

Staff Person for Submission: Dr. Eileen Ewing

PowerForm Link: <https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=123de31b-bc0c-4faa-ab07-c1700f2f7314&env=na3&acct=f03caff0-d8b6-4e91-ba70-c12592a3e516&v=2>



**Bureau of Behavioral Health Services
Division of Alcohol and Drug Addiction Treatment Services**

LEVEL 2.1 INTENSIVE OUTPATIENT (ADOLESCENTS)

POS - FEE FOR SERVICE

Request for Funding Continuation Announcement

Funded by the 3% Wine & Liquor Tax and the Substance Use Prevention, Treatment, and Recovery Services Block Grant for FY24

DUE DATE: JUNE 9, 2023

LEVEL 2.1: INTENSIVE OUTPATIENT SERVICES (ADOLESCENTS)

Purchase of Service

- I. The Department of Mental Health, Bureau of Behavioral Health, Division of Alcohol & Drug Addiction Treatment Services is now accepting funding continuation applications for the state fiscal year 2024.**

This proposal application is eligible to all Mississippi Department of Mental Health (DMH) certified Intensive Outpatient providers who are who are in good standing. However, DMH certification is not a guarantee of funding. All submitted proposals will be evaluated by a panel of reviewers using the posted competitive grant scoring rubric. Not all submitted proposals may be funded, but comprehensive feedback will be provided to all providers, particularly if their application was not funded for the current fiscal year.

The funding associated with this grant opportunity is meant to defray a proportion of operational costs for the service.

II. Service Description

Level 2.1 Intensive Outpatient Services (adolescents) is a community-based outpatient program which provides an alternative to traditional Residential Treatment Services or hospital settings. This level of care is directed to adolescents ages 12-18 who need services more intensive than traditional outpatient services, but who have less severe alcohol and other drug disorders than those typically addressed in Residential Treatment Services. This level of care allows adolescents to continue to fulfill their obligations to family, jobs, school, and community while obtaining intensive treatment. Level 2.1 IOP (adolescents) is primarily conducted in the evening but may be offered at varying locations and times to suit the needs of the adolescents being served. Level 2.1 IOP (adolescents) provide essential addiction education and treatment components and have two progressions of intensity: six (6) or more hours of service per week.

Outcome Measures & Goals

- To provide uninsured and underserved adolescents in need of SUD Treatment Services with access to Level 2.1 Intensive Outpatient services within 14 days of

- referral.
- To decrease the rate of adolescents returning to treatment within a year of discharge.

Performance Measures

- Number of adolescents served.
- Number of adolescents served within 14 days of referral.
- Number of adolescents served that successfully completed the Intensive Outpatient program.
- Number of re-admissions (within a year of discharge).

Reporting on Performance Measures

DMH grant recipients are required to enter performance data and cash request into **Web Infrastructure for Treatment Services (WITS)**. All Outcome Measures Monthly Reporting forms are no longer required to be turned in with cash requisition requests.

NOTE: Please note that the expectation is Fiscal Year 2024 data will be published on the DMH website.

III. Application Guidelines

According to the 2020 DMH Operational Standards rule 10.7B all agency providers must have policies that include/address non-discrimination based on ability to pay, race, sex, age, creed, national origin or disability and a sliding fee scale.

The Substance Use Disorder Block Grant exists to assist Mississippians in accessing services which would otherwise be unavailable due to an inability to pay. An agency cannot turn away individuals based on inability to pay. Since Substance Use Disorder has historically been a non-reimbursable service for third party billing, these funds are to be used as a source of compensation to the agency who serve these individuals.

Currently, these funds may be offered to adults and youth who seek services at a mental health or substance abuse agency.

Providers can bill Purchase of Service (POS) grants for *eligible* services offered within intensive outpatient services. DMH have established Group Therapy Bundled rates for indigent and supplemental bundled rates for Medicaid Beneficiaries. Providers must assure an individual's financial sources is properly screened and determined eligible through the **Eligibility Determination Application**.

NOTE: Reimbursement rates are subject to change. For the most up to date rates please reference the DMH website. To access the most current

contract services (as of 4-19-2023) right click to open link located in drop down box or place link in browser:

<https://www.dmh.ms.gov/wp-content/uploads/2022/05/WITS-Contract-Service-Rates-by-Service-Description-March-2023.pdf>

NOTE: Providers are required to check Medicaid's website frequently for the current feeschedules and rates to ensure compliance with POS services below:

(<https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>)

IV. Application Submission Requirement:

Please submit the following required forms which can be found in the MS Department of Mental Health's Service Provider Manual.

- a. Proposed Budget Summary Form: 100-1
- b. Proposed Budget Personnel Form: 100-2
- c. Proposed Budget Line Items Form: 100-3
- d. Budget Narratives/Justification
- e. Program Narratives (not to exceed 3 pages) which addresses section D.

A. Service Approved for Billing through Purchase of Service (POS)

All services approved for billing must follow the Medicaid Administrative Code(MAC). Billing must be aligned with the current Medicaid billing rate. Services approved for billing, see Appendix at the end of this application.

NOTE: Due to the development of a separate Peer Recovery Support Grant, Peer Support billing at the rate of \$7.83 at 15-minute increments is NOT allowable under DMH's POS, at this time.

NOTE: Grant recipients are required to enter **performance data** into the **Data Warehouse**. The Data Warehouse is the data repository for any data that providers enter into their Electronic Health Record (EHR) and is mapped from their EHR to the Data Warehouse.

Billing Requirements

Cash requisition is not acceptable on this grant. All billing claims should be entered into Web Infrastructure for Treatment Services (WITS). WITS is a billing engine and only processes billing claims (i.e., 837 files).

B. Specific Requirements – Level 2.1 Intensive Outpatient (Adolescent)

According to DMH Operational Standards Rule 22.3 (Provider Bulletin Number PR0102):

Level 2.1 Intensive Outpatient (Adolescent) Programs must be limited to twelve (12) people per session.

An Adolescent-Intensive Outpatient Program must provide the following services:

Group therapy can be offered six (6) or more hours per week. Times and locations for groups may vary based on the needs of the adolescents being served. Groups may be of the following types: psychoeducational groups, skills-development groups, drug or alcohol refusal training, relapse prevention techniques, assertiveness training, stress management, support groups (e.g., process-oriented recovery groups), single-interest groups (can include gender issues, sexual orientation, criminal offense, and histories of physical and sexual abuse) family or couples' groups.

Individual therapy at a minimum of one (1) counseling session, for a minimum of one (1) hour, per week.

Involvement of family to include no less than two (2) therapeutic family group sessions during any ten (10) week period, offered to meet the needs of the person.

Providers utilizing Evidence-Based Practices or best practices in the provision of Level 2.1 Intensive Outpatient (Adolescent) services must show verification that employees utilizing those practices have completed appropriate training or independent study as recommended by the developers of the model/practice for the practices being utilized.

C. Service Data for FY 2023

- Provide the total number of adolescents served in FY 23 (July 1, 2022 - June 30, 2023).

Subgrantees are required to submit the agency's complete Level 2.1: Intensive Outpatient Adolescent End-of-Year Service Data Report for FY23 (July 1, 2022, to June 30, 2023) to the Division of Alcohol and Drug Addiction Treatment Services before the close of business, Friday, July 21, 2023.

NOTE: Service data is not required to be submitted with this application.

D. Programmatic Questions – Level 2.1 Intensive Outpatient (Adolescent)

Please list the question before each response. Limit responses to 3 pages.

1. Describe the agency's capacity to provide Level 2.1 Intensive Outpatient Adolescent services? Please include group, family, and individual therapy times, as well as the psychoeducational classes utilized in the program. Include a description of the days of the week, group therapy session hours (per session, and times of day when group therapy sessions are conducted).
2. Please provide the official **date** the agency's 2.1 Intensive Outpatient program for adolescent (in accordance with *The ASAM Criteria*) was implemented?
3. **Attach a copy** of the agency's current policy and procedures for Level 2.1 Outpatient Adolescent services.
4. Detail how many adolescents your agency project to serve in FY 24 (July 1, 2023 – June 30, 2024).
5. Does the agency offer Level 2.1 Intensive Outpatient (Adolescent) services in a Telehealth or Telecommunication context? If so, please describe the agency's current Telehealth/Telecommunication Infrastructure? This includes the delivery of services via any form of technology, electronic communications, and the use of any online platform(s) such as, Skype, ZOOM, Vimeo, GoToMeeting, etc.
6. Describe the assessment process or specific tool (DMH approved) utilized to determine what level of care is determined for each individual admitted to the agency's Level 2.1 Intensive Outpatient (Adolescent) program.
7. What population specific (geared towards adolescents) evidenced-based practices and programs are utilized in the provision of Level 2.1 Intensive Outpatient (Adolescent) services, and how does the agency ensure clinical fidelity?
8. Describe how the program engages family and other service agencies to provide the individual with a person-centered linkage to a community-based support system (e.g., AA, NA, employment/school systems, judicial system, etc.)
9. In an effort to address services gaps amongst the youth, and to open the door to receiving more MH or SUD referrals for your Adolescent Intensive Outpatient program, especially from school-based entities within the catchment area, are you conducting any of the following:
 - a) On-site needs assessments. If yes, provide an overview. If not, what are the barriers preventing the agency from doing so?
 - b) Mental Health and/or Substance Use Awareness Day events. If yes,

provide an overview. If not, explain how this can be implemented. What will the agency need to implement?

Please return the agency's complete Funding Continuation Application and Proposal to the Division of Alcohol and Drug Addiction Treatment Services on or before JUNE 9, 2023, BY 5:00PM via DocuSign.

Appendix
WITS – Contract Service Rates
Eligible Procedure Codes for
Intensive Outpatient - Purchase of Service

Procedure Code	Service Description	Rate/Unit	Capped/Limited
Group Therapy			
IOPT1	IOP Group Therapy Rate – 1 hour session	\$28.81	
IOPB2	IOP Group Therapy Bundled Rate - 2-hour session	\$43.21	
IOPB3	IOP Group Therapy Bundled Rate - 3-hour session	\$57.62	
Medicaid Beneficiaries – Group Therapy			
<i>(*Billing exceptions may apply if the beneficiary have reached the maximum number of units/sessions allowed for specific therapeutic services)</i>			
*IOPM2	IOP Group Therapy Medicaid Supplement – 2 hours	\$14.40	*
*IOPM3	IOP Group Therapy Medicaid Supplement – 3 hours	\$28.81	*
All Other Purchase of Service Rates – IOP			
90846	Family Therapy (w/o pt. 50 min)	\$106.88	
90847	Family Therapy (w/ pt. 50 min)	\$110.72	
*FAI	Functional Assessment at Intake	\$60.50	1 per treatment episode <i>(ONLY the DLA-20 A&D is allowed)</i>
*FRA	Functional Re-Assessment Outpatient – (IOP)	\$9.68	<i>Not to exceed 6 units (6 months) max; per treatment episode; not to be billed in combination with (Biopsychosocial Intake Assessment); prior approval needed from DMH for additional days</i>
90853	Group Therapy	\$28.81	
H0031	Intake/Biopsychosocial Assessment	\$133.95	1 per treatment episode
*SUIPA	Level of Care Intake/Placement Assessment	\$133.95	1 per treatment episode
*SUPRA	Level of Care Placement Re-assessment - (IOP)	\$19.36	6 re-assessments max per treatment episode; prior approval needed from DMH for assessment sessions
90849	Multi-Family Group Therapy	\$36.88	
T1002	Nursing Assessment (RN services up to 15 min)	\$22.32	<i>1 per treatment episode</i>
90791	Psychiatric Diagnostic Evaluation	\$148.52	<i>1 per treatment episode</i>
90792	Psychiatric Diagnostic Evaluation / (w/med services)	\$164.17	<i>1 per treatment episode</i>
90832	Psychotherapy – 30 minutes	\$72.68	
90834	Psychotherapy – 45 minutes	\$96.68	
90837	Psychotherapy – 60 minutes	\$144.81	
96130	Psychological Evaluation (First hour)	124.80	<i>1 per treatment episode</i>
96131	Psychological Evaluation	\$95.67	<i>1 per treatment episode</i>

	(Each additional hour)		
96136	Psychological Evaluation (First 30 minutes)	\$47.00	<i>1 per treatment episode</i>
96137	Psychological Evaluation (Each additional 30 minutes)	\$42.98	<i>1 per treatment episode</i>
H0003	Urine Drug Screens Onsite	\$14.65	<i>4 or 5 units max per month</i>
H0032	Treatment Plan Development & Review (MH svc plan by non-medical)	\$22.32	
<ul style="list-style-type: none"> • Placement in a Level 2.1: Intensive Outpatient care setting requires that persons to be re-assessed at minimum, every thirty (30) days to ensure level of care appropriateness. • Adherence to Billing limitations will ensure there are not interruptions with payment releases. 			

~End of Request for Funding Continuation Announcement~