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**	***b.*** **Date Submitted**
Cardinal Innovations Healthcare	**3/24/2020**

c. **Name of Proposed Service**

Service Name and Description: Practitioners Rendering treatment in place (TIP)- Comprehensive Clinical Support Services (CCS)

Service Name: TIP- Comprehensive Clinical Support (CCS)

Procedure Code: G2021-CR

d. **Type of Funds and Effective Date(s):** *(Check and Complete Applicable Dates)*

State Funds Only: ☒ Effective 3/23/2020 to End of Fiscal Year

☒ New Request ☐ Revision to Previously Approved Alternative Service

e. **Submitted by LME-MCO Staff (Name & Title)**	***f.*** **E-Mail**	***g.*** **Phone No.**
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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 though 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** *(Provide attachment as necessary)* TIP- Comprehensive Clinical Support (CCS) Procedure Code: **G2021-CR**

2	**Rationale for proposed adoption of LME-MCO Alternative Service to address issues that cannot be adequately addressed within the current NCTRACKS Service Array** • ***Consumer access issues to current service array*** • ***Consumer barrier(s) to receipt of services*** • ***Consumer special services need(s) outside of current service array*** • ***Configuration and costing of special services*** • ***Special service delivery issues*** • ***Qualified provider availability*** • ***Other provider specific issues*** **Description:** The service includes activities with and/or on behalf of a member of with Mental Health (MH), Intellectual/ Development disabilities (IDD) and Substance Use Disorder (SUD) diagnoses. This service will provide a comprehensive set of supports to members when the typical services (usually those delivered in a group environment) are not able to be provided. Interventions include strategies and actions for the purposes of treatment continuity allowing for flexibility of the intensity and combinations of treatment interventions best able to meet and individual's needs. These services may be needed when individuals are not able to attend their typical site-based services, or when other enhanced services are not able to be provided due to the extenuating circumstances being experienced in the current pandemic. Such services are performed by an individual employed by a provider agency for members that do not have other services in place and that can provide this type of clinical support or have had services temporarily suspended due to extenuating circumstances. These services are designed to meet some of the broad healthcare, educational, vocational, residential, financial, social and other non-treatment needs of the member and may include the arrangement, linkage or integration of multiple service and providers involved in the member's care. Examples of such activities include making referrals to other service providers if this becomes necessary and following up to ensure services are initiated. Provision of supportive contacts, skill reinforcement, skill development through telephonic or other technology means, and face to face when it remains appropriate to do so.
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** Comprehensive Clinical Support interventions will include but are not limited to: • Qualified Professionals will utilize virtual/telehealth visits for communication at the same frequency of contacts per week the service would typically be provided. Because services may not be able to be provided in a group setting, the per day hours may vary from what would be typically provided. For any service dates where, services were not provided the record should reflect the reason the service did not occur. • In the event of a crisis, the provider will have a plan in place to proactively take steps to avoid sending a member to an Emergency Department or hospital unless absolutely necessary, including telephone triage, virtual visits, face to face telehealth visits, and in person visits when safe and clinically indicated, in order to protect members from the increased risk of exposure to the virus that causes COVID-19 in facility settings. In the rare event that there is no other way to stabilize outside of a crisis facility setting, it is expected that providers contact the hospital, emergency department, or crisis facility ahead of time to provide advance communication of the specific details of the situation, including risk of member and other pertinent clinical information. • Where activities align with evidenced based practices and can be provided in written formats to the families/members to work on in the home they will be sent via email or electronic communication methods or packets that can be dropped off at the member's residence to be worked on independently and with appropriate coaching from staff. • Therapy services with licensed clinicians at a frequency/ session length that is clinically indicated for the member. Some members may require more frequent therapy sessions but for shorter time periods (multiple 30 min. sessions vs. one 60-minute sessions) and some may require more individual sessions than family. • Parent training on developing a schedule, behavior plans (when this is within the professional scope of the

	staff providing the service), behavior de-escalation, etc. for services being delivered to children in homes with parents or alternative care givers.
	• Implementation of standardized measurement tools to measure symptom increase/decrease with adjustment to intensity of treatment and/or modifications to the treatment plan
	• In the event a member goes into crisis:
	  ○ Staff would be on call 24/7/365 to support the member and family
	  ○ First line support would be telephonic or telehealth
	  ○ Appropriate staff would go out to the home if needed unless travel becomes restricted for essential personnel
	  ○ Would utilize the other professionals such as therapist/psychiatrist/psychologist via secure telehealth to address the crisis while on-site
	• If parents/family are showing symptoms of behavioral conditions or medical conditions or need assistance with crisis situations, the agency delivering CCS can provider linkage and coordination to appropriate providers
	• Provider staff such as QPs will be responsible for linking to necessary resources as situations continue to develop with COVID-19. Providers will assist members/families with obtaining internet during this crisis where possible, so they can utilize telehealth. Providers can address any social factors that represent a current need or may arise during this pandemic.
	• All members would have access to medication management directly through the provider agency providing CCS or in cases where the provider agency does not have an available psychiatric resource, they would have an established relationship with a provider than can provide this access to care as necessary for psychiatric evaluation and medication management.

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)** Due to the tight turnaround of the timing of this submission, the proposed service will be advance to CFAC for review but was not completed prior to this submission.
5	**Projected Annual Number of Persons to be Served with State Funds by LME-MCO through this Alternative Service** Approximately 300 members are estimated but this is broad estimate as the total impact is still unknown based on the current pandemic and provider impact what the shift to this service will need to occur
6	**Estimated Annual Amount of State Funds to be Expended by LME-MCO for this Alternative Service** $1,020,000
7	**Eligible NCTracks Benefit Plan(s) for Alternative Service:** *(Check all that apply)* ***Assessment Only:*** ☐***GAP*** ***Child MH:*** ☒***All*** ☐***CMSED*** ***Adult MH:*** ☒***All*** ☐***AMI*** ***Child DD:*** ☒***CDSN*** ***Adult DD:*** ☒***All*** ☐***ADSN*** ***Child SA:*** ☒***All*** ☐***CSSAD*** ***Adult SA:*** ☒***All*** ☐***ASCDR*** ☐***ASWOM*** ☐***ASTER***

	Veteran: ☒***AMVET***
8	**Definition of Reimbursable Unit of Service:** *(Check one)* ☐ ***Service Event*** ☐***15 Minutes*** ☐ ***Hourly*** ☒ ***Daily*** ☐ ***Monthly*** ☐ ***Other: Explain***_____
9	**Proposed NCTracks Maximum Unit Rate for LME-MCO Alternative Service** *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 maximum NCTRACKS Unit Rate for which the LME-MCO proposes to reimburse the provider(s) for this service?* **$376.00**
10	**Explanation of LME-MCO Methodology for Determination of Proposed NC Tracks Maximum Unit Rate for Service** *(Provide attachment as necessary)* The rate paid for services this replaces varies per day; this can range. For example, Day treatment is $188 per day, and SAIOP is $131.56 to $148.52 (depending on provider status). However, it may also be necessary to increase the per diem rates to sustain the provider network.
11	**Provider Organization Requirements** Comprehensive Clinical Support must be delivered by practitioners employed by a mental health/substance abuse provider organization that meet the provider qualification policies, procedures, and standards established by DMH and the requirements of 10A NCAC 27G. Provider must be approved be the LME/MCO to deliver this service.
12	**Staffing Requirements by Age/Disability** *(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)* Persons who meet the requirements specified for professional or paraprofessional status for the appropriate disability population or qualified professional or paraprofessional status for the appropriate disability population according to 10 NCAC 14V.
13	**Program and Staff Supervision Requirements** Supervision is provided according to supervision requirements specified in 10 NCAC 14V and according to licensure/certification requirements of the appropriate discipline.
14	**Requisite Staff Training** Staff will receive training based on the functions they are preforming as part of this service. For Paraprofessional staff performing comprehensive clinical support functions as a part of a team lead by QPs/Licensed professionals, the agency will have an outlined training plan for these staff, including escalation training for additional support by clinical staff when indicated.
15	**Service Type/Setting** • ***Location(s) of services*** • ***Excluded service location(s)*** This is a per diem service which includes a variety of activities and interventions. This service is provided in any location.
16	**Program Requirements**

	• ***Individual or group service*** • ***Required client to staff ratio (if applicable)*** • ***Maximum consumer caseload size for FTE staff (if applicable)*** • ***Maximum group size (if applicable)*** • ***Required minimum frequency of contacts (if applicable)*** • ***Required minimum face-to-face contacts (if applicable)*** Includes face-to-face, telephone time, tele-health contacts with the member, collateral, and other agency personnel. The frequency and amount of this service is based on the individual's needs and is designed to be flexible. The activities must be directly related to support to the member and not strictly for administrative activities such as scheduling clinic appointments, appointment reminders, forwarding messages to staff, phone calls for cancellation of appointments, etc. • Staff Travel Time is not covered under this service • Preparation or completion of documentation such as service notes, time sheets, etc. is not covered under this service • This service is not intended to be billed when other enhanced services can be provided.
17	**Entrance Criteria** • ***Individual consumer recipient eligibility for service admission*** • ***Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service*** The member is eligible for this service when: A. There is a DSM-5 (or subsequent editions) diagnosis present, or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a). **AND** B. Level of Care Criteria, LOCUS/CALOCUS, ASAM, or SNAP/SIS deemed eligible for services based on a documented developmental delay or disability. CALOCUS/LOCUS Level of 2 or above, ASAM level of 2.1 or above. SNAP level 2 or SIS above 100 or any exceptional behavioral needs indicated on the SIS. **AND** C. The member is an enhanced facility/group-based service that cannot be delivered due to pandemic circumstances
18	**Entrance Process** Identification of a member's need for Comprehensive Clinical Support should be made when the members is already authorized for an enhanced service that would be medically necessary, but it is unable to be delivered in a group or facility location.
19	**Continued Stay Criteria** • ***Continued individual consumer recipient eligibility for service*** The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply: A. Recipient has achieved initial service plan goals and additional goals are indicated.

	B. Recipient is making satisfactory progress toward meeting goals. C. Recipient is making some progress, but the service plan (specific interventions) need to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved. D. Recipient is not making progress; the service plan must be modified to identify more effective interventions. E. Recipient is regressing; the service plan must be modified to identify more effective interventions. F. Recipient has not been linked to other more appropriate behavioral health services.
20	**Discharge Criteria** • ***Recipient eligibility characteristics for service discharge*** • ***Anticipated length of stay in service (provide range in days and average in days)*** • ***Anticipated average number of service units to be received from entrance to discharge*** • ***Anticipated average cost per consumer for this service*** Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following: 1. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted. 2. Consumer has moved to an alternative service or is able to receive the typical services.
21	**Evaluation of Consumer Outcomes and Perception of Care** a. Decrease in the frequency/ need for crisis intervention (use of ED, Mobile Crisis, and Facility Based Crisis) b. Connection to supports that can assist in meeting the identified needs which may be beyond the MH/IDD/SUD treatment system such as food, shelter, supplies c. Maintenance of skills that have been developed through more intensive treatment programs. d. Connection to benefits such as Medicaid, Unemployment, or other necessary resources Utilization of this service will also be monitored to ensure that this is not utilized as a replacement for other more appropriate basis when these are available and that this is not used on a long-term basis but as a time limited support during extenuating circumstances such as a pandemic.
22	**Service Documentation Requirements** • ***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.*** Documentation is required of this service should be maintained in the provider's medical record for the individual and a full service note is required for all dates of service. This should include a note of the activities preformed, amount of time spent, agencies contacted, if applicable, and signature and credentials of the individual providing the service. Service orders can be completed by fully licensed clinicians.
23	**Service Exclusions** • ***Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as the proposed Alternative Service***

	This service should not be provided to members where the enhanced services are able to be provided. This service would be excluded for I/DD members who are still able to receive periodic services.
24	**Service Limitations** • ***Specify maximum number of service units that may be reimbursed within an established timeframe (day. week, month, quarter, year)*** Maximum is 1 unit per diem and up to 5 units per week
25	**Evidence-Based Support and Cost Efficiency of Proposed Alternative Service** • ***Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service*** These services will be utilized to ensure members still are connected to care and to allow providers flexibility and creativity when they cannot delivery their typical office/facility-based services or face to face services in the community as has been recommending. Without some additional supports in places for these members it is anticipated that more ED or crisis episode will occur. Especially during a pandemic or other special circumstance, it is important to minimize unavoidable crisis events as much as possible.
26	**LME-MCO Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service** The LME/MCO will review claims monthly to monitor patterns and trends in utilization of this service. The LME/MCO will monitor service utilization through prior authorizations, utilization management, and utilization reviews.
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:** **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**