

Recipient Support Services Policy Clarification/Authorization Criteria For High Risk CMI Adults / SED Children

Recipient Support Services may be authorized for high risk chronically mentally ill adults or severely emotional disturbed children in need of one-to-one observation for up to 24 hours per day if the recipient satisfies the following criteria:

- Multi-axial Diagnosis: co-morbidity issues on Axis I and/or Axis II which may include substance use/abuse. Substance use/abuse is a predictor of increased risk.
- History and frequency of violence including context from which the behavior occurred and under what circumstances (off meds, precipitating events, etc.).
- Assaultive/Threatening behavior (current presentation)
- Presence of delusions or command hallucinations associated with violent content.

Include the following information in the service authorization:

- Past history of violence and current context. For example, if a mentally ill person caused harm to another individual 15 years ago while suffering from command hallucinations, the person has recently reduced or eliminated psychotropic medications and is presenting as symptomatic, there is sufficient reason to be concerned. Past history of violence and the current context, is the single, best predictor of potential for violence.
- Legal History
- The trend of stability over time - are symptoms improving or worsening?

Note: Recipient support services may be provided to patients approved to receive services under these conditions at the same time that the recipient is receiving other mental health clinic or rehab services by other care givers.

Recipient support services provided to patients who are approved under these conditions may be reimbursed while the patient is asleep.

All other policy guidelines applicable to the provision of RSS remain in effect. This includes the current requirement for direct sight/sound supervision and monitoring.

Changes to current RSS authorization process: Providers will continue to submit requests for RSS to Division of Behavioral Health Regional Coordinators. However, requests for the extended RSS should include a recommendation for the service from the patient's treating psychiatrist or psychiatric nurse practitioner. The request must include the specified dates of service and the medical justification to support the request. All service requests may be deferred to the DBH Psychiatric Clinical Director for review. Additionally, providers may be asked to submit additional medical justification if necessary.