

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 Southeastern Center Southeastern Center		b. Date Submitted 9/30/09
c. Name of Proposed LME Alternative Service Assertive Engagement – YA362		
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 7-01-09 to 6-30-10		
e. Submitted by LME Staff (Name & Title) Carolyn Craddock, Director of Customer Services	f. E-Mail craddockc@secmh.org	g. Phone No. 910 332-6841

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	<p>Alternative Service Name, Service Definition and Required Components</p> <p>Assertive engagement provides outreach to persons with severe mental illness, substance abuse and/or developmental disability in order to engage in traditional outpatient services.</p> <p>Often consumers with serious symptoms may be reluctant or not willing to attend initial appointments in a clinic setting or consumers will be reluctant to follow up with discharge appointment following inpatient treatment; therefore, engagement is needed to meet the consumer when they are at their home, hospital, shelter, in order to begin developing a therapeutic relationship.</p> <p>This service is intended to be short term with the ultimate goal to initiate and enroll in traditional services. This is considered a pre-service and consumers are not currently enrolled in other services.</p> <p>This is a face-to-face service and targeted toward those new to the system with significant struggles and history of non-engagement in traditional services.</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 special services need(s) outside of current service array</i>• <i>Special service delivery issues</i> <p>Currently, no such service exists which allow outreach-type services without a treatment plan or comprehensive assessment in place with the exception of Assertive outreach in the PATH program for persons who are homeless and have a mental illness. This service is intended to assist in the outreach of consumers who have not attended appointments and allows the provider to make a home or community visit and make efforts to establish a relationship. This service would only be used for those who are not PATH eligible.</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>This service is for new consumers with severe mental illness, developmental disabilities, and substance abuse who struggle with symptoms that prevent their engagement. These individuals have few social interactions and have not yet connected to natural and community resources. This service shall be used at engagement when a consumer has not been seen in the system or has repeatedly missed outpatient appointments in an effort to engage the consumer in services. Or, the consumer may not have shown at the walk-in clinic following discharge from an inpatient setting and is not enrolled with a community based provider. Although the walk in clinic will need to provide outreach by phone to consumers who do not show for the discharge appointment, this service will allow outreach to the consumer's home.</p> <p>This service is also to assist consumers who would have benefited from the eliminated services of Community support and allows the outreach-type functions and engagement into services. This service is utilized when no other reimbursable service is available. This service is not intended to be "treatment" as there has not yet been an assessment. Rather, this service is intended to provide outreach, linking, supporting and advocating in an effort to connect to assessment and other treatment services.</p>

	This service can be provided by a qualified professional or a North Carolina Certified Peer Support Specialist who is directly supervised by a qualified professional in the appropriate disability category. When provided by a North Carolina Certified Peer Support Specialist, the service is intended to provide peer support and not case management. Peer Support would be to engage them in services by sharing hope and experience as well as assist with getting to services.
4	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</p> <p style="text-align: center;"><input checked="" type="checkbox"/> XX Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)</p>
5	Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service 1,000
6	Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service \$179,040
7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</p> <p>Assessment Only: <input checked="" 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>Crisis Services: <input 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>Child MH: <input type="checkbox"/> <i>All</i> <input checked="" type="checkbox"/> <i>CMSED</i> <input checked="" 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>Adult MH: <input type="checkbox"/> <i>All</i> <input checked="" type="checkbox"/> <i>AMSPM</i> <input checked="" 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>Child DD: <input checked="" type="checkbox"/> <i>CDSN</i></p> <p>Adult DD: <input checked="" type="checkbox"/> <i>All</i> <input type="checkbox"/> <i>ADSN</i> <input type="checkbox"/> <i>ADMRI</i></p> <p>Child SA: <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>Adult SA: <input type="checkbox"/> <i>All</i> <input type="checkbox"/> <i>ASCDR</i> <input checked="" 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>Comm. Enhance.: <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>Non-Client: <input type="checkbox"/> <i>CDF</i></p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input type="checkbox"/> <i>Service Event</i> <input checked="" type="checkbox"/> <i>15 Minutes</i> <input type="checkbox"/> <i>Hourly</i> <input type="checkbox"/> <i>Daily</i> <input type="checkbox"/> <i>Monthly</i></p> <p>XX Other: Explain__ A case rate will be utilized for the first 30 day authorization after the initial unit authorization from STR. _____</p>
9	<p>Proposed IPRS Average Unit Rate 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 style="text-align: center;">\$7.22 per unit for a North Carolina Certified North Carolina Certified Peer Support Specialist up to 8 units for the first 30 days and up to 8 units for the next 15 days for face-to-face efforts to engage the consumer in treatment.</p>

10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average Unit Rate for Service</u> (<i>Provide attachment as necessary</i>)</p> <p>This rate is based on case management of \$14.43 per unit. The Peer rate of \$7.22 is based on 50% of the qualified professional rate.</p>
11	<p>Provider Organization Requirements</p> <p>Providers will need to be comprehensive, in that consumers will need to have access to an array of services and may need additional services to meet their mental health needs.</p>
12	<p>Staffing Requirements by Age/Disability</p> <p>This service is to be provided by at least a qualified developmental disabilities, mental health or substance abuse professional, or by a North Carolina Certified Peer Support Specialist who is supervised by a qualified professional. Both the qualified professional and the North Carolina Certified Peer Support Specialist need to be qualified in the appropriate disability to the population served. The qualified professional will need to review and sign off on the North Carolina Certified Peer Support Specialist notes.</p>
13	<p>Program and Staff Supervision Requirements</p> <p>The QP will supervise this service and staff.</p>
14	<p>Requisite Staff Training</p> <p>Staff will need training to include Person Centered Thinking, Crisis De-escalation, and Motivational Interviewing.</p>
15	<p>Service Type/Setting</p> <p>For new consumers: This service shall be part of the initial authorization packet for 2 hours (8 units initiated for new consumers after a missed appointment, and upon discharge process from a facility). These services shall be delivered in the community as close to the person's home as possible and in the least restrictive environment.</p>
16	<p>Program Requirements</p> <p>This service must be:</p> <ul style="list-style-type: none"> • Targeted toward those who are new to the system and have not engaged in traditional outpatient services; and initiated within 24 hours of the missed appointment. • Provided to consumers not currently active with a provider and have not been in services within 60 days. • May include attempts at a home visit if consumer is homeless or presents significant clinical issues that cause the consumer to try to avoid a service provider (i.e. fear, paranoia). This service cannot be used for a phone call. • For consumers with severe mental illness, substance abuse, developmental disabilities, this service may be used to engage consumers up to 2 visits within 14 days and 4 visits within 45 days. • May be used to assist with immediate needs such as food, housing, and linkage to medical services in order to engage in a therapeutic relationship. • Must include an Assertive Engagement Review at the first face-to-face meeting.
17	<p>Entrance Criteria</p> <ul style="list-style-type: none"> • Individual consumer recipient eligibility for service admission: For consumers new to the system, consumers scheduled and authorized by STR will be given 2 hours (8 units) and can be utilized when a consumer does not show for the appointment. • For consumers who have not had services in the past 60 days, STR will give 2 hours which can be utilized when a consumer does not show for the appointment. • Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service: This service is for high risk consumers with a documented history of mental health, substance abuse, or developmental disability needs with hospitalizations, incarcerations, and reluctance to engage in services and tend to use crisis services and emergency room.
18	<p>Entrance Process</p>

	Consumers identified as urgent by the LME or, as new to the system, as not having services in the past 60 days, or being discharged from an inpatient facility, can have up to two hours of this service if they do not attend an appointment for traditional services.
19	<p>Continued Stay Criteria</p> <p>This service is intended to be short term in nature and ends upon engagement and initiation into services. Authorization past the 2 hours or 8 units would be an additional 2 hours or 8 units for up to a 30 day period with only one reauthorization past the initial for up to 8 additional units. Based upon medical necessity and 2 out of 5 of the following criteria, this service could be extended 2 hours or 8 units.</p> <ul style="list-style-type: none"> • History of multiple hospitalizations in past 3 months. • Pattern of non-engagement in treatment despite repeated attempts. • History of co-occurring mental illness, developmental disabilities, and active substance abuse. • History of multiple contacts with crisis services. • For Substance Abuse consumers, referral must be made to the informal support network.
20	<p>Discharge Criteria</p> <ul style="list-style-type: none"> • Recipient eligibility characteristics for service discharge: The consumer would need to engage with a service provider to be discharged or has refused after three attempts to engage or has been seen 4 times in 45 days. • Anticipated length of stay in service (provide range in days and average in days): When used as engagement, the service would be used initially up to 2 hours. If subsequent units are authorized a total of 4 visits within 45 days, 4 hours, or 16 units. • Anticipated average number of service units to be received from entrance to discharge: The initial authorization will be 8 units and based on a unit cost. Up to an additional 8 units can then be authorized by Managed Care. It is anticipated that the average number of units used will be 16 units. • Anticipated average cost per consumer for this service: For the qualified professional: 8X \$14.43 = \$115.44 and \$115.44 + 115.44=230.88. For the North Carolina Certified Peer Support Specialist: 8X\$7.22=\$57.76. \$57.76+57.76=115.52. An additional \$100 in Non UCR funds will be given for meeting or exceeding the benchmarks listed in #26.
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>This LME is utilizing the Clinical Measures and Quarterly LME Performance Indicators for outcomes to engage consumer's service in 14 days and 4 times in 45 days. In addition, this agency has committed to 100% of Urgent consumers seen within 48 hours and meeting the threshold and timely follow up after inpatient care. This LME will develop a mechanism to evaluate the providers on critical measures.</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> <p>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc. Per event</p> <p>Minimum standard is a daily service note that includes the consumer's name, date of services, purpose of contact, duration of contact, outcome of contact, and signature and credentials of the person providing the service. An Assertive Engagement review will be completed on the first face-to-face and done within 2 days of the referral. An Assertive Engagement review includes a description of needs and can include: vocational, psychiatric, medical, social, spiritual, housing, basic needs (such and food and clothing), and natural supports as well as strengths and</p>

	weaknesses. This review includes what the consumer identifies as a need and defines what will be accomplished in the next 1-3 contacts. An Assertive Engagement review is meant to define what is needed between the day of referral from STR and the day of the more formal diagnostic assessment and the beginning of treatment.
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 <p>The consumer cannot receive this service and PSR, ACT, CSS, CST, SAIOP, SACOT, MST, IIH at the same time and can not be billed on the same day as any other service. This service also cannot be billed at the same time as an assessment and any other outpatient service.</p>
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): Not to exceed 2 hours per day.
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>Assertive engagement is a critical practice in the service array to provide engagement and assistance for consumers with severe symptoms and demonstrated difficulty engaging in traditional services. Ensuring engagement in services will provide few hospitalizations, use of crisis services and symptoms reduction. With the elimination of Community Support, this service will be a community based intervention with the goal of engaging consumers quickly into the traditional array of services.</p>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>100% of consumers would be seen within the urgent timeframe, 90% would be seen within the routine timeframe, 90% would be seen twice in 14 days and 90% of those seen within 45 days. 100% will need to be seen within 5 days of discharge from an inpatient setting. 90% of those seen need face to face contact within 24 hours. An Assertive Engagement Review must be completed at the first face-to-face assessment and submitted to the LME.</p>
27	LME Additional Explanatory Detail (as needed)