

## 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> Crossroads Behavioral Healthcare		<b>b. Date Submitted</b> 2-28-09
<b>c. Name of Proposed LME Alternative Service</b> Hospital Discharge Transition Service: A Statewide Alt Service Definition YA346		
<b>d. Type of Funds and Effective Date(s):</b> <i>(Check All that Apply)</i>  <input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09		
<b>e. Submitted by LME Staff (Name &amp; Title)</b> Diane Morrison, Admin. Director, Clinical Services Gail Hinson, Clinical Director, Clinical Services	<b>f. E-Mail</b> <a href="mailto:dmorrison@crossroadsbhc.org">dmorrison@crossroadsbhc.org</a> <a href="mailto:ghinson@crossroadsbhc.org">ghinson@crossroadsbhc.org</a>	<b>g. Phone No.</b> 336-835-1000
<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 <b><i>LME Alternative Service Request for Use of DMHDDSAS State Funds.</i></b>  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 the Secretary to <u>directly</u> provide an approved Alternative Service; and</li> <li>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</li> </ul>		

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.**

<b>1</b>	<p><b>Alternative Service Name, Service Definition and Required Components</b></p> <p><u>Hospital Discharge Transition Service:</u> This service includes face-to-face attendance at state and community psychiatric hospitals, facility based crisis centers, detox centers and other 24-hour facilities for the purposes of discharge planning with assigned and unassigned consumers. Services are inclusive of face to face contacts with consumers and staff, attendance at treatment/discharge meetings, and contact/linkage with community resources identified in discharge plan. The objective is to facilitate discharge planning and when applicable, complete all documentation required to transfer consumers to another appropriate service with an LME contract provider. The Hospital Discharge Transition Service should be used briefly and only until consumers are attached to a provider for ongoing services. It should also be used to engage those consumers on outpatient commitment who are not attached to a provider until these consumers are attached to a provider for ongoing services.</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>With the initiation of Implementation Update #49 on 9/2/08, all individuals receiving Medicaid Benefits will have those benefits temporarily suspended upon admission to any state hospital. This creates a huge barrier to receiving services while in the hospital as well as upon release back to the community. There are no unmanaged Community Support hours and providers may not bill for CS while a consumer is in the state hospital. This makes it impossible for the LME to reimburse providers for transitioning the most at risk consumers back to the community at the time of discharge. Many high risk, high cost consumers access Crisis services on a regular basis. These consumers are often treatment resistant and without additional support and encouragement will fall through the cracks and continue to increase recidivism.</p>
<b>3</b>	<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>There is currently a very serious gap in the treatment continuum when a consumer enters an inpatient facility. Most service definitions do not permit billing while consumers are inpatient and therefore providers often discontinue needed services for lack of ability to bill. Provider activities to be addressed through state funding which cannot be appropriately accessed through an approved Medicaid service definition would include:</p> <p><b><u>PRE DISCHARGE SERVICES – STATE HOSPITAL, ADATC, OTHER 24 HOUR FACILITIES</u></b></p> <ul style="list-style-type: none"><li>• Face to face contact with consumer within 24 hours of notification from LME .<ul style="list-style-type: none"><li>- determine consumer treatment needs, preferences, and provider choice upon discharge</li><li>- identify natural and community supports</li><li>- identify how and where the consumer will return to community</li><li>- identify housing needs</li></ul></li><li>• collaboration with inpatient facility treatment team and Crossroads' Hospital Liaison to develop discharge plan</li></ul>

- Complete necessary paperwork to make consumer active with your agency.
- Complete Intro PCP and refer all consumers who qualify to the appropriate Enhanced Service

**POST DISCHARGE SERVICES-STATE HOSPITAL, ADATC, OTHER 24 HOUR FACILITIES**

- Face-to-face appointment with all consumers who do not qualify for Enhanced Services at their home the day of discharge or within 3 days.
- If consumer does not qualify for an Enhanced Service, transport consumer to the first appointment.
- If consumer is not able to attend first appointment provider will outreach consumer and schedule a second appt. within 4 days
- Provide all necessary support and services until consumer becomes active with a provider
- Schedule consumer with a minimum of one billed medication management appointment within 14 days post discharge.
- Begin working on (re)linking with Medicaid and/or disability benefits (if appropriate)

**PRE-DISCHARGE SERVICES – LEVEL 3.7 & LEVEL 4 DETOX and FACILITY BASED CRISIS**

- Face-to-face appointment with consumer within 3 days of admission
  - determine consumer treatment needs, preferences and provider choice upon discharge
  - identify natural and community supports
  - identify how and where the consumer will return to community
  - identify housing needs
- collaboration with inpatient facility treatment team and Crossroads’ Hospital Liaison to develop discharge plan
- Complete necessary paperwork to make consumer active with a provider.
- Schedule an appointment for the day of discharge

**POST DISCHARGE – LEVEL 3.7 & LEVEL 4 DETOX and FACILITY BASED CRISIS**

- Provide transportation from the facility to the first appointment or Urgent Walk In Center on the day of discharge
- Transfer post discharge services to Provider or Urgent Walk In Center at that time.

**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 491

**6** Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service \$172,341 per year.

**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

	<p><b>Adult MH:</b>      <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><b>Child DD:</b>      <input checked="" type="checkbox"/> CDSN</p> <p><b>Adult DD:</b>      <input checked="" type="checkbox"/> All   <input type="checkbox"/> ADSN   <input type="checkbox"/> ADMRI</p> <p><b>Child SA:</b>      <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><b>Adult SA:</b>      <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><b>Comm. Enhance.:</b>   <input checked="" 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><b>Non-Client:</b>      <input checked="" type="checkbox"/> CDF</p>
8	<p><b>Definition of Reimbursable Unit of Service:</b> <i>(Check one)</i></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></p> <p><i>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?</i></p> <p style="text-align: right;">\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>18.25</b></p>
10	<p><b>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service</b>  <i>(Provide attachment as necessary)</i></p> <p>Based on the current Community Support rate for an Un-Licensed Qualified Professional. The proposed average cost for each delivered service is \$351.</p>
11	<p><b>Provider Organization Requirements</b></p> <p>Any comprehensive treatment service provider who is contracted with Crossroads Behavioral Healthcare may use this code</p>
12	<p><b>Staffing Requirements by Age/Disability</b>  <i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i></p> <p>QP at minimum</p>
13	<p><b>Program and Staff Supervision Requirements</b></p> <p>QP must be directly supervised by a licensed or Masters level clinician. The licensed or Masters level clinician must be supervised in accordance to their agency's supervision requirement.</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> </ul>

	<ul style="list-style-type: none"> <li>• Person Centered Planning</li> <li>• Same as required for the Basis and Enhanced services that provider is contracted with the LME to provide.</li> </ul>
15	<p><b>Service Type/Setting</b> State Hospitals, Local Hospitals, Facility Based Crisis Centers, Detox facilities and other 24 hour inpatient facilities</p>
16	<p><b>Program Requirements</b></p> <ul style="list-style-type: none"> <li>• This will be an individual service</li> <li>• Contacts as identified in #3</li> </ul>
17	<p><b>Entrance Criteria</b></p> <ul style="list-style-type: none"> <li>• Inpatient status at a State Psychiatric facility or ADATC or any other 24-hour facility</li> </ul>
18	<p><b>Entrance Process</b></p> <ul style="list-style-type: none"> <li>• Client is admitted to a 24 hour facility for MH/SA treatment</li> <li>• Liaison identifies whether or not consumer is active with a provider</li> <li>• If so...informs provider of admission</li> <li>• If not... Liaison and/or social workers have a consent for treatment signed by consumer</li> <li>• A referral will be made to the Hospital Transition Service.</li> </ul>
19	<p><b>Continued Stay Criteria</b></p> <p>Consumer has not had an intake/face to face with the Urgent Walk In Center or an outpatient provider.</p>
20	<p><b>Discharge Criteria</b></p> <ul style="list-style-type: none"> <li>• Consumer will be discharged when active with outpatient provider</li> <li>• Anticipated length of stay is less than one week</li> <li>• Anticipated number of service units received from admission to discharge is 20</li> <li>• Anticipated average cost per consumer for this service is \$351</li> </ul>
21	<p><b>Evaluation of Consumer Outcomes and Perception of Care</b></p> <ul style="list-style-type: none"> <li>• Increased frequency of consumer follow through with outpatient care</li> <li>• Consumer does not return to hospital or Detox within 30 days of discharge</li> <li>• Findings from the NC TOPPS</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 consumer's receipt of services that are documented in an individual consumer 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> <ul style="list-style-type: none"> <li>• <b><i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i></b></li> <li>• All contacts will be documented with standard service note and filed in consumer chart</li> <li>• An invoice, documenting units claimed, will be submitted to Crossroads LME for authorization and payment</li> </ul>
23	<p><b>Service Exclusions</b></p>

	This code will not be authorized past first completed outpatient appointment
24	<p><b>Service Limitations</b></p> <ul style="list-style-type: none"> <li>• <b>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</b> 8 hours a week maximum</li> </ul>
25	<p><b>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</b></p> <ul style="list-style-type: none"> <li>• <b>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</b> According to the Community Systems Progress Indicators, timely engagement is a best practice that “provides the best opportunity for an individual to become fully engaged in services that can promote recovery and stability.” For Substance Abuse consumers: “Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.” (Long-Range Plan for Meeting Mental Health, Developmental Disabilities &amp; Substance Abuse Services Needs for the State of North Carolina, December 12, 2006, Heart of the Matter, Inc. &amp; Pareto Solutions, LLC)</li> </ul>
26	<p><b>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</b></p> <ul style="list-style-type: none"> <li>• UR/UM committee can identify recidivistic consumers and compare before and after the implementation of the alternative service definition</li> <li>• Compare follow through with outpatient services after implementation of the alternative service definition</li> <li>• Monitor to ensure that service is initiated within 24 hours of LME notification</li> <li>• Monitor to ensure that <u>60%</u> of service was provided face to face</li> <li>• Monitor to ensure that service was provided consistent basis to the point that consumer receives a clinical intake assessment with an outpatient provider</li> </ul>
27	<p><b>LME Additional Explanatory Detail (as needed)</b> N/A</p>