Vaya Health

Critical Time Intervention

H0032U5HK

Service

Critical Time Intervention (CTI) is an intensive 9-month case management model designed to assist adults aged 18 years and older with mental illness who are going through critical transitions, and who have functional impairments which preclude them from managing their transitional need adequately. For this definition, CTI defines a critical transition as occurring within no more than 45 days from the start of service. CTI promotes a focus on recovery, psychiatric rehabilitation, and bridges the gap between institutional living and community services. CTI differs from traditional case management because it is time limited, focused, and follows a three phased approach. Unlike some other models, timing of movement through the phases is defined by the program model, not the readiness of the individual.

As an evidence-based practice, there are four core principles that define CTI and sets it apart from other services:

1. Focus on a critical transition period and is time-limited
2. Enhance continuity of care and prevent recurrent homelessness and hospitalizations.
3. Identify and strengthen formal and natural community supports.
4. Complement rather than duplicate existing services.

Pre-CTI: 10 hours of Pre-CTI is built into this definition. Pre-CTI services begin before an individual is discharged from a hospital, adult care facility, or other institution to establish an initial relationship before the transition begins. Pre-CTI can also be used with an individual who is homeless prior to the individual moving into housing.

CTI is divided into three phases, typically lasting three months each.

- Phase 1: Transition to the Community – In this phase, there is frequent contact with the individual in the community, focusing on active engagement with behavioral health services, and identifying and addressing housing-related issues to prevent future episodes of homelessness or housing instability. A transition plan is implemented while providing emotional support.
- Phase 2: Tryout – In this phase, the team increasingly encourages individuals to manage problems independently after connecting them to supportive services.
- Phase 3: Transfer of Care - This phase promotes the transfer from CTI to other community supports, both formal and informal. Termination of CTI services occurs with a support network safely in place.

Phase	Transition	Try-out	Transfer of Care
Timing	Months 1-3	Months 4-6	Months 7-9
Purpose	CTI provides assessment of social and health needs and develops and implements an individualized service plan to address immediate needs related to critical transition	CTI supports an individual's engagement and effective participation in their own support system; and facilitates and tests the individual's new problem-solving skills	CTI remains available to solve problems in collaboration with the individual, their providers, and natural supports prior to discharge

Phase	Transition	Try-out	Transfer of Care
Activities	CTI worker engages the individual. This includes making home visits or visits in the community including in shelters or on the street, introducing the individual to providers, meeting with caregivers, helping the individual negotiate ground rules for relationships, mediating conflicts, and assessing the potential of the individual's support system. There is focus on urgent/basic needs such as food, immediate medical care, shelter, warm clothing or blankets, and access to essential medications. CTI worker accompanies individuals to community providers; forges connections to social service systems; assists the individual to apply for available benefits as needed (phone, food and nutrition benefits, Medicaid, Disability, etc.); and introduces the individual to vocational services.	CTI worker monitors the effectiveness of the support network; helps to modify network as necessary; continues case management activities as necessary; continues community-based visits; provides psychoeducation about self-management and successful navigation of the service systems; and completes any Phase I activities that still need resolution. There are less frequent meetings and social crisis interventions, and troubleshooting are provided.	CTI worker provides consultation but little direct service. The worker lets the individual solve their own problems; ensures key caregivers/providers meet and agree on long term support system; reinforces the roles of support network members; and develops and begins to set in motion plan for long-term goals (e.g., employment, education, family reunification). A party or some other ceremonial recognition of successful transition out of CTI services may be held. A final meeting is held to formally recognize the end of interventions and relationship.

CTI services result in effective transition and engagement. CTI works to keep individuals engaged in services and providers will not prematurely discharge the member from CTI services, except under the following circumstances: The individual no longer wishes to receive CTI support and has refused CTI services after reasonable attempts have been made to engage them in treatment and no safety issues or concerns are present; CTI has clearly not been of benefit to the individual and no additional engagement strategies are available; or the individual demonstrates behaviors that pose a threat to CTI staff safety and requires reassessment for a different intervention strategy. CTI allows for the possibility that the individual may be "lost" and temporarily unavailable. CTI may re-engage with individuals after they are unable to be reached or become unavailable for some period of time. If an individual is not actively engaged in services and then returns, the CTI worker doesn't pick up on where they left off but starts on the phase the individual would have been in should they have stayed in continuous service. At the end of the nine months, individuals who were receiving CTI should be engaged with desired and appropriate community-based services which can provide ongoing support. Individuals that are designated as members of the Transition to Community Living Initiative (TCLI) settlement will be transitioned to Transition Management Services (TMS) during Phase 3 of the model.

Treatment Program Philosophy, Goals and Objectives

Critical Time Intervention (CTI) is a structured, nine-month intervention that provides support to people during and after a transition to community living from shelter, hospital, or other institutional setting, with the primary goal of preventing a return to homelessness and other adverse outcomes.

The individual receiving CTI largely drives the direction of the service by establishing goals that may include obtaining housing, employment, access to mental health, substance abuse and medical treatment, access to benefits, improving family and social support, budgeting, and money management, and building independent living skills. CTI is intended to be an individual community-based service requiring frequent contact to build/re-establish a trusting, meaningful relationship to engage or re-engage the individual into services and/or assess for needs.

The service is designed to:

- Promote recovery, hope, and empowerment
- Assist with locating and maintaining stable housing
- Assess for and provide linkage to the appropriate supports
- Identify methods to maximize independent living skills
- Assist in accessing benefits and appropriate formal services
- Assist in identifying and linking to informal community supports such as social networks and improved family relationships
- Reduce frequency and duration of hospitalizations
- Reduce frequency of Emergency Department visits
- Reduce utilization of crisis services
- Reduce criminal justice system involvement and days incarcerated
- Provide continuity of care regardless of life circumstances or recovery environment
- Improve compliance with medication
- Promote harm reduction, linkage to recovery treatment, and support sustained recovery

Anticipated Outcomes

The anticipated outcomes for this service are specific to the goals identified in the individual's CTI care plan, and may include, but are not necessarily limited to, the following:

- The individual will identify and engage in a stable housing plan
- The individual will re-engage with providers and other support systems
- The individuals' utilization of community-based services will increase
- The individuals' hospital admissions will be reduced
- The individuals' hospital bed utilization will be reduced
- The individuals' admissions to emergency departments and other crisis care will be reduced
- The individuals' rate of incarceration will be reduced

Teams will utilize a provided tracking tool to document outcomes. Rigorous evaluations of CTI have shown that the program model results in significant reductions in the likelihood of hospitalization and the number of nights that participants spent homeless compared to usual services. For persons with serious mental illness, the costs of CTI are mostly offset by savings associated with reductions in the use of shelter, health care, crises services, hospital inpatient stays and other public services.

Service Exclusions

CTI may be provided for someone transitioning from or to Assertive Community Treatment Team (ACT Team) or Community Support Team (CST) for a period of up to 90 days. Other various basic, enhanced services, and residential services, as appropriate, are allowable.

In addition, Tailored Care Management will not be provided during the same authorization period as this is duplicative. The provider is required to fulfill all TCM duties, including coordinating with physical health providers, with the exception of delivering interventions related to Healthy Opportunities and Prevention and Population Health Programs. A care coordinator may be assigned to member to ensure there are no gaps in member care.

Service Frequency and Intensity

CTI is intended to be an individual community-based service, initiated in the hospital or community setting, requiring frequent contact to re-establish a trusting, meaningful relationship to re-engage the individual into services and assess for needs.

Phase 1: Transition Provide support & begin to connect the individual to people and agencies that will assume the primary role of support.

- Locate Housing and make community/home visits
- Engage in collaborative assessments
- Meet with existing supports
- Introduce the individual to new supports
- Give support and education to the individual and caregivers
- Mediate conflicts between the individual and caregivers and landlord
- Develop a collaborative comprehensive crisis plan
- Participate/facilitate multidisciplinary treatment planning meetings

Phase 2: Try-Out Monitor and strengthen support network and the individuals' skills.

- Observe operation of support network
- Help modify network as necessary
- Encourage the individual to take more responsibility
- Advocate and empower the individual to self-advocate with community supports

Phase 3: Transfer of Care Terminate CTI services with support network safely in place.

- Step back to ensure that supports can function independently
- Develop and begin to set in motion plan for long-term goals
- Hold meeting with the individual and supports to mark final transfer of care
- Meet with the individual for last time to review progress made
- For TCLI members a successful transfer of care to TMS and other clinically appropriate services

Provider Requirements

Critical Time Intervention services must be delivered by practitioners employed by mental health provider organizations that:

- Meet the requirements of 10A NCAC 27G;
- Meet the provider qualification policies, procedures, and standards established by the Department of Health and

Human Services (DHHS) and DHB. 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 Health.

- The organization shall achieve national accreditation with at least one of the designated accrediting bodies within one year of enrollment as a provider with Vaya Health.
- The organization shall be established as a legally recognized entity in the State of North Carolina, capable of meeting all the requirements of Vaya Health credentialing process, and service implementation standards.
- The provider organization shall comply with all applicable federal and state requirements.
- For Medicaid services, the organization is responsible for obtaining prior authorization from Medicaid's approved vendor for medically necessary services

Staffing Requirements

This service must be provided by a team of, at a minimum, two full-time equivalent positions (2 FTEs) – a Fieldwork Coordinator/Clinical Supervisor and a CTI worker. The Fieldwork Coordinator/Clinical Supervisor must be a full-time, dedicated, fully licensed mental health professional who has at least two years of experience with the knowledge, skills, and abilities required by the population to be served; and must hold any of the following licenses: Licensed Psychologist, Licensed Psychological Associate, Licensed Clinical Social Worker, Licensed Professional Counselor or Licensed Marriage and Family Therapist. Other staff members must be at least .50 FTEs dedicated to the CTI team and may be licensed professionals, qualified professionals (QPs), associate professionals (Aps) or Paraprofessional staff, with strong preference for inclusion of a NC Certified Peer Support Specialist with a minimum of two years working with a mental health population.

The number of staff on a team is flexible, if caseload ratios are observed and the maximum caseload for a team does not exceed a total of 70 individuals being served. The maximum caseload ratio for a full-time CTI worker is 1:20. The maximum caseload ratio for a full-time Fieldwork Coordinator/Clinical Supervisor is 1:10.

A CTI team may have a total of four staff serving a total of 70 individuals. Due to the varying level of intensity of work during each phase, admission to the team should be staggered to maintain a caseload of individuals who are in each phase.

Staff Training and Supervision Requirements

As noted above, the provider organization ensures that all team members have completed the Critical Time Intervention training provided by a DHHS approved trainer 60 days from the date of hire. In addition to the basic Critical Time Intervention training, all staff providing this service must have the following training within 90 days of hire.

- Person Centered Thinking (3 hours)
- Crisis Response Training (3 hours)
- Introduction to Motivational Interviewing (13 hours)

Additionally, all staff that is either an Associate Professional, Paraprofessional or a North Carolina Certified Peer Support Specialist must complete the following training within 90 days of hire:

- Mental Health/Substance Use 101 (3 hours)

These initial training requirements may be waived if the employee can produce written documentation certifying their successful completion of the required trainings within the past 12 months. For each year of employment, each CTI team member shall receive an additional three hours of training in an area that is fitting with their area of expertise. This additional training may be in the form of locally provided training, online workshops and regional or national conferences. Broader topics of additional training may include:

- Family Psychoeducation
- Recovery Oriented Approaches
- Recovery Planning
- Benefits Counseling
- DHHS approved Individual Placement and Support/Supported Employment
- Psychiatric Rehabilitation
- Limited English Proficiency (LEP), blind or visually impaired, deaf, and hard of hearing accommodations
- NAMI psychoeducational trainings
- Psychiatric Advanced Directives
- SOAR (SSI/SSDI outreach, access, and recovery)
- Stepping Stones to Recovery
- Permanent Supportive Housing, such as the SAMHSA evidenced based practices toolkit, Housing First: Pathways Model to End Homelessness for People with Mental Illness and Addiction, and other evidenced based models
- Trauma Informed Care
- Wellness and Integrated Health Care
- Wellness Management and Recovery interventions (includes WRAP, IMR/WMR)
- Supervising NC Certified Peer Support Specialists
- Transition Management Services
- Money management and budgeting skills

All team members shall receive weekly clinical supervision from the team's clinical supervisor. Clinical Supervision is the provision of guidance, feedback, and training to team members to assure that quality services are provided to the individuals served and to maintain and facilitate the skills of the supervisee to assure all members of the team are utilizing and maintaining fidelity to the evidence-based CTI model. CTI Teams meet weekly for clinical supervision and to share practical strategies for working with individuals and their complex needs. Each meeting should include the following:

- Report on previous week's activities, starting with the to do list from the last supervision meeting
- Review any new cases/individuals referred to the CTI team
- Reinforcement of CTI principles and practices
- In depth discussion of high priority cases, usually between 4-8 individuals. Additionally, each individual should be discussed at minimum once a month
- Plan for resolving barriers to implementation of CTI
- Make a "To Do List" for upcoming week.

Additional individual clinical supervision sessions between the Fieldwork Coordinator/Clinical Supervisor and a team member shall occur as needed. The Fieldwork Coordinator/Clinical Supervisor shall maintain documentation of both supervision and training activities. Fieldwork Coordinator/Clinical Supervisor must document supervision using the CTI Team Supervision Form.

Member Eligibility Requirements

To be eligible for CTI, the member (ages 18 and older) must have NC Medicaid based on residence in a county located within Vaya's region and be enrolled in the State of North Carolina MH/IDD/SAS Health Plan waiver authorized pursuant to section 1915(b) of the Social Security Act, and meet the following criteria:

A. Have a primary Severe and Persistent Mental Illness (SPMI) or Severe Mental Illness (SMI) diagnosis. Individuals with a primary diagnosis of an intellectual/developmental disability, substance use disorder or personality disorder are not the intended eligibility group.
B. Is not already connected to community-based care that is currently meeting their clinical needs
C. Has at least three of the following functional impairments:
    - At risk of homelessness or homeless
    - Lack of positive social support/natural supports network
    - Inability to perform activities of daily living adequately
    - Lack of basic subsistence needs (food stamps, benefits, medical care, transportation)
    - Inability to manage money
    - Substance use with negative impact
    - Unemployed/underemployed/lack of employment skills
    - Individuals eligible for CTI are navigating critical transitions and are not connected to other community-based services currently meeting their clinical needs.

Critical transitions include the following:

- Discharge from psychiatric inpatient settings
- Release from correctional settings
- Transition out of foster care settings into adult services
- Transition from homelessness into housing
- Transition from highly structured residential settings, such as adult care homes, family care home, mental health group homes, into independent living

Utilization Management

Utilization management of covered services is a part of the assurance of medically necessary service provision. Authorization, which is an aspect of utilization management, validates approval to provide a medically necessary covered service to eligible beneficiaries.

Services are based upon a finding of medical necessity, must be directly related to the beneficiary's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals detailed in the beneficiary's PCP. Medical necessity is determined by North Carolina community practice standards, as verified by Vaya, which will evaluate the request to determine if medical necessity supports more or less intensive services. Medically necessary services are authorized in the most cost-effective mode, as long as the treatment that is made available is similarly efficacious as services requested by the beneficiary's physician, therapist, or other licensed practitioner. Typically, the medically necessary service must be generally recognized as an accepted method of medical practice or treatment.

Up to 10 hours (40 units) of Pre-CTI can be provided with no prior authorization for the purpose of assessment, engagement, and enrollment of the individual into the service. Pre-CTI is provided prior to the actual start-up of Phase 1.

- Prior authorization from Vaya Health is required before or on the first date of Phase I Transition implementation.
- The initial authorization will be for a three-month period covering Phase 1, not to exceed 144 units (36 hours). As CTI

is individualized, additional units may be requested for Phase 1 to provide necessary services to address the individual's transitional needs (for example, completing a SOAR application).
- The concurrent authorization will be for the last six months of CTI covering Phases 2 and 3 and will not exceed 168 units (42 hours) total for the 6-month period. An example of how the concurrent authorization could cover services for Phases 2 and 3 is a team using 112 units (28 hours) for Phase 2 and the remaining 56 units (14 hours) for Phase 3.

This service shall be covered when the service is medically necessary and:

a. The procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the member's needs;
b. The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide;
c. The procedure, product, or service is furnished in a manner not primarily intended for the convenience of the member, the member's caretaker, or the provider; and
d. The member meets and continues to meet the eligibility requirements for this service, and treatment goals have not yet been achieved. Services and interventions must be reviewed for effectiveness, and interventions should be modified, if necessary, so that the individual makes greater progress.

Discharge Criteria

- The individual is discharged nine months from the Phase 1 start date; OR
- The individual no longer wishes to receive CTI support and has refused CTI services after reasonable attempts have been made to engage him/her in treatment and no safety issues or concerns are present; OR
- The individual is clearly in need of a higher level of care and has been connected to the service

EPSDT SPECIAL PROVISION:

Exception to Policy Limitations for a Medicaid Beneficiary 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 Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary 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 [health problem] identified through a screening examination (includes 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 his or her 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 beneficiary'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 beneficiary'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, or 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

If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.

Important additional information about EPSDT and prior approval is found in the NC Tracks Provider Claims and Billing Assistance Guide and on NC DHHS: Early Periodic Screening, Diagnostic and Treatment Medicaid Services for Children.

Service limitations on scope, amount, duration, frequency, location of service and other specific criteria described in 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" [health problem]; that is, provider documentation shows how the service, product or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening or prevent the development of additional health problem.

Documentation Requirements

These services shall be properly and contemporaneously documented in accordance with this section and the DMH/DD/SAS Records Management and Documentation Manual 45-2 (RMDM) prior to seeking reimbursement from Vaya Health.

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 Health available to Vaya Health, NCDHHS and CMS upon request.

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 CTI reimbursed by Vaya Health available to Vaya Health, NCDHHS and CMS upon request.

Claims-Related Information

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

1. **Claim Type:** Professional (CMS-1500/837P transaction) billed through Vaya Health.
2. **International Classification of Diseases, Tenth 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 SPMI/SMI must be present to bill for this service. (See 42 CFR § 435.110)
3. **Codes and Modifiers:** Provider(s) shall report the most specific billing code that accurately and 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.

4. **Billing Units:** Providers bill this service on a unit basis. 1unit = 15 minutes. It's anticipated that 312 units will be billed during the 9-month service delivery model.
5. **Place of Service:** community.
6. **Prior Authorization:** Up to 10 hours (40 units) of Pre-CTI can be provided with no authorization. Prior authorization is required before or on the first date of Phase 1 Transition Implementation.
7. **NC Tracks Enrollment:** Providers must be enrolled through NC Tracks and ensure valid NPIs, taxonomies, sites, zip code (+4) and all other provider demographic information provided to Vaya Health matches the information in NC Tracks to bill Vaya Health and be reimbursed for this service.
8. **Coordination of Benefits:** Providers must file with primary payor(s) prior to submission of claims for payment to Vaya Health, if applicable.
9. **Reimbursement:** Vaya Health reimburses providers for clean claims for services rendered in accordance with this Service Definition.