

**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> Western Highlands Network		<b>b. Date Submitted</b> 9/9/10
<b>c. Name of Proposed LME Alternative Service</b> Emergency Follow-Up – YA329		
<b>d. Type of Funds and Effective Date(s): (Check All that Apply)</b>  <input type="checkbox"/> State Funds: Effective 7-01-07 <input checked="" type="checkbox"/> State Funds: Revision Effective 7-01-09		
<b>e. Submitted by LME Staff (Name &amp; Title)</b> Donald Reuss Director, Provider Network  Michael Beveridge Director, Reimbursement	<b>f. E-Mail</b>  donaldr@westernhighlands.org  beve0738@westernhighlands.org	<b>g. Phone No.</b> 828.225.2785 ext.2969  ext.2155
<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 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: <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</li> </ul>		

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	<p><b>Alternative Service Name, Service Definition and Required Components</b></p> <p>Name: Emergency Follow-Up  Service Definition: This service includes activities that occur outside of the provider’s office to locate and persuade an unassigned consumer to engage in treatment. Activities include consultation and intervention with family members, supports, community agencies, and arranging or providing transportation.</p> <p>This code also includes expedited entry into services via Orientation/Intake groups. Within this format, immediacy of need will be assessed and triaged face to face, and arrangements finalized for timely completion of the Comprehensive Clinical Assessment for consumers with routine level appointments. Verification of financial resources, completion of case activation paperwork, and consents will also be completed.</p>
2	<p><b>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array:</b></p> <p>This service funds provider activities to engage an unassigned or disengaged consumer to meet their assessment appointment. Once assessed the consumer becomes admitted and enrolled in a target population or Medicaid eligibility is established.</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>N/A</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 type="checkbox"/> Recommends      <input type="checkbox"/> Does Not Recommend      <input checked="" type="checkbox"/> Neutral (No CFAC Opinion) </p>
5	<p><b>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</b></p> <p>Approximately 300 different consumers.</p>
6	<p><b>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</b></p> <p>Approximately \$15k</p>
7	<p><b>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</b> N/A</p>

	<p><u>Assessment Only:</u>    <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>All   <input type="checkbox"/>ADSN   <input type="checkbox"/>ADMRI</p> <p><u>Child SA:</u>            <input checked="" 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 checked="" 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><u>Comm. Enhance.:</u>    <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><u>Non-Client:</u>            <input type="checkbox"/>CDF</p>
8	<p><b>Definition of Reimbursable Unit of Service: (Check one)</b></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><input type="checkbox"/> Other: Explain _____</p>
9	<p><b>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</b>  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?  \$ 22.65/15-min</p>
10	<p><b>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service</b> (Provide attachment as necessary). This rate coincides with assertive outreach reimbursement rate.</p>
11	<p><b>Provider Organization Requirements</b>  Must be designated as "Clinical Home" agency.</p>
12	<p><b>Staffing Requirements by Age/Disability</b>  (Type of required staff licensure, certification, QP, AP, or paraprofessional standard)  Licensed, QP, AP, or Paraprofessional</p>
13	<p><b>Program and Staff Supervision Requirements</b>  All AP or Paraprofessional level staff must be supervised by Qualified Professional.</p>
14	<p><b>Requisite Staff Training</b>  Community Support</p>
15	<p><b>Service Type/Setting</b>  May be provided at any location.</p>
16	<p><b>Program Requirements</b>  N/A</p>
17	<p><b>Entrance Criteria</b>  Consumer may be active or inactive case status and requires active engagement to complete and engage in the clinical assessment process.</p>
18	<p><b>Entrance Process</b>  The entrance process is through the standard STR system or Care Coordination referral.</p>

19	<p><b>Continued Stay Criteria</b>  More units can be authorized by a Care Coordinator, based on clinical presentation of consumer, and needs to engage consumer.</p>
20	<p><b>Discharge Criteria</b>  Consumer actively engages in assessment and treatment process.</p>
21	<p><b>Evaluation of Consumer Outcomes and Perception of Care</b>  Retrospective review of types/frequency of contacts to engage consumer and ability to complete assessment and/or activate case.</p>
22	<p><b>Service Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>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?  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No        If "No", please explain.</li> <li>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</li> </ul>
23	<p><b>Service Exclusions</b>  N/A</p>
24	<p><b>Service Limitations</b>  A range of 1 to 8-units of service are initially authorized. Depending on the severity and intensity of the case additional units may be authorized.</p>
25	<p><b>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</b>  To date, this service availability has demonstrated the ability to engage individuals in timely care and to reduce no-shows with provider agencies.</p>
26	<p><b>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</b>  A methodology is under development based on client contacts and success of consumer engagement.</p>
27	<p><b>LME Additional Explanatory Detail (as needed)</b></p>