

**.Alliance Alternative or “in Lieu of” Service Description
Template**

1. Service Name and Description:

Service Name: Child and Adolescent Day Treatment Provided During Disaster or Emergency

Procedure Code: H2012 HA 22

Description:

2. Information About Alliance Population to be Served:

Population	Age Ranges	Projected Numbers	Characteristics
MH	5-17 unless age waiver existed prior to facility closure due to disaster or emergency, and then can be utilized through age 20.		This service is designed to serve children who, as a result of their mental health or substance use disorder treatment needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting. The provider implements therapeutic interventions that are coordinated with the individual’s academic or vocational services available through enrollment in an educational setting. A Memorandum of Agreement (MOA) between the Day Treatment provider, the Local Management Entity-Managed Care Organization, the Local Education Agency (or private or charter school) is highly encouraged. The purpose of an MOA is to ensure that all relevant parties (LEA, LME-MCO, provider) understand and support the primary purpose of the day treatment service definition which is to serve children who, as a result of their mental health or substance use disorder treatment needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting and school attendance is interrupted due to national, state or local declared emergency.

3. Treatment Program Philosophy, Goals and Objectives:

Treatment Program Philosophy: This service maintains members’ engagement in services by keeping them connected to their classroom staff and teaching their families to provide structure in their homes during this crisis. Staff also provide support to the families, provide and assist obtaining necessary resources, and provide clinical treatment on a regular basis which is defined in the PCP unless contraindicated for member health or safety reasons. If contraindicated this must be documented in the record. These interventions are designed to reduce symptoms, improve behavioral functioning, increase the individual’s ability to cope with and relate to others, promote

recovery, and enhance the individual's capacity to function in an educational setting, or to be maintained in community-based services. It is available for children 5 through 17 years of age, and up through age 20 only if the licensed facility in which the Day Treatment operated prior to the disaster had a waiver from DHSR at the time of facility closure. Day Treatment during Disaster or Emergency must address the age, behavior, and developmental functioning of each individual to ensure safety, health, and appropriate treatment interventions within the program.

: Service Requirements:

1. Retain service infrastructure during declared states of emergency or disasters and provide continuity of care by implementing current Day Treatment ratio requirements using face to face, virtual and telephonic methods.
2. Daily contact up to 5 days a week, as defined in the PCP, is expected for each member receiving day treatment services. Contacts include community/virtual/telephonic contact, case management duties, distribution of supplies, and psychoeducation of parent/caregiver. These contacts are completed by the Qualified Professionals (QP) or Associate Professionals (AP's) if applicable.
3. Based on the PCP and staffing, a schedule of specific interventions may be assigned to a Associate Professional (AP) or Paraprofessional (PP) for completion under the direction of the QP.
4. QPs will utilize virtual/telehealth visits for daily communication. For those families that may not have access, telephonic visits are allowed.
5. In the event of a crisis, OP, in consultation with the LP, will provide virtual or telephonic support or visit the house, as needed, and in compliance with any governmental orders, continuing first responder responsibility.
6. QPs will implement developmentally appropriate preventive and therapeutic interventions to members. Staff will use the appropriate evidence-based treatment elements applicable to service delivery method. If staff can't go into the homes due to illness or family refusal, they can drop off any treatment materials and work with them through electronic communication.
7. There will be at least 1 documented session of therapy per week at minimum with the licensed clinician, which can include the family.
8. Parent training is provided on topics such as developing a schedule, behavior plans, behavior de-escalation, and self and family care during disasters or states of emergency, etc. This can be done via telehealth or telephonic methods by the QP, or LP.
9. In the event a member has a crisis:
 - a. Staff would be on call 24/7/365 to support the child and families
 - b. First line support would be telephonic or telehealth

- b. QP will conduct face to face visit as needed in consultation with the LP and in compliance with any governmental orders..
 - c. If face to face QP will utilize the therapist via secure telehealth to consult and assist addressing the crisis while on-site.
 - d. If parent(s) or caregiver(s) are experiencing behavioral health concerns or need assistance with crisis situations, that cannot be addressed by the provider or are experiencing medical issues requiring attention they are linked to the appropriate a provider.
10. QPs are responsible for linking the beneficiary to necessary resources as national, state and local guidelines and mandates are issued. Staff will assist them with obtaining free internet during this crisis, and telephones so they can utilize telehealth. Staff can address any social factors that may be a current need or may arise during this national, state or local crisis.

4. Expected Outcomes:

Expected clinical outcomes may include, but are not limited to the following:

- improved social, emotional, or behavioral functioning;
- reduced mental health or substance use disorder symptomatology;
- improvement of behavior, anger management, or developmentally appropriate coping skills;
- enhancement of communication and problem-solving skills;
- increased identification and self-management of triggers, cues, and symptoms and decreased frequency or intensity of crisis episodes;
- engagement in the recovery process, for children with substance use disorders,
- reduction of negative effects of substance use disorder or psychiatric symptoms that interfere with the beneficiary's daily living
- maintaining residence with a family or community based non-institutional setting (foster home, therapeutic family services);
- reduction in behaviors that require juvenile justice involvement;
- increased use of available natural and social supports
- provide routine and stability for the family
- intervene and support during a crisis and only referring to crisis services when safety cannot be maintained in the community

5. Utilization Management:

Entrance Criteria

Children that are already enrolled in Child and Adolescent Day treatment or meet criteria for this service based on the current Clinical Coverage Policy are eligible for this service. Children five through 17 are eligible for this service when all of the following criteria are met: A. There is a mental health and/or substance use disorder diagnosis (as defined by the DSM-5 or any subsequent editions of this reference material), other than a sole diagnosis of an intellectual or developmental disability. B. For children with a substance use disorder diagnosis, the ASAM Criteria (American

Society of Addiction Medicine) are met for Level 2.1. C. Both of the following shall apply: 1. Evidence that less restrictive mental health and/or substance abuse rehabilitative services in the educational setting have been unsuccessful as identified in clinical documentation. 2. The individual exhibits behavior resulting in significant school disruption or significant social withdrawal. D. The individual is experiencing mental health or substance use disorder symptoms (not solely those related to his or her diagnosis of an intellectual or developmental disability) related to his or her diagnosis that severely impair functional ability in an educational setting which may include vocational education. E. There is no evidence to support that alternative interventions would be equally or more effective, based on North Carolina community practice standards (Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Society of Addiction Medicine).

Continued Stay Criteria

The individual is eligible to continue this service if the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the individual's PCP; or the individual continues to be unable to function in an appropriate educational setting, based on ongoing assessments, history, and the tenuous nature of the functional gains. AND One of the following applies. The individual:

A. has achieved current PCP goals, and additional goals are indicated as evidenced by documented symptoms.

B. is making satisfactory progress toward meeting goals, and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the PCP.

C. The individual is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with his or her premorbid level of functioning, are possible.

D. fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. The individual's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations should be revised based on the findings. This includes consideration of alternative or additional services.

Discharge Criteria

The individual meets the criteria for discharge if any one of the following applies:

A. The individual has achieved goals and is no longer in need of Day Treatment services.

B. The individual's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a plan to transition to a lower level of care or appropriate educational setting.

C. The individual is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services.

D. The individual or legally responsible person no longer wishes to receive Day Treatment services.

The individual, based on presentation and failure to show improvement despite modifications in the PCP, requires a more appropriate best practice treatment modality based on North Carolina community practice standards (for example, National Institute of Drug Abuse, American Psychiatric Association).

Service Exclusions and Limitations

The beneficiary may receive Day Treatment services from only one Day Treatment provider organization during any active authorization period for this service. The following are not billable

under this service: a. transportation time (this is factored in the rate); b. any habilitation activities; c. child care; d. any social or recreational activities (or the supervision thereof); e. clinical and administrative supervision of staff (this is factored in the rate); or f. educational instruction.

Service delivery to individuals other than the beneficiary may be covered only when the activity is directed exclusively toward the benefit of that beneficiary.

Day Treatment services may not be provided during the same authorization period as the following services: a. Intensive In-Home Services; b. Multisystemic Therapy; c. Individual, group and family therapy; d. Substance Abuse Intensive Outpatient Program; e. Child Residential Treatment services– Levels II (Program Type) through IV; f. Psychiatric Residential Treatment Facility (PRTF); g. Substance abuse residential services; or h. Inpatient hospitalization.

EPSDT Special Provision

Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

- 1) That is unsafe, ineffective, or experimental or investigational.
- 2) That is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

EPSDT and Prior Approval Requirements

- 1) If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.

- 2) IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://www.ncdhhs.gov/dma/epsdt/>

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problem.

A. Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:

Provider Requirements

Day Treatment services shall be delivered by practitioners employed by mental health, substance abuse, or intellectual or developmental disability provider organizations that are currently certified as a Critical Access Behavioral Healthcare Agency (CABHA), and meet the requirements of 10A NCAC 27G and the provider qualification policies, procedures, and standards established by DHM/DD/SAS. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations shall demonstrate that they meet these standards by being credentialed by the LME-MCO. Additionally, the organization shall achieve national accreditation with at least one of the designated accrediting bodies within one year of enrollment as a provider with the LME-MCO. The organization shall be established as a legally recognized entity in the United States and qualified or registered to do business as a corporate entity in the State of North Carolina, capable of meeting all of the requirements of the LME-MCO credentialing process, DMH/DD/SAS Communication Bulletins, the DMH/DD/SAS Records Management and Documentation Manual, and service implementation standards. The provider organization shall comply with all applicable federal and state requirements as allowed during disaster or emergency

The organization is responsible for obtaining authorization from the LME-MCO for medically necessary services identified in the PCP.

Staffing Requirements

All staff working in a Day Treatment Program must have the knowledge, skills and abilities required by the population and age to be served.

This service is delivered by the following staff:

1. One (1) full time program director who meets the requirements specified for a QP (preferably Master's level or a Licensed Professional), has a minimum of two years of experience in child and adolescent mental health or substance abuse treatment services and who must be actively involved in program development, implementation, and service delivery. This individual may serve as one of the QPs in the Day Treatment Program staffing ratio. Program Director is responsible for setting weekly schedules and evaluating staffing.
2. A minimum of one (1) FTE QP, per six children, who has the knowledge, skills, and abilities required by the population and age to be served, who must be actively involved in service delivery. QP staffing must be sufficient to anticipate and meet the needs of individuals receiving this service. Staffing should be based on member acuity and needs identified in the PCP to assure service provision in the community.
3. A minimum of one (1) additional FTE (QP, AP, or Paraprofessional) for every 18 enrolled individuals beginning with the 18th enrolled individual. Staffing should be based on member needs identified in the PCP.
4. A minimum of a .5 of a full time dedicated Licensed Professional for every 18 enrolled individuals. This individual must be actively involved in service delivery. An associate level Licensed Professional who fills this position must be fully licensed within 30 months from the effective date of this policy. For associate level Licensed Professionals hired after the effective date of this policy, the 30-month timeline begins at date of hire. For substance use disorder focused programs, the Licensed Professional must be an LCAS (For example, a program with 10 individuals needs one .5 LP; a program with 19 individuals needs one full time LP).

Although the Licensed Professional is in addition to the program's QP to individual ratio, he or she may serve, as needed, as one of the two staff when children are present.

If, for additional staffing purposes, the program includes persons who meet the requirements specified for AP or Paraprofessional status according to 10A NCAC 27G .0104, supervision must be provided according to supervision requirements specified in 10A NCAC 27G .0204 and according to licensure requirements of the appropriate discipline.

Supervision:

The Program Director will conduct weekly team meetings (virtual or telephonic) at minimum to assess member needs, and coordinate treatment between staff.

If, for additional staffing purposes, the program includes persons who meet the requirements specified for AP or paraprofessional status according to 10A NCAC 27G .0104, supervision must be

provided according to supervision requirements specified in 10A NCAC 27G .0204 and according to licensure requirements of the appropriate discipline. Supervision may be provided through virtual/telehealth or by telephone.

B. Unit of Service:

Services	rate	unit of service
Child and Adolescent Day Treatment During Disaster	157.05	1 per day

C. Anticipated Units of Service per Person: Up to 5 per week.

D. Targeted Length of Service:

The service is provided while regular licensed facilities cannot be utilized safely, there is a declared national, local or state disaster or emergency, and the LME-MCO has determined to utilize a crisis alternative service definition, and the member meets medical necessity for the service.

E. Describe why this service is needed and is different than any State Plan or alternative service already defined. If implemented in other states, describe successful outcomes.

The response to the current pandemic crisis has driven a sudden and severe interruption in the provision of day treatment services to children and adolescents with mental health or substance use disorder treatment needs. A disaster has left beneficiaries without access to licensed facilities and in this public health crisis there is the need to avoid having all of the members and staff in the same building and vehicles. If these members are home without the level of treatment that they currently receive, it will be detrimental to their mental health and the safety of those around them. This is exacerbated at a time when there is much uncertainty around them. This service can be added to the LME-MCO benefit plan in disaster only.

10. Cost-Benefit Analysis: Document the cost-effectiveness of this alternative service versus the State Plan services available.

The service is cost neutral.

Description of comparable State Plan Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
Day Treatment	H2012 HA	Hourly	6 per day Alliance utilization averages 5 hours per day	31.41 hourly 157.05 daily

Description of Alternative Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
Day Treatment During Disaster	H2012 HA 22	Daily	1 per day	157.05.

Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.)

Claims data will reflect fee for service billing. Data will be uploaded to DHB by the MCO.

Description of Monitoring Activities :

The MCO will monitor level of care and outcomes tracking with use of the CANS or CALOCUS periodically and at discharge. It is expected that this service would be effective and resulting in positive outcomes when a lower score is reported in the request for re-authorization. This would indicate a plan for successful transition back to basic services (OPT).

- Completion of CANS or CALOCUS and NC TOPPS to track outcomes for individual children. Aggregate data is reviewed to support provider in delivery of service.

Documentation Requirements

A full service note for each contact or intervention (for each date of service, written and signed by the person(s) who provided the service will contain the following information: recipients name, service record number, Medicaid identification number if applicable, service provided, date of service, place of service, type of contact (face to face, virtual, telephone call, collateral), purpose of contact, providers interventions, time spent providing interventions, description of effectiveness of intervention, and signature and credentials of the staff member(s) providing the service. Beginning at the time of admission, all interventions/activities regarding discharge planning and transition with youth, family/caregiver, and child and family team will be documented.