

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 Trillium Health Resources		b. Date Submitted 3/20/20
c. Name of Proposed LME-MCO Alternative Service Disaster Outreach and Engagement for IDD		
d. Type of Funds and Effective Date(s): <i>(Check and Complete Applicable Dates)</i>		
State Funds Only: <input type="checkbox"/> Effective <u>3/20/20</u> to (Duration of COVID-19 State of Emergency) End of Fiscal Year <input checked="" type="checkbox"/> New Request <input type="checkbox"/> Revision to Previously Approved Alternative Service		
e. Submitted by LME-MCO Staff (Name & Title) Kim Huneycutt of behalf of Cindy Ehlers, Executive Vice President	f. E-Mail Kimberly.huneycutt@trilliumnc.org	g. Phone No. 1-866-998-2597

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	Alternative Service Name, Service Definition and Required Components <i>(Provide attachment as necessary)</i> Trillium Health Resources ("Trillium") experiences a large number of referrals of individuals deemed to be at significant risk of placement in ICF-IID or Emergency department or hospitalization or state facilities due to lack of services for individuals with IDD during service disruptions. This situation is exacerbated during natural disasters and states of emergency when there is a significant service disruption for this population. These members meet the medical necessity criteria for that level of care, but do not have access to care due to system disruptions or lack of capacity to adhere to treatment recommendations due to social distancing, sheltering in place or isolation for medical reasons.
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	<p>Trillium finds a need to fund providers to work with members who have complex needs to provide outreach and to promote member engagement and provider retention to reduce the need for crisis services and stop the cycle of re-admission to higher levels of care or out of home services in ICF-IID or other residential or institutional restrictive settings during natural disasters or declared states of emergency.</p> <p>Disaster Outreach and Engagement is a way of working with children, adolescents and/or adults with a IDD diagnosis and who are unable to access care. Disaster Outreach and Engagement is a critical element of the habilitation model as it allows flexibility to meet member's particular needs in their own environment or current location (i.e. home, hospitals, jail, shelters, streets, etc.) using a variety of methods.</p> <p>It is designed as a short term outreach and engagement service targeted to populations or specific member circumstances that prevent the individual from fully participating in needed care for intellectual or developmental disability.</p>
2	<p>Rationale for proposed adoption of LME-MCO Alternative Service to address issues that cannot be adequately addressed within the current NCTRACKS Service Array</p> <p><i>During a statewide crisis,</i> Disaster Outreach and Engagement is a method of working with members who have an IDD diagnosis and are unable to engage in traditional services due to a natural disaster or declared state of emergency. Additionally, these members aged 3 to 64 also have a history of receiving services and supports but are unable to receive them at this time as a result of barriers created by a natural disaster, declared state of emergency including social distancing or medical isolation or other states of emergency.</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><i>This Alternative Service Definition has also been submitted to NC Medicaid for review and approval to address the needs of members during the COVID-19 State of Emergency.</i></p>
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><i>Due to the State of Emergency and the need to ensure services are in place immediately to meet member needs, no CFAC review was conducted.</i></p> <p><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-MCO through this Alternative Service</p> <p><i>*See attached for projected use and funding needs</i></p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME-MCO for this Alternative Service</p> <p><i>*See attached sheet for Cost/Benefit analysis</i></p>
7	<p>Eligible NCTracks Benefit Plan(s) for Alternative Service: (Check all that apply)</p>

- Assessment Only:** **GAP**
- Child MH:** **All** **CMSED**
- Adult MH:** **All** **SMI** **SED** **SUD**
- Child DD:** **All** **CDSN**
- Adult DD:** **All** **ADSN**
- Child SA:** **All** **CSSAD**
- Adult SA:** **All** **ASCDR** **ASWOM** **ASTER**
- Veteran:** **AMVET**

Population	Age Ranges	Characteristics
IDD	3 -64 years of age	Member diagnosed with intellectual/developmental disability. Member is unable to access care due to a natural disaster or declared state of emergency.

8 **Definition of Reimbursable Unit of Service: (Check one)**

Service Event **15 Minutes (see below)** **Hourly** **Daily** **Monthly**

Services	Rate	Unit
Outreach and Engagement	\$10	15 min

Other: Explain _____

9 **Proposed NCTracks Maximum Unit Rate for LME-MCO Alternative Service**

Service is limited to 40 hours per month per member only during natural disasters or declared states of emergency. Maximum per day is 2 hours.

10 **Explanation of LME-MCO Methodology for Determination of Proposed NCTracks Maximum Unit Rate for Service (Provide attachment as necessary)**

**See attached sheet for explanation*

11 **Provider Organization Requirements**

Provider Requirements

Disaster Outreach and Engagement Services must be delivered by personnel employed by provider agencies that:

- Meet provider qualification policies, procedures, and standards established by the Division of Health Benefits (DHB);
- Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS);
- Fulfill the requirements of 10A NCAC 27G Rules for Mental Health, Developmental Disabilities, And Substance Abuse Facilities and Services.
- Meet Local Management Entity-Managed Care Organization requirements

- Are currently enrolled in the Local Management Entity Managed Care Organization’s provider network;
- Bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Providers must document services provided on a daily service note that includes the Member’s name, date of service, purpose of contact, duration of contact, and the signature and credentials of the person providing the service. Service is limited to 40 hours per month per member only during natural disasters, or declared states of emergency. Maximum per day is 2 hours.

12	<p>Staffing Requirements by Age/Disability</p> <p>Staffing Requirements This service can be provided by licensed clinicians, Qualified Professionals (QP), Associate Professionals (AP), and Paraprofessionals (PP).</p>
13	<p>Program and Staff Supervision Requirements</p> <p>Supervision and Training: Staff who are not a QP must be supervised by a QP.</p> <p>The following staff members may provide services according to 10A NCAC 27G .0104 - Staff Definitions:</p> <ol style="list-style-type: none"> Qualified Professional – QP Associate Professional - AP Paraprofessional -
14	<p>Requisite Staff Training</p> <p><i>See above</i></p>
15	<p>Service Type/Setting</p> <p>Supervision and Training: Staff who are not a QP must be supervised by a QP.</p> <p>The following staff members may provide services according to 10A NCAC 27G .0104 - Staff Definitions:</p> <ol style="list-style-type: none"> Qualified Professional – QP Associate Professional - AP Paraprofessional -
16	<p>Program Requirements</p> <p>Disaster Outreach and Engagement is a way of working with children, adolescents, and/or adults with a IDD diagnosis and who are unable to receive medically necessary services due to service disruptions that are caused by natural disasters or declared states of emergency.</p> <p>Disaster Outreach and Engagement is designed as a short term engagement service targeted to populations and/or specific member circumstances that prevent the individual from fully participating in needed care.</p> <p>Disaster Outreach and Engagement Services include: Outreach and Engagement is intended to be flexible in its approach to meet the needs of members at that moment in time. The place of service will vary depending on the member’s circumstances.</p> <p>Disaster Outreach and Engagement is a direct periodic service that can be provided in a range of community settings. It may be provided in the member’s place of residence, community, in an emergency department, or in an office setting, school, shelters, work locations, and hospital emergency rooms.</p>

	<p>Disaster Outreach and Engagement can be provided in person, by phone, via telehealth platform or other means to provide support, tele-services, health promotion, and crisis prevention, to the member and member's family during times when traditional services are not available due to natural disasters or declared states of emergency that include social distancing.</p> <p>Disaster Outreach and Engagement is designed to be an individual service requiring contact as necessary with identified members in an effort to build/ re-establish a trusting, meaningful relationship to engage or re-engage the member into services and/ or assess for needs.</p> <p>Elements of the Disaster Outreach and Engagement service deliver 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, in addition to linkage to generic community resources</p> <p>Providers of Disaster Outreach and Engagement will work with the member to avoid unnecessary use of higher levels of care, such as, Emergency departments inpatient hospitalization, state facilities or IFC-IID settings in the absence of traditional services during a natural disaster or declared disaster or state of emergency declaration</p>
17	<p>Entrance Criteria</p> <p>Members with a documented IDD diagnosis who are unable to receive services as the result of a natural disaster or declaration of a state of emergency are eligible for this service. They must be identified as in need of active outreach and engagement and be a current member receiving other medically necessary authorized services from the agency.</p>
18	<p>Entrance Process</p> <p><i>See above</i></p>
19	<p>Continued Stay Criteria</p> <p>Not applicable.</p> <p>This is a short term engagement service and is not designed as a long term method of service delivery. The concurrent authorization will only be approved IF the state of emergency extends beyond the initial 90 days.</p>
20	<p>Discharge Criteria</p> <p>Member is fully engaged in traditional 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. OR The state of emergency declaration is lifted.</p>
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <p>Expected Outcomes:</p> <p>Since this is intended to be a very short term service, standard outcome measurement instruments such as NCTOPPS, MH/SA Consumer Satisfaction or NCI Surveys are not applicable.</p> <p>Members are expected to achieve one or more of the following outcomes:</p> <ul style="list-style-type: none"> • Members receive up to 2 hours a day of service and support • Members become engaged and involved • Members develop and/or maintain meaningful engagement in services

	<ul style="list-style-type: none"> • Member's use of hospital services (inpatient/ ED) is avoided or reduced in frequency and duration • Member's use crisis services (mobile crisis) is avoided or less frequent • Members need for out of home residential or treatment services is avoided • Members medication adherence is increased • Members receive continuity of care regardless of life circumstances <p>Member's Avoidance or Reduction of criminal/ juvenile justice involvement</p>
22	<p>Service Documentation Requirements</p> <p>Providers must document services provided on a daily service note that includes the Member's name, date of service, purpose of contact, duration of contact, and the signature and credentials of the person providing the service. Service is limited to 40 hours per month per member only during natural disasters, or declared states of emergency. Maximum per day is 2 hours.</p> <ul style="list-style-type: none"> • <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> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> • <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i>
23	<p>Service Exclusions</p> <p><i>Restrictions: This service is only available during a declared State of Emergency or natural disaster.</i></p> <p><i>Same Day Service Restrictions: This service cannot be provided on the same day as the following services. Adult day vocational program, respite, developmental therapy and personal assistance.</i></p>
24	<p>Service Limitations</p> <p>Service Exclusions</p> <p>Members can only receive this service if other authorized services are not available. Such as ICF-IID, CLSF, RBBHT, IW waiver services, state funded services or B3 services or other BH enhanced services during a natural disaster or state of emergency declaration.</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <p>Disaster Outreach and Engagement is a central component in a natural disaster and state of emergency to maintain continuity of care for individuals with IDD. Research has shown in other populations 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 or other crisis systems or out of home placements <p>People with IDD needs also present unique and individualized challenges. People with IDD are stigmatized in our culture and many individuals find it difficult to get help. Barriers to care that are created by natural disasters and states of emergency create disruption in medically necessary clinically appropriate care. The lack of services and supports leads deterioration of an individual's health and well-being. Delays and disruptions in services and supports can also result in individuals having more complex and often more expensive care needs.</p>
26	<p>LME-MCO Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p>

System level (across member served through this proposed alternative service definition):

- State facility and community ED and inpatient psychiatric admissions will be avoided or reduced
- State facility and community ICF-IID bed day utilization will be avoided or reduced
- Member continuity of care is maintained during the disaster event.
- Crisis services contacts will be avoided or reduced
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27

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?

Yes **No (skip to B)**

A.1. If YES, date begun under **Medicaid waiver** **Non-state funds** **Date:** __/__/__

If pending Medicaid review, date submitted: __/__/__

A.2. If the service requested here is not the same, please describe variation and why:

. 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? **Yes** **No**

**This same Alternative/ILOS request has been submitted to NC Medicaid for review/approval during the State of Emergency declared to respond to the COVID-19 Virus.*

Division Use Only

28 **Division Additional Explanatory Detail (as needed)**

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