

---

# UR 201

---

Medical Necessity

Adult Mental Health Services

---

# Adult Mental Health Services

- Carefully review the precipitating event
- Many different scenarios – intensity and amount of need determine appropriate service
- Most common course of illness–
  - Person has their first psychotic or crisis episode as an adult (person may have received services as a child)
  - Person is offered variety of services and treatment options
  - Person's engagement and participation varies. Other factors may cause symptoms to become more severe – childhood trauma, homelessness, domestic violence, incarceration
  - Person moves in both directions of the continuum until reaching recovery
  - Person may require services to maintain recovery

---

# Community Support Team

- Symptoms are moderate to severe- psychosis is present, difficulty processing information/memory, impulsive and reckless. Symptoms may cause long-term psychiatric disability.
- Most likely had serious ideation, gesture, attempts in past – no current risk
- Significant difficulty in areas requiring intense skill training to increase functioning.

---

# Community Support Team

- Expect serious medical issues unaddressed by primary care. May not following up with primary care doctor or not have one
- May have substance abuse issues – if so, expect to be addresses in PCP through referral for treatment
- Unemployment may be the result of significant functional impairment due to symptoms of mental illness. May not be appropriate for referral to Voc Rehab or Psychosocial Rehab until more stable. However, employment and school are important for recovery.

---

# Community Support Team

- Expect some isolation, lack of supports from non-paid people, difficulty interacting appropriately with others or behave appropriately in social settings.
- Legal issues may be prominent – court order for bench warrant due to missed court is possible
- May see lack of follow through with previous MH treatment. Could be result of first psychotic episode and/or first hospitalization, however, more likely numerous hospitalizations. Lack of skills maybe cause for lack of MH treatment follow up.

---

# Community Support Team

- May have difficulty with medications and requires skill training to self-administer.
- More likely to experience homelessness and/or experiencing trauma – may cause increase in symptom severity. May have indicated need for skill building to address these issues

---

# Community Support Team

- Referral to:
  - ❑ Outpatient Treatment – medication, psychiatry and therapy.
  - ❑ Community services such as Social Security-benefits, DSS-food stamps, Voc Rehab – employment assistance; Primary Care Doctor for medical care.
  - ❑ If referral to Psychiatric Rehabilitation CST need to consider the amount of CST and PSR required for person

---

# Community Support Team

- Questions To Consider - Initial Review
  - ❑ Does recipient require fewer than 8 hrs a week? (if so, may consider OP).
  - ❑ Does recipient require skill building interventions?
  - ❑ What other services are being provided by CST staff or provided by other than CST staff?
  - ❑ If ASAM indicates need for intensive SA treatment, is there a referral to SAIOP/SACOT?

---

# Community Support Team

- Questions To Consider - Reauthorization
  - ❑ What other services has the recipient been referred to and has the recipient used these services?
  - ❑ Is there progress in skill acquisition?
  - ❑ What changes in behavior or symptoms have occurred? Have the recipient's behaviors or symptoms improved?
  - ❑ How long has the recipient been provided CST?
  - ❑ What other services are being provided by CST staff?

---

# Community Support Team - Possible Severity Profile

- Severity of the symptoms is causing significant difficulties in at least (2) two life domains and (4) four of the following:
  - several psychiatric hospitalizations
  - high uses of crisis services
  - failure to take psychiatric medications
  - unaddressed medical issues
  - episodes of homelessness
  - threats to hurt themselves or others
  - co-occurring substance abuse issues
  - legal issues.

---

# ACTT

- Specific to Diagnosis of Schizophrenia, other psychotic disorders (Schizoaffective), Bipolar – symptoms more often cause long-term psychiatric disability – severe, persistent, reoccurring. Individuals with other psychiatric illnesses are eligible dependent on the level of acuity and longevity of the disability

---

# ACTT

- Most likely had serious ideation, gesture, attempts in past – minimal/no current risk
- Significant difficulty in areas requiring intense skill training and support to increase functioning.
- Expect serious and possibly multiple unaddressed medical issues with the person not following up with primary care doctor or not have one.

---

# ACTT

- Many will have substance abuse issues and PCP will identify intervention SA specialist on team will provide
- Unemployment is common as eligibility for SSI/SSDI. However, employment and school are important for recovery. Referrals to Voc Rehab are not appropriate. Psychosocial Rehab is not allowed during provision of this service

---

# ACTT

- Expect isolation, lack of supports from non-paid people, inability to interact appropriately with others or behave appropriately in social settings
- Legal issues may be prominent – court order for bench warrant due to missed court is possible
- Usually lack of follow up with MH treatment – inability to utilize traditional treatment services. Could be result of first psychotic episode and/or first hospitalization, however, more likely numerous hospitalizations.

---

# ACTT

- Usually resistant to taking medications. Lacks skills and ability to self-administer medications. Needs education about medications. May be very resistant to seeing psychiatrist. Will not attend clinic appointments.
- Most likely to experience homelessness and/or trauma – may have been exploited as child or adult. These may cause increase in symptom severity. Indicates need for interventions to address trauma issues and/or prevent homelessness.

---

# ACTT

- Referrals:
  - Community services such as Social Security-benefits, DSS-food stamps, Primary Care Doctor for medical care.

---

# ACTT

## ■ Questions To Consider - Initial Review

- ❑ Does recipient require intensive service support (possibly daily)?
- ❑ Is the recipient not willing to attend clinic appointments with psychiatrist?
- ❑ Does recipient have distrust of therapist, psychiatrists?
- ❑ Is the recipient unable to successfully attend a day program?
- ❑ Does the recipient experience frequent crisis (visits to ER, crisis service involvement)?
- ❑ Has prior service been use with little or no progress?
- ❑ What changes in behavior or symptoms have occurred?  
Have the recipient's behaviors or symptoms improved?

---

# ACTT

- Questions To Consider - Reauthorization
  - ❑ Is there progress in skill acquisition?
  - ❑ What changes in behavior or symptoms have occurred? Have the recipient's behaviors or symptoms improved?
  - ❑ Is the documentation indicate continued need for intensity?
  - ❑ Is there evidence that without continued ACTT services the person would lose the gains made?

---

# ACTT - Possible Severity Profile

- Severe and persistent symptoms that interfere in all areas of their life
- Usually have experienced frequent hospitalizations, incarceration, homelessness, unaddressed serious medical conditions, and/or co-occurring substance abuse
- Have been unable to utilize traditional mental health services and may need assertive outreach to engage them into receiving services
- Usually diagnosed with schizophrenia, other psychotic disorders or bipolar disorder as these illnesses more often cause long-term psychiatric disabilities

---

# Psychosocial Rehabilitation

- Symptom severity cause serious problems in areas of functioning (school, employment, relationships, social, ADL's).
- Some past ideations or gestures – current no risk present
- Significant difficulty in areas (school, employment, relationships, social, ADL's) requiring intense skill training and support to increase functioning.

---

# Psychosocial Rehabilitation

- May have medical issue needing skill building to assist person in following up with primary care, information to provide doctor, etc.
- May have substance abuse issues but this issue is not addressed by this service
- Unemployment and school issue usually present. Expect to see addressed on PCP.

---

# Psychosocial Rehabilitation

- Most likely person experiences some isolation, lack of supports from non-paid people, difficulty interacting appropriately with others or behave appropriately in social settings.
- May indicate some legal issues.
- Most likely person will have some follow up with MH treatment. Person is willing and able to commit to attending program.

---

# Psychosocial Rehabilitation

- May have difficulty with medications and requires skill training to self-administer.
- May have indicated need for skill building to address issue of trauma and to prevent homelessness.
- Clinical home is responsible for referrals to other needed services.

---

# Psychosocial Rehabilitation

- **Questions To Consider - Initial Review**
  - ❑ Does recipient require assistance in skill building or vocational skills?
  - ❑ Is there evidence person is willing and able to attend program?
  - ❑ Important to consider the amount of CST provided and the requested amount of PSR.

---

# Psychosocial Rehabilitation

- Questions To Consider - Reauthorization
  - ❑ Has progress been made in skill training?
  - ❑ Has recipient demonstrated regular attendance to program (excluding external factors such as lack of transportation)?
  - ❑ What changes in behavior or symptoms have occurred? Have behaviors or symptoms improved?

---

# PSR - Possible Severity Profile

- Significant symptoms of mental illness resulting in difficulties in (2) two life domains
- One of the following
  - significant difficulty consistently performing the skills required for basic adult functioning in the community
  - significant difficulty maintaining consistent employment at a self-sustaining level
  - significant difficulty consistently carrying out the head of household responsibilities
  - significant difficulty maintaining a safe living situation

---

Professional Services in a

## Facility-based Crisis Program

- Precipitating events outline crisis episode
- Symptoms are acute, imminent, and/or an immediate crisis requiring short-term placement to prevent psychiatric hospitalization.
- Moderate to severe risk – has ideations or plan
- At risk of hospitalization due to functional problems in the community (disruptive or dangerous behaviors)

---

Professional Services in a

# Facility-based Crisis Program

- Intoxication from alcohol or drugs.
- Placement may be result of Commitment Status.
- Lack of follow through with medications may have resulted in crisis and need for this service. However, this is not relevant to approval of this service.
- Referral Community services such as Social Security-benefits, DSS-food stamps, Primary Care Doctor for medical care. Referral for Enhanced services if appropriate or discharge planning with current provider

---

Professional Services in a

# Facility-based Crisis Program

## ■ Questions To Consider

- ❑ What is happening that justifies a stay longer than the pass through period?
- ❑ Is the person still experiencing crisis and in need of further stabilization?
- ❑ Is the person in danger of regressing to a crisis state if there is not further stabilization?

---

Professional Services in a

# Facility-based Crisis Program

## ■ Questions To Consider

- ❑ Is discharge planning taking place?
- ❑ If the consumer has a clinical home provider, is the primary contact involved in discharge planning?
- ❑ If the person is new to the system, has a referral to a clinical home provider been made?

---

## Facility Based Crisis - Possible Severity Profile

- Symptoms of mental illness that are acute resulting in an imminent crisis
  - Require short-term placement for stabilization
  - One of the following
    - insufficient or severely limited skills necessary to cope with the immediate crisis
    - impairment of judgment and/or impulse control and/or cognitive/perceptual disabilities
    - behaviors which demonstrate risk of escalating to the point of requiring hospitalization
    - imminent risk of harm to self or others.
-

---

# Experiential Learning

---

ACTT

Community Support Team