

# **INCOMPLETE DISCUSSION DRAFT**



**STATE OF ALASKA**  
Department Of Health & Social Services  
CMH/API 2000 Project  
2900 Providence Drive  
Anchorage, Alaska 99508

## **Request For Grant Proposals**

# **Alaska Community-based Intensive Services Program**

A request for proposals for grant funding to participate in the Community-based Intensive Services Program to serve residents of Alaska.

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Procurement Officer

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Project Director

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## **Incomplete Discussion Draft**

# **Request for Grant Proposals Alaska Community-based Intensive Services Program**

## **SECTION ONE: GENERAL INFORMATION**

### **1.01 Eligibility (Who may apply)**

Eligible applicants must be authorized Medicaid providers and capable of serving residents of the state of Alaska. Eligible applicants include private nonprofit corporations, Indian Reorganization Act and traditional tribal councils, city or borough governments, municipalities, schools, regional Native health corporations, other political subdivisions of the state, or a combination of these entities. Proof of nonprofit status is required, see 7 AAC 78.030.

Through this proposal process, the Department of Health and Social Services will select ACISP-approved providers eligible to receive consumer referrals and accompanying grant funds to serve them. See Section Two of this RFGP for eligibility information specific to this program and this solicitation.

### **1.02 Acceptance of terms**

By submitting a proposal, an applicant accepts all terms and conditions of this Request for Grant Proposals, RFGP, including those contained in the Assurances Form (Appendix B), the Department of Health and Social Services Grant Program Regulations (7 AAC 78), and the Division of Community Mental Health Regulations (7 AAC 71). If a grant is awarded, this RFGP and the applicant's proposal will become part of the grant agreement. The applicant will be bound by the provisions contained in the proposal, unless the department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the state and may be returned only if the state allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

### **1.03 Compliance with the Americans with Disabilities Act of 1990**

Grantees, subcontractors and others who receive funding from the Department of Health and Social Services of the state of Alaska to provide a service or services

to the general public as an agent of the state must certify that all programs, services and activities operated under the grant or contract are made available to the general public in compliance with the Americans with Disabilities Act of 1990. Grant recipients and subcontractors are subject to state review.

#### **1.04 Deadline for submittal**

To be considered for funding, proposals must be postmarked, date-stamped by an air courier, or received at the address provided below by March 2, 2000. Hand-delivered proposals will also be accepted at this address if received by 4:30 p.m. on March 2, 2000. In order to ensure that proposals are received in time for review, regardless of postmark date or date stamp, proposals received after 4:30 p.m. March 5, 2000 will not be accepted. **Proposals delivered by Telefax will not be accepted.**

**Information received after the proposal deadline will not be considered and may result in the proposal being declared not responsive. Declaration that a proposal is not responsive will result in the proposal not being considered for funding.**

#### **Number of copies and mailing address**

Submit ten (10) copies of the proposal to the DHSS address furnished below. If delivered with the proposal, an acknowledgement of receipt form will be signed and returned to the applicant.

Kathryn Carssow, Project Manager  
The CMH/API 2000 Project  
2900 Providence Drive  
Anchorage, Alaska 99508-4677

Phone: (907) 269-7108  
API TDD: (907) 269-7100

#### **1.05 Inquiries and protests**

Applicants should immediately review this request for grant proposals for defects and questionable or confusing content. Questions about the RFGP that can be answered by directing the applicant to a specific section in the RFGP may be asked verbally by contacting the project manager at the number shown above. Questions that cannot be answered by directing an applicant to a specific section of the RFGP may be declared by the contract manager to be of a substantive nature. The applicant will be directed to state the question in writing. Questions of a substantive nature must be received in writing at the address listed above by \_\_\_\_\_. This will allow all prospective applicants to be informed of any necessary amendments issued. Protests based on any omission or error in the

content of the RFGP will be disallowed if these faults have not been brought to the attention of the project manager, in writing by the close of business

\_\_\_\_\_.

Responses to these questions and any other clarifications of the RFGP will be faxed or mailed if no fax number is available, to all applicants no later than

\_\_\_\_\_.

#### **1.06 Summary of processes and deadlines**

Issue request for grant proposals:

Written inquiries and protests deadline:

Responses to written inquiries and protests deadline:

Postmarked and hand-delivered proposals due:

Proposals evaluation committee meets:

Approved providers notified:

#### **1.07 Proposal costs**

The Department of Health and Social Services will not be responsible for any expenses incurred by the grantee prior to the authorized grant performance period. All costs of responding to this RFGP, including travel expenses to attend proposal evaluation committee meetings are the responsibility of the applicant.

#### **1.08 Duration of grant**

This RFGP is for a grant period of 15 months, starting April 2, 2001 through June 30, 2002. At the discretion of the Department of Health and Social Services, a provider approved under this RFGP may be considered for continued approval for a subsequent program period, July 1, 2002 through June 30, 2004.

#### **1.09 Proposal review**

#### **1.10 Final decision authority**

#### **1.11 Notification of Approved Provider status**

Within fifteen (15) days after the Commissioner's final decision, applicants will be notified of the department's intent to designate the applicant as an Approved ACISP Provider eligible to receive grant funding for purposes of delivering services to ACISP consumers.

**1.12 Appeals**

**1.13 Cancellation of the RFGP and termination of award**

**SECTION TWO: SPECIFIC PROGRAM INFORMATION**

**2.01 Introduction and program description**

The goal of the Alaska Community-based Intensive Services Program, ACISP, is to increase the capacity of the Alaska community-based mental health system by adding a new grant program to provide intense, ongoing, community-based services to persons with chronic and severe mental illness. The purpose of adding another level of intensity and flexibility in ongoing care to the existing array of mental health services in Alaska is two fold: (1) to respond to the request of consumers and consumer advocates for greater diversity in mental health services available in Alaska and (2) to further reduce the reliance of Alaska's mental health system on Alaska Psychiatric Institute (API).

The ACISP makes grant funding available to grantees to supplement other revenues for ongoing, multi-disciplined and integrated services delivered to people with chronic and severe mental illness, complicated for many by substance abuse disorders. The program is intended to serve an annual average of 80 people through several grantees. This new program targets Alaska residents, most but not all who reside in Anchorage, who would otherwise place the highest demand on API acute psychiatric care services as measured by inpatient days.

The addition of the ACISP is intended to increase the overall effectiveness of the Alaska community mental health services system in reducing the total number of acute care inpatient days attributable to residents of Alaska referred to as the "high users group," those who spend 30 days or more in the API acute care units over the course of a year. The desired outcome is to cut by half or more the inpatient acute care demand attributable to the high users group, a reduction of at least 4,000 patient days from the average of about 8,000 patient days per year attributable to high users from 1995 through 1999, or the equivalent of about 12 acute care beds. Realization of this outcome requires the combination of a reduction in the number of people who constitute the high users group, averaging about 96 per year over the last five years, and in the average number of inpatient days experienced per person in the high users group, averaging about 83 days per year for the same period.

The ACISP grant funding follows the consumer in order that the consumer may choose from service providers approved in advance to be grant funding recipients. The purpose of the competitive grant proposal process is to identify approved ACISP providers eligible to become grant recipients upon being referred an eligible ACISP consumer. The ACISP referral committee determines the eligibility of consumers for the ACISP. The ACISP will refer eligible individuals to approved ACISP providers based on the consumer's preferences and the provider's existing capacity. Each ACISP consumer is considered to be an individual cost center even though the grant award is given to the approved provider.

Employees of the grantee will provide personal services coordination (case management), individualized services planning (individualized treatment planning), and crisis intervention directly to the consumer. In addition, the grantee will bring together and coordinate the efforts of a team of professionals to deliver interdisciplinary services to the consumer in accordance with an approved individualized personal services plan and budget. ACISP grantees may provide these additional services directly or through subcontracts with other qualified community-based services providers. The ACISP grantee will allow the consumer choice in selecting the professionals who are to serve on their services delivery team. The intention of the ACISP is to allow grant recipients maximum flexibility in determining the number of ACISP consumers they commit to serving and in creating interdisciplinary teams of the consumer's choice to implement each consumer's individualized services plan. ACISP grant funds are to be used specifically for the ACISP consumer and cannot be used for others. There is no pooling of funds.

## **2.02 Program Funding**

The Department of Health and Social Services is funding the first 15 months of this program with a federal grant to the department administered by the Substance Abuse and Mental Health Services Administration, SAMHSA. Program funding subsequent to June 30, 2002 will require that the Alaska State Legislature appropriate Mental Health General Funds specifically for this purpose.

The Department will make grant funds available to reimburse grantees for the amount of approved service delivery costs that exceed program receipts from self pay and third-party payers, including Medicaid. Grantees are expected to bill Medicaid appropriately and to apply for prior authorization so as to minimize grant expenditures. The program is estimated to cost the Department \$597,500 in total funding for the grant period.

This funding amount is based on the assumption that grantees will serve an average of 80 consumers in total over the 15-month period of whom 60 percent will be Medicaid eligible and 15 per cent will be Medicare eligible resulting in



collections estimated at about \$1,094,000 in Medicaid reimbursements and about \$301,000 in Medicare reimbursements. Grantees are expected to deliver services in conformance with the State of Alaska's regulations for reimbursement of mental health services by Medicaid, 7 AAC 43.

## **2.03 Scope of services**

### **2.03.01 Overview**

- A. The Alaska Community-based Intensive Services Program (ACISP) provides grant funding to approved providers for delivering the following services to consumers with severe and persistent mental illnesses, complicated for many by substance abuse:
1. directly deliver personal services coordination (case management), individualized services (treatment) planning, and crisis assessment and intervention services;
  2. bring together, through employment, subcontract agreements or a combination of the two, an interdisciplinary team of professionals of the consumer's choice and coordinate the team's delivery of treatment, rehabilitation, and support services in accordance with an individualized services plan developed through a consumer-centered planning process;
  3. provide continuity of service providers over time;
  4. deliver 75 percent or more of the services outside program offices; and
  5. emphasize outreach, relationship building, and individualization of services.
- B. The consumers to be served are Alaska residents who are either high users<sup>1</sup> of API acute care services at the time of referral or are likely to become high users, if they do not receive ACISP services.
- C. The grantee's goal is to substantially reduce each consumer's need for acute inpatient care and ensure service excellence.
- D. There should be no more than 10 ACISP consumers to one full-time equivalent ACISP personal services coordinator employed by the provider with a commitment of an average minimum of 4 hours of service per week per ACISP consumer.

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<sup>1</sup> Requiring 30 days or more within a year of inpatient hospital care over the course of one or more admissions.

## 2.03.02 Initiation, Transfer and Termination of ACISP Services

### A. Consumer Eligibility for ACISP Grantee Services

The ACISP referral committee is to be appointed by the Director of DMHDD and chaired by the ACISP program coordinator and is to include social service, clinical, and consumer peer specialist professionals. The referral committee will determine if a consumer is eligible for ACISP grantee services. The referral committee, represented by the ACISP program coordinator, will consult with the individual, the individual's guardian, if one has been appointed, family members and members of the individual's natural support system, as identified and consented to by the individual, and the individual's most recent housing and community services provider(s), upon retaining permission for the release of information from the individual.

The deciding criteria for referring a consumer for ACISP grantee services is that the individual is a resident of Alaska who the DMHDD referral committee believes will continue to be or will soon become a high user of API acute care services, if they do not receive ACISP services. A high user of API acute care services is defined for the purposes of this grant program as an individual spending a total of 30 days or more as an API acute care patient through one or more admissions over the course of a one year period. Candidates for ACISP grantee services are likely to present as follows:

1. Consumers with severe and persistent mental illnesses listed in the diagnostic nomenclature (currently the Diagnostic and Statistical Manual, Fourth Edition Revised, DSM IVR, of the American Psychiatric Association) that seriously impair their functioning in community living, including people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), or bipolar disorder with the potential to cause long-term psychiatric disability. (Individuals with a primary diagnosis of a substance use disorder or mental retardation are not appropriate.)
2. Consumers with significant functional impairments as demonstrated by at least one of the following conditions:
  - a. inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community (e.g., maintaining personal hygiene; meeting nutritional needs; caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions) or persistent or recurrent failure to perform daily living tasks except with significant support or assistance;
  - b. inability to be consistently employed at a self-sustaining level or inability to consistently carry out the homemaker role (e.g., household

meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities); or

- c. inability to maintain a safe living situation (e.g., repeated evictions or loss of housing).
3. Consumers with one or more of the following problems, which are indicators of continuous high-service needs:
- a. high use of acute psychiatric hospitals or psychiatric emergency services;
  - b. intractable (i.e., persistent or very recurrent), severe major symptoms (e.g., affective, psychotic, suicidal);
  - c. coexisting substance use disorder of significant duration (e.g., greater than six months);
  - d. high risk or recent history of criminal justice involvement (e.g., arrest and incarceration);
  - e. inability to meet basic survival needs or residing in substandard housing, homeless, or at imminent risk of becoming homeless;
  - f. residing in an inpatient facility but clinically assessed to be able to live in a more independent living situation if intensive services are provided;
  - g. inability to participate in traditional office-based services.

**B. Consumer Selection of an Approved Provider (Grantee)**

1. The DMHDD referral committee will provide the consumer the opportunity to choose from among providers approved to receive ACISP grant funds who have existing capacity.
2. The DMHDD ACISP coordinator will inform the consumer of approved providers from which the consumer may choose, facilitate the consumer becoming acquainted with potential providers, and assist the consumer in selecting an approved provider. The coordinator's work with the consumer will include the consumer's guardian, if one has been appointed, and other individuals of the consumer's choice including most recent service providers, family members, and members of the consumer's natural support network.

3. The DMHDD ACISP coordinator will oversee the consumer's transition to the selected approved provider and development of the plan for services.
4. The consumer retains the right to select an alternative approved provider on an annual basis.
5. The consumer will receive unconditional services, meaning the consumer will not be referred out or expelled from services by the ACISP grantee because of their challenging behavior but instead the ACISP grantee will work with the consumer to change the individualized plan for services to more closely meet the consumer's needs.

#### C. Consumer Termination of Services from an ACISP Grantee

1. ACISP grantee services to a consumer may be terminated when the consumer does one or more of the following:
  - a. moves outside the grantee's service area; (The ACISP grantee shall arrange for transfer of mental health service responsibility to a provider wherever the consumer is moving. The ACISP grantee shall maintain contact with the consumer until this service transfer is arranged. The ACISP grantee and the referral committee will work with the consumer to transfer services to another ACISP grantee, if available.);
  - b. demonstrates an ability to function in all major role areas, i.e. work, social, and self-care, with minimal or no assistance from the grantee for at least one year, with this determination to be made by the consumer, the ACISP grantee, and the DMHDD referral committee;
  - c. agrees with the ACISP grantee and the DMHDD referral committee to transition to less intensive and more appropriate available services;
  - d. chooses to terminate services, despite the ACISP grantee's, the ACISP coordinator's, and the referral committee's best efforts to provide services acceptable to him or her; or
  - e. chooses to receive services from another ACISP grantee with available capacity.
2. The provider will document the discharge of a consumer from their services as follows:
  - a. the reasons for discharge;
  - b. the consumer's status and condition at discharge;

- c. a written final evaluation summary of the consumer's progress toward the goals set forth in the services plan;
- d. a plan developed with the consumer for services after discharge and for follow-up;
- e. verification of follow-up by any provider(s) identified in the discharge plan; and
- f. the signature of the consumer, guardian, if appointed, consumer's primary personal services coordinator, and psychiatrist.

Policy and Procedure Requirements: The ACISP grantee shall maintain written admission and discharge policies and procedures.

### **2.03.03 Service delivery capability requirements**

Either through direct employment of professionals only, or direct employment and subcontracting agreements with other community-based professionals, the ACISP grantee will have the capability to create and coordinate the efforts of an interdisciplinary team of professionals as required to implement the consumer's personal services plan.

- A. The ACISP grantee will employ the staff necessary to have the capability to directly provide the following services to persons with severe and chronic mental illness, including persons with a dual diagnosis of mental illness and a substance use disorder:
  - 1. personal services coordination (case management);
  - 2. consumer-centered services planning (treatment planning);
  - 3. 24-hour 7-days-per-week crisis assessment and intervention;
  - 4. support and consultation to consumers' families and other natural supports;
  - 5. symptom assessment and management assistance;
  - 6. individual supportive therapy;
  - 7. assistance with activities of daily living; and
  - 8. support services or direct assistance to ensure that consumers obtain the basic necessities of daily life.

B. The ACISP grantee will either have employed professional staff capable of directly providing the following services to the ACISP consumer or have subcontracting agreements in place at the time of becoming an approved provider under this grant program with other community-based providers to facilitate the consumer receiving the following services and having a choice in service providers:

1. treatment by a psychiatrist including medication prescription;
2. medication administration, monitoring, and documentation by a psychiatrist or psychiatric nurse practitioner;
3. substance abuse treatment;
4. work-support and education-support services;
5. social and interpersonal relationship support;
6. leisure-time activity support; and
7. consultation and support services of a consumer peer specialist.

C. The ACISP provider will coordinate an interdisciplinary team of professionals of the consumer's choosing to implement the consumer's personal services plan. The consumer's ACISP team will consist of mental health professionals with training and experience in delivering services to people with the dual diagnosis of mental illness and substance use disorders and with the following qualifications:

1. The ACISP grantee will employ a full-time equivalent (FTE) personal services coordinator (PSC) to serve a maximum of 10 ACISP consumers whose time is committed to providing at a minimum an average of 4 hours of services per week, per consumer served. For every four FTE ACISP PSCs a provider employs, one will meet Medicaid mental health professional clinician qualifications (07 AAC 43.1990) with a master's or more advanced degree in psychology, social work, counseling, or nursing with specialization or experience in mental health or who is a psychiatrist. Three out of the four PSCs must, at a minimum, meet Medicaid mental health clinical associate qualifications (07 AAC 43.1990) with a degree less than a master's degree in psychology, social work, or related field with specialization or experience in working with chronically mentally ill adults, and supervised by a mental health professional clinician with a master's or more advanced degree.
2. A psychiatrist employed or subcontracted for a minimum of 4 hours per week for every 10 ACISP consumers to provide the following services in

collaboration with the consumer, PSC, and the other members of the consumer's team:

- a. prescribe and monitor the use of and side effects of symptom management tools, including medication;
  - b. monitor the consumer's clinical status and response to treatment;
  - c. supervise the ACISP provider's delivery of services; and
  - d. guide psychopharmacologic and medical treatment, including collaborating with hospital or residential treatment medical staff if and when the consumer receives inpatient psychiatric or medical care and treatment.
3. the equivalent of at least one half-time registered nurse for every 25 consumers served to monitor and, if necessary, administer medications,
  4. the equivalent of at least one half-time mental health professional for every 25 consumers served designated for the role of vocational specialist, preferably with a master's degree in rehabilitation counseling,
  5. A minimum of one hour of services per week provided by a peer specialist for every consumer served.
    - a. A peer specialist is someone who is or has been a recipient of mental health services for severe and persistent mental illness. Because of her or his life experience with mental illness and mental health services, a peer specialist is expected to provide expertise that professional training cannot replicate.
    - b. Peer specialists are to be fully integrated team members who provide highly individualized services in the community and promote consumer self-determination and decision-making.
    - c. A peer specialist provides consultation to the team of professionals working with the consumer to promote a culture in which the consumer's point of view and preferences are recognized, understood, respected, and integrated into treatment, rehabilitation, and community self-help activities.
    - d. A peer specialist who also meets the mental health professional qualifications is to be compensated accordingly.

Policy and Procedure Requirements: The ACISP provider shall maintain written personnel policies and procedures and shall maintain personnel files for each employed team member, containing job applications, copies of credentials or licenses, job descriptions, annual performance appraisals, and orientation and training plan. The ACISP provider shall maintain written agreements with subcontracted providers clearly stating the time and services the subcontractor will make available upon demand by consumers the ACISP provider is serving based on the consumer's personal services plan and the consumer's selection of the subcontracted provider. Subcontractor agreements, credentials and licenses shall be on file with the ACISP provider.

### **2.03.04 Parameters of service delivery**

The ACISP provider will meet the following requirements:

#### **A. Hours of Operation and Staff Coverage**

1. The ACISP grantee shall be available to the ACISP consumer to provide case management and emergency assessment and stabilization services as needed seven days per week and 24 hours per day including holidays.
2. The ACISP grantee will operate an after-hours on-call system. ACISP grantee employees who are experienced in the program and skilled in crisis-intervention procedures shall be on call and available to respond to the consumer by telephone or in person, including being available to assist the consumer if being discharged from inpatient care, jail or prison. This service may be provided by subcontracted members of the consumer's team if provided for by the consumer's individual services plan and approved in advance by the ACISP program coordinator.
3. The psychiatrist serving on the consumer's services team will provide psychiatric backup to the ACISP consumer through the PSC during all off-hours periods. When availability of the ACISP consumer's psychiatrist is not feasible, the PSC and the consumer's psychiatrist will arrange for and coordinate with alternative psychiatric backup.
4. Due to the nature of the individualized services, hours of operation for the ACISP grantee and all members of the consumer's professional services team, are to coincide with the consumer's specific needs as identified by the consumer's individualized personal services plan. It is the responsibility of the ACISP grantee to ensure and document that availability of professionals and services are adequate and reflect the consumer's true current need.

Policy and Procedure Requirements: The ACISP provider shall maintain written policies and procedures for ensuring around the clock emergency response and



continuity in psychiatric care delivered to the consumer when psychiatric backup care is required and for the delivery of services to the consumer at times and locations that best meet the consumer's needs.

#### B. Consumer Contact Intensity

1. The ACISP grantee shall be capable of providing multiple contacts per week to consumers experiencing severe symptoms or significant problems in daily living. These multiple contacts may be as frequent as two to three times per day, seven days per week, depending on consumer need, and be provided by either the ACISP grantee directly or by a subcontracted member of the consumer's services team as provided for by the consumer's individualized services plan.
2. The ACISP grantee shall be capable of rapidly increasing service intensity to a consumer either directly or through the subcontracted members of the consumer's services team when his or her status requires it.
3. The ACISP grantee shall directly provide an average of no less than three contacts per week for all ACISP consumers.

#### C. Place of Service Delivery

Seventy-five percent (75%) of all ACISP professional services delivered to an ACISP consumer by the consumer's professional services team shall be delivered in the consumer's community, outside an office and outside service facility settings. The ACISP grantee will maintain data to verify this goal is being met.

#### D. Interdisciplinary Team Communication

1. The ACISP grantee shall conduct organizational meetings with a consumer's services team at regularly scheduled times of no less than once every two weeks per a schedule established by the team of employed and subcontracted professionals.
2. The CSP will provide the consumer a copy of the meeting schedule and invite the consumer to attend and participate in the meeting at their discretion. Meetings will be held at a time and location convenient to the consumer, if he or she wishes to participate.
3. These meetings will be conducted for purposes of updating the team members on the treatment contacts that occurred since the last team meeting and to provide a systematic means for the team to assess the

day-to-day progress and status of the consumer through review of the following to be maintained and presented by the PSC:

- a. a written daily log providing brief documentation of any and all treatment or service contacts that have occurred each day and a concise, behavioral description of the consumer's daily status;
- b. the weekly consumer schedule, a written schedule of all treatment and service contacts that the provider and the provider's subcontractor(s) must carry out to fulfill the goals and objectives in the consumer's services plan;
- c. a team assignment schedule for each day until the next scheduled meeting for all consumer treatment and service contacts to be divided and shared by the professionals providing services to the consumer;
- d. revisions as agreed to by the consumer to the consumer's services and crisis plans and any resulting modifications in services delivery.

#### E. Supervision

Each ACISP grantee shall develop a written policy for oversight of all employed and subcontracted professionals providing treatment, rehabilitation, and support services to an ACISP consumer. Clinical supervision provided to ACISP grantee staff and subcontractors shall be documented in writing. This supervision and direction shall consist of the following:

1. Individual, side-by-side sessions in which the supervisor accompanies an individual professional to meet with consumers in regularly scheduled or crisis meetings to assess performance, give feedback, and model alternative treatment approaches;
2. Participation with team members in organizational staff meetings and regularly scheduled treatment planning meetings to review and assess professional performance and provide direction regarding individual cases; and
3. Regular meetings with individual employed staff and subcontracted professionals to review cases, assess performance, and give feedback.
4. Clinical supervision provided to the ACISP provider employees and subcontractors shall be documented in writing in either consumer's, the staff's or subcontractor's files, as appropriate.

Policy and Procedure Requirements: The ACISP provider shall maintain written program organization policies and procedures addressing required

hours of operation and coverage, service intensity, employee and subcontractor communication, the team approach, and supervision of team professionals, as outlined in this section.

## **2.03.05 Assessment, individualized services planning and budget**

### **A. Initial Intake Assessment, Individualized Services Plan and Budget**

The ACISP grantee will submit an initial budget, based on an initial intake assessment meeting Medicaid regulations (7 AAC 43) and including a statement of eligibility for Medicaid, Medicare, and other third party payment and a preliminary individual plan for services to the DMHDD coordinator within seven (7) days of the date the DMHDD referral committee informs the ACISP provider of a referral.

1. The PSC with participation of the consumer will develop the initial plan for services and budget with the consumer, the consumer's guardian, if appointed, psychiatrist and to the extent possible the consumer's chosen family and natural support system members, and designated team members.
2. If the consumer is an inpatient at API, or other hospital or residential program, the DMHDD referral committee will make every effort to refer the consumer to the grantee with sufficient time to allow the grantee to complete the initial assessments, plan for services, and budget prior to discharge.

### **B. Comprehensive Assessment**

A comprehensive assessment, including a complete intake assessment, a functional assessment, and a psychiatric assessment meeting state Medicaid regulations and integrated standards requirements shall be initiated and completed within 30 days after a consumer's referral to the ACISP provider. These three assessments will provide a diagnosis and document medical necessity for purposes of individualized treatment and services planning for services both eligible for and not eligible for Medicaid and other third-party reimbursement.

1. The comprehensive assessment shall be completed by one or more mental health professionals with skill and knowledge in each area being assessed and shall be based upon all available information, including self-reports, reports of family members and other significant parties, and written summaries from other agencies, including police, courts, and outpatient and inpatient facilities, where applicable.

2. The comprehensive assessment shall include an evaluation of the following areas in addition to meeting the requirements of state Medicaid regulations:
  - a. symptomatology, mental status, and substance use disorder, if any, and a diagnosis by a psychiatrist or psychologist in conformance with the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revised, American Psychiatric Association, DSM-IVR;
  - b. psychiatric history, including the consumer's reporting of his or her experience of mental illness and tools he or she has employed to manage the symptoms of mental illness, and the consumer's response to symptom management tools recommended previously by mental health professionals, or that he or she was required to use involuntarily, including prescribed medications and other psychiatric treatment;
  - c. medical, dental, and other health history and current needs;
  - d. extent of historic and current use and effect of alcohol and other drugs as part of a substance abuse or dependence diagnosis;
  - e. housing situation and activities of daily living (ADL);
  - f. vocational and educational history, desires, and current experience and capabilities;
  - g. extent and effect of criminal justice involvement;
  - h. social history, desires and current experience; and
  - i. recent life events.
3. While the assessment process shall involve the input of most, if not all, of a consumer's team members, including the consumer's psychiatrist and individual treatment team members, the PSC will assume responsibility for preparing the written assessment and ensuring that a comprehensive services plan and accompanying budget is completed within 30 days of the consumer's referral to the ACISP provider.
4. The consumer's psychiatrist, personal services coordinator, and individual treatment team members will be assigned on an interim basis by the ACISP provider within a week of admission. The team assignments will be finalized with approval of the services plan and budget by the consumer and DMHDD. The ACISP provider will make every effort feasible to base team member assignments on the consumer's personal

preferences. When this is not possible, written record will be included in the consumer's services plan documenting the efforts made to provide the consumer choice in service providers, barriers to succeeding, and actions to be taken to accommodate the consumer's preferences as soon as possible in the future.

### C. Individualized Plan of Service

The premise of the ACISP is that consumers are not stagnant with respect to their strengths, needs and desires and that consumers play the leading role in managing their psychiatric and substance use disorders and in achieving their personal life goals. Hence, the consumer is at the center of the ACISP services planning process and that process is a dynamic one. Through the person-centered planning process, the ACISP grantee will facilitate an ongoing and flexible planning process for services that meet the individualized treatment plan requirements for Medicaid reimbursement (7 ACC 43.728) and the following:

#### 1. Plan Content.

The services plan will be based on the consumer's and the ACISP provider's collaborative evaluation of the consumer's service needs, personal and situational assets, and preferences and what is learned from the comprehensive intake, functional and psychiatric assessments.

- a. The individualized plan of services will identify the consumer's personal measurable long- and short-term goals or valued outcomes.
- b. The individual plan for services must clearly specify the intervention services and activities being offered to the consumer to assist the consumer in meeting their needs and realizing their valued outcomes, which professionals (name and credentials) will be providing active treatment services, why each intervention is medically necessary, and the duration and frequency of each intervention, service or activity provided for in the plan.
- c. The following key areas should be addressed in the consumer's individual plan for services: symptom stability, education and management; physical health; food, shelter and home life; education and employment; finances; spirituality; activities of daily living; daily structure; natural support relationships including family and friends; and the social and economic mechanics and relationships of community living.

- d. If the consumer is diagnosed with a substance use disorder, each provision of the individual plan for services will address the integration of provisions addressing the consumer's dual disorders.
2. The latest version of the consumer's plan will be signed by the consumer, and the consumer's guardian, if any, the PSC, psychiatrist, and all other planning participants and members of the consumer's services team.
3. Planning Meetings.

The consumer's PSC shall conduct person-centered services planning meetings that proceed as follows:

- a. convene at regularly scheduled times and places of the consumer's choosing per a written schedule maintained by the PSC, and
  - b. occur often enough (no less than every six months) and of generous length to facilitate dynamic, individualized services planning vital and meaningful to the consumer and consumer's services team.
4. Participants.
    - a. The ACISP grantee and consumer shall collaborate in services planning with involvement of the consumer's guardian, if any, and the consumer's choice of family members and others, the consumer's psychiatrist, and all individual services team members who deliver services to the consumer.
    - b. This will be achieved in the manner most beneficial to the consumer's effective participation in planning and decision-making. For example, the PSC may facilitate planning discussions between the consumer and one professional at a time with the results fed into plan review and adjustments, rather than holding one large meeting every six months. This is one method of ensuring that professionals do not dominate or overwhelm the consumer in the collaborative planning process.
    - c. The consumer's participation in the development of the individualized plan of services shall be documented, including evidence of the following:
      - (1) the consumer is informed about and assisted in the collaborative planning process and is aware of his or her right and responsibility to participate in planning for services;

- (2) the consumer chose whether or not other persons should be involved, and those identified are involved, in the planning process and in the implementation of the individual plan for services;
- (3) the consumer chooses the places and times to meet for purposes of planning, convenient to the consumer and to the people she or he wants to participate;
- (4) the consumer is knowledgeable of the services the ACISP grantee is required to offer to him or her in accordance with the ACISP grant contract and has choice in selecting the treatment and support services they are receiving and the professionals who are delivering them to the maximum extent possible;
- (5) the consumer's preferences and choices are honored, or, if not, that they are considered and reasons for denying them are documented, including a description of the dispute and appeal process, if evoked, and the resulting outcome and actions that will be taken in the future to accommodate the consumer's preference as well as possible and as soon as possible; and
- (6) progress being made toward the consumer's valued outcomes are reviewed on an ongoing basis for purpose of modifying the strategies and techniques employed to achieve them.

5. Crisis prevention and response planning.

Planning for services will include crisis prevention and response planning addressing the following:

- a. identifying the situational and personal triggers that may lead to or escalate a crisis for the consumer;
- b. behaviors and feelings of emotion that provide clues that the consumer is going into crisis;
- c. actions the consumer can take to help prevent a crisis;
- d. where and in what manner the consumer prefers to receive assistance from others, including the consumer's individual services team, in preventing or de-escalating a crisis;
- e. situations and responses that are to be avoided because they tend to escalate psychiatric decompensation for the consumer;

- f. consumer choices for inpatient or residential care, should it become necessary;
- g. what the consumer chooses not to be done, and why;
- h. individuals who are willing to provide assistance, if the consumer is experiencing a crisis, with children, pets, bills, and other responsibilities;
- i. release of information statements signed by the consumer providing for inpatient care providers to share information with the consumer's PSC, and other members of the consumer's individual services team, family, and natural support system of the consumer's choosing and allowing for their participation in the consumer's inpatient treatment and care planning and delivery to the extent the consumer so chooses;
- j. the consumer's crisis information to be on file with the ACISP PSC and at the consumer's disposal and available to others of the consumer's choosing -- ACISP provider crisis phone number, people who the consumer wants contacted if crisis occurs, medical illnesses/allergies, medication dosages and dates, pharmacy, native language, physical disabilities, special accommodations needed, primary care physician, treating psychiatrist, insurance coverage, guardian or proxy, Social Security payee;

#### 6. Personal Declaration of Preferences for Mental Health Treatment

The PSC will inform the consumer of the option of preparing an "advanced directive" in accordance with AS 47.30.950 – 980. If the consumer chooses to do so, the PSC will assist the consumer in executing the required documentation.

Policy and Procedure Requirement: The ACISP grantee shall maintain written assessment and individual services planning policies and procedures incorporating the requirements outlined in this section and principles of person-centered planning and role recovery.

#### D. Individualized Services Budget

A comprehensive individualized services budget for the remaining months of the current fiscal year and for the following fiscal year will be submitted to the ACISP coordinator in a format approved by DMHDD within 30 days following the referral of the consumer to the ACISP provider.

1. The individualized services budget will be supported by the individualized plan for services and the two documents are to be considered as one, to the



extent that a change in one requires a change in the other and are to be submitted and revised together.

2. The budget is to include a narrative addressing each line item describing the specific service or item to be purchased and the calculation used to arrive at the total cost, including duration and frequency.
3. The budget is to detail the consumer's eligibility for and anticipated revenues from self pay, Medicaid, Medicare, private insurance and other third party payers, in addition to anticipated charges to the ACISP grant.
  - a. The budget will specify hours required and costs for services qualifying for Medicaid and other third party reimbursement, requirements for prior authorization for reimbursement, and the status of requests for prior authorization.
  - b. The budget will specify the hours required and costs for services not eligible for third party payment, not affordable for the consumer, and requiring grant payment.

#### **2.03.06 Direct services to be provided to consumers**

The ACISP grantee will provide comprehensive, individualized treatment, rehabilitation, and support services. The ACISP grantee will ensure the integrated delivery of psychiatric and substance abuse and addiction services to consumers with a dual diagnosis of a mental illness and a substance use disorder. The delivery of services shall minimally include the following in accordance with the consumer's individual services plan:

- A. Coordinate the planning and delivery of personal services (Case management)

A personal services coordinator (PSC), an employee of the ACISP grantee, will be the consumer's primary service provider and deliver the following services:

1. coordinate and monitor the activities of the consumer's individual services team;
2. facilitate and document services planning,
3. provide individual supportive therapy,
4. ensure immediate changes are made in treatment and services in response to changes in the consumer's needs,

5. be the first responder to reports of crisis warning signs and to reports that the consumer is in crisis;
6. be primary support person and educator to the consumer's family and other members of the consumer's natural support system.

Members of the consumer's individual services team may share the above tasks with the PSC if provided for in the consumer's services plan or on an emergency basis when the PSC is unavailable or unable.

B. Assess and intervene in crisis

1. The consumer's individual services team will be capable of providing a timely response should the consumer exhibit warning signs of crisis or should the consumer go into crisis. The ACISP grantee will have the capability to deliver crisis assessment and intervention services 24 hours per day, seven days per week. These services will include telephone and face-to-face contact and constitute a fundamental component of the ACISP grantee's direct services, complemented as needed by the subcontracted services of the consumer's individual services team. Every effort will be made to address the crisis and stabilize the consumer where they are, in their home, or at a suitable alternative location, and to minimize the need for the consumer to be admitted to a hospital.
2. ACISP grantees in Anchorage will interface with the single point of entry mobile response team, if and when this services are called by or for a ACISP consumer. The ACISP grantee will ensure that procedures are in place for the mobile team to call the ACISP PSC immediately in such instances and ACISP PSC will respond to the consumer in lieu of the mobile team, or with the mobile team, if necessary, to ensure continuity of care for ACISP consumers.
3. All ACISP grantees will arrange to be called by their local hospital emergency departments and API should the consumer present at these facilities.
4. In responding to a consumer nearing or in crisis, the ACISP provider will adhere to the consumer's crisis intervention plan to the greatest extent possible and in the best interest of the consumer's safety and recovery.

C. Coordinate with inpatient or residential care and treatment providers.

The ACISP grantee will have in place working agreements for interfacing with inpatient and residential care providers, including Alaska Psychiatric Institute, the crisis treatment center, detoxification and dual diagnosis residential

treatment providers, and medical hospitals to provide the following services should the consumer require inpatient or residential care:

1. The ACISP PSC will work with the consumer, and the consumer's guardian, if appointed, and the consumer's chosen family and natural support system members to the greatest extent possible to assist with arrangements for admission to inpatient or residential care;
2. The PSC will accompany the consumer through admission into the facility and to the unit to assist the consumer in providing clinical information and adjusting to the facility;
3. The consumer's individual services team psychiatrist will contact and, to the extent the inpatient care provider will cooperate, work with the inpatient psychiatrist and physician in assessing the consumer's care needs and making any changes to the consumer's psychiatric treatment, including in medication and in other symptom management tools.
4. Upon receiving the required consumer consent and release of information, the ACISP PSC will participate in the delivery of inpatient care to the consumer as follows:
  - a. provide residential treatment or hospital staff a copy of the individual plan of services and a list of medications prescribed and other recommended symptom management tools the consumer employs;
  - b. participate in inpatient or residential treatment planning with facility staff and involving the consumer, guardian, if any, members of the consumer's family and natural support system, and other members of the consumer's individual services team as approved by the consumer;
  - c. visit the consumer and have contact with inpatient staff at least daily;
  - d. accompany the consumer on outpatient passes;
  - e. participate in discharge planning and incorporate consumer needs for follow-up services into the consumer's individual services team schedule, including consultation with the consumer's psychiatrist;
  - f. accompany the consumer home or to an aftercare provider upon discharge and help the consumer to settle in and stabilize; and
  - g. keep the consumer's guardian, if any, and others of consumer's choosing, informed of the consumer's status and abreast of aftercare decision-making.

D. Provide symptom assessment, management, and individual therapy

Symptom assessment, management, and individual therapy is intended to support consumers in coping with and gaining mastery over symptoms and impairments in the context of adult role functioning. It shall include but not necessarily be limited to the following to address mental illness and, when applicable, substance use disorders:

1. ongoing integrated assessment of the consumer's experience of mental illness and, if relevant, substance use disorder symptoms, the consumer's desires, beliefs and feelings in response to both the experience of mental illness or dual disorder symptoms and symptom management tools;
2. providing the consumer information regarding his or her illness(es) and the effects and side effects of alternative symptom management tools, including use of prescribed medications, when appropriate;
3. assisting the consumer to identify the symptoms and occurrence patterns of his or her mental illness and, when relevant, substance use disorder, and to develop methods (internal, behavioral, or adaptive) to help lessen their effects; and
4. generous psychological support to the consumer, both on a planned and as-needed basis, to help the consumer accomplish his or her personal goals and to cope with the stresses of day-to-day living.

E. Provide psychiatric care - symptom management recommendations, including medication prescription, administration, monitoring, and documentation

1. The psychiatrist serving the ACISP consumer shall perform the following services in order to assist the consumer in identifying and using symptom coping and management tools, including medication:
  - a. Confer with the consumer and guardian, if any, to develop an understanding of the consumer's experience of and desires regarding the symptoms of her or his mental illness, including the consumer's use of and response to symptom management tools, including medication.
  - b. Taking into account item 'a' above, assess each consumer's mental illness symptoms, experience with symptom management and preferences, and recommend symptom management and coping strategies, including prescribing medication or other psychiatric treatment, as necessary.

- c. Regularly review and document the consumer's symptoms of mental illness as well as his or her response to those symptoms and satisfaction with recommended symptom management and coping strategies, including use of prescribed medication;
  - d. Provide the consumer information specific to him or her, through the means the consumer is most able to understand, regarding his or her mental illness and symptoms;
  - e. Explore with the consumer the effects and side effects of alternative symptom management tools and coping strategies, including medication, and explain to the consumer the basis for the psychiatrist's specific recommendations;
  - f. monitor, document, and respond with treatment recommendations to any side effects of symptom coping and management tools the consumer chooses to employ, including medication;
  - g. document the consumer's issues, problems and concerns regarding the recommended use of medication and other symptom coping and management tools and the efforts of the psychiatrist and the consumer's other individual services team members to increase the consumer's satisfaction with symptom management recommendations.
2. The psychiatrist and the PSC will keep all of the consumer's service team members updated with regard to the medication the consumer is receiving, including when a consumer's prescription is changed or their use of medication is known to have changed and alert team members to assess and document the consumer's mental illness symptoms and behavior in response to medication changes and side effects.
3. The ACISP grantee shall establish medication policies and procedures that identify processes to accomplish the following:
- a. record physician orders;
  - b. order medication;
  - c. organize all consumer medications and integrate use into consumers' weekly schedules and the schedules of the consumer's services team;
  - d. provide security for medications and set aside a private designated area for set up of medications by the nursing professional(s);
  - e. administer medications to ACISP consumers; and

- f. provide for team members working with a consumer to be fully informed of the implications of changes in medication prescribed for the consumer to use in order for all team members to be alert to any unintended or dangerous results for the consumer.

F. Provide substance use management assistance

1. As needed, a mental health clinical associate or above on the ACISP consumer's team with training and experience in substance abuse treatment will confer with the consumer regarding use of drugs not prescribed and of alcohol. If the consumer uses alcohol or drugs not prescribed, identify the reasons the consumer is choosing to use and the consumer's desires for future use as a basis for any intervention measures.
2. As needed, provision of substance use management assistance shall include but not be limited to individual and group interventions to assist consumers to accomplish the following:
  - a. identify substance use, effects, and patterns;
  - b. recognize the relationship between substance use and mental illness and psychotropic medications;
  - c. develop motivation for decreasing substance use;
  - d. develop coping skills and alternatives to minimize substance use;
  - e. achieve periods of abstinence and stability; and
  - f. assure access to and support consumer's participation, if they so choose, in substance abuse support groups.

G. Provide work- and education-related support services

Provide work- and education-related services to assist the consumer in fulfilling his or her personal goal with regard to finding and maintaining employment at community-based job sites including, but not necessarily be limited to, the following:

1. assessment of job-related interests and abilities, through a complete education and work history assessment as well as on-the-job assessments in community-based jobs;
2. assessment of the effect of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's

- work performance and development of interventions to reduce or eliminate those behaviors;
3. development of an ongoing employment rehabilitation plan to help each consumer to pursue his or her employment interests and to make best use of his or her talents and skills and identify any additional skills necessary for the consumer to find and maintain a desired job;
  4. individual therapy to assist consumers to identify and cope with the symptoms of mental illness that may interfere with their work performance;
  5. on-the-job or work-related crisis intervention; and
  6. work-related supportive services, such as assistance with grooming and personal hygiene, securing appropriate clothing, wake-up calls, and transportation

#### H. Support consumer daily living activities

Provide services to support the consumer in accomplishing the activities of daily living in community-based settings including problem solving, side-by-side assistance and support, skill training, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), and environmental adaptations to assist consumers to gain or use the skills required to do the following:

1. carry out personal hygiene and grooming tasks;
  2. perform household activities, including house cleaning, cooking, grocery shopping, and laundry;
  3. find housing which is safe and affordable (e.g., apartment hunting, finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities);
  4. develop or improve money-management skills;
  5. use available transportation; and
  6. have and effectively use a personal physician and dentist .
- I. Provide social, interpersonal relationships, and leisure-time skill training

Provide services to support social, interpersonal relationships, and leisure-time skill training to assist the consumer's pursuit of personal valued outcomes. Services include supportive individual therapy (e.g., problem solving, role-playing, modeling, and support); social-skill teaching and

assertiveness training; planning, structuring, and prompting of social and leisure-time activities; side-by-side support and coaching; and organizing individual and group social and recreational activities to structure time, increase social experiences, and provide opportunities to practice social skills and receive feedback and support required to accomplish the following as they are relevant to the consumer's personal valued outcomes:

1. improve communication skills, develop assertiveness, and increase self-esteem as necessary;
2. develop social skills, increase social experiences, and where appropriate, develop meaningful personal relationships;
3. plan appropriate and productive use of leisure time;
4. relate to landlords, neighbors, and others effectively; and
5. become familiar with available social, civic, community-building and recreational opportunities and increase use of such opportunities.

J. Access basic life supports

Provide support services, or direct assistance to ensure that consumers obtain the basic necessities of daily life, including but not necessarily limited to the following:

1. medical and dental services;
2. safe, clean, affordable housing;
3. financial support;
4. social services;
5. transportation; and
6. legal advocacy and representation.

K. Provide education, support, and consultation to consumer families and other natural supports

Services provided under this category to the consumer's families and other natural supports, with the consumer's agreement and consent, include the following:



1. education about the consumer's illness and the role of the family and other natural supporters in the therapeutic process;
2. intervention to resolve conflict; and
3. ongoing communication and collaboration, face-to-face and by telephone, between the ACISP grantee, the family and the consumer's other natural supporters.

Policy and Procedure Requirement: The ACISP grantee shall maintain written policies and procedures for all services outlined in this section.

### **2.03.07 Administrative functions**

- A. Service Records – Progress notes and treatment plan reviews will be recorded in conformance with state Medicaid regulations (7 ACC 43.728)
1. For each consumer, the ACISP grantee shall maintain a treatment and services record that is confidential, complete, accurate, and contains up-to-date information relevant to the services provided to the consumer's and treatment.
  2. The record shall sufficiently document assessments, individual plans for services, and the nature and extent of services provided, such that a person unfamiliar with the ACISP provider can identify the consumer's services and treatment needs and services received.
  3. The ACISP grantee shall be responsible for the maintenance and security of consumer records.
  4. The consumer records are to be located with the ACISP grantee and, for confidentiality and security, are to be kept in a locked file.
  5. For purposes of confidentiality, disclosure of consumer records by the ACISP grantee is subject to all the provisions of applicable state and federal laws.
  6. All consumer records shall be available for review by the consumer, the consumer's guardian, if any, and family and other individuals identified and permitted by the consumer.
- B. Self-Pay and Third Party Billing
1. The ACISP grantee is responsible for maintaining an accurate and up-to-date electronic accounts payable and accounts receivable system, including

amounts billed and received for all self payers and third party payers (Medicaid, Medicare and private insurance).

2. The ACISP grantee will assist consumers in their application for third party coverage and document their efforts to pursue all third party resources. If not already qualified, the grantee will assist the consumer in applying for Medicaid and SSI benefits within 30 days of receiving a ACISP consumer referral. These efforts will include, but are not limited to, making appropriate requests for prior authorizations for coverage by third party payers. DMHDD may conduct a review of all billing and claiming activities of the ACISP grantee and subcontractors to ensure compliance with grant requirements.
3. The contractor will provide the ACISP coordinator with monthly listings of individuals who have been assisted with applications for third party payer coverage.

### C. Financial Management

1. Upon receiving written approval of the individualized services budget for a ACISP consumer from the ACISP coordinator, the grantee will submit a Request for Line Item Budget Revision to the ACISP coordinator and receive a Notice of Grant Award from the department and authorizing quarterly advance payments to the grantee.
2. On a form provided by DMHDD, the ACISP grantee will report expenditure and revenue information for the approved individualized services budget categories to the ACISP coordinator each month for each consumer served to support payments of grant funds to the grantee to reimburse program costs remaining after the grantee receives payments from self pay and third party payers.
  - a. Expenditures will be reported for each individual service and purchased item.
  - b. Both monthly and cumulative year-to-date amounts will be shown for each line item.
3. The ACISP grantee will submit a Request for Line Item Budget Revision to the ACISP coordinator in the event of the following (See also Appendix \_\_\_\_, ACISP Special Conditions of Grant Award):
  - a. The previous individualized services budget over estimated or underestimated Medicaid or other revenues. In the case of a documented revenue shortfall, the budget revision will request coverage with grant funds. In the case of an underestimate of

revenues actually received, the budget revision will document how the additional revenues reduce budgeted grant dollars.

- b. A revision made to the individualized plan for services requires a change in one or more budget items.
  - c. The previous individualized services budget over estimated or underestimated the cost of one or more services or purchased items.
4. The grantee is responsible for payments to all subcontractors for services as ACISP individual service team members through subcontracts with the ACISP grantee.

#### D. Reporting

1. The following reports will be submitted to the ACISP coordinator quarterly intervals, on the 30<sup>th</sup> day of the month following the reporting period (no later than October 30, and January 30):
  - a. Quarterly Cumulative Fiscal Report
  - b. Request for Advance Form
  - c. Request for Line Item Revision
  - d. Individualized Budget Revision
  - e. Quarterly Review Form
  - f. Quarterly Individualized Functional Assessment
2. The following reports will be submitted to the ACISP coordinator no later than the 30<sup>th</sup> day of each month.
  - a. Individualized Budget and Expenditure Form;
  - b. Request for Line Item Revision, if needed.
3. An annual financial report of revenues and expenditures by line item for each ACISP will be submitted to the ACISP coordinator no later than 30 days after the end of the state fiscal year, July 30.

Policy and Procedure Requirement: The ACISP provider shall maintain written progress notes, treatment plan review, medical, billing and receipts records management policies and procedures.

### **2.03.08 Consumer rights**

The ACISP provider shall comply with state and federal consumer rights requirements.

Policy and Procedure Requirement: The ACISP provider shall maintain consumer rights policies and procedures.

### **2.03.09 Program evaluation**

Utilization management data is an essential component of the ongoing process of monitoring ACISP services and evaluating the CMH/API 2000 Project. The ACISP grantee will be responsible for the maintenance of accurate, electronic data regarding consumer demographic information and ACISP service utilization.

- A. Data about all services provided by the ACISP grantee, inclusive of all payers, must be reported to the ACISP coordinator on a monthly basis. These reports must include consumer-specific information including unique identifiers, payer classifications, demographic information, service information, charge and reimbursement data, and outcome data. The ACISP provider will summarize the monthly report in an annual (state fiscal year) database report.
- B. DMHDD will work with the provider to develop an acceptable format for these reports including integration of data into the State's Alaska Recipient Outcome Reporting Application (ARORA) system.
- C. The ACISP grantee will cooperate with the data collection and coordination requirements of the CMH/API 2000 Project evaluation team, ACSES, throughout the funding period.

Policy and Procedure Requirement: The ACISP grantee shall maintain performance improvement, program evaluation and utilization review policies and procedures.

### **2.04 ACISP oversight committee**

The director of DMHDD will appoint an oversight committee of community stakeholders with an interest in the success of the ACISP program to guide the ACISP grantees and DMHDD in implementing the ACISP.

- A. The committee will have between 10 to 15 members of which no less than 51 percent are consumers and family members and no less than 3 are mental health services consumers. Other stakeholders represented on the committee may include providers of services for people who are homeless or in need of food, consumer peer support organizations, substance abuse and

mental health services providers, criminal justice providers, and public safety officers.

- B. The oversight committee will work to strengthen the ACISP and to increase resources and community understanding and support for the ACISP.
- C. The oversight committee is independent of, and communicates directly with, DMHDD, the ACISP referral committee and coordinator, and ACISP grantee management staff. The DMHDD ACISP coordinator will provide administrative support to the committee.
- D. The oversight committee will provide the following assistance:
  - 1. provide input on grant resources, policies, and grantee recommendations;
  - 2. provide a forum for review, problem solving and resolution of issues of general concern to the ACISP grantees, consumers, family members, and other stakeholders;
  - 3. advise the ACISP grantees and DMHDD on how to make services relevant, collaborative, respectful, and desirable to ACISP consumers and their families;
  - 4. promote community understanding of ACISP model and goals;
  - 5. monitor ongoing program evaluation data and make recommendations for improvements;
  - 6. participate in program assessment;
  - 7. monitor consumer complaints and consumer rights issues;
  - 8. advocate for resources, including continued funding.

### **SECTION THREE: PROPOSAL SUBMISSION REQUIREMENTS**

To be considered for designation as an approved ACISP provider and eligible for ACISP grant funding for delivery of services to an ACISP consumer, the grant applicant must submit a proposal containing all of the sections listed below in the order that they appear here. Each section must be separately tabbed and address all information requested in this RFGP.

### **3.01 Application Face Sheet and Assurances**

At the front of the grant application submit the Department of Health and Social Services Face Sheet Application, form 06-5437, and the Assurances form completed and signed by the person authorized to enter into legal agreements on behalf of the applicant. See Appendix A for both forms.

### **3.02 Table of contents**

Following the Assurances form, provide a table of contents with headings and page numbers for each required section and any attachments or appendices. Number each page of the proposal.

### **3.03 Abstract**

Submit a one page summary of the proposal for providing intensive services to consumers of the target group as described in this RFGP to substantially reduce their need for acute inpatient psychiatric care. Highlight the strengths of the proposed approach and of the professionals who will implement it.

### **3.04 Service delivery capability**

In this section of the proposal address how the applicant proposes to meet the requirements set out in Section 2.03.03 of this RFGP, including providing the following information:

- A. State the number of ACISP consumers the applicant proposes to serve at any one time throughout the grant period;
- B. Summarize the expertise and qualifications the applicant proposes to make available to ACISP consumers through professional service delivery teams.
- C. Specify any particular consumer diagnosis, behavioral history, or other possible attributes that the applicant is especially well qualified and willing to serve or unqualified or unwilling to serve in this capacity, for example, consumers with a dual diagnosis of substance abuse and severe mental illness, consumers who have committed a sexual offense, or elderly consumers.
- D. List the services specified in Section 2.03.03 A through B of this RFGP that the applicant proposes to make available to ACISP consumers and name the professional(s) who will be providing each service. Specify for each service and professional whether that person is to deliver services as an employee of the applicant or as a subcontractor to the applicant in accordance with the RFGP requirements.

- E. Provide a short summary of the qualifications and experience of each professional listed above, their availability for delivering services over the grant period, and the number of hours they are committed to providing per consumer served. Address specifically how the applicant proposes to meet the hours of service commitment by professional specified in Section 2.03.03 C. of this RFGP.
- F. Provide resumes showing the education, training and experience of each professional as an attachment to the proposal.
- G. Also, as an attachment to the proposal, provide either signed subcontract agreements or signed agreements to subcontract between the applicant and any professionals to perform ACISP services under subcontract to the applicant upon referral of an ACISP consumer to the applicant.
- H. Describe clearly the extent to which the applicant proposes to offer the consumer choices in selecting professionals to serve on his or her service delivery team. Address how the applicant will provide the consumer the information he or she needs to select from professionals employed by or subcontracting to the applicant. Address how the applicant will accommodate consumer desires to work with one or more professionals not yet having a working arrangement with the applicant, e.g. the consumer's most recent psychiatrist.

### **3.05 Parameters of service delivery**

In this section of the proposal address how the applicant proposes to meet the requirements set out in Section 2.03.04 of this RFGP, including providing the following information:

- A. Hours of operation.
  - 1. Provide the staffing and on-call schedule the applicant will implement for the direct delivery of services to ACISP consumers in meeting the requirements of Section 2.03.04 of this RFGP.
  - 2. Specify how the applicant will provide an after-hours on-call system to activate case management and emergency assessment and stabilization services as needed seven days per week and 24 hours per day, including holidays.
  - 3. Specify which professionals will be available to respond to emergency requests and to assist the consumer being discharged from inpatient care, jail or prison.

4. Specify how psychiatric back-up will be provided when needed in times other than normally scheduled visits including at times outside normal business hours.
5. Specify how the applicant will structure the hours of service delivery to coincide with varying consumer's individualized needs realizing that many daily living, relationship, social, educational and other activities do not coincide with the normal 9-to-5 work day.

B. Consumer contact intensity and place of service delivery

Address how the applicant will foresee and provide for fluctuations in consumer contact needs up to several contacts per day. Address where services are to be delivered.

C. Interdisciplinary team communication

Describe how the applicant will facilitate, coordinate, and document team work between the consumer and each member of the consumer's service delivery team addressing the requirements stated in Section 2.03.04.D. of this RFGP.

D. Supervision

Provide a plan for providing and documenting oversight and supervision for all professionals employed by and subcontracting to the applicant and providing services to ACISP consumers to meet the requirements of Section 2.03.04. E. of this RFGP.

### **3.06 Qualifications for delivering specific services**

In this section of the proposal address how the applicant proposes to meet the requirements set out in Section 2.03.05 – 06 of this RFGP. Include a statement for each item below about how the applicant proposes to deliver the service to ACISP consumers and specify the lead professional(s) responsible for each service and their relevant professional training and experience. Highlight any particulars in the applicant's approach to and qualifications for delivering these services that should be taken into account in evaluating the applicant's qualifications and service delivery capabilities.

- A. Initial intake assessment, individualized services plan and budget
- B. Comprehensive assessment
- C. Individualized plan of service



- D. Individualized services budget
- E. Coordination of the planning and delivery of personal services (case management)
- F. Assessment and crisis intervention
- G. Coordination with inpatient and residential care and treatment providers
- H. Symptom assessment, management, and individual therapy
- I. Psychiatric care
- J. Substance use management assistance
- K. Work- and education-related support services
- L. Support for activities of daily living
- M. Social, interpersonal relationships, and leisure-time skill training
- N. Access basic life supports
- O. Education, support, and consultation to consumer families and other natural supports

### **3.07 Budget**

The budget prepared in this section will serve as an estimate of service costs and provide information on set rates, e.g. hourly rates for professional services. Because each ACISP consumer will represent a cost center for which there is to be an individualized budget approved by the department prior to the release of grant funds, the applicant's proposal budget will not provide the basis for awarding funds. It will allow the department to refine program cost estimates and reserves. The applicant's proposed budget will be revised as needed in accordance with each consumer's individualized budget as referrals are received and individualized plans developed.

For purposes of this proposal, prepare a 12-month budget based on estimates of the costs and revenues expected for delivering services to the number of ACISP consumers the applicant proposes to serve at one time. Use the budget preparation guidelines in Appendix D. Also, in Appendix D, for the applicant's reference, is the budget estimate for the total ACISP program across all grantees. Format the applicant's budget to be consistent with this example.

A. Personal services

1. Provide the full time equivalent, annual salary base, salary cost, benefit costs and total cost for each proposed ACISP employee.
2. Provide FTE hours of commitment and hourly rate for each subcontracted professional.

B. Remaining costs

Specify all other costs in accordance with the cost categories specified in Appendix D, Section A. 3.

C. Revenues

Specify all expected sources of revenue, including Medicaid, Medicare, and self pay in addition to ACISP grant awards. Show expected revenues and assumptions in conformance with the example provided in Appendix D.

D. Narrative

Define each cost category and provide quantity and service level assumptions. Provide the basis for estimates of Medicaid, Medicare and self pay revenues.

**3.08 Administrative functions**

In this section of the proposal address how the applicant proposes to meet the requirements set out in Section 2.03.07 of this RFGP, including the following information:

- A. Describe the applicant's proposed record keeping and storage system for ACISP services addressing thoroughness, security, confidentiality and consumer access.
- B. Address the applicant's accounts payable and receivable system, eligibility for Medicaid and other third party receipts, and capability to assist consumers in applying for benefit programs, including SSI, Medicaid, and Medicare. Address how the applicant will maximize Medicaid and other third party payer receipts in order to stretch the availability of grant funds to purchase consumer services otherwise ineligible for reimbursement.
- C. State the applicant's capability to provide the department timely and accurate reporting including any additional assistance the applicant may need from the department.

### **3.08 Consumer rights, program evaluation, and ACISP oversight committee**

In this section of the proposal address how the applicant proposes to meet the requirements set out in Sections 2.03.08, 2.03.09 and 2.04 of this RFGP including compliance with consumer rights, program evaluation, and interface with an oversight committee.

### **3.09 Applicant management**

#### **A. Overall organization**

1. Provide an overall organization chart and narrative explaining lines of authority and placement of the ACISP program within the organization with positions and names of department and program heads.
2. Provide governing or advisory board members' names, titles, ethnic, racial, and geographic representation. Describe the responsibilities of the board and consumer representation.
3. Describe how consumer representation in organizational policy decisions is achieved.
4. Briefly describe the services and programs offered by the applicant organization.

#### **B. ACISP organization**

Provide an organizational chart and narrative explaining lines of authority and responsibilities for the ACISP services in particular. Provide names and position titles and descriptions for all program staff and subcontracted professionals. Indicate supervisory responsibility consistent with the applicant's response to Section 3.05.D of this RFGP. Indicate full time, part time, and currently vacant positions. Include resumes for any ACIP program staff that are not already included in response to Section 3.04.E of this RFGP, e.g. administrative staff.

#### **C. Documentation**

Provide the following documents:

- Documentation of non-profit status
- Documentation of eligibility for Medicaid payments
- Bylaws, articles of incorporation and constitution
- Mission statement and history of organization

#### D. Interim financing

Address the applicant's financial ability and plan for providing initial services upon receipt of a consumer referral for the period of time prior to receiving grant funding and other reimbursements.

#### **3.10 Proposal appendices**

In addition to those requested above, attach any additional information thought to be helpful in evaluating the proposal as appendices.

#### **3.11 Evaluation score sheet**

Complete the score sheet provided in Appendix C with applicant's name and the page number(s) of the proposal where each score item is addressed. Contact the procurement officer (see Section 1.04 of this RFGP) to request a copy of the word document to be electronically mailed to you.

Appendix C

PROPOSAL EVALUATION SCORE SHEET  
Alaska Community-based Intensive Services Program

Request for Grant Proposals

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Reviewer \_\_\_\_\_ Review date \_\_\_\_\_

Total score \_\_\_\_\_ out of 100 points possible

(Yet to be drafted)