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- C. High Risk Intervention services for EPSDT eligible children are provided under this section. The services comprise a treatment component package, which may be provided in supervised residential settings. A physician or a Ph.D. psychologist orders these services. A treatment plan must be in place. The population served is for children under 21 years of age that have mental health or substance abuse service needs. This service would only be provided for the developmentally disabled population less than 21 years of age if they have a dual diagnosis, MR along with MI or SA, and medical necessary services are needed for MI/SA. The CFR reference is CFR 42 440. 130. The residential living situation is not compensated for room and board.

High Risk Intervention services have four levels of care. Providers of all levels must be accredited by a national accrediting agency approved by the State or become accredited pursuant to SL 2009-451, Section 10.68A.(a)(7). Provision of all High Risk Intervention Services must be in compliance with federal Medicaid requirements and North Carolina Clinical and Program Policies, relevant provisions in Departmental Implementation Updates and Medicaid Bulletins.

Documentation requirements include a daily note for Level I, II Group Program and Therapeutic Family Services and a note each shift for Level III through Level IV Group, all of which document interventions and activities directly related to:

- Identified needs;
- Preferences and choices;
- Specific goals, services and interventions;
- Frequency of services which assist in restoring, improving, or maintaining the recipients level of functioning;
- Documentation of critical events, significant events or changes in status in the course of treatment shall be evidenced in the child's clinical record.
- When applicable to the child or adolescent, documentation of specific goals of sex offender treatment as supported and carried out through the therapeutic milieu and interventions outlined in the service plan.

All family and group High Risk Intervention Services are subject to Prior Authorization and Utilization Review by the Agency's utilization management contractor or by a Local Management Entity approved to provide Medicaid Utilization Management Reviews.

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Staff definitions as used in this section:

1. Qualified Professional (QP) means:

(a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in MH/DD/SAS with the population served. The Licensed Qualified Professional will be a Licensed Professional (LP) holding a valid license issued by the governing board regulating a human service profession in the State of North Carolina. Individuals licensed as a Clinical Addiction Specialist, Clinical Social Worker, Marriage and Family Therapist, Professional Counselor, Psychiatrist, or Psychologist. The specific requirements for each of the above licensed professionals are listed below.

- Licensed Clinical Addiction Specialist means an individual who is licensed as such by the North Carolina substance abuse professional practice board.
- Licensed Clinical Social Worker means a social worker who is licensed as such by the N.C. Social Work Certification and Licensure Board.
- Licensed marriage and family therapist means an individual who is licensed as such by the North Carolina Marriage and Family Licensing Board.
- Licensed Professional Counselor (LPC) means a counselor who is licensed as such by the North Carolina Board of Licensed Professional Counselors.
- Psychiatrist means an individual who is licensed to practice medicine in the State of North Carolina and who has completed a training program in psychiatry accredited by the Accreditation Council for Graduate Medical Education.
- Psychologist means an individual who is licensed to practice psychology in the State of North Carolina as either a licensed psychologist or a licensed psychological associate, or

(b) If not licensed, the QP will be:

- (1) a graduate of a college or university with a Masters degree in a human service field and has one year of full-time, post-graduate degree accumulated experience with the population served, or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or
- (2) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or

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- (3) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional that has four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.

Degrees in a human service field include but are not limited to, the following degrees: psychology, social work, mental health counseling, rehabilitation counseling, addictions, psychiatric nursing, special education and therapeutic recreation.

2. Associate Professional (AP) within the mental health, developmental disabilities and substance abuse services system of care means an individual who is a:
- (a) graduate of a college or university with a Masters degree in a human service field with less than one year of full-time, post-graduate degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional with less than one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets one year of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or
 - (b) graduate of a college or university with a bachelor's degree in a human service field with less than two years of full-time, post-bachelor's degree accumulated experience with the population served, or a substance abuse professional with less than two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or
 - (c) graduate of a college or university with a bachelor's degree in a field other than human services with less than four years of full-time, post-bachelor's degree accumulated experience with the population served, or a substance abuse professional with less than four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or

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- (d) Registered Nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing with less than four years of full-time accumulated experience in MH/DD/SAS with the population served. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually.
3. Paraprofessional (PP) means an individual who, with the exception of staff providing respite services or personal care services, has a GED or high school diploma; or no GED or high school diploma, employed prior to November 1, 2001 to provide a MH/DD/SAS service. Supervision shall be provided by a qualified professional or associate professional with the population served. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually.

Level I and Level II therapeutic family care providers are licensed under Division of Social Services (G.S. 131-D).

Level I:

This service provides a low to moderate structured and supervised therapeutic environment for children and adolescents to help them achieve or maintain an age appropriate level of functioning in situations in which gains are fragile and the child or adolescent is subject to regression. This setting provides interventions to promote acquisition of skills necessary to enable to continued improvement in the level of functioning.

Services provided include: mentoring, minimal staff/support/therapeutic supervision in all identified need areas, minimal assistance with adaptive skill training in all functional domains, behavioral interventions for mildly disruptive behaviors, minimal assistance with community integration activities, and stress management. Modeling, providing positive reinforcement when needed, teaching social skills, daily living skills, anger management, family living skills and communication skills are all part of the treatment component.

Staff Requirements:

Staffing is provided by licensed and specially trained treatment parents, who are present during times when the child's or adolescent's needs are most significant or when they are not involved in another structured activity, except for hours of sleep. Staff may be available while consumers are involved in educational, vocational and social activities.

TN No. 10-005
Supersedes
TN No. NEW

Approval Date: _____

Eff. Date: 07/01/2010

Treatment parents' responsibilities include:

- Providing a supportive therapeutic milieu for the child or adolescent;
- Working with the child and the child's parent(s) or guardian(s) to facilitate transitions for the child,
- Consulting with social workers, mental health personnel, licensed medical providers, and other persons authorized by the child's parent(s), guardian(s) or custodians who are involved with the child,
- Maintaining confidentiality regarding children and their parent(s) or guardian(s);
- Meeting documentation requirements,
- Meeting all training requirements to be a treatment parent, and
- Accepting weekly supervision and support from a professional with a Master's degree or higher or a Bachelor's level practitioner with experience.

Service Requirements:

- Therapeutic supervision of daily living activities to enhance improved age appropriate functioning;
- Specific and individualized psychoeducational and therapeutic interventions designed to promote development of age appropriate communication skills, social skills, stress management and relationship skills;
- Therapeutic support in addressing feelings of personal blame; affirming a child's self worth; interaction skills that will support improved relationships with natural family where appropriate and peers;
- Interventions to address improved self-concept, anger management, self-esteem, and personal insight as indicated by child-specific needs.

Level II Therapeutic Family Services:

Therapeutic Family Services (TFS) is a rehabilitative service in which TFS parent(s) provide medically necessary services and interventions in a home setting to address diagnostic, clinical and behavioral needs of a child with a principal diagnosis of mental illness, serious emotional and behavioral disorders or substance-related disorders. The child may also have co-occurring disorders including developmental disabilities. TFS services are designed to treat children who have severe difficulty maintaining in the naturally available family due to pervasive inability to accept age/developmentally appropriate supervision from caretakers or family members; impaired ability to form trusting relationships with caretakers; limited ability to consider the effect of inappropriate personal conduct in relationship to self and/or others; frequent and severely disruptive verbal, physical or sexual aggression, or frequent and disruptive difficulty in maintaining appropriate conduct in community settings, including sexually reactive behaviors.

TN No. 10-005

Supersedes

TN No. NEW

Approval Date: _____

Eff. Date: 07/01/2010

TFS services assist the child in improving functioning across life domains while maintaining the child in an inclusive community setting. TFS services shall be delivered by state licensed and specially trained therapeutic parents under the authority and supervision of a Licensed Child Placing Agency (LCPA).

Services provided by the Therapeutic Family Services (TFS) family include:

- Interventions to increase the child's knowledge of self in relation to others and improve healthy role development and social skills.
- Behavioral interventions that include consistent communication, limit setting, opportunity for healthy peer interaction, positive role modeling in all social contexts, problem solving, emotional regulation, anger management and conflict resolution.
- Interventions to develop healthy independent living skills.
- Interventions to improve and support the child's understanding of his or her health, mental health and substance related disorder through psychoeducation.

While TFS is provided mainly in the home, it is community based and, therefore, reinforcement for increased skill acquisition and enhancement occurs in the community, school, vocational, and other natural environments. Treatment in this home setting will promote a more stabilized permanent home for the child with the child's parents, relatives, or guardian; adoptive placement with the TFS family or another adoptive family; or an independent living arrangement.

The Licensed Child Placing Agency (LCPA) staffing requirements for the delivery and supervision of TFS include:

- An Executive Director
- At least one full time Licensed Professional with related child experience to provide clinical expertise and oversight of the TFS services
- One full time equivalent (FTE) Master's level Qualified Professional (QP) with two years of related experience in a human services field, a licensed professional is preferred, shall serve as the Clinical Supervisor of no more than five QPs who supervise the TFS families
- One full time equivalent (FTE) QP with knowledge, skills and abilities appropriate to assure the mental health and/or substance abuse treatment needs of each child in the TFS family are met. This QP to child ratio is 1:10. The QP is responsible for coaching, modeling, supporting and monitoring the TFS family in implementing the therapeutic interventions, and monitoring the safety and well being of the child.
- One or two therapeutic parent(s) serving as the Therapeutic Family Services family in accordance with 10A NCAC 70E. Each family setting is limited to two children who are receiving TFS, with exceptions available for siblings.

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TN No. NEW

Approval Date: _____

Eff. Date: 07/01/2010

Daily documentation of this service by the TFS parent(s) is required. The Qualified Professional shall review and sign all documentation by the TFS parents on a weekly basis to ensure that each child is receiving the appropriate interventions, services, and level of care to meet each child's needs and strengths. All direct services provided by the Qualified Professional or Licensed Professional to the child must also be documented in the service record.

Services are based upon a finding of medical necessity and must be directly related to the child's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals. Clinical criteria are included in the definition. Services must be ordered by a physician, licensed psychologist, physician assistant, or nurse practitioner and be prior authorized by the statewide Utilization Review (UR) vendor.

This service may not be billed with any residential treatment or inpatient psychiatric or inpatient substance abuse services. Medically necessary services such as outpatient therapy or other community-based services may be provided as brief interventions in order to maintain the current level of care during periods of disruption or regression that may result in a higher level of restrictive care. Such services must be ordered by a licensed practitioner and be authorized as medically necessary by the statewide UR vendor. This service shall not duplicate any IV-E services, and shall not reimburse for typical care, supervision or room and board.

The following requirements apply to High Risk Intervention Services Levels III Group Program through Level IV, described below.

- Level II Group Program Type through Level IV residential providers must be licensed by the Division of Health Service Regulation as a Mental Health Facility under the authority G.S. 122C-26.
- Each group home shall serve no more than 12 children and adolescents.
- Providers must be endorsed by Local Management Entity as meeting all staffing and programmatic requirements of this service including provisions in the clinical policy, Implementation Updates and Medicaid Bulletins.
- Providers must be accredited by a national accrediting agency approved by the State or become accredited by pursuant to SL 2009-451, Section 10.68A.(a)(7). Before a child can be admitted to High Risk Intervention Services Levels II Group through IV, one or more of the following shall apply:
 - Placement shall be a step down from a higher level placement such as a psychiatric residential treatment facility or inpatient, or
 - Multisystemic therapy or intensive in-home therapy services have been unsuccessful, and
 - The Child and Family Team have reviewed all other alternatives and recommendations and recommend a Levels II Group through Level IV placement.

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Supersedes

TN No. NEW

Approval Date: _____

Eff. Date: 07/01/2010

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- Transition or discharge plan shall be submitted as part of the initial or concurrent request for these services. Submission of the discharge plan is required in order for the request to be considered complete for processing by the utilization contractor.
 - Length of stay is limited to 120 days. Any exceptions granted will require a independent psychiatric assessment, Child and Family Team review of goals and treatment progress, and that the family or discharge placement setting are actively engaged in treatment goals and objectives.
 - When a child or adolescent requires sex offender treatment, as specified in the treatment plan, special training of the caregiver is required in all aspects of sex offender specific treatment.
 - During treatment, there must be inclusion in community activities for each recipient and parent and legal guardian participation.
 - Any provider who is terminating provision of services shall provide the State and the recipient 30 days notice prior to closing of the business.
 - Record maintenance is the responsibility of the provider and must be in compliance with all state and federal documentation and record retention requirements.

Level II Group:

Level II provides a moderate to highly structure supervised therapeutic environment in a group home setting, within a system of care, for children and adolescents who require placement out of the home. Implementation of therapeutic gains is the goal of the placement setting.

Eligibility Criteria:

Children or adolescents must have a primary diagnosis of mental illness or emotional disturbance or a co-occurring disorder. Due to moderate to severe difficulty maintaining in the naturally available family or lower level of care, out of home treatment is required.

Staffing requirements for Level II Program Type Residential Treatment:

- Each facility shall have a director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing psychology or a related field.
- At least one direct care staff shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building.
- When two or more children and adolescents are in the facility, an emergency on-call staff shall be readily available by telephone or page and be able to reach the facility within 30 minutes.
- Supervision of direct care staff must be provided by a Master's level qualified professional or a Bachelor's level with experience in the field.
- Psychiatric consultation shall be available as needed for each client.
- Implementation of therapeutic gains is to be the goal of the placement setting.

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TN No. NEW

Approval Date: _____

Eff. Date: 07/01/2010

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- Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month.
 - Skills and competencies of staff for this service provider must be at levels which offer psychoeducational relational support, behavioral modeling interventions and supervision. Additionally, special training of the caregiver is required in all aspects of sex offender specific treatment.
 - A qualified professional for sex offender counseling/discussion is also available on call.

Service Requirements:

- Services shall be designed to support the child or adolescent in reaching an age appropriate functional level that will allow him/her to return home or to a therapeutic home setting.
- Treatment interventions will focus on increasing communication, self-management, social and recreational skills.
- Children and adolescents receiving this service may receive services in a day treatment program, may hold a community based job.
- Individualized and intense supervision and structure of daily living is designed to minimize the occurrence of behaviors related to functional deficits to promote both optimal functioning and safety.
- Skills and competencies of this service provider must be at a level that offers psychoeducational and relational support, behavioral modeling of interventions, and supervision.
- Preplanned, therapeutically structured interventions occur as required and outlined in the child or adolescent's treatment plan.

Level III

Level III is a highly structured and supervised environment in a group program setting only. All elements of Program-Type Residential Treatment (Levels I, II) are provided plus intensified structure, supervision, and active therapeutic treatment and interventions. This setting is typically defined as being "staff secure". Staff is present and available at all times of the day, including overnight awake.

Residential treatment staff coordinates treatment and services with the child's or adolescent's parents, guardians, other significant individuals and agencies within the child's or adolescent's system of care. Staff is also responsible for coordinating with the local educational agency to ensure that the child's educational needs are met as identified in the child's education plan and treatment plan. Generally, children/adolescents will attend public school.

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Approval Date: _____

Eff. Date: 07/01/2010

Supersedes

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Eligibility Criteria:

This service is designed for children and adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders, or have co-occurring disorders including developmental disabilities, and who require out of home treatment in a staff secure setting.

These children and adolescents present with moderate to serious behavioral and/or emotional disorders and require more intensive supervision and structure than those children who can be safely treated in a Level II group setting.

Staffing Requirements for Level III:

- Each facility shall have on staff, a qualified professional with two years of direct client care experience who shall perform clinical and administrative functions for a minimum of 10 hours each week. For facilities with 6 or more beds, the qualified professional must perform these functions for no less than 32 hours per week. Duties include supervision, provision of psycho-educational services to children and adolescents, oversight of emergencies, treatment planning, coordination of treatment plans and case management.
- Each facility shall have an associate level professional with the minimum requirements of a bachelor's degree responsible for the day to day operations, supervision of paraprofessional direct care staff in carrying out treatment plans and participation in service planning meetings.
- Minimum Staffing Requirements:

A qualified professional shall be available by telephone or page and shall be able to reach the facility within 30 minutes.

Direct Care Staff (Awake):

Required ration when children are present and awake:

- Two staff for 1 to 4 children/adolescents
- Three staff for 5 to eight children/adolescents
- Four staff for 9 to 12 children/adolescents

Required minimum awake staff during child sleep hours:

- Two staff for 1 to 4 children/adolescents
- Two staff for 5 to 8 children/adolescents
- Three staff present, two of whom must be awake for 9 to 12 children/adolescents
- Additional direct care staff shall be required in the group home based on the individual needs of the children and adolescents, as specified in the treatment plan.

TN No. 10-005

Approval Date: _____

Eff. Date: 07/01/2010

Supersedes

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Face to face clinical consultation shall be provided in each group home for at least four hours a week by a licensed professional, defined as an individual who holds a license or provisional license issued by the governing board regulating a human profession in the State. For substance abuse disorders, this shall include a Licensed Clinical Addiction Specialist or a Certified Clinical Supervisor. The licensed professional shall be responsible for the clinical supervision of the qualified professional, provision of group, therapy, family therapy, or involvement in child or adolescent treatment plans or overall program issues.

Direct care staff educational requirements are: minimal requirement is a high school diploma/GED, associate degree with one year experience; or a four-year degree in the human service field and/or a combination of experience, skills, and competencies that is equivalent. Skills and competencies of this service provider must be at a level that offers psychoeducational relational support, and behavioral modeling interventions and supervision and/or must meet requirements established by the state personnel system or equivalent for job classifications.

Service Requirements:

Services will be provided 24 hours, 7 days a week, and each day of the year and are designed to:

- Provide individualized supervision and structure in a supportive therapeutic milieu;
- Assist the child or adolescent in the acquisition of adaptive functioning in self control, communication, social and recreational skills; and thereby minimize the occurrence of behaviors related to functional deficits;
- Ensure safety and deescalate any occurrences of out of control behavior with crisis management, with or without physical restraint.
- Support the child or adolescent in gaining the skills needed to return home or step-down to a less intensive treatment setting.

Level IV Group:

Level IV is a level of care provided in a physically secure, locked environment in a group program setting of no more than 12 beds. All elements of Level III care are included in Level IV with increased ability to manage intensive levels of behavioral dysfunction and aggressiveness. Supervision is continuous. Staff is present and available at all times of the day, including overnight awake. Implementation of therapeutic gains is the goal of the placement setting.

TN No. 10-005
Supersedes
TN No. NEW

Approval Date: _____

Eff. Date: 07/01/2010

Eligibility Criteria:

This service is designed for children and adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders, or have a co-occurring disorder including developmental disabilities, and who cannot be maintained safely in the home and thereby require out of home treatment in an intensive, integrated locked setting to assure safety of self and/or others.

Staffing Requirements:

- Each group home facility must have at least one full-time licensed qualified professional, defined as an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State. For substance abuse disorders, this shall include a Licensed Clinical Addiction Specialist or a Certified Clinical Supervisor.

Responsibilities of this licensed professional includes supervision of direct care staff; oversight of emergencies; provision of direct clinical psychosocial services to children, adolescents or families; participation in treatment planning and coordination of treatment for children and adolescents. This position may also provide individual, family and group therapy as specified in treatment plans.

- Each facility shall have, on staff, at least one full time qualified professional with two years of direct client care experience who shall perform clinical and administrative functions for a minimum of 40 hours each week; other duties include management of day to day operations of the group home; supervision of paraprofessionals regarding implementation of the treatment plans; participation in treatment planning and provision of basic case management functions.
- Minimum Staffing Requirements:

A qualified professional shall be available by telephone or page and shall be able to reach the facility within 30 minutes.

Required ration when children are present and awake:

- Three direct care staff for up to 6 children/adolescents
- Four staff for 7 to 9 children/adolescents
- Five staff for 9 to 12 children/adolescents

The minimum number of awake direct care staff during hours of sleep is as follows:

- Three staff present, two of whom must be awake for nine to twelve children/adolescents
- More direct care staff shall be required in the group home based on the individual needs of the children and adolescents, as specified in the treatment plan.

Direct Care Staffing provisions apply as with Level III. Provider qualifications for direct care staff are as follows: minimal requirement is a high school diploma/GED, associate degree with one year experience or a four-year degree in the human service field and/or a combination of experience, skills and competencies that is equivalent.

Skills and competencies of this service provider must be at a level that includes structured interventions in a contained setting to assist the consumer in acquiring control over acute behaviors. In addition, special training of the caregiver is required in all aspects of sex offender specific treatment; and/or the provider must meet requirements established by the state personnel system or the equivalent for job classifications.

Service Requirements:

Services will be provided 24 hours, 7 days a week, and each day of the year and are designed to:

- Support the child or adolescent in gaining skills needed for reintegration into home or into a less intensive community living setting.
- Promote involvement in regular productive activity, such as in school or work.
- Assist in the development of symptom and behavioral self-management skills.
- Provide intensive pre-planned crisis management.
- Provide an environment that is safe from potentially harmful or destructive behaviors.

Family members or other legally responsible person shall be involved in the development of plans in order to assure a smooth transition to home or a less restrictive setting

Educational services are provided in the facility and are arranged and designed to maintain the educational and intellectual development of the child or adolescent. Treatment staff will coordinate with the local educational agency to ensure that the child or adolescents needs are met as identified in the education plan.

Psychiatric consultation shall be available as needed for each child or adolescent.

The intensive residential treatment staff will coordinate with other individuals and agencies within the child's or adolescent's system of care.