



Request for Contract – Information Summary

FY24 PROVIDER NON-UCR/UCR SCOPE OF WORK TEMPLATE

Scope Type

- ☐ CONTRACT IS NON UCR ONLY
☒ CONTRACT IS UCR ONLY
☐ CONTRACT IS NON UCR AND UCR

Funding:

- ☐ CONTRACT IS STATE FUNDED
☐ CONTRACT IS COUNTY FUNDED
☒ CONTRACT IS MEDICAID FUNDED
☐ CONTRACT IS FEDERAL BLOCK GRANT FUNDED

PNS ASSIGNED: Sonia Eldridge

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.

Contractor Name: Flourish Health		
Corporate Address: 201 W Main St., Suite 100, Durham NC 27701		
Local Address: 201 W Main St., Suite 100, Durham NC 27701		
Billing Address: 201 W Main St, Suite 100, Durham NC 27701		
Phone: 314-941-7950	Fax:	Federal Tax ID #: 92-0264117
Contact/Position: John Haskell		Email: john@flourish.health

PN Specialist: indicate here if Contracts needs to enter either of the following into ACS:

- ☒ Add a new service code for provider in ACS ☒ Add a specialized rate for provider in ACS

Name of Program/Services

Intercept Model/Teen and Young Adult Specialty Care– H0036 U3 HK
\$2704.00 per month.

Description of use of funds

Flourish is youth and adolescent psychiatric specialty group providing evidence-based interventions to youth (ages 13 up to 21) and their caregivers with significant mental illness and/or behavioral



conditions. Every member alongside their primary caregiver is paired with a multidisciplinary team who works closely with all stakeholders to identify clinical and functional goals to support a long-term path to independence.

Required Elements of the Program/Service

At the onset of care, each member is given a sensor-based watch. *This sensor-based watch is an optional tool. Information collected through the watch and application is supplemental information used as an additional indicator for the Care Team.* The device tracks activity, heart rate and sleeping patterns. When an irregular pattern is identified, the Guide team is prompted to reach out to the youth for a status check. ***Services are still provided if the youth declines to wear the watch.*** Flourish Health is HIPPA compliant following protocols protecting information shared during treatment.

Upon admission, each member is introduced to their care team, which includes:

- Psychiatric Care Provider
- Trauma-Informed Clinician
- Adolescent “Guide” Team
- Family “Guide” Team
- Case Manager
- Crisis Management Team

The member then works with this care team to develop their personal goals and align all treatment with an Individualized Service Plan, which is reviewed quarterly. Based on this plan, the member and their caregiver begin:

- Medication management by their psychiatric care provider, as clinically appropriate.
- Minimum weekly therapy (individual, group, or family therapy as clinically appropriate) with a trauma-informed therapist.
- Mentorship and guidance with the adolescent “Guide” team.
 - o Minimum 2 contacts per week – or 8-10 contacts per month
- Community navigation and parental/caregiver support with the family “Guide” team.
 - o Minimum 1 contact per week – 4-5 contacts per month.
 - o **Youth without an involved caregiver are anticipated to have higher monthly contact.*
- Crisis Management - All Flourish participants members have access to 24-hour telephonic crisis response by a Qualified Professional who will respond within the hour. A Board-Certified Child/Adolescent Psychiatrist, Board Certified Adult Psychiatrist, or other Licensed Clinicians are also On Call.
- Case Management includes navigation and advocacy support with school, employment, justice-involved systems, and foster care. Navigation of other medical needs (to include pharmacy,



clinic access, and other healthcare services and supports) are provided by the Tailored Care Manager and not included in Flourish services.

The Flourish Health care team is trained in providing evidence-based interventions for members and their families for the following diagnoses:

Psychosis and Schizophrenia spectrum disorders; Mood Disorders, including Bipolar and Major Depressive Disorder; significant anxiety disorders, including Obsessive-Compulsive Disorder (OCD), Panic Disorder, and Post-Traumatic Stress Disorder (PTSD); behavioral disorders, including Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder (DMDD), and Problematic Sexual Behavior. Additionally, the team supports members with serious emotional disturbance (or “SED” designations).

The Flourish Health care team delivers care both in the home and virtually following evidence-based pathways. These pathways include:

- Psychosis related conditions:
 - *Coordinated Specialty Care* which includes medication management, psychotherapy, family education and support, supported employment and education.
- Mood Disorders:
 - *Family Focused Therapy (FFT)* which includes psychoeducation, communication enhancement training and problem-solving skills training.
 - *Cognitive Behavior Therapy*
- Disruptive Mood Dysregulation Disorder and Serious Emotional Disturbance:
 - *Parent-Management Training (PMT)* which includes five core behavior management practices:
 1. Positive involvement with the child or youth
 2. Tangible reinforcers
 3. Limit setting
 4. Supervision and monitoring
 5. Problem-solving strategies
 - *Trauma-Informed Cognitive Behavior Therapy.*
- Medication Management

The Adolescent and Family Guide teams are trained by a child psychiatrist and primarily focused on supporting the clinical and functional goals of the member. They provide motivational interviewing, support, companionship, mentorship, and address social isolation, a significant challenge that individuals with significant mental illness face. They build a therapeutic alliance with the member, identify barriers to success, and engage in problem-solving activities with members to face/address/deal with life challenges. Flourish team members take a recovery-focused perspective while helping the member build resilience. Additionally, they serve as an advocate for the family in the community.



Additional Information

- Targeted Length of Services: 10-12 months
- Psychiatric Care Provider: Board Certified Child or Adult Psychiatrist
- Trauma-Informed Clinician: Licensed professional: Psychologist, LCSW, LMFT, or LCMHC
- Adolescent and Family Guide Teams: Non-licensed mental health professionals trained through Flourish Health program, overseen and delivered by a Board-Certified Child Psychiatrist and Licensed Psychologist
- Case Manager: Supervised by an LCSW
- Crisis Management Team: Combination of licensed clinical social workers and non-licensed mental health professionals supervised by an adult and child psychiatrist
- Supervision of Staff -All multidisciplinary teams are supervised by a board-certified child or adult psychiatrist, with support from a licensed clinician during weekly clinical rounds. All positions at a minimum monthly supervision.

Collaboration

- Provider shall work with Alliance Health (MCO), NC Department of Public Safety (Juvenile Justice & Adult Corrections), Department of Social Services, Community Service Providers, Public School System, and other stakeholders as appropriate to coordinate treatment with the program participant youth, young adults, and their families.
- Provider is expected to adhere to System of Care values and principles in providing a person-centered, strength-based and recovery-focused environment.

Documentation Requirements

Services shall be documented in accordance with this section and the DMH/DD/SAS Records Management and Documentation Manual 45-2 (RMDM) prior to seeking reimbursement. The service requires a full-service note, which includes Items 1 through 12, under Contents of a Service Note, Chapter 7 of the RMDM.

Treatment Plan: Each individual receiving Flourish Health Services is required to have a Person Centered Plan (PCP) that is fully complete prior to or on the first date of service. The PCP must meet all the requirements, including an enhanced crisis plan, as outlined in the NC Person Centered Plan (PCP) Instruction Manual. The amount, duration, and frequency of the service must be included in the PCP.

Entrance Process

A comprehensive clinical assessment (CCA) that demonstrates medical necessity must be completed prior to provision of this service. If a substantially equivalent assessment is available, reflects the current level of functioning, and contains all the required elements as outlined in community practice standards as well as in all applicable federal and state requirements, it may be used as a part of the current CCA. Relevant diagnostic information must be obtained and included in the Person-centered Plan (PCP).



A signed service order must be completed by a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Licensed Psychologist, Physician Assistant (PA), or a Nurse Practitioner (NP) according to his or her scope of practice. Each service order shall 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.

Target Population and Eligibility Criteria

Children, adolescents and young adults age 13 up to 21 years old and their families/caregivers. Youth has a current Mental Health and Diagnostic and Statistical Manual (DSM) 5 (or its successor) MH and/or SA diagnosis other than a primary diagnosis of Developmental Disability consistent with reflecting the need for treatment and the covered treatment must be medically necessary for meeting the specific preventive, diagnostic, therapeutic, and rehabilitative needs of the member. Diagnosis to include but not limited to Psychosis and Schizophrenia spectrum disorders; Mood Disorders, including Bipolar and Major Depressive Disorder; significant anxiety disorders, including Obsessive-Compulsive Disorder (OCD), Panic Disorder, and Post-Traumatic Stress Disorder (PTSD); behavioral disorders, including Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder (DMDD), and Problematic Sexual Behavior.

- AND
Experienced residential placement disruption over the last 3 months or are at high risk for out of home residential treatment due to multiple ED visits or an inpatient hospitalization, and are unresponsive to other forms of outpatient or enhanced behavioral health services.
OR
- Early or active psychosis

OR
- Children, Adolescents and Young Adults involved with the foster care system

OR
- Children, adolescents and young adults involved with the justice system

OR
- The absence of long term permanent caregiver or permanency plan

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 over the time frame outlined in the member's Person Centered Plan (PCP); or the member continues to be at risk for out-of-home placement, based on current clinical assessment, history, and the tenuous nature of the functional gains and one of the following applies:



- The member has achieved current PCP goals, and additional goals are indicated as evidenced by documented symptoms;
- 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 outlined in the PCP;
- The member is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the member's premorbid level of functioning, are possible; or
- The member fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. 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

Member shall meet at least one of the following:

- The youth and team determine Flourish services are no longer needed based on the attainment of goals as identified in the person-centered plan and a less intensive level of care would adequately address current goals;
- The youth moves out of the catchment area and virtual services are not adequate to meet the youth's needs and flourish has facilitated the referral to an appropriate mental health service in the new place of primary private residence and has assisted the youth in the transition process;
- The youth and, if appropriate, the legally responsible person, choose to withdraw from services and documented attempts by the program to re-engage the youth with the service have not been successful.
- The youth and family have not demonstrated significant improvement following reassessment and several adjustments to the treatment plan over at least three months and: 1. Alternative treatment or providers have been identified that are deemed necessary and are expected to result in greater improvement; or 2. The youth's behavior has worsened, such that continued treatment is not anticipated to result in sustainable change; or 3. More intensive levels of care are indicated.

Service Exclusions

- Flourish Health services cannot be provided during the same authorization period as the following:
 - Outpatient Therapy
 - Trauma Focused Cognitive Behavioral Therapy
 - In Home Therapy
 - Multi-Systemic Therapy
 - Family Centered Treatment (FCT)
 - Intensive In-Home
 - Intercept



- Assertive Community Treatment
- Community Support Team
- Psychosocial Rehabilitation

If multiple services are requested through EPSDT then prior authorization submission through Alliance Claims System (ACS) is required.

EPSDT Special Provision

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 Qualified Professional). 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 Qualified Professional; 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 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.

Required Outcomes

Analyzed by Alliance Network Evaluation team quarterly utilizing claims data.

At Discharge (for youth who received at least 90 days of service):

- Less than 20% of youth will require a higher level of residential services.

3- and 6-Months Post Discharge (for youth who received at least 90 days):

- Less than 10% of youth have been placed in a higher level of residential services from their discharge level of care.
- Less than 5% of youth have utilized crisis services including ED, psychiatric inpatient, or facility-based crisis services.

Utilization Management

Services rendered shall be reimbursed on a fee for service basis for authorized services. The service will be authorized for an initial term of 4 months, with subsequent concurrent authorization for 3 months at a time.

Finance

Provider will bill the service code H0036 U3 HK based on the date of the first contact. Alliance will reimburse Provider (based on submitted claims) at case rate of **\$2704.00 per month**.

Start Date: 10/1/2023

Completion Date: 6/30/24