

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 PBH (Piedmont Behavioral Healthcare)		b. Date Submitted 6-13-08
c. Name of Proposed LME Alternative Service- B3 Crisis Respite _ YA313		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i>		
<input checked="" 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) David B. Jones, MA Dir of Clinical Operations	f. E-Mail davidj@pamh.com	g. Phone No. 704-743-2106

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- B3 Crisis Respite <i>(Provide attachment as necessary)</i>
2	Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array <ul style="list-style-type: none"> <i>PBH specific service array to best provide for consumer needs within the PBH system of care</i>
3	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>This service provides an alternative to residential treatment and hospitalization for children ages three (3) to twenty-one (21) that has a mental illness or substance abuse disorder and live with their families, guardians or foster parents. This is a twenty-four (24) hour service that will allow the child to remain in the community during the crisis episode. This service offers therapeutically supportive interventions designed to support the child and alleviate an acute or crisis situation. The supportive interventions assist the child and family with improving their coping abilities, skills, and functioning to prevent further escalation of the problem that could result in placement in a PRTF or psychiatric hospitalization. This service is a voluntary service.</p> <p>For children with mental health or substance abuse diagnoses, Crisis Respite is to be provided within the context of a System of Care framework. System of Care Values and Philosophies are to be utilized and are designed to support the child remaining within the home and community.</p>
4	Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: <i>(Check one)</i> <input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)
5	Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service 150
6	Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service \$96,471
7	Eligible IPRS Target Population(s) for Alternative Service: <i>(Check all that apply)</i> <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 checked="" type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input checked="" type="checkbox"/> CSCS <input type="checkbox"/> ASCS <u>Child MH:</u> <input checked="" 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 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

	<p>Adult DD: <input type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p>Child SA: <input checked="" 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</p> <p>Adult SA: <input 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</p> <p>Comm. Enhance.: <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</p> <p>Non-Client: <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: <i>(Check one)</i></p> <p><input type="checkbox"/> Service Event <input type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</p> <p><i>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?</i></p> <p style="text-align: center;">\$214.38</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service <i>Comparable to like services</i></p>
11	<p>Provider Organization Requirements</p> <p>Crisis Respite Services must be delivered by staff employed 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 by PBH. 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>Crisis Respite Providers shall meet requirements set forth within the Residential Treatment Level II-Family Type licensure requirements. Crisis Respite facilities must be licensed under the Division of Social Services 131-D family setting homes.</p>
12	<p>Staffing Requirements by Age/Disability <i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i></p> <p>The service model at a minimum will include a therapeutic parent that Meet the requirements specified for Qualified Professional (QP) or Associate Professionals (AP) status according to 10A NCAC 27G.0104 and who have the knowledge, skills, and abilities required by the population and age to be served may provide Crisis Respite. The staffing model will also pair each therapeutic parent with a licensed master’s level QP who will be available to provide (24) twenty-four hour coverage, (7) seven days per week. This person’s role may also include assessment and evaluation, individual and family therapy, crisis stabilization and case coordination across levels of care.</p> <p>All Associate Professionals (AP) and Paraprofessional level persons who meet the requirements specified</p>

	for Associated Professional and Paraprofessional status according to 10 NCAC 27G 0104 and whom have the knowledge, skills, and abilities required by the population and age to be served may provide Crisis Respite.
13	<p>Program and Staff Supervision Requirements</p> <p>A Qualified Professional must supervise all Associate Professionals (AP) and Paraprofessional level staff. Supervision must be provided according to supervision requirements set forth in 10A NCAC 27G .0204</p>
14	<p>Requisite Staff Training</p> <p>All Staff providing Crisis Respite services to children must complete the below training within ninety (90) ninety days of employment. The competency based training should include but not limited to the following:</p> <ul style="list-style-type: none"> • Diagnosis and clinical issues regarding the population served • Client Rights • Confidentiality/HIPPA • Crisis Intervention and Response • Infectious/Communicable Diseases • CPR/First Aid/Seizure Management • Person Centered Planning to include goals/strategies • Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual as appropriate for the individual • Protective Devices/Usage as appropriate for the individual • Cultural Diversity/Awareness • Child Development • Family Advocacy Skills • Motivational Interviewing as well as other cognitive behavioral techniques and interventions identified as best practice in crisis services • Knowledge of the Service Delivery System • Medication Administration as appropriate for the individual
15	<p>Service Type/Setting-</p> <p>Crisis respite is a twenty-four (24) hour service.</p> <p>This service must be provided in a licensed home according to licensure requirements noted under Provider Requirements.</p>
16	<p>Program Requirements</p> <p>Program services are delivered face-to-face with the child and within a Therapeutic Foster Home.</p> <p>Initial admissions to Crisis Respite shall be limited to a maximum of seventy-two (72) hour period.</p> <p>There must be a face-to-face assessment of the child within (24) twenty-four hours of placement by a licensed professional, unless the placement is part of an approved Crisis Plan.</p> <p>The Provider must have the capacity to admit children into Crisis Respite Services on a twenty-four (24) hour per day, seven (7) day a week basis.</p> <p>Crisis Respite is a Voluntary Service.</p> <p>Providers shall have therapeutic foster homes available that operate utilizing a “No Decline”, capability.</p> <p>All Crisis Respite placements shall have single room occupancy.</p>

	<p>Providers must ensure access to Licensed Professionals in order to establish a clinical milieu in the licensed respite facility, to provide assistance in addressing the needs of children experiencing psychiatric distress, and to provide consultation to staff providing crisis respite services. Licensed Professionals must be available (24) twenty-four hours a day, (7) seven days a week as needed to provide necessary clinical support.</p> <p>Planning for discharge must begin at admission.</p>
17	<p>Entrance Criteria</p> <p>The child is eligible for this service when:</p> <ul style="list-style-type: none"> A. CALOCUS level III or greater or ASAM criteria level II.1 or greater; and B. There is an Axis I or II diagnosis present, other than sole diagnosis of Developmental Disability; and C. The child is at imminent risk for PRTF/psychiatric hospitalization if not in receipt of Crisis Respite services and/or D. Child shall be able to safely stay in an unlocked, community based placement and/or E. Child shall be willing to contract for safety. Safety checks are allowable within the program to assure safety.
18	<p>Entrance Process</p> <ul style="list-style-type: none"> • <i>Integration with team planning process</i> • <i>Integration with Person Centered Plan and clinical assessment</i> <p>PBH requires that a written person-centered plan be developed by the Person Centered Planning team prior to service implementation for the delivery of medically necessary services. PBH expects that consumers play an active role in directing the type, frequency and intensity of services to ensure that the service meets the needs, abilities, preferences and expectations of the consumer and their goals for recovery. It is also PBH's expectation that the PCP is informed by strong clinical data that supports medical necessity of a given service. Together these processes ensure that services are appropriate for meeting the consumer's needs but are supported by clinical evidence to ensure medical necessity.</p>
19	<p>Continued Stay Criteria</p> <p>The child continues to meet entrance criteria as listed above and continued stay is reflected in the Service Plan/Discharge Plan.</p>
20	<p>Discharge Criteria</p> <p>The child has been stabilized.</p> <p>Child and Family Team has met and the Person Centered Plan or Service Plan and Crisis Plan have been developed and/or revised to include increased support services, newly revised interventions, revised crisis support services, and/or other changes as warranted.</p> <p>The initial authorization for services shall not exceed seventy-two (72) hours, three (3) days.</p> <p>Utilization review by PBH must be conducted after the first (72) seventy-two hours and is so documented within the service record. Crisis Respite is a short-term service that cannot be provided for more than thirty (30) days in a twelve (12) month period. The maximum length of stay is (10) ten days.</p>
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>For services that require completion of NC TOPPs, MH/SA Consumer Surveys, and/or National Core indicators, PBH will monitor to ensure that evaluation tools are completed within mandated time frames and reported to the required reporting bodies. PBH will also use the data obtained from these measures to track trends that effect service satisfaction, accessibility and utilization. This data then can be used to leverage changes in the PBH provider network related to quality and availability of services.</p> <p>The expected outcome of this service is that the child has been stabilized and level of functioning restored, diversion from more restrictive placement such as PRTF or psychiatric hospitalization when clinically appropriate and that intervention strategies, supports and a crisis plan have been developed that will assist in maintaining the child within the residence of primary caregiver. Continued utilization of this service will be determined by medical necessity reviewed within forty eight (48) hours of admission to services.. PBH has established a systematic method of reviewing the quality, appropriateness, and comprehensiveness of the person-centered plan. Each goal on the person-centered plan is reviewed separately, based on the target date associated with each goal to ensure that services are individualized to meet the strength, needs, abilities and preferences of the consumer.</p>
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. Minimum standard is a daily full service note that includes the individual’s name, Medicaid identification number, and date of service, purpose of the contact, duration of the service, task addressed, support provided, and effectiveness of the intervention, provider signature and credentials of the staff person.
23	<p>Service Exclusions- 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</p> <p>Crisis Respite shall not be provided or billed on the same day as the following services:</p> <ol style="list-style-type: none"> 1. Residential Level II-Family Type, 2. Level II-IV Child Residential, 3. PRTF, 4. Psychiatric inpatient facility
24	<p>Service Limitations- Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</p> <ul style="list-style-type: none"> • A child can receive Crisis Respite services from only one (1) respite provider at a time. • The child is unmanageable in any setting less restrictive than a locked in-patient facility; this includes children that pose a sufficiently high risk of physical or sexual violence, significant risk of elopement; current risk for arson and or major property damage. • Children age thirteen (13) or older who will not voluntarily agree with placement.

	<ul style="list-style-type: none"> • The child more appropriately belongs in another setting (Natural home environment, foster home, detention, or other juvenile facility). • Crisis Respite services shall only be provided for the identified child; other family members, such as siblings may not be served. • Children receiving this service cannot be enrolled in the Piedmont Innovations waiver.
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <ul style="list-style-type: none"> • <i>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</i>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>PBH QM Department will monitor this service for quality and fidelity to the definition through billing audit reviews.</p>
27	<p>LME Additional Explanatory Detail (as needed)</p>