Substance Abuse Intensive Outpatient Program: Adolescent

Service Definition

An outpatient approach to treatment services for adolescents 13 - 17 years old who require structure and support to achieve and sustain recovery, focusing on early recovery skills; including the negative impact of substances, tools for developing support, and relapse prevention skills.

Through the use of a multi-disciplinary team, medical, therapeutic and recovery supports are provided in a coordinated approach to access and treat youth with substance use disorders in scheduled sessions, utilizing the identified components of the service guideline. This service can be delivered during the day or evening hours to enable youth to maintain residence in their community, continue work or thrive in school. The duration of treatment should vary with the severity of the youth's illness and response to treatment based on the individualized treatment plan, utilizing the best/evidenced based practices for the service delivery and support.

Admission Criteria

1. A DSM diagnosis of Substance Use Disorder or a Substance Use Disorder with a co-occurring DSM diagnosis of mental illness and/or IDD; and
2. Youth meets the age criteria for adolescent treatment; and
3. Youth's biomedical conditions are stable or are being concurrently addressed (if applicable) and one or more of the following:
    a. The youth is currently able to maintain behavioral stability for more than a 72-hour period, as evidenced by distractibility, negative emotions, or generalized anxiety; or
    b. There is a likelihood of drinking or drug use without close monitoring and structured support; or
    c. The substance use is incapacitating, destabilizing, or causing the youth anguish or distress and the youth demonstrates a pattern or alcohol and/or drug use that has resulted in a significant impairment of interpersonal occupational and/or educational; or
    d. The youth's substance use history after previous treatment indicates that provision of outpatient services alone (without an organized program model) is not likely to result in the youth's ability to maintain sobriety; or
    e. There is a reasonable expectation that the youth can improve demonstrably within 3-6 months; or
    f. The youth is assessed as needing ASAM Level 2 or 3.1; or
    g. The youth has no significant cognitive and/or intellectual impairments that will prevent participation in and benefit from the services offered and has sufficient cognitive capacity to participate in and benefit from the services offered; or
    h. The youth is not actively suicidal or homicidal, and the youth's crisis, and/or inpatient needs (if any) have been met prior to participation in the program.

Continuing Stay Criteria

1. The youth's condition continues to meet the admission criteria; or
2. Progress notes document progress in reducing use of substances; developing social networks and lifestyle changes; increasing educational, vocational, social, and interpersonal skills; understanding substance use disorders; and/or establishing a commitment to a recovery and maintenance program, but the overall goals of the recovery plan have not been met; or

3. There is a reasonable expectation that the youth can achieve the goals in the necessary reauthorization time frame; or
4. The youth recognizes and understands relapse triggers, but has not developed sufficient coping skills to interrupt or postpone gratification or to change related inadequate impulse control behaviors; or
5. Youth's substance seeking behaviors, while diminishing, have not been reduced sufficiently to support function outside of a structure treatment environment.

Discharge Criteria

1. An adequate continuing care or discharge plan is established, and linkages are in place; and one or more of the following:
    a. Goals of the treatment plan have been substantially met; or
    b. Youth's problems have diminished in such a way that they can be managed through less intensive services; or
    c. Youth recognizes severity of his/her drug/alcohol usage and is beginning to apply skills necessary to maintain recovery by accessing appropriate community supports; or
    d. Clinical staff determines that youth no longer needs ASAM Level 2 and is now eligible for aftercare and/or transitional services.
2. Transfer to a higher level of service is warranted by the following
    a. Change in the youth's condition or nonparticipation; or
    b. Youth refuses to submit to random drug screens; or
    c. Youth exhibits symptoms of acute intoxication and/or withdrawal or
    d. Youth requires services not available at this level; or
    e. Youth has consistently failed to achieve essential recovery objectives despite revisions to the individualized treatment plan and advice concerning the consequences or
    f. Youth continues alcohol/drug use to such an extent that no further process is likely to occur.

Service Exclusions

1. Service elements included within SAIOP include counseling, group outpatient services, family outpatient services, and community support. Therefore, it is expected that these services are not generally ordered/authorized/provided outside of SAIOP. Any exception must be clinically justified in the medical record and may be subject to scrutiny by the ASO. Exceptions in offering these services external to SAIOP include scenarios where there are sensitive and targeted clinical issues to be addressed that require a specialized intervention or privacy (e.g., sexual abuse, criminal justice system involvement, etc.). When an exception is clinically justified, services must not duplicate interventions provided by SAIOP.

Clinical Exclusions

1. Youth manifests overt physiological withdrawal symptoms.
2. Youth with any of the following unless there is clearly documented evidence of a Substance Use Disorder: Autism, Developmental Disabilities, Neurocognitive Disorder, Traumatic Brain Injury.

Required Components

1. This service must be licensed by DCH/HFR under the Rules and Regulations for Drug Abuse Treatment Programs, 290-4-2.
2. The program provides structured treatment or therapeutic services, utilizing activity schedules as part of its operational method, i.e., plans or schedules of days or times of day for certain activities.
3. These services should be scheduled and available at least 3 hours per day, 4 days per week (12 hrs. /week), with no more than 2 consecutive days without service availability for high need youth (ASAM Level 2.1).
4. The program utilizes methods, materials, settings, and outside resources appropriate to the developmental and cognitive levels, capabilities, age, gender, and culture of participants.
5. The program utilizes methods, materials, approaches, activities, settings, and outside resources appropriate for and targeted to youths with co-occurring disorders of mental illness and substance use and targeted to youths with co-occurring developmental disabilities and substance use when such youths are referred to the program.
6. The program will work with the family to develop responsive and flexible recovery resources that facilitate community-based interventions and supports that correspond with the needs of the families and their youth.
7. Drug screening/toxicology examinations are required in accordance with HFR requirements but are not billable to DBHDD as components of this service benefit.
8. The program is provided over a period of several weeks or months and often follows withdrawal management or residential services and should be evident in the individual youth records.
9. This service must operate at an established site approved to bill Medicaid for services. However, limited individual or group activities may take place off-site in natural community settings as is appropriate to each youth's treatment plan. (Narcotics Anonymous (NA) and/or Alcoholics Anonymous (AA) meetings offsite may be considered part of these limited individual or group activities for billing purposes only when time limited and only when the purpose of the activity is introduction of the participating youth to available NA and/or AA services, groups, or sponsors. NA and AA meetings occurring during the SA Intensive Outpatient package may not be counted as billable hours for any individual outpatient services, nor may billing related to these meetings be counted beyond the basic introduction of a youth to the NA/AA experience.).
10. This service may operate in the same building as other services; however, there must be a distinct separation between services in staffing, program description, and physical space during the hours the SA Intensive Outpatient Services is in operation.
11. Adequate space, equipment, furnishings, supplies, and other resources must be provided in order to effectively provide services and so that the program environment is clean and in good repair. Space, equipment, furnishings, supplies, transportation, and other resources for participating youths' use within the Substance Abuse Intensive Outpatient program must not be substantially different from that provided for other uses for similar numbers of youth.

<u>Staffing Requirements</u>

1. The program must be under the clinical supervision of an LCSW, LPC, LMFT, MAC, CAADC, GCADC-II/-III, or CAC-II, who is onsite a minimum of 50% of the hours the service is in operation.
2. Services must be provided by staff who are:
    a. Level 3: LCSW, LPC, LMFT, MAC, CAADC, GCADC-II or -III, or CAC-II.
    b. Level 4: APC, LMSW, LAPC, LAMFT, GCADC-I (with Bachelor's Degree), CAC-I (with Bachelor's Degree), CPS-AD (with Bachelor's Degree), Paraprofessional (with

Bachelor's Degree), and Certified Alcohol and Drug Counselor-Trainee/Counselor in Training (with Bachelor's Degree and under supervision).

c. Level 5: Under the supervision of an LCSW, LPC, or LMFT (for SUD practitioners, an LCSW, LPC, LMFT, MAC, CAADC, GCADC-II/-III, or CAC-II): Paraprofessionals (without Bachelor's Degree), GCADC-I (without Bachelor's Degree), CAC-I (without Bachelor's Degree), CPS-AD (without Bachelor's Degree).

3. Programs must have documentation that there is one Level 4 staff (excluding Certified Alcohol and Drug Counselor-Trainee/Counselor in Training) that is "cooccurring capable." This person's knowledge must go beyond basic understanding and must demonstrate actual staff capabilities in using that knowledge for youth with co-occurring disorders. Personnel documentation should demonstrate that this staff person has received a minimum of 4 hours of training in co-occurring treatment within the past 2 years.
4. There must be at least a Level 4 on-site at all times the service is in operation, regardless of the number of youth participating.
5. The maximum face-to-face ratio cannot be more than 10 youth to 1 direct program staff based on average daily attendance of youth in the program.
6. A physician and/or a Registered Nurse or a Licensed Practical Nurse with appropriate supervision must be available to the program either by a physician and/or nurse employed by the agency, through a contract with a licensed practitioner, or by written referral or affiliation agreement with another agency or agencies that offer such services.
   a. An appropriate member of the medical staff pursuant to the Medical Practice Act of 2009, Subsection 43-34-23 Delegation of Authority to Nurse and Physician Assistant is responsible for substance use disorder and psychiatric consultation, assessment, and care (including but not limited to ordering medications and/or laboratory testing) as needed.
   b. The nurse is responsible for nursing assessments, health screening, medication administration, health education, and other nursing duties as needed.
7. Level 4 staff may be shared with other programs as long as they are available as required for supervision and clinical operations and as long as their time is appropriately allocated to staffing ratios for each program.

<u>Clinical Operations</u>

1. It is expected that the C&A Community Transition Planning for less intensive service will begin at the onset of these services. Documentation must demonstrate this planning.
2. A youth may have variable length of stay. The level of care should be determined as a result of the youths' multiple assessments. It is recommended that youth attend at a frequency appropriate to their level of need. Ongoing clinical assessment should be conducted to determine step down in level of care.
3. Each youth should participate in setting individualized goals for themselves and in assessing their own skills and resources related to sobriety, use, and maintaining recovery. Goals are set by exploring strengths and needs in the youth's living, learning, social, and working environments. Provision of services may take place individually or in groups.
4. Each individual youth must be provided assistance in the development/acquisition of needed skills and resources necessary to achieve sobriety and/or reduction in use and maintenance of recovery.

5. The Adolescent Substance Abuse Intensive Outpatient Program must offer a range of skill-building and recovery activities within the program.
6. The Adolescent Substance Abuse Intensive Outpatient Program will include, but are not limited, to the following:
    A. Age appropriate Psycho-educational activities focusing on substance use disorder prevention, the health consequences of substance use disorders, and recovery
    B. Therapeutic group treatment and counseling
    C. Leisure and social skill-building activities without the use of substances
    D. Helping the family identify natural supports for the youth and self-help opportunities for the family
    E. Individual counseling
    F. Individualized treatment, service, and recovery planning
    G. Linkage to health care
    H. Family skills development and engagement
    I. AD Support Services
    J. Vocational readiness and support
    K. Service coordination unless provided through another service provider
7. Assessment and reassessment (included in the programmatic model, but billed as discrete services) will include:
    A. Behavioral Health Assessment
    B. Psychiatric Treatment
    C. Nursing Assessment
    D. Diagnostic Assessment
    E. Medication Administration
8. The program must have an Adolescent Substance Abuse Intensive Outpatient Services Organizational Plan addressing the following:
    A. The philosophical model of the program and the expected outcomes for program participants (i.e., harm reduction, abstinence, beginning of or maintaining.
    B. individually defined recovery, employment readiness, relapse prevention, stabilization, and treatment of those with co-occurring disorders).
    C. The schedule of activities and hours of operations.
    D. Staffing patterns for the program including access medical and evaluation staff as needed including access medical and evaluation staff as needed.
    E. How the activities listed above in Items 4 and 5 will be offered and/or made available to those youth who need them, including how that need will be determined.
    F. How assessments will be conducted.
    G. How staff will be trained in the administration of substance use disorder services and technologies.
    H. How staff will be trained in the recognition and treatment of substance use disorders in an adolescent population.
    I. How staff will be trained in the recognition and treatment of co-occurring disorders of mental illness & substance use pursuant to the best practices.
    J. How services for youth with co-occurring disorders will be flexible and will include services and activities addressing both mental health and

substance use issues of varying intensities and dosages based on the symptoms, presenting problems, functioning, and capabilities of such youth.

K. How youth with co-occurring disorders who cannot be served in the regular program activities will be provided and/or referred for time-limited special integrated services that are co-occurring enhanced as reflected in Guiding Principles Regarding Co-Occurring Mental Health and Addictive Diseases Disorders, 04-109.
L. How services will be coordinated with the substance use array of services including assuring or arranging for appropriate referrals and transitions, and
M. How the requirements in these service guidelines will be met.

Service Accessibility

1. The program is to be available at least 4 days per week to allow youth access to support and treatment within the youth's community, school, and family.
2. Program hours are to be published and distributed to all individuals served (and updated/redistributed as needed).

Documentation Requirements

1. Every admission and assessment must be documented.
2. Daily notes must include time in/time out in order to justify units being utilized.
3. Progress notes must include written daily documentation of groups, important occurrences; level of functioning; acquisition of skills necessary for recovery; progress on goals identified in the IRP including acknowledgement of substance use disorder, progress toward recovery, use, reduction and/or abstinence; use of drug screening results by staff; and evaluation of service effectiveness.
4. Provider shall only document and bill units in which the youth was actively engaged in services. Meals and breaks must not be included in the reporting of units of service delivered. Should a youth leave the program or receive other services during the range of documented time in/time out for Adolescent SAIOP hours, the absence should be documented.
5. Daily attendance of each youth participating in the program must be documented showing the number of hours in attendance for billing purposes.
6. Program hours are to be published and updated as needed in the program's administrative record so as to be available to any external reviewers to validate billing and claims.

Billing & Reporting Requirements

1. The maximum number of units that can be billed a day for SAIOP is 5 units.
2. There are some outpatient services which are required components of SAIOP but because of their frequency of use, are not practical as part of the bundled services. The following are those additional services that are to be billed unbundled as part of the SAIOP program:

Service	Maximum Authorization	Daily Maximum Billable Units
Behavioral Health Assessment & Service Plan Development	32	24
Diagnostic Assessment	4	2
Psychiatric Treatment	12	1

Nursing Assessment and Care	48	16
Interactive Complexity (as a modifier to Psychiatric Treatment, Diagnostic Assessment, Individual Counseling, and Group Counseling)	48	4
Community Transition Planning	50	12

3. The following services are included in the SAIOP and should not be requested as part of the SAIOP authorization, nor should they be ordered separately outside of the SAIOP authorization except under special circumstances (see Service Exclusions section):
    a. Family Outpatient Services (Counseling & Training)
    b. Group Outpatient Services (Counseling & Training) c. Individual Counseling d. Community Support
4. Rounding is applied to the person's cumulative hours/day at the Substance Abuse Intensive Outpatient Program (excluding non-programmatic time). The provider shall follow the guidance in the rounding policy included in this Provider Manual, and, specific to this service, the person served must have participated in at least 50% of the hour in order to bill for one unit of this service. For instance, if an individual participates in the program from 9:00 am -1:15 pm excluding a 30-minute break for lunch, his/her participating hours are 3.75 hours. The rounding policy is applied to the .75 hour and the units billed for that day are 4 units. Practitioner type must still be addressed and so those 4 units must be adequately assigned to either a U3, U4 or U5 practitioner type as reflected in the log for that day's activities.
5. Approved providers of this service may submit claims/encounters for the unbundled services listed in the table above, up to the daily maximum amount for each service. Program expectations are that these complementary services follow the content of this Service Guideline as well as the clearly defined service group elements.
6. Services authorized via the SAIOP Type of Care are only billable during the designated programmatic hours. If an individual needs additional service time outside the designated programmatic hours or needs services other than the designated programmatic services, AND the provider is enrolled to provide those services, the services are to be separately ordered and authorized (for example, services through the Non-Intensive Outpatient Type of Care).