



Title:	Transitional Living: Adolescents-Adults MH/SU	Code:	H2022 U4
Type:	B3 Service	Code:	N/A
Effective Date:	July 1, 2019	Units:	1 unit/1 week

SERVICE DESCRIPTION

The Transitional Living program is designed to aid young adults from age 16 through 21 who are nearing adulthood leaving the foster care, juvenile justice, or mental health systems, in learning the skills needed to succeed independently.

Self-sufficiency skills, community reintegration, education, vocational skills and job training/experience are the major focal areas within the program. The proposed program will provide clients with the knowledge and skills necessary to

- Maintain stable housing
- Maintain productive activity (work or educational program)
- Remain free from legal involvement
- Become self-sufficient

A successful transition includes maintaining stable and suitable housing, remaining free from legal involvement, participating in an educational/vocational program, and developing the life skills necessary to become a successful citizen. The program will work not only with the youth who are "aging out," but will also work with the families and support systems of these youth to ensure a more successful transition. Transition Specialists, working with caseloads of six to eight, provide intensive home-based treatment focusing on every system impacting a child's life (including their family, peers, school and community).

Particular emphasis will be placed on occupational goals and skills, as it is essential that young adults learn the skills necessary to obtain employment and support themselves financially. Transition Specialists will be prepared to address some of the member's mental health issues individually in the event that the problems can be resolved quickly and are directly pertaining to lack of success at work or in the community.

Medicaid shall cover procedures, products, and services when they are medically necessary, and the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs; the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and the procedure, product, or service is

furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

Provider Requirements

Transitional Living shall be delivered by practitioners employed by mental health or substance abuse provider organizations that:

- Meet the provider qualification policies, procedures and standards established by DMA

- Meet the provider qualification policies, procedures and standards established by the Division of Mental Health/Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS)

- Are approved as a provider in the PIHP provider network

AND

Fulfill the requirements of 10A NCAC 27G

Staffing Requirements

- A High School diploma or equivalent

- Be 21 years of age

- Have a minimum of two years' experience working with young adults with

 - Serious Emotional Disturbance (SED) or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience.

- Pass background checks, which include criminal and motor vehicles

Pass a highly structured specialist training and development process that includes an initial three to five-day training, quarterly booster trainings, weekly clinical consultation, weekly team supervision, weekly individual supervision and development and field supervision.

All staff providing Transitional Living must complete training or continuing education in the following areas within the first 60 days of employment. The competency-based training should include, but not be limited to, the following:

- Safety Planning

 - Evidenced-Based Practices such as Motivational Interviewing, Family Therapy, Behavior Modification, Cognitive Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy

- Skill Building

- Parenting Skills

- Therapeutic Engagement

- Legal and Ethical Issues

- Confidentiality/HIPAA

- Client Rights

- Person Centered Planning

Service Type/Setting

Transitional Living is a periodic service. It is intended to support a member who is transitioning to independent living. It can be provided at the youth's home, job or wherever is most convenient for the young adult.

Program Requirements

Transitional Living is a one on one service provided directly to the member. 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.

Maximum Staffing Ratio of 1 staff per 8 families.

Transition Specialists work on flexible schedules to meet the needs of each young adult. Contacts may occur at night and/or on weekends. Transition Specialists are on-call to families 24 hours per day, seven days per week. Referrals are generally accepted during normal business hours, although off hours nights/weekend referrals may be accepted.

The Transitional Living program services do not change during holidays or other times during the year.

Transition Specialists vary their intensity according to the individual needs of each youth, which may vary at different points in treatment. In most cases, Transition Specialists see each client twice a week. However, increased intensity is likely early in treatment as is some possible reduction in sessions during the last week or two of treatment.

Utilization Management

Prior authorization is required. No less than a two (2) contact hour minimum. Units are a weekly per diem. Initial authorization of services may not exceed ninety (90) days. Reauthorization for additional 90 day period(s) can be requested up to three times. Transitional Living is a short-term service; goals and strategies must be documented in the Service Plan, including plans for transitioning out of the service with measurable criteria that would show readiness to transition out of the service

Entrance Criteria

Members eligible for this service must be ages sixteen (16) through twenty-one (21).

Must have a DSM-4TR Axis 1 diagnosis or an equivalent DSM-5 diagnosis.

Must demonstrate a deficit in at least one Instrumental Activity of Daily Living (IADL). AND

A CALOCUS Level 1- Outpatient Services score or greater

OR

LOCUS Level 1– Recovery Maintenance and Health Management score or greater

OR

ASAM Level 1 score or greater

Continued Stay Criteria

The desired outcome or level of functioning has not been restored, improved or sustained over the time frame outlined in the youth's Service Plan.

AND

One of the following applies:

There is a reasonable expectation that the youth will continue to make progress in reaching overarching goals identified in the Plan.

The youth has achieved current Service Plan goals, and additional goals are indicated as evidenced by documented symptoms.

The youth is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the Service Plan.

The youth is making some progress, but the specific interventions in the Service Plan need to be modified so that greater gains, which are consistent with the youth's premorbid level of functioning, are possible.

Discharge Criteria

The youth no longer wishes to receive Transitional Living services. OR

Goals of the Service Plan have been substantially met. OR

Youth has achieved 75% of the goals in the Service Plan. OR

The youth has achieved positive life outcomes that support stable and ongoing recovery and is no longer in need of Transitional Living services.

Expected Outcomes

The service will support transition into independent living and engage families and natural supports. This service promotes integration into the community at large, independence and self-reliance, rather than reliance on paid supports.

Expected Outcomes:

Become self-sufficient

Maintain stable housing

Maintain productive activity

Remain free from legal involvement.

Service Orders

A Master's level behavioral health professional licensed by the state of North Carolina with at least two years of post-Master's Degree experience with the population served orders this service

Documentation Requirements

Minimum standard is a daily full service note that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) and includes, but not limited to:

- the member's name,
- Medicaid identification number
- date of service
- name of the service provided
- duration of the service
- purpose of contact
- the provider's interventions, including the time spent performing the interventions
- effectiveness of the intervention
- the signature, credentials and job title of the staff providing the service

All documentation must relate directly to the goal(s) listed in the member's current plan. Refer to DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) for a complete listing of documentation requirements.

This service does require a service order.

Service Exclusions/Limitations

Youth who are actively suicidal, homicidal, or psychotic without medication stabilization (at time of referral) are not appropriate for the Transitional Living Program.

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

- Other 1915(b)(3) services or alternative services
- Other State Plan Medicaid services that work directly with the person

Transitional Living may not be provided during the same authorization period as the following services:

- Intensive In-Home Services
- Assertive Community Team Treatment
- Community Support Team
- Multisystemic Treatment

The member may not receive (b)(3) services if they receive services from or are enrolled in any other 1915(c) waiver (with the exception of Psychiatric Consultation).

(b)(3) services are only available up to the capitation amount provided to fund these services.

This service may not be provided by family members.

Administrative activities such as writing service notes or completing SARs are not billable activities.