



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

RECREATIONAL THERAPY ASSESSMENT

Effective Date: November 19, 2015

Policy #: RTS-03

Page 1 of 4

- I. PURPOSE:** To provide procedural guidelines for the provision of Recreational Therapy Assessment and its integration into the Treatment Plan of Montana State Hospital (MSH) patients. To ensure that appropriate Recreational Therapy treatment interventions are provided in a timely manner.
- II. POLICY:**
 - A. A Recreational Therapy Assessment will be initiated by a Licensed Independent Practitioner (LIP) referral and order. The Recreational Therapist will assess the patient's level of functioning, needs, and ability for independence in order to develop a plan to promote health, wellness, and recovery within their lifestyle.
 - B. The Recreational Therapist will adhere to current American Therapeutic Recreation Association (ATRA) standards for the practice of Recreational Therapy. The Recreational Therapist will provide a written report of the assessment, including a summary and recommendations that include patient strengths, abilities, limitations and preferences for treatment.
- III. DEFINITIONS:**
 - A. Recreational Therapy – a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being. Recreational Therapy is a treatment service designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition. Standards for the Practice of Recreational Therapy, (p.1) American Therapeutic Recreation Association (2015).
- IV. RESPONSIBILITIES:**
 - A. Rehabilitation Program Manager – Develop a standard recreational therapy assessment protocol; ensure Recreational Therapists are appropriately trained; supervise the provision of recreational therapy assessments; and monitor the recreational therapy assessment service system. Collaborate with the Director of Quality Improvement in the development and implementation of a quality assurance and improvement program for recreational therapy assessments.

Montana State Hospital Policy and Procedure

RECREATIONAL THERAPY ASSESSMENT

Page 2 of 4

- B. Recreational Therapist – Understand and adhere to professional standards for conducting recreational therapy assessments. Receive referrals; review records; consult with LIP about the referral; and develop a plan for the assessment. Interview the patient; collect collateral information as indicated; complete the assessment; and produce a report of the results in a timely manner. The Recreational Therapist will consult with the patient and their treatment team on assessment recommendations, monitor the recreational therapy interventions, provide documentation describing progress toward treatment goals, and administer an assessment at times of significant change in the course of treatment or upon request from an LIP.

V. PROCEDURES:

- A. The LIP and treatment team, in consultation with Recreational Therapists, will determine the need for further assessment of a patient's level of independence in life activities that may have been impacted by an illness or disabling condition. Upon determination, the LIP will initiate a referral through the Request for Special Consultation, Evaluation, or Treatment form (Attachment A).
- B. At any time during a patient's admission, the LIP may initiate a referral for a recreational therapy assessment or re-assessment of a patient.
- C. The Recreational Therapist will respond to the referral in a timely manner. The Recreational Therapist will consult with the treatment team, clarify the referral question, assess the patient's readiness to participate in the recreational therapy assessment, and review the patient's available records.
- D. The Recreational Therapist will seek informed consent for the assessment from the patient. The Recreational Therapist will describe the purpose of the assessment, assessment procedures, and potential uses of the assessment results. The Recreational Therapist will respect a patient's right to refuse assessment procedures.
- E. If the patient consents to the assessment, the Recreational Therapist will follow the protocol and standard of evaluation for the recreational therapy assessment. Any deviations from the standard evaluation will be noted in the evaluation report.
- F. The Recreational Therapist will report the results of the assessment to the patient, LIP, and treatment team in a timely manner. The results will be documented in a written or electronic recreational therapy assessment report, which will become part of the patient's medical record.

Montana State Hospital Policy and Procedure

RECREATIONAL THERAPY ASSESSMENT

Page 3 of 4

The recreational therapy assessment report will include information including but not limited to:

1. Patient interests, strengths, abilities, limitations and preferences.
2. Recommendations for treatment.
3. Recommended behavioral goals, corresponding measurable objectives, assigned interventions, and the name of the individual responsible for providing the intervention.

- G. The Recreational Therapist will consult with the LIP and treatment team on the assessment findings and recommendations. Upon approval through treatment team consultation, the Recreational Therapist will include the goals, objectives and interventions in the treatment plan, and implement the plan of care.
- H. The Recreational Therapist will monitor the patient's progress towards the recreational therapy goals, document progress in the medical record, and document any recommended revisions in the treatment plan. Documentation will be completed on an ongoing basis and will include, at a minimum; weekly progress notes for the first sixty days of treatment and monthly progress notes thereafter.
- I. The Recreational Therapist will consult with the patient and treatment team during periodic treatment progress reviews, and report on the patient's progress, barriers to progress, or other needed interventions. Revisions will be made to the recreational therapy goals and interventions as indicated. Any revision to the treatment plan will be documented in the medical record.
- J. The Recreational Therapist will offer recommended services, supports or resources to the patient's social worker, which may be included in the patient's Discharge and Aftercare Plan.

VI. REFERENCES: Standards for the Practice of Recreational Therapy, revised 2015, American Therapeutic Recreation Association; Medicare Benefit Policy Manual 30.2.3; Federal Standards 42-CFR 482.56, 482.61, and 482.62

VII. COLLABORATED WITH: Clinical Services Director, Medical Director, Rehabilitation Program Manager, Recreational Therapists

VIII. RESCISSIONS: #RTS-03, *Rehabilitation Assessment* dated December 6, 2010, #RTS-03, *Rehabilitation Assessment* dated June 1, 2010, #RTS-03, *Rehabilitation Assessment* dated October 30, 2006; #RTS-03, *Rehabilitation Assessment* dated October 24, 2003; #RTS-03, *Rehabilitation Assessment* dated February 14, 2000; RS-01-97-R - *Recreational Therapy Assessment and Care Plan* dated June 23, 1997.

Montana State Hospital Policy and Procedure

RECREATIONAL THERAPY ASSESSMENT	Page 4 of 4
--	--------------------

- IX. DISTRIBUTION:** All Hospital Policy Manuals

- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

- XI. FOLLOW-UP RESPONSIBILITY:** Rehabilitation Program Manager

- XII. ATTACHMENTS:** Request for Special Consultation, Evaluation, or Treatment form

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

Request for Special Consultation, Evaluation, or Treatment

Montana State Hospital

I. Identifying Information

Patient name: _____ ID #: _____ Unit: _____

Guardian's name: _____ Guardian's phone: _____

II. Request

Date of request: _____ Requested by (print): _____

LIP signature authorizing request: _____

Priority of request: Emergency (call the contact) Urgent Routine

III. Requested from (department/service)

Contact:

Number:

- | | | | |
|--------------------------|--|--------------|------|
| <input type="checkbox"/> | Psychology (evaluation, testing, psychotherapy) | Sarah DeBois | 7093 |
| <input type="checkbox"/> | Counseling (mental health counseling) | Sarah DeBois | 7093 |
| <input type="checkbox"/> | Chemical Dependency (evaluation, CD counseling) | Sarah DeBois | 7093 |
| <input type="checkbox"/> | Social Work (social services, disability benefits) | Sherri Bell | 7005 |
| <input type="checkbox"/> | Group Homes (screenings, placement) | Sherri Bell | 7005 |
| <input type="checkbox"/> | Peer Support (mentoring and support) | Beth Eastman | 7145 |
| <input type="checkbox"/> | Recreational (evaluation, recreational therapy) | Beth Eastman | 7145 |
| <input type="checkbox"/> | Religious/Spiritual (evaluation, counseling) | Beth Eastman | 7145 |
| <input type="checkbox"/> | Vocational (evaluation, counseling, placement) | Beth Eastman | 7145 |
| <input type="checkbox"/> | Other: _____ | | |

IV. Requested Service

Consultation (list specific request or referral question): _____

Evaluation (list specific request or referral question): _____

Treatment (list specific request): _____

V. Request Received and Assigned (completed by receiving department)

Received by (print name): _____ Date: _____

Assigned to (print name): _____ Date: _____

Note: _____