



## B3 Service Definition

<b>Title:</b>	<b>Individual Support (Personal Care)</b>		
<b>Type:</b>	<b>B3</b>	<b>Code:</b>	<b>T1019U4</b>
<b>Effective Date:</b>	<b>11/1/2014</b>	<b>Units:</b>	<b>15 minutes</b>
<b>SERVICE DESCRIPTION</b>			
<p>Individual Support is a “hands-on” service for persons with Serious and Persistent Mental Illness (SPMI). The intent of the service is to teach and assist individuals in carrying out Instrumental Activities of Daily Living (IADLs), such as preparing meals, managing medicines, grocery shopping and managing money, so they can live independently in the community. The goal is that the need for this service will fade or decrease over time as the individual becomes capable of performing some of these activities more independently.</p> <p>Individual Support interventions must be based on the Psychiatric Rehabilitation and Recovery model (<a href="http://cpr.bu.edu/">Http://cpr.bu.edu/</a>). The goal of psychiatric rehabilitation is to help people with serious and persistent mental illness develop the skills needed to live, learn and work in the community with the least amount of professional support possible.</p> <p>Individual Support uses the basic Tenancy Support within the Permanent Supportive Housing model, per the toolkit through SAMHSA, to help individuals chose their home, learn skills to maintain their home, and ensure long term housing retention in the community with the same rights and responsibilities as everyone else.</p> <p>Individual Support is a direct, one-on-one service. Individuals may receive this service up to 90 days prior to transitioning into independent housing. This would include individuals who live in private homes, licensed group homes, adult care homes and hospitals. Individuals who live in independent housing may receive this service with a plan to fade or decrease services over time.</p> <p>Individual Support is a periodic service.</p>			
<b>PROVIDER REQUIREMENTS</b>			
<p>Individual Support is a mental health service and is delivered by mental health providers. Providers must meet the provider qualification policies, procedures and standards established by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the requirements of 10A N.C.A.C 27G and NC G.S. 122C, and any competencies specified by the NC Division of Medical Assistance (DMA).</p>			
<b>STAFFING REQUIREMENTS</b>			
<p>Individual Support staff must meet requirements as specified in 10A N.C.A.C. 27G 0104, and supervision of staff must be provided according to the supervision requirements specified in 10A N.C.A.C. 27G.0204.</p> <p>Individual Support staff must complete a minimum of 20 hours of initial training specific to the required components of the Individual Support definition within 90 days of employment. This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ CPR / First Aid</li> </ul>			

- Client Rights
- Confidentiality / HIPAA
- Crisis Intervention and Management
- Training specific to the individual needs of the individual

**POPULATIONS ELIGIBLE**

Adults ages 18 and older with a diagnosis of SPMI and a LOCUS level of II or greater.

Individuals between the ages of 18 and 21 may not live in a Medicaid-funded group residential treatment facility.

**UTILIZATION MANAGEMENT**

Units are provided in 15 minute increments. No more than 240 units per month (60 hours per month) of Individual Support may be provided.

Specific authorization must be obtained to exceed these limits.

**SERVICE ORDERS**

A service order is required for this service.

**CONTINUED STAY CRITERIA**

The individual continues to meet the eligibility requirements for this service and treatment goals have not yet been achieved. Services and interventions must be reviewed for effectiveness, and interventions should be modified if necessary so that the individual makes greater progress.

**DISCHARGE CRITERIA**

The criteria for discharge include one or more of the following:

1. The individual has developed skills to function independently in the community.
2. The individual has been connected with natural supports in the community and no longer requires this formal support service.
3. The individual has requested discharge.
4. The individual no longer meets criteria for the service.
5. The individual has not achieved treatment goals despite documented efforts.

**DOCUMENTATION REQUIREMENTS**

A daily full service note or grid that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) is required.

The DMH/DD/SAS Records Management and Documentation Manual can be found at:

<http://www.ncdhhs.gov/mhddsas/statspublications/Manuals/rmdmanual-final.pdf>

**SERVICE EXCLUSIONS**

Total expenditures on Individual Support cannot exceed the 1915(b)(3) resources available in the waiver.

Individual Support may not be provided if the service is otherwise available under a program funded under the Rehabilitation Act of 1973, P.L. 94-142, or under the Individuals with Disabilities Education Act, 20 U.S.C. 1401 et seq.).

Individuals on the Innovations Waiver are not eligible for Individual Support (b)(3) funded services.

Individual Support may not be provided during the same time/at the same place as any other direct support Medicaid service.

Individual Support/Personal Care may not be provided during the same authorization period as ACT.

Individual Support/Personal Care may not be provided to children ages 16 up to 21 who reside in a Medicaid funded group residential treatment facility.

Individual Support/Personal Care may not be provided by family members.