

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 Smoky Mountain Center		b. Date Submitted 05-22-09, 7-30-09
c. Name of Proposed LME Alternative Service DD Diversion Emergency Respite – YA355		
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) Rhonda Cox, Care Coordination Director	f. E-Mail coxrhonda@smokymountaincenter.com	g. Phone No. 828-586-5501 ext 1141

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 <i>(Provide attachment as necessary)</i> DD Diversion Emergency Respite Service. Please see attachment for description.
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">• Consumer access issues to current service array-This service is designed to offer a creative alternative to unnecessary hospitalization or institutionalization of consumers with ID/DD, to provide a safe and supportive environment on a temporary basis enabling consumers to return to their home or home community after a short time of stabilization. Sudden loss of placement creates a situation where a consumers with ID/DD literally have no where to go. This is in turn creates an additional “crisis” in trying to identify an appropriate supportive placement and manage the consumers health and safety needs while remaining person centered.• Consumer barrier(s) to receipt of services-Consumers with ID/DD may not be able to return to their home placement after a behavioral issue, care giver burnout or in some cases where their caretaker requires surgery or has other health related issues but there is no other resource for short term placement. This creates scenarios where consumers with ID/DD enter the “crisis” system without meeting medical necessity for inpatient, are not able to access traditional respite, and cannot return to their original placement or have no short term placement option. A similar scenario occurs with consumers with ID/DD who cannot return to their placement after an inpatient stay essentially becoming homeless after inpatient stay.• Consumer special services need(s) outside of current service array-A longer term respite service allows for the following: caregivers to address their own health needs (ex. planned surgery) without creating a housing crisis for the consumer; a caregiver break experiencing burnout related to long term non-emergent behaviors for consumers who can return home; an alternative to being inappropriately dumped into the crisis system; and alternative to inpatient stay once the consumer no longer meets medical necessity but placement has not yet been obtained.• Configuration and costing of special services-Current State Funded Respite=\$240/day (per 15 min unit); Rate=/CAP Respite Rate for non-institutional individual is \$238.08/ day or Group residential 2-3 clients is \$181.12. Given the nature of service this appears to be a reasonable rate consistent with other respite rates.• Special service delivery issues-This service provides a safe, qualified rapid response to support ID/DD consumers in circumstances where placement or systemic issue creates the crisis. Currently there are not readily available resources in the DD continuum to support consumers with ID/DD in this situation. In addition NC START does not take individuals without an existing residential placement.• Qualified provider availability-This service provides access to experienced, qualified staff who are able to support ID/DD consumers in situational, systemic caused “crises”,, a “cooling off” period for stretched caregiver, transition from inpatient setting back to the community when other community placements are not available and/or awaiting CAP or other funding to support services, or planned transition when the caregiver has short term inability to provide care but wants the consumer with ID/DD to remain in the home.• Other provider specific issues-NA

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>Unless a consumer has CAP-MR/DD funding, Medicaid does not fund Respite.</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><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</p> <p>30-60 depending on need and each consumers length of stay</p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service \$60,900 1x allocation + \$120,000 CASP funding (see attachment referencing original Foothills allocation for Respite).</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: <i>(Check all that apply)</i></p> <p>Assessment Only: <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>Crisis Services: <input type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input checked="" type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS</p> <p>Child MH: <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>Adult MH: <input 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>Child DD: <input type="checkbox"/> CDSN</p> <p>Adult DD: <input type="checkbox"/> All <input checked="" type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p>Child SA: <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>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>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;">\$200.00 <input type="text"/></p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for</p>

	<p>Service <i>(Provide attachment as necessary)</i> The rate is higher than CAP group (2-3) only but under other daily respite rates. Rate set due to the emergent nature of the placement and readily available response capacity.</p>
11	<p>Provider Organization Requirements See service definition attachment.</p>
12	<p>Staffing Requirements by Age/Disability <i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i> See service definition attachment.</p>
13	<p>Program and Staff Supervision Requirements See service definition attachment.</p>
14	<p>Requisite Staff Training See service definition attachment.</p>
15	<p>Service Type/Setting</p> <ul style="list-style-type: none"> • <i>Location(s) of services-Licensed or unlicensed AFL setting</i>
16	<p>Program Requirements</p> <ul style="list-style-type: none"> • <i>Individual or group service</i> • <i>Required client to staff ratio (if applicable)</i> • <i>Maximum consumer caseload size for FTE staff (if applicable)</i> • <i>Maximum group size (if applicable)</i> • <i>Required minimum frequency of contacts (if applicable)</i> • <i>Required minimum face-to-face contacts (if applicable)</i>
17	<p>Entrance Criteria</p> <ul style="list-style-type: none"> • <i>Individual consumer recipient eligibility for service admission</i> • <i>Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service</i> <p>See service definition attachment.</p>
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>The Clinical Home or caretaker will contact the LME's Emergency Service for initial authorization of this service.</p>
19	<p>Continued Stay Criteria</p> <ul style="list-style-type: none"> • <i>Continued individual consumer recipient eligibility for service</i> <p>See service definition attachment.</p>
20	<p>Discharge Criteria</p> <ul style="list-style-type: none"> • <i>Recipient eligibility characteristics for service discharge</i> • <i>Anticipated length of stay in service (provide range in days and average in days)</i> • <i>Anticipated average number of service units to be received from entrance to discharge</i> • <i>Anticipated average cost per consumer for this service</i> <p>See service definition attachment.</p>
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • <i>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</i>

	<ul style="list-style-type: none"> • <i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i>
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> <ul style="list-style-type: none"> • <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i>
23	<p>Service Exclusions</p> <ul style="list-style-type: none"> • <i>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</i> <p>See service definition attachment.</p>
24	<p>Service Limitations</p> <ul style="list-style-type: none"> • <i>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</i> <p>This service may be approved up to a maximum of 30 days in cases where a consumer is unable to return to prior residence. In cases where a consumer can return to prior residence this service may be approved up to a maximum of 15 days.</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service N/A</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 N/A</p>
27	<p>LME Additional Explanatory Detail (as needed) Further explanation of definition below</p> <p>LME: Smoky Mountain Center Title: DD Diversion Emergency Respite Service Service Definition: DD Diversion Emergency Respite is a 24-hour service which provides periodic relief for a family or family substitute for adult (eighteen (18) years and older) Intellectually or Developmentally Disabled (ID/DD) consumers on a temporary basis and in cases where a DD consumer is at risk for loss of placement or has no placement in which to return from an inpatient setting. This service supports individuals with ID/DD with co-occurring behavioral challenges or mental illness for whom regular respite is not appropriate and is in placement crisis due to caregiver burnout or caregiver health issues, at risk of losing or has lost placement and does not meet medical necessity for psychiatric hospitalization. This service is not intended to replace or supplant crisis respite level services such as NC START crisis respite. The consumer may receive supportive counseling and de-escalation activities provided by the Clinical Home or the residential Qualified Mental Health Professional supervising the respite site. Receipt of this service does not preclude receiving Developmental Therapy or other services if deemed medically necessary. The Clinical Home is responsible for providing ongoing services while the consumer accesses this service. This service may be approved</p>

up to a maximum of 30 days in cases where a consumer is unable to return to prior residence. In cases where a consumer can return to prior residence this service may be approved up to a maximum of 15 days.

If the consumer has an existing Clinical Home, the Clinical Home is responsible for coordinating and linking services. The Clinical Home is responsible for ensuring the following items to accompany the consumer to the respite site:

1. A copy of the Person Centered Plan (PCP) and Crisis Plan;
2. All medications as well as doctor's orders for both prescription drugs and over the counter medications (if applicable).

The Clinical Home will provide the following services to the consumer while placed in the respite service:

1. Coordination and linkage to medication appointments or other necessary medical or habilitative service needs;
2. A team meeting within ten (10) business days or sooner as defined by the PCP and/or Crisis Plan;
3. Updating/Reviewing the PCP and Crisis Plan as appropriate;
4. Planning and coordinating a return to original placement or new placement.

The Clinical Home will provide a copy of the PCP and Crisis Plan to the LME DD Care Coordinator if not already available to the LME.

If the consumer does not have an existing Clinical Home, LME Care Coordination staff will link the consumer to the appropriate services.

The respite site shall provide the following services:

1. Assistance with personal care, activities of daily living, leisure and vocational activities;
2. Room/board, food and provisions;
3. Transportation in accordance with medical and psychiatric needs;
4. Medication and behavioral management as directed by a physician or psychologist;
5. Monitoring for continuing stabilization of the consumer to transition back to his or her home community.

All services delivered by a paraprofessional must be under the supervision of a Qualified Professional (QP) and a QP must be available 24/7 for consultation or support for the site. Supportive counseling and de-escalation shall be provided by a Qualified Professional as appropriate. In instances where the consumer has a behavioral crisis in this setting, the Clinical Home is responsible for providing first responder support. If the Clinical Home cannot resolve the crisis, the Clinical Home or the respite provider may contact Mobile Crisis Team for intervention. NC START may be used for consultation or as a crisis respite service if the consumer's level of need exceeds the scope of this service.

Emergency services (911) should only be utilized in the event of a medical emergency or in instances where the consumer's behavior presents immediate risk for injury to self or others and the Clinical Home and site have exhausted all other clinical resources including first response, implementation of the Crisis Plan and Mobile Crisis. In cases where the Crisis Plan was not effective, the Clinical Home will revise the Plan.

Developmental Therapy may be provided as an adjunct by a paraprofessional under the supervision of a QP if deemed clinically appropriate by the LME. A separate authorization process is necessary for Developmental Therapy.

Service Delivery Setting

This is a residential service provided in a licensed or unlicensed AFL setting. Service to more than two individuals served concurrently requires licensure and no more than two (2) individuals should be receiving service in the home.

Medical Necessity

Consumer's placement is at risk.

Service Order Requirement

This service does not require a service order but does require initial preauthorization from LME or LME contracted licensed clinical staff.

Continuation/Utilization Review Criteria

Service approval is based upon medical necessity criteria. Medical necessity is determined based upon North Carolina community practice standards, criteria established by the NC Department of Health and Human Services and as determined by the appropriate LME licensed clinician. The Local Management Entity will evaluate the request to determine if medical necessity supports more or less intensive services.

The Local Management Entity will determine the initial authorization period. The request for service approval and supporting documentation reflecting the appropriate level of care and service must be submitted to the Local Management Entity.

If continued DD Diversion Community Respite services are needed at the end of the initial approval period, a new request for the service must be submitted to the Local Management Entity. This must occur prior to the expiration of the current approval. Failure to request re-approval prior to the expiration date will result in a denial and will be considered an initial request for purposes of determining eligibility of maintenance of service.

Maximum utilization is 30 days per consumer per event.

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

AFL staff must follow all Core Rules including certification for medication administration if the consumer requires medication. Paraprofessional level person must meet the requirements specified for paraprofessional status according to 10 NCAC 14V. Supervision of paraprofessionals is also to be carried out according to 10 NCAC 14V. Licensed facilities must meet the requirements as cited in 10 NCAC 27G.5100.

Documentation Requirements

Documentation in the client record is required.