

Group Living-Low Intensity

Group Living-Low Intensity is care (room & board included) provided in a home-like environment to five or more clients. Supervision and therapeutic intervention are limited to sleeping time, home living skills and leisure time activities. Supervision is provided by one or more trained (but nonprofessional) adults at all times when clients are in the residence, but may be provided by either resident or rotating staff.

GUIDELINES:

- (1) Primary treatment and rehabilitation services are provided off-site and are accounted for and reported where appropriate (i.e., Outpatient Treatment/ Habilitation, ADVP).
- (2) Group Living-Low Intensity must be provided in a licensed facility and may include:
 - a. Halfway House Services for Substance Abusers;
 - b. Group Homes for MR/DD Adults or Children;
 - c. Group Homes for Mentally Ill Adults; and
 - d. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]
- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Structure of Daily Living

Group Living – low intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Service Type

Group living low is a residential service licensed under 10A NCAC 27G .5600. Payment unit is 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. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

Service Delivery Setting

This service is provided in 24-hour facilities including group homes, alternate family living and host homes.

Medical Necessity

A. There is an mental health or substance use 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. NC SNAP or Supports Intensity Scale or ASAM Level 3.1	
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.	
OR	
E. The individual's current residential placement meets any one of the following:	
1. The individual has no residence.	
2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.	
3. Current placement	
4. Involves relationships which undermine the stability of treatment.	
5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.	
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	
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Group 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:</p> <p>A. Evidence that gains will be lost in the absence of group living low is documented in the service record.</p> <p style="text-align: center;">OR</p> <p>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.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>	
Provider Requirement and Supervision	
<p>Group Living- Low Intensity must be provided in a licensed facility and may include:</p> <ul style="list-style-type: none"> a. Halfway House Services for Individual with a Substance Use Disorder; b. Group Homes for Individuals with an I/DD; c. Group Homes for Individuals with a Mental Health Disorder; and d. Therapeutic Camping Programs for ED Children. <p>[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]</p>	
Documentation Requirements	
<p>This service requires documentation as specified in the Records Management and Documentation Manual.</p>	
Appropriate Service Codes	
Medicaid	NC TRACKS
Not Billable	YP760