**Section 380.330 Transitional Living Units**

a) Transitional living units shall provide assistance and support to consumers with mental illnesses who have not yet acquired, or who have lost previously acquired, skills needed for independent living and are in need of and can benefit from services in a structured, supervised setting in which the consumer can acquire and practice these skills. The maximum length of stay at a transitional living unit shall be 120 days, and no unit shall be larger than 16 beds.

b) Consumers admitted to a transitional living unit shall:

1) Be in need of transitional living assistance and support as determined by State-authorized assessment, level of service determination, and authorization criteria;

2) Within the past two years, have received a minimum of 60 days of psychiatric hospital care or a minimum of 90 days of institutional care for an exacerbation of serious mental illness;

3) As a result of mental illness, lack critical ADLs or IADLs necessary for living in a less restrictive environment, and require an ongoing structured, supervised therapeutic environment to develop these skills; and

4) Demonstrate an ability to generalize skills and to receive supports from a community provider for transition to a community setting.

c) A consumer who meets the requirements of subsection (b), except for subsection (b)(2), and who receives authorization pursuant to Section 380.200, may be referred to a transitional living unit by a community mental health agency or managed care entity under an ongoing agreement under the following conditions:

1) The referral includes a documented, specific list of skill sets that the consumer needs to acquire;

2) The consumer's documented attempts to develop ADLs and IADLs in the community have been unsuccessful;

3) The consumer has a documented history of chronic homelessness as defined in 24 CFR 578.3 and has been diagnosed with serious mental illness; and

4) The consumer chooses to receive treatment in a transitional living unit, and the consumer's choice has been documented.

d) If a consumer is admitted as a result of a direct transfer from the RSS unit in the facility, and has had a background check within the previous 365 days, a background check under Section 380.180 is not required prior to admission to a transitional living unit.

e) A transitional living unit shall cooperate with a consumer's family, or other persons identified by the consumer, with whom the consumer will live after discharge.

f) A transitional living unit may admit consumers who were hospitalized, if those consumers meet the requirements of subsections (b)(1) through (b)(4) or subsection (c).

g) Transitional living units shall not accept for admission:

1) Anyone younger than 18 years of age;

2) Anyone with a demonstrated sufficient ability to perform ADLs and IADLs well enough to function in a less restrictive environment;

3) Anyone with a primary diagnosis of substance use disorder;

4) Anyone who has one of the medical conditions in Section 380.120(n), requiring active intervention or treatment and a higher level of medical care beyond the capabilities of the transitional living unit;

5) Anyone who is unable to participate in rehabilitation or engage in treatment and services in the transitional living unit;

6) Anyone diagnosed with a traumatic brain injury or diagnosed with dementia;

7) Anyone who presents an imminent risk of harm to himself or to herself, or to others and who is eligible for involuntary commitment under the Mental Health and Developmental Disabilities Code;

8) Anyone who is non-ambulatory; or

9) Anyone who falls under any other restrictions in the Act and this Part, including exclusions from the definition of "consumer" in Section 380.100.

h) Visiting family members who are younger than age 18 shall be accompanied by an adult.

i) Service Requirements

The transitional living unit shall ensure that:

1) An occupational therapist completes a face-to-face assessment within the first week after each consumer's admission. All recommendations, including the services to be offered to the consumer, shall be discussed with the consumer;

2) Each consumer receives 90 minutes of individual occupational therapy or rehabilitation per week, provided by an occupational therapy assistant or a trained RSA and an MHP, and each consumer receives 18 hours of treatment programming per week. The RSA and the MHP shall be trained in evidence-based skills training. The occupational therapy, rehabilitation, and treatment programming shall be documented in the consumer's record and shall be part of each consumer's individualized treatment plan;

3) Treatment planning is conducted in accordance with Section 380.620(a);

4) Consumers receive an ongoing assessment, pursuant to the requirements in Section 380.210(b), of their mental health treatment and training needs related to the ADLs and IADLs. These assessments shall include:

A) Risk assessment and appropriate risk mitigation alternative strategies;

B) Assessing the consumer's ability to manage money; and

C) A cognitive screen related to skill development;

5) Consumers receive adequate case management, including discharge planning, linkage, referral and follow up;

6) Consumers receive appropriate therapeutic interventions, including evidence-based practices of IMR, WRAP, motivational interviewing, cognitive training, and wellness and resilience support development;

7) Consumers undergo intensive training in ADLs and IADLs, including the use of a dietitian or dietetic services supervisor in meal planning and training for individuals with medical diet needs;

8) Consumers receive adequate skill building to facilitate illness self-management through the identification, development and use of individual strengths and natural supports;

9) Consumers receive regular psychiatric evaluations as indicated by changing conditions in the treatment plans, or as part of other authorization processes;

10) Consumers receive adequate medication services, pursuant to the requirements in Section 380.630; and

11) The transitional living unit is capable of performing dual diagnosis services for a consumer, if needed.

j) Staffing requirements

*In no case shall the staffing ratios in* a *transitional living* unit *be less than a staffing ratio of 1.6 hours of direct care for* each consumer [210 ILCS 49/2-102(3)]. For the purposes of this Section, "on site" means being present in the transitional living unit within a facility. For the purpose of computing staff-to-resident ratios, direct care staff shall include the following:

1) An LPHA, who shall provide clinical supervision of the program. The LPHA shall spend at least 30 minutes per week per consumer on site at the transitional living unit and be on the unit at least three days per week;

2) For every consumer, at least 15 minutes of nursing care per day by a registered or licensed practical nurse;

3) At least one CRSS on duty and available for services 90 minutes per consumer per week. Each consumer shall have at least one individual face-to-face discussion with a CRSS within the first week after admission to the transitional living unit, and at least one additional individual, face-to-face discussion prior to discharge or transfer, as well as the opportunity for participation in group and individual meetings to develop his or her wellness recovery action plan. An MHP may substitute for a CRSS if the facility has documented, unsuccessful efforts, at least every six months, to employ a CRSS in compliance with Section 380.130(k);

4) MHPs, who shall be on site and available 24 hours per day, seven days per week to provide mental health and casework services to consumers. The ratio of consumers to MHPs shall not exceed 16 to one.

k) Facility staff shall make documented, scheduled rounds every two hours to the transitional living unit whenever only one staff member is on duty. If the transitional living unit has admitted a consumer who was not already residing in the facility, the rounds when only one staff member is present shall be every hour of the first week of the consumer's admission.

l) RSAs and other staff shall be present as needed to fulfill the service requirements of subsection (i) and any other service requirements of this Part.

m) The transitional living unit shall develop a written emergency response plan that requires, at a minimum that safety personnel be available 24 hours per day and able to respond within five minutes after being contacted by phone. Overnight staff in the transitional living unit shall be trained in the implementation of the emergency response plan.

n) The transitional living unit shall arrange for a psychiatrist to make routine visits. In addition, a psychiatrist shall be on call to the transitional living unit daily and respond on site within 24 hours when deemed necessary by staff.

o) Each transitional living unit shall have a dietitian available who conducts at least one assessment of each consumer within the first week after admission. The dietetic service supervisor shall function as a part of the treatment team, participating in the development of treatment recommendations, advising staff of any dietary concerns, and providing training to direct care staff regarding the development of meal planning, budgeting and cooking skills.

p) The treatment team shall conduct weekly meetings to facilitate cross training to support skill development.

q) A transitional living unit shall maintain collaborative agreements with community mental health agencies, local psychiatric units, and substance abuse providers to facilitate discharge planning.

r) Discharge Planning

1) In conjunction with the consumer and any individual acting on behalf of the consumer at the consumer's request, a minimum of a QMHP shall develop, or supervise the development of, the discharge plan.

2) Discharge planning shall be conducted in conjunction with a community mental health center or other service provider selected by the consumer and shall commence on admission to the transitional living unit.

3) The transitional living unit shall facilitate connection to the community-based behavioral health provider or community-based provider to begin discharge planning within the first month after admission to the transitional living unit to foster the development of, or maintain the treatment relationship with, the community-based behavioral health provider or community-based provider.

4) The discharge plan shall be reviewed with the consumer and any individual acting on behalf of the consumer at the consumer's request and revised as progress indicates. This review shall be conducted a minimum of once every 30 days until discharge.