

Brian Sandoval  
Governor



Marta Jensen  
Administrator  
Division of Health Care Financing and  
Policy

# CCBHC's Rehabilitative Mental Health Services: Focus on Basic Skills Training & Psychosocial Rehabilitation

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# Objectives

- Regulations and Authority
- Rehabilitative Mental Health
- Basic Skills Training
- Psychosocial Rehabilitation
- Non-Covered Services
- Documentation



# Regulatory Authority

- CFR 440.130 Diagnostic, screening, preventative, and rehabilitative services
- Medicaid Service Manual (MSM) Chapter 400- Outpatient Mental Health Services
- Billing Manual Provider Type 17, Specialty 188, CCBHC



# Acronyms

- RMH - Rehabilitative Mental Health
- BST - Basic Skills Training
- PSR - Psychosocial Rehabilitation



# Mental Health Rehabilitation

- “Mental health rehabilitation assists individuals to develop, enhance, and/or retain psychiatric stability, social integration skills, personal adjustment and/or independent living competencies in order to experience success and satisfaction in environments of their choice and to function as independently as possible,” MSM Chapter 400, Introduction.

How is this different from habilitative services?



# Rehabilitative Mental Health Services



# Rehabilitative Mental Health

- “RMH services are goal oriented outpatient interventions that target the maximum reduction of mental and/or behavioral health impairments and strive to restore recipient’s to their best possible mental and/or behavioral health functioning.”
- “The objective is to reduce the duration and scope of care to the least intrusive level of mental and/or behavioral health care possible while sustaining the recipient's overall health.”
  - MSM Chapter 400, 403.6B



# Rehabilitative Mental Health Services

- Services must be recommended/prescribed by a CCBHC clinician on an individual treatment plan
- Services must be provided in the least restrictive environment, including in a variety of community and/or professional setting
- Services must be coordinated in a manner that is in the best interest of the recipient
- Services must be directly and medically necessary
- Prior to providing RMH services, a CCBHC clinician must conduct a comprehensive assessment of an individual's rehabilitation needs including the presence of a functional impairment of daily living and a mental and/or behavioral health diagnosis





# Rehabilitative Mental Health Services

- Services must occur concurrently with clinical treatment and begin as soon as clinically appropriate
- Services are adjunct (enhancing) interventions designed to complement more intensive mental health therapies and interventions
- Services are planned and coordinated
- Time-limited services, designed to be provided over the briefest and most effective period possible



# Medical Necessity

- Takes in to account
  - Type, frequency, extent, body site and duration of treatment with scientifically based guidelines of national medical or health care coverage organizations or governmental agencies
  - Level of service that can be safely and effectively furnished, and for which no equally effective and more conservative or less costly treatment is available
  - Services are delivered in the setting that is clinically appropriate to the specific physical and mental/behavioral health care needs of the recipient
  - Services are provided for medical or mental/behavioral reasons rather than for the convenience of the recipient, the recipient's caregiver, or the health care provider



# Basic Skills Training



# Basic Skills Training, Defined

- BST services help recipients acquire (re-learn) constructive cognitive and behavioral skills through positive reinforcement, modeling, operant conditioning and other training techniques.
- BST is comprised of the following:
  - Basic living and self-care skills
  - Social skills
  - Communication skills
  - Parental training
  - Organization and time management skills
  - Transitional living skills



# BST Admission Criteria

- Client and/or at least one parent/legal guardian must be willing to participate in home and community based services
- Assessment documentation must indicate that the recipient has substantial impairments in any combination of the following areas:
  - Basic living and self-care skills
  - Social skills
  - Communication skills
  - Parental training
  - Organization and time management skills
  - Transitional living skills



# BST Interventions

- Basic living and self-care skills
  - Clients learn how to manage their daily lives, learn safe and appropriate behaviors
- Social skills
  - Clients learn how to identify and comprehend the physical, emotional and interpersonal needs of others
  - Clients learn how to listen and to identify the needs of others



# BST Interventions

- Communication skills
  - Clients learn how to communicate their physical, emotional and interpersonal needs to others
  - Clients learn how to listen and identify the needs of others
- Parental training
  - Teaches the client or client's parents/legal guardians BST techniques
  - Must be client centered



# BST Interventions

- Organization and time management skills
  - Clients learn how to manage and prioritize their daily activities
- Transitional living skills
  - Clients learn necessary skills to begin partial-independent and/or fully independent lives





# Psychosocial Rehabilitation



# Psychosocial Rehabilitation, Defined

- PSR may include any of the following interventions:
  - Behavior Management
  - Social Competency
  - Problem Identification and resolution
  - Effective communication
  - Moral reasoning
  - Identity and emotional intimacy
  - Self-sufficiency
  - Life goals
  - Sense of humor



# PSR Admission Criteria

- Client and/or at least one parent/legal guardian must be willing to participate in home and community based services
- Must have substantial deficiencies in any combination of the following:
  - Behavior management
  - Social competency
  - Problem identification
  - Effective communication
  - Moral reasoning
  - Identity and emotional intimacy
  - Self-sufficiency
  - Dealing with anxiety
  - Establishing realistic life goals
  - Sense of humor



# PSR Interventions

- Behavior management
  - Clients learn how to manage their interpersonal, emotional, cognitive and behavioral responses to various situations
- Social competency
  - Clients learn interpersonal-social boundaries and gain confidence in their interpersonal-social skills
- Problem identification
  - Clients learn problem resolution techniques and gain confidence in their problem-solving skills



# PSR Interventions

- Effective communication
  - Clients learn how to genuinely listen to others and make their personal, interpersonal, emotional, and physical needs known
- Moral reasoning
  - Clients learn culturally relevant moral guidelines and judgment



# PSR Interventions

- Identity and emotional intimacy
  - Clients learn personal and interpersonal acceptance
  - Clients learn healthy strategies to become emotionally and interpersonally intimate with others
- Self-sufficiency
  - Clients learn to build self-trust, self-confidence and/or self-reliance



# PSR Interventions

- Establishing realistic life goals
  - Clients learn how to set and achieve observable specific, measurable, achievable, realistic and time-limited life goals
- Sense of humor
  - Clients learn to develop humorous perspectives regarding life's challenges



# Non-Covered Services





# Non-Covered Services

- RMH services do not include:
  - RMH services are not custodial care benefits for individuals with chronic conditions but should result in a change in status
  - Custodial care and/or routine supervision
  - Maintaining level of functioning
  - Case management
  - Habilitative services
  - Services provided to individuals with primary diagnosis of mental retardation (intellectual disability) or related conditions (unless co-occurring with a mental health diagnosis) and which are not focused on rehabilitative mental and/or behavioral health



# Non-Covered Services

- RMH services do not include:
  - Cognitive/intellectual functioning: individuals who would not therapeutically benefit from RMH
  - Transportation
  - Educational, vocational or academic services; personal education not related to the reduction of mental and/or health problems
  - Inmates of public institutions
  - Room and board
  - Non-medical programs
  - Recipients who does not have a covered, current ICD diagnosis



# Non-Covered Services

- RMH services do not include:
  - Therapy for marital problems, parenting skills, gambling disorders without a covered, current ICD diagnosis
  - Support groups other than Peer Support services
  - RMH interventions that are being provided by more than one provider (except Crisis Intervention)
  - Respite care
  - Recreational activities not focused on rehabilitation
  - Personal care not related to RMH goals and objectives
  - Services not authorized by the QIO-like vendor



# Treatment Plan



# Treatment Plan

- A written individualized plan that is developed jointly with the recipient, their family (in the case of legal minors) and a CCBHC Clinician within the scope of their practice
- The recipient, or their legal representative, must be fully involved in the treatment plan process, choice of providers, and indicate an understanding of the need for services and the elements of the Treatment Plan
- Recipient's, family's (when appropriate) and/or legal representative's participation in treatment planning must be documented on the Treatment Plan



# Treatment Plan

- The Treatment Plan is based on a comprehensive assessment and includes:
  - The strengths and needs of the recipient;
  - Intensity of Needs Determination;
  - Specific, measurable (observable), achievable, realistic, and time-limited goals and objectives;
  - Specific treatment, services and/or interventions including amount, scope, duration and anticipated provider(s) of the services;
  - Discharge criteria specific to each goal; and for
  - High-risk recipients accessing services from multiple government affiliated and/or private agencies, evidence of care coordination



# Progress Note

- The written documentation of the treatment, services or service coordination provided which reflects the progress, or lack of progress towards the goals and objectives of the Treatment Plan(s)
- Must be sufficient to support the services provided and must document the amount, scope, duration and provider of the service
- Temporary, but clinically necessary, services must be identified in a progress note; the note must indicate the necessity, amount, scope, duration and provider of the service



# Discharge Plan

- A written component of the Treatment Plan which ensures continuity of care and access to needed support services upon completion of the Treatment Plan goals and objectives
- A Discharge Plan must identify:
  - The anticipated duration of the overall services;
  - Discharge criteria;
  - Required aftercare services;
  - The identified agency(ies) or independent provider(s) to provide the aftercare services; and
  - A plan for assisting the recipient in accessing these services.





# Discharge Summary

- The discharge summary is a summation of the results of the Treatment Plan and the Discharge Plan
- The discharge includes the following:
  - The last service contact with the recipient
  - The diagnosis at admission and termination
  - A summary statement that describes the effectiveness of the treatment modalities and progress, or lack of progress, toward treatment goals and objectives, as documented in the mental health Treatment Plan(s)
  - Reason for discharge
  - Current level of functioning
  - Recommendations for further treatment



# Discharge Summary

- Timeframes
  - Completed no later than 30 calendar days following a planned discharge and 45 calendar days following an unplanned discharge
  - In the case of a recipient's transfer to another program, a verbal summary must be given at the time of transition and followed with a written summary within seven calendar days of the transfer



# Questions