



## **SCOPE OF WORK**

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

Enhanced Intermediate Care Facility

### **Description of Services:**

Enhanced Residential Support Program is provided in a facility program type setting in accordance with Clinical Coverage Policy 8E. Enhanced Residential Programs will specialize their residential programs to focus on meeting the member's medical and behavioral needs as documented in their Individual Service Plan. Adults and Children are treated in separate facilities as is required currently.

This service provides life skills training, recreational activities, personal care, and other relevant services in the context of residential facility type treatment that is individualized to the specific needs of the member.

Typically, the treatment needs of members at this level are so complex that these activities can only be undertaken in a therapeutic, facility based context. This service provides intensive focus in helping members acquire behavioral health management skills or assistance in managing complex medical needs. There are typically frequent on-site interventions from qualified professionals including behavior specialists, physicians and nurses. These services are conducted in a manner that is fully integrated into ongoing treatment.

An Intermediate Care Facility functions primarily for the treatment of individuals with IDD and provides ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services in a protected residential setting.

### **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 8E. Program criteria may be met for Medically Complex Needs, Complex Behavioral Health support needs or both.

### **Documentation Requirements:**



The minimum service documentation requirements for services provided through NC Medicaid are contained within Clinical Coverage Policy 8E.

**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/LPN 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. An assessment and service order by a qualified healthcare provider (Primary Care Physician) documenting the need for direct RN/LPN care that cannot be delegated. Examples include but are not limited to wound care, IV hydration or medication, vent or shunt care, respiratory care, ostomy care, catheter care or post-surgical treatment.

<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**

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

**OR**

b. Complex Behavioral Health Needs

I. Behavioral needs can be physical aggression or elopement for example, needing a 24hr staff secure environment to meet their treatment needs, or when a positive behavioral support plan requires clinically trained staff involvement such as a QP or AP.

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

Program Continued Stay for Enhanced Residential Services

4. 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**

5. 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**

6. 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:**

Individual Specific Contract RC-100 430.35 per day Medicaid C