

**Alternative or “in Lieu of” Service Description  
Template**

**1. Service Name and Description:**

**Service Name:** Substance Abuse Intensive Outpatient Program (SAIOP) During Disaster  
**Procedure Code:** H0015 U5

**Description:** SAIOP is a structured program of individual and group addiction activities and services that is provided at an outpatient program designed to assist adult and adolescent beneficiaries to begin recovery and learn skills for recovery maintenance. The program is typically offered at least 3 hours a day, at least 3 days a week, with no more than 2 consecutive days between offered services and distinguishes between those beneficiaries needing no more than 19 hours of structured services per week (ASAM Level 2.1). Under non-disaster conditions, the beneficiary must be in attendance at the facility for a minimum of 3 hours a day to bill this service. During periods of declared state or national emergencies when in-person attendance will be limited or not allowed, this service allows provision of remote SAIOP services to members at community locations, through the use of a range of electronic and telecommunication approaches. This service must be available and offered to members through multiple communication modalities at least nine (9) hours per week and at least three days per week, with no more than two (2) consecutive days between days on which services are available. There is no minimum daily requirement for service provision, but a weekly minimum of four (4) hours billable services is required, of which a minimum total of one (1) hour of individual counseling must be provided by a licensed or associate licensed practitioner.

**2. Information About Alliance Population to be Served:**

<b>Population</b>	<b>Age Ranges</b>	<b>Projected Numbers</b>	<b>Characteristics</b>
SUD	14 years of age or older	Number served will depend upon type, severity, breadth and duration of disaster period. At the time of this request, there are approximately 200 individuals receiving this service.	Any Substance Use Disorder and ability to connect virtually.

**3. Treatment Program Philosophy, Goals and Objectives:**

**Treatment Program Philosophy:**

This service is based on the treatment program philosophy, goals and objectives contained in Clinical Coverage Policy 8-A, but with modification to address the needs of members during a declared state or national emergency. In situations such as natural disasters and pandemics that

limit service access, this service definition allows increased flexibility to provide an array of individualized services through a combination of in-person and virtual communication approaches, to promote continued engagement in care. This service allows individualized and flexible approaches to service provision, including options such as:

- Maintaining access to treatment through use of telephonic, and teleconferencing technology for individual, group and family therapeutic services. Telehealth services are defined as those that include real-time, two-way audio and video communication between SAIOP staff and members.
- Providing psychoeducational resources through any of multiple communication modalities including those listed above, e-mail, webinar, website or other forums. Content may include information about the specific disaster, community resources and preparedness plans, stress management and coping resources and other topics
- Providing case management and coordination of care
- Evaluating social determinants of health and supporting members and families in addressing needs such as transportation, housing, access to food and medication, and other barriers
- Improving access to social supports, recovery capital, and natural supports that sustain recovery
- Crisis counseling and response
- Providing community-based outreach and supports when possible
- Other activities including homework assignments from the chosen treatment modality (i.e. Seeking Safety, Matrix, etc.) and psychosocial educational videos from YouTube with discussion topics

In general, this service definition allows increased flexibility to provide support to members and their families, assistance in obtaining necessary resources, and clinical treatment on a regular basis. These interventions are designed to reduce symptoms, improve behavioral functioning, increase the individual's ability to cope with and relate to others, promote recovery, and enhance the individual's capacity to be maintained in community-based services.

**Objectives and Goals:**

- Retain service infrastructure during declared states of emergency or disasters and provide continuity of care by implementing current SAIOP requirements using face to face, virtual and telephonic methods. Services may also include case management, distribution of supplies, and psychoeducation of parent/caregiver.
- Utilize virtual/telehealth visits for communication and provide a flexible array of individualized services to promote continuity of services throughout the period of the disaster.
- Link members to community resources including assistance with health, safety and wellness supports, resolve barriers to accessing care, and assist individuals in accessing appropriate technology such as internet and mobile phone services.

- Maintain first responder responsibility through use of in-person, virtual or telephonic contacts.
- Maintain service programming to the greatest extent possible, including continuation of evidence-based treatment models, maintaining and revising crisis plans, assisting members in making progress on PCP goals, and providing program oversight and clinical supervision

**4. Expected Outcomes:**

The expected outcome of SAIOP is abstinence.

Secondary outcomes include:

- a. sustained improvement in health and psychosocial functioning;
- b. reduction in any psychiatric symptoms (if present),
- c. reduction in public health or safety concerns; and
- d. reduction in the risk of relapse as evidenced by improvement in empirically supported modifiable relapse risk factors

**5. Utilization Management:**

No prior approval is needed for this service for the first 30 days, and authorization requirements may be waived during the period of the declared state or national emergency. SAIOP cannot be billed during the same authorization period as SA Comprehensive Outpatient Treatment, all detoxification services levels, Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.

**Entrance Criteria:**

The beneficiary is eligible for this service when ALL of the following criteria are met:

- a. there is a substance use disorder diagnosis present; and
- b. the beneficiary meets ASAM Level 2.1 criteria.

**Continued Stay Criteria:**

The beneficiary is eligible to continue this service if the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the beneficiary's clinical documentation or the beneficiary continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following applies. The beneficiary:

- a. has achieved positive life outcomes that support stable and ongoing recovery, and additional treatment goals are indicated;
- b. is making satisfactory progress toward meeting goals;
- c. is making some progress, but specific interventions need to be modified so that greater gains, which are consistent with the beneficiary's premorbid level of functioning, are possible or can be achieved;
- d. is not making progress; or
- e. is regressing

**Discharge Criteria:**

The beneficiary meets the criteria for discharge if any one of the following applies:

The beneficiary’s level of functioning has improved, or no longer benefits, or has the ability to function at this level of care and any of the following apply. The beneficiary:

- a. has achieved positive life outcomes that support stable and ongoing recovery;
- b. is not making progress, or is regressing and all realistic treatment options have been exhausted indicating a need for more intensive services; or
- c. no longer wishes to receive SAIOP services.

Providers are encouraged to err on the side of caution related to any potential discharges during periods of recognized state or national disasters, recognizing that many community and social supports may not be readily available.

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

Persons who meet the requirements specified for CCS, LCAS, LCAS-A, and CSAC under Article 5C may deliver SAIOP. The program must be under the clinical supervision of a CCS or a LCAS who is readily available via telehealth or telephonically for staff during working hours. Services may also be provided by staff who meet the requirements specified for QP or AP status for Substance Abuse according to 10A NCAC 27G .0104, under the supervision of a CCS or LCAS. The maximum staff-to-beneficiary ratio is not more than 12 adult beneficiaries to 1. The ratio for adolescents shall be 1:6. Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10A NCAC 27G .0104 and who have the knowledge, skills, and abilities required for the population and age to be served may deliver SAIOP, under the supervision of a CCS or LCAS. Paraprofessional level providers may not provide services in lieu of service provision by a CCS, LCAS, LCAS-A, CSAC, or QP. For the individual counseling component of SAIOP, the service must be delivered by a licensed or associate-licensed professional, and can be delivered by telehealth/telephonic means. During periods of state or national emergencies, program supervisors will ensure that all program staff are supervised at a minimum with the same frequency as is offered when on-site services are provided, through any of multiple approaches including in-person, telephonic and/or teleconferencing technology

**7. Unit of Service:**

Services	rate	unit of service
Substance Abuse Intensive Outpatient Program During Disaster	\$275.31	1 per week

**8. Anticipated Units of Service per Person: 1 per week**

**9. Targeted Length of Service:**

The service is provided while regular licensed facilities cannot be utilized safely due to a declared national, local or state disaster or emergency, the LME-MCO has decided to utilize a crisis ILO service definition, and the member meets medical necessity for the service.

**10. 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.**

Individuals who are eligible for this service are at high risk of relapse or exacerbation of symptoms and often have co-occurring behavioral health and medical conditions that elevate risk of adverse outcomes. Many of those receiving this service have limited financial and social supports as well as barriers to receiving care associated with social factors such as housing instability, limited transportation and food insecurity. During a declared state of emergency, service access is disrupted during a time when its support is of paramount importance. Flexible service delivery options such as those described here will enable continued support for members, financial sustainability for providers, prevention and resolution of behavioral health crisis, and reduction in use of emergency healthcare resources that may already be in high demand during the disaster.

**11. Cost-Benefit Analysis: Document the cost-effectiveness of this alternative service versus the State Plan services available.**

The service is cost neutral. The weekly rate is equivalent to the average cost of this service based on claims data.

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

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
SAIOP	H0015	Daily	12 per month	\$131.56

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

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
SAIOP During Disaster	H2015 U5	Weekly	1 per week	\$275.31

**Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.)**

Claims data will reflect fee for service billing. Data will be uploaded to DHB by the MCO.

**Description of Monitoring Activities :**

The MCO will monitor provision of care and outcomes periodically through review of documentation submitted for service authorization and reauthorization. The MCO may also establish additional monitoring and review processes during a disaster, including submission of reports, participation in meetings/teleconferences and other approaches developed for the specific disaster situation.

**Documentation Requirements**

At a minimum, a weekly full service note is required for each member, including the following:

- a. the beneficiary's name;
- b. Medicaid or NCHC identification number;
- c. date of service;
- d. purpose of contact;
- e. communication modality (in-person, telehealth, telephonic, etc.)
- f. recipient's location and provider's location and whether others were present
- f. description of the provider's interventions, the time spent performing the intervention, the effectiveness of interventions; and
- g. the signature and credentials of the staff providing the service. A documented discharge plan shall be discussed with the beneficiary and included in the record.

Provider must also document consent for use of each means of communication and evidence that choice was provided for treatment and communication options. The weekly note must include specific documentation sufficient to justify the time spent per day delivering the service, and should be broken down into separate entries for each date of service that include date of service, purpose of contact, intervention and service duration.