

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 for MH/DD/SAS		b. Date Submitted 4/14/09
c. Name of Proposed LME Alternative Service: Jail Diversion: A Statewide Alt Service Definition as of Jan 2011 – YA354		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> X State Funds: July 1, 2009		
e. Submitted by LME Staff (Name & Title) Susan Hanson, Clinical/Operations Director	f. E-Mail hanson@secmh.org	g. Phone No. (910)332-6882

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	
<p><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>Complete items 1 through 28, as appropriate, for all requests.</p>	
1	<p>Alternative Service Name, Service Definition and Required Components <i>(Provide attachment as necessary)</i></p> <p>Jail Diversion (see below descriptions)</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>Currently, there is a lack of state-funded services able to be provided to persons in jail, and reimbursed through the IPRS system.</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>A service is needed to identify and advocate for persons in jail with MH/DD/SA problems who are incarcerated due to behaviors resulting from their illness or disability, and who could be diverted from jail to treatment at little risk to public safety. Medicaid will not reimburse for these services provided in jail.</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 style="text-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 Alternative Service- 44</p>
	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service - \$30,000</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: <i>(Check all that apply)</i></p> <p><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</p> <p><u>Crisis Services:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS</p> <p><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</p> <p><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</p> <p><u>Child DD:</u> <input type="checkbox"/> CDSN</p> <p><u>Adult DD:</u> <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p><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</p> <p><u>Adult SA:</u> <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 checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p>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;">\$22.00</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service <i>(Provide attachment as necessary)</i> The proposed rate is based upon serving and working on behalf of an average of three (3) jail diversion clients per week throughout the year.</p>
11	<p>Provider Organization Requirements</p> <p>Jail diversion services must be delivered by practitioners 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 (DMH) 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. Within three years of enrollment as a provider, the organization must have achieved national accreditation. 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. Only one provider organization per county will be contracted by the LME to perform this service. All staff providing jail diversion services must receive service definition specific training that is based upon the required training elements approved by DMH/DD/SAS, and is delivered by DMH/DD/SAS approved trainers before billing for this service. Provider agencies will be responsible for maintaining documentation to verify staff members have completed this required training.</p>
12	<p>Staffing Requirements by Age/Disability</p> <p>Persons who meet the requirements for Qualified Professional (QP) in mental health according to 10A NCAC 27G.0104, and who have the knowledge, skills, and abilities required by the population, age to be served, and correctional setting may deliver jail diversion services. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G .0204 and according to licensure or certification requirements of the appropriate discipline. A Certified Clinical Supervisor (CCS) and Licensed Clinical Addiction Specialist (LCAS) may also deliver jail diversion services.</p>
13	<p>Program and Staff Supervision Requirements</p> <p>Jail diversion includes the following services; evaluating jail detainees to establish their eligibility and appropriateness to be diverted from jail, negotiating the detainee’s release from jail, and arranging for the jail detainee to receive community services following his or her release from jail. Jail diversion does <u>not</u> include mental health or substance abuse treatment provided to detainees in jail. Jail diversion is also <u>not</u> provided to individuals in the community who are at risk of involvement in the criminal justice system. In addition, jail diversion does <u>not</u> refer to services provided to persons being discharged from jail following the completion of their sentence. The focus of the jail diversion worker is to secure the client’s early release from jail, and to arrange for services and supports to meet the needs of this individual in the</p>

	<p>community.</p> <p>Jail detainees are individually evaluated. Jail diversion is not a group service.</p>
14	<p>Requisite Staff Training</p> <p>Staff must attend a yearly one-day training session sponsored by the NC Division of MH/DD/SAS, or otherwise trained and qualified to provide the service.</p>
15	<p>Service Type/Setting</p> <p>Jail diversion services are both a direct and an indirect periodic service provided in county jail, detention facilities, and various environments such as court and community settings. These services also include telephone time and collateral contact with persons who assist the recipient in meeting their goals. These services are not to be provided in state or federal correctional institutions or prisons. Typically, a Jail Diversion worker evaluates an inmate for his / her eligibility for participation in the jail diversion service, and negotiates with the district attorney, judge, and defense attorney for the inmate's release from jail. When a release plan is agreed upon by all relevant parties, the jail diversion worker arranges for the inmate to receive the services and supports needed for his / her success in the community. Coordination of services at the community level may be the most difficult and important element to success. Service integration at the community level can include direct and indirect care- i.e.; involvement of social services, securing appropriate housing, vocational needs, educational needs, linking recipients to mental health services, substance abuse services, medical services/medications, and various other treatment support needs.</p>
16	<p>Program Requirements</p> <p>Jail diversion is an individual service, not a group service. There is no client / staff ratio, no maximum caseload size, no frequency of contact requirements and no minimum face-to-face contact requirements.</p>
17	<p>Entrance Criteria</p> <p>The recipient is eligible for this service when:</p> <p>A. there is an Axis I or II diagnosis present</p> <p>AND</p> <p>B. the recipient of this service resides in jail</p> <p>AND</p> <p>C. the recipient of this service would not be of significant risk to the public if he or she were to reside in the community.</p>
18	<p>Entrance Process</p> <p>Entrance to the jail diversion program will occur following the jail diversion worker's screening the jail detainee to determine if the individual:</p> <ol style="list-style-type: none"> 1) likely has a mental illness, developmental disability and/or substance abuse problem, based on the jail's screening and clinical assessment, and 2) is able to be diverted, based on the person's legal charges, legal history, and history of dangerousness to others in the community. <p>The team planning process and development of a person centered plan, along with a clinical assessment,</p>

	may occur following the individual's release from jail, but only after all immediate needs of the individual have been met- i.e. housing/shelter, medications, food, and clothing.
19	<p>Continued Stay Criteria</p> <p>Jail diversion is a brief service that is provided to the recipient while he or she is incarcerated in jail. The client may remain a recipient of jail diversion services as long as:</p> <p>A. The recipient remains in jail,</p> <p>AND</p> <p>B. Continues to be an appropriate candidate for jail diversion services</p> <p>AND</p> <p>C. Progress continues to be made on negotiating the recipient's release from jail.</p>
20	<p>Discharge Criteria</p> <p>The recipient:</p> <p>A. Remains in jail but is no longer deemed an appropriate candidate for jail diversion, or</p> <p>B. No progress is made in negotiating his or her release from jail</p> <p>C. Recipient has achieved positive life outcomes that support stable and ongoing recovery and is no longer in need of jail diversion services.</p> <p>D. Recipient is not making progress or is regressing and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services.</p> <p>The anticipated length of stay in this service will range from one to twelve months, with most consumers being able to function independently in the community after twelve months of assistance with gaining access to and coordinating necessary services to promote stability and assistance with acquiring skills necessary to successfully address vocational, housing and educational needs.</p> <p>The average cost per consumer is estimated to be less than \$500.</p>
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <p>The outcome of this service is to secure the release of individuals with mental illness from jail, particularly when their incarceration results from behaviors that are due to untreated or under treated mental illness, and when their release back into the community can be done safely and at little risk to the community. Individuals with mental illness in jail are identified quickly, evaluated for their appropriateness to be diverted from jail, enrolled in a mental health population group, and appropriate services and supports in the community are available to the consumer upon once his or her release from jail. Individuals who are Medicaid eligible will be enrolled in Medicaid as soon as possible following their release from jail.</p> <p>This service does not end upon discharge from jail. The typical outcomes instruments (NC-TOPPS and MH/SA Consumer Satisfaction Survey, Core Indicators, and other such tools) would be used to measure outcomes of this particular service, and may be used to track the outcomes and satisfaction with services among those consumers who are diverted from jail to treatment in the community.</p>
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> <i>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?</i>

	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <p>Minimum standard is a full service note per event that includes the recipient's name, dates of service, purpose of contacts, places of the contacts, describes the provider's interventions, includes the time spent performing the interventions, the signature and credentials of the staff providing the service.</p>
<p>23</p>	<p>Service Exclusions</p> <p>Jail diversion services are provided only to individuals who are incarcerated in jail. Jail diversion services can be provided by only one jail diversion provider organization at a time. Only one provider in a county will be authorized by the LME to perform this jail diversion service.</p>
<p>24</p>	<p>Service Limitations</p> <p>Units are billed in 15 minute increments. Services are to be pre-authorized through SEC LME.</p> <p>The Jail diversion staff will call STR once he has seen the consumer at the jail for screening/registration and to get the CareLink activated. The Jail diversion staff sends in the Form B on the individual in order for the SEC business office to activate the initial CareLink authorization. Anything beyond that is pre-authorized through UR by submitting the authorization request with the release plan.</p>
<p>25</p>	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <p>Broad support at the federal level for jail diversion programs is evident by grants awarded yearly by SAMHSA to establish such programs, and by similar jail diversion grants awarded by the Bureau of Justice Assistance (BJA). North Carolina has been the recipient of both SAMHSA and BJA grants for jail diversion. Support for jail diversion programs is also apparent in the recommendations of the Council of State Government's Criminal Justice / Mental Health Consensus Project, and the President's New Freedom Commission on Mental Health.</p> <p>The evidence for the effectiveness of jail diversion programs has been documented through a great many studies, the results of which were compiled and examined in an article produced by the TAPA Center for Jail Diversion – a branch of the National GAINS Center [1]. The conclusion of their review of the research states that "these findings provide evidence that jail diversion results in positive outcomes for individuals, systems, and communities."</p> <p>The cost-effectiveness of jail diversion programs have also been well documented through a variety of studies, the results of which were compiled and reported in a 2004 journal article [2]. This article indicates that jail diversion programs result in considerable cost savings to criminal justice systems. Although these costs are often offset by increases in costs to treatment systems in the first year of these programs, overall cost savings are realized in second and subsequent years, as the consumers who are diverted to treatment reduce their usage of jails and costly emergency mental health services and hospitals.</p> <p>[1] The TAPA Center (2004). <i>What can we say about the effectiveness of jail diversion programs for persons with co-occurring disorders?</i> Delmar, NY.</p> <p>[2] Cowell, A., Broner, N. & Dupont, R. (2004). <i>The cost effectiveness of criminal justice diversion programs for people with serious mental illness and co-occurring substance abuse.</i> Journal of Contemporary Criminal Justice, V. 20, No. 3., p. 292-314.</p>

26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>a) Monitoring reviews on a scheduled basis of the implementation of this service to include whether the provider is meeting the clinical and financial requirements. (b) We review on a regular basis the provider's outcomes against the established outcomes from a clinical and financial perspective. (c) On a semi-annual basis will review the data to determine whether to continue the alternate service definition and/or whether adjustments need to be made.</p>
27	<p>LME Additional Explanatory Detail <i>(as needed)</i></p>