

Mental Health Clubhouse Services

Policy Change Summary

Section 1. Definitions

- **New definitions added:** "Community Integration," "Natural Supports," "One-to-one," and "Recovery" were added as defined terms not present in the old draft.
- **"Member" definition refined:** Updated to clarify a member is a Clubhouse "participant who receives Clubhouse services," rather than just "members that participate."
- **Work-ordered Day definition consolidated:** Moved out of the body of Section 2 and formalized as a standalone definition with cleaner language.

Section 2. Service Definition and Critical Features

- **Core Features list removed:** The old draft contained a bulleted list of eight "Core Features Based on Clubhouse International Standards" (Membership, Relationships, Space, Work-ordered Day, Employment, Education, Functions of the House, Funding/Governance). These were deleted and the concepts integrated into narrative paragraphs.
- **Service definition language strengthened:** New draft includes an explicit statement that the Clubhouse model "provides a supportive, community-based environment where individuals with SMI actively participate in running the Clubhouse, fostering long-term recovery."
- **Community support services language expanded:** New draft adds detail about assisting members in accessing housing, medical, psychological, pharmacological, and substance use services.

Section 3. Provider Qualification Requirements

- **Section renumbered:** Moved from Section 4 in the old draft to Section 3, placing it before Required Service Components.

3.1 Clubhouse Staff Requirements

- **Program Director requirement restructured:** Old draft required a "Clinical Director" who was an LMHP. New draft replaces this with a **full-time Program Director** who may be a QMHP, LMHP, LMHP-R, LMHP-RP, or LMHP-S with Clubhouse International training — expanding eligible credential types and removing the "Clinical Director" title.
- **Staff-to-member ratio changed:** Old draft set ratio at 1:15; new draft raises it to **1:20 members** during program hours.
- **Two in-person staff requirement retained:** Requirement for two staff to be physically present at all times remains unchanged.

3.2 Staff Supervision Requirements (New Section)

- **New section added** requiring all Clubhouse staff to receive at least **1 hour of supervision per calendar month** from the Program Director or LMHP.
- **Supervisor-to-staff ratio set at 1:9** — a new explicit requirement not present in the old draft.

3.3 Staff Training Requirements (New Section)

- **New section added** requiring all staff to receive training as required by Clubhouse International.
- Newly enrolled Clubhouses must **send a team (including at least one member) to an authorized Clubhouse International training base within the first 12–18 months** of operation.

3.4 Licensing and Enrollment Requirements (Renumbered from 4.2)

- **Provider specialty number finalized:** Old draft listed specialty as "to be determined"; new draft specifies **specialty 928 (Mental Health Clubhouse Services)**.
- **DBHDS license types clarified:** "Annual" added as an acceptable license standing (conditional, annual, or triennial).
- **CARF-accredited providers:** New draft adds that providers previously CARF-accredited for "Community Integration" prior to 01/01/26 shall submit their CARF accreditation with the enrollment application.

3.5 Provider Accreditation (Renumbered from 4.3)

- **Accreditation timeline restructured:**
 - Old draft: Accreditation required within **4 years** of establishment; initiation submitted during enrollment.
 - New draft: Application must be submitted within **18 months** of DMAS enrollment; full accreditation within **3 years** of DMAS enrollment.
 - New draft adds **annual progress reviews** by DMAS and DBHDS.
 - New draft adds a provision that DMAS **may grant extensions** upon demonstrated good-faith engagement.
- **CARF exemption changed:** New draft creates subsection 3.5.1 giving those providers an **extended transition timeline** (application within 36 months; full accreditation within 5 years), with a requirement to comply with all Clubhouse International Standards during the transition.

3.6 Clubhouse Operation Requirements (Renumbered from 4.4)

- **Governance/open meeting requirement made more specific:** Old draft stated the Clubhouse "holds open forums." New draft requires meetings to be **regularly scheduled, posted, and accessible**, and that **member participation in governance shall not be contingent on clinical status or participation level**.

Section 4. Required Service Components

- **Section renumbered:** Moved from Section 3 in the old draft to Section 4.

4.1 Assessment

- **Prior assessment acceptance added:** New draft allows use of an assessment completed **within 12 months prior to admission**, updated in person, rather than always requiring a new full assessment — reducing administrative burden.
- **Assessment location expanded:** New draft explicitly permits the assessment to occur at the Clubhouse itself, in addition to the member's home or other chosen location.
- **Terminology updated:** "Individual basis" changed to **"one-to-one basis"**, aligning with the new definition in Section 1.
- **Clarifying note added:** The annual LMHP-directed assessment "does not replace or override the informal, ongoing member-staff conversations" integral to the work-ordered day.
- **Service authorization sub-provision removed:** Old draft required service authorization for any reassessment beyond the annual one; this was deleted.

4.2 Service Planning

- **ISP signing deadlines added:** ISP must be signed within **30 days of admission** and **15 days of an ISP review** by both the member/legal representative and the Program Director or LMHP/LMHP-type.

- **Member-driven language strengthened:** New draft requires the ISP to document which goals were identified by the member, with goal language reflecting "the member's own words and framing" where possible.
- **Crisis plan integration added:** New draft requires all ISPs to incorporate a crisis plan per section 4.4.
- **ISP oversight simplified:** Old draft allowed oversight by "either the Clinical Director or Program Director"; new draft simplifies to the **Program Director** only.

4.3 Rehabilitative Skill Building (RSB)

- **Group size cap increased:** Old draft capped group size at **15 members per staff**; new draft raises this to **20 members per staff**.
- **New RSB intervention types added, including:**
 - RSB for illness self-management (symptom monitoring, medication plan support)
 - RSB for individualized coping strategies and emotional regulation
 - RSB for problem-solving skills through Clubhouse operations and consensus-based decision-making
 - RSB for independent community participation
 - RSB for member leadership and peer-facilitated skill building

4.4 Crisis Support

- **On-site crisis requirement added:** When a member is present at the Clubhouse, the Clubhouse shall provide immediate on-site crisis support, with at least one qualified staff available in-person at all times during program hours.
- **Off-site/community crisis plan requirement added:** When a member is not at the Clubhouse, crisis response shall be guided by an individualized crisis plan specifying contacts, de-escalation strategies, and referral pathways (including 911, 988, ER, CSB Emergency Services, 23-Hour Crisis Stabilization, and RCSU).
- **Formal crisis plan structure required:** New draft requires a written crisis plan at minimum including: warning signs, preventative and recovery strategies, crisis resources/professional contacts, current medications, and a step-by-step after-hours/off-site action sequence.
- **Crisis plan signing requirement added:** Must be signed by the Program Director or LMHP/LMHP-type and the member/legal representative within **30 calendar days of admission**.
- **Crisis plan review requirement added:** Must be reviewed with the member at least **every 90 days** or upon any significant change in clinical status; a copy provided to identified natural supports.
- **Vague availability language removed:** General language about crisis support being "available as needed" replaced with specific on-site and off-site provisions.

Section 5. Clubhouse Medical Necessity Criteria

5.1 Admission Criteria

- **New subsection added — 5.1.2 Age Requirements:** New draft establishes members must be **18 years of age or older**, with no maximum age limit, and that EPSDT policies apply to those under 21. Not addressed in the old draft.
- **Diagnostic criteria separated:** Old draft had a single combined paragraph; new draft separates eligibility for primary SMI diagnoses, exception pathway for other diagnoses, and co-occurring conditions into distinct numbered items.

5.2 Continued Stay Criteria

- **Continued stay standard changed:** Old draft required "objective behavioral/functional measurements of improvement." New draft recognizes that **maintenance of skills, community integration,**

employment, social connections, or prevention of deterioration/higher-level-of-care utilization also justifies continued stay — reflecting the long-term nature of the Clubhouse model.

- **Sub-criteria removed:** Old provisions that the member "must be expected to improve" and "has not yet achieved maximum benefit" were replaced with the broader maintenance standard.

5.3 Discharge Criteria

- **Non-engagement discharge threshold established:** New draft requires at least **120 days of non-attendance and at least three documented outreach attempts** using varied modalities (phone, letter, peer outreach) before discharge for non-engagement. Old draft had no defined threshold.
- **Member choice of discharge added:** New draft adds "the member chooses to discharge" as an explicit discharge criterion.
- **Family/caregiver language refined:** Removed "and/or family/caregiver(s)" from the criterion about no longer needing the service, focusing the criterion on the member.

Section 6. Exclusions and Service Limitations

- **Employment support exclusions removed:** Old draft listed five non-reimbursable employment supports (job-specific skills training, staff presence in the workplace for supervision, job development without the member, presentations to the business community, and onsite educational support). **All five were deleted** in the new draft. The required service components are what is covered by the Medicaid reimbursement.
- **Concurrent service exclusion list streamlined:** Old draft listed 10 services that could not be received concurrently. New draft removes **Assertive Community Treatment (ACT), Coordinated Specialty Care, and Mental Health Partial Hospitalization Program** from the exclusion list.
- **ARTS exclusion narrowed:** Old draft excluded ARTS Levels 2.1–3.7; new draft narrows this to **ASAM Level 3.7 only**.

Section 7. Service Authorization (SA)

- **New general requirements subsection added (7.1):** Includes a standard **6-calendar-month authorization timeframe**, a provision allowing MCOs to **waive SA** if providers are within permissible limits and members are progressing, and the MCO/FFS contractor's ability to recommend alternative services.
- **Service authorization period restructured:** Old draft authorized up to **365 calendar days / 240 units** per authorization. New draft changes this to **6-month authorizations with 120 units per period**.
- **Minimum service requirement added (7.2.3):** New draft requires a **minimum of 24 consecutive months of service**, with authorizations issued in 6-month increments. This concept was not present in the old draft.
- **Member return rights added:** New draft explicitly states the Clubhouse retains the right of all members to return after any absence without re-authorization or re-assessment, unless formally discharged per Section 5.3.

Section 8. Additional Documentation Requirements and Utilization Review

- **Daily progress note requirement replaced with a two-tier documentation model:**
 - **Old draft:** Required a daily progress note with detailed content (interventions, member response, observed behaviors, next-contact plan), completed only by the staff member who delivered the service.
 - **New draft — 8.1 Daily Log of Attendance:** A structured daily entry capturing member name, date, time in/out/duration, ISP goal, service component provided, and staff name/credentials.
 - **New draft — 8.2 Weekly Progress Note:** A weekly narrative note replacing the daily narrative note, with required elements including an attendance table, narrative covering services, member

engagement, behaviors, progress, and plan for the coming week. Notes **may be co-written, collaboratively written, or drafted by the member** — a significant change from the old draft's restriction that only the delivering staff could complete notes.

Section 9. Billing Requirements and Information

- **New billing code added:** New draft adds **90791 (Initial Psychiatric/Behavioral Health Diagnostic Evaluation)** for use when a LMHP conducts an initial assessment and determines the member does not meet admission criteria.
- **H2031 per diem requirements restructured:** Old draft required "a minimum of two required service components on the day of service, with at least one in-person." New draft requires **RSB shall be provided in-person on each day billed**, with documented exceptions permitted when at least two other service components are provided in-person, or when an initial or annual reassessment is the primary service on that day.