

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 4/3/20
c. Name of Proposed LME-MCO Alternative Service Home Monitoring through Virtual Supervision systems (HMVS)		
d. Type of Funds and Effective Date(s): (Check and Complete Applicable Dates) State Funds Only: <input type="checkbox"/> Effective <u>4/3/20</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	<p>Alternative Service Name, Service Definition and Required Components (Provide attachment as necessary)</p> <p><i>Home Monitoring through Virtual Supervision provides monitoring for children and adults with intellectual/developmental disabilities through the use of technology. Members receiving this service must live in a non-licensed setting. This service supports individuals to live independently or to live with family in a private home. This service may be provided to children 13-21, where it would developmentally appropriate</i></p>
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for a cnua to stay at home with virtual supervision, when it is assessed that this service provision does not pose any health and safety concerns for the individual. (added 4/9)

Home Monitoring through Virtual Supervision is an innovative way to provide support to members without the need for staff to be physically present. This service uses technology to provide monitoring and virtual assistance to maintain and promote the member's functional status and independence. This service will also provide temporary relief from the supervisory responsibilities of a caregiver without staff needing to be physically present at the home. Technology may include, but not be limited to: Internet based video sharing services such as FaceTime, Skype, WebEx, Zoom, or other two way live video sharing services, video monitoring, sensors, smart home technology, or a combination of different technologies. The technology format will be person-centered based on the individual needs of the member to assure health and safety.

2

Rationale for proposed adoption of LME-MCO Alternative Service to address issues that cannot be adequately addressed within the current NCTRACKS Service Array

During a statewide crisis, Home Monitoring through Virtual Supervision allows direct support staff to monitor and respond to a member's health, safety, and other needs using a variety of technology that is available on the market. This service allows a member the independence to be physically alone with the security of staff being available for remote support. This service can be provided in a number of ways, catered to the member's individual needs. For example:

- *Using a two-way communication such as FaceTime, Skype, WebEx, or Zoom,, staff can provide assistance to the member for activities where the member needs verbal prompting/guidance .*
- *Using a two-way communication, staff can interact with member while caregiver is at the home but not physically in the room.*
- *Using a video monitoring system, staff visually and audibly monitor the member for health and safety. This monitoring allows the staff to be able to interact with the member as needed for verbal guidance or direction.*
- *Using sensors on doors, ovens, refrigerators, beds, etc to alert staff to an event that may need intervention. Intervention could include a phone call or video chat.*

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

The service needs are based on a screening/evaluation and the person centered plan (PCP) for services that were approved for which there is an existing service authorization.

The service includes

- *Choosing direct support professionals and mode of technology;*
- *Acquiring and supporting needed technology;*
- *Learning to use appropriate technology*

This service also incorporates a backup plan in the member's person centered plan in the event that Home Monitoring through Virtual Supervision is no longer safe for the member.

Goals of the service include but are not limited to the following:

- *Enable stability while living in the community at the least restrictive level of care;*
- *Promote independence to the fullest extent possible*
- *Provide periodic relief for the caregiver from the responsibility of supervision of the member*

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.

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)

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.

Recommends **Does Not Recommend** **Neutral (No CFAC Opinion)**

5 Projected Annual Number of Persons to be Served with State Funds by LME-MCO through this Alternative Service

50 Members

6 Estimated Annual Amount of State Funds to be Expended by LME-MCO for this Alternative Service

Description of comparable State Plan Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Revenue Code	Unit Definition	Units of Service	Cost of Service
ICF-IID	100	Per diem	1 per day per member	Average \$361.76 Annual Cost \$105,183,336

Description of Alternative Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
Home Monitoring through Home Monitoring through Virtual Supervision systems (HMVS)	TBD	15 min per unit	up to 24 units (6hours) per day	\$6.00 per unit
Annual Estimated Impact		15 min units	24 units per day x 50 members X 365 days per year	2,628,000

Annual amount uses the assumption of 12 months

7 Eligible NCTracks Benefit Plan(s) for Alternative Service: (Check all that apply)

Assessment Only: **GAP**

Child MH: **All** **CMSED**

Adult MH: **All** **SMI** **SED** **SUD**

Child DD: **(Ages 13 and up)** **CDSN**

Adult DD: **All** **ADSN**

Child SA: **All** **CSSAD**

Adult SA: **All** **ASCDR** **ASWOM** **ASTER**

Veteran: **AMVET**

8	<p>Definition of Reimbursable Unit of Service: <i>(Check one)</i></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:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;">Services</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;">Unit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Home Monitoring through Home Monitoring through Virtual Supervision systems (HMVS)</td> <td style="text-align: center;">\$6</td> <td style="text-align: center;">15 min</td> </tr> </tbody> </table> <p>Anticipated Units of Service per Person: up to 24 units (6hours) per day;</p> <p><input type="checkbox"/> Other: Explain _____</p>	Services	Rate	Unit	Home Monitoring through Home Monitoring through Virtual Supervision systems (HMVS)	\$6	15 min
Services	Rate	Unit					
Home Monitoring through Home Monitoring through Virtual Supervision systems (HMVS)	\$6	15 min					
9	<p>Proposed NCTracks <u>Maximum Unit Rate for LME-MCO Alternative Service</u></p> <p><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? <u>\$6.00/15 minute unit</u></i></p>						
10	<p>Explanation of LME-MCO Methodology for Determination of Proposed NCTracks <u>Maximum Unit Rate for Service</u> <i>(Provide attachment as necessary)</i></p> <p>*See row #6</p>						
11	<p>Provider Organization Requirements</p> <p><i>Providers will be required to adhere to the Alternative Service Definition and will have all required documentation and technology 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>						
12	<p>Staffing Requirements by Age/Disability</p> <p><i>Direct Support professionals must have a minimum of a high school diploma. Completion of individualized training necessary to use and maintain all technology used during monitoring. Supervision and person centered planning is completed by a <u>Qualified Professional</u> with experience with the population. Supervision</i></p>						

	<i>is available daily as needed for direct support professional staff. All services are provided under the direction of a Qualified Developmental Disabilities Professional (QDDP).</i>
13	<p>Program and Staff Supervision Requirements</p> <p><i>Supervision and Training: Staff who are not a QP must be supervised by a QP.</i></p>
14	<p>Requisite Staff Training</p> <p><i>Direct Support professionals must have a minimum of a high school diploma. Completion of individualized training necessary to use and maintain all technology used during monitoring. Supervision and person centered planning is completed by a Qualified Professional with experience with the population. Supervision is available daily as needed for direct support professional staff. All services are provided under the direction of a Qualified Developmental Disabilities Professional (QDDP)</i></p>
15	<p>Service Type/Setting</p> <p><i>Services must be rendered in a setting that is convenient for Billable Place of Service for the member that affords an adequate therapeutic environment and that protects the member's rights to privacy and confidentiality.</i></p> <p><i>Restrictions: This service is only available during a declared State of Emergency or natural disaster.</i></p>
16	<p>Program Requirements</p> <p><i>Home Monitoring through Virtual Supervision provides monitoring for children and adults with intellectual/developmental disabilities through the use of technology using FaceTime, Skype, WebEx, or Zoom as allowed per HIPAA requirements. Members receiving this service must live in a non-licensed setting. This service supports individuals to live independently or to live with family in a private home. This service may be provided to children 13-21, where it would developmentally appropriate for a child to stay at home with virtual supervision, when it is assessed that this service provision does not pose any health and safety concerns for the individual.</i></p> <p><i>Home Monitoring through Virtual Supervision is an innovative way to provide support to members without the need for staff to be physically present. This service uses technology to provide monitoring and virtual assistance to maintain and promote the member's functional status and independence. This service will also provide temporary relief from the supervisory responsibilities of a caregiver without staff needing to be physically present at the home. Technology may include, but not be limited to: Internet based video sharing services such as FaceTime, Skype, WebEx, Zoom, or other two way live video sharing services, video monitoring, sensors, smart home technology, or a combination of different technologies. The technology format will be person-centered based on the individual needs of the member to assure health and safety.</i></p>
17	<p>Entrance Criteria</p> <p><i>Members with a documented IDD diagnosis who are unable to receive services. They must be identified as in need of active supervision as part of a plan to gain greater independence and actively participate in outreach and engagement. Member must be able to follow verbal prompts.</i></p>
18	<p>Entrance Process</p> <p><i>The service needs are based on a screening/evaluation and the person centered plan (PCP) for services that were approved for which there is an existing service authorization.</i></p>
19	<p>Continued Stay Criteria</p>

This is a short term engagement service. Continued stay will be determined based on assessment of ongoing needs for this type of supervision as part of the member step down plan to independence

20	<p>Discharge Criteria</p> <p><i>Member is fully engaged in traditional DSP provided 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.</i></p>
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <p><i>Evaluation will focus on ability of individuals to remain safely in their homes whether living independently or while caregivers are not physically present. Ability of the program to promote independence and maintain privacy while offering security and verbal intervention as needed. The concept of this service is to allow the flexibility of remote monitoring when hands-on/physical intervention is not needed, thus encouraging independence while still providing a safe environment for the member.</i></p>
22	<p>Service Documentation Requirements</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>Member must have a current authorization for services that are typically provided in person by a direct support professional. Member may not receive this service at the same time as other services.</i></p>
24	<p>Service Limitations</p> <p><i>See above</i></p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <p><i>Many states like South Carolina and Wisconsin use virtual monitoring to support individuals with IDD. The outcome is greater independence for people with IDD while still receiving support.</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>Providers will be required to adhere to the Alternative Service Definition and will have all required documentation and technology 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>

21

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