

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

1. Service Name and Description: *Substance Use Disorder Comprehensive Outpatient Treatment during Disaster* is an intensive, periodic service that is a time-limited, multi-faceted approach treatment service for adults who require structure and support to achieve and sustain recovery. The intention of this In Lieu of Service is to meet the needs of members during a state of emergency, such as COVID19, who would otherwise go without intensive services and be at risk of higher level of care.

Service Name: *Substance Use Disorder Comprehensive Outpatient Treatment during Disaster (SUD-COT during Disaster)*

Procedure Code: H2035U5

Description: *SUD-COT during Disaster* is in lieu of Substance Abuse Comprehensive Outpatient Treatment (SACOT) during state of emergency. *SUD-COT during Disaster* is designed to meet beneficiaries’ individualized needs in the community in a natural setting. The services are designed to assist adult beneficiaries to begin recovery and learn skills for recovery maintenance.

During a state of emergency, such as COVID-19 this service and the needed supports will be provided through telehealth (two-way real-time interactive audio and video), telephonic, or in-person, as clinically appropriate. Partners has purchased cell phones with data plans for members. Priority will be given to members in enhanced services.

Service will be converted to a weekly rate to reduce administrative burden and increase individualized clinical home support at member driven hours that total 10-19 hours per week, with a minimum of five (5) days per week.

2. Information About Population to be Served:

Population	Age Ranges	Projected Numbers	Characteristics
Adults	18 years of age or older	200	Any Substance Use Disorder and ability to connect virtually

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

- a. A substance use disorder diagnosis is present; and
- b. Beneficiary meets ASAM Level 2.5 criteria.

Providers are encouraged to err on the side of caution related to any potential discharges during a state of emergency, such as, COVID-19, recognizing that many community and social supports may not be readily available.

3. Treatment Program Philosophy, Goals and Objectives:

SUD-COT during Disaster is an intensive outpatient program that includes activities and services emphasizing:

- a. Reduction in use of substances or continued abstinence;
- b. The negative consequences of substance use;
- c. Development of social support network and necessary lifestyle changes;
- d. Educational skills;
- e. Vocational skills leading to work activity by reducing substance use as a barrier to employment;
- f. Social and interpersonal skills;
- g. Improved family functioning;
- h. The understanding of addictive disease; and
- i. The continued commitment to a recovery and maintenance program.

SUD-COT during Disaster services are provided during day and evening hours to enable beneficiaries to maintain residence in their community, continue to work or go to school, and to be a part of their family life. The following types of services are included in the *SUD-COT during Disaster*:

- a. Individual counseling and support;
- b. Group counseling and support;
- c. Family counseling, training or support;
- e. Strategies for relapse prevention to include community and social support systems in treatment;
- f. Urine Drug Screening as clinically indicated and appropriate during disaster.
- f. Life skills;
- g. Crisis contingency planning;
- h. Disease management; and
- i. Treatment support activities that have been adapted or specifically designed for beneficiaries with physical disabilities; or beneficiaries with co-occurring disorders of mental illness and substance use; or an intellectual and developmental disability and substance use disorder.

Services for Virtual Psychiatric Intensive Outpatient Treatment may be delivered:

- In-person
- Telephonic
- Telehealth with licensed or certified staff
- Individual
- Group

During the state of emergency, it is strongly recommended each member in the program shall have no less than one (1) daily two-way real-time audio and visual communication contact, five days per week. In situations where the beneficiary rejects the data phone, cannot access one, or cannot access a reliable data signal, the service will be allowed to be provided via telephonically with strong documentation as to reason telehealth could not be provided. This population is high risk and needs visual contact with regular updates of mental/physical/social status.

SUD-COT during Disaster can be designed for homogenous groups of beneficiaries, including:

- a. Beneficiaries being detoxed on an outpatient basis;
- b. Beneficiaries with chronic relapse issues;
- c. Pregnant women, and women and their children;
- d. Beneficiaries with co-occurring mental health and substance use disorders;
- e. Beneficiaries with HIV; or
- f. Beneficiaries with similar cognitive levels of functioning.

SUD-COT during Disaster includes case management to arrange, link or integrate multiple services as well as assessment and reassessment of the beneficiary's need for services.

SUD-COT during Disaster services also:

- a. Inform the beneficiary about benefits, community resources, and services;
- b. Assist the beneficiary in accessing benefits and services;
- c. Arrange for the beneficiary to receive benefits and services; and

Utilization Management

A Comprehensive Clinical Assessment (CCA) to determine the beneficiary's eligibility for this service. Each beneficiary meeting admission criteria shall have a Person-Centered Plan (PCP) completed. The amount, duration, and frequency of the service must be included in a beneficiary's Person-Centered Plan.

Service Order Requirement

A service order for *SUD-COT during Disaster* must be completed prior to or on the day that the services are to be provided by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice.

This service must be delivered at least 10 hours per week. There shall be at least 2 hours of scheduled services per day, 5 days per week. Group counseling shall be available 5 days per week, however the intent of *SUD-COT* is to ensure services are designed to meet each beneficiary's individual needs and may be delivered via individually and/or group. Services must be available during both day and evening hours.

A *SUD-COT during Disaster* services shall be individualized. Each beneficiary may have variable lengths of stay and the beneficiary's frequency of services shall reflect individualized needs as recovery becomes established and the beneficiary can resume more and more usual life obligations.

During a state of emergency, if a beneficiary has been receiving H2035 Substance Abuse Comprehensive Outpatient Treatment (SACOT), the Service Order, CCA and PCP shall crosswalk to *SUD-COT during Disaster* H2035U5 and will only need to be updated as the beneficiary's needs change.

The amount, duration, and frequency of *SUD-COT during Disaster* Service must be included in a beneficiary's authorized PCP.

Eligibility Criteria

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

- a. there is a substance use disorder diagnosis present;

AND

b. the beneficiary meets ASAM Level 2.5 criteria.

Continued Service 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 PCP 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:

- a. Beneficiary has achieved initial PCP goals and continued service at this level is needed to meet additional goals;
- b. Beneficiary is making satisfactory progress toward meeting goal;
- c. Beneficiary is making some progress, but the PCP (specific interventions) needs 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. Beneficiary is not making progress; the PCP must be modified to identify more effective interventions; or
- e. Beneficiary is regressing; the PCP must be modified to identify more effective interventions.

Discharge Criteria

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

Beneficiary's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down, or no longer benefits, or can function at this level of care and any of the following apply:

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

Documentation Requirements

The minimum standard is a weekly service note that includes:

- a. Beneficiary's name;
- b. Medicaid identification number;
- c. Date(s) of service, type of service(s), and modality of service delivery;
- d. Purpose of contact;
- e. Description of the provider's interventions, the time spent performing the intervention, the effectiveness of interventions; and
- f. Signature and credentials of the staff providing the service.

A documented discharge plan shall be discussed with the beneficiary and included in the record

Service Exclusions and Limitations

SUD-COT during Disaster cannot be billed during the same authorization as SA Intensive Outpatient Program, Partial Hospitalization, Virtual Psychiatric Intensive Outpatient In Lieu of Service Definition, and Substance Use Disorder Intensive Outpatient Program during COVID-19 In Lieu of Service Definition, all detoxification services levels (with the exception of Ambulatory Detoxification) or Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.

Note: For beneficiaries under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

4. Expected Outcomes:

The expected outcome of *SUD-COT during Disaster* include:

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

For beneficiaries with co-occurring mental health and substance use disorders, improved functioning is the expected outcome.

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

Provider Requirements

SUD-COT during Disaster must be delivered by practitioners employed by a substance abuse provider organization that meet the provider qualification policies, procedures, and standards established by DMH and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being credentialed by LME-MCO. Within three years of enrollment as a provider, the organization must have achieved national accreditation. The organization must be established as a legally recognized entity in the United States and qualified or registered to do business as a corporate entity in the State of North Carolina.

Organizations that provide *SUD-COT during Disaster* must provide “first responder” crisis response on a 24-hours-a-day, 7-days-a-week, 365-days-a-year basis, to beneficiaries who are receiving this service.

Staffing Requirements

Persons who meet the requirements specified for CCS, LCAS, LCAS-A, and Certified Alcohol and Drug Counselor under Article 5C may deliver *SUD-COT during Disaster*. The program must be under the clinical supervision of a CCS or LCAS who is available via telephone during the working hours of the staff and the service is in operation. Clinical 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 in-person and telehealth staff-to-beneficiary ratio is not more than 10 adult beneficiaries to one QP based on an average daily attendance. 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 by the

population and age to be served may deliver *SUD-COT during Disaster*, under the supervision of a CCS or LCAS.

Consultation Services

Beneficiaries must have ready access to psychiatric assessment and treatment services when warranted by the presence of symptoms indicating co-occurring substance use and mental health disorders (e.g. major depression, schizophrenia, borderline personality disorder). These services shall be delivered by psychiatrists who meet requirements as specified in NCAC 27G .0104. The providers shall be familiar with the *SUD-COT during Disaster* treatment plan for each beneficiary seen in consultation, shall have access to *SUD-COT during Disaster* treatment records for the beneficiary, and shall be able to consult by phone or in person with the CCS, LCAS or CSAC providing *SUD-COT during Disaster* services.

- 6. **Unit of Service: 1 unit = 1 week.** Weekly case rate = \$867
- 7. **Anticipated Units of Service per Person: 5 units average per member**
- 8. **Targeted Length of Service:** 90 days, or later based on Partners response to state of emergency such as COVID-19 and based on medical necessity.
- 9. **Utilization Management:** No prior approval is needed for this service, and all authorization requirements are waived until 4/30/20 or after COVID-19 crisis is mitigated.
- 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.**
SUD-COT during Disaster is needed to provide virtual (telephonic and video) group and individual therapeutic interventions to promote recovery while maintaining the safety of members during the current state of emergency. In addition to the clinical services provided, this program is expected to encourage participation in local 12-step or equivalent virtual support group meetings, increase the member’s ability to live in the community, and decrease recidivism to jail.
- 10. **Cost-Benefit Analysis: Document the cost-effectiveness of this alternative service versus the State Plan services available.**

This rate has been established based on three months, September 1, 2019 through December 31, 2019, expenditures for 187 members for SACOT service. The intention is to be cost neutral and meet the intensive needs of beneficiaries who meet medical necessity for this service. The In Lieu of Service rate will remain in place for the duration of the state of emergency or longer as Partners deems necessary.

Partners Data

Service/CPT	Medicaid Cost	Distinct Medicaid Client Count
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H2035 – Substance Abuse Comprehensive Outpatient Treatment	\$730,496.80	187
*Cost Data 9/1/19-12/31/19 based on Date of Service		

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
SACOT	H2035	1 unit=1 hour	20 units per week	\$43.35/unit
				\$866.80 per week

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

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
SUD-COT during Disaster	H2035U5	1 unit = 1 week	5 units	\$867/week

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

Will key one unit for weekly rate for each member actively engaged per week.

Description of Monitoring Activities :

Weekly service note and NC TOPPS may be reviewed to ensure evidence of engagement and benefit to member.