

<b>Service Name</b>	<b>COMMUNITY SUPPORT MENTAL HEALTH</b>
Setting	Community based – primarily provided in the home/community based settings however may occur in an office based setting.
Facility License	As required by DHHS Division of Public Health.
Basic Definition	Community support services provide rehabilitative and support services for individuals with a primary mental health diagnosis. Such services include treatment for substance issues when that is an identified need. Community support workers provide direct rehabilitation and support services in the community with the intention of supporting the individual to maintain stable community living and preventing exacerbation of their mental illness and admission to higher levels of care. Service is not provided during the same service delivery hour of other rehabilitation services.
Service Expectations basic expectations for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> <li>• Complete an initial diagnostic interview (IDI) if one has not been completed within the 12 months prior to admission to community support to ensure the Medicaid eligible individual meets the criteria for having a severe and persistent mental illness. The IDI will identify the need for community support and outline the needed services and resources for the individual. The IDI shall serve as the treatment plan until the comprehensive plan of care is developed.</li> <li>• If the IDI was completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum to ensure the information is reflective of the individual’s current status and functioning. The review and update should be completed within 30 days of admission.</li> <li>• 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 individual should be completed within 30 days of admission and may be completed by either non-licensed or licensed individuals on the individual’s team.</li> <li>• The treatment plan will be individualized and will include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress; and the treating provider. The individual treatment, rehabilitation, and recovery plan shall be completed within 30 days following the admission of the individual and reviewed and updated every 90 days or as often as clinically necessary thereafter while receiving services.</li> <li>• Provide active rehabilitation and support interventions that will enable the individual to reside in their community. The interventions will focus on activities of daily living, budgeting, medication adherence and self-administration, relapse prevention, social skills, and other independent living skills the individual is unable to complete due to symptoms of their mental health diagnosis.</li> <li>• Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychiatric, psychological, social, education, housing, transportation or other appropriate treatment/support services identified in the individual treatment, rehabilitation, and recovery plan.</li> <li>• When the individual is unable to effectively manage their health care due to symptoms of their mental health diagnosis, the community support worker will assist the individual with all health insurance issues including share</li> </ul>

	<p>of cost eligibility issues and ensures individual understanding of financial benefits and procedures to use those benefits such as Medicaid spend downs, AABD, SSI and SSA, etc.</p> <ul style="list-style-type: none"> <li>• 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 plan.</li> <li>• The community support worker will participate with and report to the 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).</li> <li>• Provide support and intervention to the individual in a time of crisis and work with the individual to develop a crisis relapse prevention plan.</li> <li>• Provide contact as needed with other service provider(s), individual family member(s), and/or other significant people in the individual's life to facilitate communication necessary to support the individual in maintaining community living.</li> <li>• If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the individual's transition back into the community upon discharge.</li> <li>• All staff will be educated/trained in rehabilitation, recovery principles and trauma informed care.</li> </ul>
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual's ability to make progress on treatment and recovery goals.
Staffing	<ul style="list-style-type: none"> <li>• Clinical direction by a licensed professional (APRN, RN, LIMHP LMHP, PLMHP, licensed psychologist, provisionally licensed psychologist) working with the program to provide clinical direction, consultation and support to community support staff and the individuals they serve. The Clinical director will review the individual's 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 individuals and identifying any clinical recommendations in serving the individual.</li> <li>• Other consultants: consultation by licensed professionals for general medical, and psychological issues, as well, as overall program design shall be available and accessed as necessary.</li> <li>• 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 of 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.</li> </ul>
Staffing Ratio	<p>Clinical Supervisor to Community Support Worker ratio as needed to meet all clinical supervision responsibilities outlined above.</p> <p>1:25 Community Support worker to individuals served</p>

Hours of Operation	24/7 access to service during weekend/evening hours and in times of crisis, access to a mental health professional.
Desired Individual Outcome	<ul style="list-style-type: none"> <li>• The individual has met their treatment plan goals and objectives.</li> <li>• 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.</li> <li>• The individual has alternative support systems secured to help the individual maintain stability in the community.</li> </ul>
Admission guidelines	<ul style="list-style-type: none"> <li>• DSM (current edition) diagnosis consistent with a long standing serious and persistent mental illness with symptoms of sufficient severity and duration that it is expected to cause significant, ongoing, disabling functional impairments. These impairments are beyond the scope of the person's informal support system to remediate and require professional assistance to guide the individual to recovery; and</li> <li>• Persistent mental illness and/or substance use disorder as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate manner in two of three functional areas: vocational/education, social skills, and activities of daily living: <ul style="list-style-type: none"> <li>○ Vocational/education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks.</li> <li>○ Social skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports, consistent participation in adult activities only with extensive supports, when involvement is mostly limited to special activities established for persons with mental illness, or history of dangerousness to self/others.</li> <li>○ Activities of daily living: inability to consistently perform the range of practical daily living tasks required for basic adult functioning.</li> </ul> </li> <li>• Symptoms and functional deficits are related to the primary diagnosis.</li> <li>• There is an expectation that the individual will benefit from rehabilitation treatment to the degree services will no longer be necessary.</li> <li>• The individual's rehabilitation needs are best met by 1:1 direction with a paraprofessional.</li> </ul>
Continued stay guidelines	<ul style="list-style-type: none"> <li>• The individual continues to meet admission guidelines.</li> <li>• The individual does not require a more intensive level of services and no less intensive level of care is appropriate.</li> <li>• There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas.</li> <li>• The individual is making progress towards rehabilitation goals.</li> </ul>