

Structured Residential Supports

Service Definition

Structured Residential Supports (formerly Rehabilitation Supports for Individuals in Residential Alternatives, Levels 1 & 2) are comprehensive rehabilitative services to aid youth in developing daily living skills, interpersonal skills, and behavior management skills; and to enable youth to learn about and manage symptoms; and aggressively improve functioning/behavior due to SED, substance use, and/or co-occurring disorders. This service provides support and assistance to the youth and caregivers to identify, monitor, and manage symptoms; enhance participation in group living and community activities; and develop positive personal and interpersonal skills and behaviors to meet the youth's developmental needs as impacted by his/her behavioral health issues.

Services are delivered to youth according to their specific needs. Individual and group activities and programming must consist of services to develop skills in functional areas that interfere with the ability to live in the community, participate in educational activities; develop or maintain social relationships; or participate in social, interpersonal, recreational or community activities.

Rehabilitative services must be provided in a licensed residential setting with no more than 16 individuals and must include supportive counseling, psychotherapy, and adjunctive therapy supervision, and recreational, problem solving, and interpersonal skills development. Residential supports must be staffed 24 hours/day, 7 days/week.

Admission Criteria

1. Youth must have symptoms of a SED or a substance related disorder; and one or more of the following:
 - a. Youth's symptoms/behaviors indicate a need for continuous monitoring and supervision by 24-hour staff to ensure safety; or
 - b. Youth/family has insufficient or severely limited skills to maintain an adequate level of functioning, specifically identified deficits in daily living and social skills and/or community/family integration; or
 - c. Youth has adaptive behaviors that significantly strain the family's or current caretaker's ability to adequately respond to the youth's needs; or
 - d. Youth has a history of unstable housing due to a behavioral health issue or a history of unstable housing which exacerbates a behavioral health condition.

Continuing Stay Criteria

Youth continues to meet Admissions Criteria.

Discharge Criteria

1. Youth/family requests discharge; or
2. Youth has acquired rehabilitative skills to independently manage his/her own housing; or
3. Transfer to another service is warranted by change in youth's condition.

Service Exclusions

Cannot be billed on the same day as Crisis Stabilization Unit.

Clinical Exclusions

1. Severity of identified youth issues precludes provision of services in this service.
2. Youth with the following conditions are excluded from admission unless there is clearly documented evidence of psychiatric condition overlaying the diagnosis: Intellectual/Developmental Disabilities, Autism, Neurocognitive Disorder, or Traumatic Brain Injury.
3. Youth is actively using unauthorized drugs or alcohol (which should not indicate a need for discharge, but for a review of need for more intensive services).
4. Youth can effectively and safely be supported with a lower intensity service.

Required Components

1. The organization must have an executive director or program director charged with the responsibility for day-to-day management of the organization.
2. If applicable, the organization must be licensed by the Georgia Department of Human Services/CCI or the Department of Community Health/HRF to provide residential services to youth with SED and/or substance use disorder diagnosis. If the agency does not have a license/letter from either the DHS/CCI or DCH/HFR related to operations, there must be enough administrative documentation to support the non-applicability of a license.
3. The residential program must provide a structured and supported living environment 24 hours a day, 7 days a week.
4. Structured Residential Supports must provide at least 5 hours per week of structured programming and/or services.

Staffing Requirements

1. Any Level 5 and higher practitioner may provide all Residential Rehabilitation Services.
2. If applicable, facilities must comply with any staffing requirements set forth for mental health and substance abuse facilities by the Department of Community Health, Healthcare Facilities Regulation Division (see Required Components, Item 2 above).
3. An independently licensed practitioner or SUD credentialed practitioner (MAC, CAADC, CAC-II, or GCADC-II or -III) must provide clinical supervision for Residential Support Services. This person is available for emergencies 24 hours/7 days a week.
4. The organization that provides direct residential services must have written policies and procedures for selecting and hiring residential and clinical staff in accordance with their applicable license/accreditation/certification.
5. The organization must have a mechanism for ongoing monitoring of staff licensure, certification, or professional registration such as an annual confirmation process concurrent with a performance evaluation that includes repeats of screening checks outlined above.

Clinical Operations

1. The organization must have a written description of the Structured Residential Support services it offers that includes, at a minimum, the purpose of the service; the intended population to be served; treatment modalities provided by the service; level of supervision and oversight provided; and typical treatment objectives and expected outcomes.
2. Structured Residential Supports assist youth in developing daily living skills that enable them to manage the symptoms and behaviors linked to their psychiatric or substance use disorder diagnosis. Services must be delivered to individuals according to their specific needs. Individual and group activities and programming consists of services geared toward developing skills in functional areas that interfere with the youth's ability to participate in the community, retain

school tenure, develop, or maintain social relationships, or age-appropriately participate in social, interpersonal, or community activities.

3. Structured Residential Supports must include symptom management or supportive counseling; behavioral management; medication education, training, and support; support, supervision, and problem-solving skill development; development of community living skills that serve to promote age-appropriate utilization of community-based services; and/or social or recreational skill training to improve communication skills, manage symptoms, and facilitate age-appropriate interpersonal behavior.

Add'l Medicaid Requirements

This is not a Medicaid-billable service.

Documentation Requirements

1. The organization must develop and maintain sufficient written documentation to support the Structured Residential Support Services for which billing is made. This documentation, at a minimum, must confirm that the individual for whom billing is requested was a resident of the residential service on the date of service. The youth's record must also include each week's programming/service schedule in order to document the provision of the required amount of service.
2. Weekly progress notes must be entered in the youth's record to enable the monitoring of the youth's progress toward meeting treatment and rehabilitation goals and to reflect the Individualized Resiliency Plan implementation. Each note must be signed and dated and must include the professional designation of the individual making the entry.
3. Documentation must be legible and concise and include the printed name and the signature of the treating practitioner. The name, title, and credentials of the individual providing the service must reflect the staffing requirements established for the Rehabilitation Service being delivered.

Facilities Management

Applicable to traditional residential settings such as group homes, treatment facilities, etc.

1. Structured Residential Supports may only be provided in facilities that have no more than 16 beds.
2. Each residential facility must be arranged and maintained to provide adequate measures for the health, safety, access, and well-being of the residents.
3. Each residential facility must comply with all relevant fire safety codes.
4. All areas of the residential facility must appear clean, safe, appropriately equipped, and furnished for the services delivered.
5. The organization must comply with the Americans with Disabilities Act.
6. The organization must maintain a written evacuation plan to be used in the case of fire or other disaster. An appropriate written certificate of compliance must be obtained indicating that all applicable fire and safety code requirements have been satisfied. Periodic fire drills must be conducted.
7. Evacuation routes must be clearly marked by exit signs.
8. The program must be responsible for providing physical facilities that are structurally sound and meet all applicable federal, state, and local regulations for adequacy of construction, safety, sanitation, and health.

Billing & Reporting Requirements

Span billing may occur for this service, meaning the start and end date are not the same on a given service claim line); however, spans cannot cross months (e.g., start date and end date must be within the same month).