

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Supervised Living Low

"Supervised Living" is typically provided in individual apartments, sometimes clustered in small developments that may, or may not have an apartment manager on site during regularly scheduled hours. This is the least restrictive residential service that includes room and periodic support care. These apartments are the individual's home and they are not licensed facilities. In limited cases residents may receive an amount of rental assistance from the area program, but no mental health services are attached to the apartment. The individual may receive periodic mental health services such as outpatient treatment, structured day programming, etc., independent of the "supervised living" apartment. Community based mental health services such as Community Support or ACTT may be provided to the individual in the home, but the service is not programmatically linked to the home.

The costs reimbursed under this service vary according to setting and may include rental assistance on behalf of the tenant, or other operating expenses of the household including the salary of the onsite manager, if applicable, that is paid for out of the area program operating budget.

GUIDELINES:

- (1) A service should be considered as Supervised Living when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the LME operating budget. [Supervision of individuals living independently without area program subsidy, should be reported as the specific type of service provided (i.e., Assertive Outreach, Community Support, Personal Assistance, Screening, Evaluation, Outpatient Treatment/Habilitation as defined, etc.)]
- (2) Supervised Living--Low may include different frequencies 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 PBH, staff are to assure that there is no double billing. Therapeutic leave does not apply to this service.

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

Assistance with cognitive and behavioral skills the individuals needs to remain in this independent living option may be provided by the area program and private providers, but is not required for the individual to reside in a supervised living apartment.

Service Type

This service occurs in facilities licensed in accordance with NC T10A: 27G .5600 unless it is an unlicensed facility serving only one adult consumer. This service is not Medicaid billable.

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

N/A

Medical Necessity

- A. Must have an Axis I or II diagnosis or the person has a condition that may be identified as a developmental disability as defined in G.S. 122-C-3(12a).

AND

- B. Appropriate level of care
- LOCUS - Level 2
 - CALOCUS - Level 2
 - ASAM - Level III.1

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 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

N/A

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Continuation/Utilization Review Criteria

A. The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the consumer's service plan and the client continues to meet criteria as listed above.

OR

B. There is documented evidence that regression is likely to occur if the service is withdrawn based on multiple failed attempts at step-down to a lower level of care that have necessitated a return to this service.

OR

C. Any one of the following apply:

1. Consumer has achieved initial service plan goals and additional goals are indicated.
2. Consumer is making satisfactory progress toward meeting goals.
3. 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.
4. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
5. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

There is no discharge criteria for the service currently defined as "supervised living" service. North Carolina landlord/tenant laws and conditions of the signed lease apply.

Provider Requirement and Supervision

N/A

Documentation Requirements

N/A

Appropriate Service Code:

YP710

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

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.

GUIDELINES:

- (1) A service should be considered as Supervised Living--Moderate, only when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the LME operating budget. [Supervision of individuals living independently without LME subsidy, should be reported as the specific type of service provided (i.e., Assertive Outreach, Case Management/Support, Screening, Evaluation, and Outpatient Treatment/Habilitation 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 PBH, 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, case management, etc).

Service Type

Supervised living moderate would be licensed under NC T10A: 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.

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

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 an Axis I or II diagnosis present or the person has a condition that may be identified as developmental disability as defined in G.S. 122-C-3(12a).

AND

- B. Appropriate level of care
 - 1. LOCUS - Level 3
 - 2. CALOCUS - Level 3
 - 3. ASAM - Level III.4

AND

- C. The recipient is experiencing difficulties in at least one of the following areas:
 - 2. Functional impairment
 - 3. Crisis intervention/diversion/aftercare needs, and/or
 - 4. 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 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.

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Continuation/Utilization Review Criteria

A. The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the consumer's service plan and the client continues to meet criteria as listed above.

OR

B. There is documented evidence that regression is likely to occur if the service is withdrawn based on multiple failed attempts at step-down to a lower level of care that have necessitated a return to this service.

OR

C. Any one of the following apply:

1. Consumer has achieved initial service plan goals and additional goals are indicated.
2. Consumer is making satisfactory progress toward meeting goals.
3. 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.
4. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
5. 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.

Provider Requirement and Supervision

Must be licensed under NC T10A: 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 Service Records Manual.

Appropriate Service Code:

YP720

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Family Living Low Intensity

Family Living Low Intensity is a residential service which includes room and board and provides "family style" supervision and monitoring of daily activities. Individuals live with a family who act as providers of supportive services. The service providers are supported by the professional staff of the area program or the contract agency with ongoing consultation and education to the service providers in their own homes. The professional staff provide progress reports to the treatment/habilitation team which has responsibility for the development of the treatment/habilitation plan.

GUIDELINES:

1. Only costs related directly to the placement (rent, subsidy to the family, etc.) shall be counted in this service cost.
2. Services of professionals in training and supervision to the family should be reported as Case Management/Support.
3. Clients receiving this service may utilize periodic or day program services from the area program; but such services should be accounted for and reported separately.
4. Traditional models of family living in this type of service category include but are not limited to:
 - a. Alternative Family Living; or
 - b. Host Homes used for temporary, non-crisis placements when appropriate to the definition.

[As of April 1, 1994 these placements should either be licensed under a "System of Services", as "Supervised Living", or under DSS foster care licensing.]

PAYMENT UNIT:

Client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider/caregiver and the client, which addresses and/or implements interventions outlined in the service plan. These may include supervision and monitoring of daily activities.

Structure of Daily Living

This service is designed to adhere to the principles of normalization and community integration.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to prepare to live as independently as possible.

Service Type

This is a 24-hour service. This service is not Medicaid billable.

Service Delivery Setting

This service occurs in facilities licensed in accordance with NC T10A: 27G .5600 unless it is an unlicensed facility serving only one adult consumer.

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Medical Necessity

- A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as developmental disability as defined in G.S. 122C-3 (12a).

AND

- B. Appropriate level of care
- LOCUS - Level 2
 - CALOCUS - Level 2
 - ASAM - Level III.1

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.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

- D. The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the consumer's service plan and the client continues to meet criteria as listed above.

OR

- E. There is documented evidence that regression is likely to occur if the service is withdrawn based on multiple failed attempts at step-down to a lower level of care that have necessitated a return to this service.

OR

- F. Any one of the following apply:
1. Consumer has achieved initial service plan goals and additional goals are indicated.
 2. Consumer is making satisfactory progress toward meeting goals.
 3. 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.
 4. Consumer is not making progress; the service plan must be modified to identify more effective interventions.

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

5. 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.

Provider Requirement and Supervision

Licensed providers must meet the specifications of 10 NCAC 14V .5600. Non-licensed facilities must comply with the staffing requirements as cited in 10 NCAC 14V 5602.

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

**Appropriate Service Code:
YP740**

PBH State Funded Residential Assistance Series

Definitions as of 2-27-06

Family Living--Moderate Intensity

Family Living-- Moderate Intensity is a 24-hour service (including room and board) which provides professionally trained parent-substitutes who work intensively with individuals in providing for their basic living, socialization, therapeutic, and skill-learning needs. The parent-substitutes receive substantial training and receive close supervision and support from the area program or its contract agencies.

GUIDELINES:

1. Only costs related directly to the placement (rent, subsidy to the family, etc.) shall be counted in this service cost.
2. Services of professionals in training or supervision to the family shall be reported as Case Management/Support.
3. Clients receiving this service may utilize periodic or day program services from the area program; but, such services should be accounted for and reported separately.
4. Traditional models of family living in this type of service category include but are not limited to:
 - a. Therapeutic Home;
 - b. Professional Parenting;
 - c. Specialized Foster Care, when the parents are specifically trained and an additional subsidy (above the DSS payment) is provided to the parents in order to encourage them to care for a disabled child; and
 - d. Host Homes used for temporary, non-crisis placements when appropriate to the definition.

[As of April 1, 1994 these placements should either be licensed under a "System of Services", as "Supervised Living", or under DSS foster care licensing.]

PAYMENT UNIT:

Client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider/caregiver and the client, which addresses and/or implements interventions outlined in the service plan. These may include working intensively with individuals in providing for their basic living, socialization, and therapeutic and skilled learning needs.

Structure of Daily Living

This service is designed to adhere to the principles of normalization and community integration.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to prepare to live as independently as possible.

Service Type

This is a 24-hour service. This service is not Medicaid billable.

PBH State Funded Residential Assistance Series

Definitions as of 2-27-06

Resiliency/Environmental Intervention

This service focuses on assisting the individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

This service occurs in facilities licensed in accordance with 10 NCAC 14V .5600 unless it is an unlicensed facility serving only one adult consumer.

Medical Necessity

- A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

AND

- B. Appropriate level of care
- LOCUS Level 3
 - CALOCUS - Level 3
 - ASAM - Level III.5

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

N/A

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Continuation/Utilization Review Criteria

G. The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the consumer's service plan and the client continues to meet criteria as listed above.

OR

H. There is documented evidence that regression is likely to occur if the service is withdrawn based on multiple failed attempts at step-down to a lower level of care that have necessitated a return to this service.

OR

I. Any one of the following apply:

1. Consumer has achieved initial service plan goals and additional goals are indicated.
2. Consumer is making satisfactory progress toward meeting goals.
3. 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.
4. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
5. 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.

Provider Requirement and Supervision

Licensed providers must meet the specifications of 10 NCAC 14V .5600. Non-licensed facilities must comply with the staffing requirements as cited in 10 NCAC 14V 5602.

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Code:

YP750

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Group Living-Low Intensity

Group Living-Low Intensity is care (room & board included) provided in a home-like environment to five or more clients. Supervision and therapeutic intervention are limited to sleeping time, home living skills and leisure time activities. Supervision is provided by one or more trained (but nonprofessional) adults at all times when clients are in the residence, but may be provided by either resident or rotating staff.

GUIDELINES:

- (1) Primary treatment and rehabilitation services are provided off-site and are accounted for and reported where appropriate (i.e., Outpatient Treatment/ Habilitation, Case Management/Support, ADVP).
- (2) Group Living-Low Intensity must be provided in a licensed facility and 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. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Structure of Daily Living

Group Living low intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Service Type

Group living low is a residential service licensed under NC T10A: 27G .5600. Payment unit is client day; to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

PBH State Funded Residential Assistance Series

Definitions as of 2-27-06

Resiliency/Environmental Intervention

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

Service Delivery Setting

This service is provided in 24-hour facilities including group homes; alternate family living; and host homes.

Medical Necessity

- B. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

AND

- C. Appropriate level of care
 - LOCUS - Level 3
 - CALOCUS - Level 3
 - ASAM - Level III.4

AND

- D. 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

- E. 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 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

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

Service Order Requirement

N/A

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Continuation/Utilization Review Criteria

J. The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the consumer's service plan and the client continues to meet criteria as listed above.

OR

K. There is documented evidence that regression is likely to occur if the service is withdrawn based on multiple failed attempts at step-down to a lower level of care that have necessitated a return to this service.

OR

L. Any one of the following apply:

1. Consumer has achieved initial service plan goals and additional goals are indicated.
2. Consumer is making satisfactory progress toward meeting goals.
3. 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.
4. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
5. 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:

- A. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.
- B. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Provider Requirement and Supervision

Group Living- Low Intensity must be provided in a licensed facility and 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. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Code:

YP760

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Group Living-Moderate Intensity

Group Living-Moderate Intensity is a 24-Hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of the degree of their dependence or the severity of their disability. The care (including room and board), that is provided, includes individualized therapeutic or rehabilitative programming designed to supplement day treatment services, which are provided in another setting. This level of group living is often provided because the client's removal from his/her regular living arrangement is necessary in order to facilitate treatment.

GUIDELINES:

- (1) Day services received by individuals in residence are usually provided in another location and are to be reported according to the specific service received (i.e., ADVP, Developmental Day, and Psychosocial Rehabilitation).
- (2) Group Living-Moderate Intensity must be provided in a licensed facility and may include:
 - a. Residential Treatment for Children and Adolescents;
 - b. Group Homes for MR/DD/Behavioral Disturbed;
 - c. Therapeutic Residential Camping Programs; and
 - d. Specialized Community Residential Centers for Individuals with MR or DD (including some ICF/MR facilities).

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]
- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.
- (4) Documentation in the client record is required.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Structure of Daily Living

Group Living Moderate Intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Service Type

Group Living - Moderate Intensity is a residential service licensed under NC T10A: 27G .5600. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

Service Delivery Setting

This service is provided in 24-hour facilities including group homes; alternate family living; and host homes.

Medical Necessity

- A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

AND

- B. Appropriate level of care
- LOCUS Level 4
 - CALOCUS - Level 4
 - ASAM - Level III.5

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 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
 4. Involves relationships, which undermine the stability of treatment.

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

AND

- F. 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

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

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

- A. The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the consumer's service plan and the client continues to meet criteria as listed above.

OR

- B. There is documented evidence that regression is likely to occur if the service is withdrawn based on multiple failed attempts at step-down to a lower level of care that have necessitated a return to this service.

OR

- C. Any one of the following apply:
 1. Consumer has achieved initial service plan goals and additional goals are indicated.
 2. Consumer is making satisfactory progress toward meeting goals.
 3. 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.
 4. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
 5. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

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:

- A. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
- B. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Provider Requirement and Supervision

Group Living- Moderate Intensity must be provided in a licensed facility and may include:

- 1. Halfway House Services for Substance Abusers;
- 2. Group Homes for MR/DD Adults or Children;
- 3. Group Homes for Mentally Ill Adults; and
- 4. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Code:

YP770

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Group Living-High Intensity

Group Living-High Intensity is a 24-Hour service (including room and board) that includes a significant amount of individualized therapeutic or rehabilitative programming as a part of the residential placement. The clients can receive day treatment services either on-site or off-site; but, the day and residential programming is highly integrated. The clients who receive this level of 24-Hour care are significantly disabled and dependent and would need to be served in an institutional setting. Staff are trained and receive regular professional support and supervision.

GUIDELINES:

- (1) The costs related to day programming are often a part of the day rate for this service. If the day service is costed and reported separately, Group Living-Moderate Intensity should be considered as an alternative for this type of service.
- (2) Group Living-High Intensity must be provided in a licensed facility and may include:
 - a. Residential Treatment Centers for Children and Adolescents;
 - b. Residential Treatment for Alcohol, Drug or Substance Abuse; and
 - c. Specialized Community Residential Centers for Individuals with MR or DD (including some ICF/MR facilities).
- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Structure of Daily Living

Group Living - High intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Service Type

Group living high is a residential service licensed under NC T10A: 27G .5600, except for those facilities that provide Substance Abuse Services which are licensed under NC T10A: 27G .3400. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client s Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Resiliency/Environmental Intervention

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

Service Delivery Setting

Services provided in 24-hour facilities including group homes, alternate family living and host homes.

Medical Necessity

- A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a

AND

- Appropriate level of care
- LOCUS - Level 5
- CALOCUS - Level 5
- ASAM - Level III.7

AND

- B. 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

- C. 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

- D. 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

N/A

PBH State Funded Residential Assistance Series Definitions as of 2-27-06

Continuation/Utilization Review Criteria

D. The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the consumer's service plan and the client continues to meet criteria as listed above.

OR

E. There is documented evidence that regression is likely to occur if the service is withdrawn based on multiple failed attempts at step-down to a lower level of care that have necessitated a return to this service.

OR

F. Any one of the following apply:

1. Consumer has achieved initial service plan goals and additional goals are indicated.
2. Consumer is making satisfactory progress toward meeting goals.
3. 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.
4. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
5. 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.

Provider Requirement and Supervision

Group Living- Low Intensity must be provided in a licensed facility and 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. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Code:

YP780