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CHARTER OF SERVICES

	Full Name	Function	Rev.1 - 05/2018	Rev.2 - 12/2020	Rev.3 - 07/2023	Rev.4 - 07/2025	Rev.5 - 07/2026
Verified by:	Dott. E. Duranti	Quality and Training Manager	OK	OK	OK	OK	OK
Approved by:	Dott.ssa M. Pugliatti	Health Management	OK	OK	OK	OK	OK
Approved by:	Dott. P. Rughini	Legal Representative	OK	OK	OK	OK	OK

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The CHARTER OF SERVICES is the means through which any entity providing a public service identifies the standards of its performance, declaring its objectives and recognizing specific rights with respect to citizen-users[cite: 1, 2]. Through the Charter of Services, therefore, Associazione Dahlia undertakes to comply with specific qualitative and quantitative standards with the aim of monitoring and improving the methods of supply and administration

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1. Foreword

Dear user, in order to provide you with a structured overview of the activities developed by our Center and to fulfill a precise legal obligation, we present the "Charter of Services" of the Rehabilitation Center *Associazione Dahlia Riabilitazione Onlus*, located in Collefiorito di Guidonia at Via dei Mughetti 7 – Via dei Sambuchi 10[cite: 1, 2]. This tool is part of the initiatives undertaken to improve the quality of the services offered, always placing the user and their needs at the center of our activities, and has been drafted in compliance with the Decree of the President of the Council of Ministers No. 6 of 19/05/1995 and the Guidelines of the Ministry of Health of 02/95 and subsequent amendments and additions.

2. The Charter of Services and Fundamental Principles

The Decree of the President of the Council of Ministers of 19/05/1995 obliges public service providers to adopt their own "Charters of Services," which become a true pact between healthcare facilities and citizens.
The Charter of Services constitutes an extremely valid tool to make the relationship between service providers and the citizen/user who utilizes them more transparent.
Within our Charter of Services, which incorporates the quality objectives expressed by the structure, the following are defined, among others:

- **characteristics of the facility and territorial scope**
- **access procedures**
- **types and methods of delivery of services**
- **service quality standards**
- **commitments and improvement programs**
- **protection and verification mechanisms** (methods adopted for evaluating delivered services, procedures for presenting complaints).

Our Charter of Services—which is a dynamic tool and therefore, also based on user suggestions and observations, may be subject to revision and integration to improve its content—is founded on the following guiding principles:

- **Continuity:** The provision of services must be regular, continuous, and uninterrupted. Any interruptions or irregularities must be regulated and implemented with the aim of causing the least possible inconvenience to the user

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- **Equality:** All users have the right to the same type of treatment regardless of sex, race, language, religion, and political opinion. Equal treatment must be guaranteed regardless of different social categories or brackets and different geographical areas of origin, even if these areas are not easily reachable.

- **Participation:** User participation in service delivery must be guaranteed in terms of collaboration and protection of the right to correct service provision. The user has the right to access information held by the Center concerning them, as provided by current legislation. The user may submit proposals, suggestions, observations, and evaluations regarding the services provided.

- **Right of Choice:** In accordance with current legislation, the user has the right to choose services among the providers present in the territory.

- **Right of Access:** All citizens and users must be able to freely access the Center and its services.

- **Impartiality and Respect:** Healthcare and administrative personnel are required to adopt objective, respectful, fair, and impartial attitudes and behaviors toward users. Similarly, the interpretation of sector regulations, the application of general and specific clauses and/or conditions must be conducted according to criteria of objectivity, justice, and impartiality.

- **Effectiveness and Efficiency:** The Organization must constantly strive to improve its levels of effectiveness and efficiency in order to provide the user with an increasingly satisfactory service.

3. User Rights

The guiding principles of Associazione Dahlia Riabilitazione Onlus identify among shared and sought-after values the centrality of the user, the satisfaction of their needs, the recognition of rights, and the promotion of the person as an essential added value of every therapeutic and rehabilitative intervention. Therefore, the user represents a fundamental interlocutor in the organization and functioning of services.

Associazione Dahlia undertakes to guarantee the involvement of individuals in all phases of the diagnostic-rehabilitative pathway, supporting their capacity for choice and decision-making and acquiring informed consent regarding treatment objectives

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and methods.

To promote this vision, Associazione Dahlia adopts and formalizes through the Charter of Services the 14 rights set forth in the European Charter of Patients' Rights:

1. **RIGHT TO PREVENTIVE MEASURES**

Every individual has the right to appropriate services to prevent illness.

2. **RIGHT TO ACCESS**

Every individual has the right to access health services required by their state of health. Health services must guarantee equal access to everyone, without discrimination based on financial resources, place of residence, type of illness, or time of access to the service.

3. **RIGHT TO INFORMATION**

Every individual has the right to access all information regarding their state of health, health services, and how to use them, as well as all information made available by scientific research and technological innovation.

4. **RIGHT TO CONSENT**

Every individual has the right to access all information that can enable them to actively participate in decisions concerning their health. This information is a prerequisite for every procedure and treatment.

5. **RIGHT TO FREE CHOICE**

Every individual has the right to freely choose between different procedures and providers of healthcare treatments based on adequate information.

6. **RIGHT TO PRIVACY AND CONFIDENTIALITY**

Every individual has the right to the confidentiality of personal information, including information regarding their state of health and possible diagnostic or therapeutic procedures, as well as the right to protection of their privacy during diagnostic examinations, specialist visits, and rehabilitative treatments in general.

7. **RIGHT TO RESPECT OF PATIENT'S TIME**

Every individual has the right to receive necessary healthcare treatments within brief, predetermined timeframes. This right applies to every phase of treatment.

8. **RIGHT TO RESPECT OF QUALITY STANDARDS**

Every individual has the right to access high-quality healthcare services based on the definition and compliance with well-defined standards.

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9. **RIGHT TO SAFETY**

Every individual has the right not to suffer harm resulting from the malfunctioning of health services and has the right to access health services and treatments that guarantee high safety standards.

10. **RIGHT TO INNOVATION**

Every individual has the right to access innovative procedures, including diagnostic ones, in line with international standards and regardless of economic or financial considerations.

11. **RIGHT TO AVOID UNNECESSARY SUFFERING AND PAIN**

Every individual has the right to avoid as much suffering as possible in every phase of their illness.

12. **RIGHT TO PERSONALIZED TREATMENT**

Every individual has the right to diagnostic or therapeutic programs tailored as much as possible to their personal needs.

13. **RIGHT TO COMPLAIN**

Every individual has the right to complain whenever they have suffered harm and to receive a response.

14. **RIGHT TO COMPENSATION**

Every individual has the right to receive adequate compensation within a reasonably short time whenever they have suffered physical, moral, or psychological harm caused by health services.

4. User Duties

Direct participation in fulfilling certain duties is the basis for fully enjoying one's rights. Personal commitment to duties represents respect for the social community and the services used by all citizens. Complying with a duty also means contributing to improving the quality of the services provided.

- The user accessing the facility must maintain correct and responsible behavior and commit to collaborating with the staff;
- The user is required to avoid creating situations of disturbance or discomfort for other users or facility staff;
- The user must promptly inform the facility of any intention to renounce

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scheduled treatments and/or health services;

- The user is required to respect the environments, equipment, and furnishings located inside the facility;
- The user is required to respect the organization and established therapy schedules;
- The user has the duty to inform themselves about the facility's organization using defined places and times;
- Companions should move within the facility while avoiding access to the rehabilitation area reserved exclusively for patients. For developmental age interventions, parents must not leave the waiting room;
- The citizen has the right to correct information on the facility's organization, but it is also their precise duty to seek information at appropriate times and places;
- Smoking is prohibited inside the facility;

Staff members are invited, as far as their competence extends, to enforce these rules for the smooth running of activities and the well-being of the citizen-user.

5. Who We Are (Presentation, Organization, and Territorial Scope)

Committing force and energy to rehabilitative work is equivalent to realizing a project of full and total human realization, an expected and due result both from an ethical standpoint and in perspective of social well-being.
Associazione Dahlia Riabilitazione ETS is a Third Sector entity registered in the Single National Third Sector Register (RUNTS) under Lazio Region Determination No. G10251 of 01/08/2022.
The Association, founded in 2010 by Dr. Paolo Rughini, aims to promote social solidarity through assistance, care, and rehabilitation of differently abled or disadvantaged individuals.
The Rehabilitation Center at Via dei Mughetti 7 / Via dei Sambuchi 10 in Collefiorito di Guidonia provides rehabilitative treatments pursuant to Art. 26 Law 833/78 in non-residential, outpatient, and home settings. The Center is authorized and accredited by the Lazio Region for 80 daily outpatient treatments and 75 daily home treatments (Lazio Region DCA No. U00235 of June 28, 2017).

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The territorial scope in which it operates is therefore that of its own municipality with a user base that, although primarily referring to the Municipality of Guidonia, also includes users from other Health Districts of ASL RM5 such as Tivoli, Subiaco, Palestrina, Monterotondo, and Colleferro. Moreover, given the strategic location of the facility, it is also accessible to users belonging to other ASL of the Lazio Region, in particular Rome 2.

The facility, authorized for operation with Regional Determination G05326/16 for 80 outpatient slots/day and 75 home slots/day, operates under **Institutional Accreditation** (within the limits of the capacity expressed by the Authorizing Decree), issued by the Lazio Region with Commissioner ad Acta Decree No. U00235 of June 28, 2017.

Treatments provided under private arrangements are regulated according to a specific corporate tariff schedule made available to users.

The Center operates according to DGR 583/02 guidelines regarding comprehensive care, and utilizes a multidisciplinary team composed of specialists of proven competence belonging to the various reference branches for the treated pathologies, as well as qualified operators in accordance with current regulations.

The Legal Representative of the facility is the President pro tempore Dr. Paolo Rughini, founder of Associazione Dahlia.

Health Management is entrusted to Dr. Maria Pugliatti, child neuropsychiatrist registered with the Medical Order on December 28, 2000 under No. 50484.

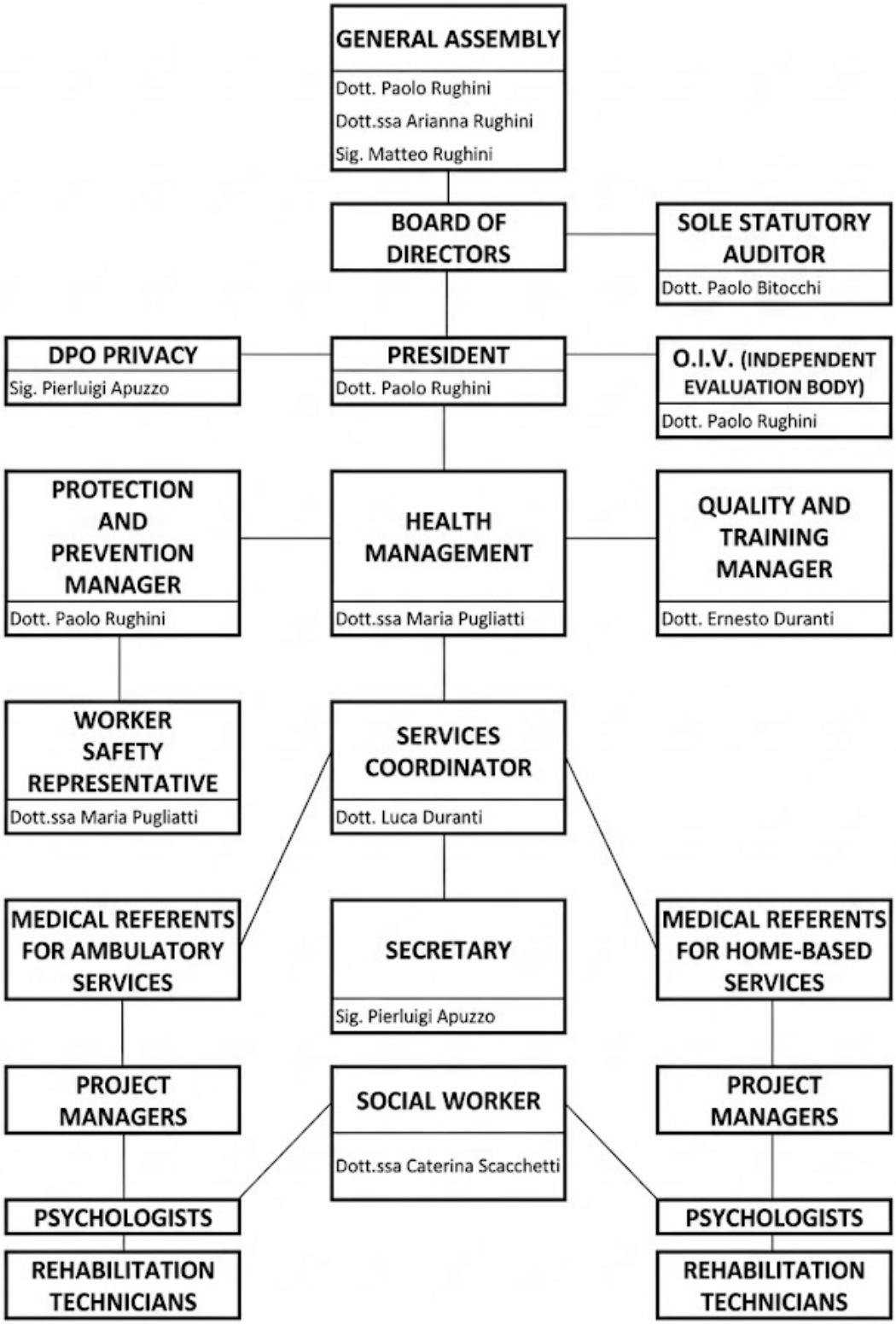
In order to further protect the user and improve the service offered, the corporate organization provides for the adoption of a quality management system (ISO 9001:15) which has led to the definition and formalization of procedures and registration documents that regulate the main activities of the Center. Together with the adoption of therapeutic protocols recognized and validated by the international scientific community, these constitute a guarantee that services are delivered effectively and in a controlled manner.

The corporate functional organizational chart is reported below.

ASSOCIAZIONE Dahlia
Riabilitazione Ets

CENTRO DI RIABILITAZIONE EX ART. 26
ACCREDITATO SISTEMA SANITARIO REGIONALE
D.C.A. U00235/17 Regione Lazio

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6. Our Location (General Information)

The Facility is located in the Municipality of Guidonia, in the area of Collefiorito, and features two entrances:

- Entrance A: Via dei Sambuchi 10
- Entrance B: Via dei Mughetti 7

The Center is free of architectural barriers, located within the urban area, adequately served by public transport, and equipped with ample parking.
The facility is located approximately 1 km from the A1 motorway exit Guidonia – Montecelio.



Contacts:

For detailed information on the types of services offered by Associazione Dahlia or for any other inquiries, you can visit the website www.dahliaonlus.it or call 0774 017837.

Email address: info@associazionedahlia.it

The Center is open continuously from Monday to Friday, from 8:00 AM to 8:00 PM.
The center is closed on Saturdays and Sundays.

To contact the DPO (Data Protection Officer):

Phone: 0774 017837

Email: dpo@associazionedahlia.it

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7. Services and Provisions:

Treatments pursuant to Art. 26 Law 833/78 (NON-RESIDENTIAL)

Rehabilitative healthcare services are delivered under the following treatment regimes:

- Outpatient
- Home-based

The following table lists the types of services provided by Associazione Dahlia associated with their respective treatment regimes.

Type of Provision / Service	Treatment Regime
• Speech Therapy • Neuropsychomotor Therapy • Psychological Support • Cognitive Neuropsychological – Cognitive Behavioral Therapy • Neuromotor Rehabilitation • Occupational Therapy • Global Postural Re-education (Souchard Method)	Outpatient and Home-based

Furthermore, where necessary, our team carries out medical-specialist consultations (child neuropsychiatry, physiatry, neurology) and social consultations. In addition, it provides speech therapy, neuropsychomotor, psychodiagnostic/neuropsychological evaluations, and psycho-socio-familial support upon request. Particular importance is given to family support through Parent-Training, Parent-Coaching, and Counseling provided by highly specialized staff.

For the developmental age, GROUP ACTIVITIES, where the need arises, are particularly indicated for the age group between 3 and 6 years old and can also represent a valid opportunity for the 6/12 and 12/14 age groups, in order to enhance social intelligence and related skills, or to use it as a tool for achieving other rehabilitative goals (D.P.C.A. 159/16).

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OUTPATIENT TREATMENTS

a) PURPOSES:

DEVELOPMENTAL AGE

In accordance with the rehabilitation guidelines of the Ministry of Health (1998), rehabilitative intervention is oriented towards ensuring the achievement of the following objectives:

- Evocation of a skill or competence that has not yet appeared during development;
- Recovery of a functional competence that has been lost due to pathological reasons;
- Prevention of the onset of secondary pathologies stemming from primary conditions;
- Identification of alternative facilitating strategies;
- Promotion of the development of useful skills for the minor's integration into social, family, and school environments.

ADULTS

In accordance with the rehabilitation guidelines of the Ministry of Health, rehabilitative intervention is aimed at:

- Recovery of lost functional skills, within the limits of the outcomes of the primary pathology;
- Slowing down the loss of functionality by seeking to modify the natural history of chronic degenerative diseases, reducing their risk factors and progression;
- Identification of alternative facilitating formulas.

It is also oriented towards guaranteeing further functional recovery within a defined timeframe for patients who have overcome the acute and immediate post-acute phases (extensive rehabilitation); furthermore, it aims to maintain any residual functional capacity or contain its deterioration for patients affected by stabilized outcomes of complex pathologies (maintenance rehabilitation). Reference is made for "extensive" and "maintenance" care types to D.G.R. 398/2000 and D.P.C.A. 159/16.

b) TARGET RECIPIENTS

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Individuals (adults and minors) with complex, often multiple disabilities, with potential permanent outcomes, are eligible for outpatient rehabilitative treatment. The complexity of the disability requires comprehensive care, with the preparation of an Individual Rehabilitation Project (P.R.I.) created by a multidisciplinary rehabilitation team. The multidisciplinary team consists of the physician responsible for the project, the psychologist, and the rehabilitation technicians necessary for the execution of the individual rehabilitation project.

The PATHOLOGIES most frequently subject to intervention are:

FOR DEVELOPMENTAL AGE:

- SLD (DSA) SPECIFIC LEARNING DISORDERS
- SPECIFIC LANGUAGE DELAYS AND DISORDERS
- NON-SPECIFIC READING AND WRITING DIFFICULTIES
- PHONEMIC ARTICULATION DISORDERS (DYSLALIAS)
- VERBAL FLUENCY DISORDERS (STUTTERING)
- CHILDHOOD DYSPHONIAS
- SWALLOWING DISORDERS (ATYPICAL SWALLOWING)
- COGNITIVE DEVELOPMENT DELAYS AND DEFICITS
- INTELLECTUAL DISABILITIES
- NEURODEVELOPMENTAL DISORDERS – PSYCHOMOTOR DELAY
- PERVASIVE DEVELOPMENTAL DISORDERS – AUTISM SPECTRUM DISORDERS
- CHROMOSOMAL ABERRATIONS (DOWN SYNDROME)
- ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER)
- NEUROPSYCHOMOTOR DISORDERS
- DEVELOPMENTAL DYSPRAXIAS
- CEREBRAL PALSY OUTCOMES (TETRAPLEGIAS, DIPLEGIAS, PARAPLEGIAS)
- SCOLIOSIS, SPINAL PARAMORPHISMS, AND DYSMORPHISMS

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FOR ADULTS:

- CEREBROVASCULAR DISEASE OUTCOMES (STROKE – HEMIPLEGIA - APHASIA)
- NEUROMUSCULAR DISEASES
- PARKINSON'S DISEASE AND PARKINSONISM
- MULTIPLE SCLEROSIS AND DEMYELINATING DISEASES
- ALZHEIMER'S DISEASE AND OTHER FORMS OF DEMENTIA
- FRACTURE OUTCOMES AND POST-SURGICAL OUTCOMES (HIP, KNEE PROSTHESES)
- TRAUMATIC BRAIN INJURY OUTCOMES AND ACQUIRED BRAIN INJURIES
- RHEUMATOLOGICAL DISEASES
- SPINAL PATHOLOGIES

c) ACCESS TO OUTPATIENT SERVICES

In order to access treatments, the user must be placed on the waiting list through intake exclusively at our secretariat offices by filling out dedicated forms.
In reference to the eligibility criteria established by the Lazio Region, access to the Accredited Center takes place via a visit by the reference specialist physician, including those from private facilities, upon request of the General Practitioner (GP) or Free-Choice Pediatrician (PLS) (Lazio TAR judgment No. 3159 of 24/02/2015).
The opening of the individual rehabilitation project is guaranteed only for complex pathologies and is permitted subject to a visit by the physician responsible for the project. Furthermore, particularly for the developmental age, parental interviews are conducted during the rehabilitation process—during which treatment goals are shared and guidance on the child's home management is provided—and relations with the SCHOOL are maintained through GLO (Operational Working Groups) and certifications aimed at school integration.
Given the particular importance of developmental age subjects, contact is maintained with the ASL TSMREE services, with Schools, and, in some cases, with the SOCIAL SERVICES of the user's municipality of residence.

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The **ACCESS PROCEDURE** can therefore be summarized as follows:

- Request for a specialist visit by the General Practitioner or Free-Choice Pediatrician indicating the condition(s) to be evaluated;
- Visit by the reference specialist physician for the specific disability (child neuropsychiatrist, neurologist, physiatrist, etc.);
- Granting of authorization to Associazione Dahlia for the processing of personal and sensitive data (GDPR 679/16) by the user or by the family if a minor;
- Evaluation by the Project Responsible Physician of Associazione Dahlia and identification of the methods and professional figures of the rehabilitation team who will take part in the project (P.R.I.);
- Individual Rehabilitation Project: administration of standardized tests for diagnosis and follow-up, definition of objectives, treatments provided to achieve them, care regime, and duration of the intervention.

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In the following table, **THE PROCEDURES REGARDING THE VARIOUS PHASES OF THE REHABILITATION PATHWAY** are indicated:

Phase	Treatments pursuant to Art. 26 - Outpatient
Medical Prescription	• Opening of rehabilitative clinical record • Privacy disclosures and informed consent (Law 193/06)
Intake	• Assignment of Project Responsible Physician • Assignment of technical operators (Physiotherapist, Speech Therapist, etc.) • Start of Treatment
Start of Treatment	• Individual Rehabilitation Project (P.R.I.) • Possible additional specialist visits • Team meeting • Administration of standardized tests for diagnosis and follow-up (Initial Evaluation) • Definition of Objectives
Execution	• THERAPIES (Physiotherapy, Speech Therapy, etc.) • Periodic reports and specialist visits • School relations - Participation in GLO (developmental age) • Possible relations with Social Services
End of P.R.I.	• Evaluation of rehabilitation pathway outputs and conclusions
Discharge	• Discharge report and sending to interested parties

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d) OUTPATIENT SERVICES: DURATION OF TREATMENT

For **ADULTS**, the duration of the P.R.I. (Individual Rehabilitation Project) is contained within a maximum of 90 working days, unless a justified continuation of treatment is authorized by the competent services of the patient's ASL of residence.

For users in the **DEVELOPMENTAL AGE**, the duration of the P.R.I. is defined by the multi-professional team of Associazione Dahlia in agreement with the Department for Mental Health Protection and Rehabilitation in Developmental Age (T.S.M.R.E.E.) of the patient's ASL of residence.

e) DISCHARGE CRITERIA

Based on regional guidelines, discharge criteria are essentially clinical, such as:

- Full functional recovery;
- Stabilization and settlement of the clinical picture;
- Need for interventions in other areas;
- Age limits for the continuation of treatment (only for the developmental age).

For the developmental age, upon discharge (which is always agreed upon with the T.S.M.R.E.E. of the user's ASL), a meeting is held with the family and a clinical report is issued detailing the rehabilitation process carried out and the patient's current status.

In agreement with the reference ASL T.S.M.R.E.E. services, the team reserves the right to discharge the patient early if there is poor therapeutic continuity due, for example, to frequent absences (maximum limit of 40% of the total P.R.I.), or where synergy with the family or the patient fails, resulting in difficulty sharing goals and strategies to achieve them.

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f) USER RELATIONS

The relationship between users (and/or their family members) and the Center is based on sharing the rehabilitative project and program proposed by the project responsible physician in agreement with the multidisciplinary team.

Appointments for therapies set at the opening of the project must be respected and cannot be modified during the duration of the project. Non-acceptance of the scheduled appointments implies renunciation of the treatment.

The facility reserves the right to change schedules due to service requirements, subject to timely notice to users.

Any **DELAY** exceeding fifteen minutes and patient **ABSENCE** do not entitle the patient to make up the lost therapy. Since care is comprehensive, the project does not consist solely of therapies, but also includes a series of interventions and visits within the P.R.I. (non-contact services - NAC).

Such services may not always coincide with therapy days and times, but, being an integral part of the project, must be strictly respected and carried out.

SIGN-IN SHEET

For each patient, the Secretariat prints the Sign-in Sheet on which, at the end of each session, the patient (or, in the case of a minor, the parent) signs for the service received. The therapist will sign for the service provided, noting the date, start time, and end time of the therapy.

ABSENCES

Absences may not exceed 40% of the total scheduled accesses agreed upon at the project's opening.

Absences must always be reported promptly.

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8. WAITING LISTS

This section of the website was created pursuant to Art. 41 of Legislative Decree 33/2013 and in compliance with the provisions of D.C.A. U00469 of November 7, 2017.

The waiting lists of Associazione Dahlia are managed by the Health Management and, in staff with it, by the Service Coordinator, with reference to DCA U00159/2016 Lazio Region and Art. 13 of EU Regulation 2016/679 on the processing of personal data.

a) DEVELOPMENTAL AGE WAITING LIST

The waiting list is organized based on scores assigned by the UVM - Multidisciplinary Evaluation Unit - of the Dahlia Center, composed of a Child Neuropsychiatrist, a Speech Therapist, and a Social Worker.

The UVM meets on a monthly basis to evaluate the documentation submitted by the user and to assign scores.

It is a dynamic waiting list that is updated monthly based on any additional documentation.

Intake, always in agreement with the referring TSMREE and with any urgency reports from them, takes place compatibly with:

- Currently available budget resources
- The capacity limit expressed by the Regional Authorizing Decree
- The availability, at that moment, of operators for the specific type of treatment.

WAITING TIMES

For a correct relationship with users, it should be clarified that it is not possible to estimate either the expected or average waiting times, as discharges or modifications to rehabilitation projects are agreed upon with ASL specialists; therefore, the actual duration of each rehabilitation project and the consequent new availability of places is difficult to predict.

Moreover, since average waiting times are subject to multiple variables, they can range from a few days for the most urgent and complex situations to periods exceeding one year.

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CRITERIA FOR SCORE ASSIGNMENT

1. **Patient Age:** 16 age brackets are provided, which assign a specific score based on various pathologies, generating the score matrix. For data processing, Associazione Dahlia uses specific software provided by the company New It S.r.l.s named "Mareha".
2. **Clinical Relevance:** Severity, pervasiveness of the disorder, treatability, comorbidity, and rehabilitative potential, which directly links the timeliness of the intervention with its effectiveness in terms of functional recovery.
3. **Outcomes of Medical-Psychodiagnostic-Speech Therapy Evaluations** from public or private facilities.
4. **INPS Certificates** (if present).
5. **School Integration Certificates** (if present).
6. **Any Documentation from the Ordinary or Juvenile Court** (if present).
7. **Socio-Environmental Situation** (employment, single-parent family, multi-problematic situations, etc.).
8. **Territorial Proximity** in order to guarantee service to users within the facility's reference territory (ASL ROMA 5).
9. **Absolute Priorities** indicated by referring Public Facilities, such as District T.S.M.R.E.E.
10. **Conventioned/Private Rehabilitative Treatments Carried Out or Ongoing:** precedence is given to patients who have never undergone rehabilitative therapy.
11. **Date of Application Submission:** in case of equal scores, the chronological criterion is used.

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b) ADULT WAITING LIST

For adult patients, for both outpatient and home-based treatments, selection is carried out in agreement with the user's reference ASL UVM (Multidisciplinary Evaluation Unit). The chronological criterion is not necessarily followed, giving priority to the clinical condition (post-acute phase of the disability-causing event, severity and pervasiveness of the disorder, patient age, treatability).

Associazione Dahlia has established four priority classes, always compatibly with budget resources and operator availability:

Classe 1	Prestazioni la cui indifferibile esecuzione debba essere riferita a condizioni di particolare gravità clinica
Classe 2	Prestazioni la cui tempestiva esecuzione condiziona in un arco di tempo breve la prognosi del paziente o influenza marcatamente la disfunzione o la disabilità
Classe 3	Prestazioni la cui tempestiva esecuzione non influenza significativamente la prognosi a breve ma è richiesta sulla base della presenza di una disfunzione o disabilità
Classe 4	Prestazioni che possono essere programmate in un arco di tempo maggiore in quanto il tempo di attesa non influenza la prognosi

IMPORTANT NOTE:

For both minors and adults, it is necessary to reconfirm every 6 months (if intake has not occurred in the meantime) the intention to undertake rehabilitative treatment. In case of non-confirmation, the name will be removed from the Waiting List.

The confirmation methods are as follows:

1. *Certified Email (PEC) to the address: dahlia.riabilitazione@pec.it*
2. *In person, by signing a dedicated form at our secretariat desks from Monday to Friday, from 8:00 AM to 8:00 PM.*

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9. HOME-BASED TREATMENTS

Access to HOME-BASED services takes place upon presentation at the Secretariat Offices of Associazione Dahlia of the authorization issued by the ASL of the Sanitary District of residence following a MULTIDIMENSIONAL EVALUATION by the ASL UVM.

The Home Rehabilitation service provides for the overall rehabilitative intake of the patient through the elaboration by the multidisciplinary team of an individual rehabilitation project (P.R.I.), personalized and shared with the patient and the caregiver.

The description of the service partially overlaps with the adult outpatient service described previously; therefore, the reader is also referred to that section.

In accordance with current legislation, treatment is aimed at patients suffering from complex pathologies. Rehabilitative intake is comprehensive and is implemented through the preparation of an individual rehabilitation project (P.R.I.), the execution of which takes place through one or more rehabilitative programs defined by the multidisciplinary team, in agreement with the patient and their family members.

The multidisciplinary team consists of the physician responsible for the project, the psychologist, and the rehabilitation technicians necessary for the execution of the rehabilitative program.

a) PURPOSES AND TARGET RECIPIENTS

People (ADULTS or MINORS) with complex, often multiple disabilities, with potential permanent outcomes in stable clinical conditions, who cannot access outpatient facilities due to particular clinical and/or social conditions, are eligible for home rehabilitation treatment.

Treatment is aimed at allowing individuals to remain in their socio-familial environment, reducing institutionalization and hospitalization. Treatments aim to promote the recovery and/or maintenance of potential capabilities and the improvement of quality of life, in a constant process of empowerment and autonomy, with the involvement of family members and the caregiver, who will be instructed on the correct management of the patient in daily life.

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The **PATHOLOGIES** most frequently subject to **HOME-BASED** intervention are:

- Multiple Sclerosis and demyelinating syndromes
- Outcomes of cerebrovascular pathologies
- Parkinson's Disease and Parkinsonism
- Neuromuscular diseases
- Alzheimer's Disease
- Traumatic brain injury outcomes
- Limb amputation outcomes
- Femur fracture outcomes
- Prosthetic surgery outcomes
- Cerebral Palsy (C.P.) outcomes

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a) ACCESS TO SERVICES

Access to the HOME-BASED service occurs following a multidimensional evaluation carried out by the competent services of the patient's ASL of residence (UVMD – CAD).

For ease of reference, the ACCESS PROCEDURES and the HOME REHABILITATION PATHWAY are represented in the table below:

Phase	HOME-BASED SERVICE ex Art. 26 Law 833/78 - ASSOCIAZIONE DAHLIA
ASL UVM Evaluation of User's Residence / Authorization	• Opening of rehabilitative clinical record • Privacy disclosures and informed consent
Intake	• Assignment to the Project Responsible Physician (M.R.P.) and Rehabilitation Technicians (Physiotherapists, Speech Therapists, etc.)
Start of Treatment	• Team meeting – Individual Rehabilitation Project (P.R.I.) • Administration of standardized tests for diagnosis and follow-up (Initial Evaluation) • Definition of Objectives
Execution	• THERAPIES (Physiotherapy, Speech Therapy, etc.) 60 min. • Periodic reports • Periodic specialist visits • Test administration (Final Evaluation)
End of P.R.I.	• Evaluation of rehabilitation pathway outputs and conclusions
Discharge	• Discharge report and delivery to interested parties

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a) HOME-BASED SERVICES: DURATION OF TREATMENT

For **ADULTS**, the duration of the Individual Rehabilitation Project (P.R.I.) is contained within a maximum of 90 working days, unless a justified continuation of treatment is authorized by the competent services of the patient's ASL of residence (UVM), which re-evaluate the care needs based on the P.R.I.

For individuals in the **DEVELOPMENTAL AGE**, the duration of the P.R.I. is defined by the multi-professional rehabilitation team of Associazione Dahlia, in agreement with the ASL T.S.M.R.E.E. services of the patient's residence, which evaluate the care needs.

b) DISCHARGE – WAITING LISTS – USER RELATIONS – SIGN-IN SHEETS – ABSENCES

For the analysis of these aspects, the reader is referred to the similar section of this Charter of Services developed in the previous chapter regarding outpatient services.

In particular, for home-based services, in case of the therapist's absence, sessions can be made up. In this case, the user is required to accept the proposed dates and times, even if they do not coincide with their usual schedule. Rejection of the makeup session will be considered a patient absence and, therefore, cannot be made up.

10) PRIVATE REGIME SERVICES

For patients who do not meet the appropriateness requirements set by the Lazio Region to benefit from accredited services, or for users and families who by their own free choice wish to utilize private services, Associazione Dahlia—currently exclusively for the developmental age—provides a highly qualified team consisting of:

- Child Neuropsychiatrist
- Speech Therapists
- Developmental Neuro and Psychomotor Therapists (TNPEE)
- Cognitive-Behavioral Psychologists and Psychotherapists
- Occupational Therapists
- Physiotherapists
- Social Workers

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The team is available, following a specialist medical visit by the **CHILD NEUROPSYCHIATRIST**—who, at the user's request, may be the specialist physician of the Dahlia Center—for:

- Private outpatient **SPEECH THERAPY** treatments
- Private outpatient **NEUROPSYCHOMOTOR** treatments
- Private outpatient **COGNITIVE-BEHAVIORAL AND PSYCHOLOGICAL SUPPORT** treatments
- Private outpatient **OCCUPATIONAL THERAPY** treatments
- Private **PHYSIOTHERAPY AND NEUROMOTOR** treatments

The following **EVALUATION PACKAGES** are also privately available:

- SPEECH THERAPY EVALUATION
- NEUROPSYCHOMOTOR EVALUATION
- COGNITIVE – PSYCHODIAGNOSTIC EVALUATION

Particular importance is given to **FAMILY SUPPORT** through:

- Consultations with the Social Worker
- Parent-Training
- Parent-Coaching

These Parental Support services under the private regime are provided by highly qualified Psychologists and Social Workers.

a) HOW TO ACCESS

To access services under the Private Regime, **A PRESCRIPTION FROM A PUBLIC FACILITY SPECIALIST IS NOT REQUIRED**.

However, a medical prescription is necessary, which can be issued either by the external specialist following the patient or, upon the user's explicit request, by the specialist physician of Associazione Dahlia.

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The PATHOLOGIES most frequently subject to intervention are:

- NEURODEVELOPMENTAL DISORDERS – PSYCHOMOTOR DELAY
- SLD (DSA) SPECIFIC LEARNING DISORDERS
- SPECIFIC LANGUAGE DELAYS AND DISORDERS
- NON-SPECIFIC READING AND WRITING DIFFICULTIES
- PHONEMIC ARTICULATION DISORDERS (DYSLALIAS)
- VERBAL FLUENCY DISORDERS (STUTTERING)
- CHILDHOOD DYSPHONIAS
- SWALLOWING DISORDERS (ATYPICAL SWALLOWING)
- COGNITIVE DEVELOPMENT DELAYS AND DEFICITS
- INTELLECTUAL DISABILITIES
- CHROMOSOMAL ABERRATIONS (DOWN SYNDROME)
- ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER)
- NEUROPSYCHOMOTOR DISORDERS
- DEVELOPMENTAL DYSPRAXIAS
- SCOLIOSIS, SPINAL PARAMORPHISMS, AND DYSMORPHISMS

b) HOW TO BOOK

- **In person** at our secretariat offices, open Monday to Friday with continuous hours from 8:00 AM to 8:00 PM
- **By phone** at 0774 017837

IMPORTANT NOTE: The start of treatment, medical visit, or evaluation is subject to the signing of the Informed Consent Form for Rehabilitative Treatment and the Privacy Disclosure by family members.

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c) ASSOCIAZIONE DAHLIA: AUTHORIZED FACILITY FOR THE CERTIFICATION OF SPECIFIC LEARNING DISORDERS (SLD/DSA) FOR SCHOOL PURPOSES – Law No. 170/2010

In reference to the guidelines for the diagnosis and certification of SLD (DSA) pursuant to Law No. 170 of 08/10/2010 adopted by the Lazio Region in agreement with the Regional School Office for Lazio, Associazione Dahlia has a team authorized for SLD certification. These certifications, recognized by educational institutions, allow for the activation of compensatory and dispensatory measures in accordance with current legislation.

d) TAX BREAKS AND BENEFITS: DEDUCTIBILITY AND DETRACTABILITY OF REHABILITATION ASSISTANCE EXPENSES



Adult and minor users who fall under the provisions of Law 104/92 have the possibility to FULLY DEDUCT rehabilitation assistance expenses—such as physiotherapy, speech therapy, neuropsychomotricity, and psychological services—from their overall income.

These users can take advantage of the deduction even if they receive the attendance allowance (*assegno di accompagnamento*) or, in the case of minors, the frequency allowance (*indennità di frequenza*).

Users who do not fall under the provisions of Law 104/92 can nevertheless DETRACT the expense incurred at a rate of 19%.

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11) PROTECTION AND VERIFICATION MECHANISMS

a) Verification of Services

The verification of services and service quality is carried out through multiple tools and activities. The main verification mechanisms used are the following:

- Administration of standardized entry and exit evaluation tests to all users;
- Periodic meetings of the Multidisciplinary Team to evaluate treatment progress;
- Periodic specialist visits for users.

b) Suggestions and Complaints

In line with the desire to make the user and/or their family members active participants in the care process and to guarantee them adequate protection against potential service disruptions and/or actions or behaviors that may deny or limit access to services, the Center has established tools and channels allowing users and/or their legal guardians (including trade/advocacy associations representing them) to communicate simply and effectively with the Center's management.
Suggestions and complaints can be:

- Verbal;
- Written (on plain paper or using the dedicated forms available at the secretariat).

Verbal suggestions and complaints can be submitted directly to the Secretariat Staff.
Written suggestions and complaints can be submitted to the Secretariat Staff or deposited in the designated collection box located at the entrance.
All suggestions and complaints will be forwarded to the competent managers and examined by them to define possible follow-up actions.
Furthermore, the Center Management is always available to meet, upon request, trade/advocacy associations representing users and/or the users themselves or their legal guardians.

c) Information Requests and Communication

Users (or their legal guardians) who wish to obtain additional information regarding their condition and current treatments at the Center—beyond what can be acquired directly from therapists—must submit a request (verbal or written) to the Service

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Coordinator. The Coordinator will contact the Project Responsible Physician, who will evaluate the request, identify the methods and personnel necessary to fulfill it, and ensure that the request is processed.

d) Release of Copies of Rehabilitative Clinical Records, Clinical Reports, and Attendance Certificates

A copy of the Rehabilitative Clinical Record (which can only be requested once the P.R.I. has been completed), as well as any Attendance Certificates and Clinical Reports, will be released to the patient or, in the case of minors, to the parents, upon a specific and reasoned request with a simple signature, accompanied by a valid identity document.
The request must be submitted to the Secretariat Staff of Associazione Dahlia.
To obtain a copy of the clinical record, the applicant must pay the fee related to photocopying costs, as well as postage fees if sent by mail. Payment must be made at the time of requesting the copy of the Clinical Record. In case of mailing, the release fee will include postage costs, and payment must be made via cash on delivery (COD).
The maximum release times from the date of request submission are set at:

- 20 days for a copy of the rehabilitative clinical record;
- 10 days for Clinical Reports;
- 5 days for Attendance Certificates.

The applicant can collect the requested documentation at the reception desk during facility opening hours.

12. PRIVACY

Users utilizing our services are guaranteed adequate confidentiality in accordance with Art. 13 of EU Regulation 679/2016 (GDPR) regarding the processing of personal and sensitive data. Associazione Dahlia guarantees the storage of clinical documentation within its archives for the period required by law and in a manner suitable to maintain the necessary privacy.

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13. INTERNSHIPS

Associazione Dahlia has an agreement with the Faculty of Medicine and Surgery of the University of Rome "Tor Vergata" for the Bachelor's Degree Course in Speech Therapy and for the Bachelor's Degree Course in Developmental Neuro and Psychomotor Therapy, thereby carrying out internship activities with students.

Interns may therefore be present during therapy sessions.

Student schedule arrangements are agreed upon with the Associazione tutor and organized according to the department's operational needs, compatibly with mandatory attendance of curricular lectures.

Students possess mandatory vaccination certificates and insurance coverage.

External individuals present at our facility are also required, for the entire duration of the internship activity, to comply with internal rules as well as professional secrecy, ethical behavior rules, and regulations governing internship activities in accordance with current legislation.

14. WHISTLEBLOWING REPORTING CHANNEL

Our Rehabilitation Center has always been committed to ensuring the highest standards of transparency, legality, and professional ethics in conducting its healthcare and care activities. In compliance with Legislative Decree No. 24/2023 (transposing EU Directive 2019/1937), the facility has established a secure channel for receiving and managing reports of violations, known as Whistleblowing.

Whistleblowing is a tool that allows for confidential reporting of unlawful conduct, fraud, regulatory violations, or actions contrary to the facility's Code of Ethics discovered within the work context. It is not a tool for filing personal or commercial complaints, but a means to protect the public interest and the integrity of the center.

The right to report extends to all individuals working or collaborating with the Center:

- Employees and healthcare staff
- Self-employed collaborators, freelancers, and consultants
- Volunteers, interns, and trainees

- Suppliers and commercial partners

To ensure maximum security and confidentiality of the reporter's identity, the facility provides an encrypted IT platform, accessible by clicking the link available on the company website in the "Transparent Administration" section.

Through the platform, it is possible to:

1. Submit a written report.
2. Choose whether to remain anonymous or enter personal details.
3. Communicate securely with the Report Manager to provide further details.

The law provides strict protections for anyone making a report in good faith:

- **Absolute Prohibition of Retaliation:** Any form of penalization, termination, demotion, or discrimination against the reporter is strictly prohibited.
- **Confidentiality of Identity:** The identity of the reporter and all data contained in the report are protected by secrecy and cannot be disclosed without the explicit consent of the person concerned.
- **GDPR Compliance:** All personal data is processed in full compliance with current privacy legislation.

Note: Unfounded reports made with intent or gross negligence, solely for the purpose of damaging colleagues or the facility, do not benefit from legal protections and will be subject to disciplinary sanctions.

15. TRAINING

Associazione Dahlia conducts training activities on disability topics for Educational Institutions, parent groups, Organizations, Associations, and professionals.

16. QUALITY STANDARDS

Associazione Dahlia is committed to satisfying patient needs by identifying and implementing actions aimed at continuous improvement of the effectiveness of its quality standards and management system, in line with its inspiring principles and based on the following elements:

- Evaluation of needs and demand;

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- Indications and suggestions from associations, committees, and individual users;
- Availability of resources.

The Center Management establishes and commits to pursuing the following facility objectives:

- Satisfaction of the citizen-user in compliance with standards and professional ethics;
- Continuous service improvement;
- Continuous pursuit of effectiveness and efficiency in service delivery.

These commitments and objectives are pursued with the involvement of the entire organizational structure, through the essential daily contribution provided by collaborators, each within their scope of competence.

The quality system allows Associazione Dahlia to continuously monitor the results of clinical and managerial activities. This monitoring also covers the level of quality perceived by users through the administration of "patient satisfaction" questionnaires.

17. ASSOCIATIONS

ASSOCIAZIONE DAHLIA has been a member of FOAI (Federation of Organizations for Assistance to Persons with Disabilities) since 2016. This entity performs a function of coordination, information, promotion, and integration of the activities of individual member entities—within the full autonomy of each member—in a culture of solidarity and integration of persons with disabilities.

18. THIRD-PARTY LIABILITY INSURANCE

The facility is provided with insurance coverage for third-party liability (RCT) and employer's liability (RCO) pursuant to Article 27, Paragraph 1-bis, of Decree-Law No. 90 of June 24, 2014, converted, with amendments, by Law No. 114 of August 11, 2014, including for damages caused by personnel operating at the facility under any capacity (Art. 10 Law No. 24 of March 8, 2017).

Further information regarding the facility's Civil Liability policy is available on the company website.