

# **COMPREHENSIVE COMMUNITY SERVICES**

## **IMPLEMENTATION GUIDELINES**

**Multi-Divisional Collaborative Effort between  
Division of Disability and Elderly Services and  
Division of Health Care Financing**

**April 2006**

### **B. CCS Guiding Documents**

- B1. Psychosocial Rehabilitation Criteria**
- B2. Assessments**
- B3. Recovery Teams**
- B4. Service Planning**
- B5. Service Delivery**
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- B7. Introduction to ROSA**
- B8. 2006 CCS Service Array**

## **Psychosocial Rehabilitation Services**

### **Guidance on What May Meet Medicaid Requirements**

In order to qualify as a psychosocial rehabilitation, a service must:

1. Have been determined through the assessment process to be needed by an individual consumer.
2. Involve direct service for a consumer.
3. Address the consumer's mental health and substance abuse disorders to maximize functioning and minimize symptoms.
4. Be consistent with the individual consumer's diagnosis and symptoms.
5. Safely and effectively match the individual's need for support and motivational level.
6. Be provided in the least restrictive, most natural setting to be effective for the individual consumer.
7. Not be solely for the convenience of the individual consumer, family or provider.
8. Be of proven value and usefulness for the individual consumer.
9. Be the most economic option consistent with the consumer's needs.

**Assessment Review**

1. Does the initial assessment address all of the content required in the 15 CCS Assessment Domains? Is the information current? Is necessary historical information included to justify service decisions that need to be made?
2. Do subsequent reviews address all domains? If not, is it clear why not? Is there ever another complete look at the consumer's life situation?
3. Has the possibility of co-occurring disorders been considered? If there is an ongoing lack of progress, is this possibility being explored further?
4. After reading the assessment summary, do you have a sense of the consumer's view of his/her recovery and life experiences? Do you know what he/she sees as challenges/strengths, resources, needs and priorities in each domain? If not, then are these viewpoints included for each domain addressed by the recovery plan?
5. Are the consumer's own words the foundation for the choices of services and their frequency? Can you identify the consumer's own recovery goals, values, priorities and lifestyle?
6. After reading the assessment summary, can you imagine what the recovery plan is going to include? Is it a person-specific plan or is it a one-size-fits-all plan?

If there is an abbreviated assessment,

1. Is the reason for the abbreviated assessment documented?
2. Was a full assessment completed within 3 months?

The assessment summary must include:

1. The period of time in which the assessment was conducted,
2. Desired outcomes and measurable goals,
3. Names and relationship to the consumer of all persons who participated in the assessment,
4. Significant differences of opinion that are not resolved among team members,
5. Signatures of persons present at meetings being summarized.

Was the Assessment completed within 30 days of application?

<b>Assessment Domains Required</b>		
1. Life satisfaction	6. Employment	11. Substance use
2. Basic needs	7. Education	12. Trauma/ life stressors
3. Social network/family involvement	8. Finances and benefits	13. Medications
4. Community living skills	9. Mental health	14. Crisis prevention/management
5. Housing Issues	10. Physical health	15. Legal status

## Recovery Team

### Membership

1. Consumer\*
2. Service facilitator\*
3. Mental health professional\*
4. Substance abuse professional, if appropriate\*
5. If the consumer is a minor or is incompetent or incapacitated, apparent of legal representative\*
6. Providers
7. Natural supports
8. Advocates

\* Required on teams

### Participation

1. Is there evidence that the purpose and functions of the team have been thoroughly discussed with the consumer in advance of team selection? As needed throughout the consumer's tenure in CCS?
2. Is there evidence that the consumer chose the team members?
3. Has team membership changed as the consumer progressed in recovery, as needs changed or as the consumer's perspectives on the team have changed?
4. Is there evidence that the purposes of CCS and recovery teams, the assessment and service planning process, and the changing perspectives on services options have been explained to team members. Do team members have access to the support necessary for successful team participation?
5. Is there evidence that the recovery team discussions have resulted in increased understanding of the consumer's strengths/challenges, resources, history and developmental issues, culture, priorities and service options? In other words, is the plan for the consumer something more than a one-size-fits-all plan?
6. Is there evidence that the recovery team activities have promoted and resulted in greater Access/Voice/Ownership in the process of developing the plan for this consumer?

**Recovery Planning**  
(also referred to as Service Planning)

1. Do services and supportive activities address the desired outcomes and measurable goals identified in the assessment?
2. Does the plan build upon the strengths, preferences and lifestyle identified in the assessment? Is it built upon the consumer's own perspective?
3. Does the plan utilize cultural and environmental supports, peer support and the least restrictive and most natural interventions deemed likely to be effective for this person?
4. Is it evident that age and developmental factors considered when services and supportive activities were selected?
5. Does the plan include
  - a. Outcomes and measurable goals
  - b. Names of providers and natural supports, payment sources for each service
  - c. Frequency and schedule of services to be provided
  - d. Individualized discharge criteria
  - e. Attendance rosters signed by all persons present at each service plan meeting
  - f. Signatures on plan of the consumer, mh/aoda professionals and service facilitator
  - g. Authorization statement signed by the mental health professional
  - h. Indication who has received copies of the plan?
6. Do all of the services covered by CCS meet the requirements of psychosocial rehabilitation for this consumer? (See reverse side of this paper)
7. After reading the service plan, how does it compare with what you imagined after reading the assessment summary? Is it person specific or one-size-fits-all?
8. Was the first recovery plan developed within 30 days of application?
9. Was the plan updated as the consumer's situation changed or no longer than 6 months after it was developed? (Note: A service plan update can be included in the progress notes of a provider prior to inclusion in a major plan update by the team.)
10. Is there evidence in the recovery plan updates of the following:
  - a. A review of progress
  - b. An update of the assessment, justifying updated plan
  - c. Information re consumer satisfaction of services at the time of the update
  - d. Services were reviewed to ensure that they still meet the requirements of psychosocial rehabilitation services for that consumer?

## **Service delivery**

- 1. Are services are delivered according to the frequency and schedule prescribed in the recovery plan?**
- 2. Do progress notes indicate whether the services provided focus on the desired outcomes and measurable goals on the recovery plan?**
- 3. As delivered, do the services qualify as psychosocial rehabilitation services for this consumer?**
- 4. Are the services being provided in the manner prescribed by the contract or MOU developed between the CCS and the contract agency.**
- 5. As delivered, do the services meet the expectations of the recovery team in terms of the individualization and recovery focus anticipated?**
- 6. What are the consumer's perceptions of the services provided?**
- 7. Is there progress towards the desired outcomes and measurable goals identified on the recovery plan? If not, are the reasons identified? Can adjustments be made to be more effective?**

## **Service Facilitation**

Service facilitation depends upon staff who are knowledgeable about

1. Recovery and resilience
2. Identifying consumers' dreams and recovery goals
3. Recognizing the effects of trauma and minimizing retraumatization
4. Strength-based assessments and planning
5. Person-centered planning
6. Outcomes based planning and service delivery
7. Psychosocial rehabilitation services—what they are
8. Team development and effective team planning
9. Providing support to the person on the road to recovery
10. Documenting recovery; documenting to support reimbursement

## **OVERVIEW OF PERSONAL OUTCOMES**

### **Recovery Oriented Systems Assessment**

#### **What is recovery?**

- Recovery-oriented services are characterized by a commitment to promoting and preserving wellness, to expand choice and eliminating coercion, and to providing the least intrusive services in the most integrated environments.

#### **What is ROSA?**

- ROSA is a consumer-centered, quality of life assessment tool with guiding principles built squarely upon a recovery philosophy.

#### **What is Front-End ROSA?**

- It involves using the questions on the ROSA tool as a review mechanism for local programs to measure how well they are incorporating recovery principles.
- Recovery orientation can be happening from the minute the consumer walks in the agency's door. The intake, assessment, treatment planning and day-to-day case management processes, as well as local program policies can be infused with components of the ROSA tool. Consequently, ROSA can serve as both a resource for consumer advocacy and self-direction, as well as agency case management.
- This approach promotes maximum flexibility and choice to meet individually defined goals and to permit person-centered rather than program-centered services.

#### **Personal Life & Direction**

1. People choose where and with whom to live.
2. People choose their work or productive activities.
3. People meet their basic needs.
4. People choose how to manage personal finances.
5. People achieve things that are important to them.

#### **Community, Affiliation & Connection**

6. People have friends and supportive relationships.
7. People are involved in communities of their choosing.
8. People feel valued and treated with respect.

#### **Health, Wellness & Safety**

9. People have the best possible physical health.
10. People feel safe from violence, trauma, abuse, and neglect.
11. People choose how to manage symptoms of psychiatric and/or trauma disorders.
12. People have choice and access in their personal approach to substance use.

#### **Treatment and Services**

13. People are free from coerced treatment.
14. People are treated fairly, their rights respected.
15. People choose their services.
16. People are satisfied with services.

NOTE: The order of the outcomes does not indicate any priority or importance. All personal outcomes are prioritized by each person.



# 2006 CCS SERVICE ARRAY

County Name:

County's HFS 36 - CCS Psychosocial Rehabilitation Service Array

ASSESSMENT DOMAINS	SERVICE TITLE	DESCRIPTION OF ACTIVITY	SERVICE EFFECTIVE DATE
all domains	Assessment	Initial assessment, functional screen and assessment summary; completion of annual review of strengths, attributes and needs. Activities involved in the process used to identify the strengths, needs and desired outcomes of a consumer. Activities involved in evaluating progress toward desired outcomes.	
all domains	Recovery Planning	Services are determined through the development of an individualized recovery/service plan designed to provide for the highest level of independent functioning and quality of life possible and desired by the consumer.	
all domains	Service Facilitation	All coordination, follow-up and monitoring activities that ensure the consumer receives assessment services, service planning, service delivery and supportive activities in an appropriate and timely manner. Includes assisting the consumer in self-advocacy. Any activities Progress will be tracked toward goals and consumer satisfaction with the services rendered. Includes helping the consumer obtain necessary medical, dental, legal and financial services and living accommodations. Coordinating the provision of emergency services during crisis periods. This may be coordinating the actual provision or coordinating with the HFS 34 designated crisis intervention program.	
c,d,e,f,l,n	Communication and Interpersonal Skills Training	Specific skill training in communication, interpersonal skills, problem solving, conflict resolution, assertiveness, and other specific needs identified within the consumer's functional assessment. Individual or group interventions, including supportive activities, to increase social connections and meaning, and to improve communication skills and comfort in interpersonal relationships.	
A, b, c, d, h	Community Skills	Problem solving, support, training, assistance, and cuing related to functional living skills living to assist the consumer to gain and utilize skills related to personal hygiene, shopping,	

# 2006 CCS SERVICE ARRAY

County Name:

	Development and Enhancement	laundry, benefit education, household tasks, money management, how to access transportation, medication adherence, parenting, independent living problem solving, self-management, connection to community resources, social skill development, and other day to day requirements of living. May be provided in a one-to-one or group intervention, including supportive activities. May include one-to-one therapeutic support. to ensure that a consumer acquires the skills needed to attain independence.	
J, k, l, m	Diagnostic Evaluations and Specialized Assessments	Psychiatric evaluations and specialized assessments including the assessment process and summary to determine appropriate treatment and behavioral interventions, and the level of community support needed for an individual consumer.	
A, b, d, f, g, I, m	Employment Related Skill Training	<p>Services that address the person's illness or symptom-related problems in order to secure and keep a job. Services to assist in gaining and utilizing skills necessary to undertake employment. May include:</p> <ul style="list-style-type: none"> <li>• Initial employment and education assessment.</li> <li>• Ongoing, on-site employment assessment/evaluation/feedback sessions to identify symptoms or behaviors and to develop interventions with the recipient and employer that affect work.</li> <li>• Focus on work-related symptom management, anxiety reduction, and education about appropriate job-related behaviors.</li> <li>• On-the-job or work-related crises. Does not include specific job seeking and placement activities.</li> <li>• May include one-to-one therapeutic support, including peer support.</li> <li>• Activities related to preparation for seeking employment including assistance in appropriate personal hygiene and grooming, clothing choices, anxiety reduction, arranging transportation, and other issues related to symptoms or behaviors that hinder securing employment.</li> <li>• Assistance in accessing or participating in educational and employment related services, and coaching/cuing in order to minimize the effects of the consumer's disabilities for a limited amount of time, to reach a higher level of independence..</li> </ul>	

# 2006 CCS SERVICE ARRAY

County Name:

I, j, k, m, n,	Medication Management	<p>Major activities may include:</p> <ul style="list-style-type: none"> <li>• <i>Medication evaluation</i> – making an acute diagnosis and specifying target symptoms and initial severity, medication</li> <li>• <i>Prescription</i> – prescribing the type and does of medication(s) designed to alleviate the symptoms identified above,</li> <li>• <i>Medication monitoring</i> – monitoring changes in symptoms, occurrence and tolerability of side effects as well as reviewing data used in making medication decisions;</li> <li>• <i>Individual client education</i> – increasing consumer knowledge and understanding of the symptoms being treated, medication being prescribed, the expected benefits, impact on symptoms, and identification of side effects. Assistance in helping the consumer develop his/her own compliance in adhering to scheduled medications.</li> </ul>
j,m	Physical Health and Monitoring	<p>All activities related to the consumer's physical health conditions, management of side effects and symptoms related to the consumer's mental illness or prescribed medications and assistance in helping the consumer to develop his/her own monitoring abilities, including supportive activities. Monitoring of weight and vitals.</p>
i,k,l,m	Psychoeducation	<p>A method of working in partnership to impart current information about mental illness, to assist with coping skills for supporting recovery, and to encourage problem solving strategies for managing issue posed by mental. Family intervention geared toward coping strategies, support and problem solving skills to assist in fostering consumer's recovery. Activities must be performed for the direct benefit of the CCS consumer. Consultation to family members for treatment of their problems not related to the CCS consumer's is not part of this service. May include one-to-one therapeutic support, including supportive activities.</p>
d,e,j,m	Psychosocial Rehabilitative Residential Supports	<p>Problem solving, skill building, and support provided within an alternative licensed community living situation. Includes assisting the consumer to move towards independent living by gaining and utilizing skills related to personal hygiene, household tasks, community living, social and emotional support, psychosocial education, transportation utilization, medication management and other day to day requirements of living and to address barriers to success in independent living. Services designed to provide for the highest level of independent functions and quality of life possible. (Includes psychosocial rehabilitation services only, no room, board and supervision).</p>
i,k,l,m	Psychotherapy	<p>Individual or group psychotherapy. Performed by a psychiatrist, psychologist, or master's level psychotherapist only (In HFS 36, it is staff listed #1 through #8).</p>

# 2006 CCS SERVICE ARRAY

County Name:

c, i, l, n	<p>Recovery Education and Illness Management</p>	<p>Recovery education and illness management are a broad set of strategies that promote hope, healing and empowerment. These strategies are designed to help individuals manage their illness, reduce their susceptibility to the illness, cope effectively with symptoms, identify supports that are effective, and advocate for receiving those supports.</p> <p>Major activities may include:</p> <ul style="list-style-type: none"> <li>• Individual skills/illness self-management training – focus on recovery training where outcome is to give the consumer self-assessment skills, and includes interventions such as modeling, role-playing, practice, homework, shaping and reinforcement. Community activities which focus on decreasing the symptoms of mental illness through various wellness activities. May include one-to-one therapeutic support, including supportive activities.</li> <li>• Counseling – Oriented toward problem solving and supportive activities provided in individually and in groups for consumers and their families to engage in recovery-based activities at home and in the community. Teaching individuals how their thinking styles and beliefs influence their feelings, and helping them to evaluate and change thoughts the lead to depression, anxiety, and anger. Includes cognitive-behavioral strategies to reduce severity and distress of persistent symptoms and promote personal insight within a group dynamic</li> </ul> <p>Support to develop a crisis plan – includes identification of early warning signs of crisis and details about preferred supports.</p> <p>Gender-based, strength based, and integrated treatment.</p>
	Substance Abuse Treatment	
variable	Other: Individually tailored psychosocial rehabilitative service	Detailed description must be evident within the Recovery Plan

Assessment Domains 36.16 (4). Identify all domains applicable to each service described in the array.

- (a) life satisfaction, (b) basic needs, (c) social network, family involvement, (d) community living skills, (e) housing issues, (f) employment (g) Education (h) finances and benefits, (i) mental health, (j) physical health, (k) substance use, (l) trauma / life stressors, (m) medications, (n) crisis prevention management, (o) legal status, (p) other identified domains