Washington State Department of Social & Health Services

Transforming lives

Providing and Documenting Medically Necessary Services

A Guide to Help Document Behavioral Health Services- Including Washington State's Supportive Housing and Supported Employment Medicaid Benefits

This guide is intended to assist housing and employment organizations providing services under Washington's Supportive Housing and/or Supported Employment Medicaid benefits understand the requirements and methods for documenting the medical necessity of services provided under the benefits. While this document provides an overview and guidance on how to document medical necessity, any provider organization that intends to seek Medicaid reimbursement under the Benefit is encouraged to create, maintain, and enforce policies and protocols regarding demonstrating and documenting the medical necessity, including with service plans and progress notes, of the support services it provides to beneficiaries.

Summary/Overview

With the approval of Washington's 1115 Medicaid Transformation Waiver, Washington state will now allow Medicaid reimbursement for Supportive Housing and Supported Employment Medicaid Benefits, referred to as the "Foundational Community Support Program". This means that certain housing transition and housing and tenancy support services delivered to Medicaid beneficiaries who need support to secure and maintain permanent housing may be provided under Medicaid. Additionally, activities that assist an individual who wants to work and meets the 1115 Medicaid Waiver criteria to become employed in integrated community employment are reimbursable under Medicaid.

Medicaid reimbursement requires that the services provided be "medically necessary". This guide is intended to assist workers in providing assistance and identifying billable activities relating to supporting individuals in their pursuit of goals to secure and maintain stable permanent housing and/or employment. Specifically, it is intended to help providers learn how to properly document the medical necessity of services covered by the new benefit so that they can seek and receive Medicaid reimbursement for the services provided.

This document will:

- Provide the overview and background for the Supportive Housing and Supported Employment Medicaid benefits
- Describe Medicaid documentation rules
- Define the term "Medical Necessity"
- Describe the components of Effective Document of Medical Necessity:
    - Assessment
    - Planning Care
    - Documenting Services
- Explain that services rendered must be well documented and that documentation lays the foundation for all coding and billing
- Identify key elements to avoid repayment and other consequences

Background: The Connection Between Housing and Health Care

The research is clear: homelessness and unstable housing, along with unemployment and job insecurity, contribute to poor health. Homelessness is traumatic and cyclical—and it puts people at risk for physical and mental health conditions, and substance use disorders.

CMS Informational Bulletin on Reimbursable Housing Supports

On June 26, 2015, the Centers for Medicare and Medicaid Services (CMS) released an informational bulletin with the following Subject: Coverage of Housing-Related Activities and Services for Individuals with Disabilities. The bulletin is intended to "clarify the circumstances under which Medicaid reimburses for certain housing-related activities, with the goal of promoting community integration for individuals with disabilities, older adults needing long term services and supports (LTSS), and those experiencing chronic homelessness." According to the CMS bulletin, "Research has demonstrated successful community integration for individuals in need of long term services and supports (LTSS) that receive housing-related services."

The bulletin outlines categories of housing-related services, described as "a range of flexible services and supports available to individuals with disabilities and older adults needing LTSS." For purposes of this guide, the two relevant categories are:

(1) Individual Housing Transition Services: services that support an individual's ability to prepare for and transition to housing

- Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy
- Developing an individualized housing support plan that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services may be required to meet the goal
- Assisting with the housing application and housing search processes
- Identifying resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses
- Ensuring that the living environment is safe and ready for move-in
- Assisting in arranging for and supporting the details of the move
- Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized

(2) Individual Housing & Tenancy Sustaining Services: services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy vices that support an individual's ability to prepare for and transition to housing

- Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations
- Education and training on the role, rights and responsibilities of the tenant and landlord
- Coaching on developing and maintaining key relationships with landlords/ property managers
- Assistance in resolving disputes with landlords and/or neighbors
- Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized
- Assistance with the housing recertification process
- Coordinating with the tenant to review, update, and modify their housing support and crisis plan on a regular basis
- Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management

Washington's New Supportive Housing Medicaid Benefit

On August 24, 2015, Washington submitted a proposal to the Centers for Medicare and Medicaid Services (CMS) for a Section 1115 Medicaid Transformation waiver.[1] This waiver provides an opportunity to accelerate changes in the state's Medicaid program that support the goals of Healthier Washington—better health, better care, and lower costs—through a five-year demonstration project. The Washington 1115 Medicaid Transformation waiver demonstration includes three initiatives aimed at improving how individuals are cared for by providing support to service providers to better address local health priorities, deliver quality cost-effective care that treats the whole person, and create critical linkages between clinical and community-based services. The third initiative ("Initiative 3"), which aims to provide targeted ***foundational community supports*** – specifically supported employment and supportive housing – is the focus of this guide.

Initiative 3 creates a targeted supportive housing services benefit for eligible Medicaid beneficiaries. It is built around the growing body of evidence linking homelessness and unemployment with poor physical and mental health. While Medicaid funds cannot be used to pay for rent or housing itself, supportive services can promote stability and positive health

[1] A "Section 1115" waiver is a contract between the federal and state governments that "waives" certain federal Medicaid requirements. The waiver will allow the state to negotiate the use of Medicaid funds for innovative projects, activities, and services that otherwise would not be eligible for Medicaid funding. The waiver is not a grant; the state must demonstrate that it will not spend more federal dollars on its Medicaid program than it would have spent without the waiver.

outcomes while preventing homelessness and dependence on costly medical and behavioral health care, and long-term institutional care. The waiver, under Initiative 3, allows the State's Medicaid program to pay for services that will help Medicaid beneficiaries get and keep housing. The supportive housing service package includes, but is not limited to services that identify and assist individuals in obtaining appropriate housing and provide tenant support to maintain housing, landlord relations support and training, advocacy, and links to other community resources. The supportive housing benefit does not duplicate services available to eligible populations before the Waiver was implemented.

The Supportive Housing Medicaid Benefit will serve specific populations most likely to benefit from supportive housing services and seeks to achieve the following outcomes:

Outcome Sought	Population Served
Support those who are unable to find stable housing	Chronically homeless individuals (as defined by HUD)
Decrease dependence on costly institutional care	Those with frequent or lengthy institutional contacts
Decrease dependence on restrictive and costly adult residential care/treatment	Those with frequent or lengthy adult residential care or treatment stays
Support difficult-to-serve LTSS recipients	Reducing turnover of in-home caregivers or providers
Support those at highest risk for expensive care and negative outcomes	Individuals with a PRISM Risk Score of 1.5 or higher.

The services covered by Washington's Supportive Housing Medicaid Benefit are consistent with CMS' June 2016 Informational Bulletin, and include:

- Housing transition services that provide direct support to help individuals obtain housing, including:
    - Housing assessment and development of a plan to address barriers
    - Assistance with applications, community resources, and outreach to landlords
- Housing tenancy sustaining services that help individuals maintain their housing, including: education, training, coaching, resolving disputes, and advocacy
- Activities that help providers identify and securing housing resources

Community Transition Services- The waiver made an allowance for a one-time fund for people who meet or are at risk of meeting an institutional level of care, with the exception of IMDs. IMDs include facilities with 16 or more beds whose primary focus is treatment of behavioral health conditions, which includes the state psychiatric hospital). This one-time fund could be used to pay deposits or other initial housing costs in certain circumstances. Please seek additional guidance regarding this fund.

IMPORTANT: Medicaid WILL NOT PAY for the following, even under the new waiver:

- ***Rental assistance***
- ***Housing development: construction, rehabilitation, etc.***
- ***Room and board***

Background- The Need for Supported Employment Services

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) research, about 70 percent of adults with serious mental illnesses desire to work (Mueser et al., 2001; Roger et al., 2001). Supported Employment, also known as the Individual Placement and Support (IPS) model, has been proven effective in 23 randomized, controlled trials. Supported Employment is three times more effective than other vocational approaches in helping people with mental illness to work competitively. Supported Employment has been found effective for numerous populations.

According to the Dartmouth Psychiatric Research Institute, regarding the evidence-based practice toolkit on Supported Employment, there are eight practice principles:

- Competitive employment is the goal
- Supported Employment is integrated with treatment
- Eligibility is based on the individual's choice; people are not excluded because of their symptoms or current substance use
- Attention to the individual's job preferences
- Benefits counseling is important
- Rapid job search after the individual expresses their desire to work
- Job development through the development of employer relationships
- Time-unlimited support

The 1115 Waiver and Supported Employment Services

In 2015 Washington State applied for a five-year demonstration waiver through the Centers for Medicaid/Medicare Services (CMS) to demonstrate transformation through foundational community supports to targeted Medicaid populations. Initiative 3 of the 1115 Medicaid Demonstration waiver will serve specific populations and seeks to achieve the following outcomes:

- Helping people stay engaged in the labor market: Those enrolled in the Aged, Blind and Disabled (ABD) program, or who have the potential to be enrolled in Housing and Essential Needs (HEN);
- Preventing the escalation of behavioral health service need: Individuals with severe and persistent mental illness, multiple episodes of inpatient substance abuse treatment and/or co-occurring mental illness and substance use disorder;
- Supporting those with significant needs for long-term services and supports: Individuals with traumatic brain injury and physical disabilities; and
- Supporting vulnerable youth and young adults: Working age youth with a behavioral health diagnosis.

Activities are intended to assure successful employment outcomes through utilization of collateral contacts, skills training, cueing, modeling and/or supervision as identified by the person-centered assessment. Services should be inclusive and honor the individual's preferences. Washington identifies these Supported Employment services as potentially available to eligible clients under 1115 Waiver funding:

- Individualized job coaching and training
- Employer relations
- Assistance with job placement
- Support to establish or maintain home-based self-employment
- Combination of:
    a) Vocational/job-related discovery or assessment
    b) Person-centered employment planning
    c) Career advancement services
    d) Individualized job placement, development, and/or coaching
    e) Negotiation with and follow-along supports to employers
    f) Job analysis and job carving
    g) Benefits support, training, and planning
    h) Asset development
    i) Training and systemic instructions
- Training and planning

- Other workplace support services, including those not specifically related to job skill training, that enable the participant to be successful in integrating into the job setting.

Any Supported Employment service developed within an individual's treatment plan should include one or more of these activities.

IMPORTANT: Medicaid WILL NOT PAY for the following, even under the new waiver:

- ***Job skill training and coaching for specific job skills and job tasks (For example you are not able to 'bill' for teaching the job functions, i.e., how to work the computer, fryer, phone system, drill press, etc.)***
- ***Tuition for training programs***
- ***Supplies and equipment for work (boots, computers, uniforms, etc.)***
- ***Speeches to Rotary and other community groups seeking employer engagement often referred to as Job Development and marketing.***
- ***"Cold calls" to employers for generic job leads***

Medicaid Reimbursement: The Basics

Requirements for Medicaid Reimbursement Generally

Who: Services must be provided by a registered Medicaid provider to a Medicaid enrollee

What: Services must be covered by State's Medicaid plan

Why: Services provided must be medically necessary

What Is Medical Necessity?

- Medicaid is designed to fund medical services.
- Medicaid will not pay for services just because a person needs them. You must provide a medical rationale for each type of supported employment or supportive housing service you deliver.
- Demonstrating the "medical necessity" of services is an administrative requirement attached to the development and documentation of an individual's treatment plan.

The Basics

Medicaid is a program designed to fund medical services. Demonstrating the "medical necessity" of services is an administrative requirement attached to the development and documentation of an individual's service or treatment plan. The plan should clearly demonstrate the legitimate clinical need for services, the justification for services provided, and indicate an appropriate response to that need. The clearest and most effective approach in documenting medical necessity is through the creation of a clinically relevant individual plan. Effective development and documentation of these holistic individual plans is both an acquired skill as well as a clinical art.

Below are some helpful basics to consider as you familiarize yourself with the idea of medical necessity.

Treatment based on functional deficits

Sometimes formal diagnoses are less relevant than a common-sense assessment of what the client can and cannot do. For employment, this means the psychiatric issues have affected the individual's ability to function effectively as a worker (i.e., "role dysfunction").

- Living with roommates / managing conflict
- Paying rent on time / managing household chores
- Requesting an accommodation / communication skills
- Arriving to work on time / time management

Treatment can be considered medically necessary based on its ability to correct a functional deficit, i.e., to help the client accomplish things that other people can do but that the client cannot do.

- The individual is unable to independently and successfully perform some of the activities of daily living (eating, bathing, dressing, etc.) because of the individual's current symptoms.
- The individual has difficulty with employment, school, or social activities because of the individual's current symptoms.

There should be a reasonable expectation that providing the treatment will improve the individual's symptoms and level of functioning. Be sure to state this clearly in your documentation.

Staying cost-conscious

Insurers who claim that a treatment is not "medically necessary" are usually concerned about cutting costs. You can protect against these kinds of denials by proactively making sure that your costs appear reasonable.

- Is the frequency of treatment appropriate (e.g., does your client need to be seen every day, or would weekly or monthly visits also work well)?
- Is the treatment setting appropriate (e.g., does your client need to be seen in a hospital, or would an outpatient center or mobile care clinic also work well)?
- Is the type of provider appropriate (e.g., does your client need a licensed psychiatrist, or would a clinical social worker also work well)?
- Is the treatment proportional to the severity of the disease (e.g., very frequent treatment sessions for a condition that is well-managed)?

WAC 182-559-300 - Foundational community supports program—Eligibility.

(1) To be eligible for supportive housing services, a client must:
(a) Be age eighteen or older;
(b) Be eligible for Washington apple health (Medicaid);
(c) Be assessed by a qualified provider and determined to have a functional need for the services; and
(d) Meet one of the following population criteria:
(i) Be chronically homeless as defined by the federal Department of Housing and Urban Development;
(ii) Have frequent or lengthy institutional contact;
(iii) Have frequent or lengthy stays at adult residential care facilities as defined by WAC 388-110-020 and 246-337-005;
(iv) Have frequent turnover of in-home caregivers as defined by WAC 388-106-0040; or
(v) Have a predictive risk score of 1.5 or above. See WAC 182-557-0225.
(2) To be eligible for community transition services, a client must meet the criteria described in subsection (1) of this section and be determined by a qualified provider to meet an institutional level of care standard for admission to either:
(a) A nursing facility, as described in WAC 388-106-0355; or
(b) An inpatient medical hospital, not including institutes for mental disease (IMD), as described in WAC 182-513-1320.
(3) To be eligible for supported employment services, a client must:
(a) Be age sixteen or older;
(b) Be eligible for apple health (Medicaid);
(c) Desire to obtain employment;
(d) Be assessed by a qualified provider and determined to have a functional need for the services; and
(e) Meet one of the following population criteria:
(i) Be enrolled in the aged, blind and disabled program as defined in WAC 388-449-0001, or the housing and essential needs program as defined in WAC 388-400-0065;
(ii) Be diagnosed with at least one of the following:
(A) A severe and persistent mental illness;
(B) Substance use disorder with multiple episodes of treatment;
(C) Co-occurring mental health and substance use disorders.
(iii) Be age sixteen through twenty-four with a behavioral health diagnosis; or
(iv) Be receiving long-term services and supports as defined in chapter 388-106 WAC.
(4) Clients who meet the eligibility criteria for both supportive housing and supported employment are able to receive both services concurrently.
(5) In order to ensure the demand for services remains within available funds, the medicaid agency may impose enrollment wait lists for services.

[Statutory Authority: RCW 41.05.021, 41.05.160, 2014 c 225 § 9 (1)(i) and 2016 1st sp.s c 36 § 213 (1)(f) and (g). WSR 17-11-136, § 182-559-300, filed 5/24/17, effective 7/1/17.]

Noble Purposes don't qualify

A mode of treatment that is chosen solely for the convenience of the individual, his or her family, the provider, or the supplier is not medically necessary.

- Treatment given to help with recreation, relaxation, or life-enhancement is not considered medically necessary.
- Treatment used primarily for research or to accumulate scientific data is not considered medically necessary.
- Experimental or investigational services are usually not considered medically necessary.

Deciding What is Medically Necessary

By law, CMS has the power to issue nationwide rulings on what services are considered medically necessary. This is rarely done. In practice, most decisions about what treatments are medically necessary are made by Medicaid managed care providers.

Washington's Administrative Code (WAC 182-500-0070) defines a medically necessary service as one:

- Reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that:
    - endanger life, or
    - cause suffering or pain, or
    - result in an illness or infirmity, or
    - threaten to cause or aggravate a handicap, or
    - cause physical deformity or malfunction.
- There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service.

Medical necessity continues to be open for interpretation by all parties involved. Many third-party payers have created lists of criteria they use to interpret medical necessity, such as:

- Treatment is consistent with the symptoms or diagnosis of the illness, injury, or symptoms under review by the provider of care.
- Treatment is necessary and consistent with generally accepted professional medical standards (i.e., not experimental or investigational).
- Treatment is not furnished primarily for the convenience of the individual, the attending physician, or another physician or supplier.
- Treatment is furnished at the most appropriate level that can be provided safely and effectively to the individual, and is neither more or less than what the individual is requiring at that specific point in time.
- The disbursement of medical care and/or treatment must not be related to the individual's or the third party payer's monetary status or benefit.

- Documentation of all services should accurately reflect the need for and outcome of the services.

Medical Necessity Criteria for Washington's Medicaid Benefit

Behavioral Health Organizations (BHOs) and Aging and Long-Term Support Administration (ALTSA) providers have pre-existing criteria for access to services that will continue to be in place for these targeted benefits. Specifically:

- BHO Benefit – Will use Access to Care Standards[2]
- ALTSA Benefit – Will use the Comprehensive Assessment and Reporting Evaluation (CARE) Criteria[3]

For MCOs, since this is a new benefit, the State wanted to provide some additional minimal criteria that provides some guidance on the already existing medical necessity definition found under the State Plan and under the Washington Administrative Code (WAC). These outline functional criteria and were based on functional criteria found in existing Access to Care standards for the behavioral health system. The State intends to use these to apply to populations served by MCOs. This is intentional so as to provide a level of consistency across systems as benefits are implemented. The medical necessity criteria for MCO beneficiaries are:

- Inability to live in an independent or family setting without support
- At risk of serious harm to self or others
- Dysfunction in role performance
- Risk of deterioration

Why Document Medical Necessity?

Documentation is an important aspect of client care and is used to:

- Coordinate services and provides continuity of care among practitioners
- Furnish sufficient services
- Improve client care – provides a clinical service map
- Comply with regulations (Medicaid, Medicare and other Insurance)
- Support claims billed
- Reduce improper payments
- Medical record is a legal document

[2] https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mental%20Health/Access%20to%20Care%20Standards%20v20150701.1.pdf
[3] https://www.dshs.wa.gov/altsa/home-and-community-services/comprehensive-assessment-reporting-evaluation-care

Documenting Medical Necessity

Adequately documenting the medical necessity of a supportive housing and supported employment services is vital to ensure timely and full reimbursement by Medicaid for the services rendered. Documentation of all services provided should accurately reflect the need for and outcome of the services.

Medical necessity documentation from a physician or provider should include the following:[4]

- Severity of the "signs and symptoms" or direct diagnosis exhibited by the patient. This is our diagnosis driver, and multiple diagnoses may be involved.
- Risk of an adverse or a positive outcome for the patient, and how that risk equates to the diagnosis currently being evaluated.
- Need and/or availability of diagnostic studies and/or therapeutic intervention(s) to evaluate and investigate the patient's presenting problem or current acute or chronic medical condition. In other words, does the facility, office, or hospital have what the provider or clinician needs to render care?

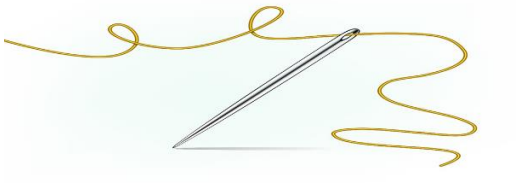
Quick Tips for Documenting Medical Necessity

- Tell a story
- Don't assume a certain level of knowledge of someone who may later review the documentation
- Don't rely on diagnosis documentation alone
- Review any payer medical policies – and document in their terms
- When training staff on how to document:
    - You don't know what they know; give them a chance to tell you
    - Suggest appropriate documentation in lay terms
    - Remind them that someone who does not know their clients may ultimately decide whether what was done was necessary/appropriate

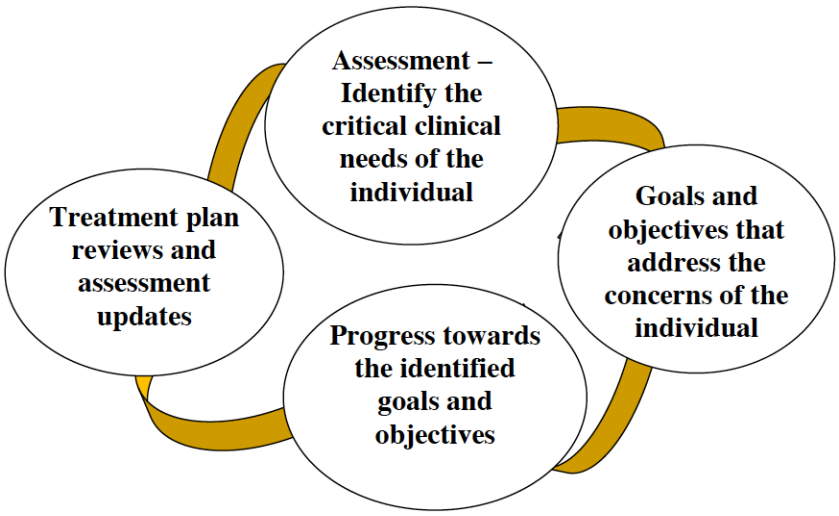
The clearest and most effective approach to document medical necessity is through the creation of a clinically relevant individual service plan. Payers will be much slower to challenge a service or treatment decision if the decision is well-documented in an individualized service plan.

[4] http://www.hcpro.com/HIM-279025-8160/Clear-up-confusion-surrounding-medical-necessity.html

The Golden Thread



The Golden Thread is a term that references the tying together of all the concepts described previously. Each piece of documentation must flow logically from one to another such that someone reviewing the record can see the logic and understand the story you are telling about the individual's treatment and progress. (Colorado Behavioral Health Training Guide)

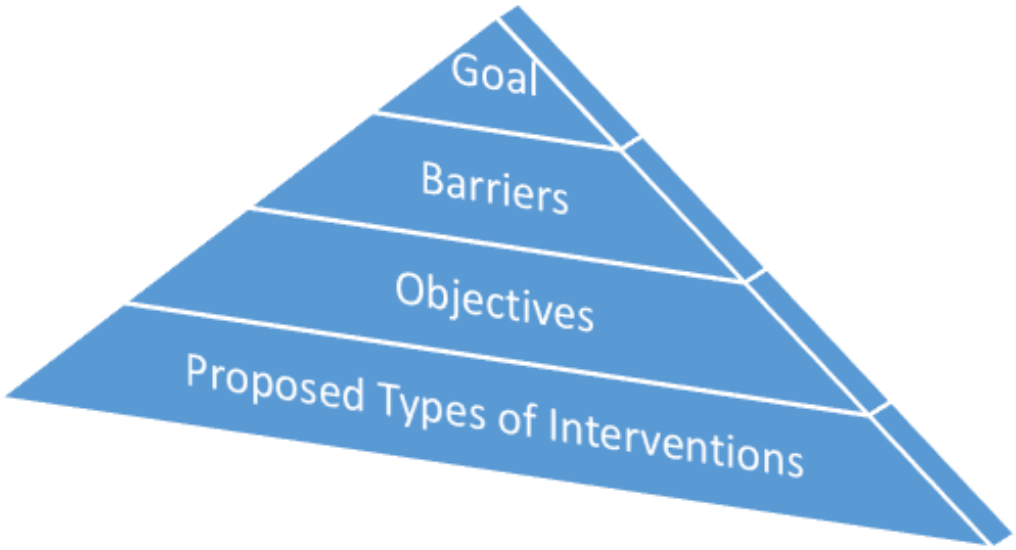


The Service or Treatment Plan

- Helps to integrate information about the person, the family, and members of the individual's support system(s) as related to clinical needs.
- Facilitates prioritization of needs, interests, and recovery/rehabilitation goals.
- Provides a strategy for managing the complex needs of the individual and describes interventions which are defined by measurable outcomes.
- Is an ongoing process connecting clinical assessments with targeted service delivery?

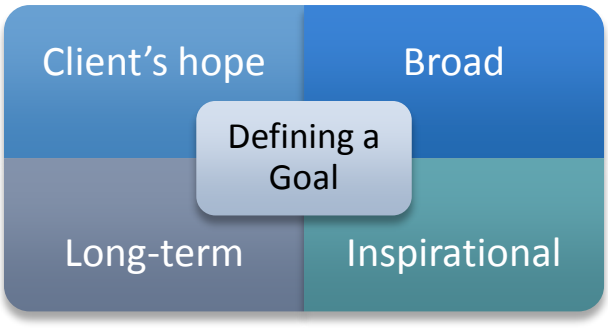
Service plans should clearly demonstrate a legitimate clinical need, justification for the services provided, and appropriate response to clinical need. They should be based on an early, comprehensive evaluation of the client's symptoms, needs, and prospects for improvement. A provider should meet with the client in person and then make specific written recommendations about what services are necessary, including: the type of services, how often, for how long, and provided by whom.

Elements of a Service Plan



Setting a Goal

Typically, the goal being addressed by housing supports is to be sustainably and permanently housed. Similarly, the goal being addressed by employment supports is to acquire competitive employment. The goal should include how the desire to obtain or maintain a job or home is related to their illness, symptoms, or functional limitations. In writing the goal, it is also crucial to identify and understand how an individual's symptoms, illness, or functional limitations impacts their ability to achieve the stated goal (see below: identifying barriers).



Example Goals for Supportive Housing Services

- *To manage my symptoms of schizophrenia so I can identify and secure a permanent place of my own to live.*
- *To increase community integration by finding housing in a building, complex, or neighborhood in which I can manage auditory hallucinations.*

- *To improve interpersonal interactions with my neighbors so I can avoid future altercations and can keep my apartment.*

Example Goals for Supported Employment Services

- *To manage depressive symptoms in order to maintain attendance at work.*
- *To improve social integration through employment by managing personal hygiene, medication adherence, and combating the urge to isolate.*
- *To decrease anxiety (feelings of panic and fear) to enable me to keep a job.*

Identifying Barriers:

Barriers are what is preventing a person from achieving his or her goal immediately and without assistance. The focus of service plan is to address, reduce, and ultimately remove all barriers to the defined goals. In the supportive housing context, some possible barriers could be an individual's inability to:

- Complete apartment applications adequately
- Apply for apartments independently
- Interview with the landlord or property manager independently
- Maintain their housing without support

Some possible barriers in the supported employment context include:

- Prepare employment applications successfully
- Complete a job interview independently
- Maintain employment without support

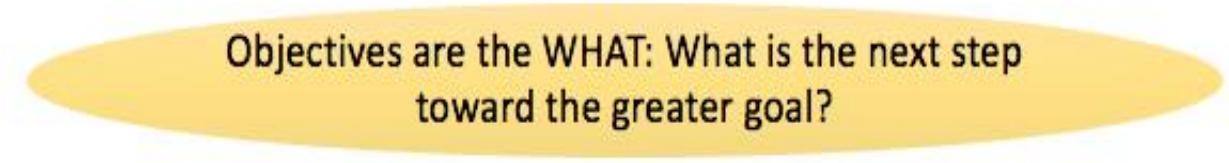
In trying to fit the Supportive Housing and Supported Employment models into the Medicaid reimbursement structure, you need to connect identified barriers/functional limitations to a legitimate clinical need. For example, to address functional deficits or limitations and symptoms associated with the mental illness, we must know what the different possibilities of limitations/symptoms are that we are addressing. Below is a list of functional limitations that can be a result of a mental illness. These functional limitations are ones that you may be addressing as they interfere with the individual's progress in achieving a housing or employment goal.

- **Cognitive:** Impaired cognition can be due to the mental illness or due to medication side effects. This includes difficulty with attention, concentration, memory, processing, and responding to information, and/or organizing thoughts and actions. There can be a high level of distractibility and difficulty understanding what is said or read. Cognitive impairments can result in low energy/motivation, inability to persist at tasks, impaired ability to react or move at an average pace, and/or poor problem-solving abilities.

- **Interpersonal Skills:** This includes difficulty with appropriate social interactions, poor hygiene or grooming, disorganized or poverty or speech, inability to develop adequate supports, difficulty reacting to feedback in a way that is consistent with individuals' goals, incongruent or inappropriate affect, and/or difficulty recognizing social cues.
- **Lack of Independent Actions:** This includes lack of interest or desires, lack of knowledge or accessing community resources, difficulty organizing behavior, identifying and prioritizing tasks, lack of initiative, low motivation, and/or lack of follow-through due to depressed mood.
- **Judgment:** Difficulty ascertaining needed steps to reach goals, difficulty learning from experience, difficulty setting goals, action, or lack of action, without consideration for consequences, inaccurate assessment of events.

Symptoms

- Auditory hallucinations
- Visual hallucinations
- Delusions
- Paranoia
- Anxiety (panic attacks, fear, dread, agoraphobia, shortness of breath or difficulty breathing, rapid heart-beat, avoiding places due to panic, fear)
- Depression (fatigue/low energy, poor self-image, reduced concentration or indecisiveness, hopeless feelings, decreased interest or pleasure in activities)
- Mania (grandiosity or heightened self-esteem, increased motor activity, pressured speech, euphoric mod, irritability, flight of ideas or racing thoughts, risky or poor judgment, easily distracted)



Defining Objectives

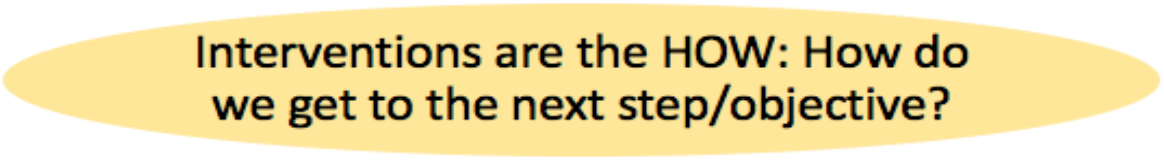
In the context of an individual service plan, an objective is a significant change that the individual can experience: in behavior, function, or status. Objectives address the barriers that are in the way of the individual achieving his or her goal, so each objective should relate back to a barrier or functional impairment.

Interventions for People in Need of Housing Transition or Housing and Tenancy Sustaining Services	
Housing Transition Services	***Housing & Tenancy Sustaining Services***
Tenant Screening/Housing Assessment: Identify the participant's preferences and barriers related to successful tenancy, including collecting information on potential housing transition barriers and identification of housing retention barriers	**Identification of Barriers to Housing Stability:** Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations
Housing Transition Services Continued	***Housing & Tenancy Sustaining Services Continued***
Housing Support Plan: Development of an individualized housing support plan based upon the housing assessment that identified barriers, including short- and long-term measurable goals for each issue, establishment of the participant's approach to meeting the goal, and identification of when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal	**Tenant/Landlord Rights Training**: Education and training on the role, rights, and responsibilities of the tenant and landlord
Housing Search Assistance	**Relationship Building**: Coaching on development and maintenance of key relationships with landlords/property managers with a goal of fostering successful tenancy
Housing Application Assistance	**Dispute Resolution**: Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction of other adverse action
One-Time Expenses: Identification of resources to cover expenses such as security deposits, moving costs, furnishings, adaptive aids, environmental modifications, moving costs, and other one-time expenses	**Eviction Defense**: Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become, jeopardized
Environmental Review: Ensuring that the living environment is safe and ready for move-in	**Housing Recertification**: Assistance with the housing recertification process
Moving Expenses: Assistance with arranging for and supporting the details of the move	**Housing Support Crisis Plan**: Coordination with the tenant to review, update, and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers

Housing Support Crisis Plan: Development of a housing support crisis plan including prevention and early intervention services when housing is jeopardized	**Tenancy Training**: Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management

Objectives are smaller, manageable tasks that add up to achieving the client's goal. Ask: How will the services we're providing reduce these barriers? In defining objectives, consider the culture of the individual and include time frames for checking on progress.

Writing Objectives:		
SUBJECT	[Client Name]	[Client Name}
ACTION	Will demonstrate	Will manage anxiety
WHAT	Ability to use 3 coping techniques to address anger	By using the coping skill of deep breathing
TIMEFRAME	Within one month	Once a day in response to anxiety for 6 months
MEASUREMENT	As measured by Therapist observation	As reported by himself in Wellness Self-Management Group



Determining Interventions

Interventions are the services provided to achieve objectives, reducing and removing barriers that are in the way of the individual's goal to secure and maintain housing or employment. Interventions should:

- Specify: Provider and clinical discipline; Staff member's name; Modality; Frequency/Intensity/Duration; Purpose/Intent/Impact
- Clarify who will do what
- Include a task for members of the client's support system

Interventions to Support Individuals with the Acquisition and/or Maintenance of Competitive Employment	
Employment Support Intervention	***Examples of Interventions***
Engagement & Outreach	• Identifying pro and con list to identify motivators that will help with developing strategies to minimize behaviors that demonstrate low motivation for stated goal to work. • Identifying individual's own view of benefits of working to assist in identifying strategies to increase motivation toward individuals' stated goal to work. • Identifying strategies to minimize the negative effects of their illness including difficulty with motivation and disorganization in order to make progress toward stated goal to work. • Processing decisional uncertainty or decisional conflict around work.
Vocational Profile	• Identifying the negative effects of symptoms on motivation to work. • Identifying the negative effects of symptoms (e.g. erratic or irregular work history, criminal history) • Identifying the impact of symptoms on work choices and goals for employment. • Identifying strengths, needs, resources and natural community supports to address functional deficits (describe) associated with their mental illness that has impacted their ability to seek and maintain employment. • Developing strategies, goals and objectives to use identified resources in addressing functional limitation/deficits (describe). • Helping the individual identify how their benefits would be affected by a return to work. • Helping individual to develop, monitor and maintain a plan for how to manage financial changes in work income and benefits.
Job Search Activities	• Supporting the individual in organizing his job search activities • Helping the individual problem-solve ways to organize his thoughts while filling our job applications • Supporting the individual to handle stress of job interview.

	• Assisting individual with disorganized thoughts due to illness that interferes with ability to put work history together, identify job search options, complete job applications, and interviewing for employment. • Assisting individual in managing anxiety that interferes with ability to identify job search options, complete job applications, interview for jobs.
Follow-Along Supports With Individual	• Assessing whether symptoms of the mental illness was interfering with their ability to perform their job by reviewing with the consumer what is getting in the way of functioning related to their symptoms and then developing strategies to manage or cope with those symptoms. • Assessing with the individual if the plan for the management of symptoms on the worksite is being effective. • Providing support to an individual who has a panic attack on the job. Developing strategies to manage panic attacks on the job. • Brief assessing of the individual on the job to identify needs and deficits. Followed by a problem solving session with consumer (and/or employer) to improve functioning (e.g. when individual with thought disorder is unable to identify that his/her functioning level is inadequate).
Follow-Along Supports with Employer/Individual	• Assisting the individual to effectively communicate with their supervisor because the individual has difficulty effectively communicating as a result of their symptoms. • Advocating with the employer to look at accommodations and supports that will restore functioning due to symptoms. • Assisting a consumer to access accommodations on the job such as reduced work schedule to accommodate a low tolerance for stress. • Helping the individual problem-solve ways to communicate with his employer about the individual's difficulty with his co-worker • Accompanying the individual to talk with his employer about difficulties with co-worker to develops a plan for addressing the difficultly. • Assess with the individual and the employer if the plan for the management of symptoms on the worksite is being effective.

	• Identify (with individual and/or employer) areas of cognitive, interpersonal, judgment, difficulty with task functioning that are interfering with the individual's ability to be employed. • Identify strategies that will minimize or improve the individual's ability to function or cope with symptoms to maintain adequate performance on the job.

EXAMPLE SCENARIOS

SUPPORTIVE HOUSING SERVICES EXAMPLE:

Diane is in a transitional housing program, and she has to find a permanent place to live within six months. She wants to start looking for permanent housing, but she has difficultly managing her depression and anxiety. As a result, she often self-medicates by drinking heavily, which has made it difficult for her to search and apply for housing options in the community that would meet her preferences and needs. She is worried that she will be unable to control her drinking or her depression and anxiety symptoms sufficiently to find a permanent place to live on her own, before she is forced to leave her transitional housing unit. She also worries that, if she finds a place to live, the stress of being on her own will cause her to drink more, which has sometimes resulted in problems with landlords and neighbors in the past.

Goal: To find a permanent place to live in the community.

Barrier 1: Diane has difficulty managing her anxiety, especially when she thinks about how to determine what housing options are available to her, and how to go about applying for any vacancies.

Objective 1: Within one month, Diane will create a list of available housing units in which she is interested, as well as a simple, step-by-step instruction guide for herself of what information she needs to gather to fill out housing applications.

Interventions:

- **Tenant Screening/Housing Assessment:** [Staff Name] will meet with Diane in person at least once to identify Diane's preferences and barriers related to successful tenancy, including collecting information on potential housing transition barriers and identification of housing retention barriers.
- **Housing Search Assistance / Housing Application Assistance:** [Staff Name] will work with Diane on a weekly basis to assist Diane with reviewing available housing options in

the community that meet her identified preferences and to compile a list of information and documents required by housing applications.

Barrier 2: Diane often uses drinking to self-medicate her anxiety and depression. In the past, her intoxication has resulted in altercations with landlords and neighbors. She worries the stress of moving into a new permanent housing unit may trigger the same pattern of behavior.

Objective 2: Diane will develop a plan within the next three months for managing her anxiety and depression that will help her avoid drinking when faced with stresses associated with moving to a new apartment.

Interventions:

- **Housing Support Crisis Plan:** [Staff Name] will meet with Diane in person to develop a housing support crisis plan including prevention and early intervention services when housing is jeopardized. Diane will prepare a list ahead of time of examples from her past of altercations with landlords and neighbors.
- **Tenant/Landlord Rights Training**: Diane will attend a biweekly education and training session given by [Staff Name, Title, and Organization] on the role, rights, and responsibilities of the tenant and landlord.

SUPPORTED EMPLOYMENT EXAMPLE:
John has a desire to be employed but is very disorganized and lethargic due to his depression. He expresses that he is lonely and that he doesn't accomplish much day to day, but he doesn't know where to start. He acknowledges that he has previously expressed an interest in working but then quickly loses motivation.

Goal: Increase community integration and productive activities by managing symptoms of depression as evidenced by low energy, motivation, and organization skills.

Barrier 1: John has difficulty maintaining motivation to follow through with finding a job.

Objective 1: John will develop a plan to seek employment and maintain his role as a job seeker for the next two months.

Interventions:

- **Engagement and Outreach:** [Staff name} will meet with John to create a pro and con list to identify motivators that will help with developing strategies to minimize behaviors that demonstrate low motivation for stated goal to work.
- **Vocational Profile:** [Staff name] will help John identify the impact of symptoms on work choices and goals for employment.

Progress Notes

Progress notes should clearly state activities and interventions that are directly related to goals and interventions described in the treatment plan. Progress notes must include or reference the corresponding goal from the treatment plan, the intervention, location, response to the intervention, and signature of the service provider with title as indicated in the box below.

Goal: (Corresponds with Goals from the Treatment Plan)

Intervention: Interventions are directed by the goals and objectives. Interventions include activities or support provided toward the goals and objectives.

Location: (In the Community at a location convenient for the individual or Office)

Response to Intervention: This is where you are descriptive about the results of the intervention, other barriers or description of how symptoms/functional limitations effected the intervention or progress toward the goals & objectives.

Signature with Title:

Example Progress Notes

Example 1: Corresponding to Objective 1 from Example Housing Services Scenario Above

Goal: To manage anxiety and depression sufficiently to determine what housing options are available and how to apply for appropriate vacancies to secure permanent housing.

Intervention: [Staff Name] met with individual in person for 1 hour each week for 3 weeks to review available housing options in the community that met individual's previously identified preferences and to compile a list of potential housing options, including the information and documents required by housing applications.

Location: Community

Response: Individual has difficulty managing her anxiety, especially when she thinks about how to determine what housing options are available to her, and how to go about applying for any vacancies. With assistance, individual was able to create a list of a list of available housing units in which she is interested, as well as a simple, step-by-step instruction guide for herself of what information she needs to gather to fill out housing applications. Individual reported significantly reduced anxiety surrounding her housing search.

[Signature with Title]

Example 2: Corresponding to Objective 1 from Example Housing Services Scenario Above

Goal: To develop a plan to manage anxiety and depression (including past tendency to drink heavily as a result) to avoid losing a permanent housing placement.

Intervention: [Staff Name] met with Individual for one hour to develop a housing support crisis plan that includes prevention and early intervention services in the event Individual begins feeling her anxiety or depression get to levels that may drive her to self-medicate with alcohol or other behaviors that could jeopardize her tenancy.

Location: Community

Response: Individual has often used drinking to self-medicate her anxiety and depression in the past. Her intoxication has previously resulted in altercations with landlords and neighbors. She worried the stress of moving into a new permanent housing unit may trigger the same pattern of behavior. Individual reported feeling less anxiety at the possibility of repeating this pattern in the face of potential stress associated with moving into a new apartment.

[Signature with Title]

Note: Any contact with an employer, landlord, or neighbor of the individual requires signed authorization from the individual. It is important to do a thorough job of discussing what will and will not be disclosed during the course of the contact. The information discussed/disclosed should be explicit as possible on the release of information form.

Example 3- Corresponding to Objective 1 from Example Employment Services Scenario Above

Goal: To increase community integration and productive activities by managing symptoms of depression as evidenced by low energy, motivation, and organizational skills.

Intervention: [Staff name] Went to individual's home to assist individual in identifying a pro and con list for working to identify motivators that will help to develop strategies to minimize behaviors

Location: Community

Response: The individual appeared hesitant about working and reported being very fearful about his ability to keep a job. Individual stated his past difficulties with interacting with supervisors and co-workers. The individual had difficulty describing the benefits of working and exhibited frustration and anxiety when discussing past work situations.

Difficulty Following the Golden Thread

The following issues are commonly found during quality assurance review and should be avoided:

Assessment Deficits

- Diagnosis poorly supported
- Symptoms, behaviors, and deficits underlined
    - No baseline against which to determine progress or lack

Individual Service Plan/Care Plan

- Goals and objectives unrelated to assessed needs/symptoms/behaviors and deficits (Example: "comply with treatment")

Progress Notes

- Documents "conversations" about events or mini-crisis
- Does not assess behavior change, (i.e. progress toward a goal or objective)
- Does not spell out specifics of intervention(s) used in session

Learn More

If you decide to become a Medicaid provider, or contract with Medicaid providers to deliver these services under the new benefits, you'll want to:

- Strengthen your understanding of these concepts
- Train staff that need to be trained

Medical necessity and need to document it is not new (although in this particular context – i.e. where the services are supported employment or supportive housing services) so learn from those providers who have had to do it for years to bill and be reimbursed by Medicaid.

Because this is a new/emerging field, there are likely to be additional training opportunities and resources to help guide providers for whom this is a new arena.

Learn from those with experience

- Federally Qualified Health Centers and Rural Health Clinics
- MCOs and BHOs
- Other primary and behavioral health providers (List of Washington Medicaid certified providers: https://fortress.wa.gov/hca/p1findaprovider/)

Keep an eye out for resources and training opportunities

- Centers for Medicare and Medicaid Services (CMS)
  - www.cms.gov
  - www.Medicaid.gov
- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - www.samhsa.gov
- Health Resources and Services Administration (HRSA)
  - www.hrsa.gov
- Washington State Health Care Authority (HCA)
  - http://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation
- Washington Low Income Housing Alliance (WLIHA)
  - http://wliha.org/medicaid-benefit-resources