

STATE <u>Texas</u>	A
DATE REC'D <u>2-28-12</u>	
DATE APPV'D <u>5-24-12</u>	
DATE EFF <u>1-1-12</u>	
HSCA 179 <u>12-06</u>	

13. d. Rehabilitative Services (continued).

2. Mental Health Rehabilitative Services – Service Definitions:

Mental Health Rehabilitative Services are age-appropriate, individualized, and designed to ameliorate mental and functional disabilities that negatively affect community integration, community tenure, and/or behaviors resulting from serious mental illness or emotional disturbance that interfere with an individual's ability to obtain or retain employment or to function in other non-work, role appropriate settings. Day programming for acute needs is provided on a large group basis and is site-based. All other services are provided on a one-to-one or small group basis, either on-site or in the community. Mental health rehabilitative services include:

- a. Medication training and support – curriculum-based training and guidance that serves as an initial orientation for the individual in understanding the nature of their mental illnesses or emotional disturbances and the role of medications in ensuring symptom reduction and increased tenure in the community. This service includes: assisting the individual to develop correct procedures for following a prescription medication regimen; strategies to manage symptomology and maximize functioning; developing an understanding of the relationship between mental illness and the medications prescribed to treat the illness; the interaction of medication with other medications, diet, and mood altering substances; the identification and management of potential side effects; and the necessity of taking medications as prescribed and following doctor's orders.

Providers of medication training and support must be certified as at least one of the following:

- 1) Qualified Mental Health Professional - Community Services (QMHP-CS)
- 2) Community Services Specialist (CSSP)
- 3) Peer Provider
- 4) Licensed medical personnel
- 5) Family Partner

- b. Psychosocial rehabilitation service – social, educational, vocational, behavioral, and/or cognitive interventions to improve a client's potential for social relationships, occupational or educational achievement, and living skills development. This service is provided by members of a therapeutic team. When appropriate, the provision of services will address the impact of co-occurring disorders upon the individual's ability to decrease symptomology and increase community tenure. This service includes:

- (1) Independent living – skills training and/or supportive interventions that focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers and teachers. Training for independent living includes: skills related to personal hygiene; transportation utilization; money management; the development of natural supports; access to needed services in the community, e.g., medical care, substance abuse services, legal services, living accommodations; and social skills, e.g., communicating one's needs to strangers and making appropriate choices for the use of leisure time. Individuals receiving psychosocial rehabilitation service are not eligible to simultaneously receive skills training and development.

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**13. d. Rehabilitative Services (continued).
Service Definitions (continued).**

- c. Skills training and development – skills training and/or supportive interventions that focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers and teachers. Skills training and development may include: skills related to personal hygiene; transportation utilization; money management; the development of natural supports; access to needed services in the community, e.g., medical care, substance abuse services, legal services, living accommodations; and social skills (e.g. communicating one's needs to strangers and making appropriate choices for the use of leisure time). Individuals receiving skills training and development are not eligible to simultaneously receive psychosocial rehabilitation service.

Providers of skills training and development must be certified as at least one of the following:

- | | |
|------------|-------------------|
| 1) QMHP-CS | 3) Peer Provider |
| 2) CSSP | 4) Family Partner |

- d. Crisis intervention – intensive community-based one-to-one service provided to individuals who require services in order to control acute symptoms that place the individual at immediate risk of hospitalization, incarceration, or placement in a more restrictive treatment setting. This service focuses on behavioral skills training for stress and symptom management, problem solving and reality orientation to help the individual identify and manage their symptoms of mental illness, supportive counseling, and training to adapt to and cope with stressors. Also included is the assessment of dangerousness and, when appropriate, coordination of emergency services.

Providers of crisis intervention must be certified as a QMHP-CS.

- e. Day program for acute needs – short-term, intensive, site-based treatment in a group modality to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting or reduce the amount of time spent in the more restrictive setting. Day programs for acute needs are goal-oriented, provided in a highly structured and safe environment with constant supervision, and ensure an opportunity for frequent interaction between client and staff. Day programs for acute needs must at all times have sufficient staff to ensure safety and program adequacy according to an established staffing ratio and staff response times. This service focuses on intensive, medically-orientated, multidisciplinary interventions such as behavior skills training, crisis management and nursing services that are designed to stabilize acute psychiatric symptoms. These services may be provided in a residential facility; however, none of the residential facilities are greater than 16 beds.

Providers of day program activities that address symptom management and functioning skills must be certified as at least one of the following:

- | | |
|------------|------------------|
| 1) QMHP-CS | 3) Peer Provider |
| 2) CSSP | |

Providers of day program activities that address pharmacology issues must be certified as licensed medical personnel. Providers of psychiatric nursing services must be a registered nurse (RN).

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**13. d. Rehabilitative Services (continued).
Providers and Qualifications (continued).**

e. Family Partner

The credentialing requirements for a family partner are as follows:

- High school diploma or high school equivalency and
- One cumulative year of participating in mental health services as the parent or legally authorized representative (LAR) of a child receiving mental health services.

A family partner must be supervised by at least a QMHP.

A family partner must satisfy all staff credentialing, competency, training, and clinical supervision requirements as stipulated in 13.d.B.2. Services provided by a family partner must be included in the treatment plan as described in 13.d.A.

Family partners must be credentialed as a certified family partner within one year of their hire date. The State or its contractor manages the state certification process for family partners and will make all necessary education and training modules relevant to the certification process available to all family partners. The State or its contractor will administer and oversee the testing protocol for certified family partners.

The family partner service is provided to parents or LARs for the benefit of the Medicaid eligible child.

4. Mental Health Rehabilitative Services do not include any of the following:

- a. services to inmates in public institutions as defined in 42 CFR § 435.1009;
- b. services to individuals under 65 years of age residing in institutions for mental diseases as described in 42 CFR § 435.1009;
- c. job task specific vocational services;
- d. educational services;
- e. room and board residential costs;
- f. services that are an integral and inseparable part of another Medicaid-reimbursable service, including targeted case management services, residential rehabilitative behavioral health services, institutional and waiver services;
- g. services that are covered elsewhere in the state Medicaid plan;
- h. services to individuals with a single diagnosis of mental retardation or other developmental disability or disorder and who do not have a co-occurring diagnosis of mental illness in adults or serious emotional disturbance in children;
- i. inpatient hospital services;
- j. respite services; or
- k. family support services.

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13. d. Rehabilitative Services (continued).
Service Definitions (continued).

- c. Skills Training and development – skills training and/or supportive interventions that focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers and teachers. Skills training and development may include: skills related to personal hygiene; transportation utilization; money management; the development of natural supports; access to needed services in the community, e.g., medical care, substance abuse services, legal services, living accommodations; and social skills (e.g. communicating one's needs to strangers and making appropriate choices for the use of leisure time). Individuals receiving skills training and development are not eligible to simultaneously receive psychosocial rehabilitation service.

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Providers and Qualifications (continued).**

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- g. services that are covered elsewhere in the state Medicaid plan;
- h. services to individuals with a single diagnosis of mental retardation or other developmental disability or disorder and who do not have a co-occurring diagnosis of mental illness in adults or serious emotional disturbance in children;
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