



SCOPE OF WORK (Revised 5-29-18)

Name of Program/Services. Learning Enriched Autism Program (LEAP) (New Hope)

Description of Services. The Learning Enriched Autism Program (LEAP) is a six-bed program. Youth aged 12 to 18 will receive a comprehensive behavioral health assessment which considers medical, psychological, educational, and social factors in evaluating a youth's mental health, academic, social, and functional capacity. This program is intended to be a 30-day program. The program is designed to stabilize the youth and provide a comprehensive diagnostic assessment, outlining treatment and care needs. In addition, each resident will receive individual and group therapy, speech and language, and a high degree of programmatic structure and predictability. Youth are provided routine/consistent access to a daily schedule of events in a manner they understand inclusive, but not limited to variable use of start/end times, sequencing, Picture Exchange Communication Systems (PECS), etc. physical and occupational therapy services as indicated, as well as education services.

The environment of care for this program has been designed for the specific needs of youth with ASD (autism spectrum disorder). Muted colors on walls and flooring, individual rooms for each youth, suspension swings and trampolines, retractable shower heads and bathtubs, and food lockers to accommodate unique food preferences are just some of the unique aspects of this program environment. Assistive communication devices, such as tablets and communication boards, will be utilized as needed. In instances where, upon admission, youth are dependent on restrictive devices, such as helmets, policy will cover the utilization and tracking, while treatment planning will address reduction/cessation of use.

The LEAP Program has 1:1 resident to staff ratio, awake night staff, round the clock nursing services and a fully accredited education program within a highly structured, culturally sensitive setting. The program can accept youth outside of traditional business hours and provides a mental health screening, risk assessment, medical screening and comprehensive functional–behavioral analysis. Programming includes individualized behavioral analysis and targeted interventions, all carefully supervised by a Board-Certified Applied Behavior Analyst, Onsite medical care, structured recreation therapy and life skills training and, dependent upon the needs identified through initial screening, may include speech/language, physical/occupational therapies from professionals demonstrating expertise in the care and treatment of youth with ASD. Family visitation and engagement are encouraged and supported, and a comprehensive transition plan outlining the level of care and type of treatment services indicated is included. If therapeutic leave is utilized during the stay, it shall have a clinical purpose with defined goals that are reviewed with the family prior and clinical assessment of the progress toward those goals after the therapeutic leave occurs.

The LEAP Program employs highly skilled clinicians and staff who embrace a positive psychological philosophy of care and are trained in Applied Behavior Analysis techniques. When skills are gained through the ABA they will be carried over/practiced in the home or other placement. Parents and/or staff are involved in the practice/reinforcement. Residents are taught a variety of skills specifically designed to help

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the resident regulate emotions and improve stress tolerance. Staff are trained to educate and assist youth with completing Activities of Daily Living (ADL) with each youth.

Required Elements of the Program/Service.

Clinical Services: All screenings, evaluations, assessments, and psychological testing will be completed as outlined by unit tracker (content to be approved by New Hope LEAP Director and Alliance Director of Provider Evaluation) are provided by a master's Level Licensed Clinician (supervised by a licensed psychologist). Full psychological evaluations can be completed when clinically appropriate and medically necessary if needed as the New Hope Turning Point program has two licensed psychologists. Family therapy is also available as indicated. An individualized functional assessment (utilizing tools such as Autism Diagnostic Observation Scale, Essentials for Living, and Verbal-Behavior Milestones Assessment and Placement Program) are completed on all admissions to LEAP will be forwarded to Alliance Health, Clinical Operations. Neurological and Neuropsychological evaluations shall be completed if clinically indicated. Alliance will work with New Hope to identify partners for completion of those evaluations.

Education Services: A Special Education Certified Teacher oversees a six-hour school day, which is facilitated year-round. Students have a variety of options to pursue, including individualized online learning or participation in a traditional classroom setting. Remedial education services and speech therapy services are also available as indicated.

Medical Care: New Hope operates an onsite Medical Clinic 7 days a week. Vision, hearing, and nutritional screenings are included in the initial assessment.

Recreation Therapy: recreational therapy services daily.

Transitional Services/Case Management: New Hope will provide Case Management services to assist the referral source in identifying and securing appropriate services and placement upon discharge. New Hope's Education Department will identify and communicate with the receiving public school or alternative educational setting to ensure testing and/or credits earned are properly transferred to the receiving school upon discharge. Discharge planning shall begin at the time of admission. Child and Family Treatment team meetings will hold weekly for the first 30 days and a minimum of every other week, or weekly at MCO request if stay is beyond 30 days.

Target Population and Eligibility Criteria. As outlined in the most current provider program description; Adolescents with Autism Spectrum Disorder diagnoses (per DSM-5) ages 12 to 18 in immediate need of placement for crisis, short-term stabilization and/or longer-term behavioral intervention in order to transition to a more permanent community-based living environment.

Entrance and Discharge Criteria.

The LEAP Program shall follow the criteria for coverage as listed in Clinical Coverage Policy 8D-1 section 3.0. It is expected that stabilization will be completed within 30 days of admission at this level of care. Member referrals to the LEAP program shall be coordinated with Alliance Health prior to acceptance

and admission. Entrance is based on residents with autism spectrum disorder is crisis and need for stabilization in a short-term structured environment

Discharge plan to include reduction of the need for 1:1 staffing. The treatment team in collaboration with Alliance Health clinical teams shall determine resident's progress and readiness for discharge to a lower level of care.

Targeted Outcomes.

- 1. 75% of admissions will be discharged within 30 days.
- **2.** A minimum of 80% of participants will return to their previous functioning level (previous living arrangements) upon completion of the program.
- 3. 80% of youth are linked and discharged to the appropriate treatment services as identified in the Discharge Plan.

Reporting Requirements.

For each youth admitted:

1. The Comprehensive Diagnostic Assessment outlining treatment and care needs and the Discharge Plan will be provided to Alliance Health Care Coordination upon completion.

On a quarterly basis the program shall submit the following data for youth served through Alliance Health:

- 1. Name
- 2. Date of birth
- 3. Medicaid ID
- 4. Referral source
- 5. Referral date
- 6. Admission date
- 7. Time from referral to admission
- 8. Type of residence at referral (home, group home, etc.)
- 9. Services at time of referral
- 10. Discharge date
- 11. Total days in treatment
- 12. Discharge residence (home, group home, etc.)
- 13. Discharge services
- 14. Principal diagnosis
- 15. Co-occurring/MH diagnosis

Beginning immediately, data from the above Reporting Requirements is expected to be submitted to Alliance Provider Network Development and Evaluation via electronic report to:

<u>PNDProviderReports@alliancebhc.org</u> no later than the 10th of the month following the end of the quarter. (Q1: October 10th; Q2: January 10th; Q3: April 10th; Q4: July 10th). Data not received by the deadline could delay issuance of invoice/financial reimbursement.

Provider shall be prepared to provide additional data, reports, and data analysis, within a timely manner, upon request. Alliance shall obtain data from triage/screening, approved authorizations, claims, NC-TOPPS, survey results, provider reports and other means to verify fidelity, efficacy, quality, and satisfaction with services being provided.

Alliance requires providers to develop a formal Quality Management program. Elements of that program include (1) establishing internal performance standards for the delivery of the services for which provider has contracted, (2) collecting data related to the delivery of those services, and (3) creating reports measuring the provider's performance and adherence to required outcomes. The provider also will document its efforts to identify areas for improvement, implement Quality Improvement Projects (QIPs), and analyze the results of its quality-improvement efforts.

Upon Alliance's request, the provider will submit all documentation related to its QM program and other quality-related activities.

Collaboration. Provider shall collaborate with Alliance Health Care Coordinators to ensure residents are receiving active treatment and responses to recommendations and referrals. This shall include working with Utilization Management Staff as well as hospital emergency room clinicians, crisis care clinicians, NC START staff, etc.

Utilization Management.

Requests for authorization shall follow Alliance Health's Medicaid Benefit Plan located at <u>www.alliancebhc.org</u> and submit through the Alpha MCS provider portal.