Post Office Box 820. Shaker Hill Rd. Alfred, Maine 04002. Phone 207-324-1137. Admin Fax 207-324-5290. Residential Fax 207-324-7316

Services include individualized combinations of the following, and are delivered by a team, with primary case management for each member assigned to one team member.

- Community Integration Services as defined in Section 17.04-1of the MaineCare Manual
- Daily Living Support Services as defined in Section 17.04-5 of the MaineCare Manual
- Skills Development Services as defined in Section 17.04- 6 of the MaineCare Manual

Services must be available twenty-four (24) hours a day, seven (7) days a week. Staff must be at a work site twelve (12) hours per day and on call the remainder.

A minimum of one (1) face-to-face contact per day, seven (7) days per week must be provided.

The team providing services must be provided by a team made up of MHRT/1's and MHRT/C's, delivering services within the scope of their certifications. The minimum staffing ratio for the team is one (1) staff person to six (6) members. Replacement staff and supervisors are excluded from calculation of the staffing ratio.

Services must be prior authorized by the Department or its Authorized Agent and be appropriate to meet the clinical and rehabilitation needs of the member.

Community Rehabilitation Services are only available as a step down bundled Rehabilitation Service for members who are transitioning to a lower level of care from the Maine Care Benefits Manual, Chapter II, Section 97, Appendix E Services.

Eligibility: the following is the eligibility criteria for CRS services:

1. Male or female, age 18 or older **and**;

2. Being discharged directly from a mental health PNMI residential placement into the community **OR**

3. Meet the requirements for a waiver from DHHS permitting entrance into CRS services (see attached document from DHHS defining waiver criteria) **and**

4. Are consenting to the level of services CRS supplies (ie daily face to face contact) **and**

5. Would benefit from CRS level of service and it is anticipated that skills training would yield increase in stability and remaining in the community

6. Currently reside in York County **and**

7. Have categorical Maine Care coverage or another ability to pay for the service

Services: the following are the services an individual could receive through CRS

1. Daily face to face contacts in the living environment by a member of the CRS team,

2. Treatment planning—the CRS team will work with you to identify what goals you have relating to your specific needs and come up with a plan to help address those needs

3. Daily living skills training-this can include things like learning how to cook or do your laundry

4. Skills development training-this can include things like learning how to access public transportation or how to get to DHHS office

5. Supportive counseling and education

6. Medication assistance (help in refilling, ensuring client is taking medications, monitoring medications)

7. Case management services (linkage to additional resources and helping you get there)

8. Family meetings-while you are the primary client, as appropriate, we will work with you and your family surrounding any issues you identify

9. Assistance with linkage to community based resources and integrating into your community

10. Connection to peer support and additional peer supportive services that client can benefit from

Desired Outcomes: depending upon your unique situation, the following are some desired outcomes we would hope to see:

1. Increased ability to manage personal difficulties on own

2. Increased ability to complete daily living tasks (ie cook, laundry, house cleaning)

3. Consistency in taking prescribed medications

4. Reduction in symptoms of mental illness (crying, sleeping, hopelessness, hearing voices)

5. If there is a co-occurring SA issue, a reducing in the use of substances to complete abstinence will be noted

6. Integration of skills to address mental illness or co-occurring disorders (why taking medications may be important, how using various coping skills can impact overall stability)

7. Increased usage of community based supports (AA, NA, support groups, peer support)

8. Self awareness of how your illness manifests itself inyou (anger, frustration, dishonesty)

9. Decreased interaction with crisis providers

10. Decreased need for hospitalization

11. Self report of "feeling better" about multiple aspects of your life

Discharge Criteria: while not an inclusive list, the following are some reasons why your services can end:

1. You and your team mutually agree you no longer need the CRS level of services

2. You have decided you no longer want CRS or YCSPi as a provider of CRS and you terminate our relationship

3. You have attained all of your stated goals

4. It is determined that the level of care you need is higher or lower than what we offer-when this is the case, we will work with you and refer you to another service YCSPi offers or another provider

5. When you no longer meet the eligibility criteria

6. If you become violent or bring alcohol/drugs onto the Shelter property

7. If you engage in illegal activity on any Shelter property

8. If we are repeatedly unable to connect with you, we will assume you are no longer interested in services

Next Steps:

1. A referral for CRS will occur with your residential case manager to the CRS team

2. A member of the CRS team will meet with you and your current residential case manager within 3 days of the referral to review your progress and your current treatment plan

3. If you are determined by the CRS team member to be eligible for CRS, such service will be offered to you

4. You will be enrolled into CRS upon your discharge from the PNMI placement

5. There will be some basic paperwork to complete for CRS, but most of it can come from information you have already given us

6. Your daily face to face contacts will begin upon the first day after you leave the PNMI bed

If you have any questions about any of this, please speak with your counselor or the Director of Clinical and Residential Services, Jen Ouellette, 324-1137.

Community Rehabilitation Service (CRS) Waiver Clinical Criteria

Community Rehabilitation Service (CRS) is limited by Maine Care to persons transitioning from a PNMI level of care; however under certain circumstances this may be waived if the individual continues to meet the admission criteria for the service except for their not transitioning from a PNMI level of care.

To be eligible for a waiver the consumer must meet the following clinical criteria and have a primary care provider who the consumer sees at a minimum of one time per year.

The individual must meet Section A or Section B below:

Section A

Lacks the ability to live successfully in independent housing for one year as demonstrated by:

1. Meeting one or more of the following out of home placements:
    1. Two or more hospitalizations in the past 12 months
    2. Incarcerations
    3. Two or more stays in a crisis respite bed because of acuity of mental health symptoms

AND

1. Clear documentation of **all** of the below:
    1. Repeated evictions or extended shelter stays related to severity of mental health symptoms and psychosocial stressors, not financial barriers
    2. A history of stopping their medications because of a lack of oversight and who need daily medication dispensing
    3. A history of missing scheduled appointments and would benefit from organizational assistance
    4. Mental health symptoms that cause the person to not be able to complete activities of daily living (ADL's) or maintain personal safety without support within their own housing
    5. Other less restrictive services have been unsuccessful

Section B

Individuals who meet the clinical criteria for 24/7 PNMI level of care and have documentation that these settings have not been successful in managing the individual's mental health stability in housing due to other documented complications such as co-occurring issues, TBI, personality disorders, and medical conditions.