

Alternative or “in Lieu of” Service Description

1. Service Name and Description:

Service Name: Disaster Outreach and Engagement for IDD

Procedure Code: ICF-IID-100

Description:

Trillium Health Resources (“Trillium”) experiences a large number of referrals of individuals deemed to be at significant risk of placement in ICF-IID or Emergency department or hospitalization or state facilities due to lack of services for individuals with IDD during service disruptions. This situation is exacerbated during natural disasters and states of emergency when there is a significant service disruption for this population. These members meet the medical necessity criteria for that level of care, but do not have access to care due to system disruptions or lack of capacity to adhere to treatment recommendations due to social distancing, sheltering in place or isolation for medical reasons.

Trillium finds a need to fund providers to work with members who have complex needs to provide outreach and to promote beneficiary engagement and provider retention to reduce the need for crisis services and stop the cycle of re-admission to higher levels of care or out of home services in ICF-IID or other residential or institutional restrictive settings during natural disasters or declared states of emergency.

Disaster Outreach and Engagement is a way of working with children, adolescents and/or adults with a IDD diagnosis and who are unable to access care. Disaster Outreach and Engagement is a critical element of the habilitation model as it allows flexibility to meet member’s particular needs in their own environment or current location (i.e. home, hospitals, jail, shelters, streets, etc.) using a variety of methods.

It is designed as a short term outreach and engagement service targeted to populations or specific member circumstances that prevent the individual from fully participating in needed care for intellectual or developmental disability.

2. Information About Population to be Served:

Population	Age Ranges	Characteristics
IDD	3 -64 years of age	Member diagnosed with intellectual/developmental disability. Member is unable to access care due to a natural disaster or declared state of emergency.

3. Treatment Program Philosophy, Goals and Objectives:

Philosophy:

Disaster Outreach and Engagement is a method of working with members who have an IDD diagnosis and are unable to engage in traditional services due to a natural disaster or declared state of emergency. Additionally, these members aged 3 to 64 also have a history of receiving services and supports but are unable to receive them at this time as a result of barriers created by a natural disaster, declared state of emergency including social distancing or medical isolation or other states of emergency.

Trillium has found through review of available data that the majority of members in need of Disaster Outreach and Engagement services are existing members who were engaged in services with a provider prior to the natural disaster or declared state of emergency event that has created the service disruption.

Trillium is aware that these member have a higher than average potential to go into crisis as a result of not receiving services and supports. These members will likely experience one or more of the following:

- 1) Present at a local Emergency department with a high level of needs with no other services available
- 2) Create a disruption in the home setting without adequate supports.
- 3) Contact crisis services such as mobile crisis or Emergency Services (911) for assistance.
- 4) Be placed under an IVC or admitted to an inpatient hospital setting either at a community-based hospital or a state psychiatric hospital, and have no where to return if discharged.

Selected providers will be able to utilize the service as one strategy to provide outreach and engage and retain members, in an effort to prevent the repeated use of hospital or other crisis services, and out of home needs during a natural disaster or declared state of emergency event.

Trillium has developed a process for identifying members that will be prioritized for this service.

Objectives and Goals:

Disaster Outreach and Engagement is a way of working with children, adolescents, and/or adults with a IDD diagnosis and who are unable to receive medically necessary services due to service disruptions that are caused by natural disasters or declared states of emergency.

Disaster Outreach and Engagement is designed as a short term engagement service targeted to populations and/or specific member circumstances that prevent the individual from fully participating in needed care.

Disaster Outreach and Engagement Services include:

Outreach and Engagement is intended to be flexible in its approach to meet the needs of members at that moment in time. The place of service will vary depending on the member's circumstances.

Disaster Outreach and Engagement is a direct periodic service that can be provided in a range of community settings. It may be provided in the member's place of residence, community, in an emergency department, or in an office setting, school, shelters, work locations, and hospital emergency rooms.

Disaster Outreach and Engagement can be provided in person, by phone, via telehealth platform or other means to provide support, tele-services, health promotion, and crisis prevention, to the member and member's family during times when traditional services are not available due to natural disasters or declared states of emergency that include social distancing.

Disaster Outreach and Engagement is designed to be an individual service requiring contact as necessary with identified members in an effort to build/ re-establish a trusting, meaningful relationship to engage or re-engage the member into services and/ or assess for needs.

Elements of the Disaster Outreach and Engagement service deliver include building trust with the member, assisting members with meeting basic needs for shelter, food, and safety, providing education regarding services and making collateral contacts with family and others working with the member, in addition to linkage to generic community resources

Providers of Disaster Outreach and Engagement will work with the member to avoid unnecessary use of higher levels of care, such as, Emergency departments inpatient hospitalization, state facilities or IFC-IID settings in the absence of traditional services during a natural disaster or declared disaster or state of emergency declaration.

Expected Outcomes:

Members are expected to achieve one or more of the following outcomes:

- Members become engaged and involved
- Members develop and/or maintain meaningful engagement in services
- Member's use of hospital services (inpatient/ ED) is avoided or reduced in frequency and duration
- Member's use crisis services (mobile crisis) is avoided or less frequent
- Members need for out of home residential or treatment services is avoided
- Members medication adherence is increased
- Members receive continuity of care regardless of life circumstances
- Member's Avoidance or Reduction of criminal/ juvenile justice involvement

4. Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:

Provider Requirements

Disaster Outreach and Engagement Services must be delivered by personnel employed by provider agencies that:

- Meet provider qualification policies, procedures, and standards established by the Division of Health Benefits (DHB);
- Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS);
- Fulfill the requirements of 10A NCAC 27G Rules for Mental Health, Developmental Disabilities, And Substance Abuse Facilities and Services.
- Meet Local Management Entity-Managed Care Organization requirements
- Are currently enrolled in the Local Management Entity Managed Care Organization's provider network;
- Bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Providers must document services provided on a daily service note that includes the Member's name, date of service, purpose of contact, duration of contact, and the signature and credentials of the person providing the service. Service is limited to 40 hours per month per member only during natural disasters, or declared states of emergency. Maximum per day is 2 hours.

Staffing Requirements

This service can be provided by licensed clinicians, Qualified Professionals (QP), Associate Professionals (AP), Paraprofessionals (PP)

Supervision and Training:

Staff who are not a QP must be supervised by a QP.

The following staff members may provide services according to 10A NCAC 27G .0104 - Staff Definitions:

- a. Qualified Professional – QP
- b. Associate Professional - AP
- c. Paraprofessional - PP

Unit of Service:

Services	Rate	Unit
Outreach and Engagement	\$10	15 min

Anticipated Units of Service per Person and Team Caseload:

Service is limited to 40 hours per month per member only during natural disasters or declared states of emergency. Maximum per day is 2 hours.

Targeted Length of Service:

Use of Disaster Outreach and Engagement is limited to the following times:

- First 90 days following a natural disaster or the declaration of a state of emergency when other services cannot be provided
- First 30 days following hospital discharge (community-based hospital, state psychiatric hospital)

Utilization Management

Prior Authorization by the LME-MCO is not required however a percentage of services will be reviewed once the declaration of the state of emergency has been lifted through a post payment review process. This service requires concurrent authorization after the first 90 days.

Entrance Criteria

Members with a documented IDD diagnosis who are unable to receive currently authorized Medicaid MH/DD/SU services as the result of a natural disaster or declaration of a state of emergency are eligible for this in lieu of service.

Continued Stay Criteria

Not applicable.

This is a short-term engagement service and is not designed as a long term method of service delivery. The concurrent authorization will only be approved IF the state of emergency extends beyond the initial 90 days.

Discharge Criteria

Member is fully engaged in traditional 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.

OR

The state of emergency declaration is lifted.

Service Exclusions

Members can only receive this service if other authorized services are not available. Such as ICF-IID, CLSF, RBBHT, IW waiver services, state funded services or B3 services or other BH enhanced services during a natural disaster or state of emergency declaration.

Describe why this service is needed and is different than any State Plan or alternative service already defined. If implemented in other states, describe successful outcomes.

Disaster Outreach and Engagement is a central component in a natural disaster and state of emergency to maintain continuity of care for individuals with IDD. Research has shown in other populations a:

- 35% decrease in hospitalization
- 62% reduction in number of days in hospital
- Significant improvement in coping skills and quality of life
- Fewer interactions with police or other crisis systems or out of home placements

People with IDD needs also present unique and individualized challenges. People with IDD are stigmatized in our culture and many individuals find it difficult to get help. Barriers to care that are created by natural disasters and states of emergency create disruption in medically necessary clinically appropriate care. The lack of services and supports leads deterioration of an individual’s health and well-being. Delays and disruptions in services and supports can also result in individuals having more complex and often more expensive care needs.

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
Outreach and Engagement	H0038HICR	15 min per unit	40 units per month max	\$10.00per unit

Annual Estimated Impact				12,000,000
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- **Annual amount uses the assumption of 12 months**

Description of Monitoring Activities:
System level (across member served through this proposed alternative service definition):

- State facility and community ED and inpatient psychiatric admissions will be avoided or reduced
- State facility and community ICF-IID bed day utilization will be avoided or reduced
- Member continuity of care is maintained during the disaster event.
- Crisis services contacts will be avoided or reduced