

## 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](mailto:Wanda.Mitchell@ncmail.net), and to Spencer Clark, Chief's Office, Community Policy Management Section, at [Spencer.Clark@ncmail.net](mailto: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](mailto:Brenda.G.Davis@ncmail.net) or (919) 733-4670, or to Spencer Clark at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net) or (919) 733-4670.

<b>a. Name of LME</b> Guilford - Approved Definition Five County Mental Health Authority		<b>b. Date Submitted</b> November 3, 2008 March 21, 2011
<b>c. Name of Proposed LME Alternative Service</b> Wellness and Living Skills Education_YA378		
<b>d. Type of Funds and Effective Date(s):</b> <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 7-01-10 to 6-30-11		
<b>e. Submitted by LME Staff (Name &amp; Title)</b> Billie M. Pierce, Director James D. Kinnan, QM Director	<b>f. E-Mail</b> <a href="mailto:bpierce@guilfordcenter.com">bpierce@guilfordcenter.com</a> <a href="mailto:jkinnan@fivecountymha.org">jkinnan@fivecountymha.org</a>	<b>g. Phone No.</b> (336) 641-4981 (252) 430-3069

**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.

**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** **Alternative Service Name, Service Definition and Required Components**  
*(Provide attachment as necessary)*  
Wellness and Living Skills Education  
This service provides structured classes for adults diagnosed with a mental illness **or substance abuse disorder** related to the person’s treatment plan on topics such as the nature of the illness, symptom management, medication management, stress management, healthy lifestyles and teaching independent living, social and communication skills to maximize the person’s ability to live and participate in the community and function independently. The service is time limited and offered in conjunction with other supportive services. The focus is on providing participants with information and skills to support recovery and independence.

**2** **Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array**

- **Consumer access issues to current service array**
- **Consumer barrier(s) to receipt of services**
- **Consumer special services need(s) outside of current service array**
- **Configuration and costing of special services**
- **Special service delivery issues**
- **Qualified provider availability**
- **Other provider specific issues**

The **Recovery Response Center (RRC)** offers services and support to individuals who experience the challenges of mental illness **and/or addictive disorders** to assist them toward independence through housing acquisition, employment and other life-skill development. Participants benefit from structured educational opportunities to build knowledge and skills that will maximize their success in the community. The current service array does not support **follow up support such as**, structured group education and skills development opportunities. Community Support Team definition has no opportunity for education in a group setting where more than one participant is involved. The drop-in center definition does not include the ability to bill for structured educational classes such as this that would take place in a recovery education center, or as a specific, focused component of a drop-in center.

The **Recovery Response Center (RRC)** operated by Recovery Innovations of North Carolina provides Facility Based Crisis services with a strong Recovery emphasis for individuals experiencing a mental health or substance abuse related crisis, utilizing certified Peer Support specialists as well as licensed staff and other qualified professionals. The RRC has experienced a very high rate of utilization, and a number of persons with repeat admissions due to failure to become connected with follow-up services in the community. One of the barriers to follow-up care involves lack of adequate community capacity, especially for those with a dual diagnosis of mental health and substance abuse, or a substance abuse disorder. Service recipients have also developed a very positive connection with the RRC program but have difficulty transitioning to other providers who may be unfamiliar to them, or utilize more of a medical model rather than a recovery model.

	The Facility Based Crisis service definition does not cover the provision of group education services following discharge, and there is also no Medicaid service definition for this activity. RRC would like to offer short term Wellness and Living Skills education groups as a follow-up service after discharge from Facility Based Crisis, as well as an alternative to admission or readmission to the Facility Based Crisis service. RRC will also be implementing Assertive Engagement Services as a part of the overall package of supports to help service recipients connect with ongoing care.
3	<b>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</b> The Medicaid service array does not support structured group education and skills development opportunities in a community support team, drop-in center, or recovery education center service environment
4	<b>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</b>  <input type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input checked="" type="checkbox"/> Neutral (No CFAC Opinion)
5	<b>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</b> 60
6	<b>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</b> 4 hrs per week per participant, or 16 units X 6 weeks X 60 participants X \$5.36 per unit = \$30,874
7	<b>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</b>  <u>Assessment Only:</u> <input type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO <u>Crisis Services:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCS <input checked="" type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input checked="" type="checkbox"/> ASCS <u>Child MH:</u> <input type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD <u>Adult MH:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> AMSPM <input type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE <u>Child DD:</u> <input type="checkbox"/> CDSN <u>Adult DD:</u> <input type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI <u>Child SA:</u> <input type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP <u>Adult SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER <u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP <u>Non-Client:</u> <input type="checkbox"/> CDF
8	<b>Definition of Reimbursable Unit of Service: (Check one)</b>  <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	<b>Proposed IPRS Average Unit Rate for LME Alternative Service</b>

	<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 style="text-align: center;"><b>\$5.36</b></p>
10	<p><b>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service</b> (Provide attachment as necessary)  <b>Five County LME has used the same rate as initially determined by Guilford LME. (See Below)</b>  Outpatient group rate is \$8.11; Community support group is \$4.12; the rate above is indicative of the structured nature of the training and the focus on specific skill acquisition that this proposed service offers, placing it at an intermediate level between those two services;</p>
11	<p><b>Provider Organization Requirements</b>  Service must be delivered by practitioners employed by mental health or substance abuse provider organizations that</p> <ul style="list-style-type: none"> <li>• meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);</li> <li>• 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</li> <li>• fulfill the requirements of 10A NCAC 27G.</li> </ul>
12	<p><b>Staffing Requirements by Age/Disability</b>  <i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i>  This service can be provided by licensed clinicians; QP, AP or Paraprofessional staff; or Peer Support Specialists.</p>
13	<p><b>Program and Staff Supervision Requirements</b>  AP, Paraprofessional, or Peer Support Specialist staff must be supervised by a QP</p>
14	<p><b>Requisite Staff Training</b>  Staff must have training and expertise in as required and specific to the course material being presented.</p>
15	<p><b>Service Type/Setting</b></p> <ul style="list-style-type: none"> <li>• <b>Location(s) of services</b>  <b><i>Within community support team environment where residents are housed onsite, or in other agency or community-based settings</i></b></li> <li>• <b>Excluded service location(s)</b>  <b><i>Any other than specified above</i></b></li> </ul>
16	<p><b>Program Requirements</b></p> <ul style="list-style-type: none"> <li>• <b><i>Individual or group service</i></b></li> <li>• <b><i>Required client to staff ratio (if applicable)</i></b></li> <li>• <b><i>Maximum consumer caseload size for FTE staff (if applicable)</i></b></li> <li>• <b><i>Maximum group size (if applicable)</i></b></li> <li>• <b><i>Required minimum frequency of contacts (if applicable)</i></b></li> <li>• <b><i>Required minimum face-to-face contacts (if applicable)</i></b></li> </ul> <p>This service is designed to be a group service involving 8-10 participants in a structured learning setting and is offered in conjunction with supportive services. Wellness and Living Skills Education is designed to:</p>

	<ul style="list-style-type: none"> <li>• Improve skills that support community living and recovery</li> <li>• Reduce hospitalization frequency and duration</li> <li>• Increase social networks and improve family relationships</li> <li>• Improve symptom management</li> <li>• Greater awareness of and linkage to appropriate community supports</li> <li>• Improve substance use awareness and negative impact on lives</li> <li>• Harm reduction and decrease in substance usage</li> <li>• Increased awareness of and ability to request preventive services prior to crisis</li> <li>• Increase self esteem and improve overall self efficacy</li> <li>• Increased knowledge base and management of medication</li> <li>• Increased ability to maintain housing</li> </ul>
17	<p><b>Entrance Criteria</b></p> <ul style="list-style-type: none"> <li>• <b>Individual consumer recipient eligibility for service admission</b></li> <li>• <b>Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service</b></li> </ul> <p>Consumers are eligible for this service have:</p> <ul style="list-style-type: none"> <li>• a documented severe or serious mental illness with or without co-occurring substance abuse diagnosis <b>or a serious substance abuse disorder, with or without a co-occurring mental health diagnosis.</b></li> <li>• previous episodes of incomplete, unsatisfactory, or unsuccessful treatment</li> <li>• difficulty obtaining and/or maintaining independent-living status and/or progress in recovery</li> <li>• need of services to develop skills to help prevent hospitalization, homelessness, or other disruption to independent living and recovery.</li> </ul>
18	<p><b>Entrance Process</b></p> <ul style="list-style-type: none"> <li>• <b>Integration with team planning process</b></li> <li>• <b>Integration with Person Centered Plan and clinical assessment</b></li> </ul> <p>Prior approval is required. LME. Need/desire for this service should be reflected in the PCP</p>
19	<p><b>Continued Stay Criteria</b></p> <ul style="list-style-type: none"> <li>• <b>Continued individual consumer recipient eligibility for service</b></li> </ul> <p>Consumer may participate as need/desire exists and as meets medical necessity criteria for service program within which educational classes are being provided.</p>
20	<p><b>Discharge Criteria</b></p> <ul style="list-style-type: none"> <li>• <b>Recipient eligibility characteristics for service discharge</b> <ul style="list-style-type: none"> <li>○ Participant no longer desires or needs the service, as evidenced by acquisition of and ability to effectively use skills taught in this program;</li> <li>○ Length of stay/number of service units received will be individualized to each participant based on his or her need and acquired skill level, although we anticipate the numbers below.</li> </ul> </li> <li>• <b>Anticipated length of stay in service (provide range in days and average in days)</b> <ul style="list-style-type: none"> <li>○ Range of 28 to 42 days, average 35 days;</li> </ul> </li> <li>• <b>Anticipated average number of service units to be received from entrance to discharge</b> <ul style="list-style-type: none"> <li>○ 120 service units per consumer from entrance to discharge;</li> </ul> </li> <li>• <b>Anticipated average cost per consumer for this service</b> <ul style="list-style-type: none"> <li>○ \$643.20 per consumer</li> </ul> </li> </ul>
21	<p><b>Evaluation of Consumer Outcomes and Perception of Care</b></p>

	<ul style="list-style-type: none"> <li>• <b>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</b></li> <li>• <b>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</b></li> </ul> <p>Initial NCTOPPS will be completed if this service is provided in a setting that requires NC-TOPPS, with update NC-TOPPS as necessary. A consumer satisfaction evaluation also will be completed at the completion of the program.</p> <p>Consumer outcomes:</p> <ul style="list-style-type: none"> <li>• State hospital admissions will be reduced</li> <li>• State hospital bed utilization will be reduced</li> <li>• Use of crisis services decreased</li> <li>• Reduce homelessness</li> <li>• Reduce substance use</li> <li>• Increase independent living skills</li> <li>• Improve employment</li> </ul>
22	<p><b>Service Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>• <b>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?</b></li> </ul> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No        <b>If "No", please explain.</b></p> <ul style="list-style-type: none"> <li>• <b>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</b></li> </ul> <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 as well as content of class provided and opportunity at each event for signature and comments of each participant indicating learning from that each class</p>
23	<p><b>Service Exclusions</b></p> <ul style="list-style-type: none"> <li>• <b>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</b></li> </ul> <p>None</p>
24	<p><b>Service Limitations</b></p> <ul style="list-style-type: none"> <li>• <b>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</b></li> </ul> <p>Not to exceed 32 units per week per participant</p>
25	<p><b>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</b></p> <ul style="list-style-type: none"> <li>• <b>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</b></li> </ul> <p>The use of a structured educational curriculum to teach independent living and recovery skills in a recovery education center setting has been shown to produce achievement of positive consumer outcomes in a cost effective, non-stigmatizing, and empowering manner by Meridian Behavioral Health Services in western North Carolina and by Recovery Innovations of Arizona in the Phoenix area. The use of this type of curriculum has also been shown to produce similar outcomes in the Restart programs provided by Recovery Innovations of Arizona and Recovery Innovations of North Carolina. The material taught in the Wellness and Living Skills Education program also incorporates concepts included in Wellness Management and Recovery, a SAMHSA evidence-based practice.</p>

26	<p><b>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</b></p> <p>System Level (across consumer served through this proposed alternative service definition):</p> <ul style="list-style-type: none"> <li>• State hospital admissions will be reduced</li> <li>• State hospital bed utilization will be reduced</li> <li>• Use of crisis services decreased</li> <li>• Reduce homelessness</li> <li>• Reduce substance use</li> <li>• Increase independent living skills</li> <li>• Improve employment</li> </ul>
27	<p><b>LME Additional Explanatory Detail (as needed)</b></p>