

LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION
Clubhouse Psychosocial Rehabilitation Programs

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

1. Definition or Description of Service

- a. A Clubhouse is a community-based program organized to support Individuals living with mental illness. Participants are known as Clubhouse members, and member choice is a key feature of the model. Clubhouses are vibrant, dynamic communities where meaningful work opportunities drive the need for member participation, thereby creating an environment where empowerment, relationship-building, skill development and related competencies are gained.
- b. Through what is referred to as the work-ordered day, the Clubhouse provides opportunities for member involvement and ownership in all areas of Clubhouse operation. Members and staff work side-by-side in the program as colleagues.
- c. Comprehensive opportunities are provided within the Clubhouse, including supports and services related to employment, education, housing, community inclusion, wellness, community resources, advocacy, and recovery. In addition, members participate in the day-to-day decision-making and governance of the program.
- d. Through Clubhouse involvement, members achieve or regain the confidence and skills necessary to lead satisfying, meaningful lives and successfully manage their mental illness.
- e. The Clubhouse model is included in the National Registry of Evidence-based Programs and Practices (NREPP), which can be found on the NREPP website. (Refer to the Directory Appendix of the Medicaid Provider Manual for website information.)

2. Practice Principles

- a. Clubhouse programs are appropriate for adults with a serious mental illness who wish to participate in a structured community with staff and peers and who desire to work on the goal areas reflected in the Core Psychiatric Rehabilitation Components subsection of this document. The beneficiary must be able to participate in, and benefit from, the activities necessary to support the program and its members.
- b. Essential Elements of the Clubhouse Model:
 - i. Member Choice/Involvement
 1. Member choice and involvement are an ongoing essential process imbedded in all aspects of the Clubhouse model.
 2. Membership is voluntary.
 3. Clubhouse Membership is without time-limits; access to an intentional community supports the recovery process.
 4. All members have access to the services/supports and resources with no differentiation based on diagnosis or level of functioning.
 5. Members establish their own schedule of attendance and choose a work unit that they will regularly participate in during the work-ordered day.
 6. Members are actively engaged and supported on a regular basis by Clubhouse staff in the activities and tasks that they have chosen.
 7. Membership in the program and access to supportive services reflects the beneficiary's preferences and needs, building on the person-centered planning process.
 8. Both formal and informal decision-making opportunities are part of the Clubhouse work units and program structures. Members can influence and shape program operations. Clubhouse decisions are generally made by consensus.

9. Staff and members work side-by-side to generate and accomplish individual/team tasks and activities necessary for development, support, and maintenance of the program.
- ii. Work-Ordered Day
 1. The work-ordered day is a primary component of the program and provides an opportunity for members to regain self-worth, purpose, and confidence. It consists of tasks and activities necessary for the operation of the Clubhouse and typically occurs during normal business hours.
 2. Although participation in the work-ordered day provides opportunities to develop a variety of interpersonal and vocationally related skills, it is not intended to be job specific training.
 3. Member participation in the work-ordered day provides experiences that will support members' recovery, and is designed to assist members to acquire personal, community and social competencies and to establish and navigate environmental support systems.
 4. The program's structure and schedule identifies when the various program components occur (e.g., work-ordered day, vocational/educational). Other activities, such as self-help groups and social activities, are scheduled before or after the work-ordered day.
 5. The work done in the Clubhouse is exclusively the work generated by the Clubhouse in the operation and enhancement of the Clubhouse community. No work for outside individuals or agencies, whether for pay or not, is acceptable work in the Clubhouse. Members are not paid for any Clubhouse work, nor are there any artificial reward systems.
 6. The amount, scope, and variety of tasks are sufficient enough to engage the membership in meaningful activities throughout the work-ordered day.
 7. All staff are Clubhouse generalists. Their responsibilities are housed in a unit and they routinely work side-by-side with members to complete unit work.
 8. Staff help to identify meaningful work opportunities for members and are able to facilitate workgroups.
 9. Staff are dynamic and skilled at developing relationships with members. Staff utilizes a strengths-based approach and promotes an equal culture with members, thereby allowing members to experience themselves as valued colleagues in the Clubhouse community.
 - iii. Employment Services
 1. The Clubhouse provides its own employment services, including Transitional Employment (TE), Supported Employment (SE), and Independent Employment (IE), consistent with Clubhouse International standards and guidelines, which are available on the ICCD website. (Refer to the Directory Appendix of Medicaid Provider Manual for website information.)
 2. Additional resources for benefits planning are available.
 - iv. Education Services
 1. The Clubhouse provides resources and connections to assist members with goals to return to formal educational settings. This should include some of the following supports:
 - (a) connections with local colleges and General Educational Development (GED) centers,
 - (b) assistance with admission and financial aid applications,
 - (c) tutoring assistance with fellow members when appropriate,
 - (d) formal education groups, and
 - (e) other activities that support member success.
 2. Educational programming should be individualized.
 - v. Community Supports
 1. Community support services are provided by members and staff of the Clubhouse. Community support activities are centered in the work unit structure of the Clubhouse and include outreach, entitlements, housing, advocacy, promoting wellness, as well as

- assistance in finding quality medical, psychological, pharmacological and substance use disorder treatment services in the community.
2. The Clubhouse has an advisory board that meets regularly to provide support. Advisory board composition includes Individuals from the local community who are able to assist with connections and/or advice in areas such as employment, education, legal assistance, finances, and advocacy. The board also includes member leaders.
 3. The Clubhouse must engage with the local community. Activities may include speaking engagements, connections with media outlets, awareness-raising, political advocacy, community service projects, open houses, participating with the statewide Clubhouse coalition, and relevant conferences.
 4. The Clubhouse ensures that access to the building, Clubhouse-sponsored community activities, and employment sites are available through public transportation or other alternative modes of transportation. The Clubhouse provides or arranges for effective alternatives whenever access to public transportation is limited.
- vi. Social Supports
1. Opportunities are available for members to develop a sense of a community through planning and organizing Clubhouse social activities. This may include opportunities to explore recreational resources and activities in the community. The interests and desires of the membership determine both spontaneous and planned activities.
 2. Members may have access to the Clubhouse programming during times other than the work-ordered day, including evenings, weekends, and holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day). Access during these times should be based on the needs of the Clubhouse community and decided by members and staff.
- vii. Wellness Supports
1. The Clubhouse supports and encourages physical wellness. This may include enhanced nutrition, weight loss, exercise, smoking cessation, and promoting wellness throughout the Clubhouse. Wellness opportunities occur both within the Clubhouse and through connections with community resources.
 2. The voluntary nature of the Clubhouse is respected for all wellness activities. Wellness programming should enhance the Clubhouse work-ordered day rather than detract from it.
- viii. Community Setting
1. The program is designed as an intentional community, rather than a clinical setting. The Clubhouse does not include clinical personnel such as psychiatrists, nurses, or therapists, nor does it include classes or groups that are of a clinical nature.
 2. The Clubhouse is located in its own physical space. It is separate from any mental health center or institutional settings, and is impermeable to other programs. The Clubhouse is designed to facilitate the work-ordered day and at the same time be attractive, adequate in size, and convey a sense of respect and dignity.
 3. To promote pride and ownership, the Clubhouse has its own identity, including its own name, mailing address, fax, e-mail, and telephone number.
 4. All Clubhouse space is member and staff accessible. There are no staff-only or members-only spaces.
 5. There are no staff-only or members-only meetings where program decisions are made.
- c. Core Psychiatric Rehabilitation Components
- i. Broad Context
 1. The Clubhouse model is embedded in the overarching goals of psychiatric rehabilitation. The aims and objectives of Clubhouse communities are to support the access to preferred living, learning, working, and socialization roles for members in their communities.

2. Outcomes that move beyond the clinical condition and facilitate the recovery process from mental illness are more relevant, such as social role functioning (e.g., meaningful roles in society; social inclusion), establishing relationships, social support networks and social capital, work, recreation, and improved quality of life.
- ii. Personal Goal Development
 1. Each Clubhouse member has goals based on his or her Individual Plan of Service (IPOS) developed through the person-centered planning process and carried out throughout the member's participation in the Clubhouse. Staff may also work informally with members on individual recovery goals while working side-by-side in the Clubhouse.
 - iii. Psychiatric Rehabilitation Components, Goals and Objectives
 1. Clubhouse environments support recovery in a variety of ways. Generally, expected outcomes associated with accredited Clubhouse participation include greater personal and interpersonal competencies, links with community resources, access to social support networks, increased illness and symptom management, vocational and educational competencies and opportunities, and overall increased personal independence and psychosocial functioning.
 - (a) Competency Building
 - (i) Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment) are built and include:
 1. Social and interpersonal competencies (e.g., conversational competency, developing and/or maintaining positive self-image, interpersonal problem solving, regaining the ability to evaluate the motivation and feelings of others to establish and maintain positive relationships).
 2. Personal adjustment competencies (e.g., developing and enhancing intrapersonal abilities and problem-solving in everyday experiences, resolving crises, or managing stress with the goal of facilitating self-efficacy and personal independence).
 3. Vocational competencies (e.g., focused tasks that teach how to apply for jobs, conduct employment interviews, provide opportunities of graded steps to promote job entry or reentry, improve co-worker communication and relationships, and task focus and completion).
 4. Cognitive competency (e.g., task-oriented activities to develop and maintain cognitive abilities, maximize independent functioning such as increased attention, improved concentration, better memory, and enhanced empathy).
 - (b) Community Support, Inclusion, and Participation
 - (i) Identification of support, inclusion and participation through existing natural supports is necessary to:
 1. Achieve optimal levels of community membership.
 2. Increase satisfaction with living environment.
 3. Support community participation and integration/inclusion.
 4. Reduce stigma through education, community awareness, and community networking.
 5. Facilitate social capital via peer and social networks, both internal and external to Clubhouse.
 6. Promote utilization of organizational support, community resources, and other collateral support systems, as well as linking with community resources, supports, and services for continuity of care.
 - (c) Illness Management and Recovery
 - (i) The identification and management of situations and prodromal symptoms to reduce the frequency, duration, and severity of psychiatric relapses include the following:

1. Gaining competence regarding how to respond to and manage a psychiatric crisis (includes working in partnership with members who express desire to develop a recovery plan and incorporate natural supports in crisis planning).
 2. Gaining competence in understanding the role psychotropic medication plays in the stabilization of the members' well-being or recovery.
 3. Working in partnership to increase confidence and personal self-efficacy through Clubhouse participation.
 4. Gaining access to holistic approaches to recovery that includes education, information and support for health and personal wellness.
 5. Gaining access to information to support decision making and increased empowerment through Clubhouse participation.
- (d) Recovery Enhancing Environment
- (i) An environment that fosters strength and resilience and practices the inclusion of the following:
 1. Is collaborative and non-hierarchical;
 2. Supports work and high levels of activity;
 3. Respects choice and control; and
 4. Provides access to social and peer support.
- iv. Documentation
1. Documentation of members' progress in the Clubhouse modality differs from documentation requirements in individual treatment modalities and is demonstrated in the following process.
 - (a) Recovery progress can be documented in a variety of ways and, at a minimum, should be documented on at least a monthly basis.
 - (b) The documentation process, regardless of the established frequency or process, should be streamlined to minimally disrupt the work-ordered day.
 - (c) Progress note processing should be integrated into unit work.
 - (d) Members have the opportunity to write his or her own progress notes.
 - (e) Generally, all notes should be signed by both members and staff.
- v. Eligibility
1. Clubhouse services are intended for beneficiaries with a primary diagnosis of serious mental illness.
 2. Clubhouse is not an appropriate service for beneficiaries with a primary intellectual/developmental disability.
 3. Clubhouse services are not appropriate for beneficiaries who exhibit:
 - (a) Behaviors that would threaten or pose a current health and safety risk to themselves or others.
 - (b) A severity of symptoms requiring a more intensive level of treatment.
 - (c) Behaviors that disrupt the daily work of the Clubhouse.
 - (d) Behaviors that require excessive redirection and/or monitoring.
 4. The Clubhouse director has the responsibility to ensure the safety of the Clubhouse. All changes to a member's service provision must follow due process and all policies and procedures at local, state, and federal levels. Discharge criteria are only met if the member moves on voluntarily or if one or more of the above criteria are met. Cessation or control of symptoms alone is not sufficient criteria for discharge from the Clubhouse.
- vi. Staff Capacity
1. Clubhouse staff effectively facilitate the program with direct, inclusive and collegial member involvement. Sufficient staffing ratios allow for employment development, Transitional Employment management/coverage, supported education, and consistent engagement of the membership throughout the work-ordered day.

2. Clubhouse staff shall include:
 - (a) One full-time on-site Clubhouse director who has a minimum of:
 - (i) A bachelor's degree in a health or human services field and is licensed, certified or registered by the State of Michigan or a national organization to provide health care services, with two years' experience working at a Clubhouse accredited by Clubhouse International; or
 - (ii) A master's degree in a health or human services field with appropriate licensure and one year experience working at a Clubhouse.
 - (b) Other diverse and uniquely qualified professional staff, typically with a bachelor's education level. If staff are not licensed, certified or registered by the State of Michigan or a national organization to provide health care services, they shall operate under a qualified professional.
 3. All Clubhouse staff function as generalists sharing Clubhouse duties such as employment, social recreation, evening, weekend, and holiday coverage. All Clubhouse generalist staff should be paid at a level commensurate with like staff at the auspice agency. The Clubhouse director is responsible for all aspects of Clubhouse operations. Members are actively involved in the hiring process for both directors and generalists. Exceptions may be requested to the above staffing requirements and/or qualifications and must be submitted in writing to MDHHS for review and potential approval.
- 3. Credentialing Requirements** *Refer to current Medicaid Provider Manual for updated requirements*
- a. PIHPs must seek approval for providers of Clubhouse services from the MDHHS Behavioral Health Developmental Disabilities Administration (BHDDA).
 - b. To ensure fidelity to the model of the evidence-based practice of Psychosocial Rehabilitation, Clubhouses must acquire and maintain Clubhouse International accreditation. Additional information regarding Clubhouse International accreditation is available on the International Center for Clubhouse Development (ICCD) website. (Refer to the Directory Appendix of the Medicaid Provider Manual for website information.)
 - c. All new Clubhouses must participate in the Clubhouse International's New Clubhouse Development Training.
 - d. MDHHS approval will be based on adherence to the requirements outlined below.
 - e. Requests for approval of Clubhouse services may be submitted to the MDHHS-BHDDA Community Practices and Innovation Section, Division of Quality Management & Planning. (Refer to the Directory Appendix of the Medicaid Provider Manual for contact information.)
 - f. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are in safe operating condition and contain first aid equipment.
 - g. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.
 - h. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
 - i. Providers of services must:
 - i. Be at least 18 years of age.
 - ii. Free from communicable disease.
 - iii. Be able to practice prevention techniques to reduce transmission of any communicable diseases in the environment where they are providing support.
 - iv. Have a documented understanding and skill in implementing the individual plan of services and report on activities performed.
 - v. Be in good standing with the law (i.e., not a fugitive from justice, a convicted felon, or an illegal alien) as evidenced by a criminal background check prior to working with CMHSP Individuals and annually thereafter.

4. Service Requirements

- a. Provider's supports and services will be based upon the Individual's IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to the Provider's staff responsible for delivering the supports and services.
- b. Provider shall notify the Individual's care manager when the Individual's IPOS is in need of revision or modification.
- c. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- d. Provider shall ensure coordination of care occurs between the Individual(s) primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an Individual's IPOS.
- e. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
- f. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.

5. Training Requirements

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
- b. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.
- c. All Clubhouse staff must have a basic knowledge of the Clubhouse Model acquired through MDHHS approved Clubhouse-specific training within six (6) months of hire, and then at least one (1) MDHHS-approved Clubhouse specific training annually. In addition, as part of the accreditation process, the Clubhouse director, members, staff and other appropriate persons participate in a comprehensive training program in the Clubhouse Model at an accredited training base. This team will also schedule a six (6)-month follow-up site visit with the Training Base Clubhouse.
 - i. This training requires the development of an action plan for developing the Clubhouse; and upon returning from training, all Clubhouses will submit their action plan to MDHHS.
 - ii. Exceptions may be requested to the above training requirements and must be submitted in writing to MDHHS for review and potential approval.

6. Eligibility Criteria/Access Requirements/Authorization Procedures

- a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the Person-Centered Planning process to determine and document medical/clinical necessity for the requested service.
- b. Waiver eligibility requires verification of no change in waiver status.
- c. The [Lakeshore Regional Entity Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.