



Title:	Case Support – Special Situations	Code:	T1016-U5
Type:	In Lieu of Service	Group Code:	N/A
Effective Date:	9/1/2021	Units:	One unit = 15 minutes

Service Description

The service includes activities with and/or on behalf of a member with Mental Health (MH), Intellectual/ Development Disabilities (IDD) and Substance Use Disorder (SUD) diagnoses.

Case Support interventions will include but are not limited to:

Services include case support activities are performed by an individual employed by a provider agency. The activities are for members that do not have other services in place that can provide this type of support or have had services temporarily suspended due to special situations, such as an extended illness, natural disaster, and/or pandemic.

The service is designed to meet some of the broad healthcare, educational, vocational, residential, financial, and social and other non-treatment needs of the member and prevent decompensation or a need for higher levels of care. The service includes the arrangement, linkage or integration of multiple services and providers involved in the member's care. This includes making referrals to enhanced service providers and following up to ensure services are initiated. This can also include provision of supportive contacts, skill reinforcement, and skill development through telephonic or other technology means.

These services may be needed when individuals are not able to attend or receive their typical site-based services, or face-to-face services when these services are not able to be provided due to the special situation.

Population to be Served

Children, Adolescents, and Adults with Mental Health (MH), Intellectual / Developmental Disabilities (IDD), or Substance Use Disorder (SUD) or an combination of the above.

Entrance Process

Prior authorization is not required if members are already linked to services with the provider, however post-service reviews may be conducted.

Eligibility Criteria: The member is eligible for this service when:

A. 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

B. Level of Care Criteria, LOCUS/CALOCUS, ASAM, or SNAP/SIS deemed eligible for services based on a documented developmental delay or disability. AND

C. The member is experiencing difficulties in at least one of the following areas:

1. Needs assistance with unmet health resource needs
2. Has financial concerns, but is unsure what resources may be available
3. Has unmet, identified, needs from multiple agencies
4. Needs advocacy and service coordination to direct service provisions from multiple agencies

Entrance Process - Identification of a member's need for Case Support would be identified at the time of the provider assessment, presentation to a walk-in clinic/open access, or upon identification that existing treatment services are unable to be delivered due to facility closure, or other circumstances that prohibit face-to-face delivery of services where this is typically required. This service shall be part of the member's treatment plan and have a valid service order prior to service initiation, unless this is being utilized under special circumstances related to pandemic circumstances. In those instances, this can be obtained retroactively. Screening should occur prior to service initiation to ensure that the member does not have any other active services that would duplicate interventions

Utilization Management

Continued Stay 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:

- A. Member has achieved initial service plan goals and additional goals are indicated.

B. Member is making satisfactory progress toward meeting goals.

C. 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.

D. Member is not making progress; the service plan must be modified to identify more effective interventions.

E. Member is regressing; the service plan must be modified to identify more effective interventions.

F. Member has not been linked to other more appropriate behavioral health services or these services are still not able to be provided due to a special circumstance.

Discharge Criteria

Member's level of functioning has improved with respect to the goals outlined in the service plan, or the member no longer benefits from this service. The decision should be based on one of the following:

1. Member is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
2. Member has moved to a bundle service where case support activities are included.
3. Other services are actively available that can meet the member's identified needs.

Note: Any denial, reduction, suspension, or termination of service requires notification to the member or legal guardian about their appeal rights.

Service Orders; A service order must be completed by a master's level behavioral health professional who has obtained full licensure in the state of North Carolina for members who have been diagnosed with primary mental health or substance use disorders; a service order must be completed by a Qualified Professional in Intellectual Disabilities/Developmental Disabilities (ID/DD) when the member's primary diagnosis is IDD.

Each service order shall be signed and dated by the authorizing professional and shall indicate the date on which the service was ordered. A service order must be in place prior to or on the day that the service is initially provided to bill for the service. The service order is valid for one year from the date of the original service order. Service orders may not be backdated.

Documentation Requirements; A full service note that meets the requirements per APSM 45-2 is required for all dates of service. The note must include the activities performed and the agencies contacted, if applicable. For IDD members, a service grid that meets the requirements per APSM 45-2 can be utilized and for elements that are unable to be captured in the grid alone, detailed notes for each service date should be included that support the time spent. However, a daily note is preferred. Documentation must be maintained in the member's medical record.

Service Exclusions

Service Exclusions/Limitations:

This service may not be provided to members linked with enhanced services when these services are actively being provided.

Expected Outcomes

Decrease in the frequency/ need for crisis intervention (use of ED, Mobile Crisis, and Facility Based Crisis)

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

Maintenance of skills that have been developed through more intensive treatment programs.

Connection to benefits such as Medicaid, Unemployment, or other necessary resources

The expected outcome of this service is to support consultation with other agencies and professionals who are assessing and addressing the identified cognitive and behavioral needs of the member and to facilitate referrals to appropriate treatment services on a short-term basis. Agencies will evaluate this service as part of overall satisfaction surveys. Utilization of this service will also be monitored to ensure that this is not utilized as a replacement for other more appropriate services when these are available; and that this is not used on a long-term basis, but as a time-limited support for activities that are not included in other services and would help address behavioral health needs and other social determinant of health needs.

Staffing Requirements

Provider Requirements - Case Support must be delivered by staff employed by a mental health, substance use, or intellectual and developmental disability (MH/SU/DD) provider organization that meets the provider qualification policies, procedures, and standards established by Division of Mental Health (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 Qualified Professional, Associate Professional, or Paraprofessional status for the appropriate disability population according to 10A NCAC 27G .0104. Supervision is provided according to supervision requirements specified in 10A NCAC 27G .0104 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 case support functions, the agency will have an outlined training plan for these staff, including escalation training for additional support by clinical staff when indicated.

Supervision: Supervision should be provided at the intensity required based on the level of staff providing the treatment and intervention, following the providers established policies for supervision of staff, and staff written supervision plans where these are required. Supervision can be provided virtually via telephone or two-way audio/video technology as necessary to ensure that staff requiring supervision have access to this to support the members receiving Case Support services most effectively.

Training:

Staff will have the same training as the service this is being utilized in lieu of, allowing for any flexibility that is given for training modifications through Federal or State guidance resulting from the special situation.

Service Type/Setting - This is an indirect periodic service where the case support staff arranges, coordinates, and monitors services on behalf of the member. This service is billable to Medicaid.

This service is provided in any location and can be provided via technology platforms that are appropriate for service delivery.

Program Requirements - Include in-person and face to face, telephone time, telehealth contact with the member, collateral, and other agency personnel. The frequency and amount of this service is based on the member's needs. 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.
- Structured services including Evaluations, Outpatient Treatment/Habilitation or Afterhours services are to be reported to the appropriate service type.
- This service is not utilized for members that have enhanced services in place, or services that are expected to provide case support activities, unless those services are temporarily unavailable due to unique circumstances such as those experienced during an extended illness, natural disaster, and/or pandemic.

Unit of Service: 1 unit=15 minutes

Targeted Length of Service

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 and length of time before programs can resume normal service operations.

