State of North Carolina

Alternative or “in Lieu of” Service Description
Template

1. Service Name and Description:

   Service Name: Long Term Community Supports (LTCS)

   Procedure Code:
   - T2016 U5 L1 – Level 1 - $136.00 per diem
   - T2016 U5 L2 – Level 2 - $159.47 per diem
   - T2016 U5 L3 – Level 3 - $184.25 per diem
   - T2016 U5 L4 – Level 4 - $222.20 per diem
   - T2016 U5 L5 – Level 5 - $213.53 per diem

   Description:
   Long Term Community Supports (LTCS) consists of a broad range of services for adults with developmental disabilities who, through the person-centered plan (PCP) process, choose to access active treatment to assist them with skills to live as independently as possible in the community.

   LTCS is an innovative, community-based, comprehensive service for adults with intellectual and/or developmental disabilities (I/DD). LTCS is an alternative definition in lieu of ICF-IID under the Medicaid 1915(b) benefit. This service enables Alliance to provide comprehensive and individualized active treatment services to adults with I/DD and related conditions to maintain and promote their functional status and independence. This is also an alternative to home and community-based waiver services for individuals that potentially meet the ICF-IID level of care.

   Individuals can choose LTCS instead of placement in an ICF-IID, including state institutions, or because they do not have access to an Innovations waiver slot. They can also choose to live in their own homes or homes where they control the lease for the room in the home along with the choice of agency or other people who support them. For many adults LTCS is a best practice and is far more cost-effective than ICF-IID and more readily available that the current Innovations Waiver with limited slots. The average waiting time in the Alliance coverage is 8 years for an Innovations Waiver Slot. Many of the individuals may end up in institutions without this alternative.

   Each participant in LTCS must either stay in homes they own, that their family owns or have a lease in the community. The individuals must also be able to control where they live. LTCS does not include room and board payments. LTCS must be provided in the least restrictive level based on the assessed needs and health and safety of the individual. Alternative Family Living is licensed if more than one individual in the home is receiving AFL services, and Residential Supports at any level is licensed.
2. **Information About Population to be Served:**

<table>
<thead>
<tr>
<th>Population</th>
<th>Age Ranges</th>
<th>Projected Numbers</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with intellectual and/or developmental disabilities who are potentially eligible for ICF-IID or Innovations Waiver supports</td>
<td>Age 22 and over</td>
<td>As of August 2022 date, there were 5863 people on the Registry of Unmet Needs in the Alliance service area – approximately a third are adults age 22 or over who are Medicaid eligible and those adults are Medicaid eligible to receive a residential and/or day service but none are available.</td>
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3. Treatment Program Philosophy, Goals and Objectives:

LTCS provides active treatment through a continuous and consistent implementation of a program of specialized and generic training, treatment, and integrated health or related services directed toward helping the member function with as much self-determination and independence as possible. LTCS is a comprehensive community living support benefit for eligible adults with I/DD who are Medicaid recipients.

LTCS can be provided in licensed facilities and/or settings that do not require licensure based on the needs of the individual.

LTCS provides for services, including integrated health care services and nutrition, as a part of the active treatment and may include nursing support when needed based on the person-centered plan. The service needs are based on an evaluation and the person-centered plan is developed with the person with input from their chosen provider agency and team.

All licensed residential supports must be in compliance with HCBS.

There are five levels:

- LTCS Level 1 is Home Living (living at home with family or friends with no supports) and attend a Day Service to maintain and develop skills of active treatment
- LTCS Level 2 is Independent and/or Supported Living (living in own apartment no overnight staff but may add virtual monitoring) and Day Service or Supported Employment up to 6 hours per day
- LTCS Level 3 is Supported Living (paid roommate (must have a roommate agreement) or alternative family) and Day Services or Supported Employment up to 6 hours a day with different staff (AFL’s are licensed if more than one person lives there)
- LTCS Level 4 is Residential Supports (3 or less people no overnight staffing required but may include virtual monitoring) and Day Service or Supported Employment up to 6 hours a day with different staff (licensed AFL or Licensed .5600, see Level 5)
- LTCS Level 5 is Residential Supports (group homes with 4 or less people with overnight staffing or virtual monitoring) and Day Services up to 6 hours per day with different staff (Licensed)

The service includes:

- Choosing direct support professionals and/or housemates
- Acquiring household furnishings
- Common daily living activities and emergencies
• Choosing and learning to use appropriate assistive technology to reduce the need for staffing supports
• Becoming a participating member in community life
• Managing personal financial affairs, as well as other supports

The service is implemented through direct intervention with the person. Coordination also occurs with other systems – such as work, adult education, primary care physicians, family and friends. LTCS incorporates crisis services and support into the model and the person-centered plan.

Goals of the service include but are not limited to the following:
• Enable stable living in the community at the least restrictive level of care
• Provide active treatment to enable the development of necessary skills to live as independently as possible in the community
• Bring an increase in functional skills affecting community functioning
• Provide support so that level of functioning is restored or developed so that member can reach highest level of functional capacity
• Enable discovery and effective use of the intrinsic strengths necessary for sustaining the changes made and enabling stability

Services include both direct face-to-face, indirect contacts, and collaboration with other systems. Remote Monitoring can be billed concurrently. However, most of contacts are direct – with the individual.

The service intensity is varied based on the level of LTCS and is increased or decreased based on individual needs. The intent of the lowest level is to validate that the interventions have been effective and that outcomes are likely to be maintained upon service discharge.

4. Expected Outcomes:

LTCS will assist in providing supports to keep members in their community, and to prevent them from seeking crisis services in hospitals and emergency departments during disaster or emergency.
LTCS will also assist those members who need access to appropriate supports, but because of disaster or emergency do not have access to ICF facilities.
LTCS help individuals exercise meaningful choice and control in their daily lives, including where and with whom to live while working toward complete independence.
LTCS is designed to foster individual’s nurturing relationships, full membership in the community, work toward their long-range personal goals, and avoid institutionalization. Because these may be life-long concerns, LTCS is offered for as long and as often as
needed, with the flexibility required to meet an individual’s changing needs over time, and without regard solely to the level of disability.

LTCS participants may work in the community, with supports, or participate in vocational or other meaningful day activities outside of the residence, and engage in community interests of their choice. These activities are often collectively referred to as a Day Service. The LTCS provider is responsible for all activities, including Day. The concept of active treatment is that all aspects of support and service to the individual are coordinated towards specific individualized goals in the person-centered plan.

Any person that is living in a licensed facility, group home, supervised living setting, alternative family living arrangements or any other setting that they or their family do not own must have a lease agreement in place with the owner/provider to receive LTCS.

**Service Exclusions:**
- State Funded Residential Supports
- State Funded Supported Living
- ICF-IID
- Innovations Waiver Services
- Day Supports

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

**Provider Qualifications:**
- Provider enrolled in Alliance network
- State Nursing Board regulations must be followed for tasks that present health and safety risks reviewed by their appropriately credentialed care management team member.
- Upon enrollment as a provider, the agency must have achieved national accreditation with at least one of the designated accrediting bodies
- The provider must be enrolled in NC Tracks and Alliance is notified of changes daily.

**Professional Competency:**
- Staff are at least 18 years of age and meet the following requirements –
- If providing transportation, have a valid driver’s license or other valid driver’s license, a safe driving record and acceptable level of automobile liability insurance
- Criminal background check presents no health and safety risk to member
- Not listed in NC Health Care Abuse Registry
- Qualified in CPR and First Aid
- Qualified in the customized needs of the member as described in the PCP
- High school diploma or equivalency (GED)
- Paraprofessionals providing this service must also be supervised by a QP – Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) and (f) and according to licensure or certification
Direct support professionals (DSPs) have competency in the following areas:

Communication – the DSP builds trust and productive relationships with people he/she supports, co-workers and others through respectful and clear verbal and written communication.

Person-Centered Practices – the DSP uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals.

Evaluation and Observation – the DSP closely monitors an individual’s physical and emotional health, gathers information about the individual, and communicates observations to guide services.

Crisis Prevention and Intervention – the DSP identifies risk and behaviors that can lead to crisis, and uses effective strategies to prevent or intervene in the crisis in collaboration with others.

Professionalism and Ethics – the DSP works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights.

Health and Wellness – the DSP plays a vital role in helping individuals to achieve and maintain good physical and emotional health essential to their well-being.

Community Inclusion and Networking – the DSP helps individuals to be a part of the community through valued roles and relationships, and assist individuals with major transitions that occur in community life.

Cultural Competency – the DSP respects cultural differences, and provides services and supports that fit with an individual’s preferences.

Education, Training and Self-Development – the DSP obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

Verification of Staff Qualifications: Provider Agencies

Frequency of Verification: Provider verifies employee qualification at the time employee is hired.

6. Unit of Service:
   Per Diem

7. Anticipated Units of Service per Person:
   • Level 1-5 30/31 units per month

8. Targeted Length of Service:
   The targeted length of service is until the member receives an Innovations slot or moves to ICF, or determines they no longer wish to receive LTCS.

9. 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.

Currently, individuals are placed in ICF-IID services in state institutions or community-based ICF-IID facilities due to a lack of available services for this population. Long term supports
and services are needed for adults with IDD to be successful in the community. There are no
other services available. This results in this population being grossly underserved. Many
adults can be quite successful living more independent lives with adequate supports and
services. Higher levels of care are often far too restrictive and do not offer opportunities for
individuals to have the life they choose. Keeping adults with IDD in community settings
with strong supports positively impacts their quality of life, has been demonstrated to have
positive long-term outcomes and reduce the cycling through higher levels of care such as
institutionalization, which is very costly for the system.

This is a community-based model that aligns with the vision of the home and community-
based standards. This service will help to reduce the number of people currently on the
Alliance’ Registry of Unmet Needs currently receiving no services. This service will also be
available to those currently residing in ICF-IID placements and those who are transitioning to
the community. This service will include the use of technology as a method of supervision to
provide a more cost-effective approach to services and adequate support. This service is
designed to work towards more successful outcomes long term and step people down to less
restrictive settings as they are ready to make those moves throughout their life.

Alliance has numerous members in need of this service today that are Medicaid eligible and
potentially eligible for ICF-IID placement in a state institution or community-based
program. There are not sufficient home and community-based waver slots funded in NC to
meet the needs. This approach is different because there is a high preponderance of evidence
that individuals living in community settings consistently develop their daily living skills
(adaptive behavior) to a higher level than their matched peers who remain institutionalized
and/or that they themselves had developed prior to leaving the institutional settings. Each
year, stated and federal governments invest billions of dollars in “active treatment” in
Medicaid ICF-IID programs and in “habilitation” services provided in Medicaid home and
community based waiver services. They do so recognizing not only a right of treatment to
persons with developmental disabilities living in residential programs, but also the
predictable benefits to individuals and the public when people learn to live more
independently. In pursuit of efficacy and cost-efficiency in treatment and habilitation,
research demonstrates clearly and overwhelmingly that community living is a substantially
better approach.

LTCS is not intended to replace the use of ICF-IID, but will be utilized to prevent people
from accessing higher levels of care in the absence of services and address the unmet needs
of Medicaid eligible individuals to have the opportunity to get the active treatment needed to
live in the community. While historically service provision has favored institutional settings,
the pendulum has swung toward a preference for community based services and independent
living, which decrease isolation and increase integration for individual with developmental
disabilities. NC has done little to downsize institutions that are the costliest level of care
available in the state.
**Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.)**

Encounter data will be filed daily for each day services are rendered to the individual. Provider would collect and report/provide access through sharing of the health record to all encounter data. At a minimum, this would include time spent on direct and indirect service.

**Description of Monitoring Activities:**

LME/MCO will monitor admissions and concurrent stay through Utilization Management and Review processes. LME/MCO Network Management will monitor providers delivering LTCS at a minimum for compliance. Ongoing monitoring of complaints, incident reports, quality of care concerns, audits etc. will occur as needed.