Scope of Work

Name of Program/Services
Community Support Team (CST) with Best Practices

Description of Services
Community Support Team (CST) provides direct support to adults with a Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) diagnosis of mental illness, substance use, or co-morbid disorder and who have complex and extensive treatment needs. This service consists of community-based mental health and substance use services, and structured rehabilitative interventions intended to increase and restore a beneficiary’s ability to live successfully in the community. The team approach involves structured, face-to-face therapeutic interventions that assist in reestablishing the beneficiary’s community roles related to the following life domains: emotional, behavioral, social, safety, housing, medical and health, educational, vocational, and legal.

Required Elements of the Program/Service
- Provider must adhere to the current NC Medicaid Clinical Coverage Policy No. 8A-6 and State-funded CST service definition.
- Effective no later than 8/10/2020, Provider must use the DLA-20 to complete the face-to-face functional needs assessment required by the Clinical Coverage Policy and state-funded service definition.

Best Practices for Permanent Supportive Housing
- Choice of housing
- Functional separation of housing and services
- Decent, safe, and affordable housing
- Housing integration
- Access to housing
- Flexible, voluntary, and recovery focused services
- Active outreach and engagement
- Helping people find and acquire housing
- Connecting people to benefits and community-based services
- Providing direct supports for housing retention

Ensuring persons are living in safe, decent, and affordable housing is essential to treatment retention and success. When a person is facing eviction or living in homelessness or substandard housing, it is imperative that every effort to avoid eviction or rapidly re-house a person be made.

Revised 7/13/2020
This active housing intervention could require daily efforts to locate suitable housing and assist
the person with applications and other requirements of leasing.

Examples of searching for stable housing can include:
- Online apartment searches through Social Serve, Apartment Finders, etc.
- Knowledge of local affordable housing properties and outreach to property managers for
vacancies. This includes the search for Targeted/Key units.
- Accessing ILI funding to assist with move-in costs or eviction prevention
- Preparing for mitigation of housing barriers through reasonable accommodation requests
- Asking for technical assistance from Alliance’s housing team and following up on leads
- Maintaining a list of potential landlords in private rental markets
- Accessing boarding houses as temporary living options to avoid or exit homelessness
- Enforcement of Fair Housing to require landlords to make necessary repairs to units to
avoid having to move when conditions are substandard
- Placing persons on the Housing Choice and Public Housing waiting list with the local
Housing Authorities

When an individual is “searching for stable housing in the community and requires permanent
supportive housing interventions,” the team will document the intensity of their efforts (e.g.,
frequency, duration, etc.) on the PCP and in the Service Authorization Request (SAR).
It is the expectation that when a person is living in homelessness or in unsafe conditions, the CST
will prioritize actively addressing housing needs and engage in intensive efforts to quickly resolve
the situation.

Highlights and examples of Skills Development, Symptom Management and Recovery
training and support, and Coordinating and Managing Services for Members identified as
being engaged in the Transitions to Community Living Initiative (TCLI)
- Support and assistance in obtaining vital documents for applications
- Develop Integrated PCP for housing
- Attend Soft Transition meeting from TCL In-Reach Phase to Transition Phase
- Communicate with TCL In-Reach staff, Transition Coordinators, and Care Coordinators
- Assist with discharges from hospitals and other crisis centers (e.g., move, transportation,
etc.)
- Complete and submit a Monthly Tenancy Checklist to TCLI Supervisor
- Assist with completing and obtaining signatures on TCL Voucher Forms
- Assist with and ensure completion of recertification documentation for rental assistance
- Assist with preparing for and scheduling of annual inspection of units
- Attend and provide supports during lease-signing and move-in
• Ensure member is able to inhabit their new home/unit/transitional housing upon move in
• Assist with shopping for items needed to maintain community living
• Provide daily check-in the first week after someone moves into housing
• Participate in separation conversations/meetings
• Assist members when they separate from housing (e.g., move out furniture, secure storage, work with natural supports, etc.)
• Actively explore and pursue Community Inclusion opportunities with emphasis on IPS-Supported Employment
• Complete and submit re-housing plans
• Assist with completion of FL-2 and applying for Special Assistance (SA) In-home
• Assist with applying/recertification for Disability and Medicaid
• Monitor SA In-Home and CLA funding utilization
• Utilize B3 Medicaid One Time Transitional Costs service
• Notify TCL staff when referring member to additional services or discharging from services
• Assist with applying for mainstream vouchers
• Provide notification to TCL Team of any application denials, lease violations, rehouses, notice to vacates, or unexpected absences from unit
## Required Additional Training

<table>
<thead>
<tr>
<th>Who</th>
<th>Training</th>
<th>Trainers</th>
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<tbody>
<tr>
<td>Team Lead and all non-licensed team members within 90 days of hire</td>
<td>Harm Reduction (at least 3 hours)</td>
<td>As arranged for by provider or Alliance</td>
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<tr>
<td>As many CST Team Members as possible</td>
<td>Housing 101 training (e.g., Continuum of Care; Coordinated Entry; Rapid Re-housing; Housing First; vouchers vs. subsidies; targeted and key units; HAP; helping individuals understand leases; engaging landlords and property managers; etc.)</td>
<td>NC Council to End Homelessness (as arranged for by Alliance)</td>
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<td>TCLI training</td>
<td>Alliance staff</td>
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<td>Fair Housing Training</td>
<td>Offered annually by Legal Aid</td>
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<td></td>
<td>Housing 102: (e.g., Expungements &amp; Certificates of Relief, Eviction Diversion, improving financial literacy &amp; self-sufficiency; putting Housing First into Practice, eviction prevention, Independent Living Initiative, etc.)</td>
<td>Legal Aid, Duke Civil Justice Law Clinic, Alliance staff, etc. (As arranged for by Alliance as part of CST Learning Collaborative)</td>
</tr>
<tr>
<td>All CST Team Members</td>
<td>Initial DLA-20 Training, including Train the Trainer for specified agency staff</td>
<td>As arranged for by Alliance at no cost to providers</td>
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### Collaboration

- Provider will participate in monthly CST Learning Collaborative
- Provider will participate in CST related calls scheduled by Alliance

Revised 7/13/2020
• Provider will attend case review meetings with Alliance’s TCLI staff as requested
• Provider will collaborate with other service providers and community stakeholders for the purpose of coordinating an individual’s care and supports
• Provider will work diligently with agencies and representatives to share best practices, identify barriers, and work toward solutions collaboratively with the goal of better outcomes for members.

Core Outcomes
Community Support Team will be monitored by Alliance for the following Core Outcome Measures, which will be measured in the aggregate and reported to providers quarterly via Provider Scorecards:
1. Percent with inpatient/FBC admissions at 30 and 90 days after the completion of services.
2. Percent with utilization of residential services at 30 and 90 days after completion of services.
3. Average length of stay in services.
4. Average cost of services.

Additional Quality Indicators
1. For individuals engaged in TCL, housing retention will be monitored through the TCL Housing Database. It is expected that housing retention will remain above the state average.
2. The DLA-20 will be used as a measurement of improved clinical outcomes based on change scores at reassessment.
3. PCP Reviews will be conducted throughout the year based on a randomized sample of individuals actively receiving services. Providers will receive review results including individualized feedback and overall trends. Issues identified during these reviews may result in a request of a formal corrective action plan. Failure to successfully implement a plan and correct issues may result in imposition of sanctions. PCP reviews are evaluated based on the following elements:
   • All elements of the PCP, in accordance with the NC DHHS PCP Instruction Manual, are completed in a manner that is person-centered and individualized to the stated needs in an individual’s CCA and service authorization request.
   • PCPs are updated and goals continued, revised or discontinued from previous PCPs. Goal updates should include a brief description of progress towards goal.
   • Comprehensive Crisis Plans are updated following an inpatient/FBC admission; updated Comprehensive Crisis Plans should be uploaded to Alliance Claims System (ACS).
   • For individuals engaged in TCL, the PCP includes at least one housing goal relevant to the individuals’ tenancy phase, with specific objectives, tasks including who is responsible for each task. The housing goal(s) have been updated to reflect the individual’s changing needs to transition to the community and is updated through each tenancy phase.
• If an individual has a substance use diagnosis, PCP has goals and interventions that are reflective of the individual's Stage of Change and documents the individual's desire regarding addressing their substance use.
• If an individual is receiving multiple services, either from the same provider or from more than one provider agency, all services should be included in one cohesive PCP to reflect an integrated care plan.

4. Sample Chart Reviews: Alliance may implement a sample chart review monitoring process when repeat administration of the DLA-20 indicates a trend of lack of progress. For individuals engaged in TCL, housing separation may also trigger a chart review.

5. Alliance may perform additional analysis throughout the year utilizing data from approved authorizations, claims, NC-TOPPS, survey results, provider reports and other means to verify fidelity, efficacy, quality and satisfaction with services being provided.

**Reporting Requirements**

Effective 8/10/2020, Provider must submit completed DLA-20s to Alliance via an online portal.