



ADULT REHABILITATIVE MENTAL HEALTH SERVICES PROCEDURE

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Procedure Name:	PROGRAM INTRODUCTION
Procedure Number:	001
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	10/2017, 10/16/2020
References:	

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to define the Program Description/Service Standards. Staff must follow the steps set forth in this procedure for ARMHS.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

ARMHS services are designed to bring recovery-oriented interventions directly to adults with mental illness who are living in their own homes or another community setting. The goal of ARMHS is to help individuals acquire, practice and enhance skills that have been lost or diminished due to mental illness symptoms. With ARMHS, clients receive support to live as independently as possible.

Service Standards ensure:

- Administrative ability to ensure availability of services
- Ensure mental health professionals, practitioners, and rehabilitation workers are skilled in delivery of specific adult rehabilitative mental health services provided to eligible recipients
- Ensure flexibility in service delivery to respond appropriately to the changing needs of the recipient
- Ensure the mental health professional or mental health practitioner participated in developing the individual treatment plan
- Assist the recipient in crisis assessment, intervention, and stabilization services
- Ensure services are coordinated with other mental health providers. If the recipient receives case management, services must also be coordinated with the case manager or program coordinator.

Organization policy prohibits:



- a) corporal punishment;
- b) the use of aversive stimuli;
- c) interventions that involve withholding nutrition or hydration, or that inflict physical or
- d) psychological pain;
- e) the use of demeaning, shaming, or degrading language or activities;
- f) forced physical exercise to eliminate behaviors;
- g) unwarranted use of invasive procedures or activities as a disciplinary action;
- h) punitive work assignments;
- i) punishment by peers; and
- j) group punishment or discipline for individual behavior.

An intervention is discontinued immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

GETTING HELP

The Program Coordinator can be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	PROGRAM CERTIFICATION
Procedure Number:	101
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	5/15/2017, 10/16/2020
References:	

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for certification. Staff must follow the steps set forth in this procedure for certification/re-certification.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the certification procedure.

PROCEDURE

The Minnesota Department of Human Services (DHS) is responsible for the certification process. The certification process determines if the provider meets the requirements to be a certified ARMHS provider.

The following steps must be completed to apply for ARMHS certification:

- Complete the application in full and sign it. Required attachments should also be submitted.
- If the application is accepted, DHS will send a copy to the provider's local county for their comments.
- Once approved for certification, the provider will be enrolled as a MA provider for ARMHS services.

The provider must apply for local certification; this process involves:

- The provider must demonstrate their knowledge of local human services, and community resources.
- The provider must coordinate services that are consistent with the local county's needs.

The following steps must be completed to apply for ARMHS re-certification:

- Four months prior to the provider's certification expiring, the provider must complete the re-certification application and send it to DHS. The re-certification application must be completed in full and required attachments submitted as well.
- At the same time, the provider must work with the local county agency to ensure they have completed their portion of the re-certification process.
- DHS will perform an on-site evaluation. This will include familiarization, services and settings, processes practices, special concerns, and records review.



GETTING HELP

The Program Coordinator can be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	CLIENT ELIGIBILITY & REFERRAL FORM
Procedure Number:	201
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	5/15/2017, 10/16/2020
References:	

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for client eligibility. Staff must follow the steps set forth in this procedure for ARMHS.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

Eligibility for ARMHS services:

- Recipients must be at least 18 years old or older
- Recipients must have a diagnosis of a mental illness or traumatic brain injury in which ARMHS services are needed to maintain functioning.
- The recipient must have a substantial disability and functional impairment in three or more areas including: Mental Health Symptoms, Mental Health Service Needs, Use of Drugs and Alcohol, Transportation, Self-Care/Independent Living, Medical, Financial, Vocational, Interpersonal, Dental, Housing, Education, and Social.
- A Diagnostic Assessment stating that ARMHS services are medically necessary and a Mental Health Professional will complete and sign the eligibility criteria form.

Referral form for ARMHS services:

Referrals for ARMHS services can come from a variety of sources. These can include county case managers, therapists, psychiatrists, outpatient clinics, hospitals, and self-referrals. When an individual chooses to make a referral, they can call Family & Children's Center (FCC) and ask that a referral form be emailed, or faxed to them, or they may choose to pick it up themselves. Once the referral is completed, it is sent back to FCC so staff can take steps for services to begin. The FCC ARMHS program will gather information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a) personal and identifying information;
- b) emergency health needs; and



- c) safety concerns, including imminent danger or risk of future harm.

The ARMHS program will provide or recommend the most appropriate and least restrictive or intrusive service alternative for the individual. The ARMHS intake process will be prompt, and responsive, as well as include the following:

- a) Ensure equitable treatment
- b) Give priority to urgent needs and emergency situations
- c) Support timely initiation of services

GETTING HELP

The Program Coordinator can be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	WINONA COMMUNITY HUB REFERRALS
Procedure Number:	202
Domain:	Minnesota Programs
Approved By:	Tita Yutuc, President/ CEO
Created/Written By:	Vanessa Southworth, Director of Minnesota Programs
Effective Date:	2/17/2020
Date(s) of Revision:	
References:	Memorandum of Understanding (MOU); Referral Criteria for Winona Community HUB ; Children's Watch, Hunger Vital Sign ; How To Make a Referral to Winona Community HUB

STATEMENT OF PURPOSE

This procedure outlines the process for collaboration and referrals to Winona Community HUB.

AREAS OF RESPONSIBILITY

The Director of Minnesota Programs is responsible for ensuring all program staff are familiar with the Winona Community HUB and how to make referrals. Coordinators and Supervisors are responsible for reinforcing collaboration with Winona Community HUB by reminding their staff of the referral process. Individual direct service staff are responsible for screening clients for food insecurity by using the Hunger Vital Sign and making referrals directly to the Winona Community HUB as appropriate.

PROCEDURE

The Winona Wellbeing Collaborative (WWC) is a collective of multiple service and non-service providing agencies that have assembled to address social determinants of health impacting residents of Winona. The WWC also serves as governance body for the Winona Community HUB, which resides under Live Well Winona, a department of Winona Health.

The Winona Community HUB aims to coordinate care for high-risk residents of Winona across agencies. The Winona Community HUB will receive referrals of high-risk families that meet defined criteria, then assign these families to a Community Health Worker that supports the family in addressing their risk factors. The Winona Community HUB will use a platform called Care Coordination Systems (CCS) to receive referrals and document case progress.

Winona Health, on behalf of Live Well Winona, agrees to receive, assess eligibility and assign clients to a Community Health Worker (CHW) (if eligible) in a timely manner (2 business days). Live Well Winona will monitor and support the progress of the CHW in closing risk-factor “pathways” in a timely manner (9 months to all pathway closure or if client is pregnant, 18 months). Live Well Winona agrees to communicate updates and final outcomes of the referred client back to the referring agency as permitted under the client’s Release of Information



Family & Children's Center (FCC) agrees to engage in an agency determined screening process to confirm adherence to HUB referral criteria. FCC agrees to use the CCS tool for referral, and will not incur any additional cost other than in-kind time to use this system. FCC acknowledges that not all referred clients may be ultimately deemed eligible for HUB services. Additionally, if a covered entity under the Health Insurance Portability and Accountability Act (HIPAA), FCC must abide by HIPAA privacy rules.

Attached is the WWC Hub Referral Policy and instructions for the use through CCS.

Winona FCC User name is: FCHILDRENSCENTER

The password is: FCCWNhub1

Your security answer is: main (you lived on Main Street in the 3rd grade)

Review the documents in the References section above for more details about FCC's collaboration with Winona Community HUB and how to make a referral.

Staff responsible for enrolling clients in programs will screen new referrals for food insecurity by using the Hunger Vital Sign (Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. E., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 26-32. doi:10.1542/peds.2009-3146.).

The Hunger Vital Sign™ identifies households as being at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):

“Within the past 12 months we worried whether our food would run out before we got money to buy more.”

“Within the past 12 months the food we bought just didn't last and we didn't have money to get more.”

GETTING HELP

For questions about the Winona Community HUB and the related referral process, please contact the Director of Minnesota Programs, your Coordinator or your Supervisor.

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Procedure Name:	TEAM STRUCTURE/ STAFF REQUIRMENTS
Procedure Number:	301
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	10/16/2017, 10/16/2020
References:	MN Department of Human Services Mental Health Policy Manual

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for team structure. Staff must follow the steps set forth in this procedure for ARMHS.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

The rehabilitation team coordinates services and involves the service recipient or a legal guardian and family, medical, clinical, vocational, educational, and activity personnel, as appropriate.

The rehabilitation team includes one full-time staff person for every ten-service recipients, a team leader or supervisor, a nurse, and other qualified mental health professional, based on the needs of the service population.

The ARMHS program does not provide assertive community outreach services however; the program does work with the person to support recovery, reduce symptoms, and to encourage membership in the community through an individualized, coordinated service approach.

Team Structure

The following requirements are taken from the MN Department of Human Services Mental Health Policy Manual,

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=mhpm_0703#P23_325

Clinical Supervisor: The clinical supervisor is a licensed mental health professional who provides clinical supervision to mental health practitioners and mental health rehabilitation workers who perform ARMHS services. There is at least one mental health professional on the ARMHS team. The Clinical Supervisor is qualified by one or more of the following:



- a. an advanced degree in social work;
- b. an advanced degree from a program in psychosocial rehabilitation or rehabilitation counseling;
- c. an advanced degree in a comparable human service field, with supervised post-graduate experience in providing case management and other services to persons with serious and persistent mental illness;
- d. substantial experience in the psychosocial rehabilitation field which, based on the organization's decision, substitutes for specific educational requirements; and/or
- e. national or state certification, licensing, or registration requirements in the psychosocial or psychiatric rehabilitation field.

The Clinical Supervisor meets the following responsibilities:

- Determining if a referral meets criteria for ARMHS services
- Reviewing client files at least every 6 months
- Reviewing assessments to assist in creating a treatment plan and to develop an individual goal
- Assist in updating individual treatment plans
- Completing clinical supervision to all ARMHS staff at least once a month, this can be done individually or in a group setting to discuss and provide guidance around mental health diagnoses and any other treatment topics.
 - If the treatment director is a mental health practitioner, the Clinical Supervisor will provide supervision once a month.
- Review all aspects of the ARMHS program
- Review supervision of mental health rehabilitation workers
- Plan and provide education trainings for staff
- Provide input into the agency's strategic quality improvement plans
- Must be available for consultation for urgent client needs

Treatment Director: If the Treatment Director position is not filled by the clinical supervisor, the treatment director may be a mental health professional or a mental health practitioner receiving supervision by the clinical supervisor.

The treatment director meets the following responsibilities:

- Conducting observations for supervision of mental health rehabilitation workers delivering ARMHS services
- Reviewing progress notes of onsite visits to ensure they are accurate and consistent with the goals of the treatment plan



- Overseeing (a) records of observations, (b) charting evaluations, and (c) actions that correct the work of mental health practitioners and rehabilitation workers
- Approving and signing off on observations, located in the personnel file of the mental health rehabilitation worker
- Being available for consultation with mental health practitioners and mental health rehabilitation workers, either by phone or in person, or making sure that a mental health professional or mental health practitioner is available
- Determining that treatment is implemented correctly; overseeing changes in treatment strategies and revisions in treatment plans; conveying instructions and methods of treatment as appropriate
- Modeling service practices that (a) demonstrate respect for the client and (b) promote collaboration and coordination.
- Ensuring that mental health practitioners and mental health rehabilitation workers can communicate effectively with clients, family, and other providers

The following requirements are taken from the MN Department of Human Services Mental Health Policy Manual,

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_136715

Mental Health Practitioners: Mental health practitioners providing services for the treatment of mental illness must be under clinical supervision of a mental health professional and must be qualified in *at least one* of the following five ways:

1. Holds a bachelor's degree in a behavioral science or a related field, from an accredited college or university and meets either a or b:
 - a) Has at least 2,000 hours of supervised experience in the delivery of mental health services to recipients with mental illness
 - b) Is fluent in a non-English language of a cultural group to which at least 50% of the practitioner's recipients belong, completes 40 hours of training in the delivery of services to recipients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2,000 hours of supervised experience are met
2. Has at least 6,000 hours of supervised experience in the delivery of mental health services to recipients with mental illness.
3. Is a graduate student in one of the mental health professional disciplines and an accredited college or university formally assigns the student to an agency or facility for clinical training
4. Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college or university.



5. Is a tribally certified mental health practitioner who is serving a federally recognized Indian tribe

The following requirements are taken from the MN Department of Human Services Mental Health Policy Manual,

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_136715#rehab

Mental Health Rehabilitation Worker: must work under the direction of a mental health professional or mental health practitioner and must meet the following four requirements:

1. Be at least 21 years of age
2. Have a high school diploma or equivalent
3. Successfully complete 30 hours of training during the two years prior to hiring in each of the following areas:
 - Recipient rights
 - Recipient-centered individual treatment planning
 - Behavioral terminology
 - Mental illness
 - Co-occurring mental illness and substance abuse
 - Psychotropic medications and side effects
 - Functional assessment
 - Local community resources
 - Adult vulnerability
 - Recipient confidentiality
4. Meets one of the qualifications in a) or b):
 - Has an associate of arts degree in one of the behavioral sciences or is a registered nurse without a bachelor's degree, or within the previous 10 years has one of the following:
 - Three years personal life experience with serious and persistent mental illness
 - Three years personal life experience as primary caregiver to an adult with a serious mental illness or brain injury
 - 4,000 hours supervised paid work experience in the delivery of mental health services to adults with a serious mental illness or brain injury
 - Is fluent in a non-English language or competent in the culture of an ethnic group to which at least 20 percent of rehab worker's recipients belong, and:
 - Receives monthly documented individual clinical supervision during the first 2,000 hours employment
 - Has 18 hours of documented field supervision by a mental health professional or practitioner during the first 160 hours of contact work with recipients and at least six hours of field supervision quarterly during the following year



- Has review and co-signature of charting of recipient contacts during field supervision by a mental health professional or practitioner
- Has 15 hours of additional continuing education on mental health topics during the first year of employment and 15 hours during every additional year of employment

Mental health rehabilitation workers must receive the following:

- 30 hours of continuing education every two years in areas of mental illness and mental health services and other areas specific to the population being served
- Direct on-site observation while providing ARMHS services as follows:
 - For newly hired workers, at least six hours for each 40 hours during the first 160 hours of service
 - For workers in continued employment, at least six hours every six months

In addition to the above criteria a mental health practitioner for an adult recipient must have training working with adults and must demonstrate experience or receive training and/or education in:

- a) psychosocial rehabilitation;
- b) substance use conditions;
- c) vocational issues;
- d) crisis intervention;
- e) the use, management, and side effects of psychotropic medications;
- f) the characteristics and treatment of mental illness; and
- g) recognizing the early signs of decompensation and risk factors that increase vulnerability to relapse.

Direct service personnel workloads support the achievement of client outcomes, are regularly reviewed, and are based on an assessment of the following:

- a) the qualifications, competencies, and experience of the worker, including the level of supervision needed;
- b) the work and time required to accomplish assigned tasks and job responsibilities; and
- c) service volume, accounting for assessed level of needs of new and current clients and referrals.

GETTING HELP

The Program Coordinator can be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	OPERATION/ SERVICES
Procedure Number:	401
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	10/16/2017, 10/16/2020
References:	www.dhs.state.mn.us

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for ARMHS Operations/Services. Staff must follow this procedure.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

The ARMHS staff office is located at 601 Franklin St. Winona, MN 55987. Services are delivered by the ARMHS staff to clients in the community. This can range from meeting with clients in their home, and in other community settings. ARMHS staff members work with clients to identify and use natural resources and peer support to create a supportive community.

The ARMHS program offers educational services (ex. Illness Management and Recovery (IMR) and other relevant SAMHSA educational materials) and social rehabilitation services (e.g. development of practicing coping skills, independent living skills, etc.). The following core service components are utilized to support clients' management of symptoms and thereby improving their quality of life:

- development of self-care and independent living skills;
- medication adherence and an understanding of how to manage their illness;
- socialization and use of leisure time;
- housing, education, and family support services; and
- vocational development.

Basic living skills to maintain independence are delivered to the clients. These skills include:

- How to communicate with others
- How to feel comfortable and confident in social settings
- How to cope in a stressful situation
- Relapse prevention
- Budgeting and shopping



- Developing a healthy lifestyle
- Cooking and nutrition
- Monitoring medications
- Managing mental health symptoms
- Finding employment
- Seeking education
- Re-entering the community after treatment
- Managing a household

Community Interventions are strategies to reduce barriers for independent living and integration back to community living when mental health symptoms have become unmanageable. These strategies help prevent such things as job loss, eviction, and hospitalization.

The ARMHS staff works with or without the client present as well as with family, friends, employers, landlords, and treatment providers to resolve any occurring functional barriers related to mental health symptoms. Changes would be made to increase stabilization for the client to function independently. Significant supports identified by the client, and with the client's consent, are offered to participate in the following services or receive a referral for the following services:

- family psychoeducation;
- emotional support and therapy;
- linkage to community services;
- self-help referrals; and
- care coordination, as needed.

Medication Education can be provided by a Registered Nurse, Pharmacist, Physician's Assistant, or Physician. Medication education informs clients about their mental health and mental health symptoms. It also provides education regarding prescription medication and side effects. Family members may participate if the client chooses. Medication education can be provided in the home or in a community setting.

The ARMHS program offers service recipients a variety of opportunities to achieve service goals through individual, milieu, and/or group activities (if determined appropriate and medically necessary), within a culturally sensitive framework that allows each individual to:

- learn how to relate to others;
- anticipate and control behaviors that interfere with inclusion in the community;
- experience peer support and feedback;
- build on strengths and enhance self-reliance and productivity; and
- celebrate competence and success.



Transition to Community Living are services provided to an individual leaving a sub-acute care setting such as Assertive Community Treatment (ACT), Intensive Residential Treatment Services (IRTS), or inpatient hospital setting. The ARMHS staff works with the sub-acute care provider to coordinate discharge planning and re-entry into community living.

Service Coordination is vital to ensure continuity of treatment. ARMHS staff can serve as a compliment to other services an individual may receive. It is imperative the ARMHS staff find out about any other services an individual is receiving when they begin the ARMHS program. ARMHS staff must be aware of any limitations other providers have when providing concurrent services. The following services may be either provided directly, coordinated, or formally arranged:

- 24-hour crisis intervention;
- crisis residential and other emergency services;
- inpatient and outpatient psychiatric services;
- medical and dental services;
- medication management;
- integrated mental health and substance use services;
- substance use education and treatment;
- public assistance and income maintenance;
- work-related services and job placements;
- financial services;
- legal advocacy and representation; and
- transportation.

GETTING HELP

The Program Coordinator can be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	No-MA Procedure
Procedure Number:	402
Domain:	ARMHS
Approved By:	Vanessa Southworth, Director of Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	11/15/2019, 10/16/2020
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure describes and delineates the steps to be taken when an ARMHS consumer loses his/her Medical Assistance (MA) funding for the program.

AREAS OF RESPONSIBILITY

All ARMHS staff have responsibility for aspects of daily control and coordination of the procedure. Further details on individual positions' responsibilities follow in the "Procedure" section of this document.

PROCEDURE

The following personnel/positions are responsible for the described tasks:

- MA checks are done at least monthly by the Revenue Cycle Lead.
- The Revenue Cycle Lead will send a summary showing consumers without MA to the Clinical Supervisor and the Program Coordinator.
- The Clinical Supervisor, under the direction of the Program Coordinator, will review the summary and disseminate individual consumers' No-MA status to the ARMHS staff.
- ARMHS staff will be informed that, unless the consumer's MA is reinstated, the consumer should be discharged from ARMHS following 30 calendar days. The consumer, their County Case Manager, family/guardian (if applicable), County Probation Officer (if applicable) are also informed, in writing, on the same day that the ARMHS staff are informed, by the Program Coordinator.
- Within thirty (30) days that follow a consumer's loss of MA, the ARMHS team shall work vigorously to help the client's MA be reinstated. Within this period, the following shall occur: ARMHS staff, Clinical Supervisor, and Program Coordinator will staff the consumer's case regarding medical and psychiatric stability and level of services needed. The case will be staffed weekly or more often if needed, with the team. ARMHS staff, with the support of the Clinical Supervisor and Program Coordinator will work with County Fiscal Departments, guardians, and



other concerned entities to determine why the consumer lost MA and to reinstate his/her MA or secure alternate funding.

- If attempts to reinstate the MA are unsuccessful, and the consumer's county does not agree to provide ongoing or interim funding, Clinical Supervisor and Program Coordinator will again inform the entities listed above five (5) business days prior to the 30 days expiring.
- If MA or alternate funding is not obtained, and the consumer's needs cannot be met with abbreviated services within the capitation rate, the consumer is discharged from ARMHS on the 30th day. ARMHS staff will coordinate any follow up referrals to other support programs. A discharge summary is created by the ARMHS staff and is provided to all concerned.

GETTING HELP

The Clinical Supervisor and the Program Coordinator should be contacted for help completing forms or carrying out this procedure.

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Procedure Name:	CLIENT RIGHTS & GRIEVANCE PROCEDURE
Procedure Number:	501
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	5/15/2017, 10/16/2020
References:	

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for the client rights and grievance process. Staff must follow the steps set forth in this procedure.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

Family & Children's Center will follow the specific requirements and timelines of Minnesota or Wisconsin Rules as applicable, depending upon the program location.

If a consumer has a complaint, there are several avenues to follow. First, the consumer can talk with the ARMHS worker most directly related to the incident and attempt to problem solve and practice assertive communication skills. Secondly, the consumer may choose to bring the concern up with the Program Supervisor or the Clinical Supervisor. If the issue is not resolved to the consumer's satisfaction, he/she may file a written grievance. In all cases, the grievance resolution process should be documented in writing as to the summary of investigation, resolutions attempted, and the persons involved. Grievances will be summarized quarterly as part of the PQI process. The consumer may also contact the Director of Minnesota Programs at FCC, the Department of Human Services, or the Ombudsman Office.

Upon admission to any program of Family & Children's Center, each client, parent of a minor, or guardian of an adult or minor (if applicable) will be given a copy of Family & Children's Center's client rights, which summarizes the grievance resolution process. Additional copies may be requested at any time. The information will contain the name, address, and phone number of the client rights specialist.

The grievance resolution process addresses the method for informing clients and their guardian, parents, and advocates about the way grievances are presented and how reviews are conducted.



All programs of Family & Children's Center will establish specific methods of instruction to help clients and guardians, parents and advocates understand and use the grievance system. Clients who receive services for extended period of time will be orally re-notified of their rights at least annually and receive another copy of their rights if necessary.

GETTING HELP

The Program Coordinator can be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	TELEHEALTH SERVICES
Procedure Number:	103
Domain:	Client Rights All FCC Programs
Approved By:	Leah Morken, Clinical Director
Created/Written By:	Mary Jacobson, Director of Programs Vanessa Southworth, Director of Programs
Effective Date:	6/15/2020
Date(s) of Revision:	
References:	APA Telehealth Training Informed Consent for Telehealth Services form Procedure 407: Case Record Overview Revenue Cycle Homepage Provider Assurance Statement for Telemedicine Telephonic Telemedicine Provider Assurance Statement

STATEMENT OF PURPOSE

Telehealth services have been approved through the end of the State of Emergency related to COVID-19. The agency anticipates that telehealth will remain an important method of service delivery throughout the COVID-19 pandemic and beyond. As such, we will stay abreast of rules and regulations regarding telehealth and update this procedure accordingly. This procedure outlines the roles, responsibilities and processes related to providing telehealth services.

AREAS OF RESPONSIBILITY

All staff providing telehealth services are responsible for knowing and understanding the information in this procedure. All staff providing telehealth services must participate in the online APA telehealth training or other telehealth training approved by the Clinical Director.

PROCEDURE

Telehealth is the practice of health care delivery of services, diagnosis, consultation, or treatment of medical data by means of audio, visual, or data communication. Telehealth services must be provided through a 2-way, real-time, interactive method of communication. This excludes voicemails, texting, emailing, faxing, and chat rooms.

Telehealth is not a “check-in”. It is a purposeful and intentional service that is medically needed as determined by a licensed medical professional or mental health professional. Services must be clinically appropriate for the consumer’s needs.

Methods of Telehealth:

Providers are expected to use HIPAA compatible modalities to protect consumer rights. Family & Children’s Center complies with established state and federal regulations for telehealth.



Family & Children's Center prefers the use of doxy.me for secure telehealth services and has provided a select number of accounts for providers in need of a secure platform that allows for screen sharing capabilities. Providers are responsible for ensuring the platform they are using is an approved platform by confirming with the Clinical Director. Approved platforms may vary with time based on regulations.

FCC expects all providers to adhere to the requirements of Health Insurance Portability and Accountability Act (HIPAA). This requires taking necessary steps to protect the privacy of clients and the confidentiality of information related to providing services via telehealth. Providers should refer to agency procedures related to HIPAA as well as the APA telehealth training or other approved training if they have questions. For additional help, they should contact the Clinical Director.

Telehealth Process:

Prior to providing any telehealth services, providers must obtain consent from clients via the Informed Consent for Telehealth Services form. Signed and written consumer consent is preferred; however, if written consent is unable to be obtained, then verbal consent is allowable while documenting the efforts to obtain written consent. This can be done via email or regular mail. If verbal consent is utilized, it must be obtained at the start of every session after the risks of telehealth to privacy are discussed.

Providers must adequately address client safety before, during, and after the telehealth service is rendered. This may include but is not limited to a review of client records to identify history of safety risks, creation of a safety plan and protocol for staff members, on-going assessment of client's symptoms and potential safety risks via question and aftercare referral and submission of the created safety plan to the next provider.

The following information must be communicated and discussed with the client at the start of every session:

- An understanding that others may hear the conversation in the background
- Staff's location and environment (ex: working from home with dogs that may bark in the background)
- An understanding that the platform used may not be confidential (e.g., if the platform is not HIPAA compatible, such as Skype, data storage, 3rd party recordings, internet security breaches, etc.)
- An understanding that the consumer has the right to refuse or stop the session at any time
- An understanding that the provider may end the session if the connection is poor or for other reasons that should be explained to the client



Requirements for Documentation:

Staff documentation expectations remain in effect, including the use of the SIRP method of documentation. However, additional requirements must be clearly documented in every case note. This information includes:

- Method/mode of transmission used for session (e.g., Skype, telephone call, etc.)
- A description of the provider’s basis for determining that telehealth is an appropriate and effective means for delivering service to the client (e.g., due to COVID-19, due to Safe at Home Order, due to client being unable to come into the office, due to client not having internet connection—in the case of a telephone session, etc.)
- Type of service provided (e.g., outpatient counseling session, supervised visit, etc.)
- Location of consumer (as confirmed by provider) and location of provider (e.g., “Due to consumer self-quarantine, writer called from office to consumer in their home”, etc.). This is also known as the location of the originating and the distant site.
- That risks were reviewed and provider received consent for telehealth (Ex: “Current signed consent for telehealth”, “Verbally reviewed risks and received verbal consent to conduct session via telehealth”, etc.)
 - Ask and document assurance that the client is in a place with privacy, and if they are not, who else is present?
 - Ask and document that the client moved their camera around so you can see the physical setting of the room they are in.
 - Review and document the procedures for disconnection (sign back into the telehealth platform, and if that does not work what number to call by telephone to reconnect with the client) and your safety plan for emergency contact if needed.
- Time the service began and ended, with a.m. and p.m. designations

Addressing How and When to Discontinue Telehealth Services:

The following criteria should be utilized to address how and when telehealth services should end:

- Evaluation of service (intervention used and client’s response): Daily review of progress notes
- Evaluation of on-going needs of the client: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- Evaluation of scope of practice and client’s needs: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- If it is determined a client is not a fit for telehealth services, then an option may be to initiate in person services.

Process for discontinuation:

Context



- Client demonstrates deterioration or a need for higher level of care
- Client has on-going missed appointments or cancellations over a 3-week period
- Client decides to discontinue services
- Client's additional community providers report concern due to client's deterioration in functioning

Protocol

- Staff will consult with Clinical Supervisor
- Staff will consult with outside providers (e.g., County Case Manager)
- Staff will make 3 attempts to discuss potential discharge with client
- Staff will complete a discharge summary
- Staff will provide a referral for aftercare and follow-up

Billing Requirements:

There are no changes to service note billing requirements. However, invoices must add an indicator for telehealth services. For information on how to bill for telehealth services by payer, please go to the Revenue Cycle Homepage on the Depot. This can be accessed by going to Directory > By Department > Revenue Cycle Management > Click here to visit the Revenue Cycle Homepage!

In Minnesota, billable providers must complete the Provider Assurance Statement for Telemedicine, which is submitted to Medicaid and other payers as required, by the Revenue Cycle Department. Also, in Minnesota if any provider offers telephonic services, they must complete the Telephonic Telemedicine Provider Assurance Statement.

GETTING HELP

If you have questions regarding this procedure, please contact your Program Supervisor, Coordinator, Director or Clinical Director.

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Procedure Name:	COORDINATION OF CRISIS SERVICES
Procedure Number:	601
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	10/16/2017, 10/16/2020
References:	

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for Coordination of Crisis Services. Staff must follow the steps set forth in this procedure.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

Clients who have had recent histories of frequent and/or recurring crisis episodes will have a "Crisis Assistance & Relapse Prevention Plan". The ARMHS provider will work with the client in developing this plan. This plan will include recipient name, contact information, directions to recipient home, emergency contact information, current medications and health considerations.

As assessment of the client's previous crisis will be completed. This will help to identify factors, which may be useful in early identification of future crisis. A list of things that have helped and not helped in the past crisis will also be made. Finally, an action plan will be developed to specify what the client should do in a crisis situation. The client's resources will be clearly identified.

Clients will participate in the development of the plan and will be provided a copy upon completion.

GETTING HELP

The Program Coordinator can be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	DOCUMENTATION/ CARE COORDINATION
Procedure Number:	701
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	10/16/2017, 10/16/2020
References:	www.dhs.state.mn.us

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for Documentation/Care Coordination. Staff must follow the steps set forth in this procedure.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

The ARMHS staff will work with the Clinical Supervisor to complete documentation for care coordination. Personnel who conduct assessments are qualified by training, skill, and experience and able to recognize individuals and families with special needs. The information gathered for assessments is strengths-based, comprehensive, directed at concerns identified in the initial screening, and limited to material for meeting service requests and objectives. Assessments are conducted in a culturally responsive manner to identify resources that can increase service participation and support the achievement of agreed upon goals. The following documentation must be completed for each client:

- **Diagnostic Assessment**-must not be more than 180 days old, beginning on the admission date of the current episode of care; or must be conducted within 30 days from the admission date; or be completed within 5 days of the second meeting following the date of admission. The Diagnostic Assessment is updated yearly and include the following:
 - History and presence of serious and persistent mental illness and substance use or other health conditions;
 - Life skills and available resources; and
 - Determination if the client can benefit from services that promote the ability to live and function in the environment of their choice.



- **Functional Assessment**-must be completed within 30 days of intake. The Functional Assessment is reviewed every six months.
- **Treatment Rehabilitation Plan**-must be completed within 30 days of intake or start date and it must be completed prior to mental health service delivery. The Treatment Plan is updated every six months.
 - If the client should choose or agree to the participation of support persons (family members, significant others, providers, etc.) during the development of the plan, then the identified support persons will be requested to participate. The client, family members as appropriate, and personnel collaboratively develop a written, individualized rehabilitation plan that is based on the assessment and supports: attainment of service goals; improvement in the person's quality of life; the ability to manage within the community; and development of desired skills.
 - The plan is developed in a timely manner with the full participation of the client, and in cases of crisis or urgent needs the planning is expedited. During the development of the plan, the client is informed of available options, benefits, alternatives, and potential consequences of planned services.
 - The plan will include:
 - agreed upon goals, desired outcomes, and timeframes for achievement;
 - the services and supports to be provided;
 - the identified person providing those services and supports;
 - unmet service and support needs, if relevant;
 - possibilities for maintaining and strengthening family relationships, when needed;
 - the support of the client's informal social network;
 - and the client's signature demonstrating his or her approval of the developed plan.
 - The identified service provider, a supervisor or a clinical/service/peer team, will review the treatment rehabilitation plan quarterly to assess the following:
 - Service plan implementation;
 - Progress toward achieving service goals and desired outcomes; and,
 - The continuing appropriateness of the service goals.
 - The identified service provider and client review progress towards the achievement of the agreed upon goals regularly and sign revisions to service goals and plans as needed.
 - Support persons (family members, significant others, providers, etc.) will be updated on service progress, and client's response, when appropriate and according to the client's consent. The support persons are also invited to have on-going participation throughout the duration of service delivery.



- **Progress Notes**-must be completed each time an ARMHS worker delivers a service to a consumer. The Progress note must include the goal/objective, intervention, response of the person to the intervention, plan for the next session, and significant observations.
- **LOCUS**-must be done with the DA. A new LOCUS is completed every six months, unless there is a significant change in functioning, or there is a significant live event. A LOCUS is also completed within 10 days of discharge.
- **Collateral Contacts**-Anytime ARMHS staff have contact with anyone involved on the treatment team of the consumer, they will document the contact in a progress note.
- **Group Notes**-If ARMHS staff conduct a group session, they will document in a group note. There will be one note per client. The staff will document the title of the group, the time it started and ended, the response from the consumer, and any follow up recommendations and next steps.
- **Crisis Relapse Prevention Plan**-must be completed within 30 days of admission. The crisis relapse prevention plan will be updated anytime there has been a significant change or a significant event has taken place.

GETTING HELP

The Program Coordinator should be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	FCC EMPLOYEE DOCUMENTATION
Procedure Number:	801
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	5/15/2017, 10/16/2020
References:	

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for Employee Documentation. Staff must follow this procedure.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

The ARMHS program follows Family & Children's Center procedures regarding the following sections:

- Employee Orientation Review
- Employee Annual Review
- Criminal Background Checks
- Orientation and Training
- Maintaining Staff Files
- Clinical Supervision

Please refer to Family & Children's Center's HR Procedure manual for full descriptions of these procedures. You can find the HR Procedure manual on the FCC Depot.

GETTING HELP

The Program Coordinator should be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	TEAM MEETING REQUIREMENTS
Procedure Number:	901
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	5/15/2017, 10/16/2020
References:	

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for Team Meetings. Staff must follow this procedure.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

Each week the ARMHS staff will complete the Minnesota Case Consultation Form at the team meeting. The ARMHS team will review specific clients each week. Each client in the ARMHS program will be reviewed one time per month. There may be an exception if a client is experiencing a significant life change. The ARMHS staff assigned to the individual client will complete the form and sign it, along with the Clinical Supervisor. The form will remain in the client file in the electronic health record system. The form will include the following information:

- Presenting issues and changes the client has experienced
- Strengths
- Barriers the client is experiencing
- Suggestions for alternative solutions, plan of action
- Clinical Supervisor notes
- If the IAPP and ITP need to be updated

GETTING HELP

The Coordinator can be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	DISCHARGE CRITERIA
Procedure Number:	1001
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	10/16/2017, 10/16/2020
References:	

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for Discharge Criteria. Staff must follow this procedure.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

Planning for case closing:

- a. is clearly defined and includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves service recipients, family members or a legal guardian, and others, as appropriate

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

If it is determined that a client no longer meets requirements to be in the program, the team may make the decision to discharge them. Some factors that may determine a discharge include:

- Failure to meet with the ARMHS provider for at least three weeks, and/or three weeks of no contact with the program
- No longer meeting eligibility criteria
- Relocating to another community
- Ongoing use of threatening or aggressive behaviors
- Failure to engage in treatment plan despite attempts to modify plan



The ARMHS provider will complete a discharge summary. The discharge summary will be completed in the electronic health records system and will be signed by the ARMHS provider and the Clinical Supervisor.

The aftercare/discharge plan is developed sufficiently in advance of case closing to ensure an orderly transition. Aftercare/discharge plans identify services needed or desired by the person and specify steps for obtaining these services. The ARMHS program takes the initiative to explore suitable resources and contact service providers when appropriate. The ARMHS program follows up on the aftercare/discharge plan, as appropriate, when possible, and with the permission of the service recipient.

If an individual is asked to leave the program, the organization makes every effort to link the person with appropriate services.

If the client's third-party benefits or payments end, the organization determines its responsibility to provide services until appropriate arrangements are made and, if termination or withdrawal of service is probable due to non-payment, the organization works with the person to identify other service options.

GETTING HELP

The Program Coordinator should be contacted for help completing forms or carrying out the procedure.

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Procedure Name:	PROGRAM EVALUATION AND QUALITY IMPROVEMENT
Procedure Number:	1101
Domain:	Adult Rehabilitative Mental Health Services (ARMHS)
Approved By:	Vanessa Southworth, Director of MN Programs
Created/Written By:	Darci Roesler, Program Coordinator
Effective Date:	1/1/2017
Date(s) of Revision:	6/17/2019, 10/16/2020
References:	Quality Improvement Procedures 601, 602, 604 , Procentive Form PRO-1502, Risk Assessment

STATEMENT OF PURPOSE

Family & Children's Center strives to deliver the best services possible to clients. This procedure is intended to set parameters for Program Evaluation and Quality Improvement. Staff must follow the steps set forth in this procedure.

AREAS OF RESPONSIBILITY

All Adult Rehabilitative Mental Health Services (ARMHS) staff have responsibility for aspects of daily control and coordination of the procedure.

PROCEDURE

Please reference FCC's Quality Improvement procedures 601, 602 and 604.

The ARMHS staff will conduct quarterly file reviews of current client files as well as two discharged client files. The ARMHS staff will document the information from the file reviews on the quarterly file review checklist. The checklist will be submitted to the Program Coordinator who will send to the Program Director and the Quality Improvement Specialist. The Coordinator will compile the information into the PQI Program Report. The following information will be documented:

- Client file reviews-the information obtained from each client file that is reviewed
- Incident reports-if there were any incident reports during the reporting time period
- External audits-if there were any external audits completed
- Client satisfaction surveys –any client satisfaction surveys that were returned and the information obtained from those surveys
- Outcomes- The following outcomes are measured: Outcome #1- 85% of clients will have the same or lower rating as previous quarter (risk assessment). ARMHS staff complete the quarterly risk assessment (see hyperlink) and the score is averaged with their previous risk assessment score. This information is put into the QSR. Outcome #2- 85% of clients will have the same or lower rating as previous quarter (WHODAS 2.0). ARMHS staff complete the Procentive form PRO-1502 WHODAS 2.0 for each client. The score is averaged with their previous WHODAS score. This information is put into the QSR.



All of the information from the QSR is put into the Program Report as well as information from file reviews.

- Marketing plans-any updates that have been added to the marketing plan

GETTING HELP

The Program Coordinator should be contacted for help completing forms or carrying out the procedure.

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