

The Department of Medical Assistance Services

Mental Health Clubhouse Services (Clubhouse)

1. Definitions

Refer to Appendix A and the Telehealth Supplement for definition of terms used in this Appendix. The following definitions are specific to Mental Health Clubhouse Services (Clubhouse).

Licensed Mental Health Professional or **LMHP** means the same as defined in 12VAC35-105-20. LMHPs must be a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, certified psychiatric clinical nurse specialist, licensed behavior analyst, or licensed psychiatric/mental health nurse practitioner. LMHPs are fully licensed to practice independently.

Licensed Mental Health Professional-type means A LMHP-Resident in Counseling (LMHP-R), LMHP-Resident in Psychology (LMHP-RP) or LMHP-Supervisee in Social Work (LMHP-S) and shall only perform activities where indicated as allowed by a LMHP-R, LMHP-RP or LMHP-S.

Serious Mental Illness (Adults): Schizophrenia, bipolar disorder, major depression with psychotic features, or other severe persistent mental illness

Member means Clubhouse members that participate in Clubhouse services as defined by Clubhouse International.

In-Person means physically in the presence of the individual/caregiver.

Face-to-face means the service component may be delivered via telemedicine if clinically appropriate. Refer to the Telehealth Services Supplement for the definition of telemedicine and requirements for service delivery through telemedicine.

Work-ordered Day describes the structure of the day-to-day activity within a Clubhouse, organized to help members develop self-esteem, confidence and friendships, which make up the foundation of the recovery process. A work-ordered day on which members collaborate with staff as colleagues to perform critical tasks for the Clubhouse community. Members and staff share responsibility for running every aspect of the Clubhouse, such as filing, maintenance, and other functions. Participation in consensus-based decision-making regarding all important matters related to the running of the Clubhouse.

2. Service Definition/Critical Features

Clubhouse services are evidence-based practices that provide side-by-side engagement between members and staff in supporting restoration of skills in symptom management, interpersonal relationships, communication, problem solving, coping skills and community integration for Clubhouse members living with mental illness. Each Clubhouse provides Clubhouse members opportunities for skill development, improved wellness and achieving person-centered goals identified in the individual service plan. Interventions are designed to alleviate emotional, or behavior symptoms associated with a mental illness with the goal of reintegrating the member into the community and increasing social connectedness beyond a clinical setting. Clubhouse emphasizes long-term support and provides a supportive environment for members with serious mental illness to thrive in their recovery journeys, regardless of how long they are actively engaged in daily activities.

Clubhouse activities are arranged around the work-ordered day. The Clubhouse space is a dignified, attractive environment where important work is carried out and all members and staff contribute to the functioning of the Clubhouse. The Clubhouse has its own physical space that is observably separate from mental health center/institutional settings and does not include "staff only" spaces. Individual choice is emphasized in Clubhouse policies and procedures and members are assured that their participation is fully voluntary.

Relationships between Clubhouse staff and members are collegial and challenge typical power dynamics between staff and individuals receiving mental health services in other settings by emphasizing side-by-side activities and engagement, including holding Clubhouse meetings that are open to members and staff. Through the various required rehabilitative skill building activities, the Clubhouse offers members organized, effective strategies for moving into and maintaining gainful employment as well as other developmentally appropriate community roles such as volunteering, leisure and civic activities.

In the provision of the required service components, staff and members provide community support services such as helping with benefits, housing and advocacy, promoting health lifestyles, and assistance in accessing quality housing, medical, psychological, pharmacological and substance use services in the community. The Clubhouse may offer in-house wellness activities, and if so, these activities are scheduled to be consistent with a vibrant, side-by-side work-ordered day; and utilize the teaching skills and expertise of members.

3. Required Service Components

All covered service components must incorporate the critical features of the service and be integrated into the work-ordered day framework. In addition to the “Requirements for All Services” section of Chapter IV, the following required activities apply to Clubhouse:

3.1 Assessment

Assessment means the face-to-face interaction in which the provider obtains information from the member and family/caregivers, as appropriate, about the member’s current behavioral health status and behaviors as well as the history of the severity, intensity and duration of behavioral health conditions and behavioral and emotional issues and diagnosis of mental health conditions. Assessment includes assisting the member and family/caregivers, as appropriate with identifying strengths and needs, resources and natural supports used in developing individualized goals and objectives to address functional deficits associated with their mental illness.

1. Prior to starting services, an in-person comprehensive and age-appropriate behavioral health assessment, inclusive of the Comprehensive Needs Assessment must be completed.
2. The assessment shall be conducted by a LMHP, LMHP-R, LMHP-RP or LMHP-S in person with the member in the member’s home or another location of the member’s/family’s choice. Assessments completed by a LMHP-R, LMHP-RP or LMHP-S require a LMHP co-signature.
3. The assessment must be provided on an individual basis with the LMHP, LMHP-R, LMHP-RP or LMHP-S providing services with one member.
4. Assessments shall be performed by an LMHP, LMHP-R, LMHP-RP, LMHP-S at least once every 365 days until discharge.

3.2 Service Planning

Service Planning means the development of a person-centered individual service plan (ISP) that is specific to the member’s unique support and recovery needs, developed with the member, in consultation with the member’s natural supports, as appropriate.

1. The assessment and member goals shall be the basis of the ISP.
2. Service planning shall be conducted in collaboration with the member individually by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, or QMHP-T.
3. ISPs shall be required for the entire duration of services and must be current. (see Chapter IV for requirements).
4. The ISP may be developed through a team approach and must be authorized and overseen by either the Clinical Director or Program Director.
5. The needs and supports discovered in the initial assessment should be associated with identified goals or objectives as set forth in the ISP developed with the member’s input. Subsequent assessments and needs/supports shall be reflected in the ISP with updated goals and objectives.

6. All required service components must be incorporated into an ISP documenting activities and evidenced-based interventions to prevent, correct, or ameliorate needs and supports discovered during the initial assessment.
7. ISPs shall be reviewed as necessary at a minimum of every 90 calendar days or more frequently depending on the member's needs. Refer to Chapter IV for additional guidance and documentation requirements for the 90-calendar day review requirements.

3.3 Rehabilitative Skill Building (RSB)

Rehabilitative Skill Building means facilitating wellness, recovery, autonomy and community integration through the restoration of skills in symptom management, interpersonal relationships, communication, problem solving, coping skills and community integration. RSB must be provided in the context of the work-ordered day program structure.

1. Rehabilitative Skill Building must be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T, Behavioral Health Technician (BHT) or a Registered Peer Recovery Support Specialist (RPRSS).
2. RSB shall be provided in-person.

The following types of RSB shall be made available to members. RSB shall be provided in accordance with the work-ordered day. RSB is not limited to the following interventions:

3. RSB that assists members with learning the skills necessary to seek, obtain, and maintain independent employment.
4. RSB in the context of short-term, transitional employment opportunities through relationships between the Clubhouse and local businesses.
5. RSB that provides supported employment, including on-site and off-site support at a community business worksite.
6. RSB that assists members in developing skills to pursue their individualized educational goals as appropriate.
7. Social skill development activities assist in communication-skill restoration and community integration. These activities occur during evening, weekend, and holiday programming organized by members and staff outside of the work-ordered day.
8. RSB to achieve independent living includes development of skills to find housing opportunities, communicate with landlord, apartment maintenance, and other tenancy sustaining skill development needed to live independently.

3.4 Crisis Support

Crisis Support means an intervention to assist the member and their natural supports in developing the capacity to prevent a crisis episode or reduce the severity of a crisis episode. Crisis support includes crisis planning, crisis avoidance and crisis intervention. Crisis support assists the member with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location. Crisis support also includes the development and ongoing review and update of a crisis management plan to assist the member and their natural supports with identifying a potential behavioral health crisis and steps to manage the crisis and restore stability and functioning after distress or crisis.

1. Crisis support must be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, or QMHP-T.
2. Providers are required to develop with the member crisis mitigation plans, which shall include use of or referral to Comprehensive Crisis and Transition Services (Appendix G) as appropriate and connecting to the member's other community behavioral health services.

3. Crisis Support shall be available as needed to provide immediate assistance to members experiencing acute behavioral health problems that require immediate intervention to stabilize and prevent harm and higher level of acuity.
4. Crisis Supports must be provided on an individual basis with team member(s) providing services with one individual and their natural supports.
5. In person support must be offered and available.

3.5 Care Coordination

Care Coordination means consultation, collaboration, and coordination among health providers and others involved in the member's treatment including collateral contacts to improve the restorative care, identify and access needed activities and supports and align service plans. Activities may include scheduling appointments and meetings to improve care; planning and implementing individualized behavior modification plans; and monitoring treatment and progress with ISP goals. The provider will be asked to explain what care coordination has taken place during treatment as well as in preparation for discharge and step down to lower levels of care with every request for services

1. Care coordination must be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T or RPRSS.
2. Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).
3. Care Coordination must be provided on an member basis with team member(s) providing services with or for one member.

4 Provider Qualification Requirements

Clubhouse providers must follow all general Medicaid provider requirements specified in Chapter II of this manual.

4.1 Clubhouse Staff Requirements

A Clubhouse must have at a minimum the following staff:

1. Licensed Mental Health Professional who holds a current, active and unrestricted, Virginia license from the Department of Health Professions that qualifies them as a LMHP with Clubhouse International training. The LMHP does not need to be a full-time employee and shall be available on call or as needed. The LMHP shall have the ability to provide in-person services and support to members and staff.
2. Program Director who is a LMHP, LMHP-R, LMHP-RP, LMHP-S, or QMHP with Clubhouse International training.
3. Medicaid covered service components must be provided by an LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T, RPRSS or BHT as described in the required service component section.
4. The maximum staff-to-member ratio shall be one staff to 15 members.

4.2 Department of Medical Assistance Services Licensing and Enrollment Requirements

Prior to rendering Clubhouse and claiming reimbursement providers are required to be:

1. Licensed by the Department of Behavioral Health and Development Services (DBHDS) as a provider of Mental Health Center-Based Recovery and Empowerment Center Service for Adults (03-023). The DBHDS license must be active and in good standing (conditional or triennial).
2. Enrolled with DMAS with provider type 156 or 456 and provider specialty (to be determined).
 - a. Providers must submit with their DMAS enrollment application to Gainwell, evidence of their initiation of accreditation process or their formal accreditation.

4.3 Provider Accreditation

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 at www.iccd.org >> How Clubhouses Can Help >> Accreditation.

Programs providing Clubhouse services who were Commission on Accreditation of Rehabilitation Facilities (CARF) accredited for the program "Community Integration" prior to 1/1/2026, are not required to obtain Clubhouse International Accreditation but are encouraged to complete trainings.

All providers shall be accredited within 4 years of establishment of a new agency by Clubhouse International. Accreditation shall be initiated and evidence of this initiation submitted to DMAS during enrollment or within 4 years if the agency is new.

4.4 Clubhouse Operation Requirements

1. Minimum operating hours shall be 5 hours a day 5 days a week. Clubhouse providers shall follow all Clubhouse International Accreditation standards.
2. The Clubhouse shall have an independent board of directors, or if it is affiliated with a sponsoring agency, it has a separate advisory board comprised of individuals uniquely positioned to provide financial, legal, legislative, employment development, consumer and community support and advocacy for the Clubhouse. Clubhouse holds open forums and has procedures which enable members and staff to actively participate in decision making, generally by consensus, regarding governance, policy making, and the future direction and development of the Clubhouse.

5. Clubhouse Medical Necessity Criteria

5.1 Clubhouse Admission Criteria

All the following must be met:

1. **Comprehensive Needs Assessment Requirements**
 - a. Completion of an in-person Comprehensive Needs Assessment by a LMHP, LMHP-R, LMHP-S, or LMHP-RP within 30 days prior to admission.
 - b. The assessment must document specific functional deficits requiring Clubhouse services.
 - c. The assessment shall document the member's needs, supports, strengths and how the member's needs meet criteria for this service.
2. **Diagnostic Criteria: must meet a**
 - a. The member must have a documented DSM diagnosis that is consistent with a serious and persistent mental illness, including but not limited to, the following DSM categories: Schizophrenia Spectrum and Other Psychotic Disorders; and Bipolar and Related Disorders. members with diagnoses that fall outside of these categories may be eligible depending on the level of associated long-term disability; in these cases, a physician letter (documentation from a physician) justifying this exception should accompany the service authorization request. Members may also have a co-occurring diagnosis of a substance use disorder or developmental disability.
3. **Functional Impairment Criteria:** must demonstrate significant impairment in at least **three (a-d)** of the following domains:
 - a. Work/Educational Functioning
 - i. Unemployed or underemployed for 6+ months due to psychiatric symptoms
 - ii. Unable to maintain competitive employment without supports

- iii. Difficulty with work-related social interactions
 - iv. Educational goals disrupted by psychiatric condition
- b. Social Relationships and Community Integration
 - i. Limited social network (fewer than 2 meaningful relationships)
 - ii. Difficulty initiating or maintaining friendships
 - iii. Social isolation or withdrawal lasting 3+ months
 - iv. Challenges with community participation
- c. Independent Living Skills
 - i. Difficulty with activities of daily living (ADLs) or instrumental ADLs
 - ii. Challenges with financial management
 - iii. Problems maintaining safe, stable housing
 - iv. Difficulty with healthcare self-management
- d. Interpersonal Communication
 - i. Impaired ability to express needs effectively
 - ii. Difficulty with conflict resolution
 - iii. Challenges in group settings
 - iv. Problems with appropriate social boundaries

5.2 Continued Stay Criteria

1. The member continues to meet admission criteria.
2. Recovery requires a continuation of these services.
3. The member and family/caregiver (as included in the ISP) are making progress toward goals and actively participating in the interventions. In the instance of limited or no progress, there must be documented evidence of changes in the treatment plan, efforts to engage the member or family/caregiver, or some other action to address the lack of progress.
4. There is a reasonable likelihood of continued substantial benefit from active continuation of the services, as demonstrated by objective behavioral/functional measurements of improvement.
 - a. The member must be expected to improve at this current level of service.
 - b. The member has not yet achieved the maximum benefit at the requested service.

5.3 Discharge Criteria

1. The member no longer meets admission criteria.
2. The member has successfully met the specific goals outlined in the treatment plan for discharge.
4. The member requires a more intensive level of care or service.
5. The member is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies.
6. The member and/or family/caregiver(s) no longer needs this service as he/she is obtaining a similar benefit through other services and resources.

6. Exclusions and Service Limitations

In addition to the “Non-Reimbursable Activities for all Mental Health Services” section in Chapter IV, the following service limitations apply and are not reimbursable:

1. Services not in compliance with the Clubhouse service manual may not be billed to Medicaid.
2. Members with a diagnosis of a developmental disability without a co-occurring behavioral health condition are not eligible for this service.
3. Any observation without an intervention is not a billable activity. The provider must ensure that treatment is the active delivery of an intervention identified in an ISP.
4. Phone contacts including attempts to reach the member by telephone to schedule, confirm, or cancel appointments are not reimbursable.
5. Completion of paperwork when the member and/or their family/caregiver are not present.

6. Requiring members/enrollees to be present only for documentation purposes is not reimbursable
7. Team meetings and collaboration exclusively with staff employed by the provider where the member and/or their family/caregivers are not present.
8. Staff research on behalf of the member;
9. The following employment supports are not reimbursed:
 - a. Skills training related to a specific job (how to operate equipment, use computer programs, fill customer orders, etc.).
 - b. Staff presence in the workplace to assist with supervision or teaching of routine work duties.
 - c. Approaching potential employers to "job develop" without the beneficiary present or without a specific beneficiary for the position.
 - d. Presentations to the business community to seek partnerships in hiring.
 - e. Onsite educational support.
10. Members receiving Clubhouse may not be authorized to receive the following services:
 - a. Individuals receiving Clubhouse may not receive the following services:
 - i. Applied Behavior Analysis,
 - ii. Addiction and Recovery and Treatment Services (ARTS) Levels: ASAM 2.1-3.7
 - iii. Assertive Community Treatment,
 - iv. Coordinated Specialty Care,
 - v. Community Stabilization,
 - vi. Functional Family Therapy,
 - vii. Mental Health Partial Hospitalization Program,
 - viii. Multisystemic Therapy,
 - ix. Psychiatric Residential Treatment Facility (PRTF) or
 - x. Therapeutic Group Home (TGH) services.
 - xi. Short-term service authorization overlaps are allowable as approved by the FFS service authorization contractor or MCO during transitions from one service to another for care coordination and continuity of care.
 - b. The authorization of additional behavioral health services, not included in the list above is determined by the CANS Lifetime assessment/identified level of need in collaboration with the individual and their Managed Care Organization or FFS contractor.

7. Service Authorization (SA)

Service authorization is required. Providers shall submit service authorization requests within one business day of admission for preservice service authorization requests and by the requested start date for concurrent stay requests. If submitted after the required time frame, the start date of authorization will be based on the date of receipt.

Service Type/Tier	SA Timeframe	Units (per diem)
Mental Health Clubhouse Services	365 calendar days	240 units

Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes are located at www.dmas.virginia.gov/providers/behavioral-health/training-and-resources/.

7.1 Preservice Authorization Request

The following information shall be submitted with the preservice authorization request:

1. Complete preservice authorization request form
2. Initial Comprehensive Needs Assessment
3. Initial ISP

7.2 Concurrent Authorization Request

The following information shall be submitted with the concurrent authorization request

1. Completed concurrent service authorization request form
2. Current addendum to the initial assessment (can be a progress note) that describes any new information impacting care, progress and interventions to date, a description of the rationale for continued service delivery, and evidence the member meets medical necessity criteria.
3. Updated ISP:
 - a. Following initial authorization, if a member is not progressing and/or engaged, the ISP must be updated to assure engagement and progress before reauthorization is considered.

8. Additional Documentation Requirements and Utilization Review

1. The progress note must clearly document that the services provided are related to the members' goals, objectives and interventions in the treatment plan, and are medically necessary and clinically appropriate.
2. Each service/progress note must document the specific interventions delivered including a description of what materials were used when teaching a skill.
3. Service/progress notes must include:
 - a. each member's response to the intervention, noting if progress is or is not being made.
 - b. observed behaviors if applicable and a plan for the next scheduled contact with the member.
 - c. sufficient detail to support the length of the contact.
 - d. The content must be specific enough so a third party will understand the purpose of the contact and supports the service and claims data.
 - e. The only staff who may complete a progress note is the staff who delivered the service. It is not permitted for a staff to deliver the service and another staff to document and/or sign the progress notes.
4. An LMHP must review documentation of non-licensed staff at least every 30 calendar days as evidenced by a progress note in the member's chart written by the LMHP or a co-signature on the non-licensed staff's progress notes. Non-licensed staff include LMHP-Rs, LMHP-RPs, LMHP-Ss, QMHPs, QMHP-Ts RPRSS and BHTs.

Refer to Chapter VI of this manual for additional documentation and utilization review requirements.

9. Clubhouse Billing Requirements and Information

Billing Code	Unit	Description
H2031	Per Diem	Mental Health Clubhouse Services

1. One unit of service is one day.
2. To bill the per diem unit, members must receive a minimum of two required activities on the day of service. At least one of the required activities shall be in-person.