

4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
Description of Services

Effective October 12, 2009, no new admissions to this service will be allowed.
This service will end on June 30, 2010.

(c) Community Supports Child (CS) (CFR 42 430.130(d))

Community Support services are community-based rehabilitative services and interventions necessary to treat children and adolescents 20 years old or younger to achieve their mental health and/or substance abuse recovery goals and to assist parents and other caregivers in helping children and adolescents build resiliency. These medically necessary services directly address the recipient's diagnostic and clinical needs, evidenced by the presence of a diagnosable mental, behavioral, and/or emotional disturbance (as defined by the DSM-IV-TR and its successors), with symptoms and effects documented in a comprehensive clinical assessment and a Person Centered Plan.

These services are designed to:

- enhance skills necessary to address the complex mental health and/or substance abuse symptoms of children and adolescents who have significant functional deficits due to these disorders, to promote symptom reduction and improve functioning in their daily environments;
- assist the child/adolescent and family in acquiring the necessary skills for reaching recovery from mental health and/or substance abuse disorders, for self management of symptoms and for addressing vocational, housing, and educational needs;

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The rehabilitative service activities of Community Support consist of a variety of interventions that must directly relate to the recipient's diagnostic and clinical needs as reflected in a comprehensive clinical assessment and goals outlined in the Person Centered Plan.

These shall include the following, as clinically indicated:

- Identification of strengths that will aid the child and family in the child's recovery, as well as the identification of barriers that impede the development of skills necessary for functioning in the community that will be addressed in the Person Centered Plan;
- Individual (1:1) interventions with the child or adolescent, unless a group intervention is deemed more efficacious;
- Therapeutic interventions that directly increase the acquisition of skills needed to accomplish the goals of the Person Centered Plan;
- Identification and self-management of symptoms;
- Identification and self-management of triggers and cues (early warning signs);
- Direct preventive and therapeutic interventions, associated with the mental health or substance abuse diagnosis that will assist with skill building related to goals in the Person-Centered Plan as related to the mental health or substance abuse diagnosis and symptoms;
- Direct interventions in escalating situations to prevent crisis (including identifying cues and triggers);
- Assistance for the youth and family in implementing preventive and therapeutic interventions outlined in the Person-Centered Plan (including the crisis plan);
- Response to crisis 24/7/365 as indicated in the recipient's crisis plan and participation in debriefing activities to revise the crisis plan as needed;
- Relapse prevention and disease management strategies;
- Psychoeducation and training of family, unpaid caregivers, and/or others who have a legitimate role in addressing the needs identified in the Person Centered Plan.

Psychoeducation services and training furnished to family members and/or caregivers must be provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual. Psychoeducation imparts information to the recipients, families, caregivers, and/or other individuals involved with the recipient's care about the recipient's diagnosis, condition, treatment for the express purpose of helping to assist with developing coping skills. These skills will support recovery and encourage problem solving strategies for managing issues posed by the recipient's condition. Psychoeducational activities are performed for the direct benefit of the Medicaid recipient and help the recipient develop increasingly sophisticated coping skills for handling problems resulting from their condition. The goal of psychoeducation is to reduce symptoms, improve functioning, and meet the goals outlined in the Person Centered Plan.

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Continued Service Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the Community Support service goals in the recipient's Person Centered Plan; or the recipient continues to be at risk for relapse based on current clinical assessment, history, and the tenuous nature of the functional gains or continues to meet the utilization criteria established by the NC Department of Health and Human Services;

One of the following applies:

- A. Recipient has achieved current Community Support goals in the Person Centered Plan and additional goals are indicated as evidenced by documented symptoms.
- B. Recipient is making satisfactory progress toward meeting Community Support goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the Person Centered Plan.
- C. Recipient is making some progress, but the Community Support interventions in the Person Centered Plan need to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.
- D. Recipient fails to make progress and/or demonstrates regression in meeting the Community Support goals through the strategies outlined in the Person Centered Plan. The recipient's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, with treatment recommendations revised based on findings.

The Child and Family Team, comprised of the providers, recipient and family members who participate in the person-centered planning process, determine whether the recipient needs to continue the service and meets continued service criteria during a person-centered plan review process, in which the QP participates and provides clinical guidance. Based on the Child and Family Team's assessment and recommendation, the provider will then request continued service authorization through Medicaid's utilization management organization which makes the final determination of medical necessity.

Provider (Staff) Qualifications

All staff that provides services must have 20 hours of training specific to the requirements of the service definition within the first 90 days of employment.

- 6 hours service definition specific training
- 3 hours crisis response training
- 6 hours Person Centered Thinking training
- QP staff responsible for Person Centered Plan (PCP) development - 3 hours PCP Instructional Elements training
- 2-5 hours in other topics related to service and population(s) being served.

Training required for other purposes, such as Alternatives to Restrictive Intervention, client rights and confidential, infectious diseases and bloodborne pathogens may not be counted to achieve any of the 2-5 hours of additional training needed.

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4.b.(8) Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
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The agency must have a full time licensed clinical professional on staff. The community based service is provided by qualified professionals, and associate professionals, who must have 20 hours of training specific to the requirements of the service definition within the first 90 days of employment.

In addition, persons employed or contracted must meet the requirements specified (10A NCAC 27G.0104) for Qualified Professional (QP) and Associate Professional (AP) status, as defined on Attachment 3.1-A.1, Pages 7c.3d through 7c.3f of this State Plan Amendment , and who have the knowledge, skills, and abilities required by the population and age to be served, may deliver Community Support. Associate Professionals will deliver Community Support services to address directly the recipient's diagnostic and clinical needs under the direction of the Qualified Professional.

All Associate Professionals providing Community Support must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline. These staff must also demonstrate compliance with the identified competencies in the areas of participating empowerment, communication, clinical knowledge, community and service networking, implementation of person centered services, advocacy, crisis prevention and intervention and documentation. Non Post-Graduate degreed Qualified Professionals must be supervised by a Master's Level Qualified Professional, preferably Licensed.

The Qualified Professional performs the activities, functions, and interventions of the Community Support service definition included in the chart below. For sixty days after the tiered rates have been implemented by the State, thirty-five percent (35%) of community support services must be delivered by qualified professionals. Six months thereafter fifty percent (50%) of community support services must be delivered by qualified professionals.

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The following chart sets forth the activities included in this service definition. These activities reflect the appropriate scope of practice for the Community Support staff identified below.

Community Support Services	
Professional Services	Skill Based Interventions
May only be provided by the Qualified Professional.	May be provided by the Qualified Professional, the Associate Professional (under the supervision, direction, and oversight of the Qualified Professional).
<ul style="list-style-type: none"> • Therapeutic interventions that directly increase the acquisition of skills needed to accomplish the goals of the Person Centered Plan. • Psychoeducation regarding the identification and self-management of prescribed medication regimen, with documented communication to prescribing practitioner(s). • Direct preventive and therapeutic interventions that will assist with skill building related to goals in the Person-Centered Plan. • Direct interventions in escalating situations to prevent crisis (including identifying cues and triggers). • Assistance for the child/adolescent and family in implementing preventive and therapeutic interventions outlined in the Person-Centered Plan (including the crisis plan). • Response to crisis 24/7/365 as indicated in the recipient's crisis plan and participation in debriefing activities to revise the crisis plan as needed. • Relapse prevention and disease management strategies. 	<ul style="list-style-type: none"> • Provision of skill-building interventions to rehabilitate skills negatively affected by their mental health and/or substance abuse diagnosis <ul style="list-style-type: none"> ○ Functional skills ○ Socialization, relational, and coping skills ○ Self-management of symptoms ○ Behavior and anger management skills. • Implementation of preventive and therapeutic interventions that will facilitate skill building. • Identification and self-management of symptoms • Identification and self-management of triggers and cues (early warning signs). • Input into the Person Centered Plan modifications.

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Community Support Services (continued)	
Professional Services	Skill Based Interventions
<ul style="list-style-type: none"> • Psychoeducation of family, unpaid caregivers, and others who have a legitimate role in addressing the needs identified in the Person Centered Plan. • Participation in ongoing assessment activities (observation and ongoing activities to address progress or lack thereof) of this service. • Participation in the initial development and ongoing revision of Person Centered Plan through ongoing clinical involvement in the Child and Family Team. • Assessing, documenting, and communicating the status of the recipient's progress and the effectiveness of the strategies and interventions of this service to the Child and Family Team as outlined in the Person Centered Plan. • Supportive counseling to address the diagnostic and clinical needs of the recipient. • Supervision by the Qualified Professional of Community Support activities provided by Associate staff. The Qualified Professional is responsible for all the activities and interventions of this service. 	

Family members or legally responsible persons of the recipient may not provide these services for reimbursement.

Utilization management:

Services are based upon a finding of medical necessity, must be directly related to the child or adolescent's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals specified in the individual's Person Centered Plan. Medical necessity is determined by North Carolina community practice standards, criteria established by the NC Department of Health and Human Services and as verified by the independent Medicaid utilization management vendor. Prior authorization is required for all community support services. This initial prior approval process will ensure that the level of the service is appropriate and concurrent reviews will determine the ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.