Request for Contract – Information Summary

FY21 SCOPE OF WORK TEMPLATE

## CONTRACT IS MEDICAID FUNDED

**PNDS ASSIGNED**: Click or tap here to enter text.

To be completed by staff for any amount over $1,000.00. If necessary, additional information may be requested regarding the vendor prior to proceeding with the contract process.

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| **Contractor Name:** Click or tap here to enter text. | | |
| Corporate Address: Click or tap here to enter text. | | |
| **Local Address:** Click or tap here to enter text. | | |
| **Billing Address:** Click or tap here to enter text. | | |
| **Phone:** Click or tap here to enter text. | **Fax:** Click or tap here to enter text. | **Federal Tax ID #:** Click or tap here to enter text. |
| **Contact/Position:** **:** Click or tap here to enter text. | | **Email:** Click or tap here to enter text. |

**Name of Program/Services:**

Enhanced TBI Residential Support

**Description of Services:**

Enhanced Traumatic Brain Injury (TBI) Residential Support is a 24-Hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of the degree of their dependency level or the severity of their traumatic brain injury. Both TBI Waiver and Innovations Waiver members may be eligible for this level of residential support. The care (including room and board), provided includes individualized therapeutic and rehabilitativeprogramming. This level of TBI Residential supports is often provided because the client's removal from his/her regular living arrangement is necessary in order to facilitate treatment. Enhanced TBI Residential Support should be seen as part of a continuum of care that includes a step down approach as Member’s level of independence increases.

Enhanced TBI Residential Supports will provide specialized, integrated, rehabilitative treatment, which focuses on meeting the member’s complex behavioral and medical needs. Given the complexity of treatment needs for individuals receiving these enhanced residential supports, medically necessary activities are optimally 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 and coordination with qualified professionals including behavior specialists, nurses, Allied Health professional, certified brain injury specialists (CBIS) and physicians. 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. Members receiving Enhanced TBI Residential Supports must be adults, as children are treated in separate facilities as is required currently.

Medicaid B services may provide wrap around support and are billed through Medicaid B in conjunction with TBI Waiver Residential supports. Members may receive and access Mental Health, Substance Use Disorder Treatment, Speech and Language Therapy, Occupational Therapy and Physical Therapy visits and or Durable Medical Equipment and Supplies covered by Medicaid B, while receiving the Enhanced TBI Residential Supports Program rate. Medicaid B and Medicaid C services should be carefully coordinated.

**Required Elements of the Program/Service:**

Enhanced TBI Residential Supports must be provided in a licensed facility. Enhanced TBI Residential supports, in accordance with TBI Waiver (Approved by CMS 5/1/2018) is provided in a Supervised Living Facility C or F. *10A NCAC 27 G.5601(b)(1)(2)Supervised Living License F. NC Administrative Code 10 A 27G.560; statutory authority: NC General Statute 143B-147, Supervised Living Type C, 10 A NCAC 27G.5600, statutory authority: NC General Statute 143B-147*

Per TBI Waiver, Crisis Support Services must also be provided in conjunction with Enhanced TBI Residential Supports.

Members residing in the program should range between 4-5 individuals and not exceed a maximum occupancy of 6 residents. All Alliance Health members residing in a facility deemed as Enhanced TBI Residential Program, must meet enhanced entrance criteria to be eligible for the rates covered in this scope of work.

Program Site must meet Federal HCBS Final Rule regulations [1915(i) State Plan HCBS, 5-Year Period for Waivers, Provider Payment Reassignment, Setting Requirements for Community First Choice, and 1915(c) HCBS Waivers - CMS-2249-F/CMS-2296-F](https://www.federalregister.gov/documents/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider)

The program serving members under the Enhanced TBI 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, including RN oversite and support on a daily basis and at least one Certified Brain Injury Specialist (CBIS) on staff.

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is the care and rehabilitation of the individuals who have sustained a traumatic brain injury. Individuals may have co-occurring diagnosis such as mental health or substance use disorder diagnosis along with significant primary health care needs.

Members living in the program will have access to (at a minimum) two 1st and 2nd shift staff through the day and one 3rd shift awake staff. The 1st and 2nd shift staff will assist members with attending all appointments, access and collaboration with ancillary supports and community integration. The home manager will be a QP and maintain a Certified Brain Injury Specialist Certification. The home manager will have a in depth knowledge of the unique and complex needs of each resident recovering from brain injury and understand and implement best practice approaches to supporting individuals with TBI.

**Target Population and Eligibility Criteria:**

Members meet criteria for Enhanced TBI Residential Supports Program when their needs have been assessed and determined to require interventions by enhanced credentialed staff beyond staffing required in Medicaid TBI Waiver Approved by CMS 5/1/2018 and Clinical Coverage Policy 8P. Program criteria may be met for Medically Complex Needs, Complex Behavioral Health support needs or both.

**Utilization Management:**

*Program Eligibility Entrance Criteria:*

1. Members must be discharging from one of the following levels of care: Hospitalization, PRTF, ICF-IDD, Skilled Nursing Facility or Correctional facilities OR cannot be safely maintained in a private home setting due to medical or behavioral acuity.

**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 or a CBIS certified staff for behavioral tasks

**AND**

3. At least one of the following:

a. Complex Medical Needs (For Innovations Members *all* criteria must be met. For TBI Waiver members, criteria II and III must be met):

I. Complex Medical Needs for Innovations members, the Supports Intensity Scale must reflect scores of 7 or higher OR clinical documentation supporting enhanced medical support needs.

**AND**

II. 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**

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

**OR**

b. Complex Behavioral Health Needs

I. Behavioral support needs (ex. risk of self-harm, severe verbal aggression/threatening, physical aggression, property destruction, or elopement), indicative of the need for 24hr staff in a secure environment to meet their treatment needs, or when a positive behavioral support plan requires clinically trained staff involvement such as a CBIS, QP or AP.

**AND**

II. Member’s needs have been assessed and it has been determined that Outpatient Therapy is insufficient to meet the member’s 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. For Innovations Members, a SIS score of 11 or higher representing severe behavioral risk OR other clinical documentation supporting severe behavioral risk. For TBI Waiver members behavioral support needs listed in TBI WAIVER Level of Care Behavioral Assessment Grid, sections 7a and 7b must be present.

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**

1. Any one of the following criteria:

a. The desire 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.

b. 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**

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 Direct Support Professional 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.

**Outcomes:**

1. 75% of individuals will experience significantly improved functional ability based on admission/discharge functional assessment
2. Less than 15% of individuals will discharge to PRTF, ICF-IDD, or Skilled Nursing Facility level of care

**Documentation Requirements:**

The minimum service documentation requirements for services provided through TBI Waiver must mirror what is currently contained within NC DHHS Records and Documentation Manual APSM 45-2

<https://files.nc.gov/ncdhhs/RMandDM%203rd%20Edition%209-1-16.pdf> and approved

CMS TBI Waiver approved 5.18.2018.

<https://www.ncdhhs.gov/assistance/disability-services/traumatic-brain-injury>

**Finance:**

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| TIER 1 – TBI Enhanced Residential Rate |  |
| Rate | **$345 per diem** |
| Bundled Services Provided by Residential Program: | BASE Services Included:   * Residential * Day Time Activities ( Not Day Program) * Community Networking   \*RN on site as part of Admin cost  **This tier leaves 9K that may cover 60 hours of SCS or “Other” services until member reaches 135K ceiling.** |
| How to address 1:1 Individualized OT, PT, SLP individualized Sessions? | This rate is not inclusive of 1:1 individualized OT, PT, and SLP therapy sessions.  Under TBI WAIVER the majority of members are receiving their OT, PT, and SLP sessions via Standard Plan Medicaid.  This includes their 27 Visits allowable under Medicaid B.  Note: Under TBI Waiver the majority of members are utilizing SCS for OT, PT, SLP case consultation and support. |
| How to address durable medical equipment, MH/SUD our Allied Health visits?  Medicaid B services are also Billable in Conjunction with Medicaid C. | Members may also receive and access MH, SUD, 1:1 SLP, OT, PT 27 visits, durable medical equipment and supplies covered by Medicaid B. |
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**Medicaid Only Billing Codes**

**H2016 HI  Residential Supports Level 4 Innovations Waiver Med C**

**T2014 22  Residential Supports Level 2 TBI Waiver Med C**

The daily Medicaid C rate of **$345.00** is based upon an approved budget. The enhanced rate for this service will remain through the end of the authorization period.

**Start Date:** February 1st, 2021

**Completion Date:**