35-004.01 Community Support: The Community Support program is designed to:

1. Provide/develop the necessary services and supports to enable clients to reside in the community;
2. Maximize the client's community participation, community and daily living skills, and quality of life;
3. Facilitate communication and coordination between mental health rehabilitation providers that serve the same client; and
4. Decrease the frequency and duration of hospitalization.

Community support shall provide~~s~~ client advocacy, ensure~~s~~ continuity of care, support~~s~~ clients in time of crisis, provide~~s~~/procure~~s~~ skill training, ensure~~s~~ the acquisition of necessary resources, assists client with spend downs and other financial health insurance coverage programs and assists the client in achieving community/social integration. The community support program shall provide~~s~~ a clear locus of accountability for meeting the client's needs within the resources available in the community. The role(s) of the community support provider may vary based on client's needs. ~~Community support is generally provided in the client's place of residence or related community locations.~~ Community support is a service in which client's contact occurs outside the program offices in community locations consistent with individual client choice/need. The frequency of contact between the community support provider and the client is individualized and adjusted in accordance with the needs of the client.

Prior to admission to a community support program, a client shall have a comprehensive Pretreatment Assessment that identifies the client is experiencing a severe and persistent mental illness and is in need of the service to meet treatment and recovery goals.

Community Support is a separate and distinct service, and may not be provided as a component of other Rehabilitative Psychiatric Services or Mental Health Outpatient Services. Agencies that provide more than one level of rehabilitative psychiatric or Mental Health Outpatient service shall have staff dedicated to the Community Support program. These Community Support staff shall not provide any other rehabilitative psychiatric or treatment service to the client.

35-004.01A Program Components: The Community Support program shall –

1. Facilitate communication and coordination among the mental health rehabilitation providers serving the client;
2. Ensure the completion or update of a comprehensive biopsychosocial assessment, conducted by a licensed mental health practitioner practicing within his/her scope of practice and a strength based needs assessment within 30 days of admission for each client. The assessments shall identify needed services and resources for each client.

~~2.~~3. ~~Facilitate~~ Ensure the~~ development~~ completion of an Individual ~~Program Plan (IPP)~~ Treatment, Rehabilitation, and Recovery Plan for each client served. The Individual Treatment, Rehabilitation, and Recovery Plan shall be completed within 30 days following the admission of the client and reviewed and updated

every 90 days or as often as clinically necessary thereafter while receiving services. The Individual Treatment, Rehabilitation, and Recovery Plan shall be based on the results of a comprehensive assessment and is developed with the client's involvement and through an interdisciplinary team process. The Individual Treatment, Rehabilitation, and Recovery Plan shall include methods and ~~that includes~~ interventions to address: activities of daily living, community living skills, budgeting, education, independent living skills, social skills, interpersonal skills, psychiatric emergency/relapse, medication management including recognition of signs of relapse and control of symptoms, mental health services, physical health care, vocational/educational: services, resource acquisition, and other related areas as necessary for successful living in the community.

4. Ensure the Individual Treatment, Rehabilitation, and Recovery Plan that encompasses the supportive/rehabilitative interventions that will be directly provided by the Community Support Program;
5. Identify the provision of services/interventions identified in the Individual Treatment, Rehabilitation, and Recovery Plan as the responsibility of other rehabilitative service providers;
6. Develop and implement strategies to ensure the client becomes engaged and remains engaged in necessary mental health treatment and psychiatric rehabilitation services;
7. Provide service coordination and case management activities, including coordination or assistance in accessing medical, social, education, housing, transportation or other appropriate support services as well as linkage to other community services identified in the Individual Treatment, Rehabilitation, and Recovery Plan.
8. Facilitate communication between the treatment and rehabilitation providers and with the primary/psychiatrist serving the client.

~~3. Directly provide/procure the necessary individualized support and rehabilitative interventions to address client needs in the areas of: community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse, medication management including recognition of signs of relapse and control of symptoms, mental health services, substance abuse services, and other related services necessary for successful living in the community;~~

~~4.~~ 9. Monitor client progress ~~in~~ of the services being received and ~~facilitate~~ participate in the revision ~~to~~ of the Individual Treatment, Rehabilitation, and Recovery Plan ~~Individual Program Plan~~ as needed;

~~5~~10. Provide contact as needed with other service provider(s), client family member(s), and/or other significant people in the client's life to facilitate communication necessary to support the individual in maintaining community living;

~~6~~11. Assist the client in the developing, evaluating and updating a crisis and relapse prevention plan. This plan shall be coordinated with any other rehabilitative service and include the client's natural supports. Provide therapeutic support and intervention to the client in time of crisis. ~~and,~~ ~~i~~If hospitalization is necessary, facilitate, in cooperation with the inpatient treatment provider, the client's transition back into the community upon discharge~~.~~;

12. Participate with and report to the treatment/rehabilitation team on the progress of the client in areas of medication compliance, relapse prevention, social skill acquisition, application, education, substance abuse, and ability to sustain community living.
13. Monitor medication compliance; and
14. Assist the client with all health insurance issues including Share of Cost eligibility issues. Ensures client understanding of financial benefits and procedures to use those benefits such as Medicaid spend downs, AABD, SSI and SSA, etc.

35-004.01B Admission and Discharge Criteria for Community Support Services

35-004.01C Admission Criteria: Community Support Services shall be prior authorized by the Division of Medicaid and Long-Term Care or its designee. To be eligible for Community Support Services, the client shall meet all of the criteria described in 471 NAC 35-001.01 and the Community Support specific criteria identified by this prior authorization process.

35-004.01D Staffing Requirements: Rehabilitative programs shall provide staff to deliver rehabilitative psychiatric services and staff may be either licensed practitioners operating within their scope of practice or skilled direct care staff that shall meet the following minimum standards:

1. Have demonstrated skills and competencies in working with people experiencing severe and persistent mental illness;
2. Have completed a staff training curriculum for initial orientation and completes a continuing education curriculum at intervals as defined and prepared by the providing agency. This curriculum and periodic updates shall be included in the program description submitted to the Division of Medicaid and Long-Term Care;
3. Licensed staff provide services as identified within their scope of practice; and
4. All staff are trained in the principles of recovery.

35-004.01E Clinical Staff: The Community Support program shall have available a:

1. Licensed Clinical Supervisor: The clinical supervisor shall qualify as a licensed practitioner and shall participate in the Individual Treatment, Rehabilitation, and Recovery Plan development and provide clinical supervision, consultation, and support. The Licensed Clinical Supervisor shall work with the program and provide supervision, consultation and support to the community support staff by reviewing each treatment, recovery and rehabilitation plan with the community support worker on a monthly basis.
2. Other Consultants: Consultation by licensed professionals for general medical, psychopharmacology, and psychological issues, as well, as overall program design and shall be available and accessed as necessary.

35-004.01F Direct Care Staff: The Community Support program shall have Community Support staff who:

1. Direct Care staff having a bachelor's degree in psychology, sociology or related human services field or two years of course work in the human services field and two years of experience/training in the human services field or two years of lived recovery experience is acceptable. All community support workers shall be trained in rehabilitation and recovery principles and shall have demonstrated skills and competency. Each staff shall have demonstrated skills and competency in treatment with individuals with mental health diagnosis.

   Direct care staff employed by an agency before the effective date of these regulations will be considered to meet staffing requirements when the provider submits documentation identifying the name, address and the provider number, service provided, names of direct care staff employed before the effective date of the these regulations, and their date of hire. Documentation shall be submitted to Medicaid within 30 days following the effective date of these regulations. Staff hired on or after the effective date of these regulations shall meet the specified requirements identified in the above paragraph;
2. Provide services at a 1:20 staff to client ratio.
3. Receive monthly supervision by the Community Support Clinical Supervisor.

35-004.02 Program Availability: The Community Support Program shall ~~7.E~~ establish hours of service delivery that ensure program staff are accessible and responsive to the needs of the client. Scheduled services ~~must~~ shall include evening and weekend hours. The Community Support Program shall ~~8.D~~ directly provide or otherwise demonstrate that each client has on-call access to a licensed mental health ~~provider~~ practitioner on a 24 hour, 7 days per week basis. Access to a licensed mental health practitioner shall be documented in the client's Individual Treatment, Rehabilitation, and Recovery Plan.

35-004.03 Contacts: The frequency of contact between the client and the Community Support worker shall be individualized and adjusted in accordance with the needs of the client. Community Support providers shall ensure that the amount of direct contact is sufficient to meet the client's needs as identified in the Individual Treatment, Rehabilitation, and Recovery Plan. Contacts may either be direct client contact or collateral contact.

1. Direct Client Contact. Direct client contacts are face-to-face services between the community support worker and the client. Direct contacts with the client that focus on the development of skills or the management of other activities are identified on the Individual Treatment, Rehabilitation, and Recovery Plan. Contacts shall occur in community settings and be medically necessary for the client's recovery. Face to face contact shall be individualized to the client's recovery needs and shall be identified in the client's Individual Treatment, Rehabilitation, and Recovery Plan in anticipated occurrences. Face to face contacts shall be calculated in 15 minute increments up to a maximum of 144 units per 180 days. In situations of client absence or unavailability for a scheduled contact, providers shall document the circumstances in which the scheduled face-to-face contact did not occur and the program's response to the lack of clients availability to participate in the community support intervention.
2. Collateral Contact. Collateral contacts are defined as contacts of 15 minutes or more which occur outside the provider organization without the client present and are related to the client's Individual Treatment, Rehabilitation, and Recovery Plan. Collateral contacts shall be documented in the client's clinical record and are considered an essential supportive component to the client's treatment, recovery and rehabilitation plan but not be billed as a separate service to Medicaid.

35-004.04 Clinical Documentation: Rehabilitative psychiatric service providers shall maintain a clinical record that is confidential, complete, accurate, and contains up-to-date information relevant to the client's care and services. The record shall sufficiently document assessments, Individual Treatment, Rehabilitation, and Recovery Plans and plan reviews, and important provider discussion. The clinical record shall document client contacts describing the nature and extent of the services provided, such that a clinician unfamiliar with the service can identify the client's service needs and services received. The documentation shall reflect the rehabilitative services provided, and is consistent with the goals in the treatment and recovery plan, and based upon the comprehensive assessment. The absence of appropriate, legible, and complete records may result in the recoupment of previous payments for services. Providers shall provide the clinical record in the English language, however, providers shall accommodate clients of other cultures and language in order that the client can completely participate in and understand their treatment and recovery rehabilitation program. Each entry shall identify the date, beginning and end time of the service and the location of service. The individuals in attendance shall be identified by name and relationship to the identified client and the name and title of the staff person providing the intervention and entering the information.

Clinical records shall be maintained at the provider's headquarters. Records shall be kept in a locked file when not in use. For purposes of confidentiality, disclosure of treatment information is subject to all the provisions of applicable State and Federal laws. The client's clinical record shall be available for review by the client (and his/her guardian with appropriate consent) unless there is a specific medically indicated reason to preclude this availability. The specific reason shall be documented in the clinical record and reviewed periodically.

35-004.04A The clinical record shall include, at a minimum:

1. Client identifying data, ,including demographic information and the client's legal status;
2. Assessment and Evaluations;
   a. Pretreatment Assessment completed prior to admission;
   b. Comprehensive Rehabilitative Assessment;
   c. Other appropriate assessments.
3. Treatment and Recovery Plan and updates to plans;
4. Documentation of review of Client Rights with the client;
5. A chronological record of all services provided to the client. Each entry shall include the staff member who performed the service received. Each entry includes the date the service was performed, the duration of the service (beginning and end time), the place of the service, and the staff member's identity and legible signature, (name and title);
6. Documentation of the involvement of family and significant others;
7. Documentation of treatment and recovery services and discharge planning;
8. A chronological listing of the medications prescribed (including dosages and schedule) for the client and the client's response to the medication;
9. Documentation of coordination with other services and treatment providers;
10. Discharge summaries from previous levels of care;
11. Discharge summary (when appropriate); and
12. Any clinical documentation requirements identified in the specific service.

35-004.05 Provider Participation: To participate as a Medicaid provider of psychiatric community support, the provider shall be enrolled as a provider of services according to Medicaid regulations. Providers shall contact the Medicaid Managed Care entity to credential into its network. The provider shall provide updates to the program information and staffing as necessary. The provider shall sign an agreement at the time of enrollment that states the provider will submit initial and annual cost information to Medicaid as a part of the enrollment. The cost information shall be updated upon request.

Community support providers shall be appropriately licensed when licensure is required to provide the service and the program shall have acquired national accreditation in JCAHO, CARF or COA as a condition for enrollment as a participating provider. Accreditation shall be maintained throughout the Medicaid participation period.

35-004.06 Billing for Community Support Services: Community Support Services shall be billed in 15-minute increments for a maximum of 144 units per 180 days.