MEDICAID 1915 (B) (3)

SERVICE NAME/AUTHORIZATION LEVEL:
Support and Service Coordination/Level I Service

SERVICE DESCRIPTION: Support and Service Coordination are functions performed by a supports coordinator, supports coordinator assistant, or a services and supports broker that include assessing the need for support and service coordination, by assuring the following:

* Planning and/or facilitating planning using the person-centered/family centered principles
* Developing an individual plan of service using the person-centered/family centered process
* At least **ONE** of the following elements of service provision: assessment, planning, linking, advocacy, coordination and monitoring of Specialty Services/Supports and other community services/supports must be provided
* Brokering of providers of services/supports
* Assistance with access to entitlements and/or legal representation
* Coordination with the Medicaid health plan, Medicaid fee for service, or other health care providers

Support strategies will incorporate the following principles:
* Empowerment
* Community Inclusion
* Health/Safety Assurances
* Use of Natural Supports

Providers will work closely with beneficiaries to also assure their ongoing satisfaction with the process and outcomes of supports, services, and available resources.

STANDARD PROCEDURE CODE: T1016

UNIT OF MEASURE: 15 minute increment (face-to-face contacts)

ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:

1. Beneficiary is experiencing a severe emotional disturbance, severe mental illness, or a developmental disability and meets eligibility requirements for specialty services, as defined in the Population Specific Practice Guidelines/Eligibility Chapter of this manual.

2. Beneficiary meets eligibility requirements for specialty services, as defined in the Medicaid Provider Manual and located in the Population Specific Practice Guidelines/Eligibility Chapter of this manual.

3. The service has been determined to meet Medical Necessity Criteria (see section on “Medical Necessity” for specific criteria, located in The Thumb Alliance Guiding Principles)

4. The service has been identified during the person-centered planning process

5. The service must be within the **least restrictive environment** (most integrated home, work, community that meet the individual's needs and desires), unless previous similar least restrictive arrangements have been demonstrated to be unsuccessful for the beneficiary

6. The service must be within individual's choice/control, unless there is documentation that health and safety would otherwise be jeopardized

7. The service is expected to achieve **one or more of the following goals:**

   a. **Community Inclusion and Participation**:
      - Individual uses community services and participates in community activities in the same manner as the **typical community citizen**
      - Examples: recreation (parks, art classes, writing classes, theater classes and productions, sporting events), socialization (visiting friends, attending club meetings), and civic activities (volunteering, voting)
      - A beneficiary's use of, and participation in, community activities are **expected to be integrated with that of the typical citizen (beneficiary would attend a community yoga class at the community rec. center, rather than a "special" yoga class for persons with mental illness)**

   b. **Independence:**
      - Within the B3 context, **independence is defined** by how the **individual defines their extent of "freedom**" (from another's influence, control, and determination) during the person-centered planning process
      - Examples: living on their own, controlling their own budget, controlling what and when they eat, when to go to bed and arise
      - For children/adolescents, independence may mean the support given by parents to help children/adolescents **achieve the skills** they need to be successful in school, enter adulthood, and then live independently

   c. **Productivity:**
      - Engaged in activities that result in or lead to maintenance of or increased self-sufficiency, which are typically going to school and work
      - Please note that the definition of productivity may be influenced by age-appropriateness (person who is 76 may choose to volunteer; however, a for a 5 year old, successful participation in school may be indicative of productivity)
      - Individuals would be expected to prepare for, or go to, school or work in the same places that the typical citizen uses.

PROVIDER QUALIFICATIONS:

1. Qualifications of a Supports Coordinator:
   a. Minimum of a Bachelor's degree in a human service field and one year of experience working with people with developmental disabilities, IF supporting that population; **OR**

b. Bachelor's degree in a human services field and one year of experience with people with mental illness/severe emotional disturbance if supporting that population

2. Qualifications of Supports Coordinator Assistant and Services/Supports Brokers:
   1. Minimum of a high school diploma and equivalent experience to a supports coordinator
   2. **Must function under the supervision of a qualified supports coordinator**

3. Services must be provided by a child mental health professional to any beneficiary with serious emotional disturbance **and** for children aged 7-17, the child mental health professional must be trained in the implementation of the CAFAS

TYPICAL SERVICE UTILIZATION PATTERN:

1. Face to Face Contact with the beneficiary assuring the core functions described in the "Service Description Section"

2. Function also includes other (non face-to-face) related activities that assure:
   a. Desires and needs of beneficiary are **determined**
   b. Supports and services desired **AND** needed by the beneficiary are **identified and implemented**
   c. Housing and employment are addressed
   d. Social networks are developed
   e. Appointments and meetings are scheduled
   f. Person-centered planning is provided, and independent facilitation of person-centered planning is made **available**
   g. Natural and community supports are used
   h. The quality of the supports/services, as well as the health/safety of the beneficiary, are monitored
   i. Income/benefits are maximized
   j. Activities are documented
   k. Plans of supports/services are reviewed at such intervals as are indicated during planning

3. Supports Coordination may **not** include direct delivery of ongoing day-to-day supports and/or training, or provision of other Medicaid services

4. The **frequency and scope** of supports coordination contacts must take into consideration the health and safety needs of the individual and must be specified in the beneficiary's plan of service

5. Role Differentiations among providers:

   a. The role of **a supports coordinator assistant** is to perform the functions listed in the above sections, as they are needed**, in lieu of a supports coordinator.**
   b. A **services/supports broker** is used to explore the availability of community services and supports, housing, and employment and then to make the necessary arrangements **to link** the beneficiary with those supports

c. The role of a supports coordinator or supports coordinator assistant when a services/supports broker is used is to perform the remainder of the functions as they are needed and to assure that brokering of providers of services and supports is performed.
d. If a beneficiary has **Both** a supports coordinator or supports coordinator assistant **AND** a services/supports broker, the **individual plan of service must clearly identify the staff who is responsible for each function**. There should **Never** be any duplication of service provision when both a supports coordinator or supports coordinator assistant **AND** a services/supports broker are assigned supports coordination responsibilities in a beneficiary's plan of service.

6. Decisions regarding the authorization of any B3 service (including amount, scope, and duration**) must take into account the PIHP's capacity to reasonably and equitably serve other beneficiaries with Medicaid, who also have needs for these services:**

    a. B3 supports and services are **NOT intended to meet all of the individual's needs and preferences,** as some needs may be better met by **community and other natural supports (which should be thoroughly explored by the provider before instituting B3 supports/services)**
        * Natural Supports would be defined as any unpaid assistance provided to the beneficiary by people in their network who are willing and able to provide such assistance.
        * The use of Natural supports must be documented in the beneficiary's individual plan of service

ASSOCIATED OUTCOMES:

* Increased Recovery
* Reduction in the usage of psychiatric hospitalizations/shortened length of stays of psychiatric hospitalizations
* Reduction in maladaptive behaviors
* Increased ability to function adaptively in interpersonal and social relationships, within a safe and healthy environment
* Increased attendance/academic status at school
* Increased Psychological/Natural Supports to assist beneficiaries in assessing/obtaining needed services/supports
* Decreased criminal justice/legal involvement
* Decreased symptomatology of severe disorder/illness
* Increased independence in accessing needed services/supports within the community
* Abstinence from drug and/or alcohol use
* Obtain and/or sustain employment
* Increased healthy family functioning
* Increased capacity/demonstration of family system to effectively/safely access needed resources/services/supports for child/adolescent in the community

NOTE: The above outcomes indicate potential results, based on individual needs. Some of these potential outcomes may not be applicable to particular beneficiaries of Support and Service Coordination.

TRANSFER/DISCHARGE CRITERIA:

1. Transfer:
   a. Less restrictive service:
      - When beneficiary has reached some of their treatment goals, applicable outcomes, and their functional status has demonstrated improvement
      - Natural supports in the environment have increased
      - Risk or co-morbidity factors have decreased

   b. More restrictive service:
      - Outcomes/treatment goals have not been met after one continuous year of Services/Support Coordination
      - Beneficiary's functional status has remained the same or worsened
      - Beneficiary's risk to self or others has increased
      - Symtomatology of beneficiary's serious disorder has increased with no alleviation for a marked period of time
      - Co-morbidity factors have significantly increased

   c. **NOTE**: admission/eligibility criteria for the specific service or component has to be met for any transfer to take place

2. Discharge/Termination:

   a. Beneficiaries will be terminated from this service, without transfer to less/more restrictive service, when Any **One** of the following conditions have been met:

      - Beneficiary has reached their treatment goals/objectives, satisfied applicable outcomes, **AND** can independently (**or with assistance of natural supports)** access needed services in the Community.

      - Beneficiary has withdrawn from services, as evidenced by:
        - Not attending for more than three consecutive sessions, despite active outreach by case manager/provider (would not be applicable for any emergency/crisis related circumstance)
        - Beneficiary has moved out of the service area
        - Beneficiary directly communicates an intent to withdraw (either by phone, letter or in person)

      - Death of Beneficiary