

## Community Support – Residential (updated 07/25/17)

1. Client lives in a group home at Agency A. Agency A provides CS-Residential, Individual, Group. Client attends Agency B for PSR services. Skills learned at PSR are practiced and implemented via CS-Group, Individual services provided by Agency B as they take clients into the community. During the transport home they also discuss ways to practice and implement skills learned at PSR etc. The services provided by Agency B do not include case management nor do they duplicate services provided at Agency A. Can two agencies work with a member and both provide CS services?

**Answer:** Two agencies may serve one individual. Both agencies must be fully compliant with Rule 132 by having completed assessments and ITPs. Neither may bill for the same service provided at the same time. Each may bill only for services provided by their own staff.

2. If an individual lives in HUD funded supported housing - is this a natural setting?

**Answer:** Yes, if DMH considers it to be supported housing (program 820). Otherwise the services would be provided as CS Residential in a 24-hour supervised setting.

3. Is CS-Residential only called that because it occurs in a residential setting?

**Answer:** Yes. For the Division of Mental Health, this applies to supervised residential (program 830), crisis residential (program 860) and CILA (program 620). Services provided to residential consumers outside the facility will be reported as CS-Individual or CS-Group or other allowed Rule 132 services.

4. Is a residential setting considered the consumer's natural environment or an agency?

**Answer:** Supervised or crisis residential and CILA are not considered natural environments, should be certified sites and services provided there should be billed as on-site. Other residential settings are considered natural settings.

5. Are skills training modules eliminated from residential service modalities?

**Answer:** No. Skills training modules delivered within the facility may be billed as CS-Residential.

6. Many skills in CS-Res are taught in a group home or supervised apartment setting. Is this taken into consideration when calculating the 60% off-site requirement?

**Answer:** The 60% natural setting requirement does not apply to Community Support Residential.

7. When consumers living in a 24-hr supervised group home are taken on an activity in the community, is it considered CS-Group as opposed to CS-Residential?

**Answer:** CS-Group. Only services delivered within the certified 24 Hr supervised facility should be billed as CS-Residential. And, only the provision of an active intervention is billable.

8. May RSA bill for CS-Group services in a residential setting?

**Answer:** No. A group provided within a residential setting would be billed as CS-Residential, group mode. An RSA could bill for this service.

9. We have a Medicaid-certified CILA staff office on-site, where some services are provided. We understand that it will always be a CS-Residential service/location. We currently bill off-site/client home, for CILA clients holding their own lease when services are provided there. In this setting, will service/location billing continue as CS-Individual or CS-Residential?

**Answer:** Services provided by the CILA staff to a client at the CILA are CS-Residential.

10. If a case manager goes to the 830 or 860 site to provide a service in the client's natural setting, would the case manager bill CS-Residential or CS-Individual?

**Answer:** The services are billed as CS-Residential. It is an on-site service provided at a certified site.

11. Would CS-Individual and CS-Group services provided at a Supported Apartment Building be considered CS-Residential?

**Answer:** No.

12. For CS-Residential clients, will we be required to also include CS-Group or CS-Individual on the ITP or is having CS-Residential on the ITP sufficient to cover both aforementioned services?

**Answer:** To have CS-Residential in the ITP will not be sufficient to cover those services.

13. You state that CS-Residential is 100% onsite. How does that fit with CS-Individual, Group and Team?

**Answer:** An agency aggregate of 60% of CS services are expected to be provided in a client's natural setting. An agency's percentage will be derived from each type of Community Support service, across the agency, not per individual client. CS-Residential is totally on-site and is not counted in figuring the 60% natural setting requirement.

14. Can a person be in 24 hr residential (supervised, crisis or CILA) and receive CS-Team?

**Answer:** Only for a 30 day transition period, and services while in the residential setting should be billed as community support residential, not community support team. CS-Team services are intensive services to support an individual while they are learning to live, work and participate in their community. These intensive services are not needed when an individual is in 24-hour residential services.

15. There are times when we allow a consumer to spend a few days of respite in our 24 hour supervised living arrangement where the majority of services are billed Community Support Residential. This consumer is not admitted under the residential/CILA program. Should the treatment plan be amended and the on-site services provided to this individual be billed as CSR or because they are not registered as a CILA consumer should they be billed as CSI and remain coded to the 570 program? If a consumer, for example, experiences an exacerbation of symptoms but falls short of needing hospitalization we might allow this individual to reside in the supervised living arrangement for some increased supervision, support, coping skills, medication monitoring, etc. to help him re-stabilize. Some of the services provided would fall under billable Community Support activities but because of the setting would it be Community Support Residential?

**Answer:** Yes, the community support service provided in supervised residential or CILA is CSR. And, yes, the MHA and ITP must be amended to allow that.

16. Supervised Residential -- when you run a group onsite, it is billed as CSR, correct?

**Answer:** Correct. CSR may only be provided in Supervised Residential, CILA or crisis residential.

17. Clarify the difference between off-site and natural setting. If the services are provided in residential does it count toward the 60% in natural setting?

**Answer:** No. Community Support Services provided in Supervised, CILA and Crisis Residential programs are Community Support Residential. Community Support services in Supported Residential programs may be Community Support Individual/Group/Team and may be either onsite or offsite.

18. Client A lives in a DMH-funded CILA (site A for this purpose), so we know his community support services at that CILA are billed as Community Support Residential. We also have other CILA sites, and sometimes, we may hold a group at CILA site B. If client A attends the group at CILA site B, would this also be billed as CSR since it is a funded site or would it be CSI since it is not the client's home?

**Answer:** The service would be billed as Community Support Residential. It is provided in a CILA site as part of a group. Service to one participant of the group may not be billed as something different from the overall service being provided. (3/1/12)

19. Are community support services provided in a crisis residential program to be billed as community support – residential?

**Answer:** Yes, they should be billed as community support – residential. (12/1/13)

20. We work in a certified mental health residential treatment facility for youth. Sometimes our clients are psychiatrically hospitalized and we call them from our on-site facility and provide community support services. The question has been that since these clients are 906-ed to another placement that the place is considered a 'natural' setting and although the provider is on-site at a residential facility, the service is actually just community support, not community support-residential. These are the same rated services and staff that are still providing the service from the residential setting. Should community support services that are provided via the phone on a residential site to a client who is momentarily hospitalized/at detention be billed as community support-residential on site, or community support on site?

**Answer:** Rule 132 defines a natural setting as: "A setting where an individual who has not been diagnosed with a mental illness typically spends time, including home, school, work, churches, community centers, libraries, parks recreation centers, etc. These sites are not licensed, certified or accredited as a treatment setting nor typically identified as treatment sites." Therefore, your assumption that a psychiatric hospital or Juvenile Detention Center would be a natural setting is incorrect. Neither of these meet that definition. You are, however, correct that the service you are describing would be considered community support on site. (4/19/16)

21. Do we need to identify Community Support Residential individual and group services when we use the Admission Note or can we use the "regular" Community Support services for their CSU (crisis support unit) stay?

**Answer:** Because you will be providing Community Support in a Crisis Residential program then you will need to identify CS Residential individual and group. (4/18/17)

22. Can we use an Admission Note to document why they need that level of service since the crisis may either be a new issue or at the very least an escalation of previously identified issues? Or since they have already had an assessment completed do we have to do an updated assessment to identify that new services are needed?

**Answer:** An Admission Note is not required by Rule as the client already has a completed Mental Health Assessment. Please refer to Community Support Residential Q&A #15. (4/18/17)

23. For a current existing client who comes to the CSU are we allowed to use the "regular" Community Support codes or do we need to use the CS Residential codes with them as well? If yes, this means we would have to update everyone's treatment plan since no one would have a CSR service already identified as a need. Some current clients might have the "regular" CSI and/or CSG services on their treatment plans already.

**Answer:** Same as response above #22. (4/18/17)