



## **Information Summary**

### **SCOPE OF WORK**

#### **Name of Program/Services:**

Enhanced Residential Supports Level 4

#### **Description of Services:**

In accordance to Clinical Coverage Policy 8P, the Enhanced Residential Supports Level 4 service is provided in a residential facility, and will provide specialized treatment, which focuses on meeting the member's behavioral and/or medical needs. The treatment needs of an individual receiving these enhanced residential supports are so complex, therefore activities can only be provided in this therapeutic facility. The service provides intensive focus on assisting individuals in acquiring behavioral health management skills and/or managing complex medical concerns. This level of support typically involves interventions from qualified professionals including behavior specialists, nurses, and physicians. Life skills training, recreational activities, personal care, and other relevant services are included. The individual's needs will be clearly documented in their Individual Support Plan. Adults and Children are treated in separate facilities as is required currently.

#### **Target Population and Eligibility Criteria:**

Members meet criteria for the Enhanced Residential Supports Program when their needs have been assessed and determined to require interventions by enhanced credentialed staff beyond staffing required in Clinical Coverage 8P. Program criteria may be met for Medically Complex Needs, Complex Behavioral Health support needs or both.

#### **Required Elements of the Service:**

Enhanced Medical Needs:

- Meets all requirements of Residential Level 4 in CCP 8P.
- If Medical services are delegated, staff are trained to perform procedures according to the individual's documented needs and delegation only allowed upon competency testing. Initial training by the Registered Nurse is a minimum of 8 documented hours within the



first two weeks of the individual's care, and will be documented via the nurse's note in the individual's clinical record.

- A minimum of monthly face to face supervision by the Registered Nurse is given to the staff who performs the delegated medical tasks and documented in the individual's medical record. Supervision is to assess ongoing competency of staff to perform the delegated tasks.
- The staff who is performing delegated tasks may be a paraprofessional, an associate professional, or a qualified professional as long as they are tested as competent to perform the delegated tasks.

#### Enhanced Behavioral Needs:

- If the individual needs behavioral support during sleep hours, then awake night staff must be provided.

#### Documentation Requirements:

The minimum service documentation requirements for services provided through the NC Innovations Waiver are contained within Clinical Coverage Policy 8P.

The Individual Service Plan will be updated to clearly document the need for enhanced service beyond the standard service definition. This documentation will be person-centered, specific to the individual, and confirm any additional level of supports.

Documentation of initial training and regular supervision as outlined required in the ISP.

#### Utilization Management:

##### *Program Eligibility Entrance Criteria:*

1. Members must be discharging from one of the following levels of care: Hospitalization, PRTE, ICF-IDD, Skilled Nursing Facility or Correctional facilities.

**AND**

2. At have least one of the following:

- a. Documentation that discharge barriers are a result of non-enhanced residential referrals being denied due to Medical or behavioral acuity.

**OR**

- b. A diversion from Institutional care which provides additional support to prevent a higher level of care



**OR**

c. Enhanced medical needs of the member requiring care to be provided by a RN/LPC for medical tasks which cannot be delegated to other care providers

**OR**

d. Enhanced behavioral needs of the member requires care to be provided by a qualified professional for behavioral tasks

**AND**

3. At least one of the following:

a. Complex Medical Needs (all criteria must be met):

I. Complex Medical Needs for Innovations members, the Supports Intensity Scale must reflect scores of 7 or higher in enhanced medical support.

**AND**

II. An assessment and service order by a qualified healthcare provider (Primary Care Physician) documenting the need for interventions that (a) cannot be delegated or (b) can be delegated to a Paraprofessional with training and supervision by an RN.

<http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0221.pdf>

**AND**

III. There are no other cost-effective service that would be equally effective available.

**OR**

b. Complex Behavioral Health Needs

I. Enhanced behavioral health support needs for members with co-occurring ID/MHSUD/TBI presentation requiring the intervention of direct support professional (DSP). DSP staff qualifications must, at minimum, meet AP/QP (associate or qualified professional) with experience supporting members with co-occurring treatment needs or is a DSP with documented training in behavioral interventions outlined in the Behavior Support Plan (BSP)

**AND**

II. Member's needs have been assessed and determined that Outpatient Therapy is insufficient to meet the complex behavioral health needs or specialized outpatient therapy does not exist in the network.

**AND**

III. There is no evidence to support that alternative and cost-effective intervention would be equally or more effective, based on North Carolina community practice standards.

**AND**

IV. Meet at least one of the following:

1. For Innovations Members, a SIS score of 11 or higher representing severe behavioral risk



The program serving members under the Enhanced Residential Support Program is an existing residential placement with higher credentialed direct service staff, enhanced clinical oversight, and/or enhanced medical services included in the program description.

**Program Continued Stay for Enhanced Residential Services**

2. Any one of the following criteria:

e. The desired outcome of level of functioning has not been restored, improved, or sustained over the timeframe outlined in the member's behavioral or medical support plan.

f. The member continues to be at high risk of interventions requiring frequent use of the crisis services, hospitalization or at risk for entry into an institutional level of care.

**AND**

3. Any one of the following:

e. Member is making satisfactory progress towards meeting goals and there is documentation to support continuation of direct support by the Direct Support Professional is required to continue or sustain progress towards goals.

**OR**

f. Member is not making satisfactory progress towards meeting their goals and modifications to the behavioral support plan have been made for more effective interventions.

**AND**

4. Step down to lower levels of care has been assessed and determined to be insufficient to meet the complex behavioral health needs of the member.

**Finance:**

The daily Medicaid rate is **\$298.45 using codes:**

H2016	HI 22	Residential Supports Level 4 Medicaid C
H2016	HI U2 22	Residential Supports Level 4 AFL Medicaid C
H2016	HI U4 22	Residential Supports Level 4 B3DI
H2016	HI U2 U4 22	Residential Supports Level 4 AFL B3DI

The enhanced rate for this service will remain through the end of the authorization period.