


Adult Rehabilitative Mental Health Services (ARMHS)
Information Seminar
For Potential Provider Organizations
DHS/ Adult Mental Health Division
2013



Minnesota Department of Human Services

Introductions

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Clinical Services & Policy Team
ARMHS Coordinator

www.dhs.state.mn.us/ARMHS

On-line Resources
Adult Rehabilitative MH Services (ARMHS)

Mental Health Policy Manual →
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=MHP_M_01

Adult MH Division ARMHS Webpage →
<http://www.dhs.state.mn.us/ARMHS>
"Documents" associated with Certification & training for on-line courses, under .

On-line Resources, cont'd...

MN Health Care Programs Website →
<http://www.dhs.state.mn.us/provider>

Google
→ 'MN ARMHS' and this will bring you into the ARMHS webpage

→ 'Cultural Factors + toolkits'
http://www.aoa.gov/AoA_programs/Tools_Resources/DOCS/AoA_DiversityToolkit_Full.pdf

Today's Objectives

1. Understand the rehabilitative focus of ARMHS.
2. Clarify eligibility for ARMHS.
3. Learn what types of rehabilitative services are possible through ARMHS.
4. Answer provider questions associated with the ARMHS Certification Application, Attachments, & Assurances.

Overview

Adult Rehabilitative Mental Health Services (ARMHS) are restorative, recovery-oriented interventions delivered directly to individuals who have the capacity to benefit from them, whether in their homes or elsewhere in the community.

This means that skills that have been lost or diminished due to the symptoms of mental illness can be acquired, practiced, and enhanced whenever and wherever they are needed.

**MN Rehab Option Services →
Adult Rehabilitative Mental Health Services (ARMHS)**

“Mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness.”

MN Statute 256B.0623

Characteristics Of Adult Rehabilitative MH Services

“Enable a recipient to retain stability and functioning if the recipient is at risk of losing significant functionality or being admitted to a more restrictive service setting without these services; and

Instruct, assist, and support a recipient in areas such as medication education, monitoring, basic living & social skills, mental illness symptom management, household management, employment-related, or transitioning to community living.”

MN Statute 256B.0623

What is a ‘Rehabilitative’ Service?

“Medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under State Law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.”

Goal → reduce the duration & intensity of medical care to the least intrusive level possible which sustains health.

Center for Medicare/Medicaid Services (CMS)

Eligibility

- Adult age 18+
- Diagnosed with a serious mental illness
- Functional impairment in three+ life domains due to the symptoms of the serious mental illness. ↓ self sufficiency = a

ICD-9-CM
290-302.9
-or
306-316

LOCUS level 3 or 2

Eligibility, cont’d

- Diagnostic assessment by a qualified MHP indicates ARMHS services are medically necessary.
- MHP opinion that the Person has the cognitive capacity to engage in & benefit from the rehabilitative service i.e., believes Person can regaining or restoring capabilities linked to a mental illness.

Federal MA Eligibility Standards

- Medicaid eligible
- Recognized service need
- Medical necessity is based on a diagnostic assessment, linked to the functional assessment & individual treatment plan;
- Clinical supervision by MA-enrolled mental health professional of qualified staff;
- Documentation of treatment and re-evaluation of the treatment interventions.

Establishing Medical Necessity for a Rehabilitative Service means

A serious mental illness...
 where symptoms are impairing functioning

And
 Those functional issues interfere with the person's achievement of his / her own personal recovery goals.

ARMHS Covered Service Categories

Basic Living and Social Skills

Activities that instruct, assist, & support a person about skill areas essential for everyday independent living.

Examples:
 Communicating opinions, thoughts & feelings, or key information with others
 Feeling confident in different social roles & settings
 Communicating about, or when in a stressful situation
 Discovering and using community resources to get needs met
 Getting outside help to deal with a difficult situation
 Preventing relapse
 Budgeting & shopping • Managing a home
 Developing a healthy lifestyle
 Moving around the community
 Monitoring use & effectiveness of medications
 Managing the symptoms of mental illness
 Planning for employment • Finding or retaining work
 Pursuing education

Medication Education

Medication Education services educate the Person about →

- Mental illness and symptoms
- The role and effects of medications in treating symptoms of mental illness

~ and ~

- The side effects of medications

Community Intervention

Community intervention Services activated on behalf of a person in order to:

- Alleviate or reduce a barrier(s) to community integration or independent living; ~ or ~
- Minimize the risk of loss of functioning which could result in hospitalization or placement in a more restrictive living arrangement

→ due to presence of a functional barrier linked to symptoms of the mental illness

Transition to Community Living

Allows for concurrent services for the person who is currently receiving higher level of care services

AND →

- The individual will be leaving a sub-acute level of care service, such as Assertive Community Treatment (ACT), a skilled nursing facility, an Intensive Residential Treatment Services (IRIS) program, or an acute care service such as a regional treatment center, or an inpatient hospital setting within a period of up to 180 days
- A way for a rehabilitation services provider and the sub-acute or acute care provider to work with the person in a mutual manner. By working together, discharge planning can promote successful re-entry into community living.
- Transitioning services are integrally coordinated with, but not duplicative of discharge planning required by higher level of care services.

Certified Peer Specialist (CPS) Support Services

A non-clinical service approach emphasizing Recovery.

Interventions target capacity building related to:

empowerment self-determination decision-making modeling wellness, demonstrating personal responsibility, self-advocacy...

Through the appropriate sharing of a mutual life experience related to a mental illness

Non-covered Services

- Room & Board
- Personal care
- Transportation of people
- Vocational (pre-vocational training)
- Academic education (classroom)
- Services to persons residing in public institutions (specifically inmates of penal institution, IMDs, state custody, under state administrative control)

Factors To Consider >>> Referrals

1. Why ARMHS?
2. What is currently happening that leads you to believe the person would benefit from ARMHS?
3. What evidence supports this opinion?

The ARMHS TEAM

↓ Mental Health Professional (MHP)

Mental Health Practitioner (MH Prac)

Mental Health Rehab Worker (MHRW)

Certified Peer Specialist (CPS)

Roles: Clinical Supervisor (role) MHP

Treatment Director (role) MHP or MH Prac

Mental Health Professional

- Clinical Nurse Specialist MH
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Psychologist (LP)
- Psychiatrist
- Licensed Marriage and Family Therapist (LMFT)
- Mental Health Rehabilitation Professional (CPRP or CRC)
- Licensed Professional Clinical Counselor (LPCC)

Mental Health Practitioner

BA/BS in a behavioral science or related field from an accredited school, with 2000 hrs supervised work experience delivering services to people with a major mental illness -Or-

BA/BS + fluent in the dominant, non-english language of 50%+ of people served, completes 40 hrs of training in the delivery of services to people with a mental illness, & has wklly clinical supervision until 2000 hrs met.

- Or- HS graduate with 6,000 hrs supervised experience delivering services to persons with mental illness
- Or- Graduate student in behavioral science or related field, formally assigned to agency or facility for clinical training
- Or- Master's/other graduate degree in behavioral science or related field, less than 4,000 hrs post-master's supervised experience in treatment of mental illness

Mental Health Rehabilitation Worker

Must be 21+, a HS diploma, or equivalent & 1 of the following in past 10 yrs:

-A- post secondary education of 2 yrs in behavioral science or RN 2 yr degree -or-

3 yrs as a consumer with serious mental illness(SMI) -or-

3 yrs experience as a primary caregiver to an adult with SMI -or- Delivered 4000 hrs supervised MH services to adults with SMI

OR→ -B- Culturally competent as to the ethnic group served by the MHRW to which at least 20% of clients belong with wklly clinical supervision.

And → 30 hrs training in specific MH topics in past 2 years prior to start of service delivery

Remember

- **MH Practitioners and Certified Peer Specialist II CAN develop FA's, LOCUS, Interpretive Summaries, IIP's, & Progress Notes under the clinical supervision of the MHP**
- **A MH Rehabilitation Workers and CPS I CANNOT develop a FA, LOCUS, Interpretive Summary, or IIP's. The MHRW CAN implement the plan & develop a Progress Note which is co-signed by the MHP Clinical Supervisor or Treatment Director**

The Role of the Clinical Supervisor

MHCP-Enrolled Mental Health Professional

Responsibilities

- ❑ Chart review of recipient file documentation 2x annually & must be documented in recipient record.
- ❑ Review submitted assessment data and service plans. Approve FA's and IIP's as evidenced by signature.
- ❑ Meet with all ARMHS staff for documented consultation (1:1 or group) at least once monthly.
- ❑ Assure recipient eligibility -AND-

The Role of the Clinical Supervisor, cont'd...

- **Determine & ensure documentation of medical necessity of services**
- **Assure staff are qualified/ trained in provision of ARMHS services**
- **Meet with Treatment Director min. of 1x/ mo. to:**
 - review program needs
 - review field observations of MHRWs
 - plan staff training & development
- **& Be Available for Urgent Consultation**

The Role of the Treatment Director

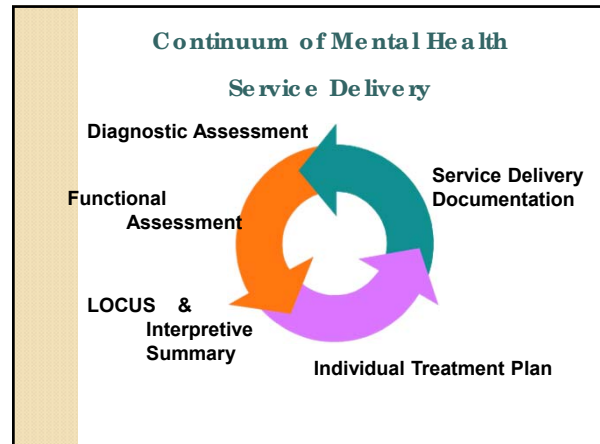
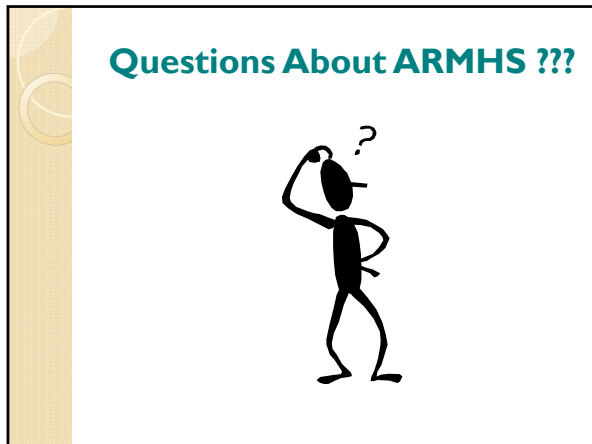
- **To assist the clinical supervisor in directing others under the supervision of and in consultation with the clinical supervisor.**

The Responsibilities of the Treatment Director

- **Field observations in supervision of MHRWs**
- **Review progress notes for consistency with IIP. Co-sign MHRW progress notes**

• ...Let's see the ARMHS Webpage

www.dhs.state.mn.us/ARMHS



Diagnostic Assessment (DA)

Establishes the psychiatric diagnosis →

- narrative descriptors substantiate the diagnosis
- makes recommendations regarding potential services that can impact unmet needs.

A Standard DA that meets R.47 standards

DA: < 3 years old from date of initial start or intake date for ARMHS.

Timeline:
DA received w/n 5 days after 2nd visit -or- w/n 30 days after intake date, whichever occurs first

MHP review of DA conducted- MHP will write brief DA update summary, if no change in MH status or diagnosis & in accordance with R. 47.

Functional Assessment (FA)

Purpose:
Assess current status and functioning,

Info gathered across 13 domains through
FA Conducted by
✓ Clinical Supervisor MHP -or-
✓ MH Practitioner supervised by clinical supervisor MHP

Describes how the symptom(s) of the diagnosed mental illness impacts functioning & what happens because of this functional barrier.

↓

This establishes Medical Necessity

Time Line: Finished & approved by MHP Clinical Supervisor w/n 30 days of official start or intake date

- Review every 6 mo. at minimum

Functional Assessment, cont'd

Assesses Functioning in the Following Domains →

- Mental illness symptoms
- MH service needs
- Use of drugs or alcohol
- Vocational functioning
- Educational functioning
- Physical & Dental Health
- Transportation
- Social functioning
- Interpersonal functioning,
- Self-care & independent live capacity
- Financial Assistance
- Housing &
- OTHER

A Solid Assessment Aides in the Development of the Rehabilitation Services Plan by Answering

- Why the consumer seeks services
- What are the presenting and historical issues, problems, strengths, and needs
- What are the current issues placing the client most at risk
- How should these and other needs be prioritized and addressed
- What skills and resources the client has
- What skills and resources the client needs to meet their goals
- What interventions are needed, when, how quickly, in what services and settings, and with what provider (s).

LOCUS

- **Standardizes Level of Care eligibility and continuity of care recommendations across MN's MH system.**
- **Linkage to Deerfield Publishing IOCUS website through the MHCP Manual.**
- **DHS Bulletin #09-53-04/C - 6/10**

The Interpretive Summary

<p>Synthesizes Gathered Assessment Data</p> <p>Makes The Assessment Data Meaningful for Rehabilitation</p> <p>Does <u>Not</u> Simply Repeat Gathered Information</p>	<p>Recovery-related View of what the Person Would Like To Achieve in their future life</p> <p>Provides Direction & Sets Priorities significant to the Service Plan</p> <p>Possible Risk Factors Strengths, Needs, Abilities, and Preferences,</p>
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Common Assessment Mistakes

NOT

- Person-centered in approach
- Used as a process to engage client
- Supporting a recovery process
- Rechecked for accuracy and clarification
- Turning data into information
- Tying function to the symptoms of mental illness
- Summarizing or condensing information to salient points that support planning & rehabilitation service delivery

Individual Treatment Plan (IIP) "The Action Plan"

Purpose: ↑ **Functioning so person moves toward the attainment of their Recovery Vision**

Timeframe: The **first IIP** is completed & approved **w/n 30 days of start/intake date & at minimum every 6 months** →
Best practice every 3 months

Recovery Vision/ Outcome: **A statement that describes what the person would like to see happen in their future life, which is not happening now. This is about their hopes & dreams. This statement is "Owned" by the person - not the professional.**


Key Components of the Service Plan

- **Rehabilitation Goal:** What the person will be able to do, which they can't do now because of the symptoms of the mental illness. Describes the targeted area for change & the person's desired outcome. Attainable in 9-36 months.
- **Objective:** What the person will be able to do within the next 3-6 months. A small step linked to the Rehabilitation Goal. Describes what a person will be moving "forward" on that will contribute to achieving the overarching Recovery Vision.

Rehabilitative Interventions

The methods & techniques the ARMHS staff will use that results in the person:

- **acquiring / generalizing a skill or ability,**
- **developing / using community resources & natural supports, or**
- **results in the person developing / shaping the ir recovery vision.**



ITP, cont'd...

- Links functional barrier to the rehab goal/objective = medical necessity
- Specifies rehab intervention time frame
- Frequency & length of sessions
- Describes service coordination with other service providers
- Identifies if and type of referral or a non-covered service will occur
- Identifies cultural considerations important to design & delivery of ARMHS

First Things First

- IIP illustrates how priorities will be addressed. **Can't do everything at once**
 - What is most important
 - What comes first

ARMHS Service Delivery Considerations

Service Location:	Frequency of Sessions
Home	
Community	
Office	
Modality:	Length of Sessions
1:1	
Group	
	ARMHS Staff Responsible

Good Goals Say Where the Person is Going

Unhelpful Goals
describe the process of the intervention,
AND~
forgets to describe the outcome of the intervention.

EX: Recovery & Rehabilitation Treatment Goals

Recovery Vision ↓	Rehabilitation Treatment Goal ↓
I don't want to get sicker.	Experience psychiatric stability through independent medication and symptom self-management.
I want my own apartment where no-one can tell me what to do.	Be able to focus & pay attention so I can learn skills to live independently in community.
I want a girlfriend and lots of buddies to do things with.	Manage depressive symptoms by being active and spending time with my network of friends and social contacts.

EX: Rehabilitation Treatment Goal and an Objective

Recovery Goal: I want a girlfriend & buddies to do things with

Rehab Treatment Goal	Objective
Manage depressive symptoms by being active and spending time with my network of friends and social contacts.	I feel good about time spent with people I like doing things away from my home, at least once a week.

EX: Rehabilitation Treatment Goal, Objective & Intervention
Recovery Goal: I want a girlfriend & buddies to do things with.

Rehab Treatment Goal	Be active and spend time with my network of friends and social contacts regularly
Objective	I feel good about time spent with people I like doing things away from home, at least once a week.
Intervention	Rehab Focus: "developing & accessing natural support networks" Mary will teach me the communication skills→ "Asking others about their interests & hobbies" & "Asking others out" using demos, practicing by using role plays, and coaching/ praising use of the skill resulting in scheduled time with friends.

Progress Notes
 Service Delivery

Federal Medicaid says...

- **Progress notes should include:**
 - The individual's name receiving the service
 - The date the service occurred
 - The specific title of the service (EX: ARMHS)
 - The start/stop time of the service session
 - Summary of the service delivered with content related to the Treatment Plan & progress made
 - Client response to services rendered
 - Who delivered the service (signature & title)

4 Core Questions for progress notes

- What **goal / objective** (from ITP) is the focus for this session?
- What was the delivered **rehabilitative intervention?**
- How did the person **respond to the intervention?**
- What are the **next steps or plan** for the next session?
- Anything unusual **for this person** happen?

Progress Note "Recipe" for Content

- **Goal / Objective**
- **Intervention**
- **Response of the person to the Intervention**
- **Plan for the next session "Next Steps"**
- **Significant Observations, unusual, if any**

Two Notes for John

Rehab Goal: I am in control of my emotions when in public places so I can get what I need to take care of myself on my own.

Objective: I buy fresh foods-not boxed foods- so I can cook my own healthy meals each week.

EX: #1—without GIRP—

Picked up John to go to the grocery store. We picked up food for meals and discussed need to budget. John does not like fruit. Discussed importance of eating fruit. John was uncomfortable in store & wanted to leave. Told him I would be by next Wednesday.

Two Notes for John, cont'd...

Goal: I am in control of my emotions when in public places so I can get what I need to take care of myself on my own.

Objective: I buy fresh foods-not boxed foods so I can cook my own healthy meals weekly.

John created a grocery list for the ingredients needed to create 14 healthy lunch & dinner meals for the next 7 days. He did this using his "Meal Deal" cooking book & a chart that he created on Monday.

I: John said he was feeling anxious while in the store. Staff modeled the use of square breathing, the relaxation skill we practiced last session.

R: John followed the skill sequence with verbal cues. After 3 min., he said he felt more relaxed & finished shopping for groceries.

P: John plans to use the grocery checklist next week when he shops with his neighbor. He said he will use the square breathing skill if he starts to feel anxious or panicky. We will meet Wed, 3/29, compare his grocery receipt against his menu chart, & practice square breathing skill. Then, the communication skill, "How to ask for help from authority figures" will be introduced and demonstrated.


S: N/A

More Questions???

Submit certification application & assurances as a pdf (or series of word docs) **electronically** to our secured email address:

dhs-mhrehab-Adult@state.mn.us

Or Mail
a cd-rom or thumb drive to:
DHS/AMHD- ARMHS Coordinator
PO Box 64981,
St. Paul, MN 55164-0981
 Scanned Signed signature pages will be accepted



The Certification Process

-Based on Provider Type-


County-operated Entity

Tribal-operated Entity

Private Provider

Joint Power Commissions

More Questions?



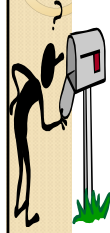
There is no time limit for submitting your certification application.

Take Your Time!

More Questions ???

The process of approval may take as little as 4 weeks to as long as a year → based upon...

- Is the application complete?
- Can the provider organization implement the services?
- Is the service described a rehabilitative service ?



More Questions???

If you are frustrated or confused, or overwhelmed →

Call, or email Melinda at:
melinda.m.shamp@state.mn.us
651-431-4375

