

## 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> Wake County Human Services Local Management Entity		<b>b. Date Submitted</b> 10/20/2010
<b>c. Name of Proposed LME Alternative Service</b> Comprehensive Screening and Community Connection_YA377		
<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> Jeffrey Hildreth, WCHS LME Adult DD Program Manager, Network Development or Patti Beardsley, WCHS LME Child DD Program Manager, Network Development	<b>f. E-Mail</b> <a href="mailto:jhildreth@wakegov.com">jhildreth@wakegov.com</a> <a href="mailto:pbeardsley@wakegov.com">pbeardsley@wakegov.com</a>	<b>g. Phone No.</b> 919-857-9108 919-857-9111
<b><u>Background and Instructions:</u></b>  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 <b><i>LME Alternative Service Request for Use of DMHDDSAS State Funds.</i></b>  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: <ul style="list-style-type: none"> <li>an individual LME Alternative Service Request form is required to be completed for <u>each</u> proposed Alternative Service;</li> <li>a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to <u>directly</u> provide an approved Alternative Service; and</li> <li>the current form is <u>not</u> 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</li> </ul>		

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

##### **Comprehensive Screening and Community Connection**

Comprehensive Screening and Community Connection is a method of working with adults and children who have Developmental Disabilities who are seeking services and who are waiting for DD services in Wake County. LMEs across the state are struggling with eligibility and it appears as though there is no standardized process in practice. This proposed definition is an attempt to provide a structure and standardized practice around the initial contacts and work with families and consumers seeking services.

**Comprehensive Screening** (which includes gathering of pertinent evaluations and medical records) is critical in assuring those requesting DD Services meet the state definition for services and are appropriately receiving or waiting for services. It is expected that this service will include a minimum of 1 home visit to assess an individual's current functioning and level of need plus at least 4 hours of review and compilation of pertinent documents in order to make clinical recommendations.

**Community Connection** is a critical element of the DD Service continuum for persons who are in the process of accessing or waiting for services. It is designed as a short-term engagement service to assist individuals in understanding the DD System of Care, connecting individuals with non state-funded community services, supporting the individual and family in understanding the waiting list and accessing entitlement benefits which would facilitate service access. It is expected that this service would provide a maximum of 10 contacts over a period of 90 days, preferably in the individual's home or community and would be provided in conjunction with the Comprehensive Screening. Community Connection is by no means intended to replace DDTCM or obviate the TCM service. Community Connection is intended to be a brief, interim service extension to initial eligibility determination and needs assessment to empower families and alleviate initial stressors to consumers who will likely have to wait for services. It is designed to optimize direct client/family services while eliminating "non-service" activities such as PCP development. The service is designed to further empower families to advocate and access services and benefits independent of paid system resources.

2

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

There are no services in the available array that allow for the compilation and review of evaluation materials necessary for determination of eligibility for DD Services (Comprehensive Screening). The gathering of and review of critical psychological, adaptive behavior, academic achievement, ST/PT/OT, medical, psychiatric/behavioral, and other evaluative materials in order to determine eligibility can be labor intensive and requires qualified and competent professionals in the field. Additionally, many children and adults with DD do not have insurance coverage or the financial means to pay for such a service. Whereas Medicaid pays for professional evaluations, it does not pay for review and synthesis of multiple and sometimes disparate evaluations.

In addition, the Community Connection component is proposed to provide limited and short-term services to assist those who do not have entitlement benefits in accessing services to which they

	<p>may be eligible and assisting consumers in navigating the system until they are connected to a permanent service provider. The Community Connection component is considered an initial, short-term 'interim' service that does not include PCP development. It is projected to be a cost effective service which will enable the LME to provide 'some' service to a greater number of people which may obviate the need for more intensive and expensive service options.</p> <p>Currently (as of 10/15/10) Wake County has 1138 people waiting for at least one service and most waiting for more than one service. Many people who are waiting for services may wait for several years for adequate funding for state-funded services to meet their needs. Of the 1138, 731 are waiting for CAP MR/DD funding. If an individual has Medicaid they are immediately referred for Targeted Case Management (TCM) but Wake County has the lowest Medicaid-eligible population as compared to any other LME in the state. This impacts our ability to serve the large numbers of individuals in need of IPRS funding. Wake LME has an average of 30 new referrals for DD Services every month and even with the downturn of the economy, we continue to have a large number of people moving here from out of state due to our schools, proximity to nationally and internationally renowned programs, and broad array of services. Comprehensive Screenings will ensure that those individuals receiving or waiting to receive services are appropriately eligible. Providing short-term support and connection to natural supports and non state-funded community resources upon entry will enable consumers to begin receiving supports earlier and will alleviate some needs of those for whom resources are currently not available. Short-term support may alleviate the need for more expensive and long-term services such as TCM. At a minimum, consumers and their families will be educated on navigating services and systems and their personal responsibility in the process. In order to best support people in need of service, Wake LME believes both components are integral to access and effective service delivery.</p> <p>Wake County LME can? will modify its existing waiting list format in order to identify consumers who receive this service and match that initial service data to subsequent need and service enrollment. The thorough assessment and exploration/exhaustion of natural supports anticipated to be delivered by the vendor(s) ensures that as funding becomes available, the LME will be able to quickly identify and prioritize those with higher needs.</p>
3	<p><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></p> <p>Comprehensive Screening and Community Connection is a method of working with adults and/or children with DD to assist them in accessing needed services through comprehensive screening, determination of initial service need, and connection to IPRS or community support services and/or appropriate placement on the DD waiting list for services. While there are similar diagnostic and assessment type service definitions in place to address the MH and SA populations, there is not an equivalent for the DD population. Currently the only approved Medicaid service definition is Targeted Case Management and CAP-funded services.</p>
4	<p><b>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</b></p> <p style="text-align: center;"> <input checked="" type="checkbox"/> <b>Recommends</b>      <input type="checkbox"/> <b>Does Not Recommend</b>      <input type="checkbox"/> <b>Neutral (No CFAC Opinion)</b> </p>
5	<p><b>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</b></p> <p>300-400</p>
6	<p><b>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</b></p> <p>We estimate potentially expending between \$200,000-\$250,000 per year. This funding is</p>



	chosen rate was derived from the average of these two reimbursement rates.
11	<p><b>Provider Organization Requirements</b></p> <p>Comprehensive Screening and Community Connection services must be delivered by practitioners employed by a provider organization that:</p> <ul style="list-style-type: none"> <li>• meets the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);</li> <li>• meets 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>• fulfills the requirements of 10A NCAC 27G.</li> </ul>
12	<p><b>Staffing Requirements by Age/Disability</b></p> <p>This service will be provided by licensed clinicians with DD expertise and/or other QDDP staff with knowledge and experience in case management and in interpreting evaluations, IEP's and other contributing and pertinent information.</p>
13	<p><b>Program and Staff Supervision Requirements</b></p> <p>At a minimum, direct supervision will be provided by a professional who meets the requirements as both QDDP and QMHP with consultation available by an appropriately licensed professional/credentialed staff within the program's agency.</p>
14	<p><b>Requisite Staff Training</b></p> <p>Staff providing this service must have knowledge of various professional assessment reports and materials, the skills and competence to read, comprehend, and interpret the reports accurately, and make appropriate clinical decisions. Staff must be trained in Person-Centered thinking and planning plus have a good working knowledge of community resources. Staff must have at least 5 years experience in the field of Developmental Disabilities and the provider must assure a balance of child and adult expertise.</p>
15	<p><b>Service Type/Setting</b></p> <p>Comprehensive Screening and Community Connection is intended to be flexible in its approach to meet the needs of adults and/or children in their own setting or current location. Typically, the service will occur in the individual's home or place of their choice.</p>
16	<p><b>Program Requirements</b></p> <p>Comprehensive Screening and Community Connection is designed to be an individual service to assist in the determination of eligibility, assist in accessing benefits and entitlements, and initial determination of service need. The service assists clients and families to understand and navigate access to the service delivery system and the community. The service is designed to:</p> <ul style="list-style-type: none"> <li>• Access, compile, and synthesize existing evaluations necessary for the determination of eligibility for services</li> <li>• Assist client/family in accessing appropriate resources/referrals if updated and new evaluations are needed</li> <li>• Assist client/family in accessing initial natural and/or community supports if available</li> <li>• Assist client/family in identifying potential benefits/entitlements</li> <li>• Assess for and provide linkage to the appropriate level of care and services if available</li> </ul>
17	<p><b>Entrance Criteria</b></p>

	Any child or adult who is a new consumer seeking services through STR who presents with a need for DD services or any individual who was previously screened but for whom the LME requires a reevaluation of eligibility and updated assessment of need are eligible for this service.
18	<p><b>Entrance Process</b></p> <p>The service will serve as the entrance into DD services by providing a comprehensive assessment through the gathering, interpretation, and synthesis of evaluations and school records that support a diagnosis of developmental disability. Individuals seeking services will contact the LME Access Unit. The LME will inform the individual/guardian and provider of the referral and will authorize the service. The provider will initiate contact with the individual/guardian within three business days of receipt of the referral.</p>
19	<p><b>Continued Stay Criteria</b></p> <p>Not applicable; this is a short-term engagement service, limited to no more than 90 days and not designed as a long-term method of service delivery. Continued needs will be addressed through an alternate service, dependent upon information obtained from the assessment, clinical recommendations and available supports.</p>
20	<p><b>Discharge Criteria</b></p> <p>A comprehensive assessment will be completed and provided to the LME upon completion of the service, or sooner, if needed. Individual's immediate needs will be assessed and stabilized or referred for further support. Each individual will be referred (through the LME) to appropriate resources as available or placed on a waitlist, maintained by the LME, to receive such supports. Individuals will be educated on their status of eligibility, available resources and personal responsibility to notify the LME should their situation change. An update with the provider's involvement and recommendations, along with any appropriate determination materials, will be forwarded to the LME.</p>
21	<p><b>Evaluation of Consumer Outcomes and Perception of Care</b></p> <ul style="list-style-type: none"> <li>• <b><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></b></li> <li>• <b><i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i></b> <ul style="list-style-type: none"> <li>• Consumer outcomes: Families are provided tools and information in order to better access services and work within the system.</li> <li>• Families will be educated about resources, availability of resources and accessing paid and natural supports in order to meet their family members' needs.</li> <li>• Families will have an identified contact person with the system who they can access for 'consultation.'</li> <li>• This service will result in a document that well defines an individual's needs and strengths essential to the development of a comprehensive Person- Centered Plan.</li> <li>• Complete and comprehensive assessments and Person-Centered Plan will aid in determining most appropriate services to meet consumers' needs.</li> <li>• Emergent/Urgent consumer situations will be screened, triaged and expedited.</li> <li>• Consumers will be linked to appropriate and available resources sooner, limiting time lapses in service delivery. More consumers who are not currently in the service delivery system will begin receiving services (improved penetration).</li> <li>• Timeliness of service delivery may reduce utilization of crisis services including evaluation, observation and admission to facility-based crisis services.</li> </ul> </li> </ul>
22	<b>Service Documentation Requirements</b>

	<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        <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> <li>• <b>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</b> Minimum standard is a service note completed daily per service being billed 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.</li> </ul>
23	<p><b>Service Exclusions</b> No other DD services can be billed on the same day as Comprehensive Screening and Community Connection.</p>
24	<p><b>Service Limitations</b>  Comprehensive Screening and Community Connection services will be provided an average of 15 hours per individual over a maximum period of 90 days.</p>
25	<p><b>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</b></p> <p>Previously, Wake LME made significant reductions in the number of individuals on the waitlist for DD services by providing a targeted approach to individuals waiting for services. Many who would otherwise not be deemed a priority or those for whom resources were not yet available were provided short term involvement with a DD professional who assisted with navigating available community supports, accessing entitlement benefits, and stabilizing emergent needs. This approach was successful with meeting the needs of individuals. The current proposed service, which offers this same targeted support upon entry into DD services, is designed to promote natural supports and other non state-funded connections within the community, assist with accessing entitlement benefits, avert crisis and reduce the number of individuals being placed on the waitlist.</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>• 100% eligibility determination within 45 days of client initiated contact with the LME.</li> <li>• Reduced rates for crisis evaluation and observation services.</li> <li>• Reduced rates for facility-based crisis services and Developmental Center admissions.</li> <li>• Increased and expedited access to services.</li> <li>• Minimum of 90% to 95% agreement between provider's eligibility recommendation and LME determination.</li> <li>• Periodic review of provider records to ensure compliance.</li> </ul>
27	<p><b>LME Additional Explanatory Detail (as needed)</b></p> <p>None</p>
28	<p><b>DMH Comments</b></p> <p><b>Removed ADMRI as a requested covered pop-group. Not a valid DMH pop-group (02-29-11).</b></p>