

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 Human Services Local Management Entity		b. Date Submitted 10/17/2008
c. Name of Proposed LME Alternative Service Assertive Engagement – YA341 (A Statewide Alt-Service Definition as of Jan 2011)		
d. Type of Funds and Effective Date(s): <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 7-01-08 to 6-30-09		
e. Submitted by LME Staff (Name & Title) Tamara Strickland, WCHS LME Care Coordination Program Manager or DeDe Severino, WCHS LME ASA Program Manager, Provider & Community Development	f. E-Mail tstrickland@co.wake.nc.us dede.severino@co.wake.nc.us	g. Phone No. 919-212-8356 919-250-1534
<u>Background and Instructions:</u> 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 <i>LME Alternative Service Request for Use of DMHDDSAS State Funds.</i> 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"> • an individual LME Alternative Service Request form is required to be completed for <u>each</u> 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 <u>directly</u> provide an approved Alternative Service; and • 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 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.

<p>1</p>	<p>Alternative Service Name, Service Definition and Required Components</p> <p>Assertive Engagement</p> <p>Assertive Engagement is a way of working with adults and/or children who have severe or serious mental illness and/or addictive disorder 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 consumers' 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 consumer circumstances that prevent the individual from fully participating in needed care for mental health or addiction issues.</p>
<p>2</p>	<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>The Wake LME 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 consumers meet medical necessity criteria for that level of care, but do not follow-through with treatment recommendations. There is currently no service in the IPRS 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. The Wake LME 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.</p>
<p>3</p>	<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</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 consumers are in these facilities, as well as participate in treatment/discharge planning for potential consumers.</p>
<p>4</p>	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</p> <p style="text-align: center;"> <input type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion) </p>

5	<p>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</p> <p>1000</p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</p> <p>We cannot predict the amount of state money that will be used. In addition, the timing of claims processing for IPRS funds can dictate how much money is drawn down for a particular service. Historically, Wake has dedicated County money in providing this service. Only approved providers of best practice or high intensity services will be selected to utilize the service. Baseline data will be gathered in the first year.</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</p> <p>Assessment Only: <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>Crisis Services: <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>Child MH: <input type="checkbox"/> All <input checked="" type="checkbox"/> CMSED <input checked="" type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD</p> <p>Adult MH: <input type="checkbox"/> All <input checked="" type="checkbox"/> AMSPM <input checked="" type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE</p> <p>Child DD: <input type="checkbox"/> CDSN</p> <p>Adult DD: <input type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p>Child SA: <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>Adult SA: <input type="checkbox"/> All <input checked="" type="checkbox"/> ASCDR <input checked="" type="checkbox"/> ASHMT <input checked="" type="checkbox"/> ASWOM <input checked="" type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input checked="" type="checkbox"/> ASTER</p> <p>Comm. Enhance.: <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>Non-Client: <input type="checkbox"/> CDF</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 type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS Average Unit Rate for LME Alternative Service</p> <p>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?</p> <p style="text-align: center;">\$15.00</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS Average Unit Rate for Service (Provide attachment as necessary)</p> <p>To determine the rate for this service, we took the average per unit cost of community support and assertive outreach and decreased it by 15%. We feel that this new service encompasses components of both Community Support and Assertive Outreach. The average rate is applicable to meet this need.</p>
11	<p>Provider Organization Requirements</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"> • meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA); • 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 • fulfill the requirements of 10A NCAC 27G.
12	<p>Staffing Requirements by Age/Disability</p> <p>This service can be provided by licensed clinicians, QP, AP or Paraprofessional staff</p>
13	<p>Program and Staff Supervision Requirements</p> <p>AP or Paraprofessional staff must be supervised by a QP</p>
14	<p>Requisite Staff Training</p> <p>Staff providing this service must have knowledge of motivational enhancement techniques or complete such training prior to delivering this service.</p>
15	<p>Service Type/Setting</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.</p>
16	<p>Program Requirements</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"> • Assess for and provide linkage to the appropriate level of care • Identify methods for helping consumers become engaged and involved in their care • Reduce hospitalization frequency and duration • Reduce utilization of crisis services • Reduce criminal/juvenile justice involvement and days incarcerated or in detention • Provide continuity of care regardless of life circumstances or recovery environment • Improve compliance with medication • Increase social networks and improve family relationships • Prevent relapse
17	<p>Entrance Criteria</p> <p>Consumers 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>Entrance Process</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 consumers, prevent the repeated use of hospital or</p>

	<p>other crisis services, and reduce jail/detention utilization. Elements of the assertive engagement process include building trust with the consumer; assisting consumers with meeting basic needs for shelter, food and safety; providing education regarding services and making collateral contacts with family and others working with the consumer. Wake LME has developed a methodology for identifying those consumers with a high level of non-compliance and numerous hospitalizations, and these consumers will be prioritized for this service. Wake LME will develop a benefit plan outlining the amount and intensity of the service, which may be provided, based on individual consumer need and available funding.</p>
19	<p>Continued Stay Criteria</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>Discharge Criteria</p> <p>Consumer is fully engaged in services; OR Consumer 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>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • 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 • Relate emphasis on functional outcomes in the recipient's Person Centered Plan <p>Since this is a very short-term service, standard outcome measurement instruments such as NC TOPPS, MH/SA Consumer Satisfaction or NCI surveys are not applicable.</p> <p>Consumer outcomes:</p> <ul style="list-style-type: none"> • Consumers will re-engage with a provider agency or engage with a new provider agency • Consumers' utilization of community-based services will increase • Consumers' state hospital admissions will be reduced • Consumers' state hospital bed utilization will be reduced • Consumers' admissions to crisis evaluation and observation services will be reduced • Consumers' admissions to facility based crisis services will be reduced • Consumers' rate of incarceration will be reduced
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> • 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? <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No", please explain.</p> <ul style="list-style-type: none"> • Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc. Minimum standard is a daily service note 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.
23	<p>Service Exclusions</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>Service Limitations</p> <p>Not to exceed 2 hours per day.</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <p>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"> • 35% decrease in hospitalization • 62% reduction in number of days in hospital • Significant improvement in coping skills and quality of life • Fewer interactions with police <p>www.scmh.org.uk</p>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>System Level (across consumer served through this proposed alternative service definition):</p> <ul style="list-style-type: none"> • State hospital admissions will be reduced • State hospital bed utilization will be reduced • Recidivism rates for crisis evaluation and observation services will be reduced • Recidivism rates for facility-based crisis services will be reduced • Incarceration rate will be reduced
27	<p>LME Additional Explanatory Detail (as needed)</p> <p>None</p>