

**LME-MCO Alternative Service Request Form for Use of DMHDDSAS State Funds
For Proposed MH/DD/SAS Service Not Included in Approved Statewide
NCTracks Service Array**

Approved: 04-22-08

Revised: 3/20/2017

Note: Submit completed request form electronically to the State Services Committee via ContactDMHQuality@dhhs.nc.gov and DMHRateRequests@dhhs.nc.gov. Also copy the Division Liaison assigned to your LME-MCO.

a. Name of LME-MCO Alliance Health	b. Date Submitted 10/29/21	
c. Name of Proposed LME-MCO Alternative Service Recovery Support		
d. Type of Funds and Effective Date(s): <i>(Check and Complete Applicable Dates)</i> State Funds Only: <input type="checkbox"/> Effective ___/___/___ to End of Fiscal Year <input type="checkbox"/> New Request <input checked="" type="checkbox"/> Revision to Previously Approved Alternative Service		
e. Submitted by LME-MCO Staff (Name & Title) Kate Peterson Healthcare Network Program Manager	f. E-Mail kpeterson@alliancehealthplan.org	g. Phone No. (984)465-4491

Instructions:

This form has been developed to permit LME-MCOs to request the establishment in NCTracks of an Alternative Service to be used to track state funds through a unit based tracking mechanism. Complete items 1 through 27, as appropriate, for all requests.

LME-MCO Alternative Service Request for Use of DMHDDSAS State Funds

Requirements for Proposed LME-MCO 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.)

1	<p>Alternative Service Name, Service Definition and Required Components</p> <p>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.</p>

	<p>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.</p> <p>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 <u>short-term</u> 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.</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>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.</p> <p>In addition, the Community Connection component is proposed to provide limited and short-term services to assist those <u>who do not</u> have entitlement benefits in accessing services to which they 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>Alliance has approximately 4000 on the Registry of Unmet Needs. Many people who are waiting for services may wait for several years for adequate funding for state-funded services to meet their needs. 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 ICF IID. At a minimum, members 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, Alliance believes both components are integral to access and effective service delivery.</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 or clinical policy</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,</p>

	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.
4	<p>Please indicate the LME-MCO's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME-MCO Alternative Service: (Check one)</p> <p><input type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input checked="" type="checkbox"/> Neutral (No CFAC Opinion)</p>
5	<p>Projected Annual Number of Persons to be Served with State Funds by LME-MCO through this Alternative Service</p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME-MCO for this Alternative Service</p>
7	<p>Eligible NCTracks Benefit Plan(s) for Alternative Service: (Check all that apply)</p> <p><u>Assessment Only:</u> <input type="checkbox"/> GAP</p> <p><u>Child MH:</u> <input type="checkbox"/> All <input type="checkbox"/> CMSED</p> <p><u>Adult MH:</u> <input type="checkbox"/> All <input type="checkbox"/> AMI</p> <p><u>Child DD:</u> <input checked="" type="checkbox"/> CDSN</p> <p><u>Adult DD:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ADSN</p> <p><u>Child SA:</u> <input type="checkbox"/> All <input type="checkbox"/> CSSAD</p> <p><u>Adult SA:</u> <input type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASWOM <input type="checkbox"/> ASTER</p> <p><u>Veteran:</u> <input type="checkbox"/> AMVET</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input type="checkbox"/> Service Event <input checked="" 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 NCTracks <u>Maximum</u> Unit Rate for LME-MCO Alternative Service</p> <p>Since this proposed unit rate is for Division funds, the LME-MCO can have different rates for the same service within different providers. What is the proposed <u>maximum</u> NCTRACKS Unit Rate for which the LME-MCO proposes to reimburse the provider(s) for this service?</p> <p style="text-align: center;">\$19.35</p>
10	<p>Explanation of LME-MCO Methodology for Determination of Proposed NCTracks <u>Maximum</u> Unit Rate for Service (Provide attachment as necessary)</p>

	All individuals providing this service will be QDDP's with experience in providing Case Management. Plus, staff will have experience and competence in reading, interpreting and summarizing evaluations, school records, and medical information.. As this service encompasses components of both case coordination and assessment., the rate was set historically at a rate that was blended..
11	<p>Provider Organization Requirements</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"> • meets the provider qualification policies, procedures, and standards established by the Division of Health Benefits, The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) and Alliance Health, and • fulfills the requirements of 10A NCAC 27G.
12	<p>Staffing Requirements by Age/Disability</p> <p><i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i></p> <p>This service will be provided by licensed clinicians with DD expertise and/or other QP staff with knowledge and experience in case management and in interpreting evaluations, IEP's and other contributing and pertinent information.</p>
13	<p>Program and Staff Supervision Requirements</p> <p>This service will be provided by licensed clinicians with DD expertise and/or other QP staff with knowledge and experience in case management and in interpreting evaluations, IEP's and other contributing and pertinent information.</p>
14	<p>Requisite Staff Training</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>Service Type/Setting</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>Program Requirements</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"> • Access, compile, and synthesize existing evaluations necessary for the determination of eligibility for services • Assist client/family in accessing appropriate resources/referrals if updated and new evaluations are needed

	<ul style="list-style-type: none"> • Assist client/family in accessing initial natural and/or community supports if available • Assist client/family in identifying potential benefits/entitlements • Assess for and provide linkage to the appropriate level of care and services if available
17	<p>Entrance Criteria</p> <p>Any child or adult who is a new member seeking services who presents with a need for I/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</p>
18	<p>Entrance Process</p> <p>The service will serve as the entrance into I/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-MCO call center. 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>Entrance Criteria</p> <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.</p>
20	<p>Discharge Criteria</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>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> • <i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i> <ul style="list-style-type: none"> • Consumer outcomes: Families are provided tools and information in order to better access services and work within the system. • Families will be educated about resources, availability of resources and accessing paid and natural supports in order to meet their family members' needs. • Families will have an identified contact person with the system who they can access for 'consultation.' • 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. • Complete and comprehensive assessments and Person-Centered Plan will aid in determining most appropriate services to meet consumers' needs. • Emergent/Urgent consumer situations will be screened, triaged and expedited. • 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). • Timeliness of service delivery may reduce utilization of crisis services including evaluation, observation and admission to facility-based crisis services.

29	Division Review, Action, and Disposition	Date Completed	Responsible Party