

**DHHS Office of Adult Mental
Health Services & APS Healthcare
*present***

**Daily Living Support Services
&
Skills Development
Training**

April 2009



Maine ASO
Behavioral Health Services
Utilization Review Program



Introductions



Training Goals

- ◆ Understanding scope of services & level of care
- ◆ Referral into service, coordination of care & expectation of service delivery
- ◆ What is progress?
- ◆ Helping consumers connect with natural supports
- ◆ Documentation of services provided

Scope of Services & Medical Necessity

- ◆ Section 17 Eligibility - an eligible diagnosis, GAF score and enrollment/certification for services (see handout)
- ◆ When determining level of care (see handout), based upon an assessment into services, consider:
 - consumer's current needs
 - other services consumer is receiving such as Community Integration, ACT services or Day Supports
 - DLSS worker's role in supporting consumer in relationship to the role of consumer's CI or ACT provider

Some uses of DLSS

- ◆ Upon discharge from hospital to help stabilize consumer by providing time limited DLSS.
- ◆ While consumer is waiting for other, more intensive supports such as PNMI. DLSS can be short-term until consumer has transitioned into new placement or long-term when a consumer is on a wait-list for other services.
- ◆ Consumer or guardian chooses not to live in a supervised setting and consumer is unable to maintain independence without supports.
- ◆ Consumer is leaving a family home or PNMI and living independently for first time and needs supports as part of transition.

MaineCare Definition of Services

Daily Living Support Services (H2017):

- ◆ Designed to assist consumer to maintain highest level of independence possible.
- ◆ Assist consumer to develop and maintain skills of daily living.
- ◆ Help consumer remain oriented, healthy and safe.
- ◆ Without these services consumer would likely not be able to retain community tenure and would require crisis intervention or hospitalization.
- ◆ Support methods include modeling, cueing and coaching.
- ◆ These services do not include specialized crisis support services (ie: are not a substitute for Crisis Services).
- ◆ DLSS are provided by an MHRT-1.

MaineCare Definition of Services

REMINDER:

- ◆ DLSS is *not* a substance abuse treatment program to keep consumer sober and/or to reinforce programs from AA.
- ◆ DLSS is *not* a treatment program to prevent illegal activities from occurring. It is *not* meant to be used to supervise consumer re: past illegal/disruptive behavior.
- ◆ The DLSS worker *is* there to help the consumer improve their ability to complete daily living tasks in order to decrease psychiatric symptoms.

MaineCare Definition of Services

Skills Development Services (H2014):

- ◆ Teaching-based services to assist consumers to increase their independence.
- ◆ Learning skills necessary to access community resources including connecting with natural supports needed to achieve their particular goals.
- ◆ Includes training in independent living skills such as learning how to use public transportation, how to budget, how to access 12-step programs and how to select and participate in educational, vocational and social activities.
- ◆ May include symptom management, how to manage stress, how to advocate for self, how to request workplace accommodations, how to problem-solve, etc.
- ◆ Skills Development services are provided by an MHRT-C.

Referral into Service

- ◆ A case manager/community support worker typically first refers consumer for services along with a request for a particular number of hours of utilization.
- ◆ DLSS/Skills provider conducts an assessment with consumer resulting in the DLSS worker's clinical justification for the designated number of hours of utilization.
- ◆ DLSS providers should not provide a service requested by the case manager if they cannot clinically justify the number of hours requested.
- ◆ The DLSS provider could recommend more or less utilization and then it's the consumer's choice to decide to use the DLSS provider or to choose another agency.

Coordination of Care

- ◆ Meet with or consult with consumer and consumer's case manager at time of in-take to discuss consumer's current needs, symptoms, progress in existing treatment and how the addition of DLSS or Skills Development will supplement consumer's current treatment and recovery.
- ◆ Create both the CI and DLSS or Skills treatment plans at the same time, if possible, so that the plans are collaborative and comprehensive.
- ◆ For collaborative care to occur, the DLSS/Skills goals need to be on the treatment plan, which acts as the consumer's service contract. If the goal is not on the plan, it cannot be worked on.
- ◆ Every 90 days at least, or more often if a major clinical change occurs, coordinate with case manager to assess consumer's progress on all goals and to ensure no duplication of services.

Expectation of Service Delivery

- ◆ At start of services, begin to develop discharge/transition plan.
- ◆ Consider consumer's base line assessment of functioning.
- ◆ Consider consumer's learning style and other obstacles to progress.
- ◆ **DLSS:** there is an expectation of decrease in utilization at every review or clinical documentation as to why a decrease is not appropriate.
- ◆ **DLSS Expected Utilization of Service:** (based upon documented clinical assessment justifying need, done by providing agency):
 - High intensity: 25 hrs/weekly
 - Mid intensity: 10-15 hrs/weekly
 - Low intensity: 2-10 hrs/weekly

Expectation of Service Delivery

- ◆ **Skills Development:** there is an expectation of decrease in utilization over time. Services are designed to be a 1 year service to teach new skills. After a year of services, a 3-month extension request can be submitted if needed, with clinically supported documentation.
- ◆ **Skills Development Expected Utilization of Service:** (based upon documented clinical assessment justifying need, done by providing agency):
 - High intensity: 15 hrs/weekly
 - Mid intensity: 10 hrs/weekly
 - Low intensity: less than 8 hrs/weekly
- ◆ More than 20 hours/weekly is not recommended as it is too overwhelming and too intense. Service is for instruction and practice time only.

What does progress look like?

- ◆ Consumer meets Continuing Stay Criteria.
- ◆ An increase in consumer's ability to perform tasks independently.
- ◆ An ability to utilize coping skills.
- ◆ Consumer is making progress with recovery.
- ◆ A retention of newly learned or re-learned skills.
- ◆ Maintenance of stability, not going back into hospital.
- ◆ A decrease in crisis calls or assessment with CSU/ER/police.
- ◆ An increase in use of natural supports and/or other appropriate community providers and activities ie: PCP, therapist, psychiatrist, day treatment, employment, volunteering, social clubs, etc.
- ◆ A decrease in need of hours/professional support.

Connecting Consumers to Natural Supports

- ◆ Be creative in finding other supports for consumer.
- ◆ Explore all possible opportunities for interactions with other people such as church suppers, bingo, stores, adult education, pets, etc.
- ◆ Document all efforts made to find non-professional, unpaid supports for assisting consumer, such as peer supports.
- ◆ Continue to try finding other supports throughout entire duration of treatment.
- ◆ Always consider: if consumer didn't have any professional supports, how would they cope?

Documentation in APS Review

APS Healthcare determines Level of Care and Medical Necessity through utilization review. The documentation, service providers submit into Care Connection for Continuing Stay Reviews, should also focus on the following areas:

Treatment Plans:

- ◆ Pull most significant goals from treatment plan and provide three examples in APS review treatment plan section. You do not need to include all action steps/objectives for each goal.
- ◆ Always consider how these goals link back to consumer's needs and symptoms.

Documentation in APS Review

Treatment Plans continued:

- ◆ Consider how these goals help consumer work on increasing or maintaining their current level of independence.
- ◆ The DLSS/Skills worker is there to motivate the consumer to work on goals.

Documentation in APS Review

◆ Examples of top 7 main goal categories for DLSS:

1. Community integration: ie: weekly banking, grocery shopping. Be careful to differentiate this goal from case manager's goals/work with consumer.
2. ADLs: brush teeth daily, showering daily and wearing clean clothes.
3. Reducing isolation/increasing socialization: how are you supporting consumer in gaining these skills?
4. Housekeeping: ie: cooking, cleaning, laundry.
5. Medication monitoring: cue/prompt/monitor consumer to take meds. as prescribed.

Documentation in APS Review

- ◆ Examples of top 7 main goal categories for DLSS continued:
 6. Coping skills: prompt/cue consumer to practice coping skills.
 7. Processing information: assisting consumer with processing incoming info. to decrease confusion is appropriate, while processing member's feelings, thoughts and emotions is the kind of support consumer would receive from therapist.

Documentation in APS Review

- ◆ Be sure to document collaboration of care with case manager: if a consumer is working on one goal with both the case manager and DLSS worker, indicate on the plan which objectives of that goal are being addressed by which provider.
- ◆ Document coordination of care with other providers: in the additional info. box in review, document how DLSS provider is coordinating care with case manager and other providers involved with member's care, ie: attending tx. plan meetings with CM weekly.
- ◆ Frequency, duration and schedule of services: ie: Mon., Wed., Fri., 9-10 am and 2-6 pm. The higher the utilization, the more specific documentation re: when a consumer is seen and why these days/times in light of other services and/or natural supports in place.

Documentation in APS Review

Other useful info. to include in reviews:

- ◆ Current LOCUS, if available.
- ◆ Other agencies involved.
- ◆ Discharge criteria and/or rehab. component including natural supports.
- ◆ Progress since last review or obstacles to progress.
- ◆ Medications if possible, and if consumer is taking them as prescribed or not.

Documentation in APS Review

Other useful info. to include in reviews continued:

- ◆ Medical and/or substance abuse co-occurrence and whether it is part of DLSS treatment or not.
- ◆ Consumer's expectations of treatment.
- ◆ If utilization has increased or remained the same, document reason why.
- ◆ Other services tried and/or being considered for consumers with high needs such as, ACT LOC, PNMI, assisted living, etc.

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Thank You