



Title:	Comprehensive Clinical Support – Special Circumstances	Code:	G2021U5
Type:	In Lieu of Service	Group Code:	N/A
Effective Date:	9/1/2021	Units:	One unit per day for Levels 2-5 Up to 5 units per week for Level 1.

Service Description
<p>Comprehensive Clinical Support- Special Circumstances includes activities with and/or on behalf of a member with Mental Health (MH), Intellectual/ Development disabilities (IDD) and Substance Use Disorder (SUD) diagnoses. Comprehensive Clinical Support will provide a comprehensive set of supports to members when the typical services (usually those delivered in a group environment) are not able to be provided. Interventions include strategies and actions for the purposes of treatment continuity allowing for flexibility of the intensity and combinations of treatment interventions best able to meet and individual’s needs. These services may be needed when individuals are not able to attend their typical site-based services, or when other enhanced services are not able to be provided due to the extenuating circumstances being experienced, such as extended illness, natural disaster, or pandemic. During a state of emergency, such as COVID-19, this service and the needed supports will be provided through telehealth (two-way real-time interactive audio and video), telephonic, or in-person, as clinically appropriate. Such services are performed by an individual employed by a provider agency for members that do not have other services in place and that can provide this type of clinical support or have had services temporarily suspended due to extenuating circumstances.</p>

Population Served
<p>Children (ages 3 and up), Adolescents, and Adults with Mental Health (MH), Intellectual / Developmental Disabilities (IDD), or Substance Use Disorders (SUD) or a combination of the above.</p>

Entrance Process
<p>Prior authorization is not required if members are already linked to services with the provider, however post-service reviews may be conducted.</p> <p>Eligibility Criteria: The member is eligible for this service when:</p> <ul style="list-style-type: none"> • There is a DSM-5 (or subsequent editions) diagnosis present, or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a). • AND • Level of Care Criteria, LOCUS/CALOCUS, ASAM, or SNAP/SIS deemed eligible for services based on a documented developmental delay or disability. CALOCUS/LOCUS Level of 2 or above, ASAM level of 2.1 or above. SNAP level 2 or SIS above 100 or any exceptional behavioral needs indicated on the SIS. • AND

- The member is an enhanced facility/group-based service that cannot be delivered due to pandemic circumstances.

Entrance Process:

- Identification of a member's need for Comprehensive Clinical Support should be made when the members is already authorized for an enhanced service that would be medically necessary, but it is unable to be delivered in the standard_group or facility location. During a state of emergency, such as COVID-19, this service and the needed supports will be provided through telehealth (two-way real-time interactive audio and video), telephonic, or in-person, as clinically appropriate. This service must be coordinated with other services and providers with the PCP specifying which goals and objectives the service will be treating.

Utilization Management

Continued Service Criteria:

- The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the Member's service plan or the Member continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:
- Member has achieved initial service plan goals and additional goals are indicated.
- Member is making satisfactory progress toward meeting goals.
- Member is making some progress, but the service plan (specific interventions) need to be modified so that greater gains, which are consistent with the Member's premorbid level of functioning, are possible or can be achieved.
- Member is not making progress; the service plan must be modified to identify more effective interventions.
- Member is regressing; the service plan must be modified to identify more effective interventions.
- Member has not been linked to other more appropriate behavioral health services. Discharge Criteria Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:
- Member is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
- Member has moved to an alternative service or is able to receive the typical services.
- Note: Any denial, reduction, suspension, or termination of service requires notification to the individual or legal guardian about their appeal rights.

Service Orders:

- Service orders can be completed by fully licensed clinicians.

Service Exclusions

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This service should not be provided to members where the enhanced services are able to be provided, and as with all services, there must be coordination with all providers and goals on the PCP.- For IDD members, if still able to receive periodic services this service would be excluded.

Treatment Program Philosophy, Goals, and Objectives

These services are designed to meet some of the broad healthcare, educational, vocational, residential, financial and other non-treatment needs of the member and may include the arrangement, linkage or integration of multiple service and providers involved in the member's care. Examples of such activities during a state of disaster include making referrals to other services or community resources that remain available; if this becomes necessary and following up to ensure services are initiated. In situations where the member is not able to receive the original authorized service, regardless of the circumstance, provision of supportive contacts, skill reinforcement, skill development through telephonic or other technology means, and face to face when it remains appropriate to do so.

Comprehensive Clinical Support interventions will include but are not limited to:

- Qualified Professionals will utilize virtual/telehealth visits for communication at the same frequency of contacts per week the service would typically be provided. Because services may not be able to be provided in a group setting, the per day hours may vary from what would be typically provided. For any service dates where, services were not provided the record should reflect the reason the service did not occur.
- In the event of a crisis, the provider will have a plan in place to proactively take steps to avoid sending a member to an Emergency Department or hospital unless absolutely necessary, including telephone triage, virtual visits, face to face telehealth visits, and in person visits when safe and clinically indicated. In the rare event that there is no other way to stabilize outside of a crisis facility setting, it is expected that providers contact the hospital, emergency department, or crisis facility ahead of time to provide advance communication of the specific details of the situation, including risk of member and other pertinent clinical information.
- Where activities align with evidenced based practices and can be provided in written formats to the families/members to work on in the home, they will be sent via email or electronic communication methods or packets that can be dropped off at the member's residence to be worked on independently and with appropriate coaching from staff.
- Therapy services with licensed clinicians at a frequency/session length that is clinically indicated for the member. Some members may require more frequent therapy sessions but for shorter time periods (multiple 30-minute sessions vs. one 60-minute sessions) and some may require more individual sessions than family.
- Parent training on developing a schedule, behavior plans (when this is within the professional scope of the staff providing the service), behavior de-escalation, etc. for services being delivered to children in homes with parents or alternative caregivers.
- Implementation of standardized measurement tools to measure symptom increase/decrease with adjustment to intensity of treatment and/or modifications to the treatment plan.
- In the event a member goes into crisis:
 - Staff would be on call 24/7/365 to support the member and family
 - First line support would be telephonic or telehealth
 - Appropriate staff would go out to the home if needed unless travel becomes restricted for essential personnel
 - Would utilize the other professionals such as therapist/psychiatrist/psychologist via secure telehealth to address the crisis while on-site
- Provider may provide linkage and coordination for the member and parents/family to treatment and/or community resources when showing symptoms of behavioral conditions or medical conditions or need assistance with crisis situations. Provider staff such as QPs will be responsible for linking to necessary resources as situations continue to develop with state of emergency. Providers will assist members/families with obtaining internet during this crisis where possible, so they can utilize telehealth. Providers can address any social factors that represent a current need or may arise during this pandemic.
- All members would have access to medication management directly through the provider agency providing CCS or in cases where the provider agency does not have an available psychiatric resource, they would have an established relationship with a provider than can provide this access to care as necessary for psychiatric evaluation and medication management.

Expected Outcomes

The expected clinical outcomes for this service are specific to recommendations resulting from clinical assessments and meeting the identified goals in the individual's PCP. Expected outcomes include but are not limited to the following:

- a. Decrease in the frequency/need for crisis intervention (use of ED, Mobile Crisis, and Facility Based Crisis).
- b. Connection to supports that can assist in meeting the identified needs which may be beyond the MH/IDD/SUD treatment system such as food, shelter, supplies.
- c. Maintenance of skills that have been developed through more intensive treatment programs.
- d. Connection to benefits such as unemployment, or other necessary resources. Utilization of this service will also be monitored to ensure that this is not utilized as a replacement for other more appropriate basis when these are available and that this is not used on a long-term basis but as a time limited support during extenuating circumstances such as a pandemic.

Staffing Requirements

Provider Requirements:

Comprehensive Clinical Support must be delivered by practitioners employed by a mental health/substance abuse provider organization that meet the provider qualification policies, procedures, and standards established by DMH and the requirements of 10A NCAC 27G. Provider must be approved by the Local Management Entity/Managed Care Organization (LME/MCO) to deliver this service.

Staffing Requirements:

Persons who meet the requirements specified for professional or paraprofessional status for the appropriate disability population or qualified professional or paraprofessional status for the appropriate disability population according to 10 NCAC 14V. Supervision is provided according to supervision requirements specified in 10 NCAC 14V and according to licensure/certification requirements of the appropriate discipline. Staff will receive training based on the functions they are performing as part of this service. For paraprofessional staff performing comprehensive clinical support functions as a part of a team lead by QPs/Licensed professionals, the agency will have an outlined training plan for these staff, including escalation training for additional support by clinical staff when indicated.

Service Type/Setting:

This is a per diem service which includes a variety of activities and interventions. This service is provided in any location.

Program Requirements: Includes face-to-face, telephone time, tele-health contacts with the member, collateral, and other agency personnel. The frequency and amount of this service is based on the individual's needs and is designed to be flexible. The activities must be directly related to support to the member and not strictly for administrative activities such as scheduling clinic appointments, appointment reminders, forwarding messages to staff, phone calls for cancellation of appointments, etc.

Staff Travel Time is not covered under this service. Preparation or completion of documentation such as service notes, time sheets, etc. is not covered under this service. This service is not intended to be billed when other enhanced services can be provided.

Unit of Service: 1 unit = per diem

Maximum is 1 unit per diem and up to 5 units per week.

Documentation Requirements:

Documentation is required of this service and should be maintained in the provider's medical record for the individual and a full-service note is required for all dates of service. This should include a note of the activities performed, amount

of time spent, agencies contacted, if applicable, and signature and credentials of the individual providing the service. For IDD members, a service grid can be utilized. If the services are delivered telephonically or through telehealth methods, the record should clearly support why this is the most appropriate service delivery method.

Targeted Length of Service

It is expected that a member will receive the service for as long as extenuating circumstances such as an extended illness, natural disaster, and/or pandemic are in place. The service may become intermittent depending on the member's individualized needs and may require to be extended longer based on the special situation.