Alternative or "in Lieu of" Service Description Template

1. **Service Name and Description:** Case Support- Special Situations- I/DD Supported Employment Only

   Service Name: Case Support- Special Situations

   Procedure Code: YA405

   License: N/A

Description: The service includes activities with and/or on behalf of a member Intellectual/ Development disabilities (IDD) receiving Supported Employment Services.

Case Support interventions will include but are not limited to:

Case support activities are performed by an individual employed by a provider agency who is a Supported Employment Services In-Network Provider with Alliance. The service is for members having limited services due to extenuating circumstance such as a pandemic. The service is designed to meet some of the broad healthcare, educational, vocational, residential, financial, social and other non-treatment needs of the member, particularly since many recipients of Supported Employment do not receive additional treatment services. The service includes the arrangement, linkage or integration of multiple service and providers involved in the member's care via telephonic methods in addition to face to face and telehealth. This includes making referrals to other service providers as appropriate and following up to ensure services are initiated. This can also include provision of supportive contacts, skill reinforcement, skill development through telephonic or other technology means. These services may be needed when individuals are not able to attend to receive their typical site-based services, or face-to-face services when these services are not able to be provided due to the pandemic or other declared disaster, particularly in situations when the member does not have access to smart phones or internet service.

Interventions include strategies and actions for the purposes of coordinating treatment and assisting the member in connection to community supports and general support for employment services. These also may be needed when individuals are not able to attend their typical site based services, or when other enhanced services are not able to be provided due to extenuating circumstances, including lack of internet access and technology.

The following strategies and actions may occur in addition to the above treatment intervention. Note that this is not an all-inclusive list, but includes some typical activities.

1. Activate referrals and connections to other providers
2. Initiate bed finding/placement activities
3. Assist in connection to housing resources
4. Monitor member's safety, medical and psychiatric status (beyond time spent in the Supported Employment activities billed separately)
5. Provide food, hydration, and comfort items for those members where this is needed to stabilize or where assistance may be needed to access these needed elements
6. Provide community resource information
7. Assist in benefit coordination, inclusive of assisting member to complete paperwork to apply for needed benefits
8. Assist in applying for patient assistance programs for medication or
9. Assist in coordination with physical health providers including linkage and referral to these providers
10. Identify natural supports and creative ways to maintain support system during special circumstances, which result in isolation
11. Monitor as needed based on first evaluations where transfer to more intensive services is needed and is being coordinated
12. Provide additional coaching and support to family members that are caring for the member to assist them in being able to manage their needs

2. Information About Population to be Served:

Population	Age Ranges	Projected Numbers	Characteristics
Adults and Adolescents with I/DD receiving I/DD Supported Employment Services	16+	250	The member is eligible for this service when: A. the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a). AND B. Is a current recipient of Supported Employment AND C. Has limited telehealth capability.

3. Treatment Program Philosophy, Goals and Objectives:

The program is expected to help maintain members in the community and reduce the need for crisis intervention or higher level care, particularly when many Alliance members receive no other treatment services in addition to Supported Employment. The service is expected to be delivered in a flexible manner to be meet the identified needs of the members. Objectives for each member will be individualized but may include maintenance activities when they are not able to participate in their typical programs, in particular Supported Employment, provider linkage to appropriate services, providing supports to maintain in the community and prevent avoidable crisis events. While the objective is to connect the member to treatment services where this is necessary, in circumstances where those treatment services are not available due to the pandemic the goal is to provide individualized supports to the member to ensure behavioral stability and assess any social determinant of health needs and link members to supports that can help address these such as food, medication, technology for communication.

Expected Outcomes:

a. Decrease in the frequency/ need for crisis intervention (use of ED, Mobile Crisis, and Facility Based Crisis)
b. Connection to supports that are able to assist in meeting the identified needs which may be beyond the MH/IDD/SUD treatment system such as food, shelter, supplies
c. Maintenance of skills that have been developed through Supported Employment programs.
d. Connection to benefits such as Medicaid, Unemployment, or other necessary resources
e. Assist those in obtaining due benefits such as stimulus money
f. Maintain connections with previous employers to facilitate plans to go back to work when possible.

4. Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:

Training:

Staff will have the same training as the service this is being utilized in lieu of, I/DD and b 3 Supported Employment, allowing for any flexibility that is given for training modifications through Federal or State guidance resulting from the pandemic.

Supervision:

Supervision should be provided at the intensity required based on the level of staff providing the treatment and intervention, following the providers established policies for supervision of staff, and staff written supervision plans where these are required.

5. **Unit of Service:** 1 unit = 15 minutes

6. **Anticipated Units of Service per Person**, 4 units per month State Funded.

7. **Targeted Length of Service:** 3 to 6 months- this is an estimate based on current available information, but may require to be extended longer based on the disaster or pandemic and length of time before programs can resume normal service operations.

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.**

Alliance's members are in need services that can replace those face to face and telehealth services that are unable to be delivered due to special circumstances such as a pandemic and the lack of access to resources. This service was developed to be extremely flexible so that individualized support can be provided to members through a variety of methods including telephonic, to best support them. This is not designed to replace face to face clinical services that can continue to be provided via alternative means such as tele-health, but to provide an additional layer of support to members receiving those services, particularly when it may be difficult for members to be able to be active in the community and may need to be homebound do to the special circumstances being experienced. By allowing this flexibility, SE providers will be able to more broadly support recipients, particularly assisting in connecting internet and telehealth equipment and resources.

These services will be utilized to ensure members still are connected to care and to allow providers flexibility and creativity when they cannot delivery their typical office/facility based services or face to face services in the community or via telehealth methods. Without some additional telephonic supports in places for these members it is anticipated that more ED or crisis episode will occur. Especially during a pandemic or other special circumstances it is important to minimize unavoidable crisis events as much as possible.

Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.):

Providers will submit 1 unit per 15-minute unit, under the code of T1016-CR. Post-services reviews will be connected as necessary, and frequency of utilization monitoring to identify any patterns of over utilization.

Providers will maintain a minimum standard of a service note/service grid for IDD for each contact, service event, or intervention.

Description of Monitoring Activities:

The LME/MCO will review claims monthly to monitor patterns and trends in utilization of this service.

The LME/MCO will monitor service utilization through prior authorizations, utilization management, and utilization reviews.

Documentation Requirements

A full service note/service grid for IDD providers, for each contact or intervention (such as individual session, case management, crisis response) for each date of service, written and signed by the person(s) who provided the service will contain the following information: recipients name, service record number, Medicaid identification number if applicable, service provided, date of service, place of service, type of contact (face to face, telephone call, collateral), purpose of contact, providers interventions, time spent providing interventions, description of effectiveness of intervention, and signature and credentials of the staff member(s) providing the service.

Beginning at the time of admission, all interventions/activities regarding discharge planning and transition with member, family/caregiver, and team will be documented.

A documented discharge plan shall be discussed with the individual and included in the service record.

Records should support the intensity of the contacts needed, and the appropriateness of treatment delivery method. Ex. If all contact is done via phone, are there limitations to telehealth service provision, etc.