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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**

SERVICES POS - FEE FOR SERVICE

LEVEL 2.1: INTENSIVE OUTPATIENT (ADULT)

Request for Funding Continuation Announcement

Funded by the 3% Wine & Liquor Tax and the Substance Abuse Prevention & Treatment Services Block Grant

DUE DATE: JUNE 9, 2023

Level 2.1: Intensive Outpatient Services (Adults)

Fee for Service

- I.** The Department of Mental Health, Bureau of Behavioral Health, Division of Alcohol & Drug Addiction Treatment Services is now accepting Request for 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 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.

Please note that all grants are contingent on the funding by the Mississippi State Legislature and/or the Federal Government.

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II. Service Description

Level 2.1 Intensive Outpatient treatment differs from Level 2.5 Partial Hospitalization program in the intensity of clinical services that are directly available. Specifically, most intensive outpatient programs have less capacity to effectively treat patients who have substantial unstable medical and psychiatric problems than do partial hospitalization programs.

Level 2.1 Intensive Outpatient programs (IOPs) generally provide 9-19 hours (not to exceed 19 hours a week) of structured programming per week for adults, consisting primarily of counseling and education about addiction-related and mental health problems. The patient's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and required only maintenance monitoring. (Services provided outside the primary program must be tightly coordinated.)

There are occasions when the patient's progress in this level of care (Level 2.1) no longer requires nine hours per week of treatment for adults but he or she has not yet made enough stable progress to be fully transferred to a Level 1 program. In such cases, less than nine hours per week for adults as a transition step down in intensity should be considered as a continuation of the Level 2.1 program for one or two weeks. Such continuity allows for a smoother transition to Level 1 to avoid exacerbation and recurrence of signs and symptoms.

Examples Of Service Delivery- All Programs

Examples of Level 2.1 programs are after-school, day or evening, and/or

weekend intensive outpatient programs.

Setting-All Programs

Level 2.1 program services may be offered in any appropriate setting that meets state licensure or certification criteria.

III. Application Guidelines

A. Outcome MeasuresGoals

- To provide uninsured and underserved adults in need of SUD TreatmentServices with access to Level 2.1 Intensive Outpatient services within 14 days of referral.
- To decrease the rate of adults returning to treatment within a year ofdischarge.

B. Performance Measures

- Number of adults served.
- Number of adults served within 14 days of referral.
- Number of adults served that successfully completed the Level 2.1 Intensive Outpatientprogram.
- Number of re-admissions (within a year of discharge).

C. Reporting on Performance Measures

DMH grant recipients are now required to enter performance data and cash request into **Web Infrastructure for Treatment Services (WITS)**. DMH will still be tracking the same Performance Measures listed above but will be retrieving this data from WITS Data Warehouse in FY 23.

Subgrantees are required to submit the agency's complete Level 1: Outpatient End-of-Year Service Data Report for FY 23 (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.

IV. Required Forms

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

1. Proposed Budget Summary Form: 100-1
2. Proposed Budget Personnel Form: 100-2
3. Proposed Budget Line Items Form: 100-3
4. Budget Narratives/Justification
5. Program Narratives (not to exceed 5 pages) which addresses E.

A. SUPTRS Billing 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 Prevention, Treatment, and Recovery Services Block Grant (SUPTRS) 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) for services offered within the Level 2.1 intensive outpatient services. DMH is NOT offering a set bundled rate for these services. Providers must assure an individual's financial sources is properly screened and determined eligible through the Scholarship 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) please use the following link:

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

B. Services 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. The following services are approved for billing services (See Appendix):

NOTE: Due to the development of the 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. **Cash requisition/billing claims into Web Infrastructure for Treatment Services (WITS)**. WITS is a billing engine and only processes billing claims (i.e., 837 files).

C. Specific Requirements Level 2.1 Intensive Outpatient Services (Adults)

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

1. The Level 2.1 Intensive Outpatient program is directed to adults 18 years or older 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. The program may be conducted during the day or at night in order to meet the needs of the individuals being served.
2. Group therapy may consist of a maximum of twelve (12) individuals per group.
3. The Program must contain the following minimum services:
Group therapy for a minimum of three (3) sessions per week. Sessions times may vary but cannot be less than one hour and cannot exceed three hours daily. Individuals must receive and not exceed 9 total hours of group therapy per week. 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 couple's groups.

4. Individual therapy at a minimum of one (1) counseling session, for a minimum of one hour, per week; and
5. 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 individual.
6. Services are to be provided in amounts, frequencies, and intensities appropriate to the objectives of the individual's treatment plan.

D. Service Data for FY23

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

NOTE: Please note DMH's expectation for Fiscal Year 2024 data will be published on the DMH website.

Subgrantees are required to submit the agency's complete Level 1: Outpatient 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.

E. Programmatic Questions – Level 2.1 Intensive Outpatient (Adults)

Please list the question before each response. Responses are not to exceed THREE (3) pages.

1. Describe the agency's capacity to provide Level 2.1 Intensive Outpatient Services? Include a description of group, family, and individual therapy times. Describe the psychoeducational classes utilized in the program. Please describe the day of the week and times of day when therapy sessions are conducted.
2. Please provide the official date the agency's Level 2.1 Intensive Outpatient (in accordance with *The ASAM Criteria*) was implemented?
3. **Attach a copy** of the agency's current policy and procedure for a Level 2.1: Intensive Outpatient Services with this FCA submission.
4. Detail how many adults the agency projects to serve in FY 24 (July 1, 2023 – June 30, 2024).
5. Does the agency offer Level 2.1 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 and specific tool utilized to determine that Level 2.1 services are the appropriate level of care for each individual admitted to the program.
7. What evidenced-based practices and programs are utilized in the provision of Level 2.1 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. Does the agency allow individuals who are receiving medicated assisted treatment (MAT), such as buprenorphine or methadone, to participate in the Level 2.1 program? Explain the agency's policy regarding MAT.

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 (ONLY the DLA-20 A&D is allowed) |
| *FRA | Functional Re-Assessment Outpatient – (IOP) | \$9.68 | 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 |
| 90853 | Group Therapy | \$28.81 | |
| H0031 | Intake/Biopsychosocial Assessment | \$133.95 | 1 per treatment episode |
| *SUIPA | Level of Care Intake/Placement Assessment | \$22.32 | 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 | 1 per treatment episode |
| T1002 | Nursing Assessment (RN services up to 15 min) | \$22.32 | 1 per treatment episode |
| H0032 | Treatment Plan Development & Review (MH svc plan by non-medical) | \$22.32 | |
| 90791 | Psychiatric Diagnostic Evaluation | \$148.52 | 1 per treatment episode |
| 90792 | Psychiatric Diagnostic Evaluation / (w/med services) | \$164.17 | 1 per treatment episode |

| | | | |
|-------|--|----------|------------------------------------|
| 90832 | Psychotherapy – w/pt. 30 minutes | \$72.68 | |
| 90834 | Psychotherapy – w/pt. 45 minutes | \$96.68 | |
| 90837 | Psychotherapy – w/pt. 60 minutes | \$144.81 | |
| 96130 | Psychological Evaluation (First hour) | \$124.80 | <i>1 per treatment episode</i> |
| 96131 | Psychological Evaluation (Each additional hour) | \$95.67 | <i>1 per treatment episode</i> |
| 96136 | Psychological Evaluation (First 30 minutes) | \$47.00 | <i>1 per treatment episode</i> |
| H0003 | Urine Drug Screens Onsite | \$14.65 | <i>4- or 5-units max per month</i> |
| 96137 | Psychological Evaluation (Each additional 30 minutes) | \$42.98 | <i>1 per treatment episode</i> |

- 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 release of payment(s).

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

~End of Request for Funding Continuation Announcement~