

Alternative or “in Lieu of” Service Description
Template

1. Service Name and Description:

Service Name: SUD Intensive Outpatient Program during COVID-19
Procedure Code: H0015U5

Description: An intensive outpatient program that includes individual and group addiction activities and services that are designed to assist adult and adolescent beneficiaries to begin recovery and learn skills for recovery maintenance. 2.1. During the COVID-19 pandemic this service and the needed supports will be provided through telephone and video connection, as clinically appropriate. Partners is in the process of purchasing 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 9-18 hours/week over 3-7 days.

2. Information About Population to be Served:

Population	Age Ranges	Projected Numbers	Characteristics
Adolescents & Adults	14 years of age or older	230	Any Substance Use Disorder and ability to connect virtually

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.

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

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 the COVID-19 crisis, recognizing that many community and social supports may not be readily available.

3. Treatment Program Philosophy, Goals and Objectives:

SAIOP can be designed for homogenous groups of beneficiaries e.g., pregnant women, and women and their children; individuals with co-occurring mental health and substance use disorders; individuals with human immunodeficiency virus (HIV); or individuals with similar cognitive levels of functioning. Virtual (telephonic and/or video) group counseling shall be provided each day SAIOP services are offered and must be provided for 2 of the 3 hours. One 30-minute session of virtual individual counseling must be provided once weekly for a minimum of 30 minutes. Other activities include homework assignments from the chosen treatment modality (i.e. Seeking Safety, Matrix, etc.) and psychosocial educational videos from YouTube with discussion topics.

Additional activities to support members may include case management and peer support services. These services will assist members with recovery skills, including but not limited to, coping skills, daily living skills, and virtual social interaction.

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. 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 at a minimum telephonically for staff during staff 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 QP. 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 services may deliver SAIOP, under the supervision of a CCS or LCAS.

Paraprofessional level providers may not provide services in lieu of ~~on-site~~ service provision by a CCS, LCAS, LCAS-A, CSAC, or QP.

Documentation Requirements

The minimum standard is a weekly service note that includes:

- a. the beneficiary's name;
- b. Medicaid or NCHC identification number;
- c. date(s) of service;
- d. purpose of contact;
- e. describes the provider's interventions, the time spent performing the intervention, the effectiveness of interventions; and
- f. 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.

6. **Unit of Service:** Weekly case rate.

7. **Anticipated Units of Service per Person:** Weekly case rate for three days of service during seven-day period.

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.

Service Exclusions:

SAIOP cannot be billed during the same authorization as SA Comprehensive Outpatient Treatment, all detoxification services levels, Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.

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 Intensive Outpatient Program during COVID-19 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 pandemic. In addition to the clinical services provided, this program is expected to encourage participation in local 12-step virtual group meetings, increase the member's ability to live in the community, and decrease recidivism to jail. Other treatment plan goals could include increasing access to healthcare and working on a plan for employment following the COVID-19 crisis (i.e. exploring career interests, completing job resumes, etc.).

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

This will pay at slightly higher rate as the facility-based service for the duration of the state or national state of emergency. Beyond reduction in electric and water expenses the providers

are not likely to have cost-savings through building closures. There are new expenses anticipated with equipping staff to work remotely and establishing secure telehealth platforms.

Partners Data

Service/CPT	Medicaid Cost	Distinct Medicaid Client Count	State Funded Cost	Distinct State Client Count	Total Cost	Total Distinct Client Count
H0015 - SUBSTANCE ABUSE INTENSIVE OUTPATIENT	\$288,204.36	229	\$627,838.95	469	\$916,043.31	671
*Cost Data 9/1/19-12/31/19 based on Date of Service						

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
IOP	H0015	1 unit=per diem	1 unit daily 3 units weekly	131.56 394.68

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

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
IOP	H0015U5	1 unit = week	1 unit weekly, max 5 units monthly	400 2,000

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.