# 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**<br>**Trillium Health Resources** | | ***b.*** **Date Submitted**<br>**4/13/20** |
| ***c.*** **Name of Proposed LME-MCO Alternative Service**<br>**Rapid Response Team (RRT)** | | |
| ***d.*** **Type of Funds and Effective Date(s):** *(Check and Complete Applicable Dates)*<br><br>**State Funds Only:** ☐ Effective **4/13/20**<br>☒ New Request ☐ Revision to Previously Approved Alternative Service | | |
| ***e.*** **Submitted by LME-MCO Staff (Name & Title)**<br>**Kim Huneycutt of behalf of Cindy Ehlers, Executive Vice President** | ***f.*** **E-Mail**<br>**Kimberly.huneycutt@trilliumnc.org** | ***g.*** **Phone No.**<br><br>**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 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<br><br>*(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***<br>***Rapid Response Team (RRT)*** *services are directed to children and adult individuals, ages 5-64, that are experiencing an acute behavioral health crisis that have presented in an Emergency Department and/or for step down from Inpatient. This service includes crisis intervention, stabilization, linkage to supports and treatment needed and next day follow up after discharge.*<br>*Rapid Response Team are available at all times, 24-hours a day, 7 days a week, 365 days a year in an office location that has been approved by the Local Management Entity / Managed Care Organization (LME/MCO). This service provides an immediate evaluation, triage and access to acute mental health, intellectual developmental disabilities, and substance use services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises* |

| | |
|---|---|
| | *to appropriate crisis stabilization and detoxification supports or services needed. These services include immediate telephonic response to assess the crisis and determine the risk, mental status, medical stability, appropriate response. Rapid Response Team includes the development of a crisis plan for individuals served, assessment and linkage to social determinant of health needs, follow up and monitoring after linkage, as well as basic case management to link individuals to services/resources that are needed. Specific supports and interventions are unique to each individual and spelled out in the crisis plan.*<br>*Rapid Response Team is billed in lieu of Mobile Crisis. This service does not replace the first responder responsibilities of other enhanced providers and any RRT for member's receiving Enhanced Services must have prior approval of the LMEMCO.* |
| **2** | **Rationale for proposed adoption of LME-MCO Alternative Service to address issues that cannot be adequately addressed within the current NCTRACKS Service Array**<br><br>*The current Clinical Coverage Policy 8A specifies that Mobile Crisis Management Services must be mobile, community based and provided in a least restrictive setting. This alternative service definition targets individuals in or at high risk for accessing the Emergency Department of a hospital and will provide an additional service option for those who need to physically come to an identified location to receive crisis services that will include crisis intervention, stabilization, prevention, and follow up and avoid an unnecessary admission into an Emergency Department or inpatient* stay. The RRT will respond to the ED and transport members to an office based location for service delivery. If a member enters the ED, they will first be triaged by hospital staff prior to referral. |
| **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**<br><br>*Rapid Response Team services must be capable of addressing all psychiatric, substance use disorder, and intellectual and developmental disability crises for all ages to help restore (at a minimum) an individual's previous level of functioning. RRT services may be delivered by one or more individual practitioners on the team.*<br><br>*Rapid Response Teams are supported by a crisis resolution delivery model that consists of 4 phases: intervention, stabilization, prevention, and follow up. This delivery model provides an opportunity for expeditious access to crisis services that would have ordinarily not been available.*<br><br>*The RRT should not exceed 2 hours for response to the Emergency Department to reduce unnecessary boarding, divert hospitalization or re-admission to the ED, prevent unnecessary incarceration, stabilize individuals in behavioral health crisis, and mobilize the resources of the community support system, family members, and others for ongoing maintenance rehabilitation, and recovery.* |
| **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)*<br><br>*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. If this service continues beyond the State of Emergency, we will consult with CFAC.* |

| | |
|---|---|
| | ☐ **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**<br><br>*1500* |
| **6** | **Estimated Annual Amount of State Funds to be Expended by LME-MCO for this Alternative Service**<br><br>*$1.6 million (from MCM to this service)* |
| **7** | **Eligible NCTracks Benefit Plan(s) for Alternative Service:** *(Check all that apply)*<br><br>***Assessment Only:*** ☐***GAP***<br><br>***Child MH:*** ☐***All*** ☒ ***Ages 5 and up***<br><br>***Adult MH:*** ☐***All*** ☒ ***Adults through age 64***<br><br>***Child DD:*** ☐***CDSN*** ☒ ***Ages 5 and up***<br><br>***Adult DD:*** ☐***All*** ☐***ADSN*** ☒ ***Adults through age 64***<br><br>***Child SA:*** ☐***All*** ☐***CSSAD*** ☒ ***Ages 5 and up***<br><br>***Adult SA:*** ☐***All*** ☐***ASCDR*** ☐***ASWOM*** ☐***ASTER*** ☒ ***Adults through age 64***<br><br>***Veteran:*** ☐***AMVET*** ☒ ***Adults through age 64*** |
| **8** | **Definition of Reimbursable Unit of Service:** *(Check one)*<br><br>☐ ***Service Event*** ☒***15 Minutes (see below)*** ☐ ***Hourly*** ☐ ***Daily*** ☐ ***Monthly***<br><br>**Unit of Service:**<br><br>**Services** \| **Rate** \| **Unit**<br>Rapid Response Team \| $91 \| 15 minutes<br><br>☐ ***Other: Explain***_____ |
| **9** | **Proposed NCTracks Maximum Unit Rate for LME-MCO Alternative Service**<br><br>*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?* ***$91/unit*** |
| **10** | **Explanation of LME-MCO Methodology for Determination of Proposed NCTracks Maximum Unit Rate for Service** *(Provide attachment as necessary)*<br><br>*Rate is same as MCM rate* |

| | |
|---|---|
| 11 | ***Provider Organization Requirements***<br>***Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:***<br>*RRT must be provided by a team of individuals that includes a QP according to 10A NCAC 27G .0104 and who shall either be a nurse, clinical social worker or psychologist as defined in this administrative code. One of the team members shall be a LCAS, CCS or a Certified Substance Abuse Counselor (CSAC). Each organization providing crisis management shall have 24-hours-a-day, 7-days-a-week, 365-days-a-year access, to a board certified or eligible psychiatrist. The psychiatrist shall be available for face to face or phone consultation to crisis staff. A QP or AP with experience in intellectual and developmental disabilities shall be available to the team as well. Paraprofessionals with competency in crisis management may also be members of the Rapid Response Team and are supervised by the QP. A supervising professional shall be available for consultation when a Paraprofessional is providing service.*<br><br>***Supervision and Training:***<br>*All staff providing Rapid Response Team services shall demonstrate competencies in crisis response and crisis prevention. At a minimum, these staff shall have:*<br><br>*a. a minimum of one year's experience in providing crisis management services in the following settings: assertive outreach, assertive community treatment, Emergency Department or other service providing 24-hours-a-day, 7-days-a-week, response in emergent or urgent situations AND*<br>*b. 20 hours of training in appropriate crisis intervention strategies within the first 90 days of employment.*<br><br>*Professional staff shall have appropriate licenses, certification, training and experience and non-licensed staff shall have appropriate training and experience.* |
| 12 | **Staffing Requirements by Age/Disability**<br>*See Question #11* |
| 13 | **Program and Staff Supervision Requirements**<br>*See Question #11* |
| 14 | **Requisite Staff Training**<br>*See Question #11* |
| 15 | **Service Type/Setting**<br>*This service is connected to the Emergency Department or Inpatient unit to rapidly respond to and transition members with mental health, intellectual or developmental disabilities or substance use disorders out of the ED or Inpatient care into a setting for stabilization. Rapid Response Team services are primarily delivered face-to-face with the individual served and the crisis assessment takes place in a centralized office location that is approved by the MCO. This service is a hospital based response rather than in the community response. After the completion of the crisis assessment, service components can be provided in the community and can be rendered telephonically or using a HIPAA compliant telehealth platform. The results of this assessment include medically appropriate crisis stabilization intervention and discharge from the Emergency department or Inpatient unit.* |
| 16 | **Program Requirements**<br>*Rapid Response Team services must be capable of addressing all psychiatric, substance use disorder, and intellectual and developmental disability crises for all ages to help restore (at a minimum) an* |

| | |
|---|---|
| | *individual's previous level of functioning. RRT services may be delivered by one or more individual practitioners on the team.* |
| **17** | ***Entrance Criteria***<br>***Entrance Criteria***<br>*The individual served is eligible for this service when the following criteria are met:*<br><br>*a. the individual is eligible for state funding with Trillium*<br>*b. the individual is registered with the Trillium for RRT*<br>*c. the individual is experiencing an acute, immediate crisis and has presented in an Emergency Department ; AND the individual or family has insufficient or severely limited resources or skills necessary to cope with the immediate crisis. OR*<br>*d. the individual or family members evidences impairment of judgment, impulse control, cognitive or perceptual disabilities; OR*<br>*e. the individual is intoxicated or in withdrawal, in need of substance use disorder treatment and unable to access services without immediate assistance. OR*<br>*f. the individual has an intellectual or developmental disability OR*<br>*g. The member is discharging from an inpatient stay*<br><br>*Priority should be given to a beneficiary with a history of multiple crisis episodes or who are at substantial risk of future crises*<br><br>*There is no prior authorization (PA) for this service for the first 16 units.* |
| **18** | **Entrance Process**<br><br>*For beneficiaries enrolled with the LME/MCO based on the last known address of the beneficiary, the crisis provider shall contact the LME/MCO to determine if the beneficiary is enrolled with a provider that should and can provide or be involved with the response. Rapid Response Team will contact the first responder if the beneficiary is already engaged in treatment so the first responder can take the lead. Rapid Response team shall be used to reduce Emergency Department boarding and divert individuals from inpatient psychiatric and detoxification services. These services can also be used as "step down" service from inpatient hospitalization. The provider must register the beneficiary with the LMEMCO call center 24-7-365 at the time the referral from the Emergency Department or Inpatient unit is accepted.* |
| **19** | **Continued Stay Criteria**<br>*The individual is eligible to continue this service if the crisis has not been resolved or his or her crisis situation has not been stabilized, which may include a facility-based crisis unit or other appropriate residential or respite arrangement or bridge housing in a hotel.* |
| **20** | **Discharge Criteria**<br>*The beneficiary meets the criteria for discharge if any one of the following applies: The Beneficiary's crisis has been stabilized and his or her need for ongoing treatment or supports has been assessed and met. If the beneficiary has continuing treatment or support needs, a linkage to ongoing treatment or supports has been made and confirmed.* |
| **21** | **Evaluation of Consumer Outcomes and Perception of Care**<br>*This service is expected to reduce Emergency Department boarding for people with mental health, intellectual or developmental disabilities or substance use disorders. This service includes a broad array of crisis prevention and intervention strategies which will assist the beneficiary in managing, stabilizing or minimizing clinical crisis or resolving situations that lead to crisis. This service is designed to rapidly assess crisis situations. This service will assess an individual's clinical condition, provide triage based on the severity of the crisis, and provide immediate, focused crisis intervention services that can be mobilized in the community or* |

| | |
|---|---|
| | *centralized in an office location to address the needs that have impacted the crisis situation. This service will manage the discharge for members from inpatient stay.* |
| **22** | **Service Documentation Requirements**<br><br>*The provider must register the beneficiary with the LMEMCO call center 24-7-365 at the time the referral from the Emergency Department or Inpatient unit is accepted. The RRT must update the LMEMCO daily on the progress or discharge of beneficiaries.*<br>*The crisis assessment takes place in a centralized office location that is approved by the MCO.*<br>*The results of this assessment include medically appropriate crisis stabilization intervention and discharge from the Emergency department or Inpatient unit.*<br><br>• ***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?***<br><br>☒ ***Yes*** ☐ ***No*** ***If "No", please explain.***<br><br>• ***Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.*** |
| **23** | **Service Exclusions**<br>*. This service is in lieu of Mobile Crisis. This service cannot be provided to a member that has received Mobile Crisis within the past 24 hours as Mobile Crisis should have already diverted the member if they were seen. This service does not replace the responsibility of Enhanced Service providers to be the first responder, it may only be utilized for members receiving an Enhanced Service with prior approval of the LMEMCO and coordination of care between the RRT and the existing Enhanced Service provider as it relates to COVID-19.* |
| **24** | **Service Limitations**<br>*As a result of crisis situations being unpredictable, the anticipated units of service per person and the team caseload cannot be determined.*<br><br>*The service units will vary based upon the situational crisis. Units shall be billed in 15-minute increments.*<br><br>*The length of service will depend upon the situational crisis and the identified needs. The first 16 units are unmanaged.* |
| **25** | **Evidence-Based Support and Cost Efficiency of Proposed Alternative Service** |

| Service | Revenue Code | Unit Definition | Units of Service | Cost of Service |
|---|---|---|---|---|
| Mobile Crisis | H2011 | Fee for service | 15 min | Average=$91 unit<br><br>Annual Cost $7.8 million |

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

| Service | Procedure Code | Unit Definition | Units of Service | Cost of Service |
|---|---|---|---|---|
| Rapid Response Team | TBD | Fee For Service | 15 min | Average=$91<br><br>Annual Cost $ 1.6 million |
| | | | | |

- **Annual amount uses the assumption of 12 months**

**26** **LME-MCO Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service**

*Providers will be required to adhere to the Alternative 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. Post Payment Reviews will be utilized to monitor service delivery.*

**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:**

**. 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 |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| | | | |