

Department of Mental Health
Proposal Request for Individual Outlier Funding

An Outlier Proposal Request may be made for any enrolled CRT Program or Children's program client who requires intensive treatment services/associated costs in excess of Case Rate revenues at a Designated Agency (DA). The DA must provide a clinical analysis of client complexity, dollar threshold, and financial need.

Submitting a proposal request for funding does not guarantee an outlier approval. DMH may ask for additional information.

Submission Date:

Client name:	MSR #:
DA:	CRT/Children's Program Enrollment Date:

1. Please identify the episodes or course of services and treatment provided during enrollment (include current services plan, level of engagement with plan services, hospitalizations, residential, IRR stays, and/or crisis bed stays), community providers.

2. What have been the barriers to progress?

3. Are there other program services within the menu of available services that are likely to produce an improved client outcome?
 - No, why not?

 - Yes – what are the services?

4. CRT Services Only: How is this proposal request for outlier funding cost-effective?
Explain why the cost of the proposed service plan is less than the cost of other covered services.

 5. Please describe how the proposed plan will increase community stabilization and recovery.

 6. Anticipated duration of outlier funding request:

 7. Total Cost of Service Plan if less than one year or annualized, if duration expected to exceed one year:

 8. What is the proposed service plan, including projected services?

 9. Has the client or their designated representative/guardian agreed to this service plan?
 No Yes
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DMH only:

A. Is service plan clinically appropriate and likely to produce desired client outcome compared to other available, covered services?

- No Yes

B. What documentation provided by DA supports this determination?

C. What cost-calculations/documentation provided by DA supports this determination?

D. Informed consent is documented?

No Yes

E. CRT SERVICES ONLY: Is the service plan cost-effective compared to other available, covered services?

No Yes

Approve Denial

Date:

DMH will review all approved outliers every 6 months

DMH Approval signatures:

DMH Adult or CAFU Director/Designee:

Financial Director/Designee:

Medical Director:

DMH Deputy Commissioner:

DMH Commissioner:

Notification Letter: Original - DA

Copy - DMH Business Office