

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 Alliance Health	b. Date Submitted 4.22.20
c. Name of Proposed LME-MCO Alternative Service Day Treatment During Disaster	
d. Type of Funds and Effective Date(s): <i>(Check and Complete Applicable Dates)</i> ☒ New Request ☐ Revision to Previously Approved Alternative Service State Funds Only: ☐ Effective ___/___/___ to End of Fiscal Year	
e. Submitted by LME-MCO Staff (Name & Title)	f. E-Mail
g. Phone No.	

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> See attached approved In Lieu of Service Definition for Disaster
2	Rationale for proposed adoption of LME-MCO Alternative Service to address issues that cannot be adequately addressed within the current NCTRACKS Service Array In situations such as natural disasters and pandemics that limit service access, this service definition allows increased flexibility to provide an array of individualized services through a combination of in-person and virtual communication approaches, to promote continued engagement in care.

3	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 See attached approved In Lieu of Service Definition for Disaster
4	Please indicate the LME-MCO's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME-MCO Alternative Service: (Check one) ☐ Recommends ☐ Does Not Recommend ☒ Neutral (No CFAC Opinion) See attached approved In Lieu of Service Definition for Disaster
5	Projected Annual Number of Persons to be Served with State Funds by LME-MCO through this Alternative Service <i>N/A: Since this service will be used during declared state and national disasters, the estimated number served will vary depending upon the unique circumstances of the disaster, including the type, breadth and duration of the emergency situation. The number served through this service is expected to be the same or lower than the number that would have been served through the non-disaster service equivalent.</i>
6	Estimated Annual Amount of State Funds to be Expended by LME-MCO for this Alternative Service <i>N/A: Since this service will be used during declared state and national disasters, the estimated amount of state funds to be expended will vary depending upon the unique circumstances of the disaster, including the type, breadth and duration of the emergency situation. The number served through this service is expected to be the same or lower than the number that would have been served through the non-disaster service equivalent.</i>
7	Eligible NCTracks Benefit Plan(s) for Alternative Service: (Check all that apply) <u>Assessment Only:</u> ☐ GAP <u>Child MH:</u> ☒ All ☐ CMSED <u>Adult MH:</u> ☐ All ☐ AMI <u>Child DD:</u> ☐ CDSN <u>Adult DD:</u> ☐ All ☐ ADSN <u>Child SA:</u> ☒ All ☐ CSSAD <u>Adult SA:</u> ☐ All ☐ ASCDR ☐ ASWOM ☐ ASTER <u>Veteran:</u> ☐ AMVET
8	Definition of Reimbursable Unit of Service: (Check one) ☐ Service Event ☐ 15 Minutes ☐ Hourly ☒ Daily ☐ Monthly ☐ Other: Explain _____
9	Proposed NCTracks <u>Maximum</u> Unit Rate for LME-MCO Alternative Service <i>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?</i> \$157.05 per diem

10	Explanation of LME-MCO Methodology for Determination of Proposed NCTracks <u>Maximum Unit Rate for Service</u> <i>(Provide attachment as necessary)</i> <i>See attached Medicaid In Lieu Of Service</i>
11	Provider Organization Requirements
12	Staffing Requirements by Age/Disability <i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i>
13	Program and Staff Supervision Requirements Day Treatment services shall be delivered by practitioners employed by mental health, substance abuse, or intellectual or developmental disability provider organizations that are currently certified as a Critical Access Behavioral Healthcare Agency (CABHA), and meet the requirements of 10A NCAC 27G and the provider qualification policies, procedures, and standards established by DHM/DD/SAS. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations shall demonstrate that they meet these standards by being credentialed by the LME-MCO. Additionally, the organization shall achieve national accreditation with at least one of the designated accrediting bodies within one year of enrollment as a provider with the LME-MCO. The organization shall be established as a legally recognized entity in the United States and qualified or registered to do business as a corporate entity in the State of North Carolina, capable of meeting all of the requirements of the LME-MCO credentialing process, DMH/DD/SAS Communication Bulletins, the DMH/DD/SAS Records Management and Documentation Manual, and service implementation standards. The provider organization shall comply with all applicable federal and state requirements as allowed during disaster or emergency. All staff working in a Day Treatment Program must have the knowledge, skills and abilities required by the population and age to be served. date of this policy, the 30-month timeline begins at date of hire. For substance use disorder focused programs, the Licensed Professional must be an LCAS (For example, a program with 10 individuals needs one .5 LP; a program with 19 individuals needs one full time LP). Although the Licensed Professional is in addition to the program's QP to individual ratio, he or she may serve, as needed, as one of the two staff when children are present. If, for additional staffing purposes, the program includes persons who meet the requirements specified for AP or Paraprofessional status according to 10A NCAC 27G .0104, supervision must be provided according to supervision requirements specified in 10A NCAC 27G .0204 and according to licensure requirements of the appropriate discipline. Supervision: The Program Director will conduct weekly team meetings (virtual or telephonic) at minimum to assess member needs, and coordinate treatment between staff.
14	Requisite Staff Training

	• Applied Special Bulletin Flexibilities: Waive requirements for staff training within 30 and 90 days of employment and follow up and ongoing continuing education requirements for fidelity of clinical models, if unable to be obtained during the state of emergency.
15	Service Type/Setting In Home, Telehealth and Telephonic delivery as state of emergency dictates
16	Program Requirements This service is delivered by the following staff: 1. One (1) full time program director who meets the requirements specified for a QP (preferably Master's level or a Licensed Professional), has a minimum of two years of experience in child and adolescent mental health or substance abuse treatment services and who must be actively involved in program development, implementation, and service delivery. This individual may serve as one of the QPs in the Day Treatment Program staffing ratio. Program Director is responsible for setting weekly schedules and evaluating staffing. 2. A minimum of one (1) FTE QP, per six children, who has the knowledge, skills, and abilities required by the population and age to be served, who must be actively involved in service delivery. QP staffing must be sufficient to anticipate and meet the needs of individuals receiving this service. Staffing should be based on member acuity and needs identified in the PCP to assure service provision in the community. 3. A minimum of one (1) additional FTE (QP, AP, or Paraprofessional) for every 18 enrolled individuals beginning with the 18th enrolled individual. Staffing should be based on member needs identified in the PCP. 4. A minimum of a .5 of a full time dedicated Licensed Professional for every 18 enrolled individuals. This individual must be actively involved in service delivery. An associate level Licensed Professional who fills this position must be fully licensed within 30 months from the effective date of this policy. For associate level Licensed Professionals hired after the effective date, for additional staffing purposes, the program includes persons who meet the requirements specified for AP or paraprofessional status according to 10A NCAC 27G .0104, supervision must be provided according to supervision requirements specified in 10A NCAC 27G .0204 and according to licensure requirements of the appropriate discipline. Supervision may be provided through virtual/telehealth or by telephone.
17	Entrance Criteria Children that are already enrolled in Child and Adolescent Day treatment or meet criteria for this service based on the current Clinical Coverage Policy are eligible for this service. Children five through 17 are eligible for this service when all of the following criteria are met: A. There is a mental health and/or substance use disorder diagnosis (as defined by the DSM-5 or any subsequent editions of this reference material), other than a sole diagnosis of an intellectual or developmental disability. B. For children with a substance use disorder diagnosis, the ASAM Criteria (American Society of Addiction Medicine) are met for Level 2.1. C. Both of the following shall apply: 1. Evidence that less restrictive mental health and/or substance abuse rehabilitative services in the educational setting have been unsuccessful as identified in clinical documentation. 2. The individual exhibits behavior resulting in significant school disruption or significant social withdrawal. D. The individual is experiencing mental health or substance use disorder symptoms (not solely those related to his or her diagnosis of an intellectual or developmental disability) related to his or her diagnosis that severely impair functional ability in an educational setting

	which may include vocational education. E. There is no evidence to support that alternative interventions would be equally or more effective, based on North Carolina community practice standards (Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Society of Addiction Medicine).
18	Entrance Process Individuals are referred to this service after completion of a comprehensive clinical assessment for individuals who are initiating treatment. Individuals may also transition to this service as a referral from other levels of care such as outpatient services and intensive in home
19	Continued Stay Criteria The individual is eligible to continue this service if the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the individual's PCP; or the individual continues to be unable to function in an appropriate educational setting, based on ongoing assessments, history, and the tenuous nature of the functional gains. AND One of the following applies. The individual: A. has achieved current PCP goals, and additional goals are indicated as evidenced by documented symptoms. B. is making satisfactory progress toward meeting goals, and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the PCP. C. The individual is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with his or her premorbid level of functioning, are possible. D. fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. The individual's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations should be revised based on the findings. This includes consideration of alternative or additional services.
20	Discharge Criteria The individual meets the criteria for discharge if any one of the following applies: A. The individual has achieved goals and is no longer in need of Day Treatment services. B. The individual's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a plan to transition to a lower level of care or appropriate educational setting. C. The individual is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services. D. The individual or legally responsible person no longer wishes to receive Day Treatment services. The individual, based on presentation and failure to show improvement despite modifications in the PCP, requires a more appropriate best practice treatment modality based on North Carolina community practice standards (for example, National Institute of Drug Abuse, American Psychiatric Association).
21	Evaluation of Consumer Outcomes and Perception of Care Expected clinical outcomes may include, but are not limited to the following: improved social, emotional, or behavioral functioning;

	• reduced mental health or substance use disorder symptomatology; • improvement of behavior, anger management, or developmentally appropriate coping skills; • enhancement of communication and problem-solving skills; • increased identification and self-management of triggers, cues, and symptoms and decreased frequency or intensity of crisis episodes; • engagement in the recovery process, for children with substance use disorders, • reduction of negative effects of substance use disorder or psychiatric symptoms that interfere with the beneficiary's daily living • maintaining residence with a family or community based non-institutional setting (foster home, therapeutic family services); • reduction in behaviors that require juvenile justice involvement; • increased use of available natural and social supports • provide routine and stability for the family • intervene and support during a crisis and only referring to crisis services when safety cannot be maintained in the community
22	Service Documentation Requirements • <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> ☒ Yes ☐ No <i>If "No", please explain.</i> A full service note for each contact or intervention (for each date of service, written and signed by the person(s) who provided the service will contain the following information: recipients name, service record number, Medicaid identification number if applicable, service provided, date of service, place of service, type of contact (face to face, virtual, telephone call, collateral), purpose of contact, providers interventions, time spent providing interventions, description of effectiveness of intervention, and signature and credentials of the staff member(s) providing the service. Beginning at the time of admission, all interventions/activities regarding discharge planning and transition with youth, family/caregiver, and child and family team will be documented.
23	Service Exclusions The beneficiary may receive Day Treatment services from only one Day Treatment provider organization during any active authorization period for this service. The following are not billable under this service: a. transportation time (this is factored in the rate); b. any habilitation activities; c. child care; d. any social or recreational activities (or the supervision thereof); e. clinical and administrative supervision of staff (this is factored in the rate); or f. educational instruction. Service delivery to individuals other than the beneficiary may be covered only when the activity is directed exclusively toward the benefit of that beneficiary. Day Treatment services may not be provided during the same authorization period as the following services: a. Intensive In-Home Services; b. Multisystemic Therapy; c. Individual, group and family therapy; d. Substance Abuse Intensive Outpatient Program; e. Child Residential Treatment services—Levels II (Program Type) through IV; f. Psychiatric Residential Treatment Facility (PRTF); g. Substance abuse residential services; or h. Inpatient hospitalization.
24	Service Limitations

	Maximum 5 Per Diems Per Week		
25	Evidence-Based Support and Cost Efficiency of Proposed Alternative Service This service is a modification of an existing service, during a period of state or national disaster, to improve the capacity of the service provider to maintain continuity of care. There is strong empirical evidence supporting both the clinical benefits and the cost efficiency of services that improve access to care.		
26	LME-MCO Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service Due to the unpredictable and variable nature of community disasters, monitoring approaches will be tailored to unique characteristics of each disaster period. Priority will be given to monitoring of member continuity of care and provider capacity to maintain service continuity.		
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: <u>3/10/20</u> If pending Medicaid review, date submitted: <u> </u> / <u> </u> / <u> </u> A.2. If the service requested here is not the same, please describe variation and why: N/A 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? ☐ Yes ☒ No		
Division Use Only			
28	Division Additional Explanatory Detail (as needed)		
29	Division Review, Action, and Disposition	Date Completed	Responsible Party