



# COLORADO

## Department of Health Care Policy & Financing

### **Benefits Collaborative:** **Draft Service & Coverage Standards** *Children's Habilitation Residential Waiver*

#### Intensive Support Services

#### Disclaimer: Deliberative Document

This **working draft document** is provided for policy development and discussion purposes only. The notes, discussions, comments, suggestions, and recommendations made in this document should not be seen as, or be interpreted as, having any effect or change whatsoever in the current or future waiver services as currently or ultimately written; neither should they be seen as representative of the positions, comments, or feelings of all or a majority of the State of Colorado, the Department of Health Care Policy & Financing, the Office of Community Living, the Policy, Innovation & Engagement Division, or the Complex Needs Program Development and Evaluation Unit, individually or collectively. The service and coverage standards detailed below are subject to change, and may change significantly over the course of the project.

**Service Title:** Intensive Support Services

**Service Definition (Scope):**

Intensive Support Services align strategies, interventions, and supports for the child/youth and family to prevent the need for out of home placement. Services may be utilized in maintaining stabilization, preventing crisis situations, and/or de-escalation of crisis situations.

Crisis is an event, series of events, and/or state of being 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, and/or community. Crisis may be self-identified, family identified, and/or identified by an outside party.

Intensive Support Services include:

1. Identification of unique strengths, abilities, preferences, desires, needs, expectations, and goals of the child/youth and family.
2. Identification of needs for crisis prevention and intervention including, but not limited to:
  - a. Cause(s) of crisis and triggers that could lead to crisis.
  - b. Physical and behavioral health factors.
  - c. Education services.
  - d. Family dynamics.
  - e. Schedules and routines.
  - f. Current or history of police involvement.
  - g. Current or History of medical and behavioral health hospitalizations.
  - h. Current services.
  - i. Adaptive equipment needs.
  - j. Past interventions and outcomes.
  - k. Immediate need for resources.
  - l. Respite services.
  - m. Predictive risk factors.
  - n. Increased risk factors.
3. Development of a Wraparound Plan that includes action steps to implement support strategies, prevent and/or manage future crisis.

4. Coordination among family caregivers, other family members, service providers, natural supports, professionals, and case managers required to implement the Wraparound Plan.
5. Dissemination of Wraparound Plan to all involved in plan implementation.
6. In-Home Support.
7. Identification of follow-up services that may include:
  - a. Evaluation to ensure that triggers to crisis have been addressed in order to maintain stabilization and prevent crisis.
  - b. Ensure that follow-up appointments are made and kept.

## **WRAPAROUND PLAN**

1. The Wraparound Plan incorporates all relevant supports, services, strategies, and goals from other service/treatment plans in place and serves as a single plan for all supports a child/youth and family need to maintain stabilization, prevent crisis, and/or for de-escalation of crisis situations. The plan will include, but is not limited to:
  - a. Environmental modifications.
  - b. Support needs in the family home.
  - c. Respite Services.
  - d. Strategies for crisis triggers.
  - e. Strategies for risk factors.
  - f. Learning new adaptive or life skills.
  - g. Counseling/behavioral or other therapeutic interventions to further stabilize the individual emotionally and behaviorally and decrease the frequency and duration of future behavioral crises.
  - h. Medication management and stabilization.
  - i. Physical health.
  - j. Identification of training needs and connection to training for family members, natural supports, and paid staff.
  - k. Determination of criteria for stabilization in the family home.
  - l. Identification of how the plan will fade out once the child/youth has stabilized.
  - m. Contingency plan for out of home placement.

2. The Wraparound Facilitator is responsible for the development and implementation of the Wraparound Plan. The Wraparound Plan is guided and supported by the child/youth, their family, and their Wraparound Support Team.
3. The Wraparound Support Team is selected by the child/youth and their family and may be composed of case managers, 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. All service providers and supports on the Wraparound Support Team adhere to the Wraparound Plan to meet the needs of their specific focus for treatment.
4. Revision of strategies will be a continuous process by the wraparound team in collaboration with the child/youth, until a support regime stabilizes and there is no longer a need for Intensive Support Services.

## **PREVENTION AND EVALUATION**

1. Evaluation of the Wraparound Plan occurs at a frequency determined by the child/youth's needs. Evaluation includes but is not limited to: visits to the child/youth's home, review of documentation, and coordination with other professionals and/or members of the team to determine progress.
2. The Wraparound Plan shall be revised as needed to avert a crisis or crisis escalation.
3. Follow-up after completion of Wraparound Plan shall be determined on an individual basis.
4. Follow-up services post completion of Wraparound Plan include status reviews of child/youth's stability and monitoring of predictive and increased risk factors that could indicate a return to crisis.
5. On-going evaluation after completion of the Wraparound Plan may be provided based on individual needs to support the child/youth and their family in connecting to any additional resources needed to prevent future crisis.

## IN-HOME SUPPORT

1. Type, frequency, and duration of service is determined by the Wraparound Plan.
2. 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.
3. Service may be provided in the child/youth's home or community as determined by the Wraparound Plan.

### Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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. Services provided under Targeted Case Management in the State Plan shall not be reimbursed.

### Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

### Provider Specifications

Provider Category	Provider Type
186343 Agency	Child Placement Agency
186346 Agency	Residential Child Care Facility

Provider Category	Provider Type
195419 Agency	Medicaid Enrolled Provider

**Provider Qualifications:**

**License:**

Any agency providing this service must meet all applicable State licensing requirements

**Certificate:**

N/A

**Other Standard:**

1. Agency

- a. Certified as a Medicaid provider of In-Home Therapeutic Support services.

Wraparound Facilitator

- b. 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 Wraparound Facilitator under the following conditions: Experience working with Long-Term Services and Supports (LTSS) populations, 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

- c. Certification in a wraparound training program.
  - i. Training must encompass:

1. Trauma informed care
2. Youth mental health first aid
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. Intellectual and developmental disabilities
12. Mental health topics and services
13. Substance abuse topics and services
14. Psychotropic medications
15. Motivational interviewing
16. Prevention, detection and reporting of mistreatment, abuse, neglect, and exploitation

AND

- d. Complete re-certification in wraparound training at least every other year or as dictated by wraparound training program.

## 2. Direct Support Professional

- a. Be at least 21 years of age.

AND

- b. Have the interpersonal skills needed to effectively interact with persons with developmental disabilities and the ability to:
  - i. Communicate effectively, complete required forms and reports
  - ii. Follow verbal and written instructions
  - iii. Provide services in accordance with the Service Plan
  - iv. Perform the required job tasks.

AND

- c. Complete 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
  10. Prevention, detection, and reporting of mistreatment, abuse, neglect, and exploitation
  11. Intellectual and developmental disabilities
  12. Child/youth specific training

AND

- d. Complete annual refresher courses on the above training topics.

### **Verification of Provider Qualifications**

#### **Entity Responsible for Verification:**

The Department of Health Care Policy and Financing (HCPF).

#### **Frequency of Verification:**

HCPF verification of provider qualification is completed upon initial Medicaid enrollment and every five years through provider revalidation.