

Supportive Supervision tiering guidance for Community Behavioral Health Support services and In Lieu of Services

Purpose

These guidelines determine the daily rate or tier for Community Behavioral Health Support (CBHS) services and In Lieu of Services Supportive Supervision and Oversight in both the Apple Health (Medicaid) managed care and fee-for-service delivery systems.

Service description

Supportive Supervision is an individually tailored service designed to assist participants in restoring or acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Supportive Supervision does not cover environmental modifications such as requests for individual rooms or other material goods or services.

Supportive supervision and oversight

Supportive supervision and oversight is direct monitoring, redirection, diversion, and cueing of the participant to prevent at-risk behavior that may result in harm to the participant or to others. These interventions are not related to the provision of personal care.

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 behavior support and/or crisis plans to help ensure community stability and an escalation process for collaborative care.

Allowable provider types

- Adult Family Homes
- Enhanced Adult Residential Care Facilities
- Assisted Living Facilities
- Enhanced Services Facilities

Providers will be contracted with either Apple Health managed care organizations or directly with HCA if services are provided via the fee-for-service delivery system.

Tiering guidance

Review should consider 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:

- CARE assessment, recent discharge records from inpatient setting(s), claims data, PRISM, clinical data repository, etc.
- Direct consultation with the discharge social worker, MCO liaison, HCS/AAA case manager, etc.
- Outpatient, inpatient, or other medical records if available
- Other records as available

Defining qualifying behaviors:

- 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 individual or other residents to crisis if not monitored and redirected by staff.
- Qualifying behaviors for Supportive Supervision must be related to and driven by a primary diagnosis of mental illness or traumatic brain injury, as defined in the WAC.
- Behaviors that result in a need for additional staff or additional staff time to attend to ADL or iADL needs are not considered qualifying behaviors for the purpose of Supportive Supervision tiering.
 - A behavior may qualify for Supportive Supervision when they arise during triggering events, which may include ADL/iADL activities, and require staff intervention to ensure client stability and de-escalation.
 - 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 cuing, redirection, and stabilization of behaviors.

Rate tier	Tiering guidance	HCPCS code
Tier 1 0.5-2 hours per day	<p>At a minimum, all individuals deemed eligible for Supportive Supervision qualify for Tier 1, an average of up to 2 hours a day.</p> <p>The individual 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.</p> <p>OR</p> <p>The individual has a significant history of behaviors that are 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.</p> <p>OR</p> <p>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.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Individual's response to delusions and hallucinations require 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 	S5126 Attendant Care Services, per diem No Modifier ILOS Modifier SE
Tier 2 2.1-6 hours per day	<p>The individual demonstrates current, qualifying behavior(s) at a frequency that requires an average of 2.1-6 hours per day of dedicated staff to redirect, deescalate, and cue to promote community stability and to ensure the safety of the individual and other residents.</p> <p>OR</p> <p>The individual 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.</p> <p>OR</p> <p>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.</p>	S5126 Attendant Care Services, per diem Modifier TF ILOS Modifier TF:SE

Examples:

- May include behavioral examples from previous Tier(s) and
- Individual's response to delusions and hallucinations require 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 deescalated promptly

Tier 3

6.1-10 hours per day

The individual 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, deescalate, and cue to promote community stability and to ensure the safety of the individual and other residents.

OR

The individual 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 and/or increasing in frequency/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.

Examples:

- 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

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Tier 4

10.1-15 hours per day

The individual demonstrates multiple qualifying behaviors at a frequency and intensity that requires an average of 10.1-15 hours per day of 1:1 staffing to redirect, engage, deescalate, and cue to promote community stability and to ensure the safety of the individual and other residents.

OR

The individual 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.

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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.

Examples:

- 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

15.1-20
hours per
day

The individual demonstrates multiple qualifying behaviors at a frequency and intensity that requires an average of 15.1-20 hours per day of 1:1 staffing to redirect, engage, deescalate, 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 individual not receive an 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.

Examples:

- 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 awakenings and requires 1:1 whenever awake to address disruption to other residents
- Elopement attempts and/or wandering that place the individual's safety at risk may occur multiple times per month
- 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

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Tier 6

20.1-24
hours per
day

The individual 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, deescalate, and cue to promote community stability and to ensure the safety of the individual and other residents.

OR

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Modifier HI

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 individual not receive an average of 20.1-24 hours per day of at least 1:1 staffing in a community setting.

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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.

Examples:

- 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