COLORADO

Department of Health Care Policy & Financing

Benefits Collaborative: Draft Service & Coverage Standards

Children's Habilitation Residential Waiver

Intensive Therapeutic Transition Support

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Disclaimer: Deliberative Document

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Complex Needs Program Development and Evaluation Unit
Policy, Innovation, & Engagement Division
Office of Community Living

CMS Core Service definition- Consultative Clinical and Therapeutic Services

Clinical and therapeutic services that assist unpaid caregivers and/or paid support staff in carrying out individual treatment/support plans, and that are not covered by the Medicaid State Plan, and are necessary to improve the individual's independence and inclusion in their community. Consultation activities are provided by professionals in psychology, nutrition, counseling and behavior management. The service may include assessment, the development of a home treatment/support plan, training and technical assistance to carry out the plan and monitoring of the individual and the provider in the implementation of the plan. This service may be delivered in the individual's home or in the community as described in the service plan.

Intensive Therapeutic Transition Support

Covered Services and Limitations

Service definition

The Intensive Therapeutic Transition Support service includes strategies to support the child/youth and family when a child/youth transitions back to the family home from out of home placement. The Intensive Therapeutic Transition Support will:

1. Identify unique strengths, abilities, preferences, desires, needs, expectations, and goals of child/youth and family.
2. Include an assessment of risk and crisis mitigation contributing factors including, but not limited to:
    a. Identification of risk factors for the transition back to the family home.
    b. Physical and behavioral health supports
    c. Education services
    d. Family dynamics
    e. Schedule and routines
    f. History of police involvement
    g. History of medical and behavioral health hospitalizations
    h. Triggers for crisis
    i. Adaptive equipment needs

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j. Past interventions and outcomes
k. Predictive risk factors
l. Increased risk factors
m. Immediate need for resources

3. Identify and connect to services and support needs.

4. Develop a Risk and Crisis Mitigation Plan to address identified risk factors.

5. Coordinate current service providers, caretakers, natural supports, professionals, and case managers required to implement the Risk and Crisis Mitigation Plan.

6. Disseminate Risk and Crisis Mitigation Plan to all involved in plan implementation.

7. Provide In-Home Support.

8. Identify Follow-up services.

9. Follow-up services may include:
    - Monitoring to ensure risk/crisis mitigation plan is effective.
    - Ensure that follow-up appointments are made and kept.

Crisis is an event or events of greater than normal severity that become outside the manageable range for the child/youth and/or their caregivers and poses a danger to self, family, community. Crisis may be self-identified, family identified, and/or identified by an outside party.

Risk and Crisis Mitigation Plan

1. The development and implementation of a Risk and Crisis Mitigation Plan will be guided and supported by the child/youth, their family, and their transition support team.

2. The transition support team is selected by the child/youth and their family and may be composed of case managers, residential habilitation staff, medical professionals, behavioral health professionals, therapeutic support professionals, representatives from education, and other relevant parties involved in supporting/treating the child/youth or their family.

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3. This team's role will be to develop and implement a Risk and Crisis Mitigation Plan to assist the individual in:
   a. Identification of risk factors.
   b. Identification of support needs in the family home.
   c. Determining how risk factors will be mitigated.
   d. Determining how support needs in the family home will be met.
   e. Engaging in counseling/behavioral interventions to support stabilize the individual emotionally and behaviorally and decrease the frequency and duration of future behavioral crises.
   f. Identification of areas of training for supports, paid and unpaid.
   g. Determine criteria for stabilization in the family home.
   h. Identify how the plan will fade out once child/youth has stabilized.

4. The Risk and Crisis Mitigation Plan will incorporate relevant supports, services, strategies, ad goals from other plans in place to support the child/youth.

5. Medication management and stabilization, medical and/or behavioral health oversight will also be an integral part of the program and will be coordinated with the medical and/or behavioral health provider.

6. Identification of training needs for caregivers, coordinator and/or connection to resources for family training.

7. The development and implementation of the Risk and Crisis Mitigation Plan should initiate while the child/youth is receiving residential services in an out of home placement.

8. Revision of strategies will be a continuous process by the team in collaboration with the individual, until the individual is stabilized in their home.

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In-home Support

1. Based on the team's assessment of types and amounts of in-home support needed, this delivery of service will begin as soon as soon as the child/youth returns to the family home or as determined by the Risk and Crisis Mitigation Plan.

2. The in-home support will be implemented by Direct Support Professionals.

3. Support includes implementation of therapeutic and/or behavioral support plans, building life skills, providing guidance to the child/youth with self-care, learning self-advocacy, and protective oversight.

4. Service may be provided in the child/youth's home or community.

PREVENTION AND MONITORING

1. The Crisis Prevention Coordinator will provide monitoring of the risk/crisis mitigation plan at a frequency determined by the child/youth's needs. Monitoring will include, but is not limited to: visits to the child/youth's home, review of documentation, and coordinator with other professionals and/or members of the team to determine progress.

2. As issues arise, the agency providing Intensive Supports will further revise the member's Risk and Crisis Mitigation Plan and provide additional staff support as needed in order to avert a crisis.

3. Follow-up after completion of the Risk and Crisis Mitigation Plan will be determined on an individual basis.

4. Follow-up services post completion of the Risk and Crisis Mitigation Plan will include status reviews of the child/youth's stability and monitoring of predictive and increased risk factors that could indicate a return to crisis or out of home placement.

5. On-going monitoring by the Crisis Prevention Coordinator will support the child/youth and their family in connecting to additional resources needed to prevent future crisis or out of home placement.

SERVICE LIMITS

Services covered under Medicaid EPSDT, for a covered mental health diagnosis in the Medicaid State Plan, covered by a third-party source or available from a natural support shall not be reimbursed.

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Services covered under Medicaid EPSDT, for a covered mental health diagnosis in the Medicaid State Plan, covered by a third-party source or available from a natural support shall not be reimbursed.

There are no limits to the amount, frequency, or duration of this service.

PROVIDER STANDARDS

Eligible Providers

Provider Qualifications

1. Agency

   a. Certified as a Medicaid provider of Intensive Therapeutic Transition Support services.

2. Crisis Prevention Coordinator

   a. Bachelor's degree in a human behavioral science or related field of study;

      OR

      An individual who does not meet the minimum educational requirement may qualify as a case manager under the following conditions: Experience working with Long-Term Services and Supports (LTSS) population, in a private or public social services agency may substitute for the required education on a year for year basis.

      When using a combination of experience and education to qualify, the education must have a strong emphasis in a human behavioral science field.

      AND

   b. Certification in Crisis Prevention Training

      i. Training must encompass:
         1. Trauma informed care
         2. Youth mental health first aid

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3. Crisis supports and planning
4. Positive Behavior Supports, behavior intervention, and de-escalation techniques
5. Cultural and linguistic competency
6. Family and youth servicing systems
7. Family engagement
8. Child and adolescent development
9. Accessing community resources and services
10. Conflict resolution
11. Mental health topics and services
12. Substance abuse topics and services
13. Psychotropic medications
14. Motivation interviewing
15. Prevention, detection, and reporting of mistreatment, abuse, neglect, and exploitation

AND

c. Complete re-certification in crisis prevention training at least every other year or as dictated by the crisis prevention training course.

3. Direct Support Professional

a. Be at least 21 years of age.

AND

b. At least 40 hours of training in Crisis Prevention, De-escalation, and Intervention.
   i. Training must encompass:
      1. Trauma informed care
      2. Youth mental health first aid
      3. Positive Behavior Supports, behavior intervention, and de-escalation techniques
      4. Cultural competency
      5. Family systems and family engagement
      6. Child and adolescent development
      7. Mental health topics and services
      8. Substance abuse topics and services
      9. Psychotropic medications

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10. Prevention, detection, and reporting of mistreatment, abuse, neglect, and exploitation

AND

c. Complete annual refresher courses on the above training topics.

Entity Responsible for Verification: The Department of Health Care Policy and Financing

Frequency of Verification: Initially and at least every 3 years.

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