

DEPARTMENT OF BEHAVIORAL HEALTH**NOTICE OF FINAL RULEMAKING**

The Interim Director of the Department of Behavioral Health (Department), pursuant to the authority set forth in Sections 104(8) and 105(5) of the Mental Health Service Delivery Reform Act of 2001, effective December 18, 2001 (D.C. Law 14-56; D.C. Official Code §§ 7-1131.04(8) and 7-1131.05(5) (2018 Repl.)), and Sections 5117 and 5118 of the Department of Behavioral Health Establishment Act of 2013, effective December 24, 2013 (D.C. Law 20-61; D.C. Official Code §§ 7-1141.06 and 7-1141.07 (2018 Repl.)), hereby gives notice of the adoption of the following amendments to Chapters 34 (Mental Health Rehabilitation Services Provider Certification Standards) and 39 (Psychosocial Rehabilitation Clubhouse Certification Standards) of Subtitle A (Mental Health) of Title 22 (Health) of the District of Columbia Municipal Regulations (DCMR).

This Final Rulemaking to Chapters 34 and 39 alters current certification requirements restricting a Psychosocial Rehabilitation Clubhouse (Clubhouse) from legally operating in the District; reduces the limitations imposed on a Clubhouse as a variant of the Mental Health Rehabilitation Service (MHRS) Community Support Service; and responds to a need in the District to expand the continuum of care for consumers. These amendments will also create new certification standards for a MHRS Clubhouse. Psychosocial Rehabilitation Clubhouse services assist individuals with behavioral health diagnoses in social networking, independent living, budgeting, self-care, and other skills that affect their ability to live in the community and secure and retain employment. Clubhouses that operate in accordance with established standards coordinated by Clubhouse International have proved to be effective throughout the world.

The current regulations prevent new providers of Clubhouse services from legally operating in the District. Chapter 39 requires a potential provider to obtain Department certification prior to delivering Clubhouse services, which would only be issued if the provider is accredited by the International Center for Clubhouse Development, or its successor, Clubhouse International. Since accreditation by Clubhouse International requires a provider to operate as a Clubhouse for at least two years, no new provider of Clubhouse services could legally operate in the District. Chapter 39 also requires a Clubhouse be operated by a core service agency with current certification by the Department. The amendments would eliminate both of these hurdles.

In addition, the rulemaking would change how Clubhouse services are reimbursed. In the past year, the Department, MHRS providers and stakeholders engaged in discussions to identify areas where the regulations could improve to better serve individuals with behavioral health diagnoses. The Department, MHRS providers and stakeholders found Clubhouse services to be an alternative service to Rehabilitation/Day Services, and concluded that the Clubhouse model is best conceived as an independent specialty service, rather than a variant of Community Support Services. The reimbursement model for Clubhouse services are thus amended to parallel the model for Rehabilitation/Day Services, which use a per diem rate rather than a fifteen (15) minute rate.

A Notice of Emergency and Proposed Rulemaking was published on January 11, 2019 at 66 DCR 000508. DBH did not receive any comments and one technical change was made to the emergency and proposed rulemaking. In § 3905.2, the referenced section, § 3911, was changed to § 3912, which is the correct reference for the training section. This rule was adopted as final on April 3, 2019 and will be effective on the publication of this notice in the *D.C. Register*.

Chapter 34, MENTAL HEALTH REHABILITATION SERVICES PROVIDER CERTIFICATION STANDARDS, of Title 22-A DCMR, MENTAL HEALTH, is amended to read as follows:

Section 3402, SERVICE COVERAGE, is amended by amending § 3402.4 to read as follows:

3402.4 Rehabilitative services covered as MHRS are:

- (a) Diagnostic/Assessment;
- (b) Medication/Somatic Treatment;
- (c) Counseling;
- (d) Community Support;
- (e) Crisis/Emergency;
- (f) Rehabilitation/Day Services;
- (g) Intensive Day Treatment;
- (h) CBI;
- (i) ACT; and
- (j) Psychosocial Rehabilitation Clubhouse.

Section 3407, TREATMENT PLANNING PROCESS, is amended by amending § 3407.1 to read as follows:

3407.1 Each CSA shall coordinate the treatment planning process for its enrolled consumers, except that the treatment planning process for consumers authorized to receive:

- (a) CBI shall be coordinated by the consumer's CBI provider;
- (b) ACT services shall be coordinated by the consumer's ACT provider; and

- (c) Psychosocial Rehabilitation Clubhouse (Clubhouse) services shall be coordinated by the member's Clubhouse provider, if the member is not linked with a CSA, CBI, or ACT provider.

Section 3418, COMMUNITY SUPPORT, is amended by repealing § 3418.13 in its entirety.

Section 3499, DEFINITIONS, is amended by amending § 3499.1 as follows:

The definition of "specialty services" is amended to read as follows:

Specialty services – Assertive Community Treatment, Community-Based Interventions, Clubhouse, Crisis Intervention/Emergency, Intensive Day Treatment, and Rehabilitation/Day Services.

The following new definitions are added as follows in alphabetical order:

Member – a consumer who has joined a Psychosocial Rehabilitation Clubhouse.

Psychosocial Rehabilitation Clubhouse or Clubhouse – MHRS specialty services that assist individuals with behavioral health diagnoses to develop social networking, independent living, budgeting, self-care, and other skills that will assist them to live in the community and to prepare for securing and retaining employment. A Clubhouse shall operate in accordance with established standards coordinated by Clubhouse International (<http://clubhouse-intl.org/resources/quality-standards/>), which have proved to be effective throughout the world.

Chapter 39, MENTAL HEALTH CLUBHOUSE CERTIFICATION STANDARDS, is amended in its entirety to read as follows:

CHAPTER 39 PSYCHOSOCIAL REHABILITATION CLUBHOUSE CERTIFICATION STANDARDS

3900 PSYCHOSOCIAL REHABILITATION CLUBHOUSE CERTIFICATION STANDARDS

3900.1 This chapter establishes the requirements and process for obtaining and maintaining certification to provide mental health rehabilitation services as a Psychosocial Rehabilitation Clubhouse (Clubhouse) in the District of Columbia. Clubhouse services:

- (a) Are structured, specialty services provided primarily in a group rehabilitative setting;

- (b) Utilize behavioral, cognitive or supportive interventions to improve a member's potential for establishing and maintaining social relationships and obtaining occupational or educational achievements; and
 - (c) Are provided in a collaborative environment where Clubhouse staff and members work side by side.
- 3900.2 Clubhouse participants are referred to collectively as "members" and each individually as a "member."
- 3900.3 Clubhouse members, with staff assistance, shall:
 - (a) Operate all aspects of the Clubhouse, including food service, clerical, reception, janitorial, and other member supports and services such as employment, housing, and education;
 - (b) Participate in the day-to-day decision-making and governance of the Clubhouse; and
 - (c) Plan community projects and activities to engage members in the community.
- 3900.4 Each Clubhouse shall be organized through a Work-Ordered Day in accordance with Clubhouse Standards. The goal of the Work-Ordered Day, including all Clubhouse decision-making opportunities and activities, shall be for the members to achieve or regain the confidence and skills necessary to lead vocationally-productive and socially-satisfying lives.
- 3900.5 A Clubhouse shall be:
 - (a) Organized and operated in accordance with the International Standards for Clubhouse Programs established by Clubhouse International, as amended from time to time;
 - (b) Certified by the Department as a Clubhouse in accordance with the requirements of this chapter;
 - (c) In compliance with the qualification standards described in § 3410 of this subtitle and the certification standards as required by this chapter, except an affiliation agreement with a CSA is not necessary for the provision of Clubhouse services; and
 - (d) Currently accredited by Clubhouse International as a Clubhouse, or during its first thirty (30) months of operation, have applied for Clubhouse International accreditation as a Clubhouse and be declared by Clubhouse

International to be in reasonable compliance with the Clubhouse International accreditation action plan.

- 3900.6 A Clubhouse specialty provider shall establish and adhere to policies and procedures governing its relationship with a CSA, which address access to records, clinical responsibilities, legal liability, dispute resolution, and all other MHRS certification standards (CSA Referral Policy).
- 3900.7 A Clubhouse specialty provider shall establish and adhere to policies and procedures governing its collaboration with the referring CSA in the development, implementation, evaluation, and revision of each consumer's Plan of Care that comply with DBH rules (Collaboration Policy). The Collaboration Policy shall:
- (a) Be a part of each Clubhouse's Plan of Care Review Policy;
 - (b) Require sub-providers and specialty providers to incorporate CSA-developed Diagnostic/Assessment material into the sub-provider and specialty provider's Plan of Care process; and
 - (c) Require Clubhouse providers to coordinate the member's treatment with the member's primary treatment team.
- 3900.8 Each Clubhouse specialty provider shall offer access or referrals to core and specialty services, as clinically indicated.
- 3900.9 Each Clubhouse specialty provider with total annual revenues at or exceeding three hundred thousand dollars (\$300,000) shall have an annual audit by a certified public accounting firm in accordance with generally accepted auditing standards. The resulting financial audit report shall be consistent with formats recommended by the American Institute of Public Accountants. Each Clubhouse specialty provider shall submit a copy of the financial audit report to DBH ninety (90) days after the end of the fiscal year.
- 3900.10 Each Clubhouse specialty provider with total annual revenues less than three hundred thousand dollars (\$300,000) shall submit financial statements reviewed by an independent certified public accounting firm one hundred twenty (120) days to DBH after the end of the fiscal year.
- 3900.11 Each Clubhouse specialty provider shall have the capability to submit timely and accurate claims, encounter data, and other necessary submissions directly to the DBH contract management system.
- 3900.12 DBH shall review and approve the CSA Referral Policy and the Collaboration Policy upon certification and recertification.

3901 CERTIFICATION APPLICATION

- 3901.1 No person shall operate a Psychosocial Rehabilitation Clubhouse unless certified in accordance with this chapter.
- 3901.2 An organization seeking certification from the Department as a Clubhouse shall submit an application to the Department in the format established by the Department. The completed application shall include:
- (a) Evidence of current accreditation as a Clubhouse by Clubhouse International, or, for the first thirty (30) months of operation, evidence of having applied for Clubhouse International accreditation as a Clubhouse and having been declared by Clubhouse International to be in reasonable compliance with the Clubhouse International accreditation action plan; and
 - (b) Other evidence that may be required by the Department.
- 3901.3 Applications for certification as a Clubhouse shall be processed by the Department in accordance with the rules established for MHRS certification set forth in § 3401 of this subtitle.
- 3901.4 Certification as a Clubhouse is effective for a maximum of two (2) calendar years from the date of issuance of certification by the Department, subject to the provider's continuous compliance with the certification requirements in this chapter and the following limitations:
- (a) Certification shall remain in effect until it expires, or is renewed or revoked;
 - (b) Certification shall specify the effective date of the certification, which shall be included on the Clubhouse certification;
 - (c) For new Clubhouse providers that are not yet accredited by Clubhouse International but are seeking accreditation, department certification shall be for one (1) calendar year, which can be renewed for a total of up to three (3) years; and
 - (d) For existing providers accredited by Clubhouse International and seeking renewal, certification shall be for two (2) calendar years.
- 3901.5 Certification is not transferable to any other organization.

3902 CERTIFICATION REQUIREMENTS

- 3902.1 A Clubhouse providing services to members shall comply with all of the requirements set forth in Chapter 34 of this subtitle except for the requirements set forth in §§ 3408, 3410.7, 3410.9, 3410.12-3410.15, 3410.16, 3410.18, 3410.20, 3410.24, 3410.28(d), 3410.31(c), 3411, 3412, and 3415-3423.
- 3902.2 In addition to complying with the requirements set forth in § 3410.27 of this subtitle, each Clubhouse specialty provider Quality Improvement (QI) program shall be directed by a coordinator (QI Coordinator) who is a qualified practitioner and who has direct access to the Chief Executive Officer of the Clubhouse. The QI Coordinator shall review unusual incidents, deaths, and other sentinel events, monitor and review utilization patterns, and track consumer complaints and grievances. The QI Coordinator shall also collect and submit clinical outcome data using the process, timeline and tools specified or approved by DBH.

3903 CLUBHOUSE SERVICES ELIGIBILITY

- 3903.1 To be eligible for Clubhouse services, a consumer shall:
- (a) Be eligible for MHRS services in accordance to Chapter 34; and
 - (b) Be at least eighteen (18) years of age.

3904 CLUBHOUSE SERVICES

- 3904.1 Clubhouse services are primarily rehabilitative in nature. Clubhouse services assist individuals with behavioral health diagnoses to develop social networking, independent living, budgeting, self-care, and other skills that will assist them to live in the community and to prepare for securing and retaining employment.
- 3904.2 Services within the Clubhouse may be delivered through individual (one-to-one) or group interaction between staff and members within the Clubhouse setting. Experiential opportunities through operating and maintaining the Clubhouse should include all of the formal activities engaged in during the Work-Ordered Day.
- 3904.3 A Clubhouse shall provide members with coping and wellness strategies to improve functioning through experiential learning opportunities, peer and professional support, and psycho-education. Areas of focus include:
- (a) Identification and management of situations and prodromal symptoms to reduce the frequency, duration, and severity of psychological relapses;
 - (b) Competence responding to a psychiatric crisis;

- (c) Competence in understanding the role psychotropic medication plays in the stabilization of the members' well-being;
- (d) Independent living competencies (such as self-care, cooking, money management, personal grooming, and maintenance of living environment);
- (e) Social and interpersonal abilities (such as conversational competency, developing or maintaining a positive self-image, and the ability to evaluate the motivations and feelings of others to establish and maintain positive relationships);
- (f) Personal adjustment abilities to reduce dependency on professional caregivers and to enhance independence (such as stress management, leisure time management, coping with symptoms of mental illness);
- (g) Cognitive and adult role competency (such as using task-oriented activities to develop and maintain cognitive abilities or to maximize adult role functioning by improving attention, concentration, and memory, enhancing the ability to learn and establishing the ability to develop empathy);
- (h) Identification and development of organizational support (such as sustaining personal entitlements, locating and using community resources or other supportive programs); and
- (i) Identification and development of existing natural supports for addressing personal needs (such as families, employers, and friends).

3905 CLUBHOUSE STAFF

- 3905.1 A provider of Clubhouse services must have one or more staff persons certified by the Psychiatric Rehabilitation Association (PRA) as a Certified Psychiatric Rehabilitation Practitioner (CPRP) or that have an equivalent certification.
- 3905.2 Any staff members who have not been certified from the PRA as a CPRP must have at least a bachelor's level degree or two (2) years of work experience providing psychiatric rehabilitation services, and have received the training required by § 3912 of this chapter.
- 3905.3 Staffing ratios must comply with Clubhouse Standards.
- 3905.4 Clubhouse services may be provided by a team of staff that is responsible for an assigned group of consumers, or by staff who are individually responsible for assigned consumers.

- 3905.5 Clubhouse staff who are credentialed must be supervised by a Qualified Practitioner (QP) who is a psychiatrist, psychologist, licensed independent clinical social worker, and licensed professional counselor.
- 3905.6 Each Clubhouse shall satisfy the following minimum staffing requirements:
- (a) A Chief Executive Officer with professional qualifications and experience, who shall meet the requirements as established by the MHRS provider's governing authority, and is responsible for day-to-day management of the MHRS provider;
 - (b) A Consulting Psychiatrist who is a physician that has completed all training in a program in psychiatry accredited by the Accreditation Council for Graduate Medical Education, approved by the American Board of Psychiatry and Neurology, Inc., or who is board-certified in psychiatry and advises the specialty provider on the quality of medical and psychiatric care provided;
 - (c) A Clinical Director who is a qualified practitioner with overall responsibility for oversight of the clinical program of the specialty provider; and
 - (d) The required staff listed in this subsection shall be either employees of the Clubhouse specialty provider or under contract to the Clubhouse specialty provider for an amount of time sufficient to carry out the duties assigned.

3906 DISTRICT REIMBURSEMENT LIMITATIONS

- 3906.1 Clubhouse treatment duration varies but generally last up to one hundred eighty (180) days. Clubhouse treatment can continue long-term in accordance with the Plan of Care for individuals experiencing ongoing rehabilitation needs. Clubhouse services may be reimbursed according to the consumer's Human Care Agreement (HCA) with the Department and medical necessity.
- 3906.2 The Department shall reimburse Clubhouse specialty providers for clubhouse services at a per diem rate. The services will only be reimbursable if the following requirements are met:
- (a) The member has engaged in at least three (3) hours of Clubhouse services per day; and
 - (b) A daily encounter note documenting the services provided to the member was prepared per day in accordance with § 3907.3 of this chapter.
- 3906.3 Clubhouse services require a Plan of Care.

- 3906.4 Clubhouse services may not be reimbursed for the same consumer on the same day as Rehabilitation/Day Services or Intensive Day Treatment.
- 3906.5 The District shall only reimburse one Clubhouse on behalf of each consumer per one hundred eighty (180) day period.
- 3906.6 In accordance with § 3425 of this subtitle, certain services may not be reimbursed through Medicaid.

3907 DOCUMENTATION REQUIREMENTS

- 3907.1 Each Clubhouse shall establish and adhere to policies and procedures concerning documentation, retention, maintenance, purging and destruction of clinical and rehabilitative records; security, confidentiality, and disclosure of consumer and family information that comply with applicable federal and District laws and regulations (Rehabilitation Records Policy). The Rehabilitation Records Policy shall:
- (a) Require the Clubhouse to maintain all clinical and rehabilitative records in a secured and locked storage area;
 - (b) Require the Clubhouse to maintain and secure a current, clear, organized, and comprehensive clinical and rehabilitative record for every individual assessed, treated, or served by the Clubhouse, including information deemed necessary to provide treatment or protect the Clubhouse, in a manner that complies with applicable federal and District laws and regulations; and
 - (c) Set forth requirements for documentation maintained in the clinical and rehabilitative record.
- 3907.2 The following documents shall be included in each member's clinical record:
- (a) Current behavioral health assessment;
 - (b) Referral source and reason for referral;
 - (c) Current Plan of Care prepared by the Clubhouse and if applicable, the Plan of Care prepared by the CSA in accordance with §§ 3407-3408 of this subtitle that includes a recommendation for Clubhouse services;
 - (d) Identifying information about the member, including enrollment information;
 - (e) Identification of individuals to be contacted in the event of emergency;

- (f) Basic screening and intake information;
- (g) Advance instructions and advance directives;
- (h) Methods for addressing the member's and his or her family's special needs, especially those which relate to communication, cultural, and social factors;
- (i) Detailed description of services provided;
- (j) Encounter notes as required by § 3907.3 of this chapter;
- (k) Discharge planning information;
- (l) Appropriate consents for service;
- (m) Appropriate release of information forms; and
- (n) A Consumer Rights Statement signed by the member, or if applicable, the member's guardian.

3907.3

The Clubhouse staff shall write a daily encounter note at the end of each member's session with the member encouraged but not required to participate in its drafting. The daily encounter note shall:

- (a) Identify the activities performed to enhance or support the member's rehabilitation in social, educational, and pre-vocational domains;
- (b) Identify what supportive interventions or activities were used to improve a member's potential for establishing and maintaining social relationships or obtaining occupational or educational achievements;
- (c) Document the member's response to that day's experience, including the choices of and perceptions by the member regarding the service(s) provided;
- (d) Demonstrate a relationship between the activities and interventions identified in the encounter note to at least one rehabilitation goal listed in the Plan of Care;
- (e) Include the arrival and departure time of the member; and
- (f) Be signed and dated by the staff member making the entry, and at the member's discretion, the member participating in the service.

- 3907.4 The Clubhouse shall provide the member's referring agency, if applicable, with a copy of the member's Plan of Care and any updates to the Plan of Care.
- 3907.5 The Clubhouse shall ensure that that all clinical and rehabilitative records of members are completed promptly, filed, and retained in accordance with the Clubhouse's Rehabilitation Records Policy.
- 3907.6 The member's referring agency shall provide the Clubhouse the member's current Plan of Care and any updates to the Plan of Care.

3908 CLUBHOUSE REFERRALS

- 3908.1 Referrals to the Clubhouse may be made by a CSA, family member, advocates, other service providers, or by the consumer.
- 3908.2 Referrals from a CSA shall be made in writing and include the following information:
- (a) Current Plan of Care;
 - (b) Current behavioral health assessment;
 - (c) Contact information for the consumer, including emergency contact information (family member, friend or guardian as applicable);
 - (d) Crisis Plan for the consumer (if available); and
 - (e) Advance Directives or instructions as described in § 3405.6 of this subtitle (if available).
- 3908.3 Self-referrals, referrals from a relative, other service provider or advocate shall be made in writing and include the following information:
- (a) Name of the person's CSA or current behavioral health service provider (if applicable);
 - (b) Current behavioral health assessment (if available);
 - (c) Contact information, including emergency contact information (relative, friend or guardian as applicable);
 - (d) Crisis Plan (if available); and
 - (e) Advance Directives or instructions (if available).

3908.4 A person enrolled with a CSA must have a behavioral health assessment and a Plan of Care that includes Clubhouse services in order to participate in the Clubhouse.

3908.5 A Clubhouse shall establish and adhere to policies and procedures governing its collaboration with a referring CSA in the development, implementation, evaluation, and revision of each member's Plan of Care, as appropriate, that comply with the Department rules (Collaboration Policy). The Collaboration Policy shall:

- (a) Be part of the Clubhouse's Plan of Care Review Policy as described in § 3911.5 of this chapter;
- (b) Require the Clubhouse to incorporate CSA-developed Diagnostic/Assessment material into the rehab development process; and
- (c) Require the Clubhouse to coordinate the consumer's program with the consumer's primary treatment team.

3909 PLAN OF CARE DEVELOPMENT PROCESS

3909.1 The Plan of Care development process for members shall, at a minimum, include:

- (a) The completion of a Diagnostic/Assessment service and required components as described in § 3415 of this subtitle, unless the referral comes from a CSA, in which case the CSA may provide the Diagnostic/Assessment report;
- (b) Development of a Plan of Care as described in § 3910 of this chapter;
- (c) Consideration of the member's beliefs, values, and cultural norms in how, what, and by whom Clubhouse services are to be provided; and
- (d) Consideration, screening and assessment of the member for treatment via other appropriate evidence-based practices (EBP) offered through DBH MHRS providers.

3909.2 Court-appointed guardians for members, if applicable, shall be involved in the Plan of Care planning process. Family members and significant others of adult members may participate in the Plan of Care planning process to the extent that the adult member consents to the involvement of the family member and significant other.

3909.3 The Plan of Care shall be developed by the Clubhouse in accordance with the member's existing MHRS Plan of Care for those members enrolled in a CSA and in cooperation with other specialty providers if applicable.

3909.4 The Clubhouse Plan of Care shall be developed by the Clubhouse for those members not enrolled in a CSA or other specialty provider.

3910 PLAN OF CARE DEVELOPMENT

3910.1 Each Plan of Care shall:

- (a) Be person-centered;
- (b) Include the member's self-identified recovery goals; and
- (c) Provide for the delivery of services in the most normative, least restrictive environment that is appropriate for the member.

3910.2 The approval of the initial Plan of Care, as demonstrated by the electronic signature and date stamp of an independently licensed qualified practitioner, shall occur within thirty (30) calendar days from when the provider obtains consent to treatment from the member.

3910.3 Each Clubhouse specialty provider shall develop and maintain a complete and current Plan of Care for each enrolled member.

3910.4 The Plan of Care shall include the following elements:

- (a) An overall broad, long-term goal statement(s) that captures the member's short and long term goals for the future, ideally written from the member's perspective;
- (b) A list or statement of individual and family strengths that support goal accomplishment, including abilities, talents, accomplishments, and resources;
- (c) A list or statement of barriers that pose obstacles to the member's ability to accomplish the stated goal(s), including symptoms, functional impairments, lack of resources, consequences of substance use disorder and other challenges, which help to substantiate the medical necessity for treatment and recovery interventions;
- (d) Objective statements that identify the short-term changes in behavior, function or status that overcome the identified barriers and are building blocks toward the eventual accomplishment of the long-term goal(s) and describe outcomes that are measurable and include individualized target dates to be accomplished within the scope of the plan; and

- (e) Intervention statements that describe the Clubhouse opportunities and interventions intended to reduce or eliminate the barriers identified in the Plan of Care and support objective and eventual goal accomplishment, including natural support interventions and the non-billable supports delivered by resources outside of the formal behavioral health service-delivery system.

3911 PLAN OF CARE IMPLEMENTATION

- 3911.1 Clubhouse assigned staff and the member shall discuss the Plan of Care on an ongoing basis. An encounter note describing the member's response to, participation in and agreement to the Plan of Care shall be recorded in the member's clinical record.
- 3911.2 In situations where the member does not demonstrate the capacity to sign or does not sign the Plan of Care, the reasons the member does not sign shall be recorded in the member's clinical record, including each date when signature was attempted.
- 3911.3 An independently licensed qualified practitioner shall approve and sign the Plan of Care each time it is reviewed and updated.
- 3911.4 Documentation of participation of the member's court-appointed guardian, family and significant others in the development of the Plan of Care shall also be included in the members's clinical record, as appropriate.
- 3911.5 Each Clubhouse provider shall develop policies and procedures for the Plan of Care review (Plan of Care Review Policy), which shall:
 - (a) Include procedures for reviewing each member's Plan of Care and ensuring that the plan contains Goals, Objectives and Interventions designed to meet the Treatment Goals set forth in the Plan of Care with respect to the provision of Clubhouse services to the member; and
 - (b) Require that the Plan of Care be reviewed and updated every one hundred eighty (180) days and at any time there is a significant change in the member's condition or situation, which reflects progress toward or the lack of progress toward the treatment or recovery goals. The Plan of Care may be reviewed more frequently, as necessary, based on the member's progress or circumstances.
- 3911.6 In addition to the requirements of § 3907.4 of this chapter, each Clubhouse shall provide a copy of the Plan of Care for each member when updated to:
 - (a) The member;

- (b) Legal guardian (if applicable); and
- (c) Anyone designated by the member.

3912 CLUBHOUSE STAFF TRAINING REQUIREMENTS

3912.1 A staff member shall receive training in accordance with the Clubhouse Standards before he or she may work independently with a member.

3912.2 A Clubhouse provider shall have a current written plan for staff development and organizational onboarding, which shall be approved by the Department, that reflects the training and performance improvement needs of all employees working in that Clubhouse. The plan shall address the steps the Clubhouse provider will take to ensure the recruitment and retention of highly qualified employees and the reinforcement of staff development through training, supervision, the performance management process, and activities such as shadowing, mentoring, skill testing and coaching. The plan shall include culturally competent training and onboarding activities in the following core areas:

- (a) The program's approach to addressing psychosocial rehabilitation services, including philosophy, goals, and methods;
- (b) The staff member's specific job description and role in relationship to other staff;
- (c) Emergency preparedness plan and all safety-related policies and procedures;
- (d) The proper documentation of services in individual member records, as applicable;
- (e) Policies and procedures governing infection control, protection against exposure to communicable diseases, and the use of universal precautions;
- (f) Laws and policies governing confidentiality of client information and release of information;
- (g) Laws and policies governing reporting abuse and neglect;
- (h) Consumer rights; and
- (i) Other trainings deemed necessary and communicated by the Department.

Education, approved by the American Board of Psychiatry and Neurology, Inc., or who is board-certified in psychiatry. A Psychiatrist is a qualified practitioner.

Qualified Practitioner – a Qualified Practitioner is a behavioral health clinician appropriately licensed by the jurisdiction where services are delivered and who may practice MHRS independently within the scope of their license.

Rehabilitation plan – the plan developed to provide services to Clubhouse members in accordance with ICCD standards.

Specialty services - ACT, CBI, Clubhouse, Crisis Intervention/Emergency, Psychosocial Rehabilitative Clubhouse, Intensive Day Treatment, and Rehabilitation/Day Services.

Work-Ordered Day – the structure of the day-to-day activity within a Clubhouse, organized to help members develop self-esteem, confidence and friendships, which make up the foundation of the recovery process. The general concept is that hours of operation mirror those of local businesses, and that the treatment comes with working alongside staff to jointly operate the Clubhouse.