

Enhanced Supported Housing

Service/Program Definition

Enhanced Supported Housing refers to residential settings staffed twenty four hours a day, seven days a week with associated mental health staff supports for individuals who are 18 years or older, who require transitional treatment services in a highly structured setting. These facilities are for individuals with special needs related to severe and persistent mental illness that have not demonstrated successful community tenure with routine Supported Housing. Enhanced Supported Housing utilizes a strengths model to assist individuals remain in the community, functioning and progressing toward individualized recovery goals. It also provides a transitional environment that allows individuals to live in a structured community setting with appropriate mental health supports. Services include psychosocial rehabilitation primarily within the home. The psychosocial rehabilitation services must be individualized, enhance skills and support long term recovery.

Individuals within the *Enhanced Supported Housing* are expected to receive active treatment that supports transition to routine Supported Housing or other appropriate community based services. The expectation is that individuals will develop skills that foster independence and support the individual’s recovery plan. The *Enhanced Supported Housing* service is not considered for individuals needing custodial care.

Criteria	
Admission Criteria	<p><i>All the following criteria are necessary for admission to this level of care:</i></p> <ol style="list-style-type: none"> 1. The individual has symptoms and behaviors consistent with a covered DSM-IV-TR diagnosis; and 2. The individual is being discharged from a higher level of care, such as inpatient or subacute inpatient, and is in need of focused support and/or skill acquisition in order to maximize his or her ability to independently participate in community, home, school or work activities or to prevent relapse to lower levels of functioning; and 3. The individual is medically stable; and 4. The individual is able to safely and adequately self-administer medications without 1:1 supervision; and 5. The individual has the capacity to respond favorably to rehabilitative counseling and training and other psychosocial rehabilitation services
Psychosocial, Occupational, Cultural and Linguistic Factors	<p>These factors may change the risk assessment and should be considered when making level of care decisions.</p>



<p>Exclusion Criteria</p>	<p><i>Any of the following criteria is sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> 1. The individual manifests behavioral and/or psychiatric symptoms that require a more intensive level of care. 2. The symptoms of the individual are the result of a non-covered condition. 3. Suicidal/assaultive/destructive ideas, threats, plans or attempts as evidenced by degree of intent, lethality of plan, means, hopelessness or impulsiveness; or acute behavioral, cognitive, or affective loss of control that could result in danger to self or others and cannot be controlled in this setting. 4. The individual has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications. 5. The individual requires a level of structure and supervision beyond the scope of the program. 6. The individual can be safely maintained and effectively treated at a less intensive level of care. 7. The individual is in need of conservatorship outside the inpatient facility. 8. Individuals with moderate to severe intellectual disabilities requiring alternative levels of care and support. 9. The individual is younger than 18 years of age. 10. The individual is in need of custodial care with little or no expectation of movement to community placement.
<p>Continued Stay Criteria</p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> 1. The individual's condition continues to meet admission criteria at this level of care. 2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. 3. Treatment planning is person centered and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems involvement, along with social, occupational and interpersonal assessment unless contraindicated. The expected benefits from all relevant treatment modalities are documented. The treatment plan has been implemented and updated with consideration of all applicable and appropriate treatment modalities. 4. Progress in relation to specific symptoms or impairments is clearly



	<p>evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.</p> <ol style="list-style-type: none"> 5. An individualized discharge plan has been developed which includes specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion is in place but discharge criteria have not yet been met. 6. Care is rendered in a clinically appropriate manner and focused on the individual's behavioral and functional outcomes as described in the treatment plan. 7. An individual is actively participating in treatment to the extent possible consist with his/her condition, or there are active efforts being made that can reasonably be expected to lead to the individuals engagement in treatment. 8. Unless contraindicated, family/significant others are actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them. 9. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated. 10. There is a documented active attempt at coordination of care with relevant outpatient providers.
<p>Discharge Criteria</p>	<p><i>The following criteria is sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> 1. The individual's documented treatment plan, goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged and deployed at an alternate level of care. 2. The individual no longer meets admission criteria, or meets criteria for a less or more intensive level of care. 3. The individual, family and/or significant other are competent but non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues. 4. Consent for treatment is withdrawn, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care. 5. Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured. 6. The individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.