



**Information Summary
FY21 SCOPE OF WORK**

Name of Program/Services:

Enhanced Day Supports Individual

Description of Services:

Enhanced Individual Day Supports will adhere to all state and federal guidelines outlined in Clinical Coverage Policy 8P (Day Supports Individual), the Innovations Waiver and all other governing rules pertaining to the Day Supports service. Enhanced Day Supports Individual will be available to meet specific and well documented needs of the person. These circumstances may include the provision of individual supports due to behavioral or psychiatric destabilization, medical concerns/necessity, or other infrequent and exceptional circumstances. Individual Day Supports related to medical / behavioral / physical support needs shall require supporting medical or behavioral records and accompanying documentation in the ISP supporting the need for individual services as the most appropriate option. Enhanced Day Supports programs may be provided in home or community based settings. Enhanced Day Supports Individual programs will address either complex behavioral support needs or complex medical support needs or both.

Target Population and Eligibility Criteria:

Members meet criteria for the Enhanced Day Supports Program when their needs have been assessed and determined to require interventions by enhanced credentialed staff beyond staffing required in Clinical Coverage 8P. Program criteria may be met for Medically Complex Needs, Complex Behavioral Health support needs or both.

Documentation Requirements:

The minimum service documentation requirements for services provided through the NC Innovations Waiver are contained within Clinical Coverage Policy 8P.

The Individual Service Plan will be updated to clearly document the need for enhanced service beyond the standard service definition. This documentation will be person-centered, specific to the individual, and confirm any additional level of supports.

Utilization Management:

Program Eligibility Entrance Criteria for Medically Complex Needs:



(1) RN/LPN for daily exceptional medical needs support (physical health home involved in the need for exceptional medical support and oversight) and care tasks that (a) cannot be delegated or (b) can be delegated to a Paraprofessional with training and supervision by an RN. <http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0221.pdf>

AND

(2) An Initial Assessment is required prior to admission and every 6 months and service order from a qualified healthcare professional ordering RN/LPN daily tasks which cannot be delegated to include recommended duration and frequency medically necessary to complete the non-delegated tasks. An update to the exceptional medical support needs plan will be assessed and revised as medically indicated no less than every 6 months. The assessment will include the delegated and non-delegated tasks.

The Exceptional Medical Needs Support Plan includes defined step down targets to return to a non-Enhanced program level of care from admission and included as part of the member's ISP.

AND

(3) A score of 7 or above on the Supports Intensity Scale (SIS) representing severe medical risk.

AND

(4) Current supports are unable to provide the necessary medical intervention.

AND

(5) There are no other available/effective service that would be equally or more effective.

Complex medical needs may be short-term or require long-term support. The assessment shall include a recommendation of the expected frequency and duration of RN/LPN care tasks required to meet the medically complex needs of the individual. All staff working directly or indirectly with the member must have documented training of the medical support plan initially and with each revision.

Program Continued Stay Criteria for Medically Complex Needs:

(1) The member's complex medical needs have not improved or worsened and continue to require RN/LPN daily tasks which cannot be delegated.

AND

(2) Criteria for program entrance 1-5 continue to be met.

Program Eligibility Entrance Criteria for Complex Behavioral Health Support Needs:



Enhanced behavioral health support needs for members with co-occurring ID/MHSUD/TBI presentation requiring the intervention of direct support professional (DSP). DSP staff qualifications must, at minimum, meet AP/QP (associate or qualified professional) with experience supporting members with co-occurring treatment needs or is a DSP with documented training in behavioral interventions outlined in the Behavior Support Plan (BSP)

1. Member has been assessed and determined to require the support of qualified DSP staff due to meeting at least one criteria below:

(d) More than 2 critical incidents have been documented in the last 3 consecutive months. Critical incidents is defined as urgent care needs requiring the treatment team implement the member's crisis plan. Crisis services include Emergency Department, Mobile Crisis, On Call Crisis Staff, Crisis Respite, psychiatric hospitalization, etc.)

(e) Member is transitioning from Institution to family/own home and will only be living with family for limited time period and has a history of receiving behavioral health support needs while in the institutional setting.

(f) Frequently recurrent hospitalizations within the past year related to behavioral support need stabilization.

AND

2. Specialized Consultative services developed a Behavioral Support Plan due to the need for daily intervention by a qualified DSP or Behavioral Health licensed staff.

AND

3. Member's needs have been assessed and determined that Outpatient Therapy is insufficient to meet the complex behavioral health needs or specialized outpatient therapy does not exist in the network.

AND

4. A score of 11 or above on the Supports Intensity Scale (SIS) representing severe behavioral risk.

Program Continued Stay for complex Behavioral Support Needs:

The criteria for continued stay in the Enhanced Day Supports Program must meet the following:

4. Any one of the following criteria:

c. The desired outcome of level of functioning has not been restored, improved, or sustained over the timeframe outlined in the member's behavioral support plan.

d. The member continues to be at high risk of interventions requiring frequent use of the crisis services, hospitalization or at risk for entry into an institutional level of care.

AND

5. Any one of the following:



c. Member is making satisfactory progress towards meeting goals and there is documentation to support continuation of direct support by the DSP is required to continue or sustain progress towards goals.

OR

d. Member is not making satisfactory progress towards meeting their goals and modifications to the behavioral support plan have been made for more effective interventions.

AND

6. Step down to lower levels of care has been assessed and determined to be insufficient to meet the complex behavioral health needs of the member.

Programs servicing members with Behavioral Health support needs have licensed behavioral health professionals on staff or have an agreement with licensed behavioral professional's behavioral health professionals on staff who train and monitor DSP work and provide at least weekly contact with team members to ensure maximum gains are being met with enhanced program. Training on the Behavioral Support Plan is required for all DSP involved in the member's care while in the Enhanced program. The Behavioral support Plan includes defined step down targets to return to a non-Enhanced program level of care from admission and included as part of the member's ISP.

Members enrolled in an enhanced program for complex behavioral health will have access to the following programmatic resources and supports:

1. Access to qualified staff (beyond the Individual hours authorized) at a minimum of 50% of the time to support behavioral interventions clearly outlined in the member's individualized behavioral plan. If additional support over 50% is outlined in the Behavior Plan staffing should adjust to meet the individual needs of the member.

2. Specialized Consultative Services to support the behavioral plan and interventions necessary to support the member in the Day Support Environment and inclusion into activities. Documentation of informed refusal will be necessary if Specialized Consultative Services is not concurrently authorized.

3. Behavioral Plan that is reviewed at a minimum quarterly and more often if found to that the intervention are not effective to support the member for inclusion in the Day Support Environment. This should include the psychologist overseeing the behavior plan and direct staff supporting the member while participating the program.

Review of the use of enhanced programs for periodic services should occur at least bi-annually and include review of supporting clinical documentation as part of the review to show need for continued stay or consideration of alternate levels of care. Step down from established medically complex enhanced programs, should include engagement with Care Coordination and documentation of a completed non-urgent case escalation with Alliance Medical Management.



Finance:

The hourly Medicaid rate is \$27.31 using code:
T2021 22 ZI

The enhanced rate for this service will remain through the end of the authorization period.

FINAL Implementation Date December 1, 2020