



COLORADO

**Department of Health Care
Policy & Financing**

Benefits Collaborative:
Draft Service & Coverage Standards
Children's Habilitation Residential Waiver
Intensive Support Services

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 Support Services

COVERED SERVICES AND LIMITATIONS

SERVICE DEFINITION

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(s) 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.

Intensive Support Services include:

1. Identification of unique strengths, abilities, preferences, desires, needs, expectations, and goals of the child/youth and family.
2. Assessment of support needs including, but not limited to:
 - a. Identification of the 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. Identification and connection to services and supports needed.
 4. Development of a Wraparound Plan, based on assessment, with action steps to implement support strategies, prevent and/or manage future crisis.
 5. Coordination among family caregivers, other family members, service providers, natural supports, professionals, and case managers required to implement the crisis mitigation plan.
 6. Dissemination of Wraparound Plan to all involved in plan implementation.
 7. In-Home Support.
 8. Identification of follow-up services that may include:
 - a. Monitoring to ensure that triggers to crisis have been addressed.
 - b. Ensure that follow-up appointments are made and kept.

WRAPAROUND PLAN

1. The Wraparound Plan is documentation of the supports and services the child/youth and family needs to maintain stabilization, prevent crisis, and/or for de-escalation of crisis situations.

2. The Wraparound Facilitator is responsible for the development and implementation of a Wraparound Plan which 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.
4. The wraparound team's role is to develop and implement a Wraparound Plan to address support needs identified in the assessment which may include, but is not limited to:
 - a. Environmental Modification.
 - 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 interventions or other therapeutic interventions to further stabilize the individual emotionally and behaviorally and decrease the frequency and duration of future behavioral crises.
 - h. Identification of training needs and connection to training for family members, natural supports, and paid staff.
 - i. Determination of criteria for stabilization in the family home.
 - j. Identification of how the plan will fade out once the child/youth has stabilized.
 - k. Contingency plan for out of home placement.
5. The Wraparound Plan shall incorporate relevant supports, services, strategies, and goals from other plans in place to support the child/youth.
6. Medication management and stabilization, medical and/or behavioral health oversight shall be an integral part of the Wraparound Plan and will be coordinated with the medical and/or behavioral health provider.

7. 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 MONITORING

1. Monitoring of the Wraparound Plan occurs at a frequency determined by the child/youth's needs. Monitoring 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 monitoring 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.

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.

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 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. Mental health topics and services
12. Substance abuse topics and services
13. Psychotropic medications
14. Motivational interviewing
15. 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 crisis prevention training course.

2. 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
10. Prevention, detection, and reporting of mistreatment, abuse, neglect, and exploitation
11. Child/youth specific training.

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.