Residential Rehabilitation Interventions

Connecticut Mental Health Group Homes

December 2, 2004

Overview

- Review
- Documentation Requirements
- Billing
- Necessary Components
- Planning Interventions

Part One: Review of Residential Rehabilitation Service

Psychiatric Rehabilitation (Medicaid Rehab Option)

- Federal Definition:
  - "Any medical or remedial services (provided in facility, home or other settings) recommended by a physician or other licensed practitioner of the healing arts, within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of the individual to the *best possible* functional level."

Psychiatric Rehabilitation and Medicaid

- *Restoration* of basic skills necessary to function independently in the community that were.
- Redevelopment of communication and socialization skills that were lost or never developed as a result of the person's mental illness.
- Family education and other family services exclusively related to treatment or rehabilitation of the covered individual.

Residential Rehabilitation

- Provided in a PNMI of 16 beds or less.
  - Private Non Medical Institution = PNMI
- GOAL: Assist individuals with serious and persistent mental illness to achieve their highest degree of independent functioning and recovery

Population

- Primary diagnosis of SPMI so serious and disabling as to require care in a group home setting
- Stable enough to function outside of a 24-hour medically managed setting
- Able to participate in community-based treatment services
- Significant skill deficits in the areas of self-care and independent living *as a result of their psychiatric disability*
- Require a non-hospital, twenty four hour, seven day per week, supervised community–based residence

Medical Necessity for Admission

- Diagnostic assessment prior to entry by LMHA
- Clear formulation that ties diagnosis and current functioning to
  - Need for 24-hour, supervised group home level of care (PNMI)
  - Psychiatric rehabilitation goals that can be met at group home
  - Need for at least 40 hours of rehabilitation service per month

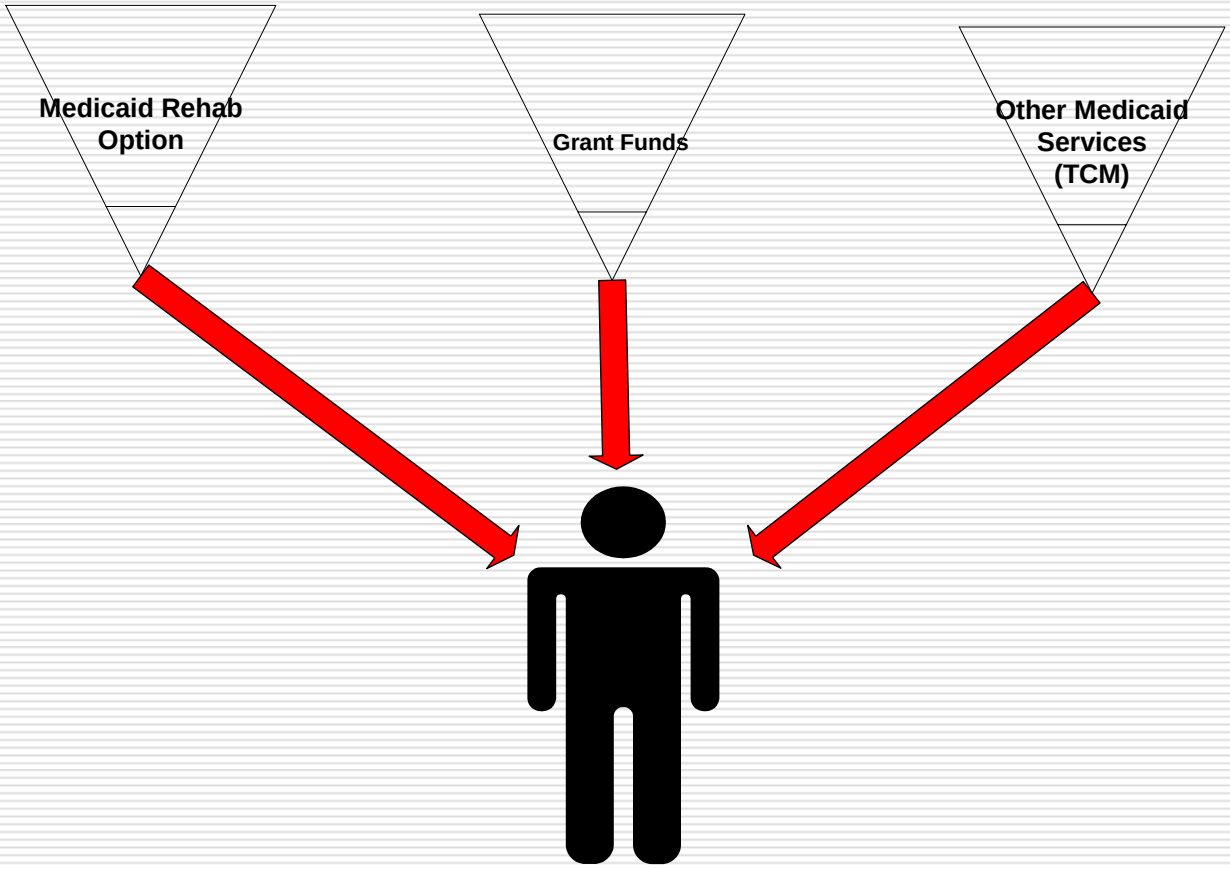
The Regs: CT Medical Necessity Definition

- "Medically necessary" means health care provided to correct or diminish the adverse effects of a medical condition or mental illness; to assist an individual in attaining or maintaining an optimal level of health; to diagnose a medical condition or mental illness; or to prevent a condition from occurring.

Medical Necessity: Federal Guidance

- Client must be active & voluntary participant
- Sufficient cognitive ability to benefit
- Services should be delivered at an appropriate intensity and as ordered in a treatment plan
- Services should be in the least restrictive setting that is available and safe

Services and Funding



Services for Group Home Clients

- Clients living in mental health group homes may be receiving a variety of services, including:
  - Residential Rehabilitation under rehab option (at least 40 hours/month)
  - In addition to 40 residential rehab hours
    - Targeted Case Management
    - Services from LMHA and affiliate agencies or other programs
    - In-home assistance and habilitation

Covered Residential Rehabilitation Services *(Within 40 hours)*

- Intake and assessment
- Development of the Residential Rehabilitation Plan
- Socialization skills development
- Behavior management training and intervention
- Supportive counseling directed at solving daily problems related to community living and interpersonal relationships
- Psychoeducational groups pertaining to the alleviation and management of psychiatric disorders

Covered Residential Rehabilitation Services

- Teaching, coaching, and assisting with daily living and self-care skills such as the use of transportation, meal planning and preparation, personal grooming, management of financial resources, shopping, use of leisure time, interpersonal communication and problem-solving

Covered Residential Rehabilitation Services

- Assistance in developing skills necessary to support a full and independent life in the community
- Support with connecting individuals to natural community supports
- Orientation to and assistance with accessing self help and advocacy resources
- Development of self-advocacy skills
- Health education
- Teaching of recovery skills in order to prevent relapse

Covered Residential Rehabilitation Services

- Other rehabilitative support necessary to develop or maintain social relationships, to provide for independent participation in social, interpersonal or community activities, and to achieve full community reintegration
- Ongoing assessment and service planning
- Supervise and monitor self-administration of medications

Exclusions to Residential Rehabilitation Services

- Socialization/Recreational
- Social events
- Academic Education
- Job Training/Vocational Services
- Transportation
- Case management
- Case coordination
- Habilitation

Residential Rehabilitation Documentation

- Encounter notes for each rehabilitation intervention
- Each intervention must be at least 15 minutes to "count"
- Monthly progress notes signed by licensed staff as part of supervision
- 90-day residential rehabilitation plan updates
- 90-day LMHA master treatment plan reviews/updates
- Each resident will need to have a Residential Rehabilitation case record that includes copies of more information than has been required in the past.
- Will not supplant the need for other documentation required for licensing.

Billing

- The group home will submit one monthly bill with one code for each Medicaid client who receives a minimum of 40 hours of residential rehabilitation services per month (or prorated for number of days in residence).
- The group home will directly bill EDS.
- Details on how to bill and track for billing will be covered in the December 8, training.

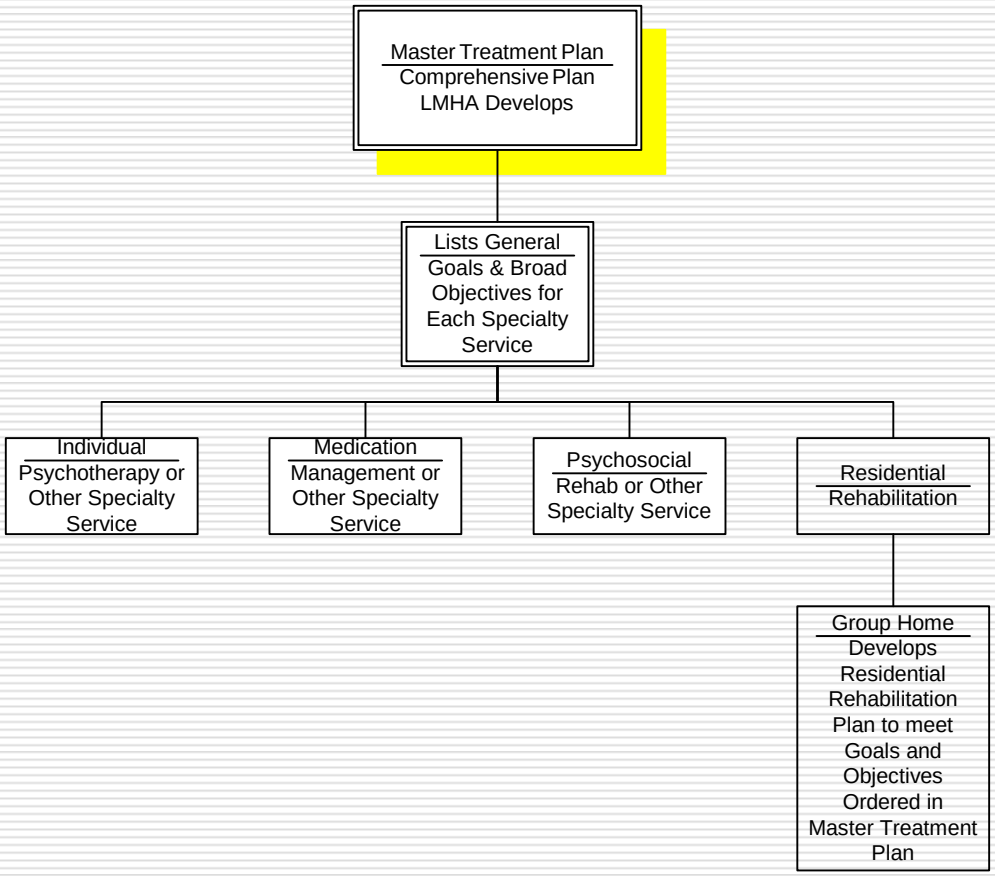
Necessary Components

LMHA	Clinical Provider	Group Home
Pre Admission Assessment (Form)	May Contribute to LMHA Assessments	Intake & Ongoing functional assessments
LMHA Master Treatment Plan (Form)	Contribute to Master Treatment Plan & Reviews	Residential Rehabilitation Plan
90-Day Reviews of LMHA Master Treatment Plan (Form)	Contribute to Master Treatment Plan & Reviews; Do own treatment plans and reviews	Residential Rehabilitation Plan Updates
Discharge Planning	Discharge Planning per agency policy.	Discharge Planning

Necessary Forms

- LMHA
  - Assessment
  - Master Treatment Plan
  - 90 Day Reviews and Updates
  - Authorization Forms
- Residential Provider
  - Copy of Assessment
  - Copy of MTP
  - Copies of 90 Day Reviews
  - Residential Rehab Plan
  - Encounter Notes
  - Progress Notes

Relationship of LMHA Master Treatment Plan to Residential Rehabilitation Plan



Planning Interventions

Start with Residential Rehabilitation Plan

- Should FOLLOW LMHA Master Treatment Plan. All RRP objectives *must* fit under a MTP Goal.
- RRP objectives:
  - focus on what the client will be able to do in 90 days
  - are based on functional and other in-house assessments in addition to MTP and diagnostic assessment.

LMHA MTP GOAL	RRP Objectives
Maintain psychiatric stability through independent medication self-management	☐ Identify different medications and their uses ☐ Identify at least one side effect of each medication
Achieve skills to live independently in community	☐ Bathe 3x/week with prompting ☐ Close door when using bathroom
Obtain volunteer or paying work	☐Follow group rules on signing in and out ☐Follow 2-step instructions for household tasks
Maintain a network of friends and social contacts for socialization and support	☐ Make eye contact and say “hello” to one person a day ☐ Respond in groups when asked questions

Residential Rehabilitation Plan

- Must list:
  - Goals from Master Treatment Plan
  - Objectives: synch with MTP but should have ninety day, achievable focus
  - Interventions
  - Frequency
  - Duration
- Use this to determine if:
  - Enough hours are scheduled
  - Client is receiving scheduled services (variances)
- Remember: 90 Day focus – this should limit number of objectives

Build Interventions

Factors to Consider

- Client Strengths
- What has worked and not worked in past
- Any potential barriers
- Habit Formation
  - Small steps in right direction
  - 21 days
- Skill or Knowledge Learning?

Skill Building Pattern

- SAY (Explain/describe)
- SHOW (Demonstrate)
- PRACTICE
- SHOW AGAIN (Return Demonstration)
- SCORE (Feedback and Correction)
- Practice Again
- Integrate – Practice in progressively "more real" environments.

In order to accomplish this objective in 90 days:

- What are the intermediate steps?
- What does the client need to do?
- What does the staff need to do?
- How often? How long? Doing what?

Plan for different clients

- Hard to engage
- Fragile, decompensates easily
- Difficulty maintaining progress
- Ready, but doesn't want to leave

Plan for Different Skills Sets

- Bathing, Personal hygiene
- Cooking
- Community Awareness
- Meal Planning
- Symptom Awareness & Management
- Social Skills – Taking Turns
- Social Skills – Asking & Following Directions

Using Curriculum

- Skills are broken down into smaller steps that build towards mastery of targeted skill
- Allow for repetition/reinforcement in group or individual interventions
- Usually include:
  - Discussion points
  - Homework
  - Sample handouts
  - Role-play and other exercises
  - Suggestions for additional resources for client and/or family
  - Suggestions for determining retention

Practice Building an Intervention Plan

- With the objectives and goals above – build an intervention plan

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Developing a Rehab Service Infrastructure in the Home

Building Services in the Residence

- All clients must get at least 40 hours/month or prorated
  - Use a no-show rate to account for time when clients do not show or must cancel scheduled rehab services.
    - At 10% no show – schedule client for 44 hours/month
    - At 15% no show – schedule client for 46 hours/month
    - Dependent on client, their engagement in process and their external schedule

Building Residential Services

- Have a structure within the residence to account for at least half of the intervention hours, e.g. structured groups or small group interventions.
  - Groups must take into account different needs of clients and different stages of recovery.
    - Other differences: gender, age, substance abuse problems.
  - Build individual services around structured groups

Building Group Interventions

Building Residential Services:Groups

- Structured Groups:
  - Small to medium in size
  - Facilitated intervention
  - Skills focus
  - Curriculum-based
  - Facility-based
  - Uses education, demonstration, modeling, practice, role-play, etc.

Building Residential Services:Groups

- Group Intervention
  - Usually small
  - Focus on doing of skills learned or being learned.
  - Facility or community-based: e.g. cooking meals vs. shopping for meals
  - Facilitated
    - Participants may take on a leadership role or teaching role

Building Residential Services: Group

- Consider for example:
  - Two tracks: Beginning Recovery and Beginning Independence
    - Beginning Recovery
      - From admission to one year – depends on client
      - For clients who have:
        - Not been educated in recovery principles, and
        - Still moderately to severely symptomatic, and
        - Have significant needs in daily living skill building, or
        - Have very slow skill retention and/or need frequent reeducation to retain skills, or
        - Are not engaged at all or are not fully engaged in rehabilitation process

Building Residential Services: Group

- **Beginning Independence Track**
  - One year from admission or has reached certain benchmarks and is ready to consider long or short term plan for discharge
  - For clients who have:
    - Been educated in and understand concept of recovery
    - Still symptomatic but can articulate symptoms and have overcome some or many of the barriers relating to symptoms
    - Are able to demonstrate with or without prompting adequate grasp of and retention of key daily living skills
    - Are engaged in rehabilitation programming both inside and outside residence.

Building Residential Services: Group

Beginning Recovery Track:

Structured Groups:

- Med groups – four times weekly – ½ hour
- Socialization skills groups – tri-weekly – ½ hour
- Skills development groups: twice/wk – one hour
- Prevocational groups: twice per month – one hour
- Rehab schedule development – once/month – one hour

Group Interventions

- Work groups: one hour 3 times/week
- Total weekly group hours available: 9.25 hours

Individual Hours: 2 to 5 hours/weekly

Building Residential Services: Group

Beginning Independence Track:

Structured Groups:

- Med groups – once weekly – ½ hour
- Socialization skills groups – 1 time/week – 1 hr
- Skills development groups: twice per month – one hour
- Prevocational groups: once per week – one hour
- Rehab schedule development – once/month – one hour

Group Interventions

- Work groups: one hour 3 times/week
- Total weekly group hours scheduled: 6.25 hours

Individual Hours: 4 to 6 hours/weekly

Building Residential Services: Group

- Specialty Groups
  - Substance Abuse:
    - AA/NA – doesn't count but may be necessary
    - Facilitated by Rehab staff: counts towards hours
  - Aging:
    - Maybe a greater emphasis on use of health care system
    - Considering alternative living arrangements
    - Safety

Work Groups and Teams

- Pre-vocational, not vocational
- Should support the program
- Should be group not individual
- Requires that consumers commit to a schedule, develop or redevelop the habit of work, learn how to compensate for impact of illness

Work Groups and Teams

- Competencies:
  - Following instructions
  - Staying on task - concentrating
  - Being accurate
  - Learning to self-correct or accept correction
  - Getting along with co-workers and bosses
  - Taking initiatives
  - Learning how symptoms and side effects impact ability to work and learn

Building Residential Services: Group

- Develop schedule based on staffing balanced with client needs
  - Remember - schedule staff for group facilitation and individual activities or additional group interventions
  - Assume that Beginning Independence will need more individual or small group interventions for more individualization
  - See sample schedule: 15.5 hours per week of structured group and group interactions
    - Some groups shared between BI and BR
    - Can add more specialty groups
    - Can break 1 hour groups into 2 –1/2 hour grps

Build Individual Interventions

Individual Interventions

- To confirm mastery of skills
- To reinforce group learning
- To provide assistance for clients who need additional help to keep up with groups
- To provide services that are not appropriate in group, e.g.:
  - Family education
  - Treatment Planning
  - To discuss behavior issues or develop behavior plan
  - To engage the client in the rehab program

Individual Interventions

- Build around group structure – see sample schedule
- Schedule with the staff person who is responsible for the intervention – see next slides on staffing
- Make sure there is enough time
- Make sure the amount of time makes sense
- Can be facility or community-based

Staffing for Residential Rehabilitation

Staffing: Develop your assumptions

- Most clients will be out a good deal of day?
- Most clients will not leave until after 10 am?
- Most clients will be at the residence on the weekends?
- Most clients will be able to tolerate at most 1-2 hours daily if also in another day program?
- Most activity weekdays: e.g. 4 to 8 pm w/day programs
- Most activity weekends: e.g. Noon to 5 pm
- Friday afternoons are tough?
- Sundays need to be very limited?
- Groups will be run by one staff person?
- We can do two things at once?

Staffing

- Staffing Needs
  - Nights: at most usually opportunities for some individual interventions in early morning – more than this is an audit risk except in special circumstances
  - Days:
    - Mornings: maybe individual interventions; specialty groups
    - Afternoons: at least one structured group; individual interventions; work group
  - Evenings:
    - Usually one evening group
    - Specialty groups
    - Group and individual interventions
  - Consider All 7 Days – May need to "staff up" for weekends

Staffing Schedule: Start with your capacity

Sample

	Tue
Schedule	9-11: Do not schedule 11-12: Group 12-12:30 – Lunch 12:30 to 2 pm – individual interventions 2 to 3: Group

Staffing Schedule: Capacity

Sample

	Tue
Schedule	12:30 to 2 pm – individual interventions 12:30 – 1:30: Tom re: laundry 1:30 – 2 pm: Mary re: medication box

Client Schedule: Demand

Each client should have a copy and should be taught to manage

	Tue
Schedule	9 –2: Psychosocial Club 3-3:30: Skills Group 3:45 to 5: Work Group – Dinner 6:30 to 7:30: AA Meeting

Encounter Vs Progress Notes

- Date of service
- Signature of Provider
- Date of Signature
- Description of mental health rehab intervention
- Description of client's response

- No date of service
- Signature of writer and signature of LMHP if not the writer
- List of each goal and objective
- Progress towards goals and objectives