

**Respite  
Children (MH/DD/SA)  
and  
Adults with Developmental Disabilities**

04-01-07

**CODES:**

H0045 = Individual Respite

H0045 HQ = Group Respite

Respite services provide periodic support and relief to the primary caregivers from the responsibility and stress of caring for children {ages three (3) to twenty-one (21)} with mental health, developmental disabilities and substance abuse, and for adults with developmental disabilities. Persons receiving this service must live in a non-licensed setting, with non-paid caregiver(s). This service enables the primary caregiver(s) to meet or participate in scheduled and unscheduled events and to have time away from the child with MH/DD/SAS diagnosis or adults with developmental disabilities. Respite may include in and out-of-home services, activities in a variety of community locations, and may include overnight services. Respite services may be provided according to a variety of models. These may include weekend care, emergency care (family emergency based, not to include crisis respite), or continuous care up to ten (10) days. The respite provider addresses the health, nutrition and daily living needs of the MH/DD/SA child or adult with developmental disabilities. The individual does not need care that requires nursing oversight as defined by the NC Board of Nursing.

The primary caregiver is defined as the person principally responsible for the care and supervision of the MH/DD/SA child or adult with developmental disability and must maintain his/her primary residence at the same address as the child or adult.

**Provider Requirements**

Planned Respite services must be delivered by staff employed by a mental health/substance abuse/developmental disability provider organization that meets the provider qualification policies, procedures, and standards established by 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 PBH. 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.

Private home respite services serving individuals outside their private home are subject to licensure under G.S. 122C Article 2 when:

- More than two individuals are served concurrently, or
- Either one or two children, two adults or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

**Staffing Requirements**

All Associate Professionals (AP) and Paraprofessional level persons who meet the requirements specified for Associated Professional and Paraprofessional status according to 10

NCAC 27G 0104 may provide Planned Respite.

All Associate Professions (AP) and Paraprofessional level staff must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements set forth in 10A NCAC 27G .0204

All Staff providing Respite services to children and/or adults must complete training specific to the required components of the respite definition within ninety (90) days of employment. The competency based training should include but not limited to the following:

- Diagnosis and clinical issues regarding the population served
- Client Rights
- Confidentiality/HIPPA
- Crisis Intervention and Response
- Infectious/Communicable Diseases
- CPR/ First Aid/Seizure Management
- Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual and as appropriate for the individual
- Protective Devices/Usage as appropriate for the individual
- Cultural Diversity/Awareness
- Child Development
- Knowledge of the Service Delivery System
- Medication Administration as appropriate for the individual
- Person Centered Planning including goals and strategies

### **Service Type/Setting**

This is a periodic service

This service may be provided in a variety of locations, including homes or facilities (to be checked by QM), according to licensure requirements noted under Provider Requirements above.

### **Program Requirements**

Respite Services are delivered face-to-face with the MH/DD/SA child or adult with developmental disabilities.

The provider will ensure that the health, nutrition, supervision, and daily living needs of the MH/DD/SA child or DD adult are met during the respite event. The provider will seek and utilize caregiver input and instructions in the appropriate care and supervision of the person served. Respite care for MH/SA children is to be provided within the context of a System of Care framework. System of Care Values and Philosophies are to be utilized and are designed to support the MH/SA child remaining within the home and community.

### **Utilization Management**

Prior authorization is required for this service. The amount, duration, and frequency of the service must be included with the individuals Person Centered Plan or Service Plan. Respite services are authorized only to the extent that there are not other natural resources and supports available to the primary caregiver to provide the necessary relief or substitute care. Respite is not authorized when other members of the household can meet the care needs of the

individual in order to provide relief to the primary caregiver or caregivers.

This service may be provided in a group setting. Minimum Staff-to-Client ratio in a group setting will be 1-to-8.

The initial authorization for services shall not exceed 180 days. A maximum of sixty-four (64) units (sixteen (16) hours a day) can be provide in a twenty-four (24) hour period. No more than 1536 Units (384 Hours or 24 days) can be provided to an individual in a calendar year unless specific authorization for exceeding this limit is approved.

### **Entrance Criteria**

The MH/DD/SA child or adult with developmental disabilities is eligible for this service when the person requires continuous supervision due to at least one identified disabilities as defined below:

A. The person meets the functional eligibility criteria for the Piedmont Innovations waiver but is not enrolled

OR

B. CALOCUS level III or greater

OR

C. ASAM criteria of II.1 or greater

AND

D. There is an Axis I or II diagnosis present

Or

E. a current diagnosis of a developmental disability and for adults with developmental disabilities have a score of 102 or below on the Supports Intensity Scale

### **Continued Stay Criteria**

- The primary caregiver continues to need temporary relief from care giving responsibilities of the child with mental health, substance abuse or developmental disabilities
- The adult with developmental disabilities has limitations in adaptive skills that require supervision in the absence of the primary caregiver
- For all of the above there are not other natural resources and supports available to the primary caregiver to provide the necessary relief or substitute care.

### **Discharge Criteria**

Respite is no longer identified within the Person Centered Plan or Service Plan; sufficient natural family supports have been identified to meet the need of the caregiver.

The child or adult moves to a residential setting that has paid caregivers.

### **Expected Outcomes**

Maintenance of MH/SA/DD child or adult with a Developmental Disability within the residence of the primary caregiver.

### **Documentation Requirements**

Minimum standard is a daily service note that meets the criteria specified in the Service Records manual and includes the name, Medicaid identification number, date of service, purpose of contact, describes the respite services activities includes the time spent performing respite service and includes the signature and credentials of the respite provider.

### **Service Exclusions/Limitations**

Respite shall not be provided or billed during the same authorization period as the following services:

- Residential Level II-Family Type,
- Level II-IV Child Residential,
- PRTF,
- ICF-MR,
- Residential services (state funded).

Individuals who are currently funded through the Innovations waiver are not eligible for B-3 funded services.

Respite may not be provided at the same time of day as the following services:

- Day Treatment,
- Community Support – Child/Adolescent,
- Multi-Systemic Treatment, and
- Intensive In Home Services.

An individual can receive planned Respite services from only one (1) respite provider at a time.

Respite services shall only be provided for the identified MH/DD/SA child or adult with developmental disabilities; other family members, such as siblings of the individual, may not receive care from the provider while Respite Care is being provided/billed for the identified recipient.

Respite Care shall not provided by any individual who resides in the child's or adult's primary place of residence

Note: for recipients under the age of twenty one (21), additional products, services, or procedures may be requested even if they do not appear in the North Carolina State Plan or when coverage is limited to those over twenty-one (21) years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

**Crisis Respite  
Children/Adolescents (MH/SA)  
Medicaid Billable Service**

04-01-07

CODE:

H0018 = Crisis Respite

This service provides an alternative to residential treatment and hospitalization for children ages three (3) to twenty-one (21) that has a mental illness or substance abuse disorder and live with their families, guardians or foster parents. This is a twenty-four (24) hour service that will allow the child to remain in the community during the crisis episode. This service offers therapeutically supportive interventions designed to support the child and alleviate an acute or crisis situation. The supportive interventions assist the child and family with improving their coping abilities, skills, and functioning to prevent further escalation of the problem that could result in placement in a PRTF or psychiatric hospitalization. This service is a voluntary service.

For children with mental health or substance abuse diagnoses, Crisis Respite is to be provided within the context of a System of Care framework. System of Care Values and Philosophies are to be utilized and are designed to support the child remaining within the home and community.

**Provider Requirements**

Crisis Respite Services must be delivered by staff employed by a Mental Health/Substance Abuse provider organization that meets 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 PBH. 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.

Crisis Respite Providers shall meet requirements set forth within the Residential Treatment Level II- Family Type licensure requirements. Crisis Respite facilities must be licensed under the Division of Social Services 131-D family setting homes.

**Staffing Requirements**

The service model at a minimum will include a therapeutic parent that Meet the requirements specified for Qualified Professional (QP) or Associate Professionals (AP) status according to 10A NCAC 27G.0104 and who have the knowledge, skills, and abilities required by the population and age to be served may provide Crisis Respite. The staffing model will also pair each therapeutic parent with a licensed master's level QP who will be available to provide (24) twenty-four hour coverage, (7) seven days per week. This person's role may also include assessment and evaluation, individual and family therapy, crisis stabilization and case coordination across levels of care.

All Associate Professionals (AP) and Paraprofessional level persons who meet the

requirements specified for Associated Professional and Paraprofessional status according to 10 NCAC 27G 0104 and whom have the knowledge, skills, and abilities required by the population and age to be served may provide Crisis Respite.

A Qualified Professional must supervise all Associate Professionals (AP) and Paraprofessional level staff. Supervision must be provided according to supervision requirements set forth in 10A NCAC 27G .0204

All Staff providing Crisis Respite services to children must complete the below training within ninety (90) ninety days of employment. The competency based training should include but not limited to the following:

- Diagnosis and clinical issues regarding the population served
- Client Rights
- Confidentiality/HIPPA
- Crisis Intervention and Response
- Infectious/Communicable Diseases
- CPR/First Aid/Seizure Management
- Person Centered Planning to include goals/strategies
- Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual as appropriate for the individual
- Protective Devices/Usage as appropriate for the individual
- Cultural Diversity/Awareness
- Child Development
- Family Advocacy Skills
- Motivational Interviewing as well as other cognitive behavioral techniques and interventions identified as best practice in crisis services
- Knowledge of the Service Delivery System
- Medication Administration as appropriate for the individual

### **Service Type/Setting**

Crisis respite is a twenty-four (24) hour service.

This service must be provided in a licensed home according to licensure requirements noted under Provider Requirements.

### **Program Requirements**

Program services are delivered face-to-face with the child and within a Therapeutic Foster Home.

Initial admissions to Crisis Respite shall be limited to a maximum of seventy-two (72) hour period.

There must be a face-to-face assessment of the child within (24) twenty-four hours of placement by a licensed professional, unless the placement is part of an approved Crisis Plan.

The Provider must have the capacity to admit children into Crisis Respite Services on a twenty-four (24) hour per day, seven (7) day a week basis.

Crisis Respite is a Voluntary Service.

Providers shall have therapeutic foster homes available that operate utilizing a “No Decline”, capability.

All Crisis Respite placements shall have single room occupancy.

Providers must ensure access to Licensed Professionals in order to establish a clinical milieu in the licensed respite facility, to provide assistance in addressing the needs of children experiencing psychiatric distress, and to provide consultation to staff providing crisis respite services. Licensed Professionals must be available (24) twenty-four hours a day, (7) seven days a week as needed to provide necessary clinical support.

Planning for discharge must begin at admission.

### **Utilization Management**

Prior authorization by PBH Utilization Management is required for this service. The amount, duration, and frequency of the service must be included in the individual's Person Centered Plan or Service Plan within forty-eight (48) hours of admission to service. The Plan must also address how natural resources and supports will meet this need in the future.

The initial authorization for services shall not exceed seventy-two (72) hours.

Utilization review by PBH must be conducted after the first (72) seventy-two hours and is so documented within the service record. Crisis Respite is a short-term service that cannot be provided for more than thirty (30) days in a twelve (12) month period. The maximum length of stay is (10) ten days.

**This is a voluntary service and therefore the legal guardian must sign the child into services. If the child is ages thirteen (13) or older, the child must also consent to the crisis respite placement.**

### **Entrance Criteria**

The child is eligible for this service when:

- A. CALOCUS level III or greater or ASAM criteria level II.1 or greater; and
- B. There is an Axis I or II diagnosis present, other than sole diagnosis of Developmental Disability; and
- C. The child is at imminent risk for PRTF/psychiatric hospitalization if not in receipt of Crisis Respite services and/or
- D. Child shall be able to safely stay in an unlocked, community based placement and/or
- E. Child shall be willing to contract for safety. Safety checks are allowable within the program to assure safety.

### **Continued Stay Criteria**

The child continues to meet entrance criteria as listed above and continued stay is reflected in

the Service Plan/Discharge Plan.

### **Discharge Criteria**

The child has been stabilized.

Child and Family Team has met and the Person Centered Plan or Service Plan and Crisis Plan have been developed and/or revised to include increased support services, newly revised interventions, revised crisis support services, and/or other changes as warranted.

### **Expected Outcomes**

Child has been stabilized and level of functioning restored.

Diversion from more restrictive placement such as PRTF or psychiatric hospitalization when clinically appropriate.

Intervention strategies, supports and a crisis plan have been developed that will assist in maintaining the child within the residence of primary caregiver.

### **Documentation Requirements**

Minimum standard is a daily full service note that includes the individual's name, Medicaid identification number, and date of service, purpose of the contact, duration of the service, task addressed, support provided, and effectiveness of the intervention, provider signature and credentials of the staff person.

### **Service Exclusions/Limitations**

- Crisis Respite shall not be provided or billed on the same day as the following services:
  1. Residential Level II-Family Type,
  2. Level II-IV Child Residential,
  3. PRTF,
  4. Psychiatric inpatient facility
- A child can receive Crisis Respite services from only one (1) respite provider at a time.
- The child is unmanageable in any setting less restrictive than a locked in-patient facility; this includes children that pose a sufficiently high risk of physical or sexual violence, significant risk of elopement; current risk for arson and or major property damage.
- Children age thirteen (13) or older who will not voluntarily agree with placement.
- The child more appropriately belongs in another setting (Natural home environment, foster home, detention, or other juvenile facility).
- Crisis Respite services shall only be provided for the identified child; other family

members, such as siblings may not be served.

- Children receiving this service cannot be enrolled in the Piedmont Innovations waiver.

Note: for recipients under the age of twenty one (21), additional products, services, or procedures may be requested even if they do not appear in the North Carolina State Plan or when coverage is limited to those over twenty-one (21) years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

**Supported Employment  
Adolescents and Adults (MH/SA/DD)**

04-01-07

**CODES:**

H2023 = Initial Individual Supported Employment

H2023 HQ = Initial Group Supported Employment

H2026 = Maintenance Individual Supported Employment

H2026 HQ = Maintenance Group Supported Employment

Supported Employment provides assistance with choosing, acquiring, and maintaining a job for individuals (ages (16) sixteen and over), with mental health, developmental disabilities or substance abuse diagnosis for whom competitive employment has not been achieved and/or has been interrupted or intermittent as a result of severe disability.

Documentation will be maintained in the medical record of each individual receiving this service, that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

Supported Employment services include:

- Pre-job training and development activities to prepare an individual to engage in meaningful work-related activities in the community which may include career/educational counseling, job shadowing, assistance in the use of educational resources, training in resume preparation, job interview skills, study skills, assistance in learning skills necessary for job retention, employment in a group such as an enclave or a mobile crew;
- Assisting an individual to develop and operate a micro-enterprise;  
This assistance will consist of:
  - (a) Aiding the individual to identify potential business opportunities;
  - (b) Assistance in the development of a business plan, including potential sources of business financing and other assistance in developing and launching a business;
  - (c) Identification of the supports that are necessary in order for the individual to operate the business; and
  - (d) Ongoing assistance, counseling and guidance once the business has been launched;
- Coaching and employment support activities that enable an individual to complete job training or maintain employment, such as monitoring supervision, assistance in learning job tasks, work adjustment training, and counseling;
- Transportation to and from work or between activities related to employment. Other forms of transportation must be attempted first;
- Employer consultation with the objective of identifying work related needs of the individual and pro-actively engaging in supportive activities to address the problem or need.

**Provider Requirements**

Supported Employment services must be delivered by staff employed by a Mental Health/Developmental Disabilities/Substance Abuse provider organization that meets 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 as well as agencies endorsed to provide Supported Employment services through the Innovations waiver. 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 PBH and demonstrate competency through experience with employment supports, including programs such as PASS, IRWE and/or Ticket to Work. 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.

### **Staffing Requirements**

Staff that provide Supported Employment services will have a Bachelors Degree in a human services field; or a high school diploma with (5) five years of experience in the general workforce, two of which are working directly with individuals that have behavioral health or developmental disabilities. A Qualified Professional will supervise all staff.

All Staff providing Supported Employment services must complete the below training within ninety (90) ninety days of employment. The competency based training should include but not limited to the following:

- Diagnosis and clinical issues regarding the population served
- Client Rights
- Confidentiality/HIPPA
- Crisis Intervention and Response
- Infectious/Communicable Diseases
- CPR/ First Aid/Seizure Management
- Person Centered Planning to include goals/strategies
- Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual as appropriate for the individual
- Protective Devices/Usage as appropriate for the individual
- Cultural Diversity/Awareness
- Knowledge of the Service Delivery System
- Medication Administration as appropriate for the individual
- Vocational Skills and Training to include successful interviewing strategies and relevant employment laws such as wage and hour laws

### **Service Type/Setting**

Supported Employment is a day/night service as specified under NC Administrative Code T10:14V .5800. The service may be provided at any location with the exception of the licensed residential facility in which the individual lives, or a licensed vocational facility for people with disabilities.

### **Program Requirements**

1. Providers are encouraged to use Best Practice Models to achieve Supported Employment success.
2. Supported Employment services must be available in a variety of locations and employment settings. All services should be provided in locations agreeable to the individual employed. Access to staff to provide Supported Employment should be

available at all times when individuals are on the job.

3. Staff that provide Supported Employment will canvas the community seeking and/or creating the appropriate job opportunity for each unique individual.

#### **Specific activities**

At minimum, the following Supported Employment activities are to be available:

1. Screening for Job Readiness;
2. Vocational Assessment;
3. Development of an Individual Plan of Employment (IPE);
4. Preparation of individual(s) for job placement;
5. Implementation of job development activities;
6. Benefit Counseling including establishing PASS plans and other plans to assist the individual with benefits management while employed;
7. Placement of individual(s) in jobs and specific skill training;
8. Long term supports: including clarification of career and educational goals, career progression or improvements in type of employment, securing job accommodations, skill building for coping with job problems, and assistance with benefits;

#### **Utilization Management**

Prior-authorization by PBH is required. The amount, duration, and frequency of service must be included in an individual's Person Centered Plan/Service Plan, and authorized on or before the day services are to be provided. Initial authorization for services may not exceed ninety day (90) ninety day period. Re-authorization must be conducted every ninety (90) ninety days.

Initial job development, training and support: A maximum of (86) eighty hours (344 units) per month for the first (90) ninety days;

Intermediate training and support: a maximum of (43) forty-three hours (172 units) per month for the second 90 days;

Long Term support: a maximum of (10) ten hours (40 units) per month.

This service may be provided in a group setting. The minimum number to constitute a group is (3) three and the minimum Staff-to-Client ratio is (1-to-9) one to nine.

#### **Entrance Criteria**

The individual is age (16) sixteen and older, who is not otherwise eligible for service under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142. and who:

1. Meets the functional eligibility requirements for the Piedmont Innovations 1915(c) waiver program but are not enrolled.

**OR**

2. Meets (1)one of the following:

(a). There is an Axis I or II diagnosis present and the individual meets Level of Care Criteria, LOCUS Level II or ASAM III;

(b). The individual has a developmental disability as defined in GS 122C-3 (12a) and has significant deficits in one or more functional life areas and there is a score of

(102) one hundred and two or below on the Supports Intensity Scale  
 Additionally:  
 A. The individual expresses the desire to work;  
 B. Individual has an established pattern of unemployment or sporadic employment and;  
 C. Individual requires assistance to obtain employment and/or requires assistance in addition to what is typically available from the employer to maintain competitive employment because of functional limitations and behaviors associated with the individual's diagnosis.

**Continued Stay Criteria**

The individual continues to meet the entrance criteria listed above and requires this service to maintain employment within the community.

The individual has obtained employment and needs additional support in skill building, developing work habits and/or improving social workplace skills.

The individual needs support or training in order to change jobs or increase hours of employment.

The individual needs support in managing benefits such as Social Security, Ticket to Work, etc.

**Discharge Criteria**

The individual can maintain employment without assistance.

The individual has not developed a micro-enterprise, secured a job or maintained a job, despite efforts to provide Supported Employment training and support.

The individual expresses decision not to work.

**Expected Outcomes**

The individual will have increased ability to function in all major role areas related to employment without ongoing assistance from the program and without significant relapse when services are withdrawn. Gainful employment has been correlated with improved levels of functioning including ability to meet basic needs such as food, clothing, and housing. Stability in work, home and social roles has been associated with recovery.

**Documentation Requirements**

Documentation in the client record as required in the Service Records Manual. Minimum standard is a daily full service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of the intervention, the signature, credentials and job title of the staff providing the service.

**Service Exclusions/Limitations**

Supported Employment will not be claimed in incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a Supported Employment program;
2. Payments that are passed through to users of Supported Employment programs; or
3. Payments for vocational training that are not directly related to an individual's Supported Employment program.

This service may not be provided to individuals who are actively funded by Vocational Rehabilitation to meet their Support Employment needs under the Rehabilitation Act of 1973, or P.L. 94-142.

This service may be provided and billed on the same day as the following services, but not at the same time: targeted case management, the case management component of Community Support, Day Treatment, Individual Support Services, Peer Support;

Psychosocial Clubhouse Services may be provided on the same day as Supported Employment for up to (60) sixty days following the initiation of the Supported Employment service.

Supported Employment may not be provided during the same Authorization period as ACTT, Community Support Team, SAIOP, SAC, ICF-MR

Individuals who are currently funded through the Innovations waiver are not eligible for B-3 funded services.

Children (ages (16) sixteen or older but under age (21) twenty one) who are residing in a Medicaid funded group residential treatment facility are not eligible for this service.

**Note:** For recipients under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary

**Peer Support Services**  
**(Adults with MH/SA)**  
Medicaid Billable

04-01-07

CODE:

H0038 – Peer Support Individual

Peer Support Services are structured and scheduled activities for adults age eighteen (18) and older with a MH/SA disability. Peer Supports are provided by Peer Support staff. Peer Support Service is an individualized, recovery-focused service that allows individuals the opportunity to learn to manage their own recovery and advocacy process. Interventions of Peer Support staff serve to enhance the development of natural supports, as well as coping and self management skills. Interventions of Peer Support staff may also provide supportive services to assist an individual in community re-entry following hospitalization.

Peer Support Services emphasize personal safety, self worth, confidence, and growth, connection to the community, boundary setting, planning, self advocacy, personal fulfillment, and development of social supports, the helper principle, and effective communication skills. Services emphasize the acquisition, development, and expansion of rehabilitative skills needed to move forward in recovery.

Examples of specific interventions include:

- Self Help: Cultivating the individual’s ability to make informed, independent choices. Helping the individual develop a network of contacts for information and support based on experience of the Peer Support staff.
- System Advocacy: Assisting the individual to talk about what it means to have a mental illness to an audience or group. Assisting the individual with writing a letter or making a telephone call about an issue related to mental illness or recovery.
- Individual Advocacy: Discussing concerns about medication or diagnosis with the Physician or Nurse at the individual’s request based on experience of the Peer Support staff. Helping the individual make appointments for psychiatric and general medical treatment when requested. Guiding the individual toward a proactive role in health care.
- Pre-Crisis and Post Crisis Support: Assisting the individual with the development of a personal crisis plan, and/or a Psychiatric Advance Directive (PAD). This includes help in developing the Wellness Recovery Action Plan (WRAP). Giving feedback to the individual on early signs of relapse and how to request help to prevent a crisis. Assisting the individual in learning how to use the crisis plan. Supporting the individual in seeking less restrictive alternatives to locked hospital facilities and Emergency Department evaluations.
- Housing: Assisting the individual with learning how to maintain stable housing through bill paying, cleaning, and organizing his or her belongings. Assisting the individual in locating improved housing situations. Teaching the individual to

identify and prepare healthy foods according to cultural and personal preferences of the individual and his/her medical needs.

- Education/Employment: Assisting the individual in gaining information about going back to school or job training. Facilitating the process of asking an employer for reasonable accommodation for psychiatric disability (mental health day, flex time, etc).
- Meals and Social Activities: To build peer relationships where eating is not the core activity offered. The focus of the meal in a social setting is skill maintenance and enhancement.

### **Provider Requirements**

Peer Support Staff must be employed by a mental health/substance abuse provider organization that meets 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 PBH. 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.

### **Staffing Requirements**

Peer Support must be delivered by individuals who have the life experience of being diagnosed with a serious mental illness or substance addiction problem, but who are currently in recovery, are stable and living without relapses.

North Carolina Certified Peer Support Specialists and Paraprofessionals who:

- (1) Self identify as an individual with life experience of being diagnosed with a serious mental illness or substance abuse addiction which meets Federal Definitions, and
- (2) Has demonstrated at least one (1) full year in his/her own life without crisis, relapse, or psychiatric inpatient treatment, substance abuse inpatient treatment, or criminal justice involvement, and
- (3) Are currently in recovery and are stable, and
- (4) Have a high school diploma or GED equivalency, and
- (5) Are supervised by a Qualified Professional (QP), and
- (6) Are not a family member of the individual who receives Peer Support services
- (7) Paraprofessionals must meet requirements in 10 NCAC 27G 0104

All individuals providing Peer Support Services must complete the below training within ninety (90) days of employment. The competency based training should include but not limited to the following:

- Principles of Recovery, Resiliency and Empowerment
- Wellness (Illness) Management and Recovery
- Self Advocacy
- Coping skills; organization tools; creating structure
- Listening and responding Skills
- Ethics of providing service in dual relationships

- Knowing your limits
- Diagnosis and clinical issues regarding the population served
- Client Rights
- Confidentiality/HIPPA
- Crisis Intervention and Response
- Infectious/Communicable Diseases
- CPR/First Aid/Seizure Management
- Person Centered Planning to include goals/strategies
- Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual as appropriate for the individual
- Protective Devices/Usage as appropriate for the individual
- Cultural Diversity/Awareness
- Knowledge of the Service Delivery System
- Medication Administration as appropriate for the individual

### **Service Type/Setting**

Services may be provided in any location with the exception of the Peer Support staff person's place of residence. 80% of contacts must be face to face with the consumer. Travel time may be billed when the individual is with the Peer Support staff and the purpose of the travel is to access an activity related to this service; billable activities also include telephone time with the individual and collateral contact with persons who assist the individual in meeting his/her rehabilitation goals.

### **Program Requirements**

Peer Support staff group may not exceed 1:9. The QP supervising Peer Support staff may not exceed 1:6 full time equivalents QP to Peer Support staff ratio. Units are billed in fifteen (15) minute increments.

Peer Support staff can bill for time developing Psychiatric Advanced Directives as well as Wellness Recovery Action Plans and pre and/or post-crisis plans.

### **Utilization Management**

The need for the service must be reflected in the Person Centered Plan or Service Plan.

The service must be pre-authorized. Initial authorization for Individual and/or Group services will not exceed ninety (90) days; subsequent authorization may be provided for up to one hundred and eighty (180) days. Authorizations will be made as follows:

- Initial Authorization: First ninety (90) days (or when an individual is experiencing a period of instability): No more than fifteen (15) hours per week of Individual and/or Group.
- Step down to Sustaining Support: After first ninety (90) days and up to subsequent ninety (90) days no more than ten (10) hours per week of Individual and/or Group except when necessary to address short-term problems/issues
- Intermittent Support: After one hundred and eighty (180) days, no more than five (5) hours per week of Individual and/or Group service.

A maximum of sixteen (16) units of Individual and/or Group Peer Support services can

be provided in a twenty-four (24) hour period by any one Peer Support staff. No more than sixty (60) units per week of services can be provided to an individual. If medical necessity dictates the need for more service hours, consideration should be given to interventions with a more intense clinical component; additional units may be authorized as clinically appropriate.

### **Entrance Criteria**

The recipient is eligible for this service when:

- An adult age eighteen (18) and older with identified needs in life skills;  
And
- There is an Axis I or Axis II diagnosis within the Severe and Persistent Mental Illness (SPMI) or Substance Abuse dependence range;  
And
- Meet LOCUS Level 1 “Recovery Maintenance and Health Management” or greater on the LOCUS or ASAM Level I.

The recipient is experiencing difficulties in at least one of the following areas, or lacks useful life experience, in one of the following areas:

- Is receiving or has recently received crisis intervention services
- Is experiencing functional problems in the residence, community, church, school, job, or volunteer activity.
- Is missing appointments or being late
- Is in active recovery from substance abuse/dependency and is in need of mutual support from a peer for relapse prevention support
- Is experiencing money management problems
- Needs to develop self advocacy skills in order to decrease dependency on the mental health system of care
- Needs peer modeling in order to take increased responsibility for his/her own recovery from dependency on substances
- Needs Peer Supports in order to maintain a routine of daily living skills.

The individual recipient must be able to be receptive to services in an unstructured environment without professional presence.

### **Continued Stay Criteria**

After a maximum of seven hundred and seventy-four (774) hours or three thousand and ninety six (3096) units of service the individual may have further units authorized if the individual continues to meet admission criteria and treatment goals have not yet been reached. The individual may choose not to participate in any other treatment/support option. The service received by the individual should be reviewed for effectiveness every six months. The Peer Support Service must be included in the individual’s Service Plan. The Service Plan must be developed as part of a Person Centered Planning Process and reflect the strengths, needs and priorities of the individual.

### **Discharge Criteria**

- The individual no longer wishes to receive Peer Support services; or
- Individual has achieved two (2) years of abstinence from misuse of substances; or
- Individual has maintained independent housing for two years; or

- Goals of the Service Plan have been substantially met; or
- Individual designed Pre Crisis/Post Crisis and Crisis Plan have worked for two years to avoid involuntary treatment and hospital emergency room usage; or

The Individual has not had a relapse during a step down of Peer Support hours for at least three (3) months.

### **Expected Outcomes**

The service will support recovery, and the expected outcome will reduce the need for a higher level of care. This service promotes integration into the community at large, and self reliance, rather than reliance on paid supports.

Compared to previous twelve (12) months without Peer Supports there will be a:

- Reduction in use of formal treatment based services: Community Support, Psychosocial Clubhouse
- Reduced crisis and psychiatric hospital utilization because the individual has reliable contacts and a customized Crisis Plan
- Shortened hospital stays

### **Documentation Requirements**

Minimum standard is a daily full service note that includes the individual's name, Medicaid identification number, and date of service, purpose of the contact, duration of the service, task addressed, support provided, and effectiveness of the intervention, provider signature and credentials of the staff person.

### **Service Exclusions/ Limitations**

Peer Support cannot be provided at the same time of day as the following services:  
Supported Employment, Psycho Social Club House

Peer Support may not be provided during the same authorization period as the following services:

- Partial Hospitalization
- ACTT
- Community Support Team
- Individual Support
- SAIOP (Substance Abuse Intensive Outpatient)
- SACOP (Substance Abuse Comprehensive Outpatient)

Individuals ages eighteen (18) to twenty-one (21) may not live in a child residential treatment facility.

**Note:** for recipients under the age of twenty one (21), additional products, services, or procedures may be requested even if they do not appear in the North Carolina State Plan or when coverage is limited to those over twenty-one (21) years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

**Individual Support  
Mental Health Adults  
Medicaid Billable  
04-01-07**

CODE:

T1019 = Individual Support

Individual Support Services are “hands-on” individualized assistance with everyday activities that are required by an individual with severe and persistent mental illness in order to live independently in the community. The services are provided for adults ages eighteen (18) and older and are intended to support a person in an independent residence, or transitioning from a licensed residential facility to independent housing. Individual Support can be billed while the person is living in the licensed facility up to two (2) months prior to moving. 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 individual to access the community, medication management, supervision and cuing. The goal is to provide coaching to the individual in areas of need and fade this support over time.

**Provider Requirements**

This service will be delivered by providers of Mental Health services that are contracted by PBH 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 PBH. 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.

**Staffing Requirements**

This service will be delivered by Paraprofessional staff employed by the contracted provider and supervised by that provider’s Qualified Professional. The Paraprofessional must have a high school degree and two (2) years of experience working with adults with mental illness.

A minimum of twenty (20) hours of initial documented training or continuing education in the following areas within the first ninety (90) days of employment will be required:

- Clinical and psychosocial needs of the target 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
- Individual/family support networking
- Diagnosis and clinical issues regarding the population served
- Client Rights
- Confidentiality/HIPPA
- Crisis Intervention and Response

<ul style="list-style-type: none"> <li>➤ Infectious/communicable diseases</li> <li>➤ CPR/ First Aid/Seizure Management</li> <li>➤ Person Centered Planning to include goals/strategies</li> <li>➤ Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual as applicable for the individual</li> <li>➤ Protective Devices/Usage as applicable for the individual</li> <li>➤ Cultural Diversity/Awareness</li> <li>➤ Knowledge of the Service Delivery System</li> <li>➤ Medication Administration as appropriate for the individual</li> </ul>
<b>Service Type/Setting</b>
<p>Individual Support is a periodic service. It is intended to support an individual who is living in an independent residence, or who is transitioning to independent housing from a licensed residential facility within the next two (2) months. This service is available to those residing in non-licensed supported housing where there is not twenty-four (24) hour staffing. This service is not available to those living in licensed adult care homes or other licensed community based residential settings, or who are maintained within a family residence except for two (2) months prior to moving to independent housing.</p>
<b>Program Requirements</b>
<p>Individual Support is a one on one service provided directly to the individual. The service must be reflected in a Service plan based on a Person Centered Planning process that reflects the strengths, needs and preferences of the person served. The goals incorporated into the Service Plan must justify the hours requested, and must include a step-down plan which identifies and utilizes natural supports.</p>
<b>Utilization Management</b>
<p>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 at a minimum of one hundred and eighty days (180). Individual Support is a help, coach and fade service; goals and strategies must be documented in the Service Plan.</p>
<b>Entrance Criteria</b>
<p>Adults eligible for this service must be age eighteen (18) or older, must have a diagnosis of Severe and Persistent Mental Illness (SPMI), and must demonstrate a deficit in at least one Instrumental Activity of Daily Living (IADL). A LOCUS level of II or greater is required.</p>
<b>Continued Stay Criteria</b>
<p>The individual continues to demonstrate need for the services as outlined in the Entrance Criteria.</p>
<b>Discharge Criteria</b>
<p>Discharge should occur when the individual's level of adaptive functioning has improved, as demonstrated by improvement toward measurable goals outlined in the Service Plan, LOCUS level, or when the individual has been transitioned to natural supports or has developed skills to function independently.</p>
<b>Expected Outcomes</b>
<p>The individual should demonstrate improved proficiency in skills required for the IADL(s) as</p>

outlined in the service plan.

### **Documentation Requirements**

Minimum standard is a daily full service note that includes the individual's name, Medicaid identification number, and date of service, purpose of the contact, duration of the service, task addressed, support provided, and effectiveness of the intervention, provider signature and credentials of the staff person.

### **Service Exclusions/Limitations**

- This service is not intended for individuals living in a family residence as it is intended to support the independent living needs of the individual. Individual Support may not be provided by an individual's family member.
- Individuals between the ages of eighteen (18) and twenty-one (21) may not live in a Medicaid funded child residential treatment facility.
- For individuals living in licensed residential settings this service may not exceed two (2) months.

Individual Support may not be provided during the same authorization period as the following services:

- Partial Hospitalization
- ACTT
- Community Support Team
- SAIOP (Substance Abuse Intensive Outpatient)
- SACOP (Substance Abuse Comprehensive Outpatient)

**Note:** For recipients under the age of twenty-one (21), additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over twenty-one (21) years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

<p><b>Community Transition Service</b>  <b>MH/DD/SA Adults</b>  <b>Medicaid Billable Service</b>  <b>04-01-07</b></p>
<p>CODE:  H0043 = Community Transition Services</p>
<p>Community Transition S services are supports that are one-time, set-up expenses for adults (18) eighteen and over, who are transitioning from a psychiatric hospital, licensed congregate living arrangement or family home to a private residence where the individual will be directly responsible for his or her own living expenses. Allowable supports include:</p> <ul style="list-style-type: none"> <li>• Security deposits that are required to obtain a lease on an apartment or home;</li> <li>• Essential furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, bed/bath linens;</li> <li>• Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; and</li> <li>• Services necessary for the individual’s health and safety such as pest eradication and one-time cleaning prior to occupancy.</li> </ul> <p>Community Transition expenses are furnished only to the extent that the individual is unable to meet such expense or when the support cannot be obtained from other sources. Community Transition Supports do not include monthly rental or mortgage expense; regular utility charges; and/or household appliances or /recreational items such as televisions, VCR’s and DVD’s. Community Transition supports may be provided only once and may not be accessed for subsequent moves within the community. These services are available only during the three-month period that commences one month in advance of the individual’s move to a private residence.</p>
<p><b>Provider Requirements</b></p>
<p>Goods and services purchased are provided by Providers who meet the state and local regulations for the type of service that they provide as specified in the Person Centered Plan authorized by PBH.</p>
<p><b>Staffing Requirements</b></p>
<p>NA</p>
<p><b>Service Type/Setting</b></p>
<p>Private home or apartment with a lease in the individual’s/legal guardian’s/representative’s name or a home owned by the individual.</p>
<p><b>Program Requirements</b></p>
<p>NA</p>
<p><b>Utilization Management</b></p>
<p>One time purchase to facilitate movement into a private residence. Maximum total purchase is (\$5,000.00) five thousand dollars.</p>
<p><b>Entrance Criteria</b></p>
<p>The individual is eligible to access funding for Community Transition when:</p> <ul style="list-style-type: none"> <li>• The Individual is (18) eighteen years of age or older</li> </ul>

<p>AND</p> <ul style="list-style-type: none"> <li>• The individual receives Enhanced services through the Cardinal Health Plan</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• The individual has a LOCUS or CALOCUS score of III or greater</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• The individual has an ASAM score of III.1 or greater</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• The individual has a SIS Score of (102) one hundred and two or below</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• There is an Axis I or II diagnosis present</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• The individual has a diagnosed developmental disability</li> </ul> <p>AND</p> <p>There is an approved Person Centered Plan to support the transition of the individual to the community.</p>
<b>Continued Stay Criteria</b>
<ul style="list-style-type: none"> <li>• Community Transition services can be accessed only one time from EITHER the 1915b waiver or the 1915c waiver.</li> </ul>
<b>Discharge Criteria</b>
N/A
<b>Expected Outcomes</b>
Through the support of Community Transition, the individual is afforded the opportunity to live as independently as possible in a home of his or her own.
<b>Documentation Requirements</b>
<ul style="list-style-type: none"> <li>• Invoices or documents (receipts) for Goods and Services purchased will serve as documentation for this service.</li> </ul>
<b>Service Exclusions/Limitations</b>
<ul style="list-style-type: none"> <li>• The cost of Community Transition Support may not exceed \$5,000 dollars.</li> <li>• Goods purchased do not include or cover service and maintenance contracts and or extended warranties.</li> <li>• Community Transition may not include monthly rental or mortgage expenses</li> <li>• Community Transition may not include payment for food or regular utility charges.</li> <li>• The individual may not have previously accessed these funds through the 1915 (c) Innovations waiver.</li> </ul>

**Innovations B-3 Service Array  
Medicaid Billable**

04-01-07

Codes are listed below

**Service Definitions**

Individuals who are moving from an ICF-MR facility to a setting within the community can receive the Innovations wavier services funded through B-3 Medicaid dollars but not occupy an Innovations wavier slot.

Available services include:

- Augmentative Communication-T2028
- Caregiver Training and Education-S5111
- Crisis Services-H2011
- Community Transition
- Financial Management Services-T2040, T2025U1, T2025U2
- Day Supports-T2021, T2021HQ, T2027
- Home and Community Supports-H2014, H2015, H2015HQ
- Residential Supports-H2016, H2016HI, T2014, T2020, H2016HI
- Respite-T1005TD, T1005 TE
- Home Modifications-S5165
- Individual Directed Goods and Services-T1999
- Individual Training and Education-T2013,T2013 HQ
- Personal Assistance Services-S5125
- Specialized Consultative Services-T2025
- Specialized Equipment and Supplies-T2029
- Support Brokerage-T2041
- Vehicle Adaptation-T2039,V5336

For specific information regarding each service definition, please refer to the **Innovations Technical manual**.

**Provider Requirements**

Providers must meet the Piedmont Innovations waiver's (1) provider requirements (2) state licensure requirements (3) certification requirements and (4) other requirements and standards.

**Staffing Requirements**

Staffing requirements as specified in the Innovations Technical manual will apply to all B-3 Innovations services.

**Service Type/Setting**

Service type and setting as specified in the Innovations Technical manual will apply to all B-3 Innovations services.

**Program Requirements**

Program requirements set as specified in the Innovations Technical manual will apply to all B-3 Innovations services.

**Utilization Management**

Prior-authorization by PBH is required. The amount, duration, and frequency of service must be included in an individual's Person Centered Plan.

Utilization Management Guidelines set for Innovations waiver services will apply to all B-3 Innovations services.
<b>Entrance Criteria</b>
Children (over the age of (3) three), and adults who meet the functional eligibility requirements for the Piedmont Innovations 1915(c) waiver program but are not enrolled in an ICF-MR facility or are being discharged from an ICF-MR facility.
<b>Continued Stay Criteria</b>
Continue to meet the functional eligibility requirements for the Piedmont Innovations waiver.
<b>Discharge Criteria</b>
The individual no longer meets the functional eligibility criteria for the Innovations wavier. The person is no longer Medicaid eligible. The person requires services provided at a higher level of care, potentially in an ICF-MR setting.
<b>Expected Outcomes</b>
To increase independence in a community setting.
<b>Documentation Requirements</b>
The documentation requirements for all B-3 Innovations services will be the same as those required in the Innovations technical operation manual.
<b>Service Exclusions/Limitations</b>
The person may not be a current recipient of Innovations wavier services. The person may not reside in an ICF-MR facility.
<b>Note:</b> For recipients under the age of twenty-one (21), additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is not medically necessary.