# Housing Services UM guidelines for TennCare

Tennessee | Medicaid

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## Regular Supported Housing — Admission Criteria:

- Admission to supported housing is indicated due to ***all*** of the following:
  - Age 18 or older
  - Medically stable (health status won't impair or impede gains and benefits in supported housing) — those qualifying for Pre-Admission Evaluation (PAE) or Preadmission Screening and Resident Review (PASRR) for a higher level of care (such as nursing home) are not appropriate
  - Must be able to recognize (or be taught to recognize) danger and threat to personal safety
  - Must have the cognitive ability to progress with the components of psychosocial rehabilitation activities
- Serious and persistent mental illness (SPMI) is present, as indicated by ***all*** of the following:
  - Current primary Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis (excluding primary diagnosis of intellectual disability/developmental disability [ID/DD], traumatic brain injury [TBI], and dementia)
  - Ability to perform activities of daily living (ADLs) independently
  - Mental illness has been present for at least two years
- Dysfunction in daily living, as indicated by impairment in ***all*** of the following:
  - **Interpersonal functioning:** Has lost all meaningful caregiver support within the community and cannot independently sustain a safe living environment due to mental illness
  - **Ability to adapt to change:** Has had numerous inpatient treatment attempts, with one occurring within the last three months and has demonstrated failed community tenure with maximum effort of natural and community supports


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  - **Ability to concentrate and complete tasks:** Exhibits inability to complete tasks and concentrate, *but* has capacity to respond favorably and make progress in rehabilitative counseling and training and other psychosocial rehabilitative services in order to meet one or more of the following:
    - Maximize their ability to independently participate in community, home, school, or work activities
    - Prevent relapse to lower levels of functioning
- Psychiatric, behavioral, or other comorbid conditions related to admission diagnosis have been associated with significant life disruption in past two years, as indicated by ***one*** or more of the following:
  - Two or more inpatient hospitalizations ***and*** transitioning from a higher level of care, such as subacute care or inpatient psychiatric care
  - Criminal justice involvement (for example, arrest, incarceration): Transitioning from incarceration where significant mental health issues have been identified as the driver to the behavior resulting in arrest and requires structured setting due to mental health symptoms that prevent independent living and personal and community safety
  - Transition to routine supported housing level of care is indicated (for example, patient condition has improved in a higher level of supported housing and greater service intensity is no longer necessary to support engagement in care or reinforce skills, more intensive supervision is not necessary to address clinical needs)
- The patient is able to safely and adequately self-administer medications (for example, obtain from pill bottle or access bubble pack) with supervision (required)
- All of the following must be met:

  - Can not be safely maintained and effectively treated with less intensive services
  - Symptoms are not the result of a non-covered condition
  - Voluntarily consents to treatment
  - Treatment request is not based on homelessness or incarceration
  - Primary problems are not social, economic, or of a physical nature without a concurrent major psychiatric condition
  - Does not demonstrate behavioral or psychiatric symptoms that require a more intensive, structured, or supervised level of care.
  - Is not an imminent danger to self or others
  - Does not have a medical condition or impairment that would prevent beneficial utilization of services
  - Does not need custodial care, with the primary goal being placement

## Regular Supported Housing — Concurrent Criteria:

Supported housing continues to be necessary based on the following:

- Continues to meet all the following from the Admission Criteria:

  - Current primary DSM diagnosis (excluding primary diagnosis of ID/DD, TBI, and dementia)
  - Medically stable (health status won't impair or impede gains) and benefits in supported housing — those qualifying for PAR or PASRR for a higher level of care (such as nursing home) are not appropriate
  - Must be able to recognize (or be taught to recognize) danger and threat to personal safety
  - Must have the cognitive ability to progress with the components of psychosocial rehabilitation activities
  - The patient is able to safely and adequately self-administer medications (for example, obtain from pill bottle or access bubble pack) with supervision (required)
  - Continues to lack meaningful caregiver support within the community and cannot independently sustain a safe living environment due to mental illness
  - Continues to exhibit an inability to complete tasks and concentrate, ***but*** has the capacity to respond favorably and make progress in rehabilitative counseling and training, and other psychosocial rehabilitative services
- Continued supported housing is medically necessary as indicated by ***all*** the following:
  - Patient or supports do not understand follow-up treatment and crisis plan
  - Care providers or supports are not sufficiently available in an outpatient setting
  - Patient or supports cannot be safely managed in an outpatient setting based on ongoing symptomology
- Risk status is not acceptable, as indicated by ***one*** or more of the following:
  - Danger to self or others is not manageable/treatable, as indicated by one or more of the following:
    - Continued thoughts of suicide, homicide, or serious harm to self or to another
    - Continued thoughts of suicide, homicide, or serious harm to self or to another, present, placing others at risk in a lower level of care
  - Patient has required *behavioral health* crisis services or *behavioral health-driven* emergency response intervention in the past three months
  - Patient has required psychiatric or residential hospitalization in the past three months
- There is a lack of medication adherence, as indicated by ***one*** or more of the following:
  - Patient has not responded favorably to medication education
  - Patient has not been consistent with taking medication as prescribed
- There is a lack of measurable progress in response to clinical interventions documented based on patient goals

## Regular Supported Housing — Discharge Criteria:

- Supported housing is no longer necessary due to adequate patient stabilization or improvement, as indicated by ***all*** of the following:
  - Patient and supports understand follow-up treatment and crisis plan.
  - Care providers and supports are sufficiently available in the outpatient setting.

  - Patient or caregiver can safely manage care in *the least restrictive* outpatient setting *with necessary wrap-around supports*.
- Risk status acceptable, as indicated by ***all*** of the following:
  - Danger to self or others manageable/treatable, as indicated by one or more of the following:
    - Absence of thoughts of suicide, homicide, or serious harm to self or to another
    - Thoughts of suicide, homicide, or serious harm to self or to another, present, but manageable/treatable at an available lower level of care
  - Lack of decompensation due to mental health conditions warrants close staff supervision
  - Lack of crisis services or emergency response intervention in the past three months
  - Lack of psychiatric or residential hospitalization in the past three months
  - Lack of elopement or wandering behaviors
  - Medication adherence
- Supported housing is no longer indicated due to ***one*** or more of the following:
  - Higher level of care is indicated (for example, patient condition has deteriorated, a greater service intensity is necessary to support engagement in care or reinforce skills, or more intensive supervision is necessary to address clinical needs)
  - Lower level of care is indicated (for example, patient condition has improved, greater service intensity is not necessary to support engagement in care or reinforce skills, more intensive supervision is not necessary to address clinical needs).
  - Patient or guardian opts out of treatment (for example, psychosocial rehabilitation, treatment/program goals)
  - There is a lack of measurable progress and no identified clinical intervention that will likely change the lack of measurable goals
  - Clinical conditions have been stabilized, ***and*** the primary remaining need is housing

***Note:*** *The rental agreement between the provider and the individual is separate from all levels of the Supported Housing benefit.*

## Enhanced Supported Housing — Admission Criteria:

- Admission to enhanced supportive housing is indicated due to all of the following:

  - Age 18 or older
  - Medically stable (Health status won't impair or impede gains and benefits in supported housing) — those qualifying for PAR or PASRR for a higher level of care (such as nursing home) are not appropriate
  - Must be able to recognize (or be taught to recognize) danger and threat to personal safety
  - Must have the cognitive ability to progress with the components of psychosocial rehabilitation activities
- SPMI is present, as indicated by ***all*** of the following:

  - Current primary DSM diagnosis (excluding primary diagnosis of ID/DD, TBI, and dementia)
  - Ability to perform ADLs independently
  - Mental illness has been present for at least two years
- Dysfunction in daily living, as indicated by impairment in ***all*** of the following:
  - **Interpersonal functioning:** Has lost all meaningful caregiver support within the community and cannot independently sustain a safe living environment due to mental illness
  - **Ability to adapt to change:** Has had numerous inpatient treatment attempts, with one occurring within the last three months, and has demonstrated failed community tenure with maximum effort of natural and community supports
  - **Ability to concentrate and complete tasks:** Exhibits inability to complete tasks and concentrate, *but* has the capacity to respond favorably and make progress in rehabilitative counseling and training, and other psychosocial rehabilitative services in order to meet one or more of the following:
    - Maximize his or her ability to independently participate in community, home, school, or work activities
    - Prevent relapse to lower levels of functioning
- Psychiatric, behavioral, or other comorbid conditions related to admission diagnosis have been associated with significant life disruption in the past two years, as indicated by ***one*** or more of the following:
  - Two or more inpatient hospitalizations *and* transitioning from a higher level of care, such as subacute care or inpatient psychiatric care
  - Criminal justice involvement (for example, arrest, incarceration): Transitioning from incarceration, where significant mental health concerns have been identified as the driver of the behavior resulting in arrest and requires a structured setting due to mental health symptoms that prevent independent living and personal and community safety
  - Transition to enhanced level of supported housing care is indicated due to deterioration (for example, condition has declined in routine level of supported housing and greater service intensity is necessary to support engagement in care or reinforce skills, more intensive supervision necessary to address clinical needs)
  - Transition from medically fragile supported housing to enhanced level of supported housing care is indicated (for example, patient condition has improved in medically fragile and greater service intensity is not necessary to support engagement in care or reinforce skills, more intensive supervision is not necessary to address clinical needs)
- The patient is able to safely and adequately self-administer medications (for example, obtain from pill bottle or access bubble pack) with supervision (required)
- Complexity of the patient requiring special subsets of treatment as indicated by ONE or more of the following:
  - Has a medical condition requiring additional assistance (for example, eating disorder, controlled diabetes, cancer, wound care needs), which are **correctable** physical

limitations or the need for ADL assistance that requires additional supervision and attention
  - Exhibits impairment that necessitates additional supervision and assistance
  - Requires a more secure setting due to elopement and wandering behaviors that impact the ability to maintain safety
- Enhanced supported housing is appropriate if (required): Is not able to be maintained in regular supported housing services due to a lack of medication adherence, increased symptomology, and problematic behaviors in the community that would require additional supervision and intervention
- ***All*** the following must be met:
  - Cannot be safely maintained and effectively treated with less intensive services
  - Symptoms are not the result of a non-covered condition
  - Voluntarily consents to treatment
  - Treatment request is not based on homelessness or incarceration
  - Primary problems are not social, economic, or of a physical nature without a concurrent major psychiatric condition
  - Does not demonstrate behavioral or psychiatric symptoms that require a more intensive, structured, or supervised level of care
  - Is not an imminent danger to self or others
  - Does not have a medical condition or impairment that would prevent beneficial utilization of services
  - Does not need custodial care, with the primary goal being placement

## Enhanced Supported Housing — Concurrent Criteria:

- Enhanced supportive housing continues to be necessary based on the following:

  - Continues to meet all the following from the Admission Criteria:

    - Current primary DSM diagnosis (excluding primary diagnosis of ID/DD, TBI, and dementia)
    - Medically stable (health status won't impair or impede gains) and benefits in supported housing — those qualifying for PAR or PASRR for a higher level of care (such as nursing home) are not appropriate
    - Must be able to recognize (or be taught to recognize) danger and threat to personal safety
    - Must have the cognitive ability to progress with the components of psychosocial rehabilitation activities
    - The patient is able to safely and adequately self-administer medications (for example, obtain from pill bottle or access bubble pack) with supervision (required)
    - Continues to lack meaningful caregiver support within the community and cannot independently sustain a safe living environment due to mental illness

        - Continues to exhibit an inability to complete tasks and concentrate, *but* has the capacity to respond favorably and make progress in rehabilitative counseling and training and other psychosocial rehabilitative services
- Continued Enhanced Supported Housing is medically necessary as indicated by ***all*** the following:
    - Patient or supports do not understand follow-up treatment and crisis plan
    - Care providers or supports are not sufficiently available in an outpatient setting
    - Patient or supports cannot be safely managed in an outpatient setting based on ongoing symptomology
- Risk Status is not acceptable, as indicated by one or more of the following:

    - Danger to self or others is not manageable/treatable, as indicated by one or more of the following:
        - Continued thoughts of suicide, homicide, or serious harm to self or to another
        - Continued thoughts of suicide, homicide, or serious harm to self or to another, present, placing others at risk in a lower level of care
    - Patient has required *behavioral health* crisis services or *behavioral health-driven* emergency response intervention in the past three months
    - Patient has required psychiatric or residential hospitalization in the past three months
- There is a lack of medication adherence, as indicated by ***one*** or more of the following:
    - Patient has not responded favorably to medication education
    - Patient has not been consistent with taking medication as prescribed
- The complexity of the patient continues to require Enhanced Supportive housing as indicated by ***one*** or more of the following:
    - Patient's medical condition continues to require additional assistance (for example, eating disorder, uncontrolled diabetes, cancer, wound care needs), which are correctable physical limitations (except inability to ambulate), but the patient maintains the ability to perform all ADLs.
    - Patient care continues to require close supervision based on a co-occurring condition, such as lower cognitive functioning or cognitive decline that continues to require additional assistance, *but* has the capacity to respond favorably and make progress in rehabilitative counseling and training, and other psychosocial rehabilitative services
    - Patient continues to require enhanced supportive housing due to continued elopement or wandering behaviors
    - Patient continues to require enhanced supportive housing due to ongoing behaviors (a need for closer staff supervision due to mental health/behavioral symptomatology resulting in safety concerns) that occur with such severity/frequency that they cannot be safely managed in a lower level of supported housing.

## Enhanced Supported Housing — Discharge Criteria:

- Continued enhanced supportive housing is generally needed until ***one*** or more of the following:

  - Enhanced supportive housing is no longer necessary due to adequate patient stabilization or improvement, as indicated by ***all*** of the following:
    - Patient and supports understand follow-up treatment and crisis plan.
    - Care providers and supports are sufficiently available in the outpatient setting.
    - Patient or caregiver can safely manage care in an outpatient setting without long-term community-based residential behavioral health support.
- Risk status acceptable, as indicated by ***all*** of the following:
  - Danger to self or others manageable/treatable, as indicated by ***one*** or more of the following:
    - Absence of thoughts of suicide, homicide, or serious harm to self or to another
    - Thoughts of suicide, homicide, or serious harm to self or to another, present, but manageable/treatable at an available lower level of care
    - Lack of decompensation due to mental health conditions warrants close staff supervision
- Medical needs absent or manageable/treatable at available lower level of care, as indicated by ***all*** of the following:
  - Medical comorbidity absent or manageable/treatable
  - Medical complications absent or manageable/treatable (for example, complications of an eating disorder)
- Enhanced supportive housing is no longer indicated due to ***one*** or more of the following:
  - Higher level of care is indicated (for example, patient condition has deteriorated, a greater service intensity is necessary to support engagement in care or reinforce skills, or more intensive supervision is necessary to address clinical needs).
  - Lower level of care is indicated (for example, patient condition has improved, greater service intensity is not necessary to support engagement in care or reinforce skills, more intensive supervision is not necessary to address clinical needs)
  - Patient or guardian opts out of psychosocial rehabilitation activities
  - There is a lack of measurable progress and no identified clinical intervention that will likely change the lack of measurable goals

## Medically Fragile Supported Housing — Admission Criteria:

- Admission to supportive housing is indicated due to ***all*** of the following:
  - Age 18 or older
  - Medically stable (health status won't impair or impede gains) and benefits in supported housing — those qualifying for PAR or PASRR for a higher level of care (such as nursing home) are not appropriate
  - Must be able to recognize (or be taught to recognize) danger and threat to personal safety
  - Must have the cognitive ability to progress with the components of psychosocial rehabilitation activities
- SPMI is present, as indicated by ***all*** of the following:

  - Current primary DSM diagnosis (excluding primary diagnosis of ID/DD, TBI, and dementia)
  - Ability to perform ADLs independently after a time period of interventions
  - Mental illness has been present for at least two years
- Dysfunction in daily living, as indicated by impairment in ***all*** of the following:
  - **Interpersonal functioning:** Has lost all meaningful caregiver support within the community and cannot independently sustain a safe living environment due to mental illness
  - **Ability to adapt to change:** Has had numerous inpatient treatment attempts, with one occurring within the last three months, and has demonstrated failed community tenure with maximum effort of natural and community supports
  - **Ability to concentrate and complete tasks:** Exhibits inability to complete tasks and concentrate, but has capacity to respond favorably and make progress in rehabilitative counseling and training, and other psychosocial rehabilitative services in order to meet one or more of the following:
    - Maximize their ability to independently participate in community, home, school, or work activities
    - Prevent relapse to lower levels of functioning
- Psychiatric, behavioral, or other comorbid conditions related to admission diagnosis have been associated with significant life disruption in the past two years, as indicated by ***one*** or more of the following:
  - Two or more inpatient hospitalizations *and* transitioning from a higher level of care, such as subacute care or inpatient psychiatric care
  - Criminal justice involvement (for example, arrest, incarceration): Transitioning from incarceration, where significant mental health concerns have been identified as the driver of the behavior resulting in arrest and requires a structured setting due to mental health symptoms that prevent independent living and personal and community safety
  - Transition from routine or enhanced supported housing to medically fragile supported housing care is indicated (for example, patient condition has declined in lower levels of supported housing and greater service intensity is necessary to support engagement in care or reinforce skills, more intensive supervision is necessary to address clinical needs)
- The patient is able to safely and adequately self-administer medications (for example, obtain from pill bottle or access bubble pack) with supervision (required)
- A need for medically fragile supportive housing, and the patient presents with ***all*** the following criteria:
  - Has a medical condition requiring daily medical assistance in the form of specialized care (for example, nursing, health technicians, durable medical equipment), which are manageable physical limitations, and could potentially perform all ADLs after qualifying medical needs have been resolved

  - Is not able to be maintained in regular supported housing or enhanced supported housing services due to the needs arising from a medical condition that does not impact the ability to participate in the psychosocial rehabilitation portion of the program
- ***All*** the following must be met:
  - Cannot be safely maintained and effectively treated with less intensive services
  - Symptoms are not the result of a non-covered condition
  - Voluntarily consents to treatment
  - Treatment request is not based on homelessness or incarceration
  - Primary problems are not social, economic, or of a physical nature without a concurrent major psychiatric condition
  - Does not demonstrate behavioral or psychiatric symptoms that require a more intensive, structured, or supervised level of care
  - Is not an imminent danger to self or others
  - Does not have a medical condition or impairment that would prevent beneficial utilization of services
  - Does not need custodial care, with the primary goal being placement

## Medically Fragile Supported Housing — Concurrent Criteria:

- Medically Fragile Supportive housing continues to be necessary based on the following:
  - Continues to meet ***all*** the following from the Admission Criteria:
    - Current primary DSM diagnosis (excluding primary diagnosis of ID/DD, TBI, and dementia)
    - Has a medical condition requiring daily medical assistance in the form of specialized care (for example, nursing, health technicians, durable medical equipment), which are manageable physical limitations, and could potentially perform all ADLs after qualifying medical needs have been resolved
    - Must be able to recognize (or be taught to recognize) danger and threat to personal safety
    - The patient is able to safely and adequately self-administer medications (for example, obtain from pill bottle or access bubble pack) with supervision (required)
    - Continues to lack meaningful caregiver support within the community and cannot independently sustain a safe living environment due to mental illness
    - Continues to exhibit an inability to complete tasks and concentrate, *but* has the capacity to respond favorably and make progress in rehabilitative counseling and training and other psychosocial rehabilitative services
    - Continues to exhibit capacity to respond favorably and make progress in rehabilitative counseling and training and other psychosocial rehabilitative services, *and* has made some progress as evidenced by provider documentation
- Continued Medically Fragile Supported Housing is medically necessary as indicated by ***all*** the following:
  - Patient and supports understand follow-up treatment and crisis plan
  - Care providers and supports are sufficiently available in the outpatient setting

  - Patient and supports cannot be safely managed in an outpatient setting based on ongoing symptomology and medical complexities
- Risk Status is not acceptable, as indicated by ***one*** or more of the following:
  - Danger to self or others is not manageable/treatable, as indicated by one or more of the following:
    - Continued thoughts of suicide, homicide, or serious harm to self or to another
    - Continued thoughts of suicide, homicide, or serious harm to self or to another, present, placing others at risk in a lower level of care
  - Patient has required *behavioral health* crisis services or *behavioral health-driven* emergency response intervention in the past three months
  - Patient has required psychiatric or residential hospitalization in the past three months
- There is a lack of medication adherence, as indicated by ***one*** or more of the following:
  - Patient has not responded favorably to medication education
  - Patient has not been consistent with taking medication as prescribed

## Medically Fragile — Discharge Criteria:

- Continued Medically Fragile supportive housing is generally needed until one or more of the following:
  - Medically Fragile supportive housing is no longer necessary due to adequate patient stabilization or improvement, as indicated by ***all*** of the following:
    - Patient and supports understand follow-up treatment and crisis plan
    - Care providers and supports are sufficiently available in the outpatient setting
    - Patient or caregiver can safely manage care in an outpatient setting without long-term community-based residential behavioral health support
- Risk status acceptable, as indicated by ***all*** of the following:
  - Danger to self or others manageable/treatable, as indicated by one or more of the following:
    - Absence of thoughts of suicide, homicide, or serious harm to self or to another
    - Thoughts of suicide, homicide, or serious harm to self or to another, present, but manageable/treatable at an available lower level of care
    - Lack of decompensation due to mental health conditions warrants close staff supervision
- Medical needs are absent or manageable/treatable at an available lower level of care, as indicated by ***all*** of the following:
  - Medical comorbidity absent or manageable/treatable or at baseline
  - Medical complications absent or manageable/treatable (for example, complications of an eating disorder) or at baseline
- Medical Fragile supportive housing is no longer indicated due to ***one*** or more of the following:
  - Higher level of care is indicated (for example, patient condition has deteriorated, a greater service intensity is necessary to support engagement in care or reinforce skills, or more intensive supervision is necessary to address clinical needs)

- Lower level of care is indicated (for example, patient condition has improved, greater service intensity is not necessary to support engagement in care or reinforce skills, more intensive supervision is not necessary to address clinical needs)
- Patient or guardian opts out of psychosocial rehabilitation activities
- There is a lack of measurable progress and no identified clinical intervention that will likely change the lack of measurable goals

## Adult Psychiatric Residential Treatment — Admission Criteria (applies to the services as rendered through a community mental health center):

- Residential treatment is considered medically necessary when the member has ***all*** of the following:
  - Services must be ordered/recommended by a licensed behavioral health clinician (for example, licensed clinical social worker, licensed professional counselor, licensed psychologist, or psychiatrist) or a PCP/nurse practitioner, who has assessed the member for treatment purposes, within 30 days of the request for authorization and who can speak to the need for the service.
  - The member is manifesting symptoms and behaviors that represent a deterioration from the member's usual status and include either self-injurious, other injurious, or risk-taking behaviors that risk serious harm to self or others and cannot be managed outside of a 24-hour structured housing setting with a maximum supervision ratio.
  - There should be a reasonable expectation that the level of functioning will be stabilized and improved, and that a shorter-term, residential treatment service will have a likely benefit on the behaviors/symptoms that required this level of care, and that the member will be able to decrease the level of supervision needed through other supported housing service levels.
  - The member's clinical condition is of such severity that an evaluation by a physician or other provider with prescriptive authority is indicated at admission and weekly thereafter.

***Note:*** *This level does not require a rental agreement between the provider and the individual, as it is expected to include room and board.*

## Adult Psychiatric Residential Treatment — Concurrent Criteria:

- Adult Residential treatment is considered medically necessary when ***all*** of the Admission Criteria and ***all*** of the following are met:
  - Member evaluation by a physician or other provider with prescriptive authority occurs weekly
  - Progress with the psychiatric symptoms and behaviors is documented, and the member is cooperative with treatment and meeting individualized service plan goals
  - If progress is not occurring, then the individualized service plan is being re-evaluated and amended with goals that are still achievable

## Adult Psychiatric Residential Treatment — Discharge Criteria:

- Discharge is appropriate and medically necessary when all the following are met:
  - No more than one acute psychiatric episode in the last six months
  - Lack of crisis services or emergency response intervention in the last three months
  - Time-limited, realistic, and measurable service plan goals have been met by the member as supported by clinical documentation and the updated service plan
  - Evidence that existing issues and needs can be met by a lower level of care
  - **Example:** A member requiring his or her representative payee to manage finances can be managed in psychosocial rehabilitation services in the community setting, versus supported housing services or adult psychiatric residential treatment (PRT)
  - Increased level of functioning, as evidenced by an individualized service plan or member assessment that demonstrates an ability to remain safe and stable within the community

***or***

  - The member consistently opts out of psychosocial rehabilitation services or refuses to participate or engage in the agreed-upon supported housing or adult PRT individualized service plan

## Supported Community Living (SCL)

SCL is a cost-effective alternative to ongoing Regular Supported Housing when the member has met the maximum benefit within the Regular Supported Housing service level of care. This is not a formal benefit under the Supported Housing Continuum and is offered at the managed care organization's discretion.

***All*** of the criteria below will be met for both admission and continued stay:

- Age 18 or older
- Medically stable (health status won't impair or impede gains) and benefits in supported housing — those qualifying for PAR or PASRR for a higher level of care (such as nursing home) are not appropriate
- Must be able to recognize (or be taught to recognize) danger and threat to personal safety
- Current primary DSM diagnosis (excluding primary diagnosis of ID/DD, TBI, and dementia)
- Ability to perform ADLs independently
- Mental illness has been present for at least two years
- Interpersonal functioning: has lost all meaningful caregiver support within the community and cannot independently sustain a safe living environment at this time due to mental illness
- Ability to maximize their ability to independently participate in community, home, school, or work activities
- Prevent relapse to lower levels of functioning

- Psychosocial rehabilitative services, as provided at the required weekly frequency under other supported housing levels, have not proven to be successful in increasing the member's functioning as to support a move to a less structured environment (for example, the member continues to require medication oversight as well as 24/7 supervision)

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