

Family Living – Low Intensity

Family Living—Low Intensity is a residential service which includes room and board and provides "family style" supervision and monitoring of daily activities. Individuals live with a family who act as providers of supportive services. The service providers are supported by the professional staff of the area program or the contract agency with ongoing consultation and education to the service providers in their own homes. The professional staff provide progress reports to the treatment/habilitation team which has responsibility for the development of the treatment/habilitation plan.

GUIDELINES:

- (1) Only costs related directly to the placement (rent, subsidy to the family, etc.) shall be counted in this service cost.
- (2) Services of professionals in training and supervision to the family should be reported as Case Management/Support.
- (3) Clients receiving this service may utilize periodic or day program services from the area program; but, such services should be accounted for and reported separately.
- (4) Traditional models of family living in this type of service category include but are not limited to:
 - a. Alternative Family Living; or
 - b. Host Homes used for temporary, non-crisis placements when appropriate to the definition.
 [As of April 1, 1994 these placements should either be licensed under a "System of Services", as "Supervised Living", or under DSS foster care licensing.]

PAYMENT UNIT: Client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider/caregiver and the client which addresses and/or implements interventions outlined in the service plan. These may include supervision and monitoring of daily activities.

Structure of Daily Living

This service is designed to adhere to the principles of normalization and community integration.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to prepare to live as independently as possible.

Service Type

This is a 24-hour service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service occurs in facilities licensed in accordance with 10A NCAC 27G .5600 unless it is an unlicensed facility serving only one adult consumer.

Service Delivery Setting

This service occurs in facilities licensed in accordance with 10A NCAC 27G .5600 unless it is an unlicensed facility serving only one adult consumer.

Medical Necessity

- A. There is a mental health diagnosis present or the person has a condition that may be defined as a developmental disability as defined in G.S. 122C-3 (12a).
AND
- B. For individuals with an I/DD, NCSNAP or Supports Intensity Scale
AND
- C. The recipient is experiencing difficulties in at least one of the following areas:
 1. functional impairment
 2. crisis intervention/diversion/aftercare needs, and/or

3. at risk of placement outside the natural home setting.

AND

- D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:
1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer 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. Consumer has achieved initial service plan goals and additional goals are indicated.
- B. Consumer is making satisfactory progress toward meeting goals.
- C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.
- D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

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:

1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Family Living Low should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Evidence that gains will be lost in the absence of family living low is documented in the service record.

OR

- B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM-5 (or any subsequent editions of this reference material) diagnosis would necessitate a disability management approach.

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

Provider Requirement and Supervision	
Licensed providers must meet the specifications of 10A NCAC 27G .5600. Non-licensed facilities must comply with the staffing requirements as cited in 10A NCAC 27G .5602.	
Documentation Requirements	
This service requires documentation as specified in the Records Management and Documentation Manual.	
Appropriate Service Codes	
Medicaid	NC TRACKS
Not Billable	YP740