| # | Category | Standard | Provisional Standard | Notes/Comments |
|---|---|---|---|---|
| 1 | Service Definition | **Community Residential Support** covers activities necessary to assist participants to live with maximum independence in community housing with the goal of increasing community tenure, as identified in the participant's Person-Centered Recovery Plan. This service ensures 24/7 on-site support, as appropriate, dependent upon individual resident needs. On-call availability must be assured on a 24/7 basis.<br>Services provided include assistance with:<br>• Community living including home management, housekeeping, shopping, meal planning, and cooking<br>• Community access and use of transportation facilities<br>• Financial budgeting and money management<br>• Activities of daily living including medication self-management, nutritional guidance and personal hygiene;<br>• Access, referral and/or coordination of emergency services and treatment<br>• Development of appropriate and supportive personal social networks;<br>• Community integration and participation, including shopping, recreation, and personal/spiritual interest activities<br>• Vocational skills preparation, training, and development of positive work habits.<br>• Educational skills development,<br>• Participation in activities that increase the participant's self-worth, purpose and confidence. | | Community Residential Support is provided in a manner that is consistent with principles of recovery, including equipping participants with skills, emphasizing self-determination, using natural and community supports, providing individualized interventions, providing a caring environment, practicing dignity and respect, promoting participant choice and involvement, emphasizing functioning and support in real world environments, and allowing time for interventions to have an effect over the long term. Activities are intended to assure successful community living through utilization of skills training, cuing and/or supervision as identified by the person-centered recovery plan.<br><br>The frequency and intensity of the service is based on the needs of the participant as identified by the person-centered recovery plan; which by design is continually adapting to the individual's ever-changing needs and abilities. Therefore periodic adjustments of the staffing and service levels is allowable provided that 24/7 staffing is provided when needed. Proposed projects should meet the following parameters:<br>▪ House individuals who meet the terms of the ISA; |

| # | Category | Standard | Provisional Standard | Notes/Comments |
|---|---|---|---|---|
| | | | | ▪ Provide capacity to serve individuals who meet LOCUS Level 5 or greater;<br>▪ Be available to individuals transitioning from any region of the state;<br>▪ Incorporate permanent supportive housing principles and ultimately reach "good" fidelity to the Permanent Supportive Housing (PSH) Fidelity Scale. Within one year and annually thereafter, the provider must meet minimum fidelity standards as established by DBHDID based on a nationally recognized tool. Minimum fidelity to the PSH model is considered to be a score of 18 or above. |
| 2 | Service Locations | Housing must be integrated into the community (e.g. no more than three residents in a single family home; no more than 25% of residents with the same disability in multi-family projects). Each participant will have their own private sleeping quarters, and at minimum, shared access to bathing/toilet facilities, common living and outside areas and full access to food and food preparation areas. | | Community Residential Support provides living arrangements in houses or apartments with 24/7 staff support (as appropriate). The apartments may be dispersed within a complex of housing units with a common space for socialization and support and within close proximity to staff support.<br><br>DBHDID does not require that settings be handicapped accessible however, should an individual need accommodations, the setting would need to be adapted to the individual's |

| # | Category | Standard | Provisional Standard | Notes/Comments |
|---|---|---|---|---|
| | | | | needs and meet ADA requirements.<br><br>A separate room for staff office is not required although it is permissible. |
| 3 | Service Limitations | Individuals receiving Assertive Community Treatment (ACT) services may receive ACT for the first month of transition into the Community Residential Support (CRS) service, or the final month, upon transition into a less intensive setting, should ACT services be appropriate. While residing within the home, support services will be the responsibility of the CRS provider, as defined within the PCRP and transition plan, and fully coordinated with other services, such as ACT. | | Even though ACT is excluded, all other behavioral health services are able to be provided based on the individual PCRP. |
| 4 | Unit of Service | Residential Support: one-day | | |
| 5 | Service Codes | CMHC event code: 040 | | |
| 6 | Admission Criteria | Participant must be:<br>-18 years of age or older at the time services become effective;<br>AND<br>-Diagnosis (Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders or Trauma and Stressor Related Disorders)<br>AND<br>-Disability (functional impairment in two or more domains)<br>AND<br>-Duration (One or more conditions of duration including clinically significant symptoms of mental illness for a continuous period of at least two years; individual has been hospitalized for mental illness more than once in the past two years; OR history of one or more episodes with marked disability and the illness is expected to continue for a two-year period) | | REFERENCE: *Kentucky Determination Criteria Checklist for Serious Mental Illness (SMI)* as promulgated by DBHDID.<br><br>Functional impairment includes two or more of the following Domains:<br>**Vocational/Educational**: has been unable to be consistently employed or enrolled in an educational program unless extensive supports are provided;<br>**Social relations**: has difficulty establishing and maintaining supportive relationships and/or engaging in recreational activities;<br>**Independent Living**: has been unable to consistently attend to securing and maintaining shelter, transportation |

| # | Category | Standard | Provisional Standard | Notes/Comments |
|---|---|---|---|---|
| | | | | needs and personal business affairs; **Self-Care**: has difficulty maintaining personal hygiene, nutritional needs and medical/dental care; **Community Negotiation**: has difficulty utilizing community resources for shopping, recreation and other needs; |
| 7 | Service Planning/ Documentation | Each service provided shall be documented in the client record, and should substantiate the service provided. Documentation shall include the type of service provided, date of service, place of service, the person providing the service and the PCRP goal associated with the activity. The documentation shall be signed by the staff member performing the service (electronic signatures are acceptable). All services provided shall directly relate to each participant's Person-Centered Recovery Plan.<br><br>All records shall be retained for six years, per HIPAA regulations. All records shall be available to the Cabinet for review upon request. | | Supervisors should periodically review documentation of services.<br><br>Clinical and other medically necessary services may be provided in the home and billed as stand-alone services (e.g. Targeted Case Management, Community Residential Support). |
| 8 | Provider Qualifications | Must be a licensed Community Mental Health Center (CMHC) or Behavioral Health Services Organization (BHSO) or<br><br>A business entity that employs licensed and non-licensed health professionals. This organization must also meet the following criteria:<br><br>- Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;<br>- Have the administrative capacity to provide | | |

| # | Category | Standard | Provisional Standard | Notes/Comments |
|---|---|---|---|---|
| | | quality of services in accordance with state and federal requirements;<br>- Use a financial management system that provides documentation of services and costs;<br>- Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements.<br><br>The business entity must employ a Qualified Mental Health Professional (QMHP) that oversees clinical services within the agency. | | |
| 9 | Supervision Requirements | The Program Coordinator / House Manager is responsible for supervising all direct service staff. Face to face supervision must occur at least once per month. Access to a Program Coordinator / House Manager by phone must be available seven days per week, 24 hours per day. | | Team members receive structured, monthly supervision (group or individual format) from a Program Coordinator / House Manager experienced in Community Residential Support and behavioral health. Supervision must be consumer-centered and explicitly address the individual's goals for recovery and the PSH model and its application to specific consumer situations. |
| 10 | Staffing Requirements | Must maintain sufficient staffing to provide up to 24/7 on-site support for three (3 ) individuals per household Ultimately the staffing ratio will be determined by the need for supports of individuals to ensure safety and the delivery of identified supports.<br><br>The Program Coordinator must be an adult with a minimum bachelor's degree who is knowledgeable of the rules, policies and procedures relevant to the program's operations. | | No staff support is required if no residents are in the house (e.g. all at day program and/or work or other activity or service). |

| # | Category | Standard | Provisional Standard | Notes/Comments |
|---|---|---|---|---|
| | | Staff must meet the following qualifications:<br>-must be at least 18 years old;<br>-have a high school diploma or GED;<br>-paid or unpaid relevant experience is preferred.<br><br>Provider shall maintain on-call capacity 7 days a week, 24 hours per day for resident emergencies. Programs shall be in operation 7 days a week, 24 hours per day.<br><br>Staff training must include supervision of self-administration of medications, permanent supportive housing principles (PSH), person-centered recovery planning and Level of Care Utilization System (LOCUS) administration.<br><br>All new team members receive standardized training in PSH within two months after hiring. Existing team members receive annual refresher training in PSH. | | |
| 11 | Medications | The goal of the program related to medications is to encourage the resident to assume full responsibility based on individual functioning level, of one's medication regimen. If the resident is not fully able to self - administer, based on a functional assessment, the program will offer a supervision of self-administration approach using an identified protocol. | | At no time will medications be administered by staff within the program, including non-prescription and OTC medications. The program is not appropriate for individuals who require administration of medications. |
| 13 | Client Rights | Upon admission to the program, each client must be provided an orientation which includes minimally the following:<br>-Explanation of the facility's services, activities, expectations,<br>-Rules, regulations and program description;<br>-<br>-Orientation to the home's premises, the neighborhood, | | |

| # | Category | Standard | Provisional Standard | Notes/Comments |
|---|---|---|---|---|
| | | community, emergency services and public transportation - Written explanation of client rights and grievance procedures. | | |
| 14 | Program Evaluation/ Quality Improvement | The program has identifiable outcome measures and quality improvement goals.<br><br>Program evaluation and quality improvement activities may include:<br>Consumer demographic and outcome data,<br>(2) Reviews conducted by DBH or its representatives; Evaluations using the SAMHSA Permanent Supportive Housing Fidelity Scale, and action planning subsequent to a fidelity review.<br>(4) Training and technical assistance activities; and<br>(5) Other program evaluation or quality improvement activities mandated or requested by DBH. | | |
| 15 | Supportive Housing Principles | Providers of this service are required to follow the Supportive Housing Principles as outlined below:<br><br>1. ***Choice of housing:*** Providing access to scattered-site housing offers the best opportunity to meet tenants' expressed choice of location; housing that is convenient to transportation, mental health services, family, shopping, and other essentials.<br><br>2. ***Functional separation of housing and services:*** Staff who provide support services such as case management, helping people find housing, and advocating for tenants should not perform property management functions such as reviewing rental applications, collecting rent, and making eviction and renewal decisions. Separating housing provision | | Note: A resident may be charged a separate program fee for the service component as long as a written agreement is executed.<br><br>Rental assistance may be sought and provided as long as a market rent is identified and the individual is charged no more than 30% of income for rent. Housing operating costs must be calculated separately from program / service operations. |

| # | Category | Standard | Provisional Standard | Notes/Comments |
|---|---|---|---|---|
| | | from service provision helps ensure that tenants' rights under local and state landlord-tenant laws are respected.<br><br>3. ***Decent, safe, and affordable housing:*** Helping people with psychiatric disabilities live in the community requires that decent housing be made affordable. For housing to be considered affordable, tenants must pay no more than 30 percent of their income toward rent plus basic utilities. Research indicates that access to housing subsidies improves housing quality, encourages engagement in mental health services, and leads to shorter hospital stays.<br><br>4. ***Housing integration:*** An integrated setting is one that allows people to interact with others who do not have disabilities. A desirable level of integration may be achieved by helping people find scattered-site homes on the rental market or by developing mixed-use buildings, in which most of the units are *not* reserved for people with psychiatric disabilities.<br><br>5. ***Rights of Tenancy:*** Housing is permanent in the sense that people have a lease, and as long as they meet the basic obligations of tenancy, such as paying rent, they are able to stay in their home. They do not need to move out their home if their service needs change.<br><br>6. ***Access to housing:*** Part of having the same housing rights as everyone else is the ability to qualify for | | |

| # | Category | Standard | Provisional Standard | Notes/Comments |
|---|---|---|---|---|
| | | and keep housing regardless of whether services are accepted. Although Supportive Housing is designed for people who need services to live independently, and needed services are made available to tenants, acceptance of these services, including mental health treatments and medications, is not a requirement of receiving or maintaining housing.<br><br>7. ***Flexible, voluntary, and recovery-focused services:*** Supportive Housing is distinguished from residential treatment programs and congregate housing by the flexibility of the services offered and the freedom of tenants to choose the services that they need. Services and supports to foster success in desired housing should be accompanied by a thorough evaluation of what the individual needs and what they are willing to accept. | | Recognizing an individual's right to choose, the PCRP will address the agency's requirement for services in relationship to the individual's option to maintain housing. While an individual may refuse services, case management services (at a minimum) should be offered and available at all times. |