Department of Mental Health

TRANSMITTAL LETTER

SUBJECT **Community Integration of Consumers in Institutional Settings**		
POLICY NUMBER **DMH Policy 525.4**	DATE AUG 07 2013	TL# 193

Purpose. To provide the policy and practice guidelines for community integration of consumers in institutional settings in preparation for discharge to the community.

Applicability. This policy applies to Core Services Agency (CSA), Community Based Intervention (CBI) provider, and Assertive Community Treatment (ACT) provider staff that participate in the discharge planning process for consumers who are in institutional settings. Services provided to consumers that are not in anticipation of discharge should be provided in accordance with the DMH Continuity of Care Practice Guidelines.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Mental Health Authority offices.

Implementation Plans. Specific staff should be designated to carry out the implementation and training for this policy as needed, and program managers are responsible for following through to ensure compliance.

Policy Dissemination and Filing Instructions. Managers/supervisors of DMH must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in the DMH Policy and Procedures Manual.

ACTION

REMOVE AND DESTROY	INSERT
None	DMH Policy 525.4

Stephen T. Baron
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH	Policy No. 525.4	Date AUG 0 7 2013	Page 1
	Supersedes None		

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3. **Authority**. Title 22 DCMR Chapter A34, Mental Health Rehabilitation Services (MHRS) Provider Certification Standards, and Title 22 DCMR Chapter A53, Treatment Planning Services Provided to Department of Mental Health Consumers in Institutional Settings – Description and Reimbursement.

4. **Definitions**. For purposes of this policy the following definitions apply:

4a. Community Integration – Activities and tasks performed by community provider staff to assist consumers prepare for discharge from an institutional setting.

4b. Community Psychiatric Supportive Treatment Program – Rehab/Day Services (CPS-Rehab/Day) - A day treatment program provided in the community designed to acclimate the consumer to community living.

4c. Correctional Facility – A prison, jail, reformatory, work farm, detention center, or any similar facility maintained by either federal, state or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders or suspected offenders.

4d. Hospital – A facility equipped and qualified to provide inpatient care and treatment for a person with a physical or mental illness by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.

4e. Institutional settings – For purposes of this policy, includes: Institutes for Mental Disease (IMD), such as Saint Elizabeths Hospital and Psychiatric Institute of Washington (PIW); hospitals; nursing facilities (nursing homes or skilled nursing facilities); rehabilitation centers; residential treatment centers (RTCs); psychiatric residential treatment facilities (PRTFs); or correctional facilities for defendants or juveniles.

4f. Institute for Mental Disease or "IMD" – A hospital, nursing facility, or other institution with more than 16 beds which is primarily engaged in providing diagnosis, treatment or care of persons with mental illnesses, including medical attention, nursing care and related services.

4g. Nursing Facility – A facility that primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled or sick persons, or on a regular

basis, health related care services above the level of custodial care to other than individuals with developmental disabilities.

4h. Psychiatric Residential Treatment Facility or "PRTF" - A psychiatric facility that (1) is not a hospital and (2) is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the state in which it is located and (3) provides inpatient psychiatric services for individuals under the age of twenty-two (22) and meets the requirements set forth in §§ 441.151 through 441.182 of Title 42 of the Code of Federal Regulations, and is enrolled by the District of Columbia Department of Health Care Finance (DHCF) to participate in the Medicaid program.

4i. Rehabilitation Facility – An inpatient facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics or prosthetics services.

4j. Residential Treatment Center or "RTC" – A facility which houses youth with significant psychiatric or substance abuse problems who have proven to be too ill or have such significant behavioral challenges that they cannot be housed in foster care, day treatment programs, and other non-secure environments but who do not yet merit commitment to a psychiatric hospital or secure correctional facility.

4k. Treatment Team – Institutional and community providers, family, guardians, and other supporting persons as identified by the consumer. Refer to Exhibit 1 for experience and training required for community provider staff.

5. **Policy**.

5a. CSAs, CBI providers and ACT providers shall follow the requirements outlined in the Community Integration for Consumers in Institutional Settings Practice Guidelines (Exhibit 1) to provide community integration to DMH consumers in institutional settings in preparation for discharge to the community.

5b. Community integration services are delivered by community support workers, clinicians, and certified peer specialists who serve on the treatment team and participate in the development of a discharge plan that includes the services and supports needed once the consumer is discharged as well as the skills and activities the consumer needs to practice/learn to be ready to transition to the community.

5c. Community integration can be authorized for community service providers to deliver community support for individuals receiving care in an institution who are within 90 days of discharge, except for CPS-Rehab/Day Services which are limited to within 60 days of discharge from an institutional setting, unless pursuant to a court order.

- Community integration requires prior authorization from DMH.
- If community integration services are needed for longer than 90 days, a continued stay authorization request must be submitted to Access Helpline for consideration.
- Justification for an extended length of stay must be provided before a longer transition time will be approved.
- Community integration services are not Medicaid reimbursable, and are paid by local funds. See Exhibit 1 for further details and billing codes.

6 . **Inquiries**. Questions regarding this policy may be addressed to the Director, DMH Division of Integrated Care at (202) 671-2988.

7. **Exhibits**.
Exhibit 1, Practice Guideline - Community Integration for Consumers in Institutional Settings

Approved By:

Stephen T. Baron
Director, DMH

8/7/13

(Signature) **(Date)**

Practice Guideline – Community Integration for Consumers in Institutional Settings

Definition/Background	Community integration is defined as the activities and tasks performed by community provider staff to assist consumers prepare for and return to community living from institutional settings. These activities and tasks are time limited, intensive, and goal directed. Institutional settings are: Institutes for Mental Disease (IMD) such as Saint Elizabeths Hospital and Psychiatric Institute of Washington (PIW); hospitals, nursing facilities (nursing homes or skilled nursing facilities); rehabilitation centers; residential treatment centers (RTCs); psychiatric residential treatment facilities (PRTFs); or correctional facilities for defendants or juveniles. Services that are delivered are not Medicaid reimbursable, but are consistent in scope and delivery with community support and day treatment services. Community integration is a process in which a consumer chooses and engages with a community service provider who will provide services once the person is discharged home. The consumer with their team (institutional and community providers, family, guardians, other supporting persons as identified by the consumer) develops an individualized discharge plan that includes the services and supports the consumer will need once discharged to the community. This plan also includes the skills and activities the consumer needs to practice/learn in order to be ready for the transition. Services provided to individuals that are not in anticipation of discharge should be provided in accordance with the DMH Continuity of Care (COC) Practice Guidelines.

Practice Standards and Benchmarks	A successful community integration process begins when the consumer and treatment team together determine that the consumer is ready for re-integration into the community.
	• Discharge should be completed within 90 days from initial identification as "discharge ready."
	• Successful community integration processes include assessments of:
	  o Consumer's strengths and needs;
	  o Needed services and supports – financial, physical (housing, medical, etc.) social, and emotional; and
	  o Determination of all available supports (informal and other District agencies).
	• Successful community integration processes include completion of essential tasks prior to discharge to the community including:
	  o Demonstrated "practice" and acquisition of skills needed to complete the transition;

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	○ Participation by the CSA Clinical Director in community integration team meetings; ○ Acquisition of all identified needed services and supports; ○ Acquisition of appropriate housing; and ○ Acquisition or reinstatement of all benefits (Medicaid, Medicare, Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) prior to discharge to the community. • Rehab/Day Services may only be delivered within 60 days prior to discharge unless pursuant to a court order, and must be billed by a MHRS Rehab/Day Services Provider as part of the community integration plan under H0037, Community Psychiatric Supportive Treatment Program – Rehab/Day Services (CPS-Rehab/Day). • Consumers with a Not Guilty by Reason of Insanity (NGBRI) legal status may require longer transition time lines based on court mandates. However, justification for an extended length of stay must be approved prior to the extension of the transition period. • Children and youth may require longer transition time lines related to out of state placements. However, justification for an extended length of stay must be approved prior to the extension of the transition period.
Staffing Levels Required – Experience & Training	Community integration services are delivered by community support workers, clinicians, and certified peer specialists. Staff should have significant and demonstrated experience in engagement, skills assessment, teaching community living skills, treatment team coordination and facilitation.
Process Implementation	When the consumer and treatment team together determine that the consumer is ready for re-integration into the community, the following steps are taken: 1) The institution confirms the enrollment status of the consumer. a. If the consumer is not enrolled in the public mental health system, the institution assists the consumer in choosing a core services agency (CSA). 2) Once the CSA is identified, the institution calls an initial treatment team meeting for the purpose of developing the initial discharge plan.

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	3) The initial discharge plan includes: a. Identification of the needed services and supports, b. The timelines for acquisition of the services and supports, c. Identification of skills/experiences needed by the consumer to transition to the community including any community integration tasks that need completion, and d. The team member(s) who will be responsible for each service/task. 4) Community re-integration tasks such as travel, training, shopping in the community, use of the skills building apartment, searching for housing, and applying for benefits occur during this transition preparation period. 5) The consumer may choose to begin attending a CPS - Rehab/Day Services program within 60 days prior to discharge from the institution, or pursuant to a court order. 6) The team meets minimally every other week to discuss progress on the plan, making necessary adjustments based on on-going assessment of needs and progress. 7) A final team meeting within three (3) days of discharge to ensure all the needed services and supports are in place prior to the transition is mandatory. Authorization Rules: • Community integration services require prior authorization from DMH. • Community integration services may be added to an open authorization plan any time a person receiving care in an institution is within 90 days of discharge. • Community integration services can be authorized to deliver community support to people receiving care in an institution who are within 90 days of discharge, except for CPS-Rehab/Day Services which are limited to within 60 days of discharge from an institutional setting unless pursuant to a court order. • If community integration services are needed for longer than 90 days, a continued stay authorization request must be submitted to Access Helpline for consideration.
Policy Statements	200.2B TL-178 Continuity of Care Practice Guidelines for Adult Mental Health Providers 200.5A TL-160 Continuity of Care Practice Guidelines for Children and Youth 511.3B TL-190 DMH Guidelines on Nursing Facility Referrals and Required Reviews 115.3 TL-169 DMH Policy Statement on Core Values and Practice Principles

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Practice Guideline – Community Integration for Consumers in Institutional Settings

Reimbursement Codes and Rates	The following codes and rates must be used for services provided to consumers in institutional settings by community service providers (to be reimbursed with DMH Local funds):

Code	Service	Rate	Unit	Units Authorized	Place of Service (POS)
H0032	Mental Health Service – Discharge Treatment Planning, Institution (MHS-DTPI)	$19.19	15 minutes	Based on medical necessity at time of authorization for discharge planning.	9,21,31,32,51,56
H0046HT	MHS-DTPI (ACT)	$31.57	15 minutes	Based on medical necessity at time of authorization for discharge planning.	9,21,31,32,51,
H0046HTHA	MHS-DTPI (CBI)	$31.35	15 minutes	Based on medical necessity at time of authorization for discharge planning.	9,21,31,32,51,56
H0037	Community Psychiatric Supportive Treatment Program – Rehab/Day Services (CPS-Rehab/Day)	$144.77	Per Day, at least 3 hours	Based on medical necessity at time of authorization only within 60 days of discharge unless pursuant to court order.	53
H0032HK	Mental Health Service-Continuity of Care Treatment Planning, Institution (MHS-CTPI)	$19.19	15 minutes	Up to 24 units within 180 days without prior authorization for continuity of care services.	9,21,31,32,51,56

H0032 (MHS-DTPI) - This procedure code should be used instead of community support procedure code when a mental health professional or credentialed worker from the community visits a consumer who is not enrolled in ACT or CBI in a hospital or other institutional setting for the purpose of mental health service plan development for the consumer in preparation of discharge. Requires prior authorization from DMH.

H0046HT (MHS-DTPI (ACT) - This procedure code should be used instead of Assertive Community Treatment (ACT) procedure code when an ACT provider visits a consumer in a hospital or other institutional setting for the purpose of mental health service plan development for the consumer in preparation for discharge. Requires prior authorization from DMH.

H0046HTHA (MHS-DTPI (CBI) - This procedure code should be used instead of Community Based Intervention (CBI) procedure codes when a CBI provider visits a consumer in a hospital or other institutional setting for the purpose of mental health service plan development for the consumer

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in preparation for discharge. Requires prior authorization from DMH. H0037 (CPS-Rehab/Day) - This procedure code should be used when a consumer in a hospital or other institutional setting goes to a rehab day services program in the community to acclimate the consumer to community living. Requires prior authorization from DMH. H0032HK (MHS-CTPI) - This procedure code should be used for all continuity of care (non-discharge plan services) for consumers in institutional settings (including ACT and CBI consumers). Requires prior authorization from DMH after 24 units billed within 180 days.	
Resources and Citations References	Title 22, DCMR Chapter A53, Treatment Planning Services Provided to DMH Consumers in Institutional Settings - Description and Reimbursement. MHRS Provider Authorization and Billing Manual Contact the Director, DMH Division of Integrated Care at 202-671-2988 for more information or clarification.

POS Codes:
9 - Prison - Correctional Facility;
21- Inpatient Hospital;
31 - Skilled Nursing Facility;
32 - Nursing Facility;
51 - Inpatient Psych. Facility;
53 - Community Mental Health Center;
56 - Psychiatric Residential Treatment Center

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