# Brief Description of Proposed 1915(i) for Children and Youth: Population and Service Array

January 9, 2019

## Populations of focus

Youth under age 21 **and** diagnosed with a mental health condition and/or a substance use disorder and/or brain injury who **do not** qualify for developmental disabilities case management **and** meet one or more of the following home and community-based services (HCBS) eligibility criteria:

1. Intensive service needs as demonstrated by at least one of the following risk factors (a – h):
    a. at least one admission to a psychiatric residential treatment facility (PRTF) in the past 12 months
    b. at least one admission to a local community inpatient hospital related to behavioral health needs in the past 24 months
    c. more than one behavioral health-related emergency department visit in the past 12 months
    d. at least one admission to a residential child care facility in the past 24 months
    e. at least one placement in treatment foster care in the past 24 months
    f. at least one institutional placement related to behavioral health needs in the past 24 months
    g. at least one group-like supervised living placement related to a behavioral health issue in the past 24 months
    h. at risk of placement in a PRTF per assessment of referral information;
2. Intensive forensic service needs as identified by criminal justice system involvement (i – k:
    i. more than two law enforcement contacts in the past 12 months
    j. involvement in the juvenile justice system in the past 12 months
    k. involvement in jail or prison in the past 12 months
3. Any other significant functional limitations expected to result in homelessness, intensive service need, or justice involvement

## Anticipated services

**Service coordination**

Includes coordinating all services received by an individual and assisting the individual in gaining access to needed Medicaid State Plan and 1915(i) services, as well as medical, social, educational, and other resources, regardless of funding source. Service Coordinators are responsible for monitoring the provision of services included in the Person-Centered Plan to ensure that the individual's needs, preferences, health, and welfare are promoted.

**Respite**

Respite services are temporary services provided to enrolled children/youth unable to care for themselves, are provided on a short-term basis due to the absence or need for relief of those individuals who normally provide care to the enrolled child/youth. Respite may be planned or an emergency service depending on the needs of the child/youth. Services may be provided in time increments (15 minutes) or overnight (24-hour unit) depending on the needs of the child/youth and family. The single plan of

care must identify a need for the service and the number/types of units needed. This is not a substitute for regular care, direct care and supervision (such as after school respite for those older children/youth who do not fit tradition “daycare” but need supervision. Families are encouraged to utilize natural supports to meet this need. The service coordinator monitors and approves prior authorization requests to access the services, thus ensuring paid respite is utilized on a temporary and/or intermittent basis. Enrolled children/youth may receive up to the number of hours allowable under the amount not to exceed the average daily rate at the psychiatric residential treatment facilities, $506.00/day.

**Customized goods and services (supplemental supportive services)**
Services, equipment, supplies not otherwise provided that address an identified need in the single plan of care that meets the following: decrease the need for other MA services; promote inclusion in the community; increase personal safety in the home/community; improve success and inclusion in school environment; enhance family and/or peer relationships; reduce/prevent negative outcomes (arrest, delinquency, victimization or exploitation).The goods or services must be linked to a specific behavior/skill/resource need as identified in the single plan of care and are not generally covered by Medicaid or other sources. The services enable children/youth to access supports designed to improve or maintain opportunities for involvement in their community and socialization and improve overall functioning (extra-curricular activities and sports activities not covered by the school, purchase of electronic devices aimed at relaxation or soothing music, summer camps or classes, health club memberships, therapeutic or day supports, therapeutic riding or equine therapy, yoga, non-formulated dietary supplements). One-time deposits for housing/utility deposits, household supplies, and home furnishings for those transition-aged youth will be covered. These items must be identified in the single plan of care and related to a specific need. Customized goods and services are limited to $2000 per year of the child/youth’s enrollment and cannot be used for such items as monthly rent or mortgage, food, regular utility charges, household appliances, automobile purchases or repairs, and insurance. Customized goods and services should be used as the funding of last resort – only for those costs that cannot be covered by any other source and that are vital to the implementation of the person-centered treatment plan.

**Transitional supports**
Transitional supports are designed to assist individuals transitioning to adulthood with supports in self-advocacy, socialization, and adaptive skills necessary to be successful in employment, stable housing, continuing education, transportation, independent living.

**Peer services**
Peer services are designed to promote support to the parents of the child/youth and/or to the enrolled youth. The services are aimed to enhance the child/youth’s functioning, life and social skills, educational transition to and from school setting, prevent/reduce substance, increase competencies, overall physical health, and build strengths and resilience. Services for parents (family peers) will support their ability to access and work collaboratively with services and gain confidence to manage crises. The single plan of care must identify this service as a need for the child/youth and parents.

**Supported employment**
Services that assist individuals to obtain and keep competitive employment at or above the minimum wage. After intensive engagement, ongoing follow-along support is available for an indefinite period as needed by the individual to maintain their paid competitive employment position. Individual

employment support services are individualized, person-centered services providing supports to individuals who need ongoing support to learn a new job and maintain a job in a competitive employment or self-employment arrangement.

**Supported education**
Assistance for individuals who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment. Education Support Services consist of special education and related services as defined in Sections (22) and (25) of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) (20 U.S.C. 1401 et seq.), to the extent to which they are not available under a program funded by IDEA or available for funding by the Department of Vocational Rehabilitation. Education Support Services may consist of general adult educational services such as applying for and attending community college, university or other college-level courses. Services may also include classes, vocational training, and tutoring, as well as support to the individual to participate in an apprenticeship program.

**Housing supports**
*Permanent supportive housing* – supportive services to help individuals access and maintain stable housing in the community. Services are flexible, individually tailored, and involve collaboration between service providers, property managers, and tenants to preserve tenancy and resolve crisis situations that may arise.

**Non-medical transportation**
Non-medical transportation is a service to enable children/youth via common carrier or private vehicle access to and from community-based services, activities, and resources as specified in the single plan of care. The service is provided only after all volunteer transportation services or transportation services funded by other sources have been exhausted. The services must be provided in the most appropriate, cost effective mode available. The single plan of care must identify a need for this service. There is a limit of 200 vehicle miles and 4 taxi/bus trips per month per child/youth.

**Family training and supports**
Family training and supports are person-centered services with a recovery focus designed to promote skills for coping with and managing symptoms using natural supports and community-based care. Training and supports are aimed to preserve, educate, and support the family and support system of the child/youth. Training in the following areas may be provided: medications (purpose and side effects), mental illness or substance use disorder symptomology, evidence-based treatments interventions/programs, behavior planning, parenting strategies, skills training, family reunification, systems mediation and advocacy, socialization and individual education planning. Training and support is provided to those natural supports, not paid supports, who provide care for the child/youth such as parents, foster parents, siblings, grandparents, legal guardians or other natural supports close to the child/youth. Services are preferred to be delivered face-to-face but when that is not feasible, telephonic or electronic communication will be made available.

**Crisis stabilization**
Crisis stabilization provides a temporary, short-term, intensive supportive service for the child/youth and family when necessary to avoid exacerbation of symptoms and to divert the child/youth from acute hospitalization or out-of-home placement. Services utilize a cooperative approach to support the family throughout the crisis, assist in addressing the immediate needs of the child/youth, and collaborate with

other service providers to respond more effectively to the crisis. There is an understanding that the child/youth will remain in the family home unless an assessment determines that a higher level of care (partial hospitalization or inpatient hospitalization) is needed to stabilize the child/youth. In this case, appropriate referrals will be made. The length of stay is not greater than 14 days per episode (no consecutive stays are allowed for this service). The number of episodes is not limited per enrollment year. However, children/youth who exceed three crisis episodes with subsequent crisis stabilization services per enrollment year will be re-assessed to determine if the child/youth's health and safety needs can be met with HCBS State Plan Services. The service could be utilized in conjunction with partial hospitalization as well as upon discharge from partial/inpatient level of care. The child/youth's wraparound team continues to meet and develop a detailed plan for the child/youth's return to the family home. The partnerships supervisors must authorize requests for crisis stabilization. The wraparound team ensures the single plan of care has appropriate supports in place to manage the child/youth in the family home.

**In-home therapy**

In-home therapy is provided by a licensed mental health professional. Individual and family therapy services are provided face-to-face in the family home or community setting when convenient for the child/youth and family. In-home services may include but are not limited to assessment, developing and updating the child/youth and family treatment plan, working with child and family team including the wraparound partnerships care coordinator, guiding the family in the development, implementation and monitoring a crisis plan, and therapy services as deemed appropriate under the professional's license in the state of North Dakota. The single plan of care must identify a need for this service.