

**Alliance Service Name:** Transitional Youth Services

**Procedure Code:** H2022 U5

**Description:** The Transitional Youth Services Program is a home and community-based Outpatient intervention that supports transition-age members (ages 16-21) with behavioral health diagnoses of mental health and/or substance use disorders in reestablishing the knowledge and skills necessary to live independently. Transitional Youth Services Specialists assist and support the member in identifying goals and addressing barriers to independence.

This process considers all systems affecting the member, including family, school/work, peers, individual needs, and the community. All services are delivered in the member’s natural environment in order to increase the likelihood of sustaining the progress made during the intervention. The ultimate aim of the program is to give members the skills and resources to resolve and prevent future problems in areas of daily living (ie housing, employment parenting, involvement with court or social services) independently. The interventions focus on rehabilitating member strengths and skills as well as linking the member to available resources to assist him/her in relearning a sense of accountability for his/her own behavior. Transitional Youth Services Specialists work closely with families and community members to help ensure the member is safe, engaging in positive peer activities, learning the life skills needed to support themselves, and working or pursuing education. The assigned Transitional Youth Services Specialist will work closely with the probation officer, courts, family, and any other involved formal and informal resources to ensure collaboration around the goals of services, interventions being provided, and discharge recommendations.

**1. Information About Alliance Population to be Served:**

<b>Population</b>	<b>Age Ranges</b>	<b>Projected Numbers</b>	<b>Characteristics</b>
Transition age youth	16 -21	80 annually	. Members who are leaving the foster care or juvenile justice systems, or who otherwise find themselves in this life stage without the developmentally appropriate and necessary skills and supports to successfully transition to adulthood

**2. Treatment Program Philosophy, Goals and Objectives:**

**Treatment Program Philosophy:**

**Objectives and Goals:**

The Transitional Youth Services Program is person-centered, recovery-focused and builds resiliency for participating members. Preparing members for successful transition to the demands of independent adulthood is the primary focus of the program.

Essential components are listed below.

Establishing Permanency: Members in the program learn the interpersonal skills necessary to recreate and maintain healthy and permanent personal relationships.

Education: Members in the program are encouraged to complete the minimum education Requirements necessary to maintain employment. If the member does not already have a diploma or GED, the Transitional Youth Services specialist assists them with achieving this goal. For members who already have a diploma or GED, the Transitional Youth Services Specialist helps them complete the FAFSA, assists them with applying for scholarships, takes them to visit community colleges, universities, or vocational schools in the area, helps them fill out any necessary paperwork, introduces them to an advisor, and also assures that they receive disability services, if appropriate.

Employment: Transitional Youth Services staff assist members in securing and maintaining employment through resume writing, employment search, application process, interviewing skills, employer and coworker relationships to retain employment, etc. Once the member is employed, the Transitional Youth Services Specialist will maintain contact with his/her employer to determine what supports the member needs to be successful. If problems arise in the job setting, Transitional Youth Services Specialists will work with the member to assess the problem and design interventions to solve it. Transitional Youth Services Specialists may use role-play or other teaching techniques to help the member improve their work performance.

Housing: It is the goal of the program to link members with housing that can be maintained upon discharge. The Transitional Youth Services Specialist will teach the member budgeting skills, help him/her identify the type of housing he/she can afford, assist in finding roommates, and help fill out applications for an apartment or Section 8 housing.

Independent Living Skills: Members in the program will improve independent skills, as measured by the Ansell-Casey Life Skills Assessment. These skills include but are not limited to the following: budgeting, cooking, shopping for groceries, doing laundry, making mental/physical healthcare appointments, getting a driver's license or accessing public transportation, and maintaining appropriate hygiene habits.

Crisis intervention: The program provides crisis intervention and prevention services to members and their families 24 hours-a-day, 7 days-a-week. In the preventive stages, the clinical team (Transitional Youth Services Specialist, team supervisor, clinical consultant, and Regional supervisor) track potentially dangerous (to self or others) behavior, identify potential problem areas and design interventions to prevent a possible crisis.

**Pregnant/Parenting youth:** For members with children, specialists utilize an evidenced based life skills assessment and parenting assessment to better assess the member's parenting skills. Based on the member's scores and their parenting goals, individualized goals are developed and targeted in weekly sessions.

The following are other core components of the Transitional Youth Services Program:

Low caseloads: Transitional Youth Services Specialists carry caseloads up to 9 young people.

Collaboration: The Transitional Youth Services program works most effectively when young people have the opportunity to make minor mistakes. This gives the young person and their family an opportunity to discover which interventions will work best for the long term. The assigned Transitional Youth Services specialist will work closely with the case manager, probation officer, courts, family, and any other involved key players to ensure collaboration around the goals of services, interventions being provided, and discharge recommendations.

### **3. Expected Outcomes:**

Maintenance of stable housing as evidenced by response to following questions at discharge, 6 months, 12 months and 24 months post discharge

Current living situation:

- If they are housed (not in a criminal justice facility, congregate care setting, homeless, couch surfing), we ask if they could stay in their current situation for the next three months if they wanted to (measure of prospective housing stability rather than retrospective stability)
- If they have been homeless or couch-surfed in the past six months
- Maintenance of productive activity as evidenced by response to following questions at discharge, 6 months, 12 months and 24 months post discharge;
- Current engagement in educational pursuits
- Current work status
- Remain free from legal involvement (arrests or charges)

### **4. Utilization Management:**

#### **Entrance Criteria**

Members ages 16-21 are eligible for this service when the following criteria are met:

1. There is a mental health or substance use disorder diagnosis (as defined by the DSM-5, or any subsequent editions of this reference manual), AND
2. Must demonstrate a deficit in at least one Instrumental Activity of Daily Living (IADL) AND

3. Meets criteria for CALOCUS Level 1 score or higher OR 2
4. Meets criteria for LOCUS Level 1 score or greater

Prior to admission into the Transitional Youth Services program, members complete an evidenced based life skills assessment to assist in identifying both risk and protective factors. Members referred to the program may be deemed inappropriate for admission if their current behaviors pose serious safety risks to themselves and the community or if the member lacks adequate protective factors to be safe in their home or community. Members with high-risk factors in their history (such as extensive violent charges, extreme aggression, deep gang entrenchment, serious chronic mental health issues, etc.) will need to be assessed individually and may be referred to a higher level of care.

A Comprehensive Clinical Assessment is required prior to provision of this service. Additionally an Ansell Casey Life Skills Assessment is administered prior to service delivery.

### **Continued Stay Criteria**

The member is eligible to continue this service if the desired outcome or level of functioning has not been restored, improved, or sustained; or the member continues to be at risk for homelessness or therapeutic foster care placement, based on current clinical assessment, history, and the tenuous nature of the functional gains.

### **AND**

One of the following applies:

- a.. The member is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals .
- b. The member/family is making some progress, but the specific interventions need to be modified so that greater gains, which are consistent with the member's premorbid level of functioning, are possible; or
- c. The member fails to make progress, or demonstrates regression, in meeting goals. The member's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations shall be revised based on the findings. This includes consideration of alternative or additional services.

### **Discharge Criteria**

The member meets the criteria for discharge if any one of the following applies:

- a. The member has achieved goals and is no longer in need of Transitional Youth Services;
- b. The member is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services;
- c. The member or legally responsible person no longer wishes to receive Transitional Youth Services

### **Service Exclusions and Limitations**

This service may not be provided in the same period as any of the following services:

1. Multi-systemic Therapy
2. Intensive In-Home

3. Intercept
4. Child and Adolescent Day Treatment
5. Assertive Community Treatment
6. Community Support Team
7. Psychosocial Rehabilitation
8. Individual Placement Support- Supported Employment

The service may be provided for up to 30 days to members who are receiving Residential Treatment Levels I-IV or treatment in a Psychiatric Rehabilitative Treatment Facility to assist in a transition to a lower level of care.

### **Exception to Policy Limitations for a Medicaid Member under 21 Years of Age**

#### 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid member under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the member's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the member's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

- 1) That is unsafe, ineffective, or experimental or investigational.
- 2) That is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

#### EPSDT and Prior Approval Requirements

- 1) If the service, product, or procedure requires prior approval, the fact that the member is under 21 years of age does NOT eliminate the requirement for prior approval.
- 2) IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

*NCTracks Provider Claims and Billing Assistance Guide:*

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://www.ncdhhs.gov/dma/epsdt/>

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the member's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problem.

#### **A. Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:**

##### **Provider Requirements**

Providers must meet the provider qualification policies, procedures and standards established by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the requirements of 10A N.C.A.C 27G and NC G.S. 122C, and any competencies specified by the NC Division of Health Benefits (DHB).

Provider must be accredited through a national accrediting body.

##### **Staffing Requirements**

The service is provided by specialists who must be Qualified Professionals.

Each QP may see nine members at a given time.

Transitional Youth Services specialists participate in the following training and supervision activities:

##### **Three-day training and comprehensive treatment manual:**

The treatment manual and training provides the vital foundation to becoming a specialist. Content includes the analytical thinking process by which a specialist makes decisions about how to approach problem behavior and develops interventions consistent with the Transitional Youth Services model. Additionally, this training covers a variety of common issues that a specialist will encounter including peer and gang involvement and developing support systems. Transitional Youth Services specialists are trauma informed trained. This training is to be completed during new hire orientation and training prior to working with members.

Quarterly clinical practice updates and trainings: Quarterly training boosters are developed from experiences clinicians frequently encounter to sharpen their skill set in specific topic areas. For example, boosters may focus on techniques for engagement and alignment.

Clinical review of each admission by a Licensed Professional: Consultation is conducted by a Transitional Youth Services LP or Associate LP who is trained in case conceptualization and the theoretical and research underpinnings from which the clinical model has been developed. Individual supervision and professional development by the supervisor, including reviews of taped sessions:

Individual supervision can include a variety of activities ranging from audio tape reviews of sessions,

debriefing on visits conducted with a supervisor, development of career or advancement goals, or sharpening individual counseling skills or techniques. Supervisors build an individualized development plan that is shared with the specialist on a regular basis (monthly minimum) to guide him/her toward specified goals.

**Supervision:**

Supervisory-level staff must have either a masters-level degree in a human services field, or must be a QP with documented experience delivering the service. Clinical oversight for staff with the latter qualification is provided by provided by a Licensed Professional or Associate Licensed Professional. Each supervisor can oversee up to five specialists, and each specialist can serve up to nine members at a given time. Field supervision (in-home) by the supervisor: Supervisors schedule visits with each specialist for the purpose of observing and modeling clinical intervention in a realistic setting. Additionally, field visits allow supervisors to gather additional information about a family system to further inform conceptualization and intervention development. Supervisory field visits to be scheduled as needed based on staff and individual needs.

**B. Targeted Length of Service: 9-12 Months**

**C. Describe why this service is needed and is different than any State Plan or alternative service already defined. If implemented in other states, describe successful outcomes.**

If offered through the Youth Villages YVLifeset model, the service utilizes a train-the-trainer model for our evidence based practices. The YVLifeset treatment manual specifies interventions in the areas of behavioral therapy, clinical skills, cognitive coping, cognitive processing, money management, employment, interventions to address unique drivers, parenting skills, PAYA (Preparing Adolescents for Young Adulthood), protective factors, psychoeducation, relaxation and skill building. The evidence based practices, interventions and specialized training are included in the Transitional Youth Services rate whereas other service definitions do not include these which increases costs by referring to another provider and adds stress to the young person by placing another provider in their home. Youth Villages tracks the success of its clients at admission, discharge, and 6, 12 and 24 months after discharge. Since 2007, Youth Villages has provided such Transitional Youth Services via the YVLifeset model to over 11,000 young people across multiple states. At the time of discharge, 87% of the young people are successful, meaning; they are at their home or with family. One year post-discharge, 87% of the young people discharged from the program are at their home or with their family, and 86% of the young people are at their home or with their family two years post-discharge. Also at one year post-discharge 81% of young people reported no trouble with the law and 85% of young people were either in school, graduated or employed.

In addition to the extensive internal outcome evaluation process, Youth Villages embarked on a randomized controlled trial of the YVLifeset program in 2010. The random assignment evaluation is being conducted by MDRC with Dr. Mark Courtney as Principal Investigator. It is the largest rigorous study to date of services for transition-age youth who have a history of foster care. More than 1,300 youth were enrolled in the study. Sixty percent of the youth were randomly assigned to receive YVLifeset services; the remaining 40 percent were assigned to the control group. Data were collected at baseline from all participants and from more than 80 percent of participants at one year following study enrollment. A 2013 report from the study found that the program was well implemented and that participants received substantial services. Findings on the effects of the program were released in spring 2015 and the impacts showed a 17% increase in earnings, 22% decrease in homelessness, 13% decrease in hardships, 17% increase in employment, 13% decrease in mental health problems and a 30% decrease in violent relationships.

**10.**

**Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.)**

Provider will bill for each unit of service provided. Claims data will reflect fee for service billing. Data will be uploaded to DMA by Alliance Health. Encounter Data will be recorded by providers with the minimum standard of a service note for each contact, service event, or intervention. Providers will collect and report/provide access through sharing of the health record to all encounter data. At a minimum, this would include time spent on family based sessions, individual sessions, and indirect contacts.

**Description of Monitoring Activities :**

Alliance Health will review claims to monitor patterns and trends in utilization of this service. Alliance Health will monitor service utilization through prior authorizations, utilization management, and post payment reviews. Alliance Health will measure outcomes minimally through LOCUS/CALOCUS scores and ASAM Levels (for individuals with substance use disorders). The Provider will be asked to review and update the LOCUS/CALOCUS scores and ASAM Level (when appropriate) monthly. The reviewed/updated scores/levels will be submitted with re-authorization requests. It is expected that this service would be effective and resulting in positive outcomes when a lower LOCUS/CALOCUS score (and ASAM Level for substance use disorders) is reported in the request for re-authorization. This would indicate a successful transition back to basic services (OPT). Alliance Health will measure outcomes using AH standard youth services outcomes post services.