

**(b)(3) In-Home Skill Building  
Children and Adults Ages Three and Older with Intellectual /  
Developmental Disabilities (I/DD)**

**Medicaid Billable Service**

**Effective 05-28-14**

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CODE:

T2013 U4 = High IHSB

In-Home Skill Building provides habilitation and skill building to enable the member to acquire and maintain skills that support greater independence. In-Home Skill Building augments the family and natural supports of the member and consists of an array of services that are required to maintain and assist the member to live in community settings.

This is a short term, intensive habilitation service to remediate one or more documented functional deficits. Members will receive a comprehensive skill and preference assessment to identify potential skills to be developed. Treatment will focus on skill development in one or more of the developmental functional deficits by using evidence-based practices and generalizing skills with the primary focus being positive behavior support. Outcome data will be gathered at the conclusion of the intervention and used to measure the efficacy.

In-Home Skill Building consists of

- Training in interpersonal skills and development and maintenance of personal relationships
- Managing behavior
- Skill building to support the member in increasing community living skills, such as shopping, recreation, personal banking, grocery shopping and other community activities
- Training with therapeutic exercises, supervision of self-administration of medication and other services essential to healthcare at home, including transferring, ambulation and use of special mobility devices
- Transportation to support implementation of In-Home skill building

In-Home Skill Building is individualized, specific and consistent with the member's assessed disability specific needs and is not provided in excess of those needs. In-Home Skill Building is furnished in a manner not primarily intended for the convenience of the member. It is anticipated that the presence of In-Home Skill Building will result in a gradual reduction in hours as the member is trained to take on additional tasks and master skills. A formal fading plan is required.

Family members (caregivers) will be coached in intervention strategies. The family members (caregivers) are expected to participate in the sessions so that they are able to use evidence-based strategies to teach new skills and generalize skills that the member learns.

This service is not provided to members who live in licensed Residential settings or live in Alternative Family Living Homes.

Medicaid shall cover procedures, products, and services when they are medically necessary, and

- the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

### **Provider Requirements**

In-Home Skill Building must be delivered by staff employed by a mental health, substance use, or intellectual and developmental disability (MH/SU/DD) provider organization that meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being a member of the Alliance Health Healthcare provider network. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina. Additionally, within one year of enrollment as a provider with NC Medicaid, the organization shall achieve national accreditation with one of the accrediting bodies approved by the N.C. Department of Health and Human Services (DHHS).

Tribal providers do not need to meet licensure or accreditation requirements.

### **Staffing Requirements**

All staff providing this service must meet the requirements specified for Qualified Professional status according to 10 NCAC 27G .0104.

Staff are trained in curriculums that align with the CMS Core Competencies within 90 days of the first day of service delivery. CMS Core Competencies may be found here:

### **Service Type/Setting**

This periodic service is intended to last no more than six months unless specific authorization for exceeding this limit is approved. This one-time service is intended to be repeated only if the primary caregiver for the member changes permanently or if the member's functioning changes.

This service is provided in the home of the member with ID/DD and/or community. The service must originate and end at the home of the member if it is provided in the community.

### Program Requirements

- In-Home Skill Building is delivered face-to-face with the ID/DD child or adult.
- This service is expected to be a short-term intensive habilitation service to address one or more documented functional deficit(s).
- The provider will conduct a comprehensive skill and preference assessment to identify potential skills to be developed.
- Treatment will focus on skill development in one or more of the documented functional deficit(s).
- Providers are expected to use evidence-based intervention practices.
- Providers will gather outcome data at the conclusion of each intervention and use data to measure efficacy.
- Family members (caregivers) will participate in the session so they are able to use evidence-based strategies to teach new skills and generalize skills that the member learns.

### Utilization Management

The Unit of Service is one week (seven days, Sunday-Saturday). The service is limited to one unit per week.

One unit of service can be billed without prior authorization to allow the provider to complete assessments.

After the initial unit, prior authorization by Alliance Health Healthcare Solutions is required for this service. The service must be included with the member's plan.

Initial authorization for services may not exceed ninety days. Re-Authorization must be conducted every ninety days.

During the High phase of training, a minimum of 4 hours of training must be provided in order to submit a claim for that week (Sunday-Saturday), however it is expected that typically additional weekly hours will be provided based on the needs of the individual and may reduce over time.

For the Moderate phase of training, a minimum of 2 hours of training must be provided, however it is expected the typically additional weekly hours will be provided based on the needs of the individual.

It is expected that this service starts with high intensity in frequency and gradually decreases over the course of treatment. Service providers will be required to keep documentation of all hours of service provided to show evidence that the expected service hours are being met and titrated over time. On average, members will receive the minimum hours of service as follows:

- Month 1:** 8 hours per week
- Month 2:** 7 hours per week
- Month 3:** 6 hours per week
- Month 4:** 5 hours per week
- Month 5:** 4 hours per week

- Month 6:** 3 hours per week (if needed)
- Months 7-12:** 2 hours per week (if needed)

The caregiver is expected to participate in coaching a minimum of two hours per week throughout the authorization process and if this is not occurring, provider should consider discharging the service.

This is not a group service. It is only an individual service.

### **Entrance Criteria**

- Children ages three (3) and older and adults with a confirmed qualifying intellectual disability/developmental disability (ID/DD) as defined in General Statute 122C  
AND
- needing behavioral support and significant habilitation needs as documented through a functional assessment  
AND
- completion of a standardized functional and preference assessment  
AND
- have identified goals that are important to the member and realistic to make progress  
AND
- Caregiver is willing to be coached in intervention strategies and understands the expectations of the service definition as evidenced by a signed agreement.

Each individual receiving this service is required to have a Service Plan, Individual Support Plan (ISP) or Person-Centered Plan (PCP) that is fully complete prior to or on the first date of service. The amount, duration, and frequency of the service, as well as any specialized interventions, must be included in the plan. If the member is receiving two or more services, a unified plan is required.

### **Continued Stay Criteria**

Continued Stay requirements for this service:

- Member continues to meet the entrance criteria listed above  
AND
- Evidence that the member is making progress with goals  
AND
- Evidence that the caregiver is a participant in training.

Service documentation will be submitted to Utilization Management at 90-day intervals.

### **Discharge Criteria**

Discharge criteria for this service:

- Member does not have an intellectual disability or developmental disability  
OR
- Completion of comprehensive skill and preference assessment indicating competency in all age-appropriate, relevant skills  
OR
- Evidence that the member is not making progress on goals and all interventions and

<p>strategies have been exhausted OR</p> <ul style="list-style-type: none"> <li>•Evidence that the caregiver is not participating in the training.</li> </ul>
<p align="center"><b>Expected Outcomes</b></p>
<ul style="list-style-type: none"> <li>•There will be a baseline of skills or tasks to be taught</li> <li>•There will be a Teaching Plan that identifies skills to be taught and outlines the evidence-based practices that will be used for teaching and prompting</li> <li>•There will be a plan for generalization, the most common elements to include systematic plan to generalize across different directions, materials, people and settings</li> <li>•There will be a plan for independence, the most common elements include systematically increasing the distance of trainer from the member, evidence that the caregiver is working with the member to teach new skills and generalize learned skills, transition from the learning environment to use of the skill in the member's natural environment.</li> </ul>
<p align="center"><b>Service Orders</b></p>
<p>A service order for this service must be completed by a Qualified Professional in Intellectual Disabilities/Developmental Disabilities (ID/DD). Each service order must be signed and dated by the authorizing professional and shall indicate the date on which the service was ordered. A service order must be in place prior to or on the day that the service is initially provided in order to bill for the service. The service order is valid for one year from the date of the original service order. Service orders may not be back-dated.</p>
<p align="center"><b>Documentation Requirements</b></p>
<p>Minimum standard is a daily full service grid that meets the criteria specified in the Service DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2). Service grids must include the following information:</p> <ul style="list-style-type: none"> <li>•Member's name,</li> <li>•Service record number</li> <li>•Medicaid identification number</li> <li>•Name of service provided</li> <li>•Goal(s) addressed</li> <li>•A number or letter as specified in the appropriate key that reflects the intervention, activities, and/or tasks performed</li> <li>•A number/letter/symbol as specified in the appropriate key that reflects the assessment of the individual's progress towards goals</li> <li>•Duration of services provided</li> <li>•Initials of the individual providing the service for each event/date</li> <li>•Full signature(s) and initials on the signature log section of the grid for each person who provided services</li> <li>•A comment section for entering additional or clarifying information, e.g., to further explain the interventions/activities provided, or to further describe the individual's response to the interventions provided and progress toward goals. Each entry in the comment section must be dated.</li> </ul>

Service grids are completed daily or per activity to reflect the service provided. All documentation must relate directly to the goal(s) listed in the participant's current plan. Refer to DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) for a complete listing of documentation requirements.

A Monthly Progress Summary is also to be completed that includes notes about caregiver participation during sessions and any changes in the following areas:

- medical/physical/behavioral health
- medication
- family
- living situation
- work or school
- social
- environment
- schedule
- staff

The Monthly Progress Summary reflects data-based decisions as follows:

- data shows improvement: continue
- no change in data: review reinforcers, materials, teaching strategy to determine change that is needed and make necessary changes
- variable data: find out what is not consistent and make necessary changes
- data shows no progress: review reinforcers, materials, teaching strategies and make necessary changes.
- documentation of how many hours of services were provided each week during the month

### **Service Exclusions/Limitations**

In-Home Skill Building may not be provided at the same time of day as the following services:

- Other 1915(b)(3) services or alternative services
- Other State Plan Medicaid services that work directly with the person

For members who are eligible for educational services under the Individual's With Disability Educational Act, In-Home Skill Building does not include transportation to/from school settings. This includes transportation to/from the participant's home, provider home where the participant is receiving services before/after school or any community location where the participant may be receiving services before or after school.

These services are provided in the person's private home or the community, and not in the home of the direct service employee. In-Home Skill Building Services must start and/or end at the home of the member.

by NC DHHS.

This service may not be provided by a legally responsible person, a relative or legal guardian.

Services may not be provided outside of the State of North Carolina that do not comply with the Out of State Policy.

This service may not be provided to members three (3) to twenty-one (21) years of age who are receiving Medicaid MH/SUD residential treatment.

This service cannot duplicate services currently being provided by educational institutions or Vocational Rehabilitation (VR).

Administrative activities such as writing PCPs/service notes or completing TARs are not billable activities.