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** **Wake County LME**		*b.* **Date Submitted** **8/4/08**
c. **Name of Proposed LME Alternative Service** **Personal Assistance (for a specific non-DD consumer)** YA322		
d. **Type of Funds and Effective Date(s):** *(Check All that Apply)* ☐ **State Funds:** Effective 7-01-07 to 6-30-08 ☒ **State Funds:** Effective 7-01-08 to 6-30-09		
e. **Submitted by LME Staff (Name & Title)** **Carlyle Johnson**	*f.* **E-Mail** **cjohnson@co.wake.nc.us**	*g.* **Phone No.** **919-250-3123**

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 though 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 though 28, as appropriate, for all requests.
1	**Alternative Service Name, Service Definition and Required Components** *Personal Assistance, as currently defined by DMHDDSAS, but expanded to allow for reimbursement for a particular AMSPM consumer who is eligible for Medicaid, but whose needs are not met by authorized Medicaid services.*
2	**Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array** ***This request is for the consumer P.W., who has been living in the community for the past three years, following a 42 year inpatient hospitalization at Cherry Hospital. He requires 24/7 supervision to maintain the safety of himself and others. His Community Support services were sufficient at 56 hrs/week, but were reduced and cannot be provided in conjunction with ACT services, to which he is being transitioned. ACT cannot provide the constant supervision necessary to maintain this consumer in the community, and thus Medicaid-covered services are insufficient to meet his needs. It is the consensus of the LME and his treatment staff that the combination of ACT and Personal Assistance services will provide the appropriate level of care for this consumer. Personal Assistance is outside of the service array because the consumer does not meet ADSN or ADMI target population criteria. We have identified a provider that currently provides Personal Assistance for DD consumers, as well as services for SPMI consumers.***
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** **There is currently no Medicaid service definition to provide one-on-one habilitative personal assistance.**
4	**Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service:** *(Check one)* ☐ **Recommends** ☐ **Does Not Recommend** ☒ **Neutral (No CFAC Opinion)**
5	**Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service** **The current request is for one consumer.**
6	**Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service** **$37,500**
7	**Eligible IPRS Target Population(s) for Alternative Service:** *(Check all that apply)* ***Assessment Only:*** ☐*All* ☐*CMAO* ☐*AMAO* ☐*CDAO* ☐*ADAO* ☐*CSAO* ☐*ASAO* ***Crisis Services:*** ☐*All* ☐*CMCS* ☐*AMCS* ☐*CDCS* ☐*ADCS* ☐*CSCS* ☐*ASCS*

	Child MH: ☐*All* ☐*CMSED* ☐*CMMED* ☐*CMDEF* ☐*CMPAT* ☐*CMECD* ***Adult MH:*** ☐*All* ☒*AMSPM* ☐*AMSMI* ☐*AMDEF* ☐*AMPAT* ☐*AMSRE* ***Child DD:*** ☐*CDSN* ***Adult DD:*** ☐*All* ☐*ADSN* ☐*ADMRI* ***Child SA:*** ☐*All* ☐*CSSAD* ☐*CSMAJ* ☐*CSWOM* ☐*CSCJO* ☐*CSDWI* ☐*CSIP* ☐*CSSP* ***Adult SA:*** ☐*All* ☐*ASCDR* ☐*ASHMT* ☐*ASWOM* ☐*ASDSS* ☐*ASCJO* ☐*ASDWI* ☐*ASDHH* ☐*ASHOM* ☐*ASTER* ***Comm. Enhance.:*** ☐*All* ☐*CMCEP* ☐*AMCEP* ☐*CDCEP* ☐*ADCEP* ☐*ASCEP* ☐*CSCEP* ***Non-Client:*** ☐*CDF*
8	**Definition of Reimbursable Unit of Service:** *(Check one)* ☐ ***Service Event*** ☒***15 Minutes*** ☐ ***Hourly*** ☐ ***Daily*** ☐ ***Monthly*** ☐ ***Other: Explain*** _____
9	**Proposed IPRS Average Unit Rate for LME Alternative Service** *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 average IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?* **$4.46 per unit**
10	**Explanation of LME Methodology for Determination of Proposed IPRS Average Unit Rate for Service** *(Provide attachment as necessary)* **The rate requested is the State's current rate for Personal Assistance.**
11	**Provider Organization Requirements** ***Same as current Personal Assistance requirements.***
12	**Staffing Requirements by Age/Disability** ***Same as current Personal Assistance requirements.***
13	**Program and Staff Supervision Requirements** ***Same as current Personal Assistance requirements.***
14	**Requisite Staff Training** ***Same as current Personal Assistance requirements.***
15	**Service Type/Setting** • ***Same as current Personal Assistance requirements.***
16	**Program Requirements** • ***Same as current Personal Assistance requirements.***
17	**Entrance Criteria**

	• *Specific to this consumer.*
18	**Entrance Process** • *NA*
19	**Continued Stay Criteria** • *Wake LME UR will evaluate continued need on a regular basis.*
20	**Discharge Criteria** • *Wake LME UR will evaluate continued need on a regular basis.*
21	**Evaluation of Consumer Outcomes and Perception of Care** • *The UR Team will evaluate client specific outcomes per the consumers PCP.*
22	**Service Documentation Requirements** • *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?* ☒ *Yes* ☐ *No* *If "No", please explain.* • *Minimum standard would be a daily service note.*
23	**Service Exclusions** • *NA*
24	**Service Limitations** • *NA*
25	**Evidence-Based Support and Cost Efficiency of Proposed Alternative Service** • *Combined cost of all services is significantly less than the cost of long term inpatient hospitalization.*
26	**LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service** **This consumer will be reviewed along with other High Cost High Risk consumers, per standard protocol.**
27	**LME Additional Explanatory Detail** *(as needed)*

	accreditation; and • fulfill 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 contracted by the Local Management Entity (LME). Additionally, at the time of enrollment as a provider with the LME, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Contract, bulletins, and service implementation standards. The Crisis Respite Intervention organization is identified in the Person Centered Plan. For state funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The CRI provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.
12	**Staffing Requirements by Age/Disability** *(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)* Persons who meet the requirements specified (10A NCAC 27G.0104) for Qualified Professional (QP), Associate Professional (AP), or Paraprofessional status, and who have the knowledge, skills, and abilities required by the population and age to be served, may deliver Community Rehabilitation. A targeted case manager **or qualified professional** shall develop and coordinate the Person Centered Plan. Qualified Professionals (QP), Associate Professionals, and Paraprofessionals may deliver Community Rehabilitation services to directly address the recipient's diagnostic and clinical needs under the direction and supervision of a Licensed Rehabilitation Professional. 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.
13	**Program and Staff Supervision Requirements** **All staff in the program must be supervised by a Licensed professional with experience working with MH/DD/SA crisis. Staff must be determined competent by the agency policies to execute the person centered plan when the intervention needed is as a Crisis Respite intervention.**
14	**Requisite Staff Training** **Staff must receive 40 hours of Crisis specific training, from master's level qualified trainers in the field.**
15	**Service Type/Setting** • ***Location(s) of services*** This service is provided in the consumers' home or community. This service includes providing an as needed or planned crisis response on a 24/7/365 basis to recipients experiencing a crisis at the request of the clinical home provider. • ***Excluded service location(s)*** **This service may not be provided to individuals in group homes, alternative family living homes, family care homes, supervised living facilities, living in skilled nursing homes, rest homes or intermediate care facilities. A consumer can not get Mobile Crisis, hourly respite or personal care at the same time they are receiving this service. This service cannot be provided in an emergency room setting.**
16	**Program Requirements**

	• ***Individual or group service*** This is an individual service in a home or community based setting. • ***Required client to staff ratio (if applicable)*** The client to staff ratio can be no higher than 1 to 1 • ***Maximum consumer caseload size for FTE staff (if applicable)*** • ***Maximum group size (if applicable)*** • ***Required minimum frequency of contacts (if applicable)*** *Contact is PRN based on consumer crisis plan.* • ***Required minimum face-to-face contacts (if applicable)*** **Face to face during service**
17	**Entrance Criteria** • ***Individual consumer recipient eligibility for service admission*** A. .Axis I, II or III diagnosis meets criteria for a target population **AND** B. The recipient is experiencing difficulties in at least one of the following areas: 1. functional impairment in occupational, cognitive and behavioral areas 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement in a group living setting, nursing home, rest home, hospital or institution **AND** C. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a rehabilitation setting if any of the following apply: 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with traumatic brain injury diagnosis. 2. Presents with verbal, and physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community/home setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful community re-integration through individualized interventions and activities. • ***Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service*** This service will be for any consumer in crisis or to prevent crisis from escalating.
18	**Entrance Process** • ***Integration with team planning process*** A targeted case manager or qualified professional assist the person in development of a Person Centered Plan which include this service as a component of the Crisis plan. This requirement may be fulfilled through the completion of assessment and admission service or based on past history of what worked in crisis. **For State-funded Crisis Respite Intervention, in order to facilitate a request for the initial authorization, a required Person Centered Plan with signatures, the required authorization request form, and the Consumer Admission must be submitted to the Local Management Entity by the provider agency.**
19	**Continued Stay Criteria** • ***Continued individual consumer recipient eligibility for service*** The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply: A. Consumer has achieved initial service plan goals and additional goals are indicated.

	B. Consumer is making satisfactory progress toward meeting goals. C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with a required level of functioning are possible or can be achieved. D. Consumer is not making progress; the service plan must be modified to identify more effective interventions. E. Consumer is regressing; the service plan must be modified to identify more effective interventions.
20	**Discharge Criteria** • ***Recipient eligibility characteristics for service discharge*** Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following: 1.Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2.Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted. • ***Anticipated length of stay in service (provide range in days and average in days)*** **The expected clinical outcomes for this service are specific to recommendations resulting from clinical assessments and meeting the identified goals in the recipient's Person Centered Plan. This service will be authorized in six months intervals** Expected clinical outcomes may include: • Increase functional skills that mediate life stresses resulting from the recipient's diagnostic and clinical needs • Minimize the negative effects of symptoms that interfere with the recipient's daily living • Use natural and social supports • Utilize functional skills to better manage crisis • Develop and utilize strategies and supportive interventions to maintain a stable living arrangement and avoid of out-of-home placement • ***Anticipated average cost per consumer for this service*** **$1100 per person per year**
21	**Evaluation of Consumer Outcomes and Perception of Care** • ***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*** This request is being made as a result of stakeholder input related to the ineffective service array and already is based on the evaluation of an Alternative service need to prevent hosptialization. ECBH will continue to work in partnership with consumers, families and providers to complete Consumer Satisfaction surveys and national core indicators surveys as well as LME surveys to determine service effectiveness toward outcome achievement or the need to pursue alternative services when a person is in crisis. • ***Relate emphasis on functional outcomes in the recipient's Person Centered Plan*** Consumer outcome achievement will be based on the outcomes outlined in the individual PCP. We expect to see • Less individuals hospitalized by using this service as an alternative • Increase in a Wrap around treatment approach with supports to assist with crisis management • Referrals to this service made by Mobile Crisis prior to hospitalization • To reach the 250,000 benefit cap on this service in fy 2008-2009
22	**Service Documentation Requirements**

	• ***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?*** ☒ ***Yes*** ☐ ***No*** ***If "No", please explain.*** • ***Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.*** The minimum standard is a full service note per event of service written and signed by the person who provided the service that includes: • Recipient's name • Medicaid identification number • Service provided (e.g., Community Support – Individual or Group) • Date of service • Place of service • Type of contact (face-to-face, phone call, collateral) • Purpose of the contact • Description of the provider's interventions • Amount of time spent performing the interventions • Description of the effectiveness of the interventions • Description of additional recommended interventions to improve outcomes. • Signature and credentials of the staff member(s) providing the service (for paraprofessionals, position is required in lieu of credentials with staff signature) **Refer to the DMH/DD/SAS *Records Management and Documentation Manual* for a complete listing of documentation requirements.**
23	**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*** This service may not be provided to individuals who live in group homes, alternative family living homes, family care homes, supervised living facilities, living in skilled nursing homes, rest homes or intermediate care facilities. No other state funded service can be provided in conjunction with this service.
24	**Service Limitations** • ***Specify maximum number of service units that may be reimbursed within an established timeframe (day. week, month, quarter, year)*** **Service units are billed as 15 minute units.** **A maximum of 23 consecutive hours of this service can be provided. If the crisis continues beyond 23 hours the consumer will need a medication evaluation in order to continue the service. If a crisis continues and the person can not be maintained in the home or community they should be evaluated for Facility Based Crisis or Residential Crisis.**
25	**Evidence-Based Support and Cost Efficiency of Proposed Alternative Service** • ***Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service*** "More recently, a shift toward non-hospital based, non-traditional, community oriented approaches has emerged. The goal of community-based providers in delivering psychiatric crisis services is to stabilize the crisis in the least restrictive and most natural setting possible and to provide the necessary rehabilitation and

recovery-oriented supports that will allow the consumer to maintain and enjoy long term community tenure. The development of community-based crisis service systems across the nation was driven by a number of often interrelated factors. Those factors , include the:

- Increased emphasis on the development of humane, respectful, and cost effective approaches to addressing psychiatric crises;
- Increased emphasis on treatment in the least restrictive environment available;
- Increased number of persons presenting in psychiatric crisis in the general hospital emergency rooms;
- Increased use of more stringent inpatient admission criteria;
- Decreased availability of general and state hospital psychiatric inpatient beds;
- Community desires to assure consistent, predictable, and user-friendly access to care;
- Increased numbers of homeless individuals and families, many of whom suffer from mental illness, substance abuse, or co-occurring mental health and substance abuse disabilities; and
- Increased number of individuals who are arrested and potentially jailed for non-violent misdemeanor offenses committed as a result of their untreated **mental condition."**

Excerpt from A Community Based Comprehensive Psychiatric Crisis Response Service, April 2005, An Informational and Instructional Monograph written by the Technical Assistance Collaborative.

Crisis Respite/Residential Services

"On occasion, resolution of a crisis may require the temporary removal of a consumer from his or her current environment. The purpose of crisis respite/residential services is to provide the individual in crisis with support in a calm, protected, and supervised non-hospital setting. During this period, the person can stabilize, resolve problems, and link with possible sources of ongoing support. A range of settings for residential/respite crisis support should be available to meet the varying needs and desires of individuals. Residential supports can be classified as either individual or group.

Individual Residential Supports

Individual approaches serve one or two persons in a particular setting. Examples include **family-based crisis homes** where the person in crisis lives with a screened and trained "professional family." In addition to practical and emotional support from "family" members, professional providers visit the home daily to help the consumer develop a self-management treatment plan and connect with needed services.

A **crisis apartment** is another model of providing individual support. In a crisis apartment, a roster of crisis workers or trained volunteer staff provide 24-hour observation, support, and assistance to the person in crisis who remains in the apartment until stabilized and linked with other supports. In a **peer support** model, groups of consumers look after the person in crisis in the home of one of their members providing encouragement, support, assistance, and role models in a non-threatening atmosphere.

Finally, an **in-home support** approach, similar to a crisis apartment but in the

	person's own residence, can be considered if separation from the natural environment is not felt to be necessary. A similar range of services as described in the family-based peer model above are available to consumers in their own home." Excerpt from A Community Based Comprehensive Psychiatric Crisis Response Service, April 2005, An Informational and Instructional Monograph written by the Technical Assistance Collaborative.
26	**LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service** **ECBH will monitor client progress toward goals during annual monitoring activities and through Utilization Management and Review. We will compare expenditures related to this service with previous utilization expenditures and patterns. We expect to see better consumer outcomes related to this alternative service.**
27	**LME Additional Explanatory Detail *(as needed)*** **ECBH is committed to reducing the number of people who are hospitalized in local and state hospitals due to a lack of other viable alternative services. This request is to create an additional service for all target populations.** **ECBH and our provider partners have a strong commitment decrease unnecessary hospitalization due to a lack of alternative services. This service is needed to adequately support people to remain in their home and community. This service will be provided as a component of the overall Person Centered Plan as a part of the Crisis Plan.**