Vaya Health

Transitional Youth Services

H2022 U5 - Transitional Youth Services

Service

The Transitional Youth Services Program is a home and community-based outpatient intervention that supports transition-age members (ages 16-21) with behavioral health diagnoses of mental health and/or substance use disorders in reestablishing the knowledge and skills necessary to live independently. Transitional Youth Services Specialists assist and support the member in identifying goals and addressing barriers to independence. This process considers all systems affecting the member, including family, school/work, peers, individual needs, and the community. All services are delivered in the member's natural environment to increase the likelihood of sustaining the progress made during the intervention. The ultimate aim of the program is to give members the skills and resources to resolve and prevent future problems in areas of daily living (i.e., housing, employment, parenting, involvement with court or social services) independently. The interventions focus on rehabilitating member strengths and skills as well as linking the member to available resources to assist them in relearning a sense of accountability for their own behavior. Transitional Youth Services Specialists work closely with families and community members to help ensure the member is safe, engaging in positive peer activities, learning the life skills needed to support themselves, and working or pursuing education. The assigned Transitional Youth Services Specialist shall work closely with the probation officer, courts, family, and any other involved formal and informal resources to ensure collaboration around the goals of services, interventions being provided, and discharge recommendations.

Treatment Program Philosophy, Goals and Objectives:

The Transitional Youth Services Program is person-centered, recovery-focused and builds resiliency for participating members. Preparing members for successful transition to the demands of independent adulthood is the primary focus of the program. Essential components include the following:

- Establishing Permanency: Members in the program learn the interpersonal skills necessary to recreate and maintain healthy and permanent personal relationships.
- Education: Members in the program are encouraged to complete the minimum education requirements necessary to maintain employment. If the member does not already have a diploma or GED, the Transitional Youth Services specialist assists them with achieving this goal. For members who already have a diploma or GED, the Transitional Youth Services Specialist helps them complete the FAFSA, assists them with applying for scholarships, takes them to visit community colleges, universities, or vocational schools in the area, helps them fill out any necessary paperwork, introduces them to an advisor, and also assures that they receive disability services, if appropriate.
- Employment: Transitional Youth Services staff assist members in securing and maintaining employment through resume writing, employment search, application process, interviewing skills, developing skills to maintain good relationships with colleagues and supervisors to retain employment, etc. Once the member is employed, the Transitional Youth Services Specialist will maintain contact with his/her employer to determine what supports the member needs to be successful. If problems arise in the job setting, Transitional Youth Services Specialists will work with the member to assess the problem and design interventions to solve it. Transitional Youth Services Specialists may use role-play or other teaching techniques to help the member improve their work performance.
- Housing: It is the goal of the program to link members with housing that can be maintained upon discharge. The Transitional Youth Services Specialist will teach the member budgeting skills, help him/her identify the type of housing he/she can afford, assist in finding roommates, and help fill out applications for an apartment or Section 8 housing.

- Independent Living Skills: Members in the program will improve independent skills, as measured by the Ansell-Casey Life Skills Assessment. These skills include but are not limited to the following: budgeting, cooking, shopping for groceries, doing laundry, making mental/physical healthcare appointments, getting a driver's license or accessing public transportation, and maintaining appropriate hygiene habits.
- Crisis intervention: The program provides crisis intervention and prevention services to members and their families 24 hours-a-day, 7 days-a-week. In the preventive stages, the clinical team (Transitional Youth Services Specialist, team supervisor, clinical consultant, and regional supervisor) track potentially dangerous behavior (to self or others), identify potential problem areas and design interventions to prevent a possible crisis. If a crisis arises, staff shall respond within fifteen minutes via telephone, and no later than two hours face-to-face.
- Pregnant/Parenting youth: For members with children, specialists utilize an evidenced based life skills assessment and parenting assessment to better assess the member's parenting skills. Based on the member's scores and their parenting goals, individualized goals are developed and targeted in weekly sessions.
- Collaboration: The Transitional Youth Services program works most effectively when young people have the opportunity to make minor mistakes. This gives the young person and their family an opportunity to discover which interventions will work best for the long term. The assigned Transitional Youth Services specialist will work closely with the case manager, probation officer, courts, family, and any other involved key players to ensure collaboration around the goals of services, interventions being provided, and discharge recommendations.
    - Low caseloads: Transitional Youth Services Specialists carry caseloads up to 9 young people.

Anticipated Outcomes:

The service will support transition into independent living and engage families and natural supports. This service promotes integration into the community at large, independence and self-reliance, rather than reliance on paid supports.

- Maintenance of stable housing as evidenced by response to the following questions at discharge, 6 months, 12 months, and 24 months post discharge:
    - What is their current living situation?
    - If they are housed (not in a criminal justice facility, congregate care setting, homeless, couch surfing), could they stay in their current situation for the next three months if they wanted to? (measure of prospective housing stability rather than retrospective stability)
    - Have they been homeless or couch-surfed in the past six months?
- Maintenance of productive activity as evidenced by response to the following questions at discharge, 6 months, 12 months, and 24 months post discharge:
    - What is their current engagement in educational pursuits?
    - What is their current work status?
    - Do they remain free from legal involvement (arrests or charges)?

Service Exclusions

This service may not be provided in the same authorization period as any of the following services:

- Multisystemic Therapy
- Intensive In-Home
- Intercept
- Child and Adolescent Day Treatment

- Assertive Community Treatment
- Community Support Team
- Psychosocial Rehabilitation
- Individual Placement Support- Supported Employment

The service may be provided for up to 30 days to members who are receiving Residential Treatment Levels I-IV or treatment in a Psychiatric Residential Treatment Facility to assist in transition to a lower level of care. Because this service includes a case management component, providers must clearly outline on the member's care plan how they will collaborate with Tailored Care Management to ensure there is no duplication of services. The case management function of this service is to support the treatment being done within the program to ensure progress and decrease the need for a higher level of care for the services.

Service Frequency and Intensity:

The service frequency and intensity vary based on the service level and is increased or decreased based on individual needs as documented in the ISP or care plan. The intent of the lowest level is to validate that interventions have been effective and that outcomes are likely to be maintained upon service discharge. The provider must use direct face-to-face and indirect (e.g., telephone, email, mail, assisted technology) contacts, including collaboration with other providers, the member and their family and team, when delivering this service. Contacts with the member must be at the frequency and intensity outlined in the ISP or care plan.

Provider Requirements

The provider delivering this service shall meet the following requirements:

- Provider must meet qualification for participation in NC Medicaid program and be enrolled in NC Tracks.
- Provider must be credentialed and enrolled as a network provider in Vaya Health's Closed Provider Network, in good standing, and contracted to deliver the service.
- Provider must verify employee/independent contractor qualifications at the time employee is hired/contracted. Providers must provide verification of staff qualifications on at least an annual basis.
- Provider must comply with all terms and conditions of the network contract with Vaya Health, other applicable written agreements, and all applicable federal, state and local laws, rules and regulations.

Staffing Requirements

The service is provided by specialists who must be Qualified Professionals.

Supervisory-level staff must have either a masters-level degree in a human services field or must be a QP with documented experience delivering the service. Clinical oversight for staff with the latter qualification is provided by provided by a Licensed Professional or Associate Licensed Professional. Each supervisor can oversee up to five specialists, and each specialist can serve up to nine members at a given time.

Transitional Youth Services specialists participate in the following training and supervision activities:

- Three-day training and comprehensive treatment manual: The treatment manual and training provide the vital foundation to becoming a specialist. Content includes the analytical thinking process by which a specialist makes decisions about how to approach problem behavior and develops interventions consistent with the Transitional Youth Services model. Additionally, this training covers a variety of common issues that a specialist will encounter including peer and gang involvement and developing support systems. Transitional Youth Services specialists are

trauma informed trained. This training is to be completed during new hire orientation and training prior to working with members.

- Quarterly clinical practice updates and trainings: Quarterly training boosters are developed from experiences clinicians frequently encounter to sharpen their skill set in specific topic areas. For example, boosters may focus on techniques for engagement and alignment.
- Clinical review of each admission by a Licensed Professional: Consultation is conducted by a Transitional Youth Services LP or Associate LP who is trained in case conceptualization and the theoretical and research underpinnings from which the clinical model has been developed.
- Individual supervision and professional development by the supervisor, including reviews of taped sessions:
    - Individual supervision can include a variety of activities ranging from audio tape reviews of sessions, debriefing on visits conducted with a supervisor, development of career or advancement goals, or sharpening individual counseling skills or techniques. Supervisors build an individualized development plan that is shared with the specialist on a regular basis (monthly minimum) to guide him/her toward specified goals.
    - Field supervision (in-home) by the supervisor: Supervisors schedule visits with each specialist for the purpose of observing and modeling clinical intervention in a realistic setting. Additionally, field visits allow supervisors to gather additional information about a family system to further inform conceptualization and intervention development. Supervisory field visits to be scheduled as needed based on staff and individual needs.

Member Eligibility Requirements:

To be eligible for Transitional Youth Services, members ages 16-21 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:

1. There is a mental health or substance use disorder diagnosis (as defined by the DSM-5, or any subsequent editions of this reference manual), AND
2. Must demonstrate a deficit in at least one Instrumental Activity of Daily Living (IADL) AND
3. Meets criteria for CALOCUS Level 1 score or higher OR
4. Meets criteria for LOCUS Level 1 score or greater

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.

Initial service authorizations may be given for up to three months, with three additional authorizations of up to three months each issued according to medical necessity. Additional units may be authorized in exceptional cases as medical necessity dictates. Initial authorization requires a Service Authorization Request (SAR), Comprehensive Clinical Assessment (CCA) and Ansell Casey Life Skills assessment. A Person-Centered Plan (PCP) is recommended but not required.

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.

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.

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.

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 mental health or substance use 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 = 1 month.
5. **Place of Service:** Member's home/community
6. Prior Authorization: Provider must have a prior authorization for the delivery of services to the member approved by Vaya Health prior to submission of claims for payment to Vaya Health.
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 in order 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.