

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 3/27/20
c. Name of Proposed LME-MCO Alternative Service <i>Disaster Individual Rehabilitation, Coordination, and Support (DIRCS) Services.</i>	
d. Type of Funds and Effective Date(s): (Check and Complete Applicable Dates) State Funds Only: <input type="checkbox"/> Effective <u>3/27/20</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 <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>	
1	Alternative Service Name, Service Definition and Required Components <i>(Provide attachment as necessary)</i> <i>Disaster Individual Rehabilitation, Coordination, and Support (DIRCS) Services.</i> <i>The purpose of this service is to enhance, restore and/or strengthen the skills needed to promote and sustain independence and stability within the individual's living, learning, social, and work environments. DIRCS is a skill building service, not a form of psychotherapy or counseling. The intensity and frequency of services offered should reflect the scope of impairment. Services are generally more intensive and frequent at the beginning of treatment and are expected to decrease as the beneficiary's skills develop. Services are based on medical necessity, shall be directly related to the beneficiary's diagnostic and clinical needs and are expected to achieve the specific rehabilitative goals specified in the individual's Person-Centered Plan (see attached document for further details)</i>

2	<p>Rationale for proposed adoption of LME-MCO Alternative Service to address issues that cannot be adequately addressed within the current NTRACKS Service Array</p> <p><i>During a statewide crisis, including situations where a member's health might be at risk if he/she were to receive services in a setting not conducive to health and wellness, DDIRCS service can fill a gap in service and help members to remain in their homes and in the community</i></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>30 members</p> <table border="1" data-bbox="297 1066 1365 1499"> <thead> <tr> <th>Service</th> <th>Procedure Code</th> <th>Unit Definition</th> <th>Units of Service</th> <th>Cost of Service</th> </tr> </thead> <tbody> <tr> <td>DIRCS</td> <td>H2017CR</td> <td>15 min</td> <td>40 units/week</td> <td>\$5.50/unit, 30 members * 40 units per week. Average cost of \$220.00/per member per week. Total monthly cost for 30 members= \$26,400.00/month</td> </tr> </tbody> </table>	Service	Procedure Code	Unit Definition	Units of Service	Cost of Service	DIRCS	H2017CR	15 min	40 units/week	\$5.50/unit, 30 members * 40 units per week. Average cost of \$220.00/per member per week. Total monthly cost for 30 members= \$26,400.00/month
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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> <p>Assessment Only: <input type="checkbox"/> GAP</p> <p>Child MH: <input type="checkbox"/> All <input type="checkbox"/> CMSED</p>										

	<p>Adult MH: <input type="checkbox"/> All <input checked="" type="checkbox"/> SMI <input checked="" type="checkbox"/> SED <input checked="" type="checkbox"/> SUD</p> <p>Child DD: <input type="checkbox"/> CDSN</p> <p>Adult DD: <input type="checkbox"/> All <input type="checkbox"/> ADSN</p> <p>Child SA: <input type="checkbox"/> All <input type="checkbox"/> CSSAD</p> <p>Adult SA: <input type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASWOM <input type="checkbox"/> ASTER</p> <p>Veteran: <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 (see below) <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p>Unit of Service: <i>DIRCS is billed in 15-minute units.</i> <i>Rate = \$5.50/unit</i></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? <u>\$5.50/unit</u></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> <p><i>*See attached sheet for explanation</i></p>
11	Provider Organization Requirements
12	<p>Staffing Requirements by Age/Disability</p> <p>DIRCS must be provided by qualified professionals according to 10A NCAC 27G .0104 and AP's and paraprofessionals who meet the requirements according to 10A NCAC 27G .0104 and who have the knowledge, skills, and abilities required by the population and age to be served. DIRCS services rendered by AP's and paraprofessionals must be under the supervision of qualified professionals.</p>
13	<p>Program and Staff Supervision Requirements</p> <p><i>See above</i></p>
14	<p>Requisite Staff Training</p> <p><i>See above</i></p>
15	Service Type/Setting

Services must be rendered in a setting that is convenient for Billable Place of Service to both the member and the professional that affords an adequate therapeutic environment and that protects the member's rights to privacy and confidentiality.

Restrictions: This service is only available during a declared State of Emergency or natural disaster.

Same Day Service Restrictions include Psychosocial Rehabilitation Group and Community Support Team. Services must be coordinated with other services and providers with the PCP specifying which goals and objectives the service will be treating.

Service Exclusions include: ACTT, CST, Partial Hospitalization, Day Treatment, Residential Treatment, Supervised Living, Intensive In-Home, Family Centered Treatment, Multisystemic Therapy, Young Adults in Transition, and High-Fidelity Wraparound

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16 **Program Requirements**

This service is to be:

- *Minimum of 1 unit per day x 5 days per week is delivered;*
- *Maximum of 10 hours week, 5 hours per day;*
- *May be provided on weekends or in the evening.*

The number of hours that participant receives DIRCS services are to be specified in his or her PCP.

Services must be rendered in a setting that is convenient for Billable Place of Service to both the member and the professional that affords an adequate therapeutic environment and that protects the member's rights to privacy and confidentiality.

DIRCS is not Medicaid reimbursable if it is provided in the following places of service: acute care hospitals, Inpatient Psychiatric Hospitals, Psychiatric Residential Treatment Facilities (PRTF), institutions and residential settings of any type of more than 16 beds, and recreational settings (a place primarily used for play and leisure activities, such as parks and community recreation centers).

Similar to Psychosocial Rehabilitation Service, DDIRCS is based on the principles of recovery, including equipping beneficiaries with skills, emphasizing self-determination, using natural and community supports, providing individualized intervention, emphasizing employment, emphasizing the "here and now", providing early intervention, providing a caring environment, practicing dignity and respect, promoting beneficiary choice and involvement in the process, emphasizing functioning and support in real world environments, and allowing time for interventions to have an effect over the long term.

The service is to be used to facilitate cognitive and socialization skills necessary for functioning in a home, work, and/or community environment, focusing on maximum recovery and independence.

There should be a supportive, therapeutic relationship between the providers, beneficiary, and family which addresses or implements interventions outlined in the Person-Centered Plan (PCP) in ANY of the following skills development, educational, and pre-vocational activities:

- a. *Community living, such as housekeeping, shopping, cooking, use of transportation facilities, money management;*
- b. *Personal care such as health care, medication self-management, grooming;*
- c. *Social relationships;*
- d. *Use of leisure time;*
- e. *Educational activities which include assisting the beneficiary in securing needed education services such as adult basic education and special interest courses; or*
- f. *Prevocational and transitional employment activities which focus on the development of positive work habits and participation in activities that would increase the participant's self-worth, purpose and confidence; these activities are not to be job specific training.*

g. Identification and addressing of unmet health related resource needs.

Service Documentation

DIRCS must be listed on the person-centered plan with a specific planned Service Documentation frequency to meet the identified individualized needs of the member. Specific documentation of the delivery of DIRCS service must include a description of the intervention, member's response to the intervention, and progress toward goals/objectives in the PCP. Documentation must clearly reflect the specific need of the individual and the therapeutic interventions and support rendered to address the need(s) of the individual.

The qualified staff providing the service is responsible for completing and signing the service notes. The notes should clearly identify the specific goal(s) from the person-centered plan for which the delivery of DIRCS addresses.

Services must be documented upon each contact with the individual. Additionally, the service notes and other documentation must meet all NCDHHS requirements.

17

Entrance Criteria

Admission Criteria for Adults (age 18 and older)

A-G must be met to satisfy criteria for admission into DIRCS services.

- A. The individual has received a comprehensive clinical assessment and has been diagnosed with a serious and persistent mental illness (SPMI), which includes one of the following diagnoses: Bipolar Disorder, Major Depression, a diagnosis within the spectrum of psychotic disorders, and/or Substance use disorder (SUD).*
- B. The individual has a serious and persistent mental illness (SPMI) and/or substance use disorder (SUD) and the symptom-related problems interfere with the individual's functioning and living, working, and/or learning environment.*
- C. Because of the SPMI or SUD, the individual experiences moderate to severe functional impairment that interferes with three or more of the following areas: daily living, personal relationships, school/work settings, and/or recreational setting.*
- D. Traditional basic services (e.g., individual/family/group therapy, medication management, etc.) alone are not clinically appropriate to prevent the individual's condition from deteriorating. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.*
- E. Individual meets three or more of the following criteria as documented on the Diagnostic*
 - Is not functioning at a level that would be expected of typically developing individuals their age;*
 - Is at risk of psychiatric hospitalization, homelessness, and/or isolation from social supports due to the individual's SPMI and/or SUD;*
 - Exhibits behaviors that require repeated interventions by the mental health, social services, and/or judicial system;*
 - Experiences impaired ability to recognize personal and/or environmental dangers and/or significantly inappropriate social behavior.*
- F. Individual is expected to benefit from the intervention and identified needs would not be better met by any other formal or informal system or support.*
- G. A service order for (DIRCS) Services. must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.*

18	<p>Entrance Process</p> <p><i>See above</i></p>
19	<p>Continued Stay Criteria</p> <p><i>A-E must be met to satisfy criteria for continued DIRCS for Adults (age 18 and older) services.</i></p> <p><i>A. The individual continues to meet the admission criteria.</i></p> <p><i>B. There is documentation from the provider that the individual is receiving the scope and intensity of services required to meet the program goals stated in the service description.</i></p> <p><i>C. Individual has shown improvement in functioning in at least two of the following areas: daily living, personal relationships, school/work settings, and/or recreational setting, and is expected to continue to benefit from DIRCS, which remains appropriate to meet the individual's needs.</i></p> <p><i>D. The individuals and others identified by the person-centered plan process are active participants in the creation of the person-centered plan and discharge plan and are actively participating in treatment. The individual's designated others and treatment team agrees on treatment goals, objectives and interventions.</i></p> <p><i>E. The desired outcome or level of functioning has not been restored and/or sustained over the time frame outlined in the individual's person-centered plan.</i></p>
20	<p>Discharge Criteria</p> <p><i>To be determined based on the statewide crisis.</i></p> <p><i>Cannot receive with any other enhanced service.</i></p> <p><i>Only available during a declared state of emergency or declared natural disaster.</i></p>
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • <i>Afford members life experiences and extended social networks.</i> • <i>Reduce hospitalizations and/or length of stay when hospitalization is deemed medically necessary.</i> • <i>Increase quality of life.</i> • <i>Address and eliminate, when possible, social determinants of health.</i> • <i>Achieve gains in psychosocial functioning, that when not supported the member is at risk of institutionalization, including:</i> <ul style="list-style-type: none"> ○ <i>Residential stability;</i> ○ <i>Social autonomy;</i> ○ <i>Role performance;</i> ○ <i>Employment;</i> ○ <i>Social functioning; and</i> ○ <i>Member satisfaction.</i>
22	<p>Service Documentation Requirements</p> <p><i>Providers will be required to report procedure code so that the encounter data will be captured. Recommend using code H2017 with a CR modifier. In the event the statewide crisis dissipates, the maximum service units would be shared with Psychosocial Rehabilitation.</i></p> <p><i>Providers will be required to adhere to the In Lieu of Service Definition and will have all required documentation in place to deliver the service. Provider will be expected to have internal quality management process in place to ensure service is delivered according to the definition and reduce risk for fraud, waste, or abuse</i></p>

- **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?**

Yes No **If "No", please explain.**

- **Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.**

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 include Psychosocial Rehabilitation Group and Community Support Team. Services must be coordinated with other services and providers with the PCP specifying which goals and objectives the service will be treating.</i></p> <p><i>Service Exclusions include: ACTT, CST, Partial Hospitalization, Day Treatment, Residential Treatment, Supervised Living, Intensive In-Home, Family Centered Treatment, Multisystemic Therapy, Young Adults in Transition, and High-Fidelity Wraparound</i></p>
24	<p>Service Limitations</p> <p><i>See above and attached</i></p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <p><i>South Carolina and Illinois both have similar service that may delivered 1:1 and method of delivery includes phone and video.</i></p>
26	<p>LME-MCO Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p><i>Description of Monitoring Activities:</i></p> <p><i>Providers will be required to adhere to the In Lieu of Service Definition and will have all required documentation in place to deliver the service. Provider will be expected to have internal quality management process in place to ensure service is delivered according to the definition and reduce risk for fraud, waste, or abuse.</i></p>
27	<p>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?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (skip to B)</p> <p>A.1. If YES, date begun under <input type="checkbox"/> Medicaid waiver <input type="checkbox"/> Non-state funds Date: __/__/__</p> <p>If pending Medicaid review, date submitted: __/__/__</p> <p>A.2. If the service requested here is not the same, please describe variation and why:</p> <p>. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>*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.</i></p>

Division Use Only			
28	Division Additional Explanatory Detail (as needed)		
29	Division Review, Action, and Disposition	Date Completed	Responsible Party