

## Region V Systems

## Program / Service Specifications

PSS # 103

## Community Support - Adult - Mental Health

Funding Available	Capacity to be Purchased	Geographic Location
\$58,825	240 months	Rural
Contractual Expectation:	C Decrease in EPCs. C Decrease the number of days consumers are in inappropriate levels of care. C Funds are allocated for MRO services to ensure that federal funding appropriated by the Legislature is available for community-based services.	

Reimbursement Rate	Unit	Avg. Length of Stay	Staff:Client Ratio
\$245.10 / unit	1 month	six months to two years	1:20

## General Summary:

The Community Support program is designed to: (1) provide/develop the necessary services and supports which enable consumers to live successfully in the community; (2) maximize the consumer's community participation and quality of life; (3) facilitate communication and coordination between multiple service providers that serve the same consumer; and (4) decrease the frequency and duration of hospitalization. Community Support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, provides/procures skill training, ensures the acquisition of necessary resources, and assists the consumer in achieving community/social integration. The Community Support program provides a clear focus of accountability for meeting the consumer's needs within the resources available in the community. The role(s) of the community support provider may vary based on consumer's needs: Community support is an in-vivo service with most contacts typically occurring outside the program office, i.e., in the consumer's place of residence or other community locations consistent with individual consumer choice/need.

## Special Considerations:

Community Support is a separate and distinct service and may not be provided as a component of other Psychiatric Rehabilitation or Mental Health Outpatient services. Community Support is not to be provided as a component of another program in which the consumer is enrolled, i.e., Day Rehabilitation. Community Support services must be provided only by the designated Community Support staff who do not provide any other psychiatric rehabilitation/treatment service to the consumer. Client to staff ratio must not be exceeded.

Community Support services for consumers receiving Psychiatric Residential Rehabilitation (PRR) services will be authorized only for the first 30 days after admission to the PRR and up to 60 days prior to discharge from the PRR.

Community Support services are designed to be in-vivo services, and as such, must generally be provided to consumers in non-office-based environments that relate directly to the service needs being addressed with the consumer.

It is expected that the CS worker would make contact with the consumer three times per week, at a minimum, with at least one of those as face-to-face contact.

**Target Population:**

Primary focus of service provision shall be for individuals within the fifteen rural counties of Region V. Individuals receiving these services are disabled by a severe and persistent mental illness (SPMI).

**Services and/or Frequency of Service / Therapeutic Contact:**

The frequency of the contact between the Community Support provider and the consumer is individualized and adjusted in accordance with the needs of the consumer. Community Support providers shall ensure that the amount of direct Community Support contact time each consumer receives is sufficient to meet the needs identified in the Community Support ISP. Collateral contacts (defined as contacts of 15 minutes or more, which occur outside of the provider organization, without the consumer present, which are related to the consumer's service plan), shall occur as needed for each consumer. However, collateral time should not constitute more than 25 percent of the contact time provided each month. Exceptions to that expectation would be made only for collateral activities associated with crisis prevention/intervention. The Community Support program shall:

- C Ensure the completion of a comprehensive assessment, conducted by appropriately credentialed individuals for each consumer served to identify needed services and resources.
- C Ensure the completion of an Integrated Treatment Team Plan (ITTP) for each consumer served. The ITTP shall be based on the results of a comprehensive assessment and is developed through an interdisciplinary team process. The ITTP shall include methods/interventions to address consumer needs in the areas of: community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse, medication management, including recognition of signs and symptoms of relapse and control of symptoms, mental health acquisition, and other related areas necessary for successful community living.
- C Develop an Individual Service Plan (ISP) that encompasses the supportive/rehabilitative interventions identified in the ITTP that will be directly provided by community support in the areas of: community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse, medication management, mental health services, physical health care, vocational/educational services, substance abuse services, resource acquisition, and other related areas.
- C Ensure the provision of services/interventions identified in the ITTP as the responsibility of other providers in the areas of: community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse, medication management, mental health services, physical health care, vocational/educational services, substance abuse services, resource acquisition, and other related areas.
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