Vaya Partners

Rapid Response Services for Children and Youth

S5145U5

Service

Rapid Response Services for Children and Youth (RRS) is intended to support family stability, prevent abuse and neglect, provide short-term treatment, prevent and minimize the need for out-of-home placements, and provide interim support until appropriate recommended level of care has been identified. RRS is delivered in Rapid Response Homes/Facilities, which are either a licensed therapeutic foster home with a North Carolina licensed child placing agency, a licensed alternative family living (AFL) or a licensed level II facilities (.1300). Rapid Response Homes provide support, structure, stabilization, and supervision to children and youth with behavioral health needs and experiencing instability requiring temporary placement who have Medicaid originating from a county in Vaya Partners region. Treatment is provided in a structured setting with qualified, trained provider staff support and therapeutic foster parents who are present or available at all hours.

This treatment may be provided in a North Carolina licensed therapeutic foster family or a licensed alternative family living setting with one or two surrogate family members that provides services to no more than one member per home. Given the high-risk nature of some members accessing RRS, providers should make every attempt to offer a diverse pool of parents, including one stay-at-home parent, single occupancy homes, etc. Homes identified by Vaya Partners as Rapid Response Homes will not be designated another type of home or provide family foster care to the member or any other individual while serving as a RRS provider unless one of the following circumstances applies:

- Siblings in need of Rapid Response services may be placed in the same home.
- Where clinically appropriate, families with biological children may provide Rapid Response services for one (1) child at a time (except for siblings). To provide Rapid Response services for a child in a home with biological children, *these placements must be reviewed on a case by case basis and approved by Partners Clinical Director or designee.*
- For homes with biological children, the parent cannot have primary responsibility of supervising other children in the home while providing Rapid Response services to member.
- Children experiencing problem sexual behaviors may not be placed in a home with other children.

All Rapid Response Homes are required to have a separate bedroom for youth receiving RRS and may not require that youth to share their bedroom with any other person.

This treatment also may be provided in a North Carolina licensed level II facility (.1300) that provides services to no more than the identified number of members based on their licensed capacity. Given the high-risk nature of some members accessing RRS, providers should make every attempt to offer a diverse pool of trained staff to ensure the safety and support the member needs, including one-to-one staff when appropriate.

To receive RRS, a member must participate in a clinical assessment that includes a crisis risk assessment addressing health and safety and that establishes their eligibility for this service prior to admission to the Rapid Response Home/Facility.

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RRS includes the following:

- Individualized and intensive supervision and structure of daily living designed to minimize the occurrence of disruptive behaviors related to family and psychosocial stressors and to help restore the youth at a minimum to the previous level of functioning.
- Specific and individualized interventions including those designed to identify triggers that lead to crises; support anger management; or help the youth relearn relevant social skills, family and/or caregiver communication skills, stress management, relationship support, and intensive crisis or crisis prevention and management and including de-escalation interventions exclusive of physical restraints.
- Collaboration with Tailored Care Management to ensure linkage to community services and resources, including connecting with schools, vocational programs, and other service and physical health providers.
- In a therapeutic foster care setting, 24/7 emergency/crisis support from provider qualified professional (QP) staff for RRS therapeutic parents to avoid burn out of families serving high needs youth.

The RRS provider is the first responder while the youth are in a Rapid Response Home/Facility.

RRS is person-centered and resiliency and recovery focused, with the goals of helping individuals and families maintain stability in the areas of functioning and wellness they value and helping individuals and families continue on their own path of recovery through person-centered planning and service delivery. The service will be consistent with Vaya Partners' clinical guidelines and best practices.

RRS will not only serve to diffuse crises but will provide time for either the pre-existing treating clinical staff or a provider in collaboration with Tailored Care Management to complete a comprehensive assessment and/or specialized assessments and arrange referral to an appropriate provider organization. This is in addition to the clinical assessment required prior to placement. This assessment will identify the appropriate level of care for the member and help develop a treatment plan to prevent future crises. It will include a thorough review of the members' crisis and safety plans as applicable with revisions as needed throughout the members' participation in RRS.

Anticipated Outcomes

The anticipated outcome of this service on an individual level is the member's transition to the most appropriate, least restrictive treatment setting. The provider and care team should make all efforts to help members return to a non-residential treatment setting with wraparound support if appropriate. Child and Family Teams (CFTs) should plan around crisis, transition, or residential placement. Care Management should document any barriers a member faces to returning to their original setting and work with the parent/guardian to create an action plan to address the barriers. On a larger scale, the anticipated outcome is a decrease in the number of youth who are served in crisis or inpatient services or other inappropriate settings due to diverting them to Rapid Response Homes/Facilities.

Service Exclusions/Limitations

CCRS cannot be billed during the same authorization period as the following services:

- Residential treatment (Level I through PRTF)
- 1915(i) Respite
- Any other Medicaid service unless otherwise permissible as an overlapping service described below

The following services may be provided as an overlap for 30 days to support the member and their family with the return home:

- Intensive in-Home
- Multisystemic Family Treatment

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- Intercept
- Family-Centered Treatment
- Child Assertive Community Treatment (ACT)
- High-Fidelity Wraparound
- Transitional Youth Services

Service Type/Setting

This is a per diem service provided in a licensed therapeutic foster home, a licensed alternative family living home (AFL) or a licensed level II program type facility.

Provider Requirements

RRS must be delivered by practitioners employed by a mental health provider organization that:

- Meets the requirements of 10A NCAC 27G.
- Meets provider qualification policies, procedures, and standards established by the North Carolina Department of Health and Human Services (NCDHHS) and NC Medicaid. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations shall demonstrate that they meet these standards by being credentialed by Vaya Partners.
- Has obtained licensure waiver approval from North Carolina Division of Health Service Regulation (NC DHSR) that will allow flexibility around population served, educational requirements, and staff titles.
- Has achieved national accreditation with at least one of the designated accrediting bodies within one year of enrollment as a provider with Vaya Partners.
- Is established as a legally recognized entity in the State of North Carolina, capable of meeting all the requirements of the Vaya Partners credentialing process and service implementation standards.
- Complies with all applicable federal and state requirements.
  Is responsible for obtaining prior authorization from Medicaid's approved vendor for medically necessary Medicaid services.

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Staffing Requirements

Title	Qualifications	Credentialing Process	Supervision Requirements	Training
Rapid Response Home/Facility	This service is licensed under the Division of Social Services 131-D family setting homes. Staff families are North Carolina licensed therapeutic foster parents and meet all criteria or are facilities licensed through Division of Health Services Regulation under .1300 as a level II facility. Rapid Response Homes/Facilities shall have competency in working with high needs youth and experience as a treatment or foster family for a minimum of two years.	Rapid Response Homes/Facilities are licensed therapeutic foster homes with a North Carolina licensed child placing agency or licensed level II facilities (.1300) through the Division of Health Services Regulation.	Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b), (c), and (f). A minimum of one provider staff (QP) is required to supervise no more than six total homes at all times, regardless of home level of treatment. If the provider QP is supervising IAFT or E-TFC homes, they may supervise no more than a maximum of two Rapid Response Homes that count toward the total number of homes.	• Strategies to address safety, intensive supervision, and intensive therapeutic interventions • System of Care/Wraparound model • Trauma-Informed Care • Crisis de-escalation • Specialty training, based on the youth being placed, to address sexually reactive behaviors, dually diagnosed youth, and other specialty populations

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Title	Qualifications	Credentialing Process	Supervision Requirements	Training
Rapid Response Provider QP	The QP has a minimum two years of experience working directly with youth and families and has the knowledge, skills and abilities required by the population and age to be served and to perform coordination of care functions if the member/family has elected to opt out of care management.	Must meet requirements to be a Qualified Professional, Associate Professional, with competencies to perform coordination of care functions if the member/family has elected to opt out of care management.	Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b), (c), and (f) and according to licensure or certification requirements of the appropriate discipline. Provider QP staff shall provide individual face-to-face supervision with the therapeutic parents at least twice weekly, in the Rapid Response Home during the placement. The provider also has daily contact with the Rapid Response family. Provider staff supervising Rapid Response Homes will help the PIHP in arranging appropriate ongoing services such as mental health services, substance use treatment, other specialized assessments, and medical services.	• Strategies to address safety, intensive supervision, and intensive therapeutic interventions • System of Care/Wraparound model • Trauma-Informed Care • Crisis de-escalation • Specialty training, based on the youth being placed, to address sexually reactive behaviors, dually diagnosed youth, and other specialty populations Provider QP's training will include strategies to provide supervision and support for all the above to Rapid Response Homes/Facilities. All new provider QP staff providing Rapid Response support shall receive all training prior to a Rapid Response placement being made and existing staff will receive annual refresher training.

Utilization Management

There is no prior authorization required for the first 30 days per episode. The provider must submit an authorization request if placement is needed beyond 30 days. The maximum length of service is 45 days per episode. If an imminent transition is scheduled to the appropriate service level but cannot be completed in the 45-day timeframe, an authorization request may be submitted with a specific plan in order to be authorized beyond 45 days.

Entrance/Eligibility Criteria

- Members ages 5 to 18 are eligible for this service if they meet both of the following requirements:

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- They have a DSM-5 (or subsequent editions) diagnosis or a condition that may be defined as a developmental disability per GS 122C-3 (12a).
- They were deemed eligible for services based on a documented developmental delay or disability via level of care criteria, ASAM (level of 2.1 or above), SNAP (level 2), or SIS (above 100 or any exceptional behavioral needs indicated).

Entrance Process

To receive RRS, a member must participate in a clinical assessment that includes a crisis risk assessment addressing health and safety. They also must have either a person-centered plan or a plan of care, also known as an Individual Support Plan (ISP).

Continued Service Criteria

The member is unable to transition to the appropriate service level within the 45-day timeframe and additional time is needed to ensure successful transition to services.

Discharge Criteria

The member has transitioned to the appropriate services level of care and is no longer in need of RRS or the member's behaviors have escalated, and they are unable to stay in the home/facility.

Note: Any denial, reduction, suspension, or termination of service requires notification to the individual or legal guardian about their appeal rights.

EPSDT SPECIAL PROVISION

Exception to Policy Limitations for a Medicaid member under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal law that requires the state Medicaid agency to cover services, products, or procedures for Medicaid member under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (i.e., a health problem) identified through a screening examination, including any evaluation by a physician or other licensed practitioner. This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain their health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the member's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the member's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure:

- That is unsafe, ineffective, experimental, or investigational
- That is not medical in nature or not generally recognized as an accepted method of medical practice or treatment

EPSDT and Prior Approval Requirements

EPSDT does not eliminate any requirements for prior approval for any service, product, or procedure.

More information about EPSDT and prior approval is available in the NC Tracks Provider Claims and Billing Assistance Guide and on the Early Periodic Screening, Diagnostic, and Treatment Medicaid Services for Children page of the NCDHHS website.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in

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clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" (i.e., a health problem). In such cases, provider documentation must show how the service, product, or procedure meets all EPSDT criteria, including to correct, improve, or maintain the member's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Documentation Requirements

- This is a per diem service and shall be properly and contemporaneously documented in accordance with this section and the Division of Mental Health, Developmental Disabilities, and Substance Uses Services (Division of MHDDSUS) Records Management and Documentation Manual 45-2 (RMDM) prior to seeking reimbursement from Vaya Partners.
- Regardless of the service type, significant events in an individual's life that require additional activities or interventions shall be documented over and above the minimum frequency requirements.
- Providers shall make all documentation supporting claims for services reimbursed by Vaya Partners available to Vaya Partners, NCDHHS, and the Centers for Medicare & Medicaid Services (CMS) upon request.
- Documentation required for this service should be maintained in the provider's medical record for the individual, and a full-service note is required for all dates of service. This should include a note of the activities performed, amount of time spent, agencies contacted (if applicable), and signature and credentials of the individual providing the service.
- If the services are delivered telephonically or through telehealth methods, the documentation must clearly support why this is the most appropriate service delivery method.
- A signed service order must be completed by a licensed clinician according to their scope of practice. Each service order shall be signed and dated by the authorizing professional and shall indicate the date on which the service was ordered. A service order must be in place prior to or on the day that the service is initially provided to bill for the service. The service order is valid for one year from the date of the original service order. Service orders may not be backdated.

Monitoring activities will occur as outlined in Vaya Partners' monitoring plan to assess compliance with the definition and requirements. Focused monitoring, complaint investigations, or post payment reviews will occur when quality concerns are identified.

Claims-Related Information

Providers shall comply with the NCTracks Provider Claims and Billing Assistance Guide, applicable bulletins issued by the NC Division of Health Benefits (DHB), NC Medicaid Clinical Coverage Policies, this service definition, Vaya Partners' fee schedule and other requirements, and any other relevant documents for specific coverage and reimbursement for Medicaid.

Claim Type	Professional (CMS-1500/837P transaction) billed through Vaya Partners
International Classification of Diseases, 10th Revisions, Clinical Modification (ICD-10-CM), and Procedural Coding System (PCS)	a. Provider(s) shall report the ICD-10-CM and Procedural Coding to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description. b. A diagnosis of an intellectual disability or a related condition must be present to bill for this service. (see 42 CFR § 435.110)
Codes and Modifiers	Provider(s) shall report the most specific billing code that accurately and

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	completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.
Billing Units	Providers bill this service on a unit basis. One unit per day.
Place of Service	Refer to Service Type/Setting for place of service.
Prior Authorization	Prior authorization is not required for this service.
NCTracks Enrollment	Providers must be enrolled through NCTracks and ensure valid NPIs, taxonomies, sites, zip code (+4) and all other provider demographic information provided to Vaya Partners matches the information in NCTracks in order to bill Vaya Partners and be reimbursed for this service.
Coordination of Benefits	Providers must file with primary payor(s) prior to submission of claims for payment to Vaya Partners, if applicable.
Reimbursement	Vaya Partners reimburses a contracted provider for approved clean claims for services rendered in accordance with this service definition.

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