Clinical Policy: Community Behavioral Health Support: Supportive Supervision

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Date of Last Revision:
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Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
This policy describes the authorization guidelines for Community Behavioral Health Support (CBHS) services. CBHS is an Apple Health benefit to support providers assisting individuals who reside in long-term care settings and have complex behavioral needs. There is currently one CBHS service: Supportive Supervision.

Supportive Supervision is direct monitoring, redirection, diversion, and cueing of individuals with a mental health condition to prevent at-risk behavior that may result in harm to the individual or to others. These interventions support individuals experiencing high risk of institutionalization and hospitalization and must be staffed appropriately for the tier-level authorized.

This service helps individuals build skills and resiliency to support stabilized living and community integration. These interventions are coordinated as appropriate with other support services to include behavioral health services provided by a behavioral health agency and/or behavior support services or other community supports as appropriate. Supportive Supervision should include integration of behavioral support services and/or crisis plans to help ensure community stability and an escalation process for collaborative care.

Policy/Criteria
I. It is the policy of Coordinated Care of Washington, Inc., in accordance with the Health Care Authority guidance, that CBHS Supportive Supervision may be **medically appropriate** when ALL the following conditions are met:
   A. Member is 18 years of age or older,
   B. Member is receiving home and community services in a licensed residential facility,
   C. Member demonstrates qualifying behaviors related to and driven by a primary diagnosis of mental illness or traumatic brain injury:
      i. A psychiatric symptom is not necessarily a qualifying behavior. To be a qualifying behavior for Supportive Supervision, the behavior must create a risk to safety and/or cause distress to and escalate the client or other residents to crisis if not monitored and redirected by staff.
      ii. Behaviors that result in a need for additional staff or additional staff time to attend to activities of daily living (ADL) or instrumental activities of daily living (IADL) needs are not considered qualifying behaviors for the purpose of Supportive Supervision tiering.

1. A behavior may qualify for Supportive Supervision when it arises during triggering events, which may include ADL/IADL activities, and require staff intervention to ensure client stability and de-escalation.
2. This service does not provide additional staff or additional staff time to perform the ADL or IADL activities themselves, but is related to the provision of cueing, redirection, and stabilization of behaviors.

II. It is the policy of Coordinated Care of Washington, Inc., in accordance with the Health Care Authority guidance, that Supportive Services does not include the provision of:
A. Personal care.
B. Environmental considerations, such as requests for a private room.
C. Other material goods or services.
D. Room and board.

Tiering Guidelines
When determining the appropriate level of support needed for an individual, consider the frequency and timing of behaviors (i.e., difficulty with transitions in activities, wakefulness at night, behaviors at mealtimes, etc.).

Source data or information to utilize:
- Comprehensive Assessment Reporting Evaluation (CARE) assessment, recent discharge records from inpatient setting(s), claims data, Predictive Risk Intelligence System (PRISM), clinical data repository, etc.
- Direct consultation with the discharge social worker, managed care liaison, Home and Community Services (HCS) or Area Agency on Aging (AAA) case manager, etc.
- Outpatient, inpatient and other medical records.

Tier 1 is the minimum level all individuals deemed eligible for Support Supervision shall receive. An average of up to 2 hours per day.

Rate Tier	Guidance	Examples
Tier 1 0.5-2 hours per day	The member demonstrates a qualifying behavior that requires daily, intermittent monitoring, redirection, and cueing to promote community stability and to ensure the safety of the individual and other residents. OR The member has a significant history of behaviors that are well-managed in a highly structure setting but are at risk of recurring in a community setting if not met with the appropriate level of Supportive Supervision. OR	• Member's response to delusions and hallucinations requires intermittent redirection at baseline • Mood swings and tearfulness that require additional reassurance • Repetitive complaints or requests that require additional staff time, but do not escalate • Irritability and agitation that can be mediated by taking a thoughtful approach and allowing additional time to complete tasks • Multiple prompts often required for tasks

Rate Tier	Guidance	Examples
	For renewal or re-assessment, the member has a history of behaviors(s) meeting the guidelines above, which are currently only prevented by additional skilled staff intervention.	
Tier 2 2.1-6 hours per day	The member demonstrates current, qualifying behavior(s) at a frequency that requires an average of 2.1-6 hours per day of dedicated staff to redirect, de-escalate, and cue to promote community stability and to ensure the safety of the individual and other residents OR The member has demonstrated multiple qualifying behaviors requiring an average of 2.1-6 hours per day of 1:1 staffing within the past month. Behaviors may be well-managed in a highly structured setting but are at risk of recurring in a community setting if not met with the appropriate level of Supportive Supervision OR For renewal or re-assessment, the individual has a history of behavior(s) meeting the guidelines above, which are currently only prevented by additional skilled staff intervention at this tier level.	• May include behavioral examples from previous Tier(s) and • Member's response to delusions and hallucinations requires regular redirection or environmental modification at baseline to prevent escalation • Irritability and agitation sometimes expressed through yelling/screaming • Poor frustration tolerance can result in verbal abuse of staff or other residents • Sometimes intrusive to other residents' personal space or property, creating risk of harm if not de-escalated promptly
Tier 3 6.1-10 hours per day	The member demonstrates multiple qualifying behaviors at a frequency and intensity that requires an average of 6.1-10 hours per day of 1:1 staffing to redirect, engage, de-escalate, and cue to promote community stability and to ensure the safety of the individual and other residents OR The member has demonstrated multiple qualifying behaviors requiring an average of 6.1-10 hours per day of 1:1 staffing within the past month. Behaviors may be well-managed in a highly structured setting but are at risk of recurring in a community setting if not met with the appropriate level of Supportive Supervision	• May include behavioral examples from previous Tier(s) and • Irritability and agitation often expressed through intimidating behavior or posturing • Requires close monitoring to prevent intentional self-injury • Engages in wandering but redirectable if closely monitored • Sexually inappropriate comments • If awakens during night to toilet, able to return to bed without excessive prompting

Rate Tier	Guidance	Examples
	OR For renewal or re-assessment, the individual has a history of behavior(s) meeting the guidelines above, which are currently only prevented by additional skilled staff intervention at this tier level.	
Tier 4 10.1-16 hours per day	The member demonstrates multiple qualifying behaviors at a frequency and intensity that requires an average of 10.1-16 hours per day of 1:1 staffing to redirect, engage, de-escalate, and cue to promote community stability and to ensure the safety of the individual and other residents OR The member has demonstrated multiple qualifying behaviors requiring an average of 10.1-16 hours per day of 1:1 staffing within the past month. Behaviors require at least 1:1 intervention even in a structured setting but may be at risk of increasing in frequency and/or severity in a community setting if not met with the appropriate level of Supportive Supervision OR For renewal or re-assessment, the individual has a history of behavior(s) meeting the guidelines above, which are currently only prevented by additional skilled staff intervention at this tier level.	• May include behavioral examples from previous Tier(s) and • Assault on staff or other residents within the past 6 months • Requires close monitoring during most awake hours to prevent and redirect elopement attempts • Routinely engages in property damage which may include breaking/throwing items • Engages in sexually inappropriate behavior (e.g., exposure, public masturbation, groping, etc.)
Tier 5 16.1-20 hours per day	The member demonstrates multiple qualifying behaviors at a frequency and intensity that requires an average of 16.1-20 hours per day of 1:1 staffing to redirect, engage, de-escalate, and cue to promote community stability and to ensure the safety of the individual and other residents OR Behaviors require daily 1:1 intervention even in the context of a structured setting and there would be an imminent risk of harm should the member not receive an	• May include behavioral examples from previous Tier(s) and • Regularly engages in assaultive behavior toward staff or other residents • Has an irregular sleep schedule or frequent awakening and requires 1:1 whenever awake to address disruption to other residents • Elopement attempts and/or wandering that place the individual's safety as risk may occur multiple times per month

Rate Tier	Guidance	Examples
	average of 16.1-20 hours per day of at least 1:1 staffing in a community setting. OR For renewal or re-assessment, the individual has a history of behavior(s) meeting the guidelines above, which are currently only prevented by additional skilled staff intervention at this tier level.	• Safety concerns include recent or historical pattern of fire-setting behavior • Disorganized behavior places the individual at risk of harm if unaccompanied in the community • There is a very recent or prolonged history of sexually aggressive behavior
Tier 6 20.1-24 hours per day	The member demonstrates multiple qualifying behaviors at a frequency and intensity that requires an average of 20.1-24 hours per day of 1:1 staffing and/or regular episodes that require multiple staff to redirect, engage, de-escalate, and cue to promote community stability and to ensure the safety of the individual and other residents OR Behaviors require constant 1:1 monitoring and intervention even in the context of a structured setting and there would be an imminent risk of harm should the member not receive an average of 20.1-24 hours per day of at least 1:1 staffing in a community setting. OR For renewal or re-assessment, the individual has a history of behavior(s) meeting the guidelines above, which are currently only prevented by additional skilled staff intervention at this tier level.	• May include behavioral examples from previous Tier(s) and • Consistently engages in assaultive behavior toward staff or other residents at baseline • Demonstrates a consistent pattern of self-harming behavior that is only prevented with line-of-sight supervision • Is consistently awake at night engaging in behavior that causes a significant threat to safety, such as those that could lead to fire or predatory behavior toward other residents • Elopement attempts may occur multiple times per week and elopement could lead to an imminent threat to individual or community safety • Demonstrates current sexually aggressive behavior that is directed toward a specific target

Billing Instructions

Attendant care services (S5126) must be pre-authorized. The unit for billing is day. One unit equals one day. The code, S5126, may require submission of a modifier based on time:

Hours per Day	Tier Modifier
0.5-2	None
2.1-6	TF
6.1-10	HE
10.1-15	TG
15.1-20	HK

20.1-24	HR

Taxonomy code of the provider submitted on the claim must be one of the following:

Taxonomy	Description
311ZA0620X	Adult Family Home (AFH)
3104A0625X	Enhanced Services Facility (ESF)
310400000X	Assisted Living Facility (ALF)
310400000X	Enhanced Adult Residential Care (EARC) Facility

Background
This policy is based on the Washington State Health Care Authority (HCA) *CBHS Services Billing Guide*.

Coding Implications

HCPCS Codes	Description
S5126	Attendant Care Services

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed.	05/24	05/24

References
1. Washington State Health Care Authority. *Community Behavioral Health Support Services Billing Guide*.
2. Washington State Health Care Authority. *Supportive Supervision Tiering Guidance.*

Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering

benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, treatment, or care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.