

MRO Service Definition: Community Support

November 29-30, 2006

Overview

- Overall focus on operational implications of Community Support Team
- Brief overview of Medicaid requirements and how they interact with operations
- Staffing
- Infrastructure

Service Definition Components

- One service in an array of services.
 - Can be part of a larger program, but is a stand-alone service
- TEAM service with mixture of staff specialties
- Rehabilitation and Recovery Focus:
Goal for client to build capacity to reach recovery and independence goals.

Service Definition Outlines

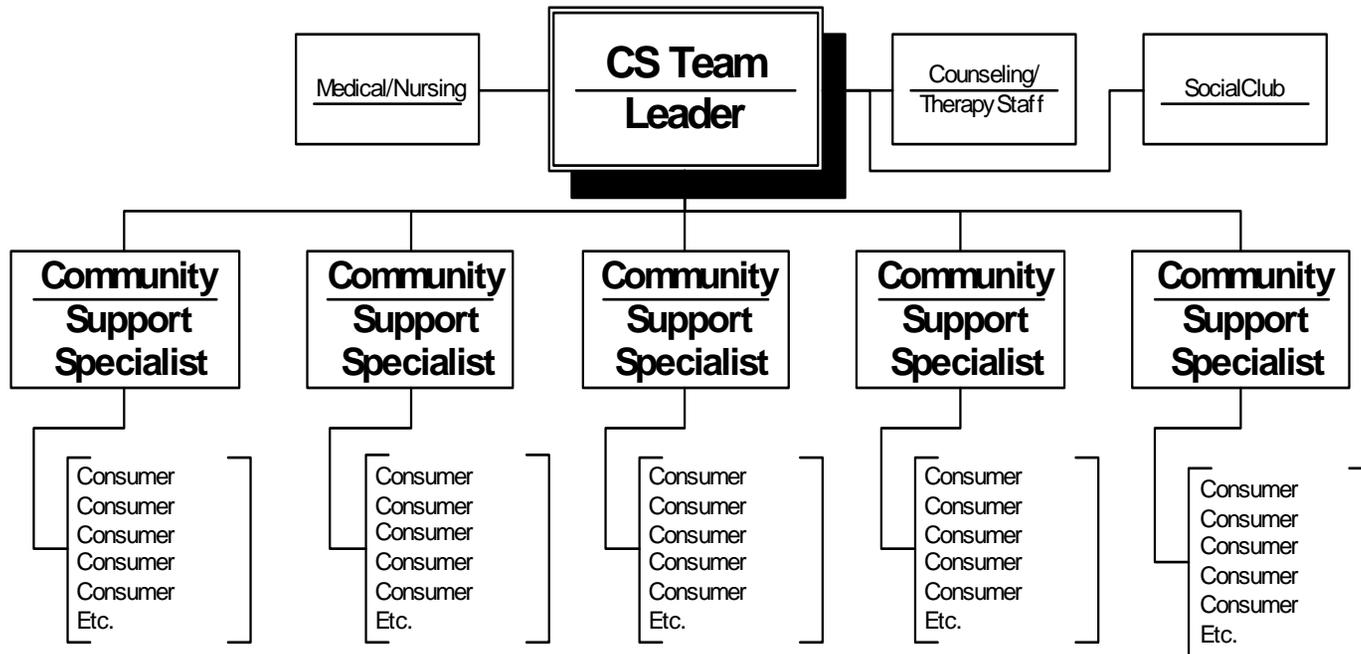
Interventions

- **Support to facilitate recovery** (including support and assistance with **defining what recovery means** to the individual in order to assist the individual with recovery-based goal setting and attainment). For those who have achieved a level of recovery stability, **assistance and support to prevent relapse**. Assistance in **identifying, with individual, risk factors** related to psychiatric and/or substance-abuse disorder relapse and **strategies to prevent relapse**.
- **Participation in the development and implementation of an individual's treatment plan** which supports recovery.
- **Assistance and support for the individual in crisis situations**; coordination and/or assistance with crisis providers as needed.
- **Education, support and consultation to individual's families** and their support system which is directed exclusively to the well being and benefit of the individual.
- **Individualized, restorative interventions to develop interpersonal/social, community coping, and independent living/functional skills** (including adaptation to home, school, work and community environments)
- **Assistance in the acquisition of self-monitoring and management skills** related to symptoms and illness (for example, medication self-monitoring and assistance in the development of self-medication skills; coping skills; or help-seeking behaviors) in order to identify and minimize the negative effects of symptoms which interfere with individual's daily living.
- **Assistance in increasing social support skills and networks** that ameliorate life stresses resulting from the individual's disability and which are necessary to maintain the individual's independent living.
- **Assisting the individual to gain access to necessary rehabilitative services, medical services, general entitlement benefits, wellness, or other services**. Assisting the individual to gain skills in accessing needed services and using them beneficially.

Staffing

- Team Leader – licensed or masters level
- Community support specialists
 - a bachelor's degree in a behavioral health-related specialty (may include special education or rehabilitation) OR
 - have two years experience in the provision of mental health services (may include special education and/or services to persons with developmental disabilities) OR
 - be a Certified Peer Specialist.

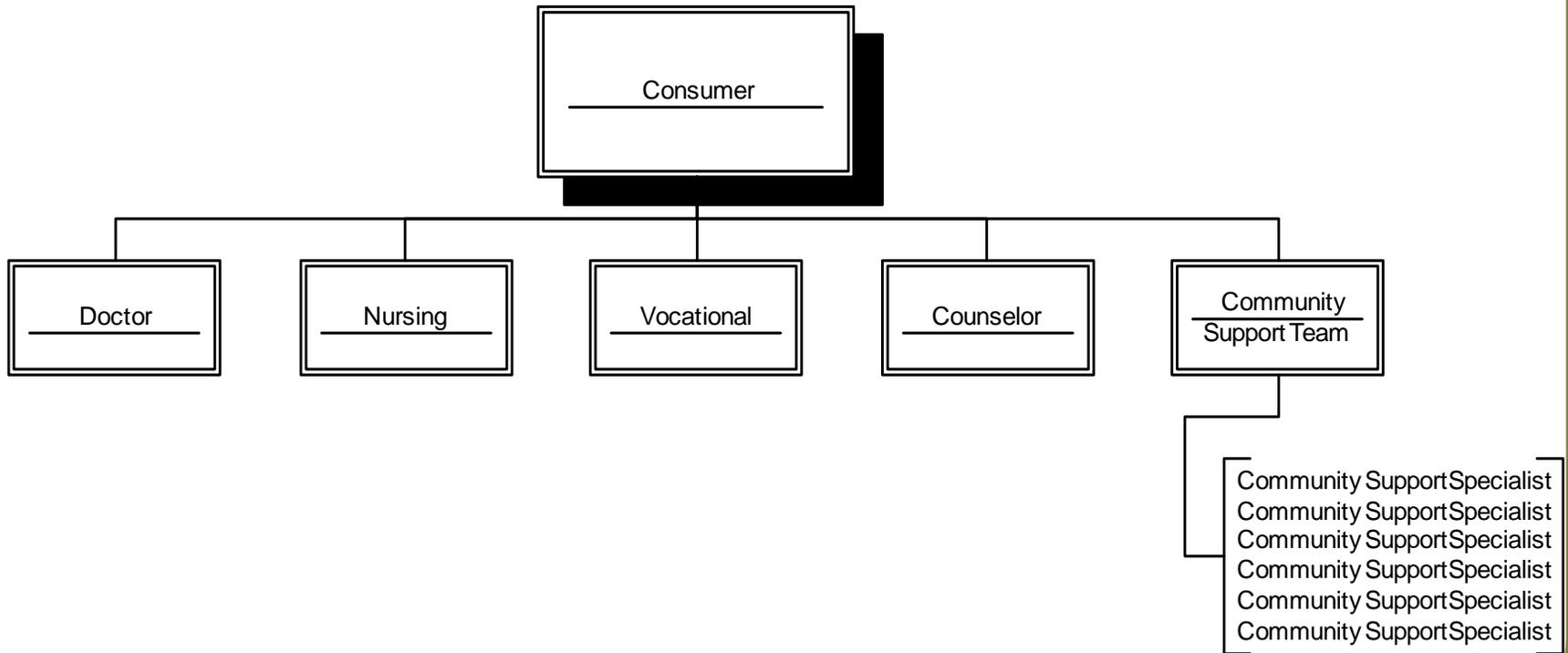
Team Structure/Model



Team Structure

- Each staff is primary contact for a defined group of clients
- Team leader

CST as part of larger team



Hours of Operation

Community Support occurs during times and locations that reasonably accommodate the individual's needs for services in community locations and other natural settings, and at hours that do not interfere with the individual's work, educational, and other community activities.

- TASK: Demonstrate ability to meet the above through policy, job descriptions, schedules, etc.

What Does that Mean for Operations?

- Shifts
- On-call
- Flex schedules
- Telephone accessibility
- Because Community Support is community-based, does not mean “office” needs to be open.

Program Ratios*

- 60% of services in community
- 60% of services face-to-face
- Billed by a single provider
 - Exception for Core provider to bill for MTP updates with clients every 90 days when CST provider is a specialty provider.

Crisis Response

- “Assistance and support for the individual in crisis situations; coordination and/or assistance with crisis providers as needed.”
- Crisis plans
- Communication/tracking systems
- Interventions following crisis episodes
- Affiliations with crisis responders

Schedules, schedules, schedules

- Client intervention needs from treatment plans drive client-centered schedules
- Staff schedules incorporate specific assignments expectations for day/week to meet client intervention needs
- Overall team schedule
 - GET EXAMPLES

Team Functioning

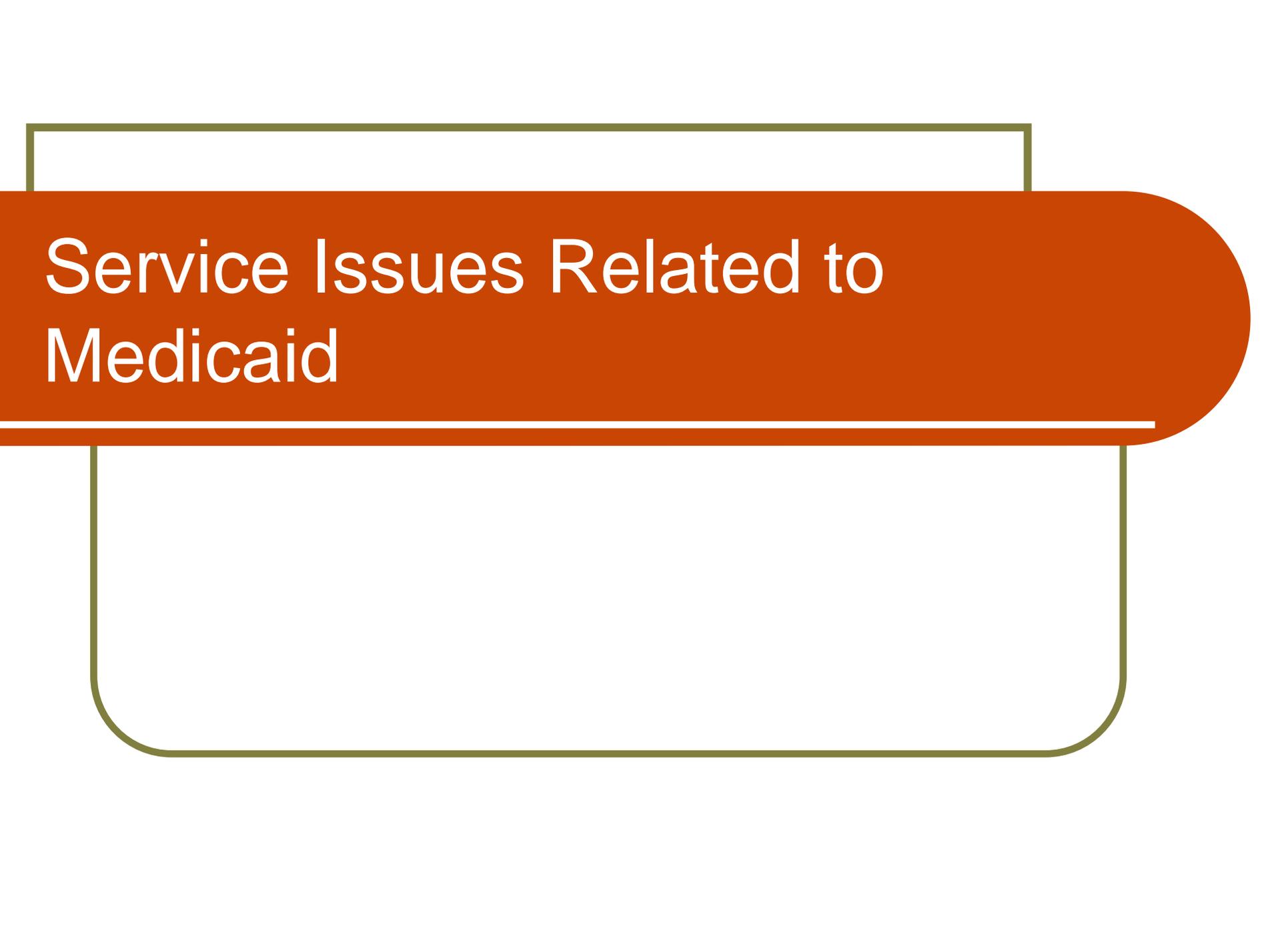
- Using different specialties
- Identifying strengths of team members
- Blending professionals, paraprofessionals, and peers
- Special issues with peers on teams
 - Their own peer support
 - Using their distinct roles
 - Managing all staff as staff – not as clients
- Team Vacancies

Managing capacity

- Staff-client ratio based on ability to meet client needs and productivity targets.
- So, staffing needs to be build on intensity of client need **and** productivity
- Adding staff based on number of clients and intensity
 - Overtime
 - Part-time/flex-time
 - Flexing staff from other programs for short-term needs
 - Adding full-time staff

Tracking Issues

- Community/Office
- Minimum Contacts
- Getting notes & billing turned in so bills can be rolled up
- Treatment planning dates
- “No shows”

The slide features a white background with a dark olive green border. At the top, there is a horizontal bar with a rounded right end, filled with a solid orange color. The text "Service Issues Related to Medicaid" is written in white, sans-serif font within this bar. Below the bar is a large, empty rectangular area with rounded corners, outlined in dark olive green.

Service Issues Related to Medicaid

Active rehabilitation

- Incorporates active, rehabilitation and recovery oriented set of interventions
- Requires a variety of skills, approaches, and information
- Builds capacity within consumer – active empowerment through skills and support – while supporting them.

Medicaid Overview

- Medicaid is a health insurance program for people who are poor and/or disabled that is jointly funded by the federal government and the state government
- The federal government sets basic parameters and approves State customization of a Medicaid plan (This is called a Medicaid State Plan)
- The basic Medicaid plan primarily covers in-clinic and in-hospital services.

Medicaid Psychiatric Rehabilitation Option

- Applies to behavioral healthcare
- Focuses on community-based services that actively encourage rehabilitation and progress toward a return to optimal functioning
- Emphasizes consumer (and family) participation and choice
- Assumes rehabilitation from a psychiatric disability

Federal Law says Rehab Is:

- *Restoration* of basic skills necessary to function independently in the community
 - *Examples:* food planning and preparation, maintenance of living environment, community awareness, mobility skills

Federal Law says Rehab Is:

- *Redevelopment* of communication and socialization skills
 - Especially those skills that help consumer move toward recovery, maintain community living, and achieve optimal independence from disability
- Family education and other family services exclusively related to treatment or rehabilitation of the covered individual.

Federal Law says Rehab Is:

- Interventions which will assist individuals to build capacity to gain access to needed medical, social, educational and other services.
 - These services might include housing, social services, vocational training and education.

Rehab Is Medically Necessary:

- What does that mean?
 - Focus on issues caused or impacted by **disability and directly related to psychiatric illness**
 - Not just beneficial – necessary
 - As defined in State Medicaid Plan

Federal Law says Rehab Is *NOT*:

- Vocational services (especially job training)
- Academic education
- Purely Socialization
- Purely Recreation
- Transportation
- Watchful Oversight
- Habilitation

BUT Rehab CAN provide:

- Skills teaching and supporting critical to successful job functioning,
 - including ability to get along with peers and supervisors, concentrate on tasks at hand, work at a reasonable pace, persist at tasks, present self (cleanliness, attire and communication) appropriately for the work site, maintain work schedule (show up on time), and follow instructions.

AND Rehab CAN provide:

- Social skills and basic and daily-living skills required for success in an academic program.
 - Note: Academic goals can be included in treatment plan as long as focus is on rehabilitative skills that allow person to complete that education, reduce disability, and restore the individual to his or her best functional level.

AND Rehab CAN provide:

- Skills development and practice of skills necessary to structure and use leisure time, recreational opportunities, and social occasions.
 - Improving natural support systems
 - Developing relationship skills
 - Planning skills
 - Reducing isolation and withdrawal

Key Concepts & Standards

- Medical necessity
- **Mental health** interventions
- Included in the treatment plan
- Assists the consumer to do for him/her self rather than doing for
- Develops and teaches, rather than simply observing/monitoring
- Hub of Rehab Model – would expect to see 80% + of enrolled consumers receiving this service

Demonstrating Medical Necessity

- Assessment documents psychiatric condition and impact on functioning
- Treatment Plan addresses areas identified on assessment and includes steps to returning to baseline (Signed by authorized person)
- Tx Plan services in amount & duration reasonably expected to foster change (or prevent relapse)
- Interventions directly relate to treatment plan
- Notes demonstrate progress (or prevention of relapse)

Special CST Intervention Issues

- Travel
- Documentation
- Entitlements / Spend Down
- Administrative
- Rep Payee

Reference

- CT Service Definition
<http://www.dmhas.state.ct.us/medicaid/CSPCTdefinition.pdf>