DAY TREATMENT AND TRAINING, ADULT

Service Description

A service that provides specialized sensory-motor, cognitive, communicative, social interaction and behavioral training to promote skill development for some portion of a 24-hour day.

Service Requirements and Limitations

1. This service shall not be provided in a group home or a developmental home (child or adult).

2. This service shall not be provided when the consumer is hospitalized.

3. This service shall not be provided to consumers living in skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

4. Day program services are provided in a Qualified Vendor owned or leased setting, where the majority of the individuals have disabilities and are supervised by paid Qualified Vendor staff. The setting must be inspected/approved by the Department's Office of Licensing, Certification, and Regulation.

5. The primary use of the setting shall be for the operation of a day program, not as a permanent residence. Exceptions to this requirement must be approved by District Program Manager/designee.

6. Service is considered to be habilitation.

Service Goals and Objectives

Service Goals

1. To provide training and supervision for the consumer to increase or maintain his/her socialization and adaptive skills to reside and participate successfully in his/her own community.

2. To develop positive relationships and support for consumers and their families.

3. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.

4. To assist the consumer in developing skills to achieve and maintain a quality of life that promotes the consumer’s vision of the future.
5. To provide opportunities for consumers to participate in meaningful age-appropriate activities and experience new activities.

Service Objectives

The Qualified Vendor shall ensure the following are met:

1. In accordance with the consumer’s ISP processes, assist in developing an individualized support plan, including:
   
   1.1 Establishing individualized, time-limited training functional outcomes that are based on assessment data and input from the consumer and the consumer’s representative that will allow the consumer to achieve his/her long term vision.
   
   1.2 Developing strategies for habilitative functional outcomes within ten (10) business days after initiating service. The specific training strategy for each functional outcome shall identify the schedule for implementation, frequency of services, data collection methods, and teaching strategies.
   
   1.3 Based upon the presence or absence of measurable progress, make changes to specific training functional outcome(s) and/or strategies, as agreed upon by the ISP team.
   
2. As identified in the consumer’s ISP, provide training and/or assistance such as:
   
   2.1 Assistance and training related to personal and physical needs and routine daily living skills;
   
   2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
   
   2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer’s primary care physician or medical specialist;
   
   2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
   
   2.5 Mobility training, alternative or adaptive communication training;
   
   2.6 Providing general supervision to the consumer;
2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and

2.8 Assisting consumers in utilizing community transportation resources to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities, etc., as identified within the consumer’s ISP.

3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.

5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.

6. Provide transportation necessary to support program activities.

7. Develop, at a minimum, a monthly on-site/community integrated schedule of daily activities and document consumers’ direct input into the schedule. Daily activities and schedules are based on consumer choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.

8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools, are coordinated to meet the needs of the consumers served.

9. When appropriate, include opportunities for consumers to experience work-related activities as part of habilitative learning functional outcomes. Consumers who demonstrate the work-related skill should be referred to their ISP team for considering the addition of an employment outcome to their ISP.

10. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of consumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.
Service Utilization Information

1. Typical utilization by consumer varies. The maximum limit of participation is seven (7) units per day; direct service time associated with providing transportation to/from the program is included in the “Flat Trip Rate for Regularly Scheduled Daily Transportation” rate. Typical programs operate during the weekdays, Monday through Friday, and program sites are generally open during typical work day hours, except for holidays.

2. A number of consumers do not want or demand a full-time option. It is the responsibility of the ISP team and the Qualified Vendor to determine the consumer’s anticipated attendance, and their schedule as part of the initial service planning and referral.

3. This service has typically been provided at the 1:2.5 to 1:4.5 staff to consumer ratio. Higher ratios may be used based on the collective needs of the consumers. Lower ratios must be specifically authorized by the District’s Program Manager/designee based on the needs of the consumers.

4. Children shall be provided service separately through the age of 15 (fifteen). Upon age 16 (sixteen), transition plans may be individually developed, and may permit the inclusion into an adult program with adults with parental consent.

Rate Basis

1. Published. The published ratio rate is based on the ratio of total direct service staff hours with consumers present at the program to total consumer hours.

2. The Division established a separate rate for this service in the rural areas of the state. This modified rate has a premium over the standard rate for this service. The Qualified Vendor shall bill the Division this modified rate only after it receives authorization from the DDD Program Administrator / Manager or designee.

3. The Division established a separate rate for this service to behaviorally or medically intense consumers. Special authorization for these consumers is required by the DDD Program Administrator / Manager or designee. The hours for these consumers and the direct service staff hours related to the behaviorally or medically intense consumers shall not be considered in determining the overall program staffing ratio for the remaining consumers.

Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division’s Policies and Procedures Manual, Billing Manual, RateBook, and/or other provider resources made available by the Division.
Direct Service Staff Qualifications

The direct service staff shall have at least three (3) months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of each consumer’s ISP on file and make it available to the consumer/family/consumer’s representative and/or Division upon request.

2. The Qualified Vendor shall submit quarterly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer’s progress toward achievement of the established functional outcomes within thirty (30) days after the close of the quarter to the consumer’s support coordinator and the consumer/family/consumer’s representative, if requested.

3. The Qualified Vendor must keep a record of each consumer’s attendance, including time of arrival and departure. The time begins when the Qualified Vendor assumes responsibility for the consumer and ends when the Qualified Vendor ends this responsibility.

4. For direct service staff, the Qualified Vendor must keep daily records of the number of hours each direct service staff spends providing direct services to consumers in the program. Only the time when consumers are present at the program shall be counted as direct service. Time for behaviorally or medically intense consumers with specially authorized staffing shall be recorded separately.

5. The Qualified Vendor shall have a monthly schedule of planned activities posted at all times.

6. Best Practices will require advance notice of the activity schedule to consumer participants.

7. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division