

**Behavioral Health Crisis Prevention, Intervention and Stabilization Services:  
Building “Systems of Support”  
for Individuals with Intellectual or Developmental Disabilities (I/DD)  
who Experience Challenging Behavior**

*“Building integrated systems of support through innovative partnerships and collaboration  
to empower Tennesseans with I/DD to live the lives they want in their communities”*

Systems of Support (SOS) is a comprehensive, person-centered approach to the delivery of specialized behavioral health crisis prevention, intervention and stabilization services for individuals with I/DD who experience challenging behaviors that place themselves and others at risk of harm. The model is designed to provide a full array of necessary behavioral services and supports for individuals with I/DD and co-occurring mental health and/or behavior disorders including crisis prevention, intervention, and stabilization and when necessary, referral to therapeutic respite or inpatient services, with coordinated transition back to community living. The goals of the SOS include:

1. Assist the person in achieving improved quality of life, including integrated competitive employment and a higher degree of stability and community tenure
2. Develop and/or support the person’s support system by demonstrating positive, effective and proactive management of challenging behavior
3. Decrease the cost of care associated with crisis events (e.g., ER visits, inpatient hospitalization, therapeutic respite) and more restrictive levels of supervision (e.g., single placement with 2:1 staffing)
4. Decrease the use of psychotropic medications beyond that which is medically necessary to treat any underlying psychiatric disorders

This proactive System of Support is designed to improve quality of life by promoting behavioral crisis planning and prevention. This includes person-centered assessment and planning, and training on the SOS as well as the needs of the individual in order to avoid potential triggers and to provide positive behavior supports so that individuals have the opportunity to experience greater independence and an improved quality of life, free of challenging behavior. This model will further support sustained integrated community living by equipping families and providers supporting individuals with I/DD with skills to quickly identify and address potential behavioral crisis situations, intervening immediately to de-escalate a potential behavioral crisis situation whenever possible. When necessary, the SOS includes the availability of consultation and an in-home behavioral health crisis intervention and stabilization response to assist and support the person or agency who is primarily responsible for supporting an individual with I/DD who is experiencing a behavioral crisis that presents a threat to the individual’s health and safety or community living arrangement, or the health and safety of others. If it is determined that short-term placement (i.e., respite) out of the current living arrangement is needed in order to stabilize the crisis or that inpatient treatment is appropriate, the model will include preparation and planning for transition back to the appropriate community living arrangement as soon as appropriate, and with review and revision as needed of the Crisis Prevention and Intervention Plan prior to such transition.

TennCare requires I/DD crisis services be delivered as outlined in the I/DD Stabilization System of Support. Participation in the model is expected to:

- Engage the member and those who provide support in developing and implementing a personalized, person-centered crisis prevention and intervention plan
- Empower the person and those who provide support to effectively manage day-to-day situations and environments in positive ways that do not result in behavioral crises
- Develop capacity and expertise within SOS Team Members who will continue to be engaged in planning and providing supports once participation in the SOS has concluded

Ongoing supports could include:

- Referral and transition to Behavior Services available under an HCBS waiver or through their TennCare health plan,

as appropriate

- The development/enhancement of a Behavior Support Plan, when needed to help maintain outcomes that have been achieved and to ensure sustained community living

I/DD crisis services are:

- Individualized, person-centered, culturally and linguistically competent
- Time-limited; authorized based on medical necessity and individualized need
- Provided in the individual's community living arrangement with active participation of the SOS team
- Include documented collateral contacts and collaboration with other service providers (e.g., PCP, psychiatrist and/or family members)
- Outcome-driven

Expected outcomes for I/DD System of Support services include:

- Member and/or caregiver ability to coordinate service independently
- Member and/or caregiver ability to recognize symptoms and utilize appropriate preventive interventions
- Decreased member and/or caregiver dependence on high-intensity services (e.g., ER and inpatient care)
- Decreased use of psychotropic medications for the purpose of restraint

**Definitions:**

**System of Support (SOS)**: A comprehensive person-centered approach to the delivery of Behavioral Crisis, Prevention, Intervention, and/or Stabilization services for individuals with I/DD who experience challenging behaviors that place them and/or others at risk of harm with a primary focus on coordination of services and supports, improved linkages, and increased capacity of paid and unpaid caregivers to prevent, stabilize, and manage crisis events in order to empower individuals with I/DD to live the lives they want in their communities.

**SOS Provider**: A provider contracted with one or more of TennCare's Managed Care Organizations (MCOs) to provide Behavioral Crisis Prevention, Intervention and Stabilization Services for Individuals with I/DD in the SOS model.

**SOS Coordinator**: The SOS Provider's primary staff person responsible for coordination, provision, and documentation of Behavioral Crisis Prevention, Intervention and Stabilization Services for an individual with I/DD in the SOS model.

**SOS Champion**: The person on the SOS Team who is the member's primary advocate and an expert on the member's needs and preferences. The SOS Champion may be a family member, Independent Support Coordinator (ISC), direct support professional, or other person most knowledgeable about the individual's needs and preferences and available and willing to engage in crisis planning, prevention and stabilization activities.

**SOS Team**: The person supported and every person/agency involved in providing supports or services (paid and unpaid) that is essential to prevent behavioral crises and to build behavioral stability and a good quality of life for the person in the community.

**SOS Liaison**: the MCO behavioral health case manager or clinical staff person assigned to coordinate with the SOS provider to ensure timely authorization and adequate provision of the SOS service, and other

covered benefits needed by the member.

**A. Prior authorization criteria shall include all of the following:**

1. Diagnosis of intellectual or developmental disability
2. Consent from member or member's conservator to participate in the I/DD System of Support
3. Severe psychiatric or behavioral symptoms that place the person or others at imminent and significant risk of harm or that threaten the sustainability of the current community placement
4. Two or more crisis events within the past 180 days, with each event requiring at least one of the following: a call to mobile crisis or law enforcement (due to the crisis event), crisis stabilization services (i.e., behavioral respite), hospitalization in an acute psychiatric setting and/or ER intervention
5. Services, supports and treatment interventions (e.g., medication management, outpatient psychotherapy, behavior services) have been provided, as appropriate, but have not been effective in preventing or stabilizing crisis events
6. Comprehensive coordination of services and supports across environments is needed and is reasonably expected to achieve measurable reductions in crisis events, the need for out-of-home placement in order to stabilize such events, utilization of in-patient psychiatric hospitalization and/or ER services, and utilization of psychotropic medications to manage behavior (as applicable); measurable increases in sustained community living and quality of life; and (as applicable) the ability to receive more cost-effective services in integrated community settings
7. During the statewide rollout and implementation of the SOS, selected by TennCare based on prior authorization criteria, health plan enrollment, and in accordance with development of system capacity

**B.** On a case-by-case basis, TennCare may direct authorization of this service for an individual enrolled in the Statewide HCBS waiver who does not meet criterion 4 above, but is determined to require such service to address symptoms identified in criterion 3 in order to be safely served in the community within the individual cost neutrality cap or a benefit limit; or for individuals receiving Intensive Behavioral Residential Services or Residential Habilitation or Supported Living Level 6 in order to help facilitate transition to a less restrictive and more cost-effective setting.

**C.** For children in State Custody, TennCare Select may authorize services in the SOS for youth age 17 and older with I/DD who experience challenging behaviors that will make transition to independent living more difficult, using an emerging young adult model to help plan and prepare for transition.

**D.** The initial period of prior authorization shall typically be 90 days, except as determined appropriate by the reviewing clinician. Periodic review shall be conducted in order to monitor the timely implementation of SOS interventions and the efficacy of services. **A period of authorization may be ended upon Grier notification when one or more discharge criteria are met.**

**E. Continued Stay review criteria shall include all of the following:**

1. Must continue to meet all prior authorization criteria- with the exception of criterion 4.
2. Consent from member or member's conservator to continue participation in the I/DD System of Support
3. Active engagement of family members and unpaid caregivers, service providers, and the Independent Support Coordinator, as applicable, as evidenced by the following:
  - a. Active participation in SOS team meetings
  - b. Active participation in training activities pertaining to the person-centered Crisis Prevention and Intervention Plan (CPIP)
  - c. Implementation of the CPIP by paid and unpaid caregivers

- d. Coordination and integration of the CPIP with the person's ISP
  4. For individuals requiring mental health treatment services (including medication management), engagement of the Psychiatrist (or prescribing practitioner, e.g., Physician Assistant or Nurse Practitioner) and/or Primary Care Provider (PCP), as evidenced by communication with the SOS Provider and/or SOS team regarding treatment needs.
  5. Cross-systems person-centered Crisis Prevention and Intervention Plan (CPIP) that is being implemented by caregivers across environments
  6. Treatment goals must be individualized and person-centered, and demonstrate collaboration and coordination with all providers providing support or treatment for the member
  7. Evidence of coordination of services and supports, improved linkages, and increased capacity of paid and unpaid caregivers (as applicable) to utilize such services and supports and to prevent, stabilize, and manage crisis events
  8. Evidence of member's and caregiver's ability to benefit from continued services per treatment goals and progress notes
  9. Documented discharge plan from SOS with targeted discharge date
- F. Authorization for continued participation in the I/DD Stabilization System of Support shall typically be for at least 60 days, except as determined appropriate by the reviewing clinician, e.g., when a lesser period of time is needed to fully prepare for discharge. **A period of continued authorization may be ended upon Grier notification when one or more discharge criteria are met.**
- G. **Discharge criteria shall include one or more of the following:**
1. Services and supports are in place and coordinated, and paid and unpaid caregivers (as applicable) are able to effectively utilize such services and supports and to prevent, stabilize, and manage crisis events in the environment
  2. Other less intensive and more cost effective services and supports are sufficient to meet the member's behavioral health needs.
  3. After a reasonable period, measurable improvement has not been achieved as specified in A.5. above
  4. Member or member conservator withdraws consent to participate in the System of Support.
  5. Lack of engagement of family members and unpaid caregivers, service providers, and the Independent Support Coordinator, as described in B.2. above.
  6. For individuals requiring mental health treatment services (including medication management), lack of engagement of the Psychiatrist (or prescribing practitioner, e.g., Physician Assistant or Nurse Practitioner) and/or the Primary Care Provider (PCP)
  7. One or more other continued stay review criteria are not met.
- H. **Discharge from the I/DD Stabilization System of Support shall proceed *only* upon advance Grier notification which shall include an appropriate discharge plan developed in collaboration with the SOS team. The discharge plan shall include any necessary adjustments in the person-centered support plan and in the CPIS Plan, and coordination of services and supports (including behavior services) the member needs and will receive upon discharge. An SOS provider shall not discharge a member from the System of Support without coordination with the MCO Liaison in discharge planning and the provision of advance written notice.**
- I. A member who is discharged from the SOS based on criterion #7 above (i.e., because services and supports are in place and coordinated, and paid and unpaid caregivers (as applicable) are able to effectively utilize such services and supports and to prevent, stabilize, and manage crisis events in the environment) shall be permitted to resume participation in the SOS only upon significant gaps in services and supports, the

coordination of those supports, and the ability of those supports to effectively prevent, stabilize and manage crisis events in the environment, as evidenced by two or more crisis events within a 60-day period with each event requiring at least one of the following: a call to mobile crisis or law enforcement (due to the crisis event), crisis stabilization services (i.e., behavioral respite), hospitalization in an acute psychiatric setting and/or ER intervention and severe psychiatric or behavioral symptoms that place the person or others at imminent and significant risk of harm or that threaten the sustainability of the current community placement.

A member who is discharged from the SOS for other reasons (including lack of measurable progress, withdrawal of consent, or lack of engagement of family members, unpaid caregivers, service providers, the ISC, or for individuals requiring mental health treatment services, the Psychiatrist or PCP) shall not be permitted to resume participation in the SOS unless there is compelling evidence that the circumstances have changed and that all prior authorization criteria are met.

No minimum time period shall be required to lapse between discharge and resuming SOS services.

- J. Behavioral Health Crisis Prevention, Intervention and Stabilization Services in the I/DD Stabilization SOS shall be reimbursed on a monthly case rate basis. The applicable case rate shall be paid only for persons actively receiving Behavioral Health Crisis Prevention, Intervention and Stabilization Services in the I/DD Stabilization System of Support, and in accordance with service authorization based on medical necessity.

The monthly case rate is inclusive of all of the services defined in the SOS, including:

- a. Person-centered assessment and crisis prevention planning, including history of traumatic stress and identification of the needs of the individual in order to develop or refine interventions, including trauma informed care strategies, to address behaviors or issues that precipitated the behavioral crisis, avoid potential triggers, and to provide positive behavior supports;
- b. Development of an individualized, person-centered Crisis Prevention and Intervention Plan that can be easily understood by those who provide supports (e.g., family members and direct support staff), and that specifically addresses known vulnerabilities and potential triggers and the most effective calming/de-escalation techniques, as well as actions the person's system of support can take when needed (i.e., who to call, what to do);
- c. The provision of training on trauma-informed care and crisis prevention and intervention for paid and unpaid caregivers to equip them to:
  1. Provide positive behavior supports to effectively manage day-to-day situations and environments in positive ways that do not result in behavioral health crises; and
  2. Quickly identify and address potential behavioral health crisis situations, intervening immediately to de-escalate a potential behavioral health crisis situation whenever possible;
- d. Development of community linkages and cross-system supports based on the individualized needs of each member and in accordance with the member's Crisis Prevention and Intervention Plan;
- e. 24/7 crisis intervention and stabilization response to assist and support the person or agency who is primarily responsible for supporting an individual with I/DD who is experiencing a behavioral crisis that presents a threat to the individual's health and safety or community living arrangement, or the health and safety of others, working in partnership/collaboration with the provider or family caregiver to stabilize in place, divert from unnecessary/inappropriate inpatient, and support sustained integrated community living whenever possible and appropriate, and to build the capacity of the member's SOS team to anticipate and prevent behavioral escalations, reducing the need for crisis intervention by the SOS provider;
- f. Ongoing review and revision as needed of the Crisis Prevention and Intervention Plan, including any

time there is a crisis event resulting in the need for intervention and stabilization services or upon request of the paid or unpaid caregivers;

- g. Referral to therapeutic respite or inpatient services, when necessary;
- h. Coordination with therapeutic respite or inpatient provider to plan and prepare for transition back into the appropriate community living arrangement as soon as appropriate following an out-of-home respite or inpatient stay, which shall include review and revision of the Crisis Prevention and Intervention Plan, as appropriate; coordination with the residential provider, Independent Support Coordinator, and family caregivers as applicable; and training for paid and unpaid caregivers on any adjustments to the Crisis Prevention and Intervention Plan prior to transition, and training updates on the System of Support as needed; and working with the PCP or Psychiatrist (or other prescribing practitioner) to reconcile psychotropic and other medications upon discharge; and
- i. Data collection, analysis, and reporting.

The monthly case rate does not include, and the SOS provider shall not be responsible for, the provision of out-of-home therapeutic respite services or inpatient services, when needed, but does include coordination of referrals when such services are needed, and responsibility for engagement with the therapeutic respite or inpatient provider to facilitate timely and coordinated transition back to the community setting, with review and revision of the CPIP, as needed, and training/preparation of caregivers prior to transition.

The case rate is higher upon initial engagement in the SOS to reflect the more intensive assessment, planning, and plan implementation activities required, including training and building cross-systems linkages. The case rate is moderated as participation in the SOS proceeds based on expected reductions in engagement of SOS provider staff as linkages and capacities are developed within the person's community support system. The goal of the service is to build "systems of support" around the individual, to reduce the need for these services. The reimbursement structure aligns with this approach.

Service levels and contacts shall be individualized based on the needs of each member, regardless of the applicable monthly case rate. While some members may require a higher intensity of service, others will require less. The monthly case rate paid shall always be based on the month of participation, and shall not be adjusted based on individual circumstances or request.

Monthly case rates are higher during the initial two years of implementation to support the "ramp up" to statewide implementation of the model. 2018 rates reflect the expected reimbursement structure going forward, except that value (i.e., outcome)-based adjustments will be incorporated once sufficient data has been collected for benchmarking—expected in 2017.

Please note that there is **no expectation** that all members or that any member will necessarily receive 12 months of service in the SOS. A member's length of participation in the SOS is dependent on continued stay review and discharge criteria. A member's participation in the SOS should end (with appropriate notice and appeal rights, as applicable), once continued stay review criteria are no longer met, or once discharge criteria are met.

If a person is discharged from the SOS and subsequently meets prior authorization criteria for re-enrollment, the SOS provider shall resume services at the applicable case rate described above. Previous months of participation in the SOS shall be counted in determining the applicable month of payment and case rate. For example, a person is discharged after 5 months of participation in the SOS. Should the person subsequently meet criteria to resume participation in the SOS, the rate of reimbursement upon resuming participation shall be the rate applicable for month 6.

This is true regardless of the reason for discharge.

Because this is a monthly case rate, inclusive of all requirements of the the I/DD Stabilization SOS, the provider is expected to bill for every day the member is participating in the SOS, regardless of whether any service was provided to or on behalf of the member that day. The provider shall be available 24/7 for crisis response.

Once sufficient data/experience is available to establish appropriate benchmarks, the case rate methodology shall be adjusted to include a value-based component. Providers must participate in the SOS for 12 months before becoming eligible for incentive payments.

In addition to encounter data, a technology platform will be utilized to collect a broad array of outcome data pertaining to the delivery of these services (as well as support other aspects of the model).

Measures that are most likely to be included in the value-based purchasing arrangement (once sufficient data has been collected for benchmarking) include:

- Decrease in the number of crisis events requiring intervention by the SOS provider (e.g., a call)
- Decrease in the number of crisis events requiring in-person intervention and stabilization assistance by the SOS provider
- Decrease in the number of crisis events requiring out-of-home placement
- Reduced utilization of behavioral respite services
- Reduced Emergency Department utilization for behavioral health crises
- Reduced psychiatric inpatient utilization
- Reduced use of psychotropic medications except as medically necessary to treat diagnosed mental health conditions
- Effective management of personal health and wellness (appointments made and kept, preventive care completed)
- Increased community tenure and stability in living arrangements
- Reduce total cost of care (physical, behavioral and LTSS)
- Decreased intensity/cost of HCBS (more cost-effective services/more integrated settings)
- Increased participation in integrated competitive employment
- Increased participation in community activities
- Improved quality of life

- Improved satisfaction with services and supports
- Increase in perceived ability of caregivers to support person
- Increase in perceived ability of caregivers to prevent and stabilize crisis events

**K. Program Requirements:**

1. Providers will ensure that member or member’s conservator provides consent to participate in the I/DD System of Support
2. Providers are to participate in all implementation and post implementation meetings, including stakeholder meetings
3. Providers are to participate in all I/DD System of Support training
4. Providers are to ensure that there is an I/DD Crisis Intervention Team to focus on individuals with I/DD; this team will be I/DD professionals who are trained in the delivery of crisis response, not vice versa
5. Providers are to immediately engage the SOS Champion at the time of crisis and the SOS Liaison (MCO role) at the point service coordination is needed, but no later than 24 hours from the time of any crisis event.
6. Providers are to ensure there is a sufficient number of SOS Coordinators to serve I/DD members, including the assurance of a timely crisis response
7. Providers are to ensure that there are a sufficient number of System of Support teams staffed in each region of the state where the provider is contracted to provide services to meet the membership needs of the region
8. Providers are to adhere to the SOS model, including all applicable staffing requirements and qualifications
9. Providers shall employ or contract with a Statewide Medical Director who is a board certified psychiatrist licensed in the State of Tennessee. Experience directing behavioral health programs and services for individuals with intellectual or developmental disabilities is strongly preferred. The Medical Director may be part-time as long as expectations of the I/DD Stabilization SOS are fulfilled.
10. Providers shall also employ or contract with a Statewide Medical Director who is a licensed Advanced Practice Psychiatric Nurse; Psychiatric Nurse Practitioner, or Physician Assistant in Psychiatry.
11. Providers shall ensure the availability of the Statewide Medical Directors to participate in team discussions as needed regarding individuals receiving services in the SOS, and to provide consultation support to SOS team members and to the member’s “community” Psychiatrist and/or PCP. The Medical Directors shall not supplant the member’s “community” Psychiatrist and/or PCP, but shall help provide targeted support and technical assistance in supporting the community physician to support the member’s behavioral health needs (i.e., “supporting the supporter.”)
12. Tele-supervision/consultation may be provided; however the Medical Director shall also be physically present as needed to support and direct the program and to provide consultation support to SOS team members.
13. Providers are to ensure compliance with all applicable medical necessity criteria and service authorization processes
14. Providers are to ensure the following service components are included:
  - a. Person-centered assessment and crisis prevention planning, including identification of the needs of the individual in order to avoid potential triggers and to provide positive behavior supports.
  - b. The provision of training by the SOS provider for paid and unpaid caregivers to equip them:
    1. to provide positive behavior supports to effectively manage day-to-day situations and environments in positive ways that do not result in behavioral health crises
    2. to quickly identify and address potential behavioral health crisis situations, intervening immediately to de-escalate a potential behavioral health crisis situation whenever possible
  - c. Development of community linkages and cross-system supports based on the individualized needs of each member and in accordance with the member’s CPIP
  - d. Crisis intervention and stabilization response expected within one hour, not to exceed two hours;



performance standards shall be as follows:

- i. In regions 9, 10, 11, and 12, 95% of responses shall be within one hour and 100% within two hours
- ii. In regions 2, 3, 5, and 8, 85% of responses shall be within one hour; 100% within two hours
- iii. In regions 1, 4, 6, and 7, 75% of responses shall be within one hour; 100% within two hours

The crisis intervention and stabilization response is generally expected to be face-to-face in the member's home. Teleconsultation may be permitted on a case-by-case basis for an individual who is actively engaged in the SOS, and for whom an assessment has been completed, and the CPIP has been developed and implemented. However, it shall not be the standard of care in the SOS. In order for teleconsultation/supervision to be appropriate, it must be documented in the member's CPIP, including the specific circumstances in which it can be provided. If such tele-intervention is not successful in stabilizing the crisis event, the provider remains responsible for ensuring a face-to-face response within the prescribed timeframe.

- e. Ongoing review and revision by the SOS provider as needed of the Crisis Prevention and Intervention Plan, including any time there is a crisis event resulting in the need for intervention and stabilization services or upon request of the paid or unpaid caregivers
- f. Planning and preparation for transition back into the appropriate community living arrangement as soon as appropriate following an out-of-home respite or inpatient stay, which shall include review and revision of the Crisis Prevention and Intervention Plan, as appropriate; coordination with the residential provider, ISC or support/care coordinator, and family caregivers as applicable; and training for paid and unpaid caregivers on any adjustments to the Crisis Prevention and Intervention Plan, and training updates on the System of Support as needed; and
- g. Data collection and analysis which includes the database used for all prescribed data elements

15. The provider shall ensure that data is made available to the MCOs and to TennCare on an ongoing basis for purposes of monitoring program compliance and individual and program outcomes.

**L. Medical Necessity Criteria for Crisis Respite in the I/DD Stabilization SOS:**

- 1) The person is receiving Behavioral Health Crisis Prevention, Intervention, and Stabilization Services in the System of Support.
- 2) The person is experiencing a behavioral crisis that necessitates temporary removal from the current residential setting in order to resolve the behavioral crisis.
- 3) Efforts to stabilize the person's behavioral symptoms in the current living arrangement have not been effective in stabilizing the crisis event.
- 4) The person will require inpatient psychiatric care unless behavioral respite services are provided, as determined by the SOS Team and approved by the MCO.

Removal from the current living arrangement for behavioral respite services must be for as limited a time as possible—only for as many hours or days needed to resolve the behavioral crisis and facilitate the service recipient's safe return to the current living arrangement placement.

The crisis respite provider is responsible for engaging with the SOS provider and the SOS team to plan, prepare and coordinate the person's timely transition back to the community placement.