



# Adult Mental Health Habilitation Services Training

Indiana FSSA/DMHA  
Adult 1915(i) State Evaluation Team  
March 2020

# What is AMHH?

Adult Mental Health Habilitation is a **Home- and Community-Based Services** program comprised of eight distinct services intended to support and assist adults living with Serious Mental Illness and/or substance use disorders in achieving and maintaining their optimum functional ability.

- Geared towards habilitating skills necessary for those at high risk for institutionalization to remain integrated in the community
- Provides services to support both the member and family/caretaker(s)
- **Cannot** be provided to clients receiving Medicaid Rehabilitative Option services



# What is Habilitation?

- ✓ Activities that are designed to assist in acquiring, retaining and improving life skills, such as the following, in a community setting:
  - Self-help
  - Socialization
  - Adaptive skills
- ✓ Providing necessary skills and supports
- ✓ Reduce the risk for institutionalization
- ✓ Achieve the best possible quality of life in the community



# Habilitation vs. Rehabilitation

Federal law distinguishes between a habilitative service and a rehabilitative service according to the recipient's level of need rather than the service delivered, following the general guideline that rehabilitative services are **restorative**, whereas habilitative services are geared toward **acquisition and maintenance**.

## HABILITATION

Acquiring, retaining, and improving daily living skills that may not be developing as expected

## REHABILITATION

Restoring a pre-existing and lost ability or skill to previous levels of functioning



# Habilitation vs. Rehabilitation

## HABILITATION

Jamie experienced First Episode Psychosis and received a diagnosis of Schizophreniform at age 18 just after graduating from high school. As a result, now 22 years old with a diagnosis of Schizophrenia, Jamie isolates and has been unable to gain employment due to underdevelopment of the interpersonal skills necessary to be in the workforce. Jamie accesses habilitative services in order to acquire and maintain the skills necessary for them to seek and gain stable employment and integrate into their local community, avoiding institutionalization.

## REHABILITATION

Pat is a 22-year-old student successfully working part-time and living with family. Pat is engaged in their community as a member of their community college's volleyball team. Pat experienced First Episode Psychosis and received a diagnosis of Schizophreniform. As a result, Pat loses employment and is unable to continue their education or participate in extracurricular activities. Through rehabilitative services, the goal is to assist Pat in regaining stability and returning to prior levels of functioning to re-engage in their community.





# MEMBER ELIGIBILITY

# Who Are Potential Members?

- ✓ Adults living in/transitioning to an HCBS-compliant setting\*
- ✓ Adults that have reached maximum benefit from rehabilitative services and are unlikely to make **further significant improvements** in functioning
- ✓ Adults that need/want habilitation to continue their recovery and sustain and/or improve their quality of life in the community
- ✓ Adults at risk of deterioration and institutionalization without services\*\*

**Current Living Situation :**

Community-based Settings:

- Homeless
- Private/Independent Home
- Non-POCO Residential Setting
- POCO Residential Setting
- Non-CMHC POCO Residential setting
- Potential Presumed Institutional setting

Institutional Settings:

- Nursing Home
- Hospital
- Institution for Mental Disease (IMD)
- ICF/IID
- Jail or Correctional Facility



# Member Eligibility Criteria

- ✓ Enrolled in Medicaid
- ✓ Individual aged **19 or older**
- ✓ Individual has AMHH-eligible primary mental health diagnosis
- ✓ Adult needs and strengths assessment **score 3 or higher**

**Eligible AMHH Mental Health Diagnosis :**

Primary Diagnosis:

List the mental health symptoms associated with the eligible AMHH diagnosis.

1.

[Insert New Row](#)

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**Physical Health Issue(s) :**

List up to 5 of applicants current physical health issues.

1.

- ✓ Individual meets needs-based criteria as outlined in the **Indiana Administrative Code**





# Member Eligibility Criteria

Data below is pulled from the DARMHA record provided.  
Errors need to be fixed in the DARMHA record.

IICP ID : 1049

DARMHA ID : 1384155

Internal ID :

Applicant Last Name : Holsapple

Applicant First Name : Garnet

Applicant Middle Name :

DOB : 02/01/1981 Age : 39 (YEARS) ✓

Qualifying Diagnosis : ✓

<u>Diag_1</u>	<u>Diag_2</u>	<u>Diag_3</u>	<u>Diag_4</u>	<u>Diag_5</u>
F33.2	(n/a)	(n/a)	(n/a)	(n/a)

ANSA within 60 days : 0 ✓

ANSA LON 3, 4 or 5 : 5 ✓

AMHH Algorithm : ✓

Medicaid ID : ██████████ ✓

Social Security No. : ██████████ ✓

## Applicant Information

Home Address 1 : MUST be a physical mailing address

456 Sesame Street

Address 2 : P.O. Box address, if applicable

City : Indianapolis

State : Indiana ▼

Zip Code : 46204-\_\_\_\_\_

Email Address : email@email.com

Phone : (xxx-xxx-xxxx) 317-232-8621

Ext. : \_\_\_\_\_

Medicaid enrolled :  Yes  No

Current MRO Service Package

5 ▼

Level :

Current MRO Package End Date: 02/29/2020

HCBS Address : ✗



# APPLICATION PROCESS

# New Application

- ✓ Face-to-face
- ✓ ANSA Completed **within 60 days prior** to application submission
- ✓ Residential Setting Screening Tool (RSST)
- ✓ Description of rehabilitative services attempted in the past and reason for difficulty achieving success\*

## Justification of Need for Program:

Describe how client has maximized rehabilitative interventions in the past and why client would benefit from current habilitative interventions.

Justification



## ✓ Develop habilitative Individualized Integrated Care Plan

**Goals :**

Goals must be person-centered and address applicant's desired outcomes which promote stability and continued community integration. (May be in the applicant's own words but may require further provider clarification.)

Goal in client's words

**Objectives :**

List the necessary steps needed to be taken for the client to accomplish their goals.

1. Actionable item
2. supportive actionable item

IICP must:

- Be clinically indicated and deemed medically necessary
- Be supported by the member's needs, goals, and desires
- Incorporate client's natural strengths and supports

# ✓ Attestations

✓ Client

✓ Guardian/Caregiver\*


✓ Psychiatrist/  
Health Service Provider  
in Psychology


**Treatment Team Attestation :**


- ✓ The applicant has been given choice of providers
- ✓ The applicant has been given choice of services
- ✓ The proposed IICP is individualized to meet the applicant's need
- ✓ The applicant and/or legal guardian has participated in the development of the IICP
- ✓ A copy of the IICP that was submitted with this application was offered to the applicant
- ✓ Program requirements, including financial requirements, have been reviewed with the applicant and/or legal guardian
- ✓ The HCBS Residential Setting Screening Tool has been completed with the applicant, a signed copy retained in the clinical record, and the HCBS Member Information Pamphlet was provided to the applicant


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**Date Attested**

Applicant : 02/25/2020 

Legal Guardian :  


Referring Care Coordinator : 02/25/2020 

Super User : 02/25/2020 

**Psychiatrist/HSPP Attestation :**

- ✓ The services requested and the IICP are deemed appropriate, clinically indicated and medically necessary, and are based on the identified needs of the applicant
- ✓ Without ongoing habilitation services the applicant will likely deteriorate and be at risk of institutionalization
- ✓ Applicant is not a danger to self or others at the time this application is submitted

**Date Attested**

Psychiatrist/HSPP : 02/25/2020 

**!** Legal  
Guardian  
and client  
must attest

# Renewal Applications

- ✓ Apply *before* the expiration date to avoid a gap in coverage
- ✓ Same as initial application process using updated information
  - Expectation of some level of goal/need evolution across subsequent applications
- ✓ Narrative statement discussing progress/lack of progress



# Clinical Documentation

- ✓ Date of service
- ✓ Qualifications of staff delivering service
- ✓ What service was provided to member
- ✓ Confirms service provided face-to-face\*
- ✓ Service's benefit to member
- ✓ Symptoms, needs, goals, or issues addressed during service
- ✓ Member strengths utilized or developed during service
- ✓ Progress toward health goal(s) identified in IICP
- ✓ Crisis plan



# The Crisis Plan

All AMHH members must have a crisis plan on file that is maintained during the member's eligibility period. The plan should identify risks contributing to and signs of an impending crisis, client triggers and describe barriers to the client to remain in a non-institutional setting. The crisis plan should be readily available to reference for defusal strategies, should the client experience a crisis.

- ✓ Developed with the member and legal guardian, where applicable
- ✓ Reflects the choice/preferences of the member
- ✓ Identifies resources and supports that can be utilized to enact crisis plan and defuse crisis







# REQUIREMENTS AND QUALIFICATIONS

# Provider Requirements

- ✓ Provider agency attestation to provide AMHH services must be submitted\*
- ✓ Meet provider agency requirements and expectations
- ✓ Meet agency staff requirements for each service provided
- ✓ Providers are responsible for the monitoring and maintenance of the HCBS-eligibility of the setting in which services are provided





# Service Requirements

- ✓ Must be listed/described in the IAC as a covered service
- ✓ Service must be habilitative in nature
- ✓ Must promote continued or increased member stability
- ✓ Must support the member's movement toward the achievement of mental/behavioral health goals identified in the member's SET-Approved IICP
- ✓ Must benefit the member



# Service Restrictions

- × Provided simultaneously as another service of the same nature or scope
- × Provided exclusively as a diversion, leisure, or recreational activity (unless it is identified as a component of an approved Respite Care service)
- × A service not supported by the needs described in SET-approved IICP
- × Any service provided same day as inpatient or partial hospitalization or in an institutional setting





# AMHH Services

# What Are the AMHH Services?

- Adult day services
- HCB habilitation and support
- Respite care
- Therapy and behavioral support services
- Addiction counseling
- Supported community engagement services
- Care coordination
- Medication training and support



**SERVICE AND UNIT MAXIMUM****SERVICE MODIFIERS**

SERVICE AND UNIT MAXIMUM	SERVICE MODIFIERS	
<b>Care coordination</b> 400 hour maximum per year	Not applicable	
<b>Supported community engagement</b> 18 Hours Per Month Maximum		
<b>Adult day</b> Two “half-day” units up to five days a week maximum*		
<b>Respite care</b> 75 hours per year maximum*		
<b>Habilitation and support</b> Six hours per day maximum	Individual setting	Member only
<b>Therapy and behavioral support</b> 75 hours per year maximum*		Family without member present
<b>Addiction counseling</b> 75 hours per year maximum	Group setting	Family with member present
<b>Medication training and support</b> 182 hour maximum		





# ADULT DAY SERVICES

Adult day services is a community-based, **non-residential** program designed to provide health, wellness, social and therapeutic activities in a structured, supportive environment to help a member meet their needs and goal(s) identified in the IICP

- Services provide supervision, support services and personal care as required
- Services should support member's community engagement and integration
  - Cannot be provided in a residential setting



# Service Standards

- ✓ Provided face-to-face
- ✓ Client is the focus of service delivered
- ✓ Clinical oversight must be provided by a licensed physician, on-site at least once a week
  - When not on-site, the physician must be contactable by clinical staff
- ✓ Each service must be documented in the member's clinical record
- ✓ Evaluation and documentation of member's progress toward habilitative goals should occur weekly



## Eligible Activities

## Service Exclusions

Care planning

Services provided in a residential setting are not eligible for reimbursement

Behavioral health treatment

Formal educational or vocational services are not eligible for reimbursement

Biometrics monitoring such as weight, blood glucose level and blood pressure

Not eligible for reimbursement if services are provided simultaneously with other services of the same scope and nature

Medication administration\*

Nutritional assessment and planning

Individual or group exercise training

Training in activities of daily living and skill reinforcement

Other social activities

\* Medication administration and support in adult day services may be provided by a medical assistant graduated from a two-year clinician program and authorized healthcare professional in addition to other qualified professionals



# HOME- AND COMMUNITY-BASED HABILITATION AND SUPPORT SERVICES



Habilitation and support services are intended to reinforce, manage, adapt, and retain a member's established skills to meet a member's needs. Members are assisted in gaining an understanding of their behavioral and medical health needs to support self-management and continued integration in the community

- Services may be provided in an individual or group setting in the home or community
- Services can be provided to the member's non-professional supports (i.e. family or unpaid caregivers) with or without the member present



# Service Standards

- ✓ Provided face-to-face with recipient (member, family, non-professional caregiver, etc.)
- ✓ Service should improve the recipient's capacity to provide care for the member
- ✓ Regardless of recipient relationship to the member, the focus of the service should be on the member themselves



## Eligible Activities

Implementation of IICP

Assistance with personal care

Coordination and facilitation of medical and nonmedical services to meet healthcare needs

Skills training

Training of appropriate use of community services

Training in skills necessary to secure housing

Money management training

## Service Exclusions

Job coaching

Purely recreational or diversive activities

Services provided to a professional caregiver in any capacity

Academic tutoring





# RESPITE CARE SERVICES



Respite care services are a group of services delivered to members living with a non-professional caregiver and who are unable to provide their own care.

These services are designed to be provided to the member in the absence of the caregiver to ensure continuity of care and member safety. Activities reimbursable under this service **cannot** be provided by the member's primary caregiver or by anyone living in the residence of the member; services are to be provided by a qualified staff of the provider agency.



# Service Standards

- ✓ Service must be provided in the least restrictive and HCBS-compliant environment available
- ✓ Location and level of service provided is based on the needs of the member as described in the SET-approved IICP
- ✓ Medication administration must be provided by a qualified member of staff
- ✓ Respite care is provided for a **short and defined** period when the primary caregiver is unable to provide care to the member
  - Not to be used to substitute regular care



## Eligible Activities

Any activity normally completed by the non-professional caregiver

## Service Exclusions

Any service provided by a person living in the residence of the member

Any service provided by the client's primary caregiver

Services provided to a member receiving in-home care from a professional, paid caregiver in any capacity

Services delivered to a member living in a certified residential facility or supportive housing

Services used to allow caregiver to attend school or engage in employment related activities



# **THERAPY AND BEHAVIORAL SUPPORT SERVICES**



Therapy and behavioral support services can be provided in an individual or group setting to either the member or their family/nonprofessional caregivers. When delivered to the member, therapy and behavioral support should develop skills, behaviors and behavioral health management techniques that support the development of the member. Services can also be provided to the nonprofessional supports in the member's life and should assist the supports in implementing a behavioral support plan for the member.



# Service Standards

- ✓ Service must be provided face-to-face with the therapy recipient
  - Can be member or member's family/caregiver
- ✓ Member must be the focus of the service
- ✓ Service must be time-limited and structured
- ✓ Service must be provided in a home environment or non-clinical setting in the community



## Eligible Activities

Medication administration\*

Assertiveness training

Stress reduction techniques

Development of socially acceptable behaviors

Implementation of behavior support with family/caregivers/etc.

## Service Exclusions

Service cannot be provided in a clinic setting





# ADDICTION COUNSELING SERVICES



Addiction counseling services are provided to members with minimal risk of withdrawal and minimal or manageable medical conditions, to educate the member or the member's nonprofessional caregivers in supporting the member in their addiction recovery. Services can be provided to both the member or those on the member's nonprofessional care team, such as family or unpaid caregivers. When provided to caregivers, services can take place with or without the member in attendance, so long as the member is the focus of the session.



# Service Standards

- ✓ Service must be provided face-to-face with the service recipient in a non-clinical setting
- ✓ Services must be planned and organized
- ✓ Must address addiction recovery goals
- ✓ Member must be the focus of the service
- ✓ Must be provided to members with a substance-related disorder who also meet any of the following requirements
  - ✓ Minimal or manageable medical conditions
  - ✓ Minimal withdrawal risk
  - ✓ Does not have an emotional, behavioral or cognitive conditioning that would prevent the member from benefitting from services



## Eligible Activities

Education on addiction and substance use disorders

Stress management training

Relapse prevention training

Referral to available community recovery support programs

Anger management training

## Service Exclusions

Education-only counseling

Services provided to professional, paid caregivers

Member in need of detoxification services

Member who is an imminent danger to self or others and cannot be safely managed with AMHH services

Member endorsing symptoms or risks of withdrawal



# SUPPORTED COMMUNITY ENGAGEMENT SERVICES



Supported community engagement are services that engage the member in community activities that will lead to the development of skills to increase community engagement. The goal of these services is to support and improve the member's involvement in and engagement with their larger community in a meaningful way, establishing and developing relationships with community organizations relevant to the member's needs. Services should be delivered to those clients who are unlikely to pursue or to be able to pursue such community engagement without the assistance of the provider.

- Services should support general skill development that can prepare the client for success in an employment setting\*



# Service Standards

- ✓ Service must be provided face-to-face with the individual
- ✓ Must be provided in a community setting
- ✓ Should provide a benefit the member is unlikely to achieve without support
- ✓ Service should help to establish and develop a relationship with a community organization
- ✓ Involves collaboration with the community organization to develop an individualized plan that:
  - Identifies specific supports
  - Identifies organizational expectations
  - Identifies training strategies
  - Identifies time frames
  - Identifies responsibilities



## Eligible Activities

## Service Exclusions

Task completion training

Agency compensation of member

Personal safety coaching

Job-specific task training

Training on timely and consistent attendance

Services provided to a competitively employed member

Problem-solving training

Services provided in a group setting

Volunteering or community service

**Services including explicit employment objectives**

Coaching on use of assistive technology device/adaptive equipment





# CARE COORDINATION SERVICES



Care coordination consist of services that assist a member in gaining access to needed medical, social, educational and other services. Services should adequately address the mental health and/or addiction needs of the member. Care coordination should be utilized to ensure that the needs and goals described in the IICP are implemented to fidelity.



# Service Standards

- ✓ Service must be provided at least once every 90 days
- ✓ Must be provided in a community setting



## Eligible Activities

## Service Exclusions

Needs assessment

The direct delivery of medical, clinical, or other direct services

Development of the IICP

Services provided in a group setting

Referral and linkage

Services that go beyond assisting a member in gaining access to needed services

Monitoring and follow-up

Traveling to and from appointments with a member or members

Evaluation

Training in housekeeping, laundry, and cooking

Direct assistance in gaining access to services

Linkage of the member to appropriate service



# MEDICATION TRAINING AND SUPPORT SERVICES



Medication training and support services are a group of services to be provided to the member or the nonprofessional care team of the member to support the member's ability to maintain continuity of medication regimens.

- Can be provided face-to-face, or on behalf of member
- Can be provided in an individual or group setting



# Service Standards

- ✓ Services not provided face-to-face must be documented to focus on and benefit the member
- ✓ When provided to member's family or caregiver, the service must focus on the member and benefit the member's ability to maintain medication continuity
- ✓ When provided in a residential treatment setting, services may include components of medication management services under the Medicaid clinic option



# Eligible Activities

## Face-to-Face

Monitoring medication compliance

Providing education and training about medication

Monitoring medication side effects

Providing other nursing or medical assessment

Evaluation

Direct assistance in gaining access to services

Linkage of the member to appropriate service

Training family or nonprofessional caregivers to perform eligible activities

## On Behalf of Member

Transcribing medication orders

Setting or filling medication boxes

Consulting with the attending provider or AHCP regarding medication-related issues

Ensuring linkage that lab and other prescribed clinical orders are sent

Ensuring that the member follows through and receives lab work and services pursuant to other clinical orders

Follow-up reporting of lab and clinical test results to the member and physician



## Service Exclusions

Medication management, counseling or psychotherapy when medication management is a component of the service

Medication training and support that is billed separately for the same visit by the same provider

Coaching and instruction regarding a member's self-administration of medications

Services provided to paid, professional caregivers



Contact Name/Title	Contact Information	Contact For?
<b>Garnet Holsapple</b> 1915(i) Program Specialist and Critical Incident Reporting Coordinator	<u>Email:</u> Garnet.Holsapple@fssa.IN.gov <u>Office:</u> 317-232-0630	<ul style="list-style-type: none"> <li>Matters concerning critical incident Reporting</li> <li>If you belong to the following agencies:               <ul style="list-style-type: none"> <li>Centerstone</li> <li>Regional</li> <li>Swanson</li> <li>Meridian</li> <li>Northeastern</li> <li>Southwestern</li> </ul> </li> </ul>
<b>Amanda Huff</b> 1915(i) Program Specialist	<u>Email:</u> Amanda.Huff@fssa.IN.gov <u>Office:</u> 317-233-5190	<ul style="list-style-type: none"> <li>If you belong to the following agencies:               <ul style="list-style-type: none"> <li>LifeSpring</li> <li>Gallahue</li> <li>Adult and Child</li> <li>Park Center</li> <li>Grant-Blackford</li> <li>Hamilton</li> </ul> </li> </ul>
<b>Alexis Pless</b> 1915(i) Program Specialist	<u>Email:</u> Alexis.Pless@fssa.IN.gov <u>Office:</u> 317-234-6687	<ul style="list-style-type: none"> <li>If you belong to the following agencies               <ul style="list-style-type: none"> <li>Oaklawn</li> <li>Edgewater</li> <li>Sandra Eskenazi</li> <li>CMHC</li> <li>Valley Oaks</li> <li>Community Howard</li> </ul> </li> </ul>
<b>Elaine Trepanier</b> 1915(i) Program Specialist and HCBS Lead	<u>Email:</u> Elaine.Trepanier@fssa.IN.gov <u>Office:</u> 317-232-8621	<ul style="list-style-type: none"> <li>Matters concerning HCBS settings and compliance</li> <li>If you belong to the following agencies               <ul style="list-style-type: none"> <li>Aspire</li> <li>Bowen Center</li> <li>Four County</li> <li>Samaritan</li> <li>Cummins</li> <li>Porter-Starke</li> </ul> </li> </ul>
<b>AMHH Inbox</b>	<u>Email:</u> AMHHServices-fssa@state.in.us	<ul style="list-style-type: none"> <li>General questions regarding the AMHH program</li> </ul>
<b>HCBS Inbox</b>	<u>Email:</u> DMHAAadultHCBS-fssa@state.in.us	<ul style="list-style-type: none"> <li>General questions regarding HCBS program</li> </ul>

# Questions?

## FAQs

**When will the proposed changes be implemented?**

Changes to the AMHH program are set to implement April 1, 2020

**What *are* the changes being proposed?**

Among the list of changes being made to the AMHH program are the following:

- Service unit maximums being raised
- Age of eligibility lowered to **19**
- Minimum ANSA score for eligibility changed to **three**
- Removal of per-service justification – approved applicants will receive a “lump-sum” of services
- Introduction of Prior Authorizations to request additional service units

**Does the State have expectations for new enrollee numbers?**

No. While the intention behind these changes is to increase accessibility and ultimately increase usership, the State does not have any expectations for providers.

**Can a member have BPHC and AMHH?**

Yes.