

Alternative or “in Lieu of” Service Description
Template

Service Name and Description: *Partners Individual Rehabilitation, Coordination, and Support (IRCS) Services.* The purpose of this service is to enhance, restore and/or strengthen the skills needed to promote and sustain independence and stability within the individual’s living, learning, social, and work environments. IRCS is a skill building service, not a form of psychotherapy or counseling. The intensity and frequency of services offered should reflect the scope of impairment. Services are generally more intensive and frequent at the beginning of treatment and are expected to decrease as the beneficiary’s skills develop. Services are based on medical necessity, person-centered, shall be directly related to the beneficiary’s diagnostic and clinical needs and are expected to achieve the specific rehabilitative goals specified in the individual’s Person-Centered Plan.

Service Name: Partners Individual Rehabilitation, Coordination, and Support Services (ICRS)

Procedure Code: H0217U5

License: N/A

Description:

Individual rehabilitation, coordination, and support services assist individuals in achieving rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of adaptive and compensatory strategies, identification and use of natural supports, and use of community resources. IRCS services help clients develop and practice skills in their home and community.

IRCS services include activities that are necessary to achieve goals in the PCP in the following areas:

- Independent living skills - development related to increasing the individual’s ability to manage his or her illness(es), to improve his or her quality of life, and to live as actively and independently in the community as possible;
- Personal living skills - development in the understanding and practice of daily and healthy living habits and self-care skills; and
- Interpersonal skills - training that enhances the individual’s communication skills, ability to develop and maintain environmental supports, and ability to develop and maintain interpersonal relationships.
- Vocational skills- Training that enhances the individual’s vocational skills in order to obtain and maintain employment.

IRCS is designed to improve the quality of life for individuals by helping them assume responsibility over their lives, strengthen living skills, and develop environmental supports

necessary to enable them to function as actively and independently in the community, as possible.

IRCS must be provided in a natural setting. Everyone should be offered IRCS in a manner that is strengths-based and person centered. IRCS must provide opportunities for the individual to acquire and improve skills needed to function as adaptively and independently as possible in the community and facilitate the individual's community integration.

ICRS operates within a system of care that provides treatment, rehabilitation, coordination and support services. The proposed course of treatment includes specific one-to-one support in community interventions that will assist the individual in practicing and reinforcing specific skills in natural settings.

The nature of the individual's impairment and/or skill deficits require one-to-one support services to facilitate more effective role performance within their own personal living environments (e.g., home, neighborhood, school, and work) and relationships (e.g., roommates, family, friends, neighbors, landlords, co-workers and teachers). The individual's current assessment identifies specific functional impairments that can only be successfully remediated through one-to-one practice to reinforce target skills in natural community settings, including interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.

Individual rehabilitation activities include:

- Practice daily living skills, including personal care; meal preparation; maintaining housing; accessing social, vocational, and recreational opportunities in the community; and establishing or modifying habits and routines.
- Self-management of symptoms or recovery.
- Strengthen concentration, endurance, attention, direction following, and planning and organization skills necessary to progress in recovery.
- Assist with identifying and developing existing and potential natural support persons and teams.
- Assist with the development person centered plans and crisis management plans.
- Assist with identifying risk factors related to relapse, developing wellness plans and strategies and incorporating the plans and strategies into daily routines in one's natural environments.
- Support and promotion of member self-advocacy and participation in decision-making, treatment and treatment planning and facilitating learning to do this for oneself.
- Aid in identification and use of adaptive and compensatory strategies to assist the individual in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness.
- Identify and assist with modifying habits and routines to improve and support brain health, resiliency and recovery.

Coordination and support activities include:

- Assist with identifying and coordinating services and supports identified in an individual's PCP.
- Support the individual and family in crisis situations.
- Provide individual interventions to develop or enhance interpersonal and community coping skills.
- Support and consultation to the client or his/her collaterals that is directed primarily to the well-being and benefit of the client.
- Assist with identifying, coordinating and making use of individual strengths, resources, preferences and choices in natural settings.
- Facilitate adaptation to home, school, and work environments.

Admission Criteria for Adults (age 18 and older)

A-G must be met to satisfy criteria for admission into IRCS services.

- A. The individual has received a comprehensive clinical assessment and has been diagnosed with a serious and persistent mental illness (SPMI), which includes one of the following diagnoses: Bipolar Disorder, Major Depression, a diagnosis within the spectrum of psychotic disorders, and/or Substance use disorder (SUD).
- B. The individual has a serious and persistent mental illness (SPMI) and/or substance use disorder (SUD) and the symptom-related problems interfere with the individual's functioning and living, working, and/or learning environment.
- C. Because of the SPMI or SUD, the individual experiences moderate to severe functional impairment that interferes with three or more of the following areas: daily living, personal relationships, school/work settings, and/or recreational setting.
- D. Traditional basic services (e.g., individual/family/group therapy, medication management, etc.) alone are not clinically appropriate to prevent the individual's condition from deteriorating. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- E. Individual meets three or more of the following criteria as documented on the Diagnostic
 - Is not functioning at a level that would be expected of typically developing individuals their age;
 - Is at risk of psychiatric hospitalization, homelessness, and/or isolation from social supports due to the individual's SPMI and/or SUD;
 - Exhibits behaviors that require repeated interventions by the mental health, social services, and/or judicial system;
 - Experiences impaired ability to recognize personal and/or environmental dangers and/or significantly inappropriate social behavior.
- F. Individual is expected to benefit from the intervention and identified needs would not be better met by any other formal or informal system or support.

- G. A service order for *(IRCS) Services*. must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.

Continued Service Criteria

A-E must be met to satisfy criteria for continued IRCS for Adults (age 18 and older) services.

- A. The individual continues to meet the admission criteria.
- B. There is documentation from the provider that the individual is receiving the scope and intensity of services required to meet the program goals stated in the service description.
- C. Individual has shown improvement in functioning in at least two of the following areas: daily living, personal relationships, school/work settings, and/or recreational setting, and is expected to continue to benefit from IRCS, which remains appropriate to meet the individual's needs.
- D. The individuals and others identified by the person-centered plan process are active participants in the creation of the person-centered plan and discharge plan and are actively participating in treatment. The individual's designated others and treatment team agrees on treatment goals, objectives and interventions.
- E. The desired outcome or level of functioning has not been restored and/or sustained over the time frame outlined in the individual's person-centered plan.

Service Documentation

IRCS must be listed on the person-centered plan with a specific planned Service Documentation frequency to meet the identified individualized needs of the member. Specific documentation of the delivery of IRCS service must include a description of the intervention, member's response to the intervention, and progress toward goals/objectives in the PCP. Documentation must clearly reflect the specific need of the individual and the therapeutic interventions and support rendered to address the need(s) of the individual.

The qualified staff providing the service is responsible for completing and signing the service notes. The notes should clearly identify the specific goal(s) from the person-centered plan for which the delivery of IRCS addresses.

Services must be documented upon each contact with the individual. Additionally, the service notes and other documentation must meet all NCDHHS requirements.

The frequency and delivery mode of IRCS shall be determined by the clinical need of the member.

Acceptable Delivery Mode(s):

- On-Site
- Off Site
- Home

- Face to Face
- Two-way face to face video communication
- Phone
- Individual

1. Information About Population to be Served:

| Population | Age Ranges | Projected Numbers | Characteristics |
|-------------------|-------------------|--------------------------|--|
| SMI, SED, SUD | 18+ | 400 | Individuals with Serious and Persistent Mental Illness and/or Substance Use Disorder and have experienced impairment in daily living skills and will benefit from individual coaching and assistance in psychosocial rehabilitation, coordination, and supports. Without this service, this population would be at risk of institutionalization and hospitalization. |

2. Treatment Program Philosophy, Goals and Objectives:

Similar to Psychosocial Rehabilitation Service, IRCS is based on the principles of recovery, including equipping beneficiaries with skills, emphasizing self-determination, using natural and community supports, providing individualized intervention, emphasizing employment, emphasizing the “here and now”, providing early intervention, providing a caring environment, practicing dignity and respect, promoting beneficiary choice and involvement in the process, emphasizing functioning and support in real world environments, and allowing time for interventions to have an effect over the long term.

The service is to be used to facilitate cognitive and socialization skills necessary for functioning in a home, work, and/or community environment, focusing on maximum recovery and independence.

There should be a supportive, therapeutic relationship between the providers, beneficiary, and family which addresses or implements interventions outlined in the Person-Centered Plan (PCP) in ANY of the following skills development, educational, and pre-vocational activities:

- a. Community living, such as housekeeping, shopping, cooking, use of transportation facilities, money management;
- b. Personal care such as health care, medication self-management, grooming;
- c. Social relationships;
- d. Use of leisure time;
- e. Educational activities which include assisting the beneficiary in securing needed education services such as adult basic education and special interest courses; or

- f. Prevocational and transitional employment activities which focus on the development of positive work habits and participation in activities that would increase the participant's self-worth, purpose and confidence; these activities are not to be job specific training.
- g. Identification and addressing of unmet health related resource needs.

Provider Requirements

3. Expected Outcomes:

- Afford members life experiences and extended social networks.
- Reduce hospitalizations and/or length of stay when hospitalization is deemed medically necessary.
- Increase quality of life.
- Address and eliminate, when possible, social determinants of health.
- Achieve gains in psychosocial functioning, that when not supported the member is at risk of institutionalization, including:
 - Residential stability;
 - Social autonomy;
 - Role performance;
 - Employment;
 - Social functioning; and
 - Member satisfaction.

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

Staff Qualifications

IRCS must be provided by qualified professionals according to 10A NCAC 27G .0104 and AP's and paraprofessionals who meet the requirements according to 10A NCAC 27G .0104 and who have the knowledge, skills, and abilities required by the population and age to be served.

IRCS can be provided individually with one participant at a time. Staff ratio should be one staff to fifteen individuals (1:15).

IRCS can be provided in small groups using audio-visual equipment. Staff ratio for virtual groups shall be one staff to eight (1:8) adult participants.

IRCS services rendered by AP's and paraprofessionals must be under the supervision of qualified professionals. Supervision shall be available at all times that an AP or Paraprofessional are working, i.e., if the AP staff is scheduled to work 1pm to 9pm, supervision shall also be available during this same time frame.

5. Unit of Service:

IRCS is billed in 15-minute units.

Rate = \$8.22/unit

This service is to be:

- Minimum of 1 unit per day x 5 days per week is delivered;
- Maximum of 10 hours week, 5 days per week hours per day;
- May be provided on weekends or in the evening.

The number of hours that participant receives IRCS services are to be specified in his or her PCP.

Services must be rendered in a setting that is convenient for the member and affords an adequate therapeutic environment and that protects the member's rights to privacy and confidentiality.

IRCS is not Medicaid reimbursable if it is provided in the following places of service: acute care hospitals, Inpatient Psychiatric Hospitals, Psychiatric Residential Treatment Facilities (PRTF), institutions and residential settings of any type of more than 16 beds, and recreational settings (a place primarily used for play and leisure activities, such as parks and community recreation centers).

Same Day Service Restrictions Community Support Team. Services must be coordinated with other services and providers with the PCP specifying which goals and objectives the service will be treating.

Service Exclusions include: ACTT, Psychosocial Rehabilitation Services, Partial Hospitalization, Day Treatment, Residential Treatment, Supervised Living, Intensive In-Home, Family Centered Treatment, Multisystemic Therapy, Young Adults in Transition, and High-Fidelity Wraparound.

6. Anticipated Units of Service per Person:

Average 2,080 units per individual per 12 months

7. Targeted Length of Service:

To be determined based on the statewide crisis or later, or by Partners in response to the crisis.

8. 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.

During a statewide crisis, including situations where a member’s health might be at risk if he/she were to receive services in a setting not conducive to health and wellness, ICRS service can fill a gap in service and help members to remain in their homes and in the community.

South Carolina and Illinois both have similar service, Community Support, that may deliver 1:1 and method of delivery includes phone and video.

IRCS was developed using the evidenced based Psychiatric Rehabilitation process founded by Boston University. “Regardless of the name of the program model, the discipline or background of the practitioner, the source of funding or the setting in which people are working, people who help people with severe mental illnesses improve their functioning and gain valued roles in the community should be aware of the essentials of the psychiatric rehabilitation process and how to work with it.” 2009. Anthony, W.A. and Farkas, M.D., Center for Psychiatric Rehabilitation. <https://cpr.bu.edu/app/uploads/2013/12/prprimer.pdf>

“Psychiatric rehabilitation promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person directed, and individualized. These services are an essential element of the health care and human services spectrum and should be evidence-based. *They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.*” 2007. Board of Directors of United States Psychiatric Rehabilitation Association (USPRA).

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

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

| Service | Procedure Code | Unit Definition | Units of Service | Cost of Service |
|---------|----------------|-----------------|------------------|---|
| PSR | H2017 | 15 min | 40 per week | 3.75/unit Total Cost for 9/1/19-12/31/19 = \$1,336,292.58 (date of payment); 335 members served; |

| | | | | |
|--|--|--|--|--|
| | | | | \$332.41 per week per member (40 units per week). Average unit cost = \$8.31/unit |
|--|--|--|--|--|

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

| Service | Procedure Code | Unit Definition | Units of Service | Cost of Service |
|---------|----------------|-----------------|------------------|---|
| IRCS | H2017U5 | 15 min | 40 units/week | \$8.31/unit 335 members x 332.41 / week x 12 weeks = \$1,336,288.2 Cost Neutral |

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

Providers will be required to report procedure code so that the encounter data will be captured. Recommend using code H2017 with a CR modifier. In the event the statewide crisis dissipates, the maximum service units would be shared with Psychosocial Rehabilitation.

Description of Monitoring Activities:

Providers will be required to adhere to the In Lieu of Service Definition and will have all required documentation in place to deliver the service. Provider will be expected to have internal quality management process in place to ensure service is delivered according to the definition and reduce risk for fraud, waste, or abuse.