapies 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Psychotherapy Activity (May include Individual, Family, & Group) Staffing mandates <ul style="list-style-type: none"> ▪ Psychiatrist or licensed/waivered/registered psychologist, clinical social worker, marriage family therapist ▪ Program participants can be pulled out for individual therapy during scheduled group time. ▪ Examples include but are not limited to: Sex offenders, Self-esteem, Dual Dx, Men's/Women's, Anger Management groups 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Intensive Day Treatment Service Component Requirements	Requirement Met?	Comments
D. Optional Groups		
1) Process Group <ul style="list-style-type: none"> ▪ Does not require licensed staff but does require MHRS. ▪ Examples include but are not limited to: Communication group, Responsibility group 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Other Mandated Service Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1) One Contact Per Month With Significant Support Person <ul style="list-style-type: none"> ▪ For adults, available as a choice only 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Crisis Response Protocol	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Published Schedule of Weekly Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Staffing Ratios: 1:8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Staffing Requirements One MD, licensed/waivered PhD, MFT or LCSW, mandatory for continuous hours of day treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
At least one person from the following list to meet 1:8 ratio: MD; licensed/waivered/registered PhD, MFT, LCSW or RN; LVN; Psych Tech; Occupational Therapist; MHRS.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Daily Attendance Log Documenting Those Present Or Absent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Certification Findings		
Does program meet Intensive Treatment Requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Plan of Correction (POC) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date POC must be submitted to MHP:
Explain deficiencies:		

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A. Therapeutic Milieu Continuous hours of operation (May include lunch breaks and other short breaks but these breaks are not counted in the continuous hours calculation)		
Full Day=>4 hours per day	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Half Day=3 hours per day minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Community Meetings Minimum of one per day	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Required Therapeutic Components		
Groups Full Day= At least an average of 3 hours/day (15 hours/week) Half Day= At least an average of 2 hours/day (10 hours/week)		
1) Skill Building <ul style="list-style-type: none"> ▪ An organized effort to teach a skill. Examples include but are not limited to: Independent Living, Relationship, Symptom Management skills, Shopping for meal preparation 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Adjunctive Therapies <ul style="list-style-type: none"> ▪ Examples include but are not limited to: Art, Music, Dance, Recreational therapies 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3a) Process Group <ul style="list-style-type: none"> ▪ Does not require licensed staff but does require MHRS. ▪ Examples include but are not limited to Communication group, Responsibility group 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OR		
3b) Psychotherapy Activity (May include Individual, Family, & Group) Staffing mandates: <ul style="list-style-type: none"> ▪ Psychiatrist or licensed/waivered/registered psychologist or clinical social worker or marriage family counselor ▪ Program participants can be pulled out for individual therapy during scheduled group time. ▪ Examples include but are not limited to; Sex offenders, Self-esteem, Dual Dx, Men's/Women's, Anger Management groups 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Day Rehabilitation Service Component Requirements	Requirement Met?	Comments
D. Other Mandated Service Requirements		
1) One Contact Per Month With Significant Support Person ▪ For adults available as a choice only	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Crisis Response Protocol	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Published Schedule Weekly Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Staffing Ratios: 1:10	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Staffing Requirements One of the following for each 10 beneficiaries: MD; licensed/waivered, PhD, MFT, LCSW; RN; LVN; Psych Tech; Occupational Therapist; MHRS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Daily Attendance Log Documenting Those Present Or Absent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Certification Findings		
Does program meet Day Rehabilitation Treatment Requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Plan of Correction (POC) required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date POC must be submitted to MHP:
Explain deficiencies: _____ _____ _____ _____		