

**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](mailto:ContactDMHQuality@dhhs.nc.gov) and [DMHRateRequests@dhhs.nc.gov](mailto:DMHRateRequests@dhhs.nc.gov). Also copy the Division Liaison assigned to your LME-MCO.

<b>a. Name of LME-MCO</b> Alliance Health	<b>b. Date Submitted</b> 10/29/21
<b>c. Name of Proposed LME-MCO Alternative Service</b>	
<b>d. Type of Funds and Effective Date(s):</b> <i>(Check and Complete Applicable Dates)</i>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> New Request             </div> <div> <input checked="" type="checkbox"/> <b>State Funds Only:</b> <input checked="" type="checkbox"/> Effective <u>  12  </u> / <u>  1  </u> / <u>  2  </u> to End of Fiscal Year             </div> </div> <input checked="" type="checkbox"/> Revision to Previously Approved Alternative Service	
<b>e. Submitted by LME-MCO Staff (Name &amp; Title)</b> Kate Peterson Healthcare Network Program Manager	<b>f. E-Mail</b> kpeterson@alliancehealthplan.org
<b>g. Phone No.</b> (984)465-4491	
<p><b>Instructions:</b></p> <p>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.</p> <p style="text-align: center;"><b>LME-MCO Alternative Service Request for Use of DMHDDSAS State Funds</b></p>	
<p><b>Requirements for Proposed LME-MCO Alternative Service</b></p> <p><i>(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.)</i></p>	
<b>1</b>	<p><b>Alternative Service Name, Service Definition and Required Components</b> <i>(Provide attachment as necessary)</i></p> <p>Assertive Engagement (YA341) is a way of working with adults and/or children who have severe or serious mental illness and/or addictive disorders and who do not effectively engage with treatment services. Assertive engagement is a critical element of the rehabilitation and recovery model as it allows flexibility to meet the members' particular needs in their own environment or current location (i.e., hospitals, jail, shelters, streets, etc.). It is designed as a short-term engagement service targeted to populations or specific member circumstances that prevent the individual from fully participating in needed care for mental health or addiction issues.</p>
<b>2</b>	<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>Alliance experiences a high volume of referrals from inpatient providers, many of whom are difficult to engage in traditional services post-discharge. This situation is also common to higher intensity outpatient treatment services, whereas members meet medical necessity criteria for that level of care, but do not follow-through with treatment recommendations. There is currently no other service in the service array that permits billing and payment for providers who must work to build relationships in a variety of settings, including jails, inpatient facilities, facility-based crisis and in the community. The most comparable service, Assertive Outreach, is intended for homeless individuals only, and is an attempt to engage individuals until the case is formally opened. Alliance finds a need to fund providers to work with difficult cases to promote treatment engagement and retention as a way of reducing the need for crisis services and stopping the cycle of readmission to higher levels of care. This service is prioritized for the TCL population.</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 or clinical policy</b></p> <p>Assertive Engagement is a method of working with adults and/or children who have a severe or serious mental illness and/or addictive disorder and have difficulty engaging in traditional services. Additionally, these adults and/or children also have a history of erratic or non-engagement in treatment, have a history of erratic or non-compliance with medication resulting in symptom manifestation and/or relapse or have a history of frequent hospitalizations, jail/detention days or involvement with law enforcement or utilization of crisis services. Currently, Medicaid does not allow billable services in hospitals or jail settings. Due to high recidivism, it is necessary for providers to remain involved while their members are in these facilities, as well as participate in treatment/discharge planning for potential members. The service is also prioritized to address these needs:</p> <ol style="list-style-type: none"> <li>1. Individuals with SMI who reside in an adult care home determined by the State to be an IMD</li> <li>2. Individuals with SPMI who are residing in ACHs licensed for at least 50 beds and in which 25% or more of the resident population has a mental illness;</li> <li>3. Individuals with SPMI who are residing in ACHs licensed for between 20-49 beds in which 40% or more of the resident population has a mental illness;</li> <li>4. Individuals with SPMI who are or will be discharged from a State Psychiatric Hospital and who are homeless or have unstable housing; and</li> <li>5. Individuals diverted from entry into ACHs</li> </ol>
4	<p><b>Please indicate the LME-MCO's Member and Family Advisory Committee (CFAC) review and recommendation of the proposed LME-MCO Alternative Service: <i>(Check one)</i></b></p> <p><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-MCO through this Alternative Service</b></p> <p>500</p>
6	<p><b>Estimated Annual Amount of State Funds to be Expended by LME-MCO for this Alternative Service</b></p> <p>\$640,000</p>
7	<p><b>Eligible NCTracks Benefit Plan(s) for Alternative Service: <i>(Check all that apply)</i></b></p> <p><b>Assessment Only:</b>    <input checked="" type="checkbox"/> <b>GAP</b></p>

	<p><b>Child MH:</b>            <input checked="" type="checkbox"/> <i>All</i>   <input type="checkbox"/> <i>CMSED</i></p> <p><b>Adult MH:</b>           <input checked="" type="checkbox"/> <i>All</i>   <input type="checkbox"/> <i>AMI</i></p> <p><b>Child DD:</b>            <input type="checkbox"/> <i>CDSN</i></p> <p><b>Adult DD:</b>           <input type="checkbox"/> <i>All</i>   <input type="checkbox"/> <i>ADSN</i></p> <p><b>Child SA:</b>            <input checked="" type="checkbox"/> <i>All</i>   <input type="checkbox"/> <i>CSSAD</i></p> <p><b>Adult SA:</b>           <input checked="" type="checkbox"/> <i>All</i>   <input type="checkbox"/> <i>ASCDR</i>   <input type="checkbox"/> <i>ASWOM</i>   <input type="checkbox"/> <i>ASTER</i></p> <p><b>Veteran:</b>            <input checked="" type="checkbox"/> <i>AMVET</i></p>
8	<p><b>Definition of Reimbursable Unit of Service:</b> <i>(Check one)</i></p> <p><input type="checkbox"/> <i>Service Event</i>    <input checked="" type="checkbox"/> <i>15 Minutes</i>            <input type="checkbox"/> <i>Hourly</i>    <input type="checkbox"/> <i>Daily</i>    <input type="checkbox"/> <i>Monthly</i></p> <p><input type="checkbox"/> <i>Other: Explain</i> _____</p>
9	<p><b>Proposed NCTracks <u>Maximum</u> Unit Rate for LME-MCO Alternative Service</b></p> <p style="text-align: center;">\$25.91</p>
10	<p><b>Explanation of LME-MCO Methodology for Determination of Proposed NCTracks <u>Maximum</u> Unit Rate for Service</b> <i>(Provide attachment as necessary)</i></p> <p>To determine the rate for this service, we took the per unit cost of CST which is equal to our TMS Plus scope of work, which prioritizes a team approach to meet the needs.</p>
11	<p><b>Provider Organization Requirements</b></p> <p>Assertive Engagement services must be delivered by practitioners employed by mental health or substance abuse provider organizations that:</p> <ul style="list-style-type: none"> <li>• meet the provider qualification policies, procedures, and standards established by the Division of Health Benefits;</li> <li>• meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and fulfills the requirements of 10A NCAC 27G.</li> <li>• Priority is given to organizations with a TCL continuum of services inclusive of tenancy supports.</li> </ul>
12	<p><b>Staffing Requirements by Age/Disability</b></p> <p><i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i></p> <p>This service can be provided by licensed clinicians, QP, AP and Paraprofessional staff based on tasks needed to be completed to support transition.</p>
13	<p><b>Program and Staff Supervision Requirements</b></p> <p>AP or Paraprofessional staff must be supervised by a QP.</p>
14	<p><b>Requisite Staff Training</b></p> <p>Staff providing this service must have the following training;</p> <ul style="list-style-type: none"> <li>• Motivational Interviewing</li> <li>• Recovery Education</li> <li>• Person Centered Planning</li> <li>• For the priority population, tenancy training equal to CST is required.</li> </ul>

	<ul style="list-style-type: none"> <li>• Other training as required by provider and accrediting body</li> </ul>
15	<p><b>Service Type/Setting</b></p> <p>Assertive Engagement is intended to be flexible in its approach to meet the needs of adults and/or children in their own setting or current location. This service can be delivered as part of the discharge planning process from state operated facilities and correctional facilities as well as in association with specific best and evidence-based practices identified by the LME-MCO.</p>
16	<p><b>Program Requirements</b></p> <p>Assertive Engagement is designed to be an individual service requiring frequent contact to build/re-establish a trusting, meaningful relationship to engage or re-engage the individual into services and/or assess for needs. The service is designed to:</p> <ul style="list-style-type: none"> <li>• Assess for and provide linkage to the appropriate level of care</li> <li>• Identify methods for helping members become engaged and involved in their care</li> <li>• Reduce hospitalization frequency and duration</li> <li>• Reduce utilization of crisis services</li> <li>• Reduce criminal/juvenile justice involvement and days incarcerated or in detention</li> <li>• Provide continuity of care regardless of life circumstances or recovery environment</li> <li>• Improve compliance with medication</li> <li>• Increase social networks and improve family relationships</li> <li>• Prevent relapse</li> <li>• Increase permanent supportive housing</li> </ul>
17	<p><b>Entrance Criteria</b></p> <p>Members with a documented severe or serious mental illness and/or addictive disorder who have history of erratic or non-engagement in treatment are eligible for this service. They must be identified as in need of active engagement, have experienced a significant therapeutic disconnect with the service provider or have an instance of/situation resulting in hospitalizations, jail days, or involvement with law enforcement.</p>
18	<p><b>Entrance Process</b></p> <p>Selected providers offering high intensity or best practice services may be able to utilize the service as one strategy to engage and retain members, prevent the repeated use of hospital or other crisis services, and reduce jail/detention utilization. Elements of the assertive engagement process include building trust with the member; assisting members with meeting basic needs for shelter, food and safety; providing education regarding services and making collateral contacts with family and others working with the member. Alliance can identify those members with a high level of non-compliance and numerous hospitalizations, and these members will be prioritized for this service. The priority for entrance is:</p> <ol style="list-style-type: none"> <li>1. Individuals with SMI who reside in an adult care home determined by the State to be an IMD</li> <li>2. Individuals with SPMI who are residing in ACHs licensed for at least 50 beds and in which 25% or more of the resident population has a mental illness;</li> <li>3. Individuals with SPMI who are residing in ACHs licensed for between 20-49 beds in which 40% or more of the resident population has a mental illness;</li> <li>4. Individuals with SPMI who are or will be discharged from a State Psychiatric Hospital and who are homeless or have unstable housing; and</li> <li>5. Individuals diverted from entry into ACHs</li> </ol>
19	<p><b>Continued Stay Criteria</b></p> <p>Not applicable; this is a short-term engagement service and not designed as a long-term method of service delivery.</p>

20	<p><b>Discharge Criteria</b></p> <p>Member is fully engaged in services; OR Member has refused recommended services after reasonable attempts have been made to engage him/her in treatment and no safety issues or concerns are present.</p>
21	<p><b>Evaluation of Member Outcomes and Perception of Care</b></p> <p>Since this is a very short-term service, standard outcome measurement instruments such as NC TOPPS, MH/SA Member Satisfaction or NCI surveys are not applicable.</p> <p>Member outcomes:</p> <ul style="list-style-type: none"> <li>• Members will re-engage with a provider agency or engage with a new provider agency</li> <li>• Members’ utilization of community-based services will increase</li> <li>• Members’ state hospital admissions will be reduced</li> <li>• Members’ state hospital bed utilization will be reduced</li> <li>• Members’ admissions to crisis evaluation and observation services will be reduced</li> <li>• Members’ admissions to facility based crisis services will be reduced</li> <li>• Members’ rate of incarceration will be reduced</li> </ul>
22	<p><b>Service Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>• <b><i>Is this a service that can be tracked on the basis of the individual member’s receipt of services that are documented in an individual member record?</i></b></li> </ul> <p><input checked="" type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b>        <b><i>If “No”, please explain.</i></b></p> <p>Each individual receiving Assertive Engagement services is required to have a treatment plan that is fully complete prior to or on the first date of service. The treatment plan must meet all of the requirements as outlined in 10A NCAC 27G .0205(c) and (d). The service must be reflected in the treatment plan.</p> <p>Service Documentation</p> <p>A full service note that meets the requirements per APSM 45-2 is required for each contact or intervention (such as individual session, case management, crisis response) for each date of service. Each service note must include the following information:</p> <ul style="list-style-type: none"> <li>• Recipient’s name</li> <li>• Service record number</li> <li>• Medicaid identification</li> <li>• Name of service provided</li> <li>• Full date of service</li> <li>• Place of service</li> <li>• Type of contact (face to face, telephone call, collateral, etc.)</li> <li>• Purpose of contact as it relates to the goal(s) on the PCP</li> <li>• Description of the interventions provided</li> <li>• Time spent providing interventions (i.e. duration)</li> <li>• Assessment of effectiveness of intervention and/or the recipient’s progress towards the goal(s)</li> <li>• Signature and credentials of the staff member(s) providing the service.</li> </ul>
23	<p><b>Service Exclusions</b></p> <p>None, various basic and enhanced services, as appropriate, are allowable. Examples might include medication management/evaluation, SAIOP, SACOT, ACT, etc</p>

24	<p><b>Service Limitations</b> Not to exceed 3 hours per day.</p>
25	<p><b>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</b> Assertive Engagement is a central component in a comprehensive continuum of community-based services. Research has shown a</p> <ul style="list-style-type: none"> <li>• 35% decrease in hospitalization</li> <li>• 62% reduction in number of days in hospital</li> <li>• Significant improvement in coping skills and quality of life</li> <li>• Fewer interactions with police</li> </ul> <p><a href="http://www.scmh.org.uk">www.scmh.org.uk</a></p>
26	<p><b>LME-MCO Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</b></p> <p>System Level (across members served through this proposed alternative service definition):</p> <ul style="list-style-type: none"> <li>• State hospital admissions will be reduced</li> <li>• State hospital bed utilization will be reduced</li> <li>• Recidivism rates for crisis evaluation and observation services will be reduced</li> <li>• Recidivism rates for facility-based crisis services will be reduced</li> <li>• Incarceration rate will be reduced</li> </ul> <p><b>Rates of treatment</b> System Level (across member served through this proposed alternative service definition):</p> <ul style="list-style-type: none"> <li>• State hospital admissions will be reduced</li> <li>• State hospital bed utilization will be reduced</li> <li>• Recidivism rates for crisis evaluation and observation services will be reduced</li> <li>• Recidivism rates for facility-based crisis services will be reduced</li> <li>• Incarceration rate will be reduced</li> <li>• Treatment engagement post hospitalization is increased</li> </ul>
27	<p><b>A. Is this a service currently being covered under Medicaid waiver [ 'in lieu of' or b(3) ] or using local or other non-state funds?</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> <b>No (skip to B)</b></p> <p><b>A.1. If YES, date begun under <input type="checkbox"/> Medicaid waiver <input type="checkbox"/> Non-state funds Date:</b></p> <p style="padding-left: 40px;"><b>If pending Medicaid review, date submitted: __/__/__</b></p> <p><b>A.2. If the service requested here is not the same, please describe variation and why:</b></p> <p style="padding-left: 40px;"><b>N/A</b></p> <p><b>B. If NO to 27A, will this service be submitted to Medicaid for consideration as an 'in lieu of' or b(3) service in the next year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b></p>
<b>Division Use Only</b>	
28	<p><b>Division Additional Explanatory Detail (as needed)</b></p>

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