Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

Alternative or "in Lieu of" Service Description
Long Term Residential Rehabilitation

Service Name and Description:

SERVICE NAME: Long Term Residential Rehabilitation

PROCEDURE CODE: YA328

DEFINITIONS

Long Term Residential Rehabilitation is a 24-Hour service for persons with Traumatic Brain Injury

that includes a significant amount of individualized cognitive remediation, therapeutic or rehabilitative programming as a part of the residential placement. This service includes long term rehabilitative day treatment services either off-site or in a community based setting; and the day and residential programming are highly integrated. People who receive this level of 24-Hour care are significantly impaired due to a traumatic brain injury and would otherwise require an institutional or rest home setting. Rehabilitation Residential and Day Staff are trained and receive regular professional support and supervision from licensed Rehabilitation professionals.

GUIDELINES:

1. The costs related to day and residential programming are part of the rate for this service.
2. Long Term Residential Rehabilitation must be provided in licensed facilities.
3. The determining factor, as to whether a particular group living arrangement is to be considered

Long term or short term, is the intensity of the individual treatment/rehabilitation provided and the

integration between day and 24-hour treatment/rehabilitation programming as defined.

PROVIDER ORGANIZATION REQUIREMENTS

Long Term Residential Rehabilitation services must be delivered by practitioners employed by mental health, developmental disabilities or substance abuse provider organizations that

- meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) including national accreditation; and
- fulfill the requirements of 10A NCAC 27G and

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being contracted by the Tailored Plan. Additionally, at the time of enrollment as a provider with the Tailored Plan, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Contract, bulletins, and service implementation standards.

The Long Term Residential Rehabilitation organization is identified in the Person Centered Plan. For state funded services, the organization is responsible for obtaining authorization from the Tailored Plan. The Long Term Residential Rehabilitation provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction

Staffing Requirements by Age/Disability

Persons who meet the requirements specified (10A NCAC 27G.0104) for Qualified Professional (QP), Associate Professional (AP), or Paraprofessional status, and who have the knowledge, skills, and abilities required by the population and age to be served, may deliver Long Term Residential Rehabilitation. A targeted case manager shall develop and coordinate the Person Centered Plan. Qualified Professionals (QP),Associate Professionals and Paraprofessionals may deliver Long Term Residential Rehabilitation services to directly address the recipient's diagnostic and clinical needs under the direction and supervision of a Licensed Rehabilitation Professional.

Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.

Program and Staff Supervision Requirement

All staff in the program must be supervised by a Licensed Rehabilitation professional on site with experience working with traumatic brain injury. Staff must be determined competent by the agency policies to execute the person centered plan that focuses on brain injury rehabilitation.

Service Type/Setting (Including any 27G licensure requirements)

Location(s) of services:

Long Term Residential Rehabilitation must be provided in a licensed facility specializing in traumatic brain injury rehabilitation which 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. Licensed Supervised Living facilities

This service includes providing "first responder" crisis response on a 24/7/365 basis to recipients experiencing a crisis.

Excluded service location(s):

This service may not be provided to individuals living in skilled nursing homes, family care homes, or intermediate care facilities.

Program Requirements

This is primarily delivered as an individual service.

The client to staff ratio is dependent on the individual needs but can be no higher than 3 to 1

Entrance Criteria & Eligibility Requirements

Individual consumer recipient eligibility for service admission

A. There is an Axis I or II present and an Axis III diagnosis for traumatic brain injury or the person has a brain injury that is defined as a developmental disability in GS 122C-3 (12a)

AND

B. The recipient is experiencing difficulties in at least one of the following areas:
1. functional impairment in occupational, cognitive and behavioral areas
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk of placement in a nursing home or institution

AND

C. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a rehabilitation setting if any of the following apply:
1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with traumatic brain injury diagnosis.
2. Presents with verbal, and physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community/home 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 community re-integration through individualized interventions and activities.

OR

D. The individual's current residential living situation 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.

Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service

Entrance Criteria: Integration with team planning process

A targeted case manager assist the person in development of a Person Centered Plan. This requirement may be fulfilled through the completion of assessment and admission service. If a substantially equivalent assessment is available that reflects the current level of functioning and contains all the required elements as outlined in community practice standards as well as in all applicable federal, state, and DHHS requirements, it may be utilized as a part of the current comprehensive assessment.

Continued Stay 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.

The expected clinical outcomes for this service are specific to recommendations resulting from clinical assessments and meeting the identified goals in the recipient's Person Centered Plan. This service will be authorized in six months intervals.

Expected clinical outcomes may include:

- Maintain recovery
- Reduce symptoms
- Increase coping skills and social skills that mediate life stresses resulting from the recipient's diagnostic and clinical needs
- Minimize the negative effects of symptoms and/or substance dependence that interfere with the recipient's daily living
- Use natural and social supports
- Utilize functional skills to live independently
- Develop and utilize strategies and supportive interventions to maintain a stable living arrangement and avoid of out-of-home placement

Evaluation of Consumer Outcomes and Perception of Care

This is a long term service and support for people with TBI, standard outcome measurement instruments such as NCTOPPS, MH/SA Consumer Satisfaction or NCI Surveys are applicable.

In addition to one or more of the following identified outcomes:

- Members are linked to appropriate level of services
- Members become engaged and involved in active treatment

Service Documentation Requirements

The minimum standard is a weekly full service note written and signed by the person who provided the service and a monthly service note written by the licensed professional who provided supervision of the service that includes:

- Recipient's name
- Medicaid identification number

- Service provided (e.g., Community Support – Individual or Group)
- Date of service
- Place of service
- Type of contact (face-to-face, phone call, collateral)
- Purpose of the contact
- Description of the provider's interventions
- Amount of time spent performing the interventions
- Description of the effectiveness of the interventions
- Signature and credentials of the staff member(s) providing the service (for paraprofessionals, position is required in lieu of credentials with staff signature)

Service Exclusions

An individual may receive Long Term Residential Rehabilitation services while residing in adult mental health developmental disabilities or substance abuse residential facilities licensed as 5600: but not at the same time they receive independent living; supervised living low or moderate; and group living low, moderate, or high.

Long Term Residential Rehabilitation–services may not be billed during the same authorization period for Psychosocial Rehabilitation services or Adult Day Activity or Adult Day Vocational as day services are a component of the Long Term Residential Rehabilitation service.

Service Limitations

Service units are billed as monthly units not to exceed 12 units per year.