



## Information Summary

### SCOPE OF WORK

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

Enhanced Community Living and Supports

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

The Enhanced Community Living and Supports program must meet all service description criteria as indicated in Clinical Coverage Policy 8-P. This enhanced program description may also be applicable when individuals choose to self-direct these services. Budget and limits on sets of services apply.

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

Members meet criteria for the Enhanced Community Living and 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 community living and supports 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 or virtual 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 Criteria for Medically Complex Needs:*

(1) RN/LPN for daily exceptional medical needs support (physical health home involved in the need for exceptional medical support and oversight) and care tasks 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**

(2) An Initial Assessment is required prior to admission and every 6 months and service order from a qualified healthcare professional ordering RN/LPN daily tasks which cannot be delegated to include recommended duration and frequency medically necessary to complete the non-delegated tasks. An update to the exceptional medical support needs plan will be assessed and revised as medically indicated no less than every 6 months. The assessment will include the delegated and non-delegated tasks.

The Exceptional Medical Needs Support Plan includes defined step down targets to return to a non-Enhanced program level of care from admission and included as part of the member's ISP.



**AND**

(3) A score of 7 or above on the Supports Intensity Scale (SIS) representing exceptional support needs. Members who are new to the Innovations Waiver and have not yet received their SIS evaluation may have an initial authorization for up to 30 days with a supporting nursing assessment.

**AND.**

(4) Current supports are unable to provide the necessary medical interventions (request needs to clarify how the current interventions cannot support the current support needs)

**AND**

(5) There are no other waiver services or state plan services that would be equally or more effective available.

Complex medical needs may be short-term or require long-term support. The assessment shall include a recommendation of the expected frequency and duration of RN/LPN care tasks required to meet the medically complex needs of the individual. All staff working directly or indirectly with the member must have documented training of the medical support plan initially and with each revision.

*Program Continued Stay for Medically Complex Needs:*

1. The member's complex medical needs have not improved or worsened and continue to require RN/LPN daily tasks which cannot be delegated.

**AND**

2. Criteria for program entrance 1-5 continue to be met.

*Program Eligibility Criteria for Complex Behavioral Health Support Needs:*

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)

1. Member has been assessed and determined to require the support of qualified DSP staff due to meeting at least one criteria below:

(a) More than 2 critical incidents have been documented in the last 3 consecutive months. Critical incidents is defined as urgent care needs requiring the treatment team implement the member's crisis plan.



(b) Member is transitioning from institution to family/own home and will only be living with family for limited time period and has a history of receiving behavioral health support needs while in the institutional setting.

(c) Frequently recurrent hospitalizations within the past year related to behavioral support need stabilization.

**AND**

2. specialized consultative services developed a behavioral support plan due to the need for daily intervention by a qualified DSP or behavioral health licensed staff.

**AND**

3. 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**

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

**AND**

5. A score of 11 or above on the Supports Intensity Scale (SIS) representing severe behavioral risk.

Programs servicing members with behavioral health support needs have licensed behavioral health professionals on staff or have an agreement with licensed behavioral professionals who train and monitor DSP work and provide at least weekly contact with team members to ensure maximum gains are being met with enhanced program. Training on the behavioral support plan is required for all DSP involved in the member's care while in the Enhanced program. The behavioral support plan includes defined step down targets to return to a non-enhanced program level of care from admission and included as part of the member's ISP.

*Program Continued Stay for complex Behavioral Support Needs:*

The criteria for continued stay in the enhanced community living and supports program must meet the following:

1. Any one of the following criteria:

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

b. The individual receiving waiver services 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**

2. Any one of the following:



a. Member is making satisfactory progress towards meeting goals and there is documentation to support continuation of direct support by the DSP is required to continue or sustain progress towards goals.

OR

b. 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**

3. 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.

Providers servicing members in the enhanced community living and supports programming shall have the capacity for emergency respite and facility based crisis stabilization in their contract, if they are not able to maintain the member or remediate crisis occurrence of medical and/or behavioral decompensation.

Review of the use of enhanced programs for periodic services should occur at least bi-annually and include review of supporting clinical documentation as part of the review to show need for continued stay or consideration of alternate levels of care. Step down from established medically complex enhanced programs, should include engagement with care coordination and documentation of a completed non-urgent case escalation with Alliance medical management.

**Finance:**

The Medicaid rate is \$7.05 per 15-minute unit using codes:

T2013	TF 22	Medicaid C
T2013	TF U4 22	Medicaid B B3DI

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