

Supervised Living--Moderate

Supervised Living--Moderate is a residential service, typically in an apartment which includes room and periodic support care to one or more individuals who do not need 24-hour supervision; or, for whom care in a group setting is considered inappropriate. Supervision includes routine or spontaneous visits, on-call support and sometimes more intense one-on-one contact for several consecutive hours, to the individual. It includes assistance in daily living skills, supportive counseling, and monitoring of the client's well-being. It may also include the employment of an individual to live with the client(s) in order to provide the appropriate level of supervision. The client may also be eligible for a subsidy from an additional funding source.

GUIDELINES:

- (1) A service should be considered as Supervised Living--Moderate when some (or all) of the rent or other household expenses are paid for as part of this service rate. [Supervision of individuals living independently should be reported as the specific type of service provided (i.e., Evaluation, Outpatient Treatment as defined, etc.)]
- (2) Supervised Living--Moderate usually includes a more intense (than Supervised Living--Low) frequency of supervision by employed professional or paraprofessional staff whose related expenses are cost found and whose time is reported as *Personal Assistance*.
- (3) Preparation and documentation time are NOT to be reported.
- (4) Documentation in the client record is required.

PAYMENT UNIT: Client bed day. Staff who support a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. If a client is temporarily in a respite or other 24-hour placement which will be billed to Funding, staff are to assure that there is no double billing. Therapeutic Leave does not apply to this service.

Therapeutic Relationship and Interventions

If the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision, the services to be provided by the employee must be related to documented needs of the resident.

Structure of Daily Living

Provides support and supervision, if clinically indicated, in the client's residence.

Cognitive and Behavioral Skill Acquisition

Primary treatment and rehabilitation services are provided off-site and are accounted for and reported where appropriate (i.e. Outpatient treatment/habilitation).

Service Type

Supervised living moderate would be licensed under 10A NCAC 27G .5600 only if 2 or more clients share the living arrangement and the clients are not the holders of the lease. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service may provide a transition to greater independence or may provide housing and supports for the long term.

Service Delivery Setting

Services are provided in the residential setting

Medical Necessity

Applicable only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision:

- A. There is a mental health or substance use disorder diagnosis present or the person has a condition that may be identified as a developmental disability as defined in G.S. 122-C-3(12a).

ANDB. NCSNAP or Supports Intensity Scale or ASAM Level

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 involves relationships which undermine the stability of treatment.
4. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

Service Order Requirement

A service order is necessary only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision. Service orders must be completed by a physician or licensed psychologist prior to or on the day services are to be provided.

Continuation/Utilization Review Criteria

Required only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision, the services to be provided by the employee must be related to documented needs of the resident. Continuation of live in staff must be reviewed whenever there is a significant and sustained reduction in the client's need for this level of supervision.

Discharge Criteria

Discharge Criteria is only relevant if the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision:

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

Service Maintenance Criteria is only relevant if the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision:

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, the service 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 group living moderate 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) or its successor 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

Must be licensed under 10A NCAC 27G .5600 if 2 or more adults are served in the supervised living setting and the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision.

Documentation Requirements

This service requires documentation as specified in the Records Management and Documentation Manual.

Appropriate Service Codes

Medicaid	NC TRACKS
Not Billable	YP720