MISSOURI DEPARTMENT OF MENTAL HEALTH
Division of Behavioral Health
OFFICIAL MEMORANDUM

DATE: June 26, 2014

TO: CPR Programs

FROM: Nora Bock, Director of Adult Community Treatment NB

SUBJECT: Intensive CPR for Adults in Non-Residential Settings

Introduction

The purpose of this document is to provide updated information regarding the policies for Intensive CPR for Adults in Non-Residential settings. This correspondence replaces the earlier version of ICPR – Non-Residential policy memos. While the content may look familiar, **please note there is new information within.** Any questions regarding this memo should be directed to Susan Blume.

Service Delivery Modes

Three primary service delivery modes have been identified as appropriate for delivering Intensive CPR (ICPR) for adults in Non-Residential settings. Additional service delivery modes may be added in the future.

1. **Teams linking and transitioning individuals from acute or long-term settings to routine care and treatment**

   - These teams may be designated exclusively for clients receiving the ICPR service, or may be teams providing services to clients receiving ICPR and/or regular CPR in the rehabilitation level of care.

   - The expected period of treatment in this model is approximately 90 days or less, but may vary according to client need.

   - Treatment plans must be developed upon admission, modified and updated as necessary, and reviewed at least monthly. The monthly treatment plan review shall be documented in the client record.

   - The client record must reflect documentation of direct (face-to-face) services and supports delivered on each day that ICPR is billed. Service intensity shall be consistent with the needs of the individual.

2. **Teams providing intensive wrap-around stabilization services for individuals with substantial mental health needs that would otherwise be at risk for hospitalization**

   - These teams may be designated exclusively for clients receiving the ICPR service, or may be teams providing services to clients receiving ICPR and/or regular CPR in the rehabilitation level of care.

   - The expected period of treatment in this model is approximately 90 days or less, but may vary according to client need.

   - Treatment plans must be developed upon admission, modified and updated as necessary, and reviewed at least monthly. The monthly treatment plan review shall be documented in the client record.

   - The client record must reflect documentation of direct (face-to-face) services and supports delivered on each day that ICPR is billed. Service intensity shall be consistent with the needs of the individual.

3. **Teams providing *modified* Assertive Community Treatment**

   - This approach requires a dedicated team, and is intended for intensive services, but may lack elements of full fidelity ACT teams (i.e., one or more specialists, or particular staff to client ratios).

   - The treatment period varies according to client need.

   - Treatment plans must be developed upon admission, modified and updated as necessary, and reviewed at least every 90 days. The treatment plan review shall be documented in the client record.

   - The client record must reflect documentation of direct (face-to-face) services and supports delivered on each day that ICPR is billed. It is expected that service intensity will be consistent with the needs of the individual.

Implementation

Prior to implementing ICPR for adults in Non-Residential settings, the provider must submit a proposal for review and approval. Proposals should be submitted to Susan Blume. Proposals should include specific information about the following components:

1. Service delivery mode;
2. Purpose of the ICPR team;
3. Identity of the Qualified Mental Health Professional who supervises the team as required in 9 CSR 30-4.045 (3)(A);
4. Characteristics of the team/ staffing, including credentials of each team member;
5. Description and scope of services to be delivered; and
6. Caseload size.

CIMOR and Billing

Persons receiving ICPR must be enrolled in CIMOR, assigned to the CPS Adult CPR service category, and assigned to the rehabilitation level of care.

- CPR Community Support services may **not** be billed while a person is being served by an ICPR Non-Residential team.
- ICPR for residential settings may **not** be billed while the person is being served by an ICPR Non-Residential team.
- All other CPR services, including medication management and other physician services, may be provided and billed according to individualized need.

Medicaid matching funds may come from existing provider allocations, voluntary by guardian (VBG) allocations, or funds allocated to remediate acute care closures.

Documentation Requirements

Documentation to support that the individual has met admission criteria for CPR must be present in the client record.

For individuals currently enrolled in CPR prior to assignment to the ICPR team, a **progress note should be written by a QMHP** documenting the need for the service, and a **new treatment plan should be developed** reflecting the service interventions required.

For individuals not currently enrolled in CPR prior to assignment to the ICPR team, a **Behavioral Health Assessment must be completed** to substantiate the need for this service and criteria for CPR admission, including but not limited to the following: presenting problem, recent psychiatric history, current medications, alcohol and/or substance use, current housing, legal status, guardianship status, diagnostic formulation and mental status. Additionally, a **treatment plan should be developed** reflecting the service interventions required.

For each intervention provided by ICPR team members, a progress note must be present in the client record. In addition, a critical intervention plan must be present for each individual receiving service from an ICPR team.

NB/SB/ldn