

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME		b. Date Submitted: 11/17/08; Revised 1/27/11
CenterPoint Human Services		
c. Name of Proposed LME Alternative Service Peer Support Hospital Discharge & Diversion – Group – YA375		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i>		
<input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09		
e. Submitted by LME Staff (Name & Title) Ronda Outlaw, LCSW, Assistant Area Director - Operations	f. E-Mail routlaw@cphs.org	g. Phone No. 336-714-9115
<u>Background and Instructions:</u>		
<p>This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an <i>LME Alternative Service Request for Use of DMHDDSAS State Funds.</i></p> <p>This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.</p> <p>Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.</p> <p>Please note that:</p> <ul style="list-style-type: none"> • an individual LME Alternative Service Request form is required to be completed for <u>each</u> proposed Alternative Service; • a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to <u>directly</u> provide an approved Alternative Service; and • the current form is <u>not</u> intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008. 		

Requirements for Proposed LME Alternative Service

(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)

Complete items 1 through 28, as appropriate, for all requests.

1	<p>Alternative Service Name, Service Definition and Required Components <i>(Provide attachment as necessary)</i></p> <p>Peer Support Aftercare & Diversion – Group</p> <p>The proposed Peer Support Aftercare & Diversion service (PSAD) facilitates consumer engagement in treatment following an episode of hospitalization or incarceration (includes ADATCs, detox facilities, jails) and bridges the service gap when timely aftercare appointments are not available. The service may also be used as part of crisis response and diversion when individuals in crisis access walk-in crisis facilities. It is available for adults aged eighteen and older with a MH and/or SA disability. PSAD is not intended to be an ongoing or long-term service.</p> <p>This service is provided by Peer Support Specialists to consumers individually or in groups following discharge from state and local hospitals and ADATCs or release from jail/prison. The service is designed to improve aftercare and diversion rates, facilitate engagement & retention in outpatient treatment, promote consumer recovery and empowerment and provide additional support during transition to the community. PSAD services emphasize the acquisition, development and expansion of rehabilitative skills needed for recovery and may include the following activities:</p> <ul style="list-style-type: none">• Provision of pre-crisis and post-crisis support – Providing information and feedback to the individual on identifying early signs of relapse, using their crisis plan, requesting help to prevent or address a crisis, or accessing services or support to negate the need for more restrictive service alternatives• Assisting the individual in development of Wellness Recovery Action Plan (WRAP), Psychiatric Advance Directive (PAD) or personal crisis plan• Provision of information and education on topics such as consumer rights, recovery and wellness, self-advocacy, personal growth, effective communication• Provision of information about community services and supports including Medicaid eligibility; housing; vocational training or employment; support groups, (such as AA, NA, Alanon). <p>Appropriate use of the service includes group or individual services to meet benchmarks for post-discharge appointments; pre-crisis or crisis services, as adjunct to clinical services; crisis services to consumers in the crisis walk-in facilities; participation in discharge planning and consumer engagement activities with hospitalized consumers to facilitate seamless community transition; activities that promote consumer engagement with community services and supports, including service provision to consumers during transport from hospital; activities that teach, support and strengthen consumer recovery and empowerment; initial contacts with consumers transported by law enforcement from state hospitals to Discharge/Crisis Walk-in Clinics or other locations; location, engagement and transport of consumers who fail post-hospital appointments.</p>
2	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <ul style="list-style-type: none">• <i>Consumer access issues to current service array</i>• <i>Consumer barrier(s) to receipt of services</i>• <i>Consumer special services need(s) outside of current service array</i>

- **Configuration and costing of special services**
- **Special service delivery issues**
- **Qualified provider availability**
- **Other provider specific issues**

Since Division tracking of aftercare following hospitalization is based on claims paid, there is a need for services/codes that capture consumer contacts not currently billable. Division approval is needed for the proposed alternative service code "Peer Support Aftercare & Diversion" itself and for its recognition/acceptance as a service option in meeting benchmarks for aftercare appointments.

PLEASE NOTE:

- CenterPoint plans to implement the service in the *CASP-funded Regional Discharge/Crisis Walk-In Clinics* serving consumers in Forsyth, Stokes, Davie & Rockingham Counties to improve access to care following hospital or ADATC discharge or jail/prison release; and for crisis/hospital diversion.
- The service will be provided to adult consumers involved in the *CASP-funded Regional Substance Abuse Program* for provision of clinical SA services and supports to be implemented by Partnership for a Drug-Free NC. This new service will target consumers discharged from ADATCs and state hospitals.
- Approval of this service will enable CenterPoint to meet or exceed state benchmarks for continuity of care following inpatient services as required per 9/30/08 letter from Leza Wainwright (ie "achieve statewide average percentage of consumers receiving a community service within 30 days of discharge from state hospitals").
- In addition to the CASP regional crisis and SA services funding, CenterPoint & provider DayMark Recovery Services are seeking a Kate B. Reynolds foundation grant available to fund new evidence-based/best practice service initiatives. Approval of Peer Support Aftercare and Diversion by the Division will strengthen the KBR application and potentially bring additional funding to a "best practice" service initiative.

Implementation of this service will:

- Improve aftercare & diversion rates
- Expand consumer recovery & empowerment efforts
- Improve consumer engagement & retention in treatment
- Expand availability of a qualified work force
- Enable implementation of an emerging best practice (Peer Support)

Availability of this service will positively impact outcomes for:

- The Regional Discharge/Crisis Walk-In Clinics serving Forsyth, Stokes, Davie and Rockingham Counties
- The recently awarded Adult SA-CASP grant targeting consumers with SA needs discharged from ADATCs/hospitals/detox facilities
- Application underway to Kate B. Reynolds Foundation for funds to support use of evidence-based or emerging best practices (ie Peer Support services) in a new service initiative (ie use of Peer Support for aftercare and diversion).

3	<p>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</p> <p>North Carolina Medicaid does not recognize Peer Support as a billable service, although Peer Support function is included in several existing enhanced benefit services (ACT Team, Community Support Team) and Social Setting Detox services.</p>
4	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and</p>

	<p>recommendation of the proposed LME Alternative Service: (Check one)</p> <p><input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)</p> <p>The CenterPoint Consumer & Family Advisory Committee strongly supports use of this service as described and recommends both its approval as a service and its acceptance as a service option in meeting benchmarks for aftercare appointments.</p>
5	<p>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</p> <ul style="list-style-type: none"> - Discharge/Crisis Walk-in Clinic - Rockingham – Average 30 discharged consumers per month - Discharge/Crisis Walk-in Clinic - Winston Salem (Forsyth, Stokes, Davie) – Average 144 discharged consumers per month = estimated 175 discharges per month
6	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</p> <ul style="list-style-type: none"> - 175 consumers per month receive an average of 2 hours of service (seen in Discharge Clinic and transported home) - \$11,396 per month - 175 consumers receive an average of 3 hours of service (hospital-based discharge planning & consumer engagement) - \$17,094 per month - Most consumers will receive both services for a total estimated cost of \$28,490 per month <p>Cost for remainder of FY09 (6 months) = \$170,940</p> <p>Annualized amount - \$341,880</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</p> <p><u>Assessment Only:</u> <input type="checkbox"/> <i>All</i> <input type="checkbox"/> <i>CMAO</i> <input type="checkbox"/> <i>AMAO</i> <input type="checkbox"/> <i>CDAO</i> <input type="checkbox"/> <i>ADAO</i> <input type="checkbox"/> <i>CSAO</i> <input type="checkbox"/> <i>ASAO</i></p> <p><u>Crisis Services:</u> <input checked="" type="checkbox"/> <i>All</i> <input type="checkbox"/> <i>CMCS</i> <input type="checkbox"/> <i>AMCS</i> <input type="checkbox"/> <i>CDCS</i> <input type="checkbox"/> <i>ADCS</i> <input type="checkbox"/> <i>CSCS</i> <input type="checkbox"/> <i>ASCS</i></p> <p><u>Child MH:</u> <input checked="" type="checkbox"/> <i>All</i> <input type="checkbox"/> <i>CMSED</i> <input type="checkbox"/> <i>CMMED</i> <input type="checkbox"/> <i>CMDEF</i> <input type="checkbox"/> <i>CMPAT</i> <input type="checkbox"/> <i>CMECD</i></p> <p><u>Adult MH:</u> <input checked="" type="checkbox"/> <i>All</i> <input type="checkbox"/> <i>AMSPM</i> <input type="checkbox"/> <i>AMSMI</i> <input type="checkbox"/> <i>AMDEF</i> <input type="checkbox"/> <i>AMPAT</i> <input type="checkbox"/> <i>AMSRE</i></p> <p><u>Child DD:</u> <input type="checkbox"/> <i>CDSN</i></p> <p><u>Adult DD:</u> <input type="checkbox"/> <i>All</i> <input type="checkbox"/> <i>ADSN</i> <input type="checkbox"/> <i>ADMRI</i></p> <p><u>Child SA:</u> <input checked="" type="checkbox"/> <i>All</i> <input type="checkbox"/> <i>CSSAD</i> <input type="checkbox"/> <i>CSMAJ</i> <input type="checkbox"/> <i>CSWOM</i> <input type="checkbox"/> <i>CSCJO</i> <input type="checkbox"/> <i>CSDWI</i> <input type="checkbox"/> <i>CSIP</i> <input type="checkbox"/> <i>CSSP</i></p> <p><u>Adult SA:</u> <input checked="" type="checkbox"/> <i>All</i> <input type="checkbox"/> <i>ASCDR</i> <input type="checkbox"/> <i>ASHMT</i> <input type="checkbox"/> <i>ASWOM</i> <input type="checkbox"/> <i>ASDSS</i> <input type="checkbox"/> <i>ASCJO</i> <input type="checkbox"/> <i>ASDWI</i> <input type="checkbox"/> <i>ASDHH</i> <input type="checkbox"/> <i>ASHOM</i> <input type="checkbox"/> <i>ASTER</i></p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/> <i>All</i> <input type="checkbox"/> <i>CMCEP</i> <input type="checkbox"/> <i>AMCEP</i> <input type="checkbox"/> <i>CDCEP</i> <input type="checkbox"/> <i>ADCEP</i> <input type="checkbox"/> <i>ASCEP</i> <input type="checkbox"/> <i>CSCEP</i></p> <p><u>Non-Client:</u> <input checked="" type="checkbox"/> <i>CDF</i></p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p>

	<input type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Other: Explain _____
9	<p>Proposed IPRS <u>Average Unit Rate</u> for LME Alternative Service</p> <p>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</p> <p>Group: \$3.38 per 15-minute unit per consumer.</p> <p style="text-align: center;">\$ <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/>.<input type="text"/><input type="text"/></p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average Unit Rate</u> for Service (Provide attachment as necessary)</p> <p>Piedmont Behavioral Healthcare implemented a similar service (Peer Support Services). Initial rates were found to be insufficient and PBH conducted an extensive cost analysis that resulted in the rate of \$8.14 per 15-minute unit required to sustain the service.</p>
11	<p>Provider Organization Requirements</p> <p>Peer Support Aftercare & Diversion must be provided by a mental health/substance abuse provider organization that meets the provider qualification policies, procedures and standards established by the Division of Mental Health, developmental Disabilities and Substance Abuse Services and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed to deliver Medicaid enhanced benefit services. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.</p> <p>Prior to delivering the service, individuals must meet North Carolina state certification requirements and be certified as a NC Peer Support Specialist (PSS), including a receiving a minimum of 40 hours approved training (or as otherwise required by the State of North Carolina) leading to the PSS certification. The 80-hour PSS training offered by Meta Services/Recovery Innovation NC is accepted in lieu of North Carolina's 40-hour training requirement. If the individual meets all other requirements, the provider organization may employ, deliver & bill the service while the individual simultaneously obtains the additional 20 training hours and the required work experience. In order to maintain employment, the individual must obtain PSS certification once all training & employment timeframes are met. Providers offering PSHAD must offer all required supervision and training to PSS, including training required to maintain the PSS certification.</p> <p><i>(Note: CenterPoint employs Peer Support Specialists who are trained and qualified to provide PSS training to other consumers; scholarships to scheduled trainings are available.)</i></p>
12	<p>Staffing Requirements by Age/Disability (Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</p> <ul style="list-style-type: none"> Peer Support Aftercare & Diversion must be delivered by individuals who have the life experience of being diagnosed with a serious mental illness and/or substance abuse

	<p>problem AND</p> <ul style="list-style-type: none"> • Prior to delivering the service, individuals must meet North Carolina state certification requirements and be certified as a NC Peer Support Specialist (PSS), including a minimum of 40 hours approved training (or as otherwise required by the State of North Carolina) leading to the PSS certification. The 80-hour PSS training offered by Meta Services/Recovery Innovation NC is accepted in lieu of North Carolina's 40-hour training requirement. If the individual meets all other requirements, the provider organization may employ, deliver & bill the service while the individual simultaneously obtains the additional 20 training hours and the required work experience. In order to maintain employment, the individual must obtain PSS certification once all training and employment timeframes are met. Qualified NC Certified Peer Support Specialists (or those eligible for certification pending required training and work experience) must: <ul style="list-style-type: none"> ○ Self-identify as an individual with life experience of a serious mental illness and/or substance abuse diagnosis ○ Be well-grounded in their own recovery ○ Have a high school diploma or GED equivalency ○ Be supervised by a Qualified Professional (QP) ○ Provide Peer Support Hospital Aftercare & Diversion service to only non-family members ○ Meet state personnel statutes and rule requirements for employment and training of individuals delivering MH and/or SA services.
13	<p>Program and Staff Supervision Requirements</p> <p>Individuals delivering this service must be supervised by a Qualified Professional (QP).</p>
14	<p>Requisite Staff Training</p> <p>Prior to delivering the service, individuals must receive at a minimum the 40 hours of Peer Support Specialist-specific training leading to PSS certification, as required by the state of North Carolina. The 80 hour PSS training offered by Meta Services/Recovery Innovation NC is accepted in lieu of North Carolina's 40 hour training requirement. The additional 20 training hours required for NC PSS certification may be obtained during employment while the work experience is obtained simultaneously. Continuing education/training must be obtained as required to maintain North Carolina PSS certification.</p>
15	<p>Service Type/Setting</p> <ul style="list-style-type: none"> • Location(s) of services • Excluded service location(s) <p>Services may be provided in any location with the exception of the Peer Support Specialist's place of residence. The service is primarily provided in discharge clinics, crisis walk-in facilities and hospitals.</p> <p>Eighty percent of contacts must be face-to-face with the consumer. Travel time may be billed when the consumer is with the PSS staff and the purpose of the travel is to access an activity related to this service or when the service is delivered while in transit. Billable activities include telephone time with the individual and collateral contacts with persons who assist the consumer in meeting rehabilitative goals.</p>
16	<p>Program Requirements</p> <ul style="list-style-type: none"> • Individual or group service - Individual and group service

	<ul style="list-style-type: none"> • Required client to staff ratio (if applicable)- N/A • Maximum consumer caseload size for FTE staff (if applicable) - N/A • Maximum group size (if applicable) - 1:10 • Required minimum frequency of contacts (if applicable) - May be one time or up to 4 contacts within 45 days • Required minimum face-to-face contacts (if applicable) - May be one time or up to 4 contacts within 45 days
17	<p>Entrance Criteria</p> <ul style="list-style-type: none"> • Individual consumer recipient eligibility for service admission • Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service <p>Individuals eligible for this service:</p> <ul style="list-style-type: none"> • Adults aged 18 or older AND • Axis I and/or Axis II Mental Health and/or Substance Abuse diagnosis within the severe range AND • Discharged from inpatient care (MH and/or SA), ADATC, detox facility or jail/prison within the past 45 days OR in crisis and/or at risk of needing psychiatric hospitalization or detox AND • Able and willing to receive Peer Support as an adjunct to professional services; Peer Support does not replace appropriate clinical assessment, intervention or treatment. <p>The consumer is experiencing one of the following:</p> <ul style="list-style-type: none"> • Discharged from inpatient care (MH and/or SA), ADATC, detox facility or jail/prison within the past 45 days. • Perceives himself/herself to be in crisis or is receiving or has recently received crisis services. • At risk of psychiatric hospitalization, placement in ADATC, placement in a detox facility or incarceration due to MH and/or SA issues. • Consumer known to the system has difficulty engaging in treatment or aftercare following hospitalization. • Consumer fails one or more aftercare appointments. <p>Prior authorization is not required, as PSAD is designed to be a short-term, time-limited service facilitating community re-entry or diversion from more intensive levels of treatment.</p>
18	<p>Entrance Process</p> <ul style="list-style-type: none"> • Integration with team planning process • Integration with Person Centered Plan and clinical assessment <p>This service will be available and offered to all eligible consumers following discharge from hospital, ADATC, detox facility or release from jail/prison. It will also be available to consumers seen in crisis walk-in facilities as part of crisis response and diversion, when coordinated by clinical staff (Qualified Professional or licensed professional). It is not necessary for this service to be included in the Person-Centered Plan and prior authorization is not required.</p>
19	<p>Continued Stay Criteria</p> <ul style="list-style-type: none"> • Continued individual consumer recipient eligibility for service

	Up to 4 visits with a daily maximum of 4 hours/16 units may be provided within a 45 day period following discharge from a psychiatric hospital, ADATC, detox facility or incarceration. Up to 4 hours of the service may be delivered as crisis diversion.
20	<p>Discharge Criteria</p> <ul style="list-style-type: none"> • Recipient eligibility characteristics for service discharge • Anticipated length of stay in service (provide range in days and average in days) • Anticipated average number of service units to be received from entrance to discharge • Anticipated average cost per consumer for this service <ul style="list-style-type: none"> • Up to 4 visits have been provided within a 45 day period following discharge from a psychiatric hospital or ADATC or release from jail/prison OR • Up to 4 hours of the service have been delivered as crisis diversion. • Anticipated average number of service units: 2 hours/8 units for consumers seen in Discharge/Crisis Walk-in Clinics or other community settings; 3 hours/12 units for consumers discharge planning and direct services to hospitalized consumers • Anticipated average cost per consumer for this service - \$65.12 (2 hours for community-based service) or \$97.68 (3 hours for hospital-based service)
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service • Relate emphasis on functional outcomes in the recipient's Person Centered Plan <p>The measures noted below track service outcomes. This service is designed to promote successful transition to the community & engagement in treatment following hospitalization, as well as hospital diversion. Successful engagement in treatment improves consumers' ability to successfully manage symptoms, reducing hospitalization and recidivism rates.</p> <ol style="list-style-type: none"> 1. Number of consumers who receive a first visit (for this or other services) within 5 business days 2. Number of consumers who receive 2 visits (for this or other services) within 14 business days 3. Number of consumers who receive 2 additional visits (for a total of 4 visits of this or other services) within 45 days of hospital discharge. 4. Decrease in recidivism rate (ie reduction in rate of re-admissions within 30 days and 180 days of discharge; benchmarking and reduction in re-arrest rates). 5. Other benchmarks may be added as defined by the Division of MH/DD/SAS or other funding sources as part of the relevant grants.
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> • Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record? <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> • Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc. <p>Minimum standard is a full service note upon contact that includes the individual's name; service name, date & duration; date of discharge from hospital, ADATC or detox facility or release from</p>

	jail/prison; purpose of the service; description of services or support provided (intervention); effectiveness of the intervention; provider signature & credentials.
23	<p>Service Exclusions</p> <ul style="list-style-type: none"> • Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service <ul style="list-style-type: none"> • PSAD may not be delivered by a PSS to family members.
24	<p>Service Limitations</p> <ul style="list-style-type: none"> • Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year) <ul style="list-style-type: none"> • Maximum of 4 service hours (16 units) per day. • Maximum of 4 visits within 45 days of discharge from hospital, ADATC, detox facility or jail/prison. • Maximum of 4 hours of the service for crisis diversion. Use of the service for crisis diversion may warrant consideration of the need for more intensive services. <p>The service may be provided and billed on the same day as other services, although not at the same time.</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <ul style="list-style-type: none"> • Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service <p>Peer Support is recognized as an emerging best practice and according to 2005 reference is reimbursed by Medicaid in Georgia, Pennsylvania, South Carolina, Arizona, Iowa, Hawaii and Washington DC. Other states that hire and train Peer Support Specialists include North Carolina, New York, Kentucky, Colorado and Michigan.</p> <p>A South Carolina study in 2005-2006 substantiated positive outcomes for consumers receiving Peer Support. A 2003 SAMSHA publication shows preliminary evidence to support the effectiveness of Peer Support services. A 1992 Michigan study showed social support to be a dominant reason consumers attended a peer-run drop-in center.</p> <p>The provider (DayMark Recovery Services) who will deliver this service in the Discharge/Crisis Walk-In Clinics currently provides other evidence-based treatment programs & maintain staff requirements to provide specific percentages of evidence-based & emerging best practices. Within the past 4 years, the provider has increased delivery of such services from 10% to 45%.</p>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>Service outcomes will be reviewed as part of CenterPoint's Quality Improvement process, outcomes analyzed and reports shared with advisory committees. The provider will demonstrate the ability to provide the service with trained staff, capture needed data & have their own internal QI processes, in addition to complying with LMEs QI & other requirements.</p>
27	<p>LME Additional Explanatory Detail (as needed)</p> <p>CenterPoint historically has had a high number of IPRS-funded consumers needing care. Limited</p>

	availability of state funds imposes limitations on the provision of Community Support and basic benefit outpatient services. Peer Support would help fill this gap with an evidence-based intervention supporting consumer's transition to community and successful engagement in treatment
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