Rehabilitation Services

Service Name	COMMUNITY SUPPORT – MENTAL HEALTH
Funding Source	Medicaid Behavioral Health Services
Setting	Community Based – Most frequently provided in the home; not facility or office based
Facility License	NA
Basic Definition	Community Support is a rehabilitative and support service for individuals with primary Axis I diagnosis consistent with a serious and persistent mental illness. Community Support Workers provide direct rehabilitation and support services to the individual in the community with the intention of supporting the individual to maintain stable community living, and prevent exacerbation of mental illness and admission to higher levels of care. Service is not provided during the same service delivery hour of other rehabilitation services. DBH only: For the purposes of continuity of care and successful transition of the consumer from 24 hour levels of care, for an individual already enrolled in community support, the service can be authorized 30 days following admission and 30 days prior to discharge from the 24 hour treatment setting.
Service Expectations	• A diagnostic interview conducted by a licensed, qualified clinician AND a bio-psychosocial assessment by a licensed and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission. NOTE: The combination of the diagnostic interview and bio-psychosocial is called a Pre-Treatment Assessment (PTA) by Medicaid and Long-Term Care. • If the diagnostic interview and/or the bio-psychosocial assessment were completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client's current status and functioning. The review and update should be completed within 30 days of admission. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by either non-licensed or licensed individuals on the client's team. • A treatment/rehabilitation/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, that includes a documented discharge and relapse prevention plan, completed within 30 days of admission, reviewed, approved and signed by the Clinical Supervisor, or other licensed professional. • Review the treatment/rehabilitation/recovery and discharge plan with treatment team, including the individual, every 90 days, making necessary changes then, or as medically indicated. Each review should be signed by members of the treatment team, at a minimum the Clinical Supervisor, or other licensed

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	professional, care staff and client/family. • Provision of active rehabilitation and support interventions with focus on activities of daily living, education, budgeting, medication compliance and self-administration (as appropriate and part of the overall treatment/recovery plan), relapse prevention, social skills, and other independent living skills that enable the individual to reside in their community • Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychiatric, psychopharmacological, psychological, social, education, housing, transportation or other appropriate treatment/support services as well as linkage to other community services identified in the treatment/rehabilitation/recovery plan • Develop and implement strategies to encourage the individual to become engaged and remain engaged in necessary mental health treatment services as recommended and included in the treatment/rehabilitation/recovery plan • Participate with and report to treatment/rehabilitation team on the individual's progress and response to community support intervention in the areas of relapse prevention, substance use/abuse, application of education and skills, and the recovery environment (areas identified in the plan). • Provide therapeutic support and intervention to the individual in time of crisis and work with the individual to develop a crisis relapse prevention plan • If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the individual's transition back into the community upon discharge. • DBH only: Face to-face contact a minimum of 3 times per month or 3 total hours of contact.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client's ability to make progress on individual treatment/recovery goals.
Staffing	• Clinical Supervision by a licensed professional (APRN, RN, LMHP, PLMHP, LIMHP, Licensed Psychologist, Provisionally Licensed Psychologist); working with the program to provide clinical supervision, consultation and support to community support staff and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker's case load is reviewed. • DBH: Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in

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	treatment with individuals with a behavioral health diagnoses is acceptable. • Medicaid and Long-Term Care: Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. *All Community Support workers should be educated/trained in rehabilitation and recovery principles. * Other individuals could provide non-clinical administrative functions.
Staffing Ratio	Clinical Supervisor to Community Support Worker ratio as needed to meet all clinical supervision responsibilities outlined above (DBH only) 1:20 Community Support worker to individuals served
Hours of Operation	24/7 Access to service during weekend/evening hours; in times of crisis, access to a mental health professional
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without/or with decreased professional external supports and interventions • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	BHS: See Behavioral Health Services rate schedule 1 unit =1 month; Medicaid: See Medicaid fee schedule