

**(b)(3) Individual Support  
Mental Health Adults**

**Medicaid Billable  
Effective 04-01-07  
Revised 12-20-10  
Revised 11-06-13  
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Revised 07-01-19**

**CODE:**

T1019 U4 = Individual Support

Individual Support Services are “hands-on” individualized assistance with everyday activities that are required by a member with Severe and Persistent Mental Illness (SPMI) in order to live independently in the community. The services are intended to support adults ages eighteen (18) and older living in a private home, a licensed group home, an adult care home or a hospital that have a documented plan to transition to independent or shared housing. Additionally, this service may be used to help members maintain independent or shared housing.

Specifically, this service provides assistance with Instrumental Activities of Daily Living (IADL) including preparing meals, managing money, shopping for household necessities, using the telephone, housecleaning, laundry, transporting the member to access the community, medication management, supervision and cuing. The goal is to provide coaching to the member in areas of need and fade this support over time.

For members transitioning to independent or shared housing, Individual Support can be billed while the person is living in the licensed facility or private home up to 90 days prior to moving.

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**

This service will be delivered by providers of mental health services that are contracted by Alliance Health Healthcare Solutions and 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 endorsed by Alliance Health Healthcare Solutions. 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**

This service is delivered by paraprofessional staff employed by the contracted provider and supervised by that provider's qualified professional. The paraprofessional must meet the requirements of NCAC 10A 27G .0104(15) and have at least two (2) years of experience working with the population served.

Paraprofessional staff providing Individual Supports must complete at least 20 hours of initial training or continuing education in the following areas within the 90 days of the date of hire to provide this service:

- Clinical and psychosocial needs of the SPMI population;
- Psychotropic medications and possible side effects
- Drugs of abuse and related symptoms
- Crisis management
- Principles of recovery, resiliency and empowerment
- Community resources and services, including pertinent referral criteria
- Member/family support networking
- Diagnoses and clinical issues regarding the population served
- Crisis Intervention and Response
- Individual Support Planning to include development of goals/strategies
- Protective Devices/Usage as applicable for the member
- Cultural Diversity/Awareness
- Knowledge of the Service Delivery System

### **Service Type/Setting**

Individual Support is a periodic service. It is intended to support members living in a private home, a licensed group home, an adult care home or a hospital who intend to move to independent housing or members that need assistance with maintaining independent or shared housing. Members who access this service in order to obtain housing must have a documented transition plan with a goal of transitioning to independent housing within the next 90 days. The service is not available to members earlier than 90 days prior to the intended transition date. The service can also be provided on an ongoing basis once the transition has occurred, but a clear plan for step down of the service frequency should be developed.

### **Program Requirements**

Individual Support is a one-on-one service provided directly to the member. The goals incorporated in the plan must justify the hours requested, and must include a step-down plan which identifies and utilizes natural supports.

### **Utilization Management**

Prior authorization is required. Units are provided in fifteen (15) minute increments. No more than 240 units per month/sixty (60) hours per month of Individual Support may be provided

unless specific authorization for exceeding this limit is approved. Initial authorization of services may not exceed ninety (90) days. Reauthorization will be required every ninety (90) days.

### **Entrance Criteria**

Adults eligible for this service must be age eighteen (18) or older with SPMI, a mental illness that is so severe and chronic that it prevents or erodes development of functional capacities in primary aspects of daily life such as personal hygiene and self-care, decision-making, interpersonal relationships, social transactions, learning and recreational activities; or who is receiving Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) due to mental illness.

There must be documented evidence of the diagnosis and deficits by a licensed professional (i.e. clinical assessment, psychiatric evaluation, etc.).

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.

A LOCUS level of II or greater is required.

### **Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's plan or the member continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- Member has achieved initial instrumental activities of daily living goals and continued services are needed in order to achieve additional goals.
- Member is making satisfactory progress toward meeting instrumental activities of daily living
- Member is making some progress, but the specific interventions need to be modified so that greater gains, which are consistent with member's instrumental activities of daily living goals, are possible or can be achieved.
- Member is not making progress; the instrumental activities of daily living goals must be modified to identify interventions that are more effective.

### **Discharge Criteria**

Discharge should occur when the member's level of functioning has improved with respect to the instrumental activities of daily living goals outlined in the Plan and has developed skills to function independently or member has been connected to natural supports in the community or no longer benefits from this service, and ANY of the following apply:

- Member has achieved instrumental activities of daily living goals; discharge to a lower level of care is indicated.

- Member is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.
- Member requires a more intensive level of care
- Member is no longer able to live independently.

### **Expected Outcomes**

This service includes interventions that address the functional problems associated with complex or complicated conditions related to mental illness. These interventions are strength-based and focused on providing assistance with Instrumental Activities of Daily Living (IADL) including preparing meals, managing money, shopping for household necessities, using the telephone, housecleaning, laundry, transporting the member to access the community, medication management, supervision, and cuing. The goal is to provide coaching to the member in areas of need and fade this support over time.

### **Service Orders**

A service order for this service must be completed by a Master's level behavioral health professional licensed in the state of North Carolina with at least two years of post-Master's degree experience with the population served. 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.

### **Documentation Requirements**

Minimum standard is a daily full service note that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) and includes, but is not limited to, the following information:

- Member's name
- Service record number
- Medicaid identification number
- Full date of service
- Name of the service provided
- Type of contact (face to face, telephone call, collateral, etc.) Place of service
- Purpose of contact as it relates to the goal(s) on the PCP
- Description of the interventions, treatment, and/or support provided
- Time spent performing the service (i.e. duration) Effectiveness of the intervention and/or the individual's response/progress towards goal(s)
- Signature, credentials and/or job title of the staff providing the service

Refer to DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) for a complete listing of documentation requirements.

### **Service Exclusions/Limitations**

Individual Support 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

Individual Support may not be provided during the same authorization period as ACTT.

This service may not be provided in a private family home, licensed group home, an adult care home or hospital beyond the 90-day transition period.

(b)(3) services, with the exception of Psychiatric Consultation, are not available to participants of all state 1915(c) waivers.

(b)(3) services are only available up to the capitation amount provided to fund these services 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.