



<b>Title:</b>	Virtual Psychiatric Intensive Outpatient Treatment	<b>Code:</b>	H0035U5
<b>Type:</b>	In-Lieu Of Service	<b>Group Code:</b>	N/A
<b>Effective Date:</b>	03-10-20	<b>Units:</b>	1 unit= Weekly Rate

<b>Service Description</b>
<p>Virtual Psychiatric Intensive Outpatient is a distinct and organized intensive treatment program for beneficiaries who require partial hospitalization. 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 hospitalization.</p>

<b>Population to Be Served</b>
<p>Virtual Psychiatric Intensive Outpatient Treatment is a planned, structured, service provision designed for members, ages 5 and up, to address a behavioral health disorder and could include group, individual, family, psycho-educational services, and adjunctive services such as medical monitoring.</p> <p>The focus of Virtual Psychiatric Intensive Outpatient Treatment must be to reduce or eliminate symptoms that in the past, have led to the need for hospitalization.</p>

<b>Entrance Process</b>
<p>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.</p> <p><b><u>Service Order Requirement</u></b>  A physician, doctoral level licensed psychologist, psychiatric nurse practitioners, psychiatric clinical nurse specialist within their scope of practice can order this service. The service must be ordered prior to or on the day the service is initiated.</p> <p>During a state of emergency, if a beneficiary has been receiving H0035 Partial Hospitalization service, the Service Order, CCA and PCP shall crosswalk to H0035U5 and will only need to be updated as the beneficiary's needs change.</p> <p><b><u>Admission Criteria</u></b></p> <ol style="list-style-type: none"> <li>1. Mental Health or Substance Use Disorder diagnosis</li> <li>2. Level of Care criteria</li> </ol>

3. Functional criteria

- a. Functional impairment, crisis intervention, diversion, aftercare needs, or at risk for placement outside the natural home setting

**AND**

- b. Level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following criteria are met:
- Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, or institutionalization;
  - Presenting with intensive verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting;
  - Being at risk of exclusion from services, placement or significant community support system because of functional behavioral problems associated with diagnosis;
  - Requires monitoring of mental stability and symptomology and foster successful integration into the community through individualized interventions and activities; or
  - Service is part of an aftercare planning process (time limited or transitioning) and is required to avoid returning to a higher, or more restrictive level of care.

## **Utilization Management**

### **Continued Stay Criteria:**

Continued authorization is indicated by **ALL** of the following:

1. The member has not progressed enough in treatment to be safely and effectively treated at a lower level of care, or there has been an emergence of additional problems that meet admission criteria.
2. The member is actively participating in treatment and is expected to improve to a point where a lower level of care is appropriate.
3. Treatment is provided at the lowest level of intensity (including number of days per week) necessary to maintain the member's stability and achieve progress toward appropriate treatment goals.
4. Progress in meeting treatment goals can be clearly demonstrated and described in objective terms, or changes in interventions are implemented when there is a lack of progress.
5. Treatment is coordinated with and not duplicative of outpatient services.
6. Discharge planning begins at admission and is continuously updated throughout treatment.

### **Discharge Criteria:**

Termination of continued authorization is indicated by **1 or more** of the following:

1. Treatment plan goals appropriate to the current level of care have been met.
  2. The member's condition has improved to the point where treatment can be provided safely and effectively at a lower level of care.
  3. The member is not making progress toward treatment goals at the current level of (unless a recent treatment plan change is reasonably expected to resolve the lack of progress).
- Virtual Psychiatric Intensive Outpatient Treatment is paid at a weekly rate. Therapeutic interventions, Structured Activities of Daily Living, Cognitive and Behavioral Skill Acquisition, Resiliency and Environmental Interventions are all inclusive in the weekly rate.

### **Service Expectations:**

- The attending provider/ physician, doctoral level licensed psychologist, psychiatric nurse practitioners, psychiatric clinical nurse specialist within their scope of practice must supervise the treatment of the member throughout the entire course of treatment.
- The treatment plan shall be person-centered and developed by the provider and member.
- The treatment plan will include problems, needs, strengths, skills priority formulation and articulation of short term measurable treatment goals and activities designed to achieve those goals. Treatment plans must include individualized time measurable outcomes
- Treatment shall adhere and be consistent with the initial treatment plan.
- Addressing the diagnosis(s) that required admission.
- Being consistent with clinical best practices. (Clinical are an important determining factor in authorization and concurrent authorization for the patient.)
- Include use of evidenced best practices such as, illness and disease management, medication management, and psychiatric rehabilitation.
- Require coordination of care with the primary care provider to address all medical issues.
- Programming must include the ability to assess, prescribe and provide medication management.
- The service is not intended to be facility based and the frequency, intensity, and mode of delivery shall be delivered at the member's convenience in his/her natural setting.
- The program shall provide between 9-19 hours of treatment, minimally 5 days per week, based on the member's individualized needs.

### **Covered Services include:**

- Individual and group therapy with physicians, psychologists, or other mental health and substance use disorder professionals authorized by the State.
- Occupational therapy services are covered if they require the skills of a qualified occupational therapist and be performed by or under the supervision of a qualified occupational therapist or by an occupational therapy assistant.
- Services of trained social workers, trained psychiatric nurses, and other trained staff to work with members with psychiatric conditions.
- Drugs and biologicals furnished to members for therapeutic purposes, but only if they are of a type which cannot be self-administered and in-person
- Activity therapies but only those that are individualized and essential for the treatment of the member's condition. The treatment plan must clearly justify the need for each therapy utilized and explain how it fits into the member's treatment.
- Family counseling services. Counseling services with members of the household are covered only where the primary purpose of such counseling is the treatment of the patient's condition.
- Member education programs, but only where the educational activities are closely related to the care and treatment of the member.
- Diagnostic services for the purpose of diagnosing those individuals for whom an extended or direct observation is necessary to determine functioning and interactions, to identify problem areas, and to formulate a treatment plan.

## Eligibility Criteria

Virtual Psychiatric Intensive Outpatient Treatment is a planned, structured, service provision designed for members, ages 5 and up, to address a behavioral health disorder and could include group, individual, family, psycho-educational services, and adjunctive services such as medical monitoring.

## Service Exclusions

### Service Exclusions

- A beneficiary can receive *Virtual Psychiatric Intensive Outpatient Treatment* from only one provider organization during an active authorization period. The beneficiary may choose a new provider at any time, which will initiate a new service authorization request and a new authorization period.
- *Virtual Psychiatric Intensive Outpatient Treatment* must not be provided during the same authorization period as Assertive Community Treatment Team (ACTT)
- *Virtual Psychiatric Intensive Outpatient Treatment* must not be provided during the same authorization period as Psychosocial Rehabilitation, Substance Abuse Intensive Outpatient Program (SAIOP) or Substance Abuse Comprehensive Outpatient Treatment (SACOT).
- *Virtual Psychiatric Intensive Outpatient Treatment* must not be provided on the same day as Community Support Team (CST), Respite, or Individual Support services.
- *Virtual Psychiatric Intensive Outpatient Treatment* must not be duplicative of other Medicaid services the beneficiary is receiving.

Services for Virtual Psychiatric Intensive Outpatient Treatment may be delivered:

- In-person
- Telephonic
- Audio-visual interactive services spent with licensed or certified staff
- Individual
- Group

### **Documentation Requirements:**

The minimum documentation is a weekly service note that includes the purpose of contact, describes the provider's interventions, and the effectiveness of the interventions. The documentation must include which modality was used (in-person, 2-way audio/video, telephone) and why it was chosen, times of the interventions, modalities used, and staff delivering the intervention.

**During the state of emergency, 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. This population is high risk and needs visual contact with regular updates of mental/physical/social status.**

## Treatment Program Philosophy, Goals, and Objectives

Virtual Psychiatric Intensive Outpatient Treatment is a short-term service for children or adults with an acute behavioral health condition, which provides a broad range of intensive therapeutic relationships and interventions which may include: group activities or therapy, individual therapy, activity therapy, community living skills or training, increases the individual's ability to relate to others and to function appropriately, coping skills, medical services.

This service is designed to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility. A physician, doctoral level licensed psychologist, psychiatric nurse practitioners, psychiatric clinical nurse specialist within their scope of practice shall participate in diagnosis, treatment planning, and admission or discharge decisions. Physician, doctoral level licensed psychologist, psychiatric nurse practitioners, psychiatric clinical nurse specialist within their scope of practice involvement shall be one factor that distinguishes Virtual Psychiatric Intensive Outpatient Treatment from Day Treatment Services.

Telephonic and therapeutic interventions provide support and guidance in preventing, overcoming, or managing identified needs on the service plan to aid with improving the beneficiary's level of functioning in all domains, increasing coping abilities or skills, or sustaining the achieved level of functioning.

Structure of Daily Living in the individual's natural setting includes a variety of therapeutic activities including medication monitoring designed to support a beneficiary remaining in the community that are provided under the direction of a physician. Other identified providers shall carry out the identified individual or group interventions, delivered in-person, telephonically or two-way real-time audio and visual communication (under the direction of the physician). This service offers support and structure to assist the individual beneficiary with coping and functioning on a day-to-day basis to prevent hospitalization or to step down into a lower level of care from inpatient setting.

Cognitive and Behavioral Skill Acquisition includes interventions that address functional deficits associated with affective or cognitive problems or the beneficiary's diagnostic conditions. This may include training in community living, and specific coping skills, and medication management. This assistance allows beneficiaries to develop their strengths and establish peer and community relationships.

Resiliency or Environmental Interventions assist the beneficiary in transitioning from one service to another (an inpatient setting to a community-based service) or preventing hospitalization. This service provides a broad array of intensive approaches, which may include group and individual activities and delivered telephonically or audio-visual.

### **Expected Outcomes**

- Prevent Hospitalization
- Continues to show improvement in accordance with his/her goals
- Return to higher level of functioning
- Self-management of symptoms

### **Staffing Requirements**

An interdisciplinary team of credentialed mental health professionals including therapists, psychologists, social workers, case managers, other MH/SUD paraprofessional staff and board-certified physicians staff the Virtual Psychiatric Intensive Outpatient Treatment program.

The team evaluates and treats behavioral health disorders. The team may include Licensed clinicians, including licensed clinical social worker (LCSW), licensed clinical mental health counselor (LCMHC), licensed marriage and family therapist (LMFT), licensed clinical addiction specialist (LCAS), and/or licensed psychological associate (LPA) mental health qualified professionals or other MH/SUD paraprofessional staff can provide services if they are supervised by a physician, doctoral level licensed psychologist, psychiatric nurse practitioners, psychiatric clinical nurse specialist within their scope of practice All services will be under the supervision of the physician.

Supervision shall be available telephonically to staff during working hours / delivery of services.

Staffing requirements are outlined in 10A NCAC 27G .1102.

(a) Staff shall include at least one qualified mental health professional.

(b) Each provider\* serving minors shall have:

(1) a program director who has a minimum of two years' experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field; and

(2) one staff member present if only one client is in the program, and two staff members present when two or more clients are in the program.

(c) Each provider\* shall have a minimum ratio of one staff member present for every six clients at all times.

### **Targeted Length of Service**

Targeted length of service is 6 weeks. This is a day or night service that shall be provided a minimum 9 hours per week, five days per week, and 12 months a year, excluding legal or governing body designated holidays.