

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 The Durham Center	b. Date Submitted 06/13/08 DMH Rev: 02-2011	
c. Name of Proposed LME Alternative Service Assertive Engagement - YA323 (A Statewide Alt-Service Definition as of 01-2011).		
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) Sarah Grey, Director Services Management	f. E-Mail sgrey@co.durham.nc.us	g. Phone No. 919-560-7244

Background and Instructions:

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 ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

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.

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.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each 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 directly provide an approved Alternative Service; and
- the current form is not 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.

<p align="center">Requirements for Proposed LME Alternative Service</p> <p align="center"><i>(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.)</i></p>	
<p align="center">Complete items 1 through 28, as appropriate, for all requests.</p>	
1	<p>Alternative Service Name, Service Definition and Required Components</p> <p>Assertive Engagement</p> <p>Assertive Engagement is a way of working with adults and/or children who have severe or serious mental illness or substance abuse and who do not effectively engage with treatment services. Assertive engagement is a critical element of the rehabilitation and recovery model as it allows flexibility to meet the consumers' particular needs in their own environment or current location (i.e. hospital, jail, streets, etc.). It is designed as a short-term engagement service targeted to populations or specific consumer circumstances that prevent the individual from fully participating in needed care for an MH/DD/SAS problem.</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> <p>The Durham Center experiences a high volume of referrals for inpatient care or facility based crisis, many of whom are difficult to engage in traditional services post-discharge. This situation is also common to higher intensity outpatient treatment, when a consumer may call requesting a service but does not follow-through with treatment. There is currently no service in the IPRS service array that permits billing and payment for providers who must work to build relationships in a variety of settings, including jails, inpatient facilities, facility based crisis and in the community. The most comparable service, Assertive Outreach, is intended for homeless individuals only, and is an attempt to engage individuals until the case is formally opened. The Durham Center finds a need to fund providers to work with difficult cases to promote treatment engagement and retention as a way of reducing the need for crisis services and stopping the cycle of readmission to higher levels of care.</p>
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>Assertive engagement is a method of working with adults and/or children who have a severe or serious mental illness or substance abuse disorder and have difficulty engaging in traditional services. Assertive Engagement is targeted towards those adults and/or children with a severe or serious mental illness or substance abuse disorder with impaired functioning who have a history of erratic or non-engagement in treatment, have a history of erratic or non-compliance with medication resulting in symptom manifestation and/or relapse or have a history of frequent hospitalizations, jail/detention days or involvement with law enforcement. Currently, Medicaid does not allow billable services in these institutions and due to high recidivism with state facilities and jails/detention, it is necessary for providers to become engaged and participate in treatment/discharge planning for high risk individuals.</p>
4	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: <i>(Check one)</i></p> <p align="center"> <input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion) </p>
5	<p>Projected Annual Number of Persons to be Served with State Funds by LME through this</p>

	<ul style="list-style-type: none"> • meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and • fulfill the requirements of 10A NCAC 27G.
12	<p>Staffing Requirements by Age/Disability</p> <p>This service can be provided by licensed clinicians, QP, AP or Paraprofessional staff</p>
13	<p>Program and Staff Supervision Requirements</p> <p>AP or Paraprofessional staff must be supervised by a QP</p>
14	<p>Requisite Staff Training</p> <p>Motivational Enhancement training must be completed within the first 90 days of employment.</p>
15	<p>Service Type/Setting</p> <p>Assertive Engagement is intended to be flexible in its approach to meet the needs of adults and/or children in their own setting or current location. This service can be delivered as part of the discharge planning process from state operated facilities and correctional facilities as well as in association with specific best and evidence based practices identified by the LME.</p> <ul style="list-style-type: none"> • <i>Excluded service location(s)</i> <p>Must provide service outside of office setting</p>
16	<p>Program Requirements</p> <p>Assertive Engagement is designed to be an individual service requiring frequent contact to build/re-establish a trusting, meaningful relationship to engage or reengage the individual into services and/or assess for needs. The service is designed to:</p> <ul style="list-style-type: none"> • Develop and maintain meaningful engagement in services • Reduce hospitalization frequency and duration • Provide continuity of care regardless of life circumstances or recovery environment • Improve compliance with medication • Increase social networks and improve family relationships • Prevent relapse • Linkage to appropriate level of service
17	<p>Entrance Criteria</p> <p>Consumers are eligible for this service with a documented severe or serious mental illness or substance disorder who have history of erratic or non-engagement in treatment. They must have experienced a significant therapeutic disconnect with the service provider or have an intervention resulting in hospitalizations, jail days, or involvement with law enforcement, or be identified as in need of active engagement strategies to improve retention in best or evidence-based practices identified by The Durham Center.</p>
18	<p>Entrance Process</p> <p>Determined eligible for step down from state institutions or correctional facilities or had a significant therapeutic disconnect in relationship with service provider or in need of engagement in best or evidence-based services in order to reduce potentially serious risk factors. Prior approval required. Selected providers offering high intensity or best practice services may be able to utilize the service</p>

	as one strategy to engage and retain consumers, prevent the repeated use of hospital or other crisis service, and reduce jail utilization. The Durham Center will develop a benefit plan outlining the amount and intensity of the service which may be provided based on individual consumer need and available funding.
19	<p>Continued Stay Criteria</p> <p>N/A; This is a short-term engagement service and not designed as a long term method of service delivery.</p>
20	<p>Discharge Criteria</p> <ul style="list-style-type: none"> • Consumer is fully engaged in services • Consumer has refused recommended services
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>Since this is a very short term service, standard outcome measurement instruments such as NC TOPPS, MH/SA Consumer Satisfaction or NCI surveys would not be applicable.</p> <p>Consumer outcomes:</p> <ul style="list-style-type: none"> • When medically necessary, consumers will re-engage with provider agency or engage with a new provider agency • Consumers' state hospital admissions will be reduced • Consumers' state hospital bed utilization will be reduced • Consumers' admissions to crisis evaluation and observation services will be reduced • Consumers' admissions to facility based crisis services will be reduced • Consumers' rate of incarceration will be reduced
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 If "No", please explain.</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 daily service note that includes the consumer's name, date of service, purpose of contact, duration of contact and the signature and credentials of the person providing the service</p>
23	<p>Service Exclusions</p> <p>No other services can be billed on the same day as Assertive Engagement with the exception of a Clinical Assessment/Intake</p>
24	<p>Service Limitations</p> <p>Not to exceed 8 hours per day. Prior approval required</p>
25	Evidence-Based Support and Cost Efficiency of Proposed Alternative Service

	<p>Assertive Engagement is a central component in a comprehensive continuum of community based services. Research has shown a</p> <ul style="list-style-type: none"> • 35% decrease in hospitalization • 62% reduction in number of days in hospital • Significant improvement in coping skills and quality of life • Fewer interactions with police <p>www.scmh.org.uk</p>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>System Level (across consumer served through this proposed alternative service definition):</p> <ul style="list-style-type: none"> • State hospital admissions will be reduced • State hospital bed utilization will be reduced • Recidivism rates for crisis evaluation and observation services will be reduced • Recidivism rates for facility-based crisis services will be reduced • Incarceration rate will be reduced
27	<p>LME Additional Explanatory Detail (as needed) N/A</p>
28	<p>DMH Modification (02-2011) This definition shall not be provided when an individual is already enrolled in ACTT, CST, of IIH. An Alternative Service shall not duplicate any service functions that are simultaneously being reported in any regular service definition that includes the same service function as an intended part of the regular service definition, and that is being reported during the same service period or treatment episode.</p>