

**MISSOURI DEPARTMENT OF MENTAL HEALTH**  
*Division of Behavioral Health*  
**OFFICIAL MEMORANDUM**

**DATE:** June 26, 2014  
**TO:** Community Psychiatric Rehabilitation (CPR) Providers  
**FROM:** Nora Bock, Director of Community Treatment *NB*  
**SUBJECT:** Intensive CPR for Adults in Residential Settings

**Introduction:**

The purpose of this document is to provide updated information regarding the policies for Intensive CPR for Adults in residential settings. This correspondence replaces the earlier version of ICPR – Residential policy memos. Thus, while the content may look familiar, **please note there is new information within.**

**History:**

Intensive CPR was originally developed to use with children and youth populations in community-based settings and was aimed at keeping that population from being placed in residential settings. In July 2010 the CPR administrative rule was amended to allow the use of this service within adult residential settings.

There were three basic reasons for the development of Intensive CPR services in adult residential settings:

1. **Services and supports reimbursable under Medicaid were being delivered to consumers in residential settings run by CMHCs and Affiliates.**
2. **Inpatient Redesign resulted in the need for a wider array of housing alternatives in accordance with the clinical needs of those being discharged from inpatient settings.**
3. **Multiple housing workgroups recommended the creation of more housing options.**

Three new Adult Intensive CPR (ICPR) services and rates were approved by MO HealthNet, effective November 1, 2010. They are based on differing levels of need for immediacy of supervision and oversight, differing levels of tolerance for interactions with other consumers, and with differing levels of ability to participate in and benefit from other community-based interventions. These service tiers include –

- Clustered Apartment Settings
- Intensive Residential Treatment Settings
- Psychiatric Individualized Supported Living Environments

## **Implementation:**

***Intensive CPR for adults in all settings must be approved by the Department prior to billing any of the procedure codes.*** Proposals must be submitted to Susan Blume for review and approval. The proposal must minimally include the following:

- The proposed service, setting and timeline for implementation;
- Method for determining client eligibility for the service;
- Staffing patterns/staff qualifications, including identification of the Qualified Mental Health Professional (QMHP) who supervises the ICPR setting;
- Evidence that the site(s) is safe;
- Process for obtaining multidisciplinary input into treatment plan;
- Type of documentation to be used;
- Strategy for preventing the duplication of services and supports delivered by residential and community-based CPR staff;
- Plan for financial separation of room and board from services; and
- Plan for providing personal spending funds to clients.

***Residential sites must be determined to be safe prior to being used as an ICPR residential setting.***

## **Description of Service:**

Intensive CPR Residential (ICPR RES) is comprised of an array of medically necessary on-site residential services for adult consumers whose severity and chronicity of mental illness is such that they have either failed in multiple community settings and/or present an ongoing risk of harm to self or others, which would likely result in long-term psychiatric hospitalization.

ICPR RES requires on-site staff to ensure that consumers do not engage in behaviors that are harmful to themselves or others, or in activities that involve a high risk of relapse of psychiatric symptoms or other behaviors requiring long-term hospitalization. Rehabilitation services are available both on-site and in the community to promote symptom amelioration and psychiatric recovery, and to assist the consumer in progressing toward less intensive services.

The following array of services and supports delivered by residential facility staff may, with consideration of individual client need, be included in the daily rate:

- intensive clinical interventions and supports to reduce symptoms of mental illness;
- intervention and redirection of consumers who are in psychiatric crisis and are exhibiting behaviors that are potentially dangerous to themselves or others;
- back-up and emergency services and crisis supports;
- monitoring of psychiatric symptoms;
- assistance with medications;
- supervision, assistance, and/or monitoring of medical treatment;
- assistance, prompts, education, and support for conflict and resolution, behavior redirection, coping skills, etc.;

- assistance and education associated with activities of daily living development: healthy living, cooking and nutrition, transportation as needed, household management, budgeting, etc.;
- engagement in, and coordination of, services for social and recreational, pre-vocational and vocational activities;
- supports needed to provide protective oversight;
- monitor points of ingress/egress; and
- periodic room checks.

### **Clustered Apartment Setting**

This setting involves *individual apartments (one person per apartment) clustered together in one or more apartment complexes*. Staff are available on either a **full or part-time** basis. ICPR RES/CA may be most appropriate for clients who --

- are unable to tolerate congregate living arrangements in which the presence of other consumers in their immediate living area tends to precipitate psychiatric relapse, aggression, or other behaviors associated with a risk of re-hospitalization; and/or
- may possess sufficient competence in activities of daily living that round the clock observation and oversight on-site are unnecessary, enabling limited independence while in the apartment setting.

### **Intensive Residential Treatment Setting**

This setting involves a *congregate living environment with 5 to 16 beds*. Staff are available on a **full-time** basis. ICPR RES/IRTS may be most appropriate for clients who --

- can tolerate regular interaction with their peers, but who have significant difficulties with activities of daily living; and
- may require round-the-clock observation and oversight; and/or
- require periodic redirection from staff to avoid behaviors potentially harmful to themselves or others.

### **Psychiatric Individualized Supported Living Environment**

This setting involves a *private home with 2 to 4 bedrooms*. Staff are available on a **full-time** basis. ICPR RES/PISL may be most appropriate for clients who --

- have intermittent difficulty tolerating other consumers in their immediate living area;
- require access to an individual bedroom to avoid psychiatric relapse, aggression or other behaviors associated with a risk of re-hospitalization; and/or
- have substantial difficulties with activities of daily living, and will require round-the-clock observation and oversight; and/or
- require daily redirection from staff to avoid behaviors potentially harmful to themselves or others.

### **Services and Supports Provided by Residential Staff:**

ICPR RES *is intended to reimburse providers for direct (face-to-face) services and supports delivered by persons assigned to staff those facilities*. ICPR RES is a service identified on the treatment plan that is delivered by members of a qualified team. The team must be supervised by, and operate under the direction of, a QMHP.

Clients residing in residential facilities and receiving ICPR RES may also receive any other appropriate and necessary CPR services according to the treatment plan, including but not limited to, Community Support, Medication Management, PSR, etc. ***However, interventions and supports reimbursed through ICPR RES shall not be duplicated by staff delivering other CPR services.*** There should be a single, integrated treatment plan that includes the delivery of the ICPR RES service and other CPR services being delivered by non-residential facility staff.

### **CIMOR, Billing and Documentation Requirements:**

Documentation to support that the individual has met admission criteria for CPR must be present in the client record. Persons receiving ICPR RES must be **enrolled in CIMOR, assigned to the CPS Adult CPR service category, and assigned to the rehabilitation level of care.**

If an individual with voluntary by guardian (VBG) or forensic status transitions from an inpatient setting and is not eligible for CPR, please contact Nora Bock for consultation and clinical case review.

When an *existing* client starts to receive the ICPR RES service, a **progress note** should be written by a **QMHP** documenting the need for the service and the **treatment plan must be updated** to reflect the Intensive CPR services being provided.

When a *new* client initiates ICPR RES services they must be enrolled in the CPR program according to existing guidelines specified in 9 CSR 30-4.031-4.047, **receive an assessment and have a treatment plan developed.**

ICPR RES is a daily (per diem) unit rate, based on the delivery of a face-to-face intervention. On each day that ICPR RES is billed, the client chart must reflect documentation of services and supports delivered that day. Examples of appropriate documentation may include, but is not limited to the following:

- Daily summary progress notes
- Weekly summary notes
- Group notes
- Shift notes
- Progress notes documenting individual interventions with consumers, including but not limited to, individual assistance (i.e., crisis assistance, conflict management, behavior redirection, prompting or reminders, providing education, etc.)
- Notes or logs when safety monitoring is needed including periodic checks for safety or oversight.

*Note: Exact clock time is not required*

In addition, a critical intervention plan must be present for each individual receiving services from an ICPR RES team.

## **Examples of Billable ICPR Residential Staff Services/Interventions**

Helping an upset client remember the coping skills they are learning to use – such as deep breathing to calm down and using exercise to blow off steam

Helping a client make decisions about how to handle a conflict with another resident

Helping a client practice good communication skills by giving feedback on an observed interaction

Helping a client make better choices in money management

Helping client make better choices in efforts to lose weight/manage diabetes

Helping a client understand the benefits of taking medications

Helping a client learn to prepare meals

Helping a client learn to do their laundry

Prompting a client to take their shower, brush their teeth, or wear clean, weather-appropriate clothing

Helping a client practice time management skills, such as setting an alarm to get up on their own in the morning and being ready for appointments on time

## **Non-Billable Interventions by Residential Staff**

Taking phone calls for residents

Casual communication with residents hanging out around the desk

Asking a resident to empty the trash, turn down the music

Listening to the ball game with residents in the lobby

Being present and monitoring general milieu

Noting that a conversation took place between staff and a resident with no actual intervention being mentioned

Completing tasks for a resident rather than teaching or modeling the task as a learning intervention

Time spent for documentation (unless done collaboratively)

Salting the sidewalk in winter