

Developing a Crosswalk¹

How do Medicaid benefits align with the services and supports delivered to residents in supportive housing?

Big picture considerations

For people with serious mental illness

In many states the Medicaid services that are most often delivered as part of a supportive housing program currently are covered as **Mental Health services (such as rehabilitative services or targeted case management) for eligible persons with a mental illness**, using service definitions and other criteria established by the local mental health / behavioral health system.

- How many (what %) of homeless Medicaid beneficiaries have a diagnosis of serious mental illness?
- How many (what %) of Medicaid beneficiaries who live in supportive housing have a diagnosis of serious mental illness?
- Because many homeless adults have become eligible for and enrolled in Medicaid recently, and some of these people may have been inconsistently enrolled in Medicaid. Medicaid data from years prior to 2014 may not provide a complete picture of the number of homeless persons who are now enrolled in Medicaid, who also have a mental illness.

Medicaid-covered mental health services such as Assertive Community Treatment (ACT) and Community Support can deliver many of the supports that are needed to help people experiencing chronic homelessness get into housing, and help residents of supportive housing keep their housing and achieve other goals related to recovery, wellness and community integration.

- One provider of ACT services for people living in PSH estimates that Medicaid reimbursement covers about 80-85% of the costs of these services.
- For people experiencing homelessness who have serious mental illness but are not already engaged in mental health services, it can sometimes be challenging to ask them to complete assessments and give consent develop a treatment plan. Housing First programs do not require people to consent to treatment before they are offered supportive housing, but instead work to engage people in the services they need to get and keep housing.

For people without a serious mental illness

Some of the people who need or live in supportive housing do not have a serious mental illness. There are many people experiencing chronic homelessness who are highly vulnerable, but do not have a serious mental illness. People with other types of health conditions may be prioritized for supportive housing based on their vulnerability, taking into consideration conditions that include substance use disorders, brain injuries, trauma and victimization, chronic or life-threatening health conditions (liver disease, cancer, HIV/AIDS, heart disease, stroke, etc.) and disabilities related to cognitive impairments, mobility impairments, etc., as well as their frequent and avoidable utilization of crisis and inpatient health services.

Persons experiencing homelessness who have other types of disabilities or health conditions are usually not eligible to receive Medicaid-covered mental health services such as Assertive Community Treatment (ACT) and Community Support if they do not also have a serious mental illness.

¹ This document was developed by Carol Wilkins as a workshop handout for the NAEH 2015 National Conference on Ending Homelessness.

In addition to mental health services for eligible persons with serious mental illness, Medicaid can pay for other types of services and supports for beneficiaries who are vulnerable and have complex health and behavioral health needs. **There are opportunities to expand the use of other types of Medicaid services and benefits to cover some of the services in supportive housing for vulnerable and chronically homeless adults who do not have a serious mental illness.**

- For example some states use Medicaid reimbursement for rehabilitative services to address substance use disorders. Depending upon state policies, Medicaid-reimbursed treatment and recovery support services may include a range of services that can be delivered in a certified treatment program or community-based settings that could include a consumer's home. Some states provide Medicaid reimbursement for substance use services only if the services are delivered in designated settings that are certified as treatment programs.
- A growing number of people experiencing homelessness and tenants of supportive housing are older adults. In many states Medicaid covers **Home and Community Based Services (HCBS)** that are intended to help seniors and people with disabilities live in their own homes or other community settings, with services that include assistance with activities of daily living. To meet the needs of some tenants, supportive housing providers may want to explore collaborations with providers of these types of services or consider developing the capacity to delivery some of these Medicaid-reimbursed services

Medicaid managed care and the responsibilities of MCOs

It is important to understand how Medicaid managed care works in your state.

- Which groups of Medicaid beneficiaries are enrolled in managed care plans?
- Which types of Medicaid services are delivered through managed care plans?
- How many Medicaid managed care plans are operating in your state or region? Which plans enroll most supportive housing tenants or people experiencing homelessness?

Some states' contracts with **Medicaid managed care plans** (MCOs) require the plans to provide **care coordination services** to ensure that all members gain access to needed medical, social, and other health-related services. MCOs may be required to provide **case management** services, which are more intensive care coordination services, to members who have multiple, complex, or intensive health care problems that require frequent and sustained attention, including persons with mental health care needs or complex psychosocial needs which could adversely affect their health status. States' contracts with MCOs may specify that these case management services can be delivered by the MCO or by a case management contractor.

SERVICES IN SUPPORTIVE HOUSING AND MEDICAID BENEFITS

NOTE: In order for Medicaid reimbursement to be available for covered services, the services described below must be medically necessary, based on the person’s diagnosis and functional impairments.

In general, Medicaid rehabilitative services are often covered for persons with serious mental illness, and these services must be intended to restore functioning that has been impaired by the person’s mental health disorder, and related to goals included in the consumer’s individualized service (recovery) plan.

<p>Services typically provided in supportive housing²</p> <ul style="list-style-type: none"> with examples of services and/or practices 	<p>Services Medicaid may cover as part of behavioral health benefits</p>		<p>Services that may be covered as part of other Medicaid benefits</p> <ul style="list-style-type: none"> medical care (including FQHC) managed care / care coordination & case management Home and Community Based Services (HCBS) Health Home services 	<p>Gaps and limitations: Services Medicaid does <u>not</u> cover / pay for in many states</p>
	<p>Examples of mental health services:</p> <ul style="list-style-type: none"> Assertive Community Treatment (ACT) Community Support 	<p>Other behavioral health services may include:</p> <ul style="list-style-type: none"> Assessment and counseling services Substance use disorder treatment and recovery support services 		
<p>Who is eligible to receive these services?</p>	<p>Usually limited to persons with serious mental illness who also meet additional criteria</p>	<p>Persons with</p> <ul style="list-style-type: none"> less severe (mild to moderate) mental health disorders substance use disorders 	<p>Some of these services available to all Medicaid beneficiaries Additional criteria associated with eligibility for some services</p>	
<p>Assessment & identifying client needs <i>This includes some services that may be provided before a person enters supportive housing</i></p> <ul style="list-style-type: none"> Gathering documents for determining eligibility for 	<p>Diagnostic/Assessment Completing an intensive clinical and functional evaluation of a Consumer’s mental health condition that results in an Assessment Report with recommendation for service delivery that provides the basis</p>		<p>Primary care Services provided by FQHC or other medical providers include screening, health risk assessments, and diagnostic procedures as part of health care</p>	<p>Initial assessments of homeless clients’ service needs is often done by providers of homeless assistance and/or supportive housing, and not by Medicaid service providers.</p>

² This list of services typically provided in supportive housing is adapted from Medicaid Crosswalk reports and other documents prepared by CSH for several other states. CSH has generously shared these resources to support the development of this Crosswalk document

<p>housing assistance and services</p> <ul style="list-style-type: none"> • Intake interview(s) for program(s) & services • Conducting assessments & reassessments • Arranging for further testing & evaluation • Documenting assessment activities 	<p>for the development of an Individualized Recovery Plan (“IRP”).</p> <p>Determining whether the Consumer is appropriate for and can benefit from additional mental health services, based upon diagnosis, presenting problems and recovery goals</p>		<p>Managed Care (MCO) Screening and Assessments</p> <p>MCOs are required to use health risk questionnaires, as a screening tool to identify special needs populations within 60 days of enrollment.</p> <p>MCOs must develop and use data & algorithms and other methods to identify enrollees with multiple, complex, or intensive health care problems, who need case management services.</p> <p>MCOs employ outreach workers or social workers who attempt to find and engage members who seem to need case management services</p>	<p>Some people with serious mental illness and/or substance use disorders who experience chronic homelessness may not be ready or motivated to engage in treatment. Assessments and identification of client needs may need to be completed while service providers are working on engagement and increasing motivation to participate in treatment.</p> <p>Health plans MCOs) use medical & pharmacy claims data and attempt to contact members by telephone or mail. In general, service needs related to housing, food security, income, etc. are not included in these screenings and assessments.</p> <p>People who are experiencing homelessness and supportive housing tenants with behavioral health disorders who have long histories of homelessness may not be responsive to health risk assessments conducted by telephone or mail.</p> <p>MCO outreach workers and social workers may find it difficult to coordinate with and share information with providers of PSH & homeless</p>
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				assistance. MCOs and PSH providers lack familiarity with each other.
Service plan development <ul style="list-style-type: none"> • Developing service plan with client • Writing and updating a service plan / documenting service plan development • Determining who (which people or organizations) will provide needed services 	<p>Developing a self-care oriented Individualized Recovery Plan.</p> <p>Services and interventions shall be highly individualized and tailored to the needs and preferences of the consumer, with the goal of maximizing independence and supporting recovery.</p>		<p>As part of case management for identified enrollees with multiple complex, or intensive health needs, MCOs must develop a treatment plan, based on comprehensive assessment of enrollee's condition and needs, with mutually agreed upon goals and services, with client consent.</p>	<p>MCOs report that it is often difficult to find and engage with members who have complex health and psychosocial needs, including homeless people, and those members often do not give consent to participate in case management.</p>
Helping people get housing <ul style="list-style-type: none"> • Help consumers complete applications and provide documents needed to qualify for housing assistance • Help with housing search and coaching for interviews • Help with communicating with landlords, understanding lease terms, requesting reasonable accommodations if needed • Help with setting up utilities • Help to get furniture and household supplies • Move-in assistance 	<p>Psychosocial rehabilitation and skill development</p> <p>Interpersonal, social, and interpersonal skill training</p> <p>Individual mental health service and support intervention for the development of interpersonal and community coping skills, including adapting to home, school and work environments</p> <p>Assistance and support for the Consumer in stressor situations</p> <p>Services and interventions shall be highly individualized and tailored to the needs and preferences of the consumer, with the goal of maximizing independence and supporting recovery.</p>			<p>To be covered as mental health rehabilitation, services must focus on development/ restoration of <u>skills</u> that have been impaired by symptoms of mental illness. Service provider communications on behalf of a consumer (e.g. with housing providers, utility companies, etc.) are often <u>not</u> covered, but helping a consumer with the skills they need to communicate with a landlord (etc.) could be covered.</p> <p>Some collateral contacts may be covered services, depending on service definitions adopted by the state.</p>

<p>Ongoing tenancy supports</p> <ul style="list-style-type: none"> • Help consumer with ongoing communication with landlords, problem-solving for needed repairs or resolving disputes • Help to communicate with and resolve conflicts with neighbors • Help to understand and comply with lease terms • Help to pay rent on time and negotiate agreements for paying past due rent • Help with paying utilities • Eviction prevention 	<p>Psychosocial rehabilitation and skill development</p> <p>Individual mental health service and support intervention for the development of interpersonal and community coping skills, including adapting to home, school and work environments</p> <p>Assistance and support for the Consumer in stressor situations</p> <p>Assisting the Consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms which interfere with the Consumer’s daily living, financial management, personal development or school or work performance</p>			<p>To be covered as mental health rehabilitation, services must focus on development/ restoration of <u>skills</u> that have been impaired by symptoms of mental illness. Service provider communications on behalf of a consumer (e.g. with landlords) are <u>not</u> covered mental health rehabilitation services, but helping a consumer with the skills they need to communicate with a landlord (etc.) could be covered.</p>
<p>Independent living skills coaching</p> <ul style="list-style-type: none"> • Personal hygiene and self care • Housekeeping • Apartment safety • Cooking / meal preparation • Nutrition education • Shopping on a budget, getting free or low-cost food • Using public transportation • Access to community resources (e.g. libraries, parks, opportunities for integration) 	<p>Assistance to the Consumer in increasing social support skills and networks that ameliorate life stresses resulting from the Consumer’s mental illness or emotional disturbance and are necessary to enable and maintain the Consumer’s independent living</p> <p>Developing strategies and supportive mental health interventions for avoiding out-of-home placement</p>			<p>Mental health rehabilitation services must focus on development/ restoration of <u>skills</u> that have been impaired by symptoms of mental illness. Some people who have experienced chronic homelessness never acquired some of these skills, so teaching new skills may not be covered if considered habilitation (rather than rehabilitation)</p>

	<p>ACT services are intensive, community-based and mobile with 24/7 coverage.</p> <p>Services and interventions shall be highly individualized and tailored to the needs and preferences of the consumer, with the goal of maximizing independence and supporting recovery.</p>			
<p>Coordination with primary care and other medical services</p> <ul style="list-style-type: none"> • Help to make appointments and re-schedule as needed • Help to find / use transportation to get to appointments • Accompany the consumer to appointments as needed to build confidence, understand / communicate with health care providers, and support skill-building • Help to arrange or schedule visits with needed medical services (e.g. home health, specialists, etc.) • Helping consumers communicate with medical providers and pharmacy about potential side effects or interactions related to multiple medications for medical and behavioral health 	<p>Mental health-related medication prescription, administration, and monitoring</p> <p>Psychosocial rehabilitation and skill development</p> <p>Assistance to the Consumer in increasing social support skills and networks that ameliorate life stresses resulting from the Consumer’s mental illness or emotional disturbance and are necessary to enable and maintain the Consumer’s independent living</p> <p>ACT team includes a registered nurse who provides nursing services for ACT consumers and works with the team to monitor consumers’ clinical status and response to treatment and functions as a primary practitioner for a caseload of consumers.</p> <p>ACT team psychiatrist works with the team to monitor consumers’</p>		<p>For members who agree to participate in case management, MCOs must provide intensive care coordination services including authorization of care and monitoring receipt of services, facilitating transfer of medical information among providers, and assisting with access to medical, social, and other services.</p> <p>Some FQHCs and other primary care providers have staff (social workers, Community Health Workers) who provide assistance with some of these services</p> <p>For older (age 55+) adults with chronic health conditions and/or disabled adults, some additional services may be available (e.g. home health, personal care aide services, Money</p>	<p>To be covered as mental health rehabilitation, services must focus on development/ restoration of skills that have been impaired by symptoms of mental illness. Services that are directly focused on helping people access appropriate <u>medical</u> care and understand / manage medical conditions are not covered as mental health rehabilitation if not related to mental health-related medications and/or functional impairments that result from the diagnosed mental illness.</p> <p>Most of the services offered by medical providers and/or health plans are delivered in a clinic/ office setting or by telephone. Services are not frequently delivered in the person’s home.</p>

<p>conditions and other substances (for consumers with substance use problems)</p> <ul style="list-style-type: none"> • End of life planning 	<p>clinical status and response to treatment and directs psychopharmacologic and medical treatment</p>		<p>Follows the Person – Home and Community Based services)</p>	
<p>Services to address problematic substance use / substance use disorders</p> <ul style="list-style-type: none"> • Motivational interviewing • Substance abuse counseling • Coordination with substance abuse treatment programs and/or Medication-Assisted Treatment (e.g. help to enroll, encouragement to participate) • Help to keep drug dealers and friends / family members with problematic substance use out of the consumer’s apartment 	<p>Crisis assessment and intervention</p> <p>Assistance and support for the Consumer in stressor situations</p> <p>Individual mental health service and support intervention for the development of interpersonal and community coping skills, including adapting to home, school and work environments</p> <p>Developing mental health relapse prevention strategies and plans.</p> <p>Substance abuse treatment for consumers with a co-occurring addictive disorder</p> <p>ACT team includes an addiction counselor who provides or accesses substance abuse services for consumers and serves a caseload of consumers.</p> <p>ACT services are intensive, community-based and mobile with 24/7 coverage.</p>	<p>Substance use disorder treatment and/or rehabilitation services, including counseling and recovery support services.</p> <p>Depending on state policy and which Medicaid authority is used to provide coverage for these benefits, services may be delivered in community settings (outside of treatment facilities) – or may be covered only if delivered in certified treatment facilities</p>	<p>For members who agree to participate in case management, MCOs must assist with referrals to mental health and alcohol & drug abuse treatment services and ensure coordination between medical and behavioral health providers</p>	<p>In PSH, tenants whose substance use jeopardizes housing stability are often not actively engaged in substance use treatment services.</p> <p>In many states, substance use treatment services are covered only if provided in certified treatment facilities, not in a person’s home or other community settings</p>
<p>Support groups</p> <ul style="list-style-type: none"> • Help to facilitate consumer’s participation in AA/NA or other existing support groups 	<p>Psychosocial rehabilitation and skill development</p> <p>Assistance to the Consumer in increasing social support skills</p>			

<ul style="list-style-type: none"> Facilitate support groups for consumers with shared needs and interests (e.g. women in recovery) Peer support, mentoring 	<p>and networks that ameliorate life stresses resulting from the Consumer’s mental illness or emotional disturbance and are necessary to enable and maintain the Consumer’s independent living</p> <p>Developing mental health relapse prevention strategies and plans.</p> <p>Assisting the Consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms which interfere with the Consumer’s daily living, financial management, personal development or school or work performance.</p>			
<p>Referral, monitoring, and follow-up</p> <ul style="list-style-type: none"> Identify and connect consumers to mainstream / community services and resources to meet identified needs and goals Make formal referrals and provide documentation as needed for services provided by other organizations Help to make appointments and re-schedule as needed Help to find / use transportation to get to other services 	<p>Psychosocial rehabilitation and skill development</p> <p>Interpersonal social and interpersonal skill training</p> <p>Individual mental health service and support intervention for the development of interpersonal and community coping skills, including adapting to home, school and work environments</p>		<p>For members who agree to participate in case management, MCOs must</p> <ul style="list-style-type: none"> assist enrollees to access and/or schedule other medical, social, educational, or other services, and assist with referrals to mental health and alcohol & drug abuse treatment services and ensure coordination between medical and behavioral health providers <p>Health Home benefits</p>	<p><i>Note – proposed new Health Home benefits will expand coverage for; this is expected to eliminate some gaps in covered services for people who are currently receiving Community Support, if their Community Support provider establishes a Health Home team</i></p>

<ul style="list-style-type: none"> Accompany the consumer to appointments, other services as needed to build confidence and support skill-building 			<p>include coverage for care coordination, individual and family support, and for referral to community and social support services</p>	
<p>Medication management/ monitoring</p> <ul style="list-style-type: none"> Educating consumers about psychotropic medications or other medications, including effects (and side-effects) and interactions with other medications / substances Helping consumers manage their own medications (e.g. help set up pill boxes or reminders) Reminders / encouragement to take medications as recommended and get refills 	<p>Mental health-related medication prescription, administration, and monitoring</p> <p>Symptom assessment, management, and individual supportive therapy</p> <p>Assisting the Consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms which interfere with the Consumer's daily living, financial management, personal development or school or work performance</p> <p>Developing mental health relapse prevention strategies and plans.</p> <p>ACT team psychiatrist works with the team to monitor consumers' clinical status and response to treatment and directs psychopharmacologic and medical treatment</p>		<p>MCO case managers must educate enrollees about their conditions, techniques for illness self-management, and administration of medication or other treatments.</p> <p>Primary care providers including FQHCs may provide assistance with some of these services.</p> <p>These services usually provided in clinic / office or by telephone (not home visits)</p> <p>Health Home benefits include coverage for</p> <ul style="list-style-type: none"> health promotion individual and family support 	
<p>Outreach / in-reach and engagement/ re-engagement</p> <ul style="list-style-type: none"> Identifying and engaging (or re-engaging) with people who are un-served, under-served, or not 	<p>Crisis assessment and intervention</p> <p>Assistance and support for the Consumer in stressor situations</p>		<p>Primary care provider and/or health plan may provide assistance with some of these services for persons with frequent / avoidable use of hospital</p>	<p>Medicaid reimbursement for mental health rehabilitation services does not cover time spent looking for / trying to make contact with the consumer or travel time to go</p>

<p>effectively connected with needed services</p> <ul style="list-style-type: none"> • Building trusting relationships using trauma-informed approaches • Engaging with people who have frequent / avoidable use of other crisis or inpatient services 	<p>Symptom assessment, management, and individual supportive therapy</p> <p>Psychosocial rehabilitation and skill development</p> <p>Assistance to the Consumer in increasing social support skills and networks that ameliorate life stresses resulting from the Consumer's mental illness or emotional disturbance and are necessary to enable and maintain the Consumer's independent living</p> <p>Developing strategies and supportive mental health interventions for avoiding out-of-home placement</p>		<p>services.</p> <p>MCO case management programs must identify and effectively manage authorization for treatment for enrollees with high-cost and/or high-risk conditions.</p> <p>MCO case management services include assisting in planning for and arranging the services called for in discharge plan after hospital treatment.</p>	<p>to consumer's home or other location.</p>
<p>Entitlement assistance / benefit counseling</p> <ul style="list-style-type: none"> • Identify mainstream benefits for which consumer is eligible but not currently receiving • Assist with the application process as needed (e.g. accompany consumer to make application, provide copies of documentation, help get additional documents) 	<p>Psychosocial rehabilitation and skill development</p> <p>Interpersonal social and interpersonal skill training</p> <p>Assistance and support for the Consumer in stressor situations</p>			
<p>Increasing income and job skills / employment opportunities</p> <ul style="list-style-type: none"> • Helping consumers 	<p>Psychosocial rehabilitation and skill development</p> <p>Interpersonal social and</p>	<p>Assistance and support for the Consumer in stressor situations</p>		<p>Mental health rehabilitation services focus on interpersonal and community coping skills, including skills</p>

<p>identify employment goals</p> <ul style="list-style-type: none"> • Financial literacy / asset building and assist with establishing & using bank accounts and managing credit / debts • Helping consumers access education and training opportunities • Helping tenants understand the potential impact of earned income and income disregards on other benefits and rent contributions • Job coaching and employment support for skills needed to get and keep a job • Help to get work clothing, tools, etc. • Supported employment 	<p>interpersonal skill training</p>	<p>Individual mental health service and support intervention for the development of interpersonal and community coping skills, including adapting to home, school and work environments</p> <p>Assisting the Consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric symptoms which interfere with the Consumer's daily living, financial management, personal development or school or work performance</p>		<p>needed to function in a work environment; services that focus on job-related skills and work responsibilities are not covered by Medicaid</p>
<p>Facilitating community integration</p> <ul style="list-style-type: none"> • Facilitating community activities (with other residents / neighbors) that include people with and without disabilities (e.g. celebrations, community garden, neighborhood safety meetings) • Helping consumers learn to use public transportation • Helping consumers access cultural events or other resources and activities in 	<p>Psychosocial rehabilitation and skill development</p> <p>Interpersonal social and interpersonal skill training</p> <p>Assistance and support for the Consumer in stressor situations;</p> <p>Assistance to the Consumer in increasing social support skills and networks that ameliorate life stresses resulting from the Consumer's mental illness or emotional disturbance and are necessary to enable and maintain</p>			

the surrounding community	the Consumer's independent living			
Family and children's services <ul style="list-style-type: none"> • Parenting education, supports and mentoring • Connections to child care • Assistance / coordination with child welfare services • Educational and recreational activities for children and youth • Youth development and leadership opportunities • Counseling for children and youth • Training in household safety • Family counseling • Conflict resolution/ mediation 	<p>Psychosocial rehabilitation and skill development</p> <p>Individual mental health service and support intervention for the development of interpersonal and community coping skills, including adapting to home, school and work environments</p> <p>Education, support and consultation to Consumers' families and/or their support system, which is directed exclusively to the well-being and benefit of the Consumer.</p> <p>Assistance and support for the Consumer in stressor situations</p>			<p>Mental health rehabilitation services focus on interpersonal and community coping skills, including parenting skills; services that focus on the needs of children, youth or other family members are not covered if the family member is not an eligible consumer of mental health rehabilitation services.</p>
Domestic Violence interventions <ul style="list-style-type: none"> • Crisis / safety planning • Crisis intervention • Assistance with access to legal services • Counseling • Conflict resolution/ mediation 	<p>Crisis assessment and intervention</p> <p>Psychosocial rehabilitation and skill development</p> <p>Interpersonal social and interpersonal skill training</p> <p>Assistance and support for the Consumer in stressor situations</p> <p>Education, support and consultation to Consumers' families and/or their support system, which is directed exclusively to the well-being and</p>		<p>MCO case management services should be provided to persons with high-risk pregnancies, including enrollees with domestic violence in the home</p>	

	benefit of the Consumer			
<p>Assistance with legal issues including contacts with police, arrests, warrants, fines, court appearances, re-entry from jail or prison, compliance with terms of pre-trial release or probation/ parole, etc.</p> <ul style="list-style-type: none"> • Explaining / helping consumer understand legal issues & procedures • Helping consumer manage behavior and communicate effectively in stressful situations • Helping consumer develop skills and strategies for complying with requirements of legal / criminal justice system • Accompanying consumer to court appearances or other contacts with legal system to build trust, manage symptoms and support the use of appropriate skills/ behaviors • Meeting the consumer upon release from jail to help with safe return to housing • Assist with civil legal issues, debt reduction 	<p>Crisis assessment and intervention</p> <p>Assistance and support for the Consumer in stressor situations</p> <p>Individual mental health service and support intervention for the development of interpersonal and community coping skills, including adapting to home, school and work environments</p>			<p>Medicaid cannot pay for services delivered while the consumer is in jail or prison.</p> <p>Medicaid reimbursement for mental health rehabilitation services does not cover time waiting for the client in jail or court, or participating (e.g. providing testimony) in legal proceedings</p>