LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Sandy's comments

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at **Wanda.Mitchell@ncmail.net**, and to Spencer Clark, Chief's Office, Community Policy Management Section, at **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** or (919) 733-4670, or to Spencer Clark at **Spencer.Clark@ncmail.net** or (919) 733-4670.

***a.* Name of LME East Carolina Behavioral Health**		***b.* Date Submitted 5-16-08**
***c.* Name of Proposed LME Alternative Service** **Community Rehabilitation –(TBI)**		
***d.* Type of Funds and Effective Date(s):** *(Check All that Apply)* ☐ **State Funds:** Effective 7-01-07 to 6-30-08 ☒ **State Funds:** Effective 7-01-08 to 6-30-09		
***e.* Submitted by LME Staff (Name & Title)** **Cindy Ehlers, MS LPC, CBIS (Certified Brain Injury Specialist)** **Assistant Director- Clinical Operations**	***f.* E-Mail** **cehlers@ecbhlme.org**	***g.* Phone No.** **252-639-7703**

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds though 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 ***LME Alternative Service Request for Use of DMHDDSAS State Funds.***

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:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not 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 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 though 28, as appropriate, for all requests.
1 **Remove rehab from definition**	**Alternative Service Name, Service Definition and Required Components** *(Provide attachment as necessary)* Community Rehabilitation is a day service for persons with Traumatic Brain Injury that includes a significant amount of individualized cognitive rehabilitation, restorative rehabilitation, compensatory rehabilitation, remediation, therapeutic or rehabilitative programming. This service includes rehabilitative day supports in the home or community. People who receive this level of care are significantly impaired due to a traumatic brain injury and would require these services to remain in the natural home setting versus a residential group home, or institutional or rest home setting. Community Rehabilitation Staff are trained and receive regular professional support and supervision from a licensed Rehabilitation professional. GUIDELINES: (1) The costs related to programming are part of the rate for this service. (2) Community Rehabilitation must be provided in the natural home or community and can not be provided to a person living in a group setting or residential placement of any type the person must be living in their own home or the home of a family member.
2	**Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array** • ***Consumer access issues to current service array*** The current service array available does not adequately address long term cognitive rehabilitation, remediation and restructuring needed after a traumatic brain injury. Many survivors of traumatic brain injury are often inappropriately diagnosed and treated with other services based on symptoms rather than an understanding of the complete clinical presentation associated with a traumatic brain injury. • ***Consumer barrier(s) to receipt of services*** Consumers seeking services often become disenfranchised with the traditional mh/dd/sa system as a result of being categorized mh/dd/or sa, as none of those labels accurately reflect the true diagnosis of the individual. Survivors of a traumatic brain injury do manifest symptoms associated with mh/dd and sa but often they are as a result of the traumatic brain injury. Additionally the current service array does not focus on the necessary type of interventions needed to improve rehabilitation and recovery outcomes for persons with a traumatic brain injury, thus causing a delay in achieving personal outcomes from treatment. • ***Consumer special services need(s) outside of current service array*** Persons with traumatic brain injury need cognitive rehabilitation, restorative therapy, cognitive restructuring, cognitive therapy, cognitive remediation and community reintegration. These types of interventions are not included in the current service array.

	• ***Configuration and costing of special services*** These services are implemented with a hourly rate consistent with the rates associated with similar services for other uniquely defined populations. • ***Special service delivery issues*** These services require supervision from Rehabilitation professionals. • ***Qualified provider availability*** This is a highly specialized provider niche. • ***Other provider specific issues***
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** Community Rehabilitation support/intervention to address rehabilitation of a traumatic brain injury are not currently available in Medicaid for adults nor are Medicaid/State services specialized in treating the co-morbidity of this condition under the existing definitions for children with TBI.
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** **25**
6	**Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service** **$ 234,000 at an average cost of $9,360 per recipient 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* ***Adult MH:*** ☒*All* ☐*AMSPM* ☐*AMSMI* ☐*AMDEF* ☐*AMPAT* ☐*AMSRE* ***Child DD:*** ☒*CDSN* ***Adult DD:*** ☒*All* ☐*ADSN* ☐*ADMRI* ***Child SA:*** ☒*All* ☐*CSSAD* ☐*CSMAJ* ☐*CSWOM* ☐*CSCJO* ☐*CSDWI* ☐*CSIP* ☐*CSSP* ***Adult SA:*** ☒*All* ☐*ASCDR* ☐*ASHMT* ☐*ASWOM* ☐*ASDSS* ☐*ASCJO* ☐*ASDWI* ☐*ASDHH* ☐*ASHOM* ☐*ASTER* ***Comm. Enhance.:*** ☒*All* ☐*CMCEP* ☐*AMCEP* ☐*CDCEP* ☐*ADCEP* ☐*ASCEP* ☐*CSCEP* ***Non-Client:*** ☐*CDF*
8	**Definition of Reimbursable Unit of Service:** *(Check one)*

	☐ *Service Event* ☐ *15 Minutes* ☒ *Hourly* ☐ *Daily* ☐ *Monthly* ☐ *Other: Explain*_____
9	**Proposed IPRS Average Unit Rate for LME Alternative Service** *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 average IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?* **$30.00 per hour**
10	**Explanation of LME Methodology for Determination of Proposed IPRS Average Unit Rate for Service** *(Provide attachment as necessary)* This is a projected rate based on the rate of developmental therapy professional which is the closest service to this type of service in the current array although focused on developmental disabilities and habilitative needs versus rehabilitation.
11	**Provider Organization Requirements** Community Rehabilitation services must be delivered by practitioners employed by mental health, developmental disabilities or substance abuse provider organizations that • meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) including national accreditation; and • fulfill the requirements of 10A NCAC 27G These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being contracted by the Local Management Entity (LME). Additionally, at the time of enrollment as a provider with the LME, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Contract, bulletins, and service implementation standards. The Community Rehabilitation organization is identified in the Person Centered Plan. For state funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The Community Rehabilitation provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.
12	**Staffing Requirements by Age/Disability** *(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)* Persons who meet the requirements specified (10A NCAC 27G.0104) for Qualified Professional (QP), Associate Professional (AP), or Paraprofessional status, and who have the knowledge, skills, and abilities required by the population and age to be served, may deliver Community Rehabilitation. A targeted case manager shall develop and coordinate the Person Centered Plan. Qualified Professionals (QP),Associate Professionals and Paraprofessionals may deliver Community Rehabilitation services to directly address the recipient's diagnostic and clinical needs under the direction and supervision of a Licensed Rehabilitation Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.
13 Professional	**Program and Staff Supervision Requirements** **All staff in the program must be supervised by a Licensed Rehabilitation professional on**

with 3-5 years of TBI experience	**site with experience working with traumatic brain injury. Staff must be determined competent by the agency policies to execute the person centered plan that focuses on brain injury rehabilitation.**
14	**Requisite Staff Training** **Staff must receive 40 hours of traumatic brain injury rehabilitation specific training, from master's level qualified trainers in the field.**
15	**Service Type/Setting** • ***Location(s) of services*** This service is provided in the consumers home or community. This service includes providing "first responder" crisis response on a 24/7/365 basis to recipients experiencing a crisis. • ***Excluded service location(s)*** **This service may not be provided to individuals in group homes, alternative family living homes, family care homes, supervised living facilities, living in skilled nursing homes, rest homes or intermediate care facilities. A consumer can not get Developmental Therapy while receiving this service. The other available state funded services in conjunction with this service are Personal Care and Community or Hourly Respite.**
16	**Program Requirements** • ***Individual or group service*** This is an individual service in a home or community based setting. • ***Required client to staff ratio (if applicable)*** The client to staff ratio is dependent on the individual needs but can be no higher than 1 to 1 • ***Maximum consumer caseload size for FTE staff (if applicable)*** • ***Maximum group size (if applicable)*** • ***Required minimum frequency of contacts (if applicable)*** *Contact must be weekly* • ***Required minimum face-to-face contacts (if applicable)*** **Face to face weekly**
17	**Entrance Criteria** • ***Individual consumer recipient eligibility for service admission*** A. .Axis III diagnosis for traumatic brain injury or the person has a brain injury that is defined as a developmental disability in GS 122C-3 (12a **AND** B The recipient is experiencing difficulties in at least one of the following areas: 1. functional impairment in occupational, cognitive and behavioral areas 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement in a group living setting, nursing home, rest home or institution **AND** C. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a rehabilitation setting if any of the following apply: 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with traumatic brain injury diagnosis. 2. Presents with verbal, and physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community/home setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.

	4. Requires a structured setting to foster successful community re-integration through individualized interventions and activities. **OR** D. The individual's current residential living situation meets any one of the following: 1. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment. 2. Current placement involves relationships which undermine the stability of treatment. 3. Current placement limits opportunity for recovery, community integration and maximizing personal independence. • ***Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service*** This service is limited to no more than 15 hours per week to meet the rehabilitative needs of the individual.
18	**Entrance Process** • ***Integration with team planning process*** A targeted case manager assist the person in development of a Person Centered Plan. This requirement may be fulfilled through the completion of assessment and admission service. If a substantially equivalent assessment is available that reflects the current level of functioning and contains all the required elements as outlined in community practice standards as well as in all applicable federal, state, and DHHS requirements, it may be utilized as a part of the current comprehensive assessment. **For State-funded Community Rehabilitation, in order to facilitate a request for the initial authorization, a required Person Centered Plan with signatures, the required authorization request form, and the Consumer Admission must be submitted to the Local Management Entity.**
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 consumer's service plan or the consumer 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. Consumer has achieved initial service plan goals and additional goals are indicated. B. Consumer is making satisfactory progress toward meeting goals. C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with a required level of functioning are possible or can be achieved. D. Consumer is not making progress; the service plan must be modified to identify more effective interventions. E. Consumer is regressing; the service plan must be modified to identify more effective interventions.
20	**Discharge Criteria** • ***Recipient eligibility characteristics for service discharge*** 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 has achieved service plan goals, discharge to a lower level of care is indicated. 2.Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted. • ***Anticipated length of stay in service (provide range in days and average in days)*** **The expected clinical outcomes for this service are specific to recommendations resulting from clinical assessments and meeting the identified goals in the recipient's Person Centered Plan. This service will be authorized in six months intervals**

	Expected clinical outcomes may include: • Increase functional skills that mediate life stresses resulting from the recipient's diagnostic and clinical needs • Minimize the negative effects of symptoms that interfere with the recipient's daily living • Use natural and social supports • Utilize functional skills to live independently • Develop and utilize strategies and supportive interventions to maintain a stable living arrangement and avoid of out-of-home placement • ***Anticipated average cost per consumer for this service*** **$9,360 per person per year**

21	**Evaluation of Consumer Outcomes and Perception of Care**
	
	• ***Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service***
	This request is being made as a result of consumer input related to the ineffective service array and already is based on the evaluation of an Alternative service need. ECBH will continue to work in partnership with consumers, families and providers to complete Consumer Satisfaction surveys and national core indicators surveys as well as LME surveys to determine service effectiveness toward outcome achievement or the need to pursue alternative services
	• ***Relate emphasis on functional outcomes in the recipient's Person Centered Plan***
	Consumer outcome achievement will be based on the outcomes outlined in the individual PCP. We expect to see
	  • More survivors living in the community independently versus other settings
	  • Wrap around supports to assist with community reintegration
	  • Increase in use of this clinical service for persons with TBI over substitute services such as developmental therapy, personal care and assistance
	  • To reach the 234,000 benefit cap on this service in fy 2008-2009

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.*** • ***Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.*** The minimum standard is a full service note per event of service written and signed by the person who provided the service and a monthly service note written by the licensed professional who provided supervision of the service that includes: • Recipient's name • Medicaid identification number • Service provided (e.g., Community Support – Individual or Group) • Date of service • Place of service • Type of contact (face-to-face, phone call, collateral) • Purpose of the contact • Description of the provider's interventions • Amount of time spent performing the interventions • Description of the effectiveness of the interventions • Description of additional recommended interventions to improve outcomes.

	• Signature and credentials of the staff member(s) providing the service (for paraprofessionals, position is required in lieu of credentials with staff signature) **Refer to the DMH/DD/SAS *Records Management and Documentation Manual* for a complete listing of documentation requirements.**
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 proposed Alternative Service*** This service may not be provided to individuals who live in group homes, alternative family living homes, family care homes, supervised living facilities, living in skilled nursing homes, rest homes or intermediate care facilities. A consumer can not get Developmental Therapy while receiving this service. The only other available state funded services in conjunction with this service are Personal Care and Community or Hourly Respite.
24	**Service Limitations** • ***Specify maximum number of service units that may be reimbursed within an established timeframe (day. week, month, quarter, year)*** **Service units are billed as hourly units not to exceed 15 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*** **According to the Brain Injury Association of America (2007). The Essential Brain Injury Guide. Edition 4.0. McLean VA 22101** • **Traumatic brain injuries cost more than 60 billion annually in the US** • **Estimated lifetime cost for one year of those injuries are $406 billion** • **Cost are often due to the resultant life-long disabilities associated with the injury.** • **56% of adults with brain injuries tested positive for alcohol or other drugs.** • **Systems of care include post acute rehabilitation and long term supported living.** • **Cognitive, physical, behavioral and emotional changes as a result of a traumatic brain injury can greatly affect a person's ability to live independently.** • **In an Outcome Oriented Model partnerships are needed between the survivor, rehabilitation professionals, paraprofessionals and family members to improve the recovery of the survivor and their potential for community reintegration.**
26	**LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service** **ECBH will monitor client progress toward goals during annual monitoring activities and through Utilization Management and Review. We will compare expenditures related to this service with previous utilization expenditures and patterns. We expect to see better consumer outcomes related to this alternative service.**
27	**LME Additional Explanatory Detail *(as needed)*** **This request is to support survivors of traumatic brain injury in lieu of a Home and Community Based Service Waiver (HCBS) that would allow NC to waive one or more requirements of eligibility for funding and provide and increased array of services**

	available to meet the special needs of persons with brain injury in this state. **ECBH and our provider partners have a strong commitment to support survivors to live in the community after a traumatic brain injury this service is needed to adequately support their recovery and rehabilitation.**