



Title:	Outpatient Plus	Code:	90837 U5; 90837 U5 EN; H0036 U5 EN
Type:	In-Lieu Of Medicaid Service	Group Code:	N/A
Effective Date:	1/4/18	Units:	90837 U5: 1 unit/30 days 90837 U5 EN: LP Encounter 1 unit/face to face H0036 U5 EN: QP Encounter 1 unit/15 min

Service Description
<p>Outpatient Plus (OPT Plus) is a combination of best practice outpatient therapy services, monitoring, support, and management of care interventions to be provided for individuals with complex clinical needs that traditional outpatient cannot adequately address. OPT Plus is a level of care between OPT and IIH/CST.</p> <p>OPT Plus is a home and community-based treatment service focused on decreasing psychiatric and behavioral symptoms in order to reduce the need for higher levels of care or increase the likelihood of a successful transition to Outpatient Therapy from higher levels of care. OPT Plus will improve the beneficiary's ability to navigate systems and improve functioning in familial, social, educational, or occupational life domains. OPT Plus services often involve the participation of family members, significant others, and legally responsible person(s) as applicable, unless contraindicated.</p> <p>OPT Plus consists of evidence-based individual/family/group therapy (mental health and substance use disorder treatment interventions) provided in the home and community (services are office based for group and as transitioning to OPT), combined with activities that assist in the monitoring, support, and management of care to include:</p> <ol style="list-style-type: none"> 1) Coordinating the delivery of services to reduce fragmentation of care and maximize mutually agreed upon outcomes (includes case consultation, team meetings, and assisting with placements); 2) Facilitating access to/connecting beneficiary to services and supports identified in the Person Centered Plan (PCP), including assist beneficiary as he/she transitions to other levels of care; 3) Making referrals to other providers for needed services/supports, scheduling appointments with the beneficiary, and facilitating communication/collaboration among all service providers and the beneficiary; 4) Assisting the beneficiary in establishing and maintaining a medical home with a primary care physician (especially assisting pregnant beneficiaries in establishing obstetrician and prenatal care as necessary); 5) Monitoring and follow up including activities and contacts that are necessary to ensure that the PCP is effectively implemented and adequately addresses the needs of the beneficiary; and 6) Education related to skills development in addition to the reinforcement/practicing of skills and interventions that are introduced through the therapy sessions. <p>Given that it is anticipated that the coordination needs will be significant and best integrated with support and skill building interventions, these activities would be more appropriately handled by the staff actively treating the consumer and the family rather than a care coordinator. Interventions can then be provided face to face with schools,</p>

juvenile/criminal justice systems, housing, etc. in a manner beyond the scope of what traditional outpatient or Care Coordination can do. In addition, this service includes skill building and other therapeutic interventions.

All service interventions must be face to face or telephonic with beneficiary or collaterals. All therapy (50% of service interventions per week) must be face-to-face.

OPT Plus is provided by nationally accredited organizations/agencies that meet all of the requirements for OPT in DMA Clinical Policy 8C and are enrolled in the LME/MCO network for enhanced services. Services will be provided by Licensed Professionals/Associate Licensed Professionals. In addition, interventions to monitor, support, and manage care can be provided by a QP with the same organization/agency if preferred and clinically appropriate

Population to Be Served

Outpatient Plus (OPT Plus) is a combination of best practice outpatient therapy services, monitoring, support, and management of care interventions to be provided for individuals with complex clinical needs that traditional outpatient cannot adequately address.

Entrance Process

- The process for a beneficiary to enter this service includes completion of a comprehensive clinical assessment (CCA) that demonstrates medical necessity. The CCA shall be completed prior to provision of this service. If a substantially equivalent assessment is available, reflects the current level of functioning, and contains all the required elements as outlined in community practice standards as well as in all applicable federal and state requirements, it may be used as part of the current comprehensive clinical assessment. Relevant diagnostic information shall be obtained and included in the PCP.
- A LOCUS/CALOCUS, ASAM (for individuals with SUD), or CANS (for 3-6 year olds) must be submitted with the initial authorization request. The need for more intensive attention, structure, and contact would indicate a Level 3 (High Intensity Community Based Services) score. For beneficiaries with substance use disorders, they would meet ASAM level 2.1.
- A signed service order (on the PCP) shall be completed by a physician, licensed psychologist, physician assistant, or nurse practitioner according to his or her scope of practice. Each service order shall be signed and dated by the authorizing professional and shall indicate the *date* on which the service was ordered. A service order shall be in place *prior to* or on the day that the service is initially provided in order to bill Medicaid for the service. The service order shall be based on a comprehensive clinical assessment of the beneficiary's needs

Eligibility Criteria

The beneficiary is eligible for this service when the following criteria are met:

- a. There is a mental health or substance use disorder diagnosis (as defined by the DSM-5, or any subsequent editions of this reference material), other than a sole diagnosis of intellectual and developmental disability; AND
- b. Based on the current comprehensive clinical assessment, this service was indicated, and outpatient treatment services were previously attempted, but were found to be inappropriate or not effective as documented in the medical record; AND
- c. The Medicaid beneficiary requires coordination between two or more agencies, including medical or non-medical providers; AND

Two or more of the following are met:

- d. Current or past history of erratic or non-engagement in treatment based on barriers identified in the service plan
- e. In need of graduated step down from a higher level of care to Outpatient

- f. At risk of higher level of care and it is determined that this service will reduce that risk
- g. Symptoms and behaviors are unmanageable at home, school, or in other community settings due to the deterioration of the beneficiary's mental health or substance use disorder condition, requiring intensive, coordinated clinical interventions with a greater level of required collateral contact and involvement
- h. Unable to manage his/her symptoms or focus on recovery and relapse prevention planning, (independently or with family/caregiver support), due to unmet basic needs, such as safe and adequate housing or food, or legal, educational, vocational, financial, health care, or transportation assistance for necessary services

Utilization Management

Utilization Management:

OPT Plus will be a maximum of 180 days.

The case monitoring, support, and management interventions are expected to taper in volume and frequency during the authorized benefit period. It is expected that the beneficiary will successfully step-down to basic benefits with the treating clinician for continuity of care.

Prior authorization by the LME-MCO is required before or on the first date of service.

Service Exclusions

Service Exclusions

A beneficiary may receive OPT Plus services from only one service provider organization during any active authorization period for this service. Service delivery to individuals other than the beneficiary may be covered only when the activity is directed exclusively toward the benefit of that beneficiary.

The following are not billable under this service:

- a. Transportation time (this is factored in the rate);
- b. Any habilitation activities;
- c. Any social or recreational activities (or the supervision thereof); or
- d. Clinical and administrative staff supervision, including team meetings (factored in the rate).

OPT Plus services cannot be provided during the same authorization period as the following services:

- a. Individual, group and family therapy;
- b. Intensive In-home;
- c. Multisystemic Therapy;
- d. Day Treatment;
- e. Community Support Team;
- f. Substance Abuse Intensive Outpatient Program (SAIOP);
- g. Substance Abuse Comprehensive Outpatient Therapy (SACOT);
- h. ACTT;
- i. Tenancy Support Team;
- j. Child residential treatment services Level II Program Type through Level IV;
- k. Psychiatric Residential Treatment Facility (PRTF);
- l. Substance Abuse residential services; or
- m. For beneficiaries residing in a nursing home facility.

OPT Plus services may be provided for beneficiaries transitioning out of the following adult mental health residential facilities: independent living; supervised living low or moderate; and group living low, moderate, or high.

OPT Plus services may be provided to help a beneficiary transition to and from a service (facilitating an admission to a service, discharge planning, or both), provide coordination during the provision of a service, and ensure the service provider works directly with the OPT Plus clinician/QP. OPT Plus monitoring, support, and management of care services may be provided and billed in accordance with the authorization for services during the same authorization period, for the following services based on medical necessity:

- a. All detoxification services;
- b. Professional Treatment Services in Facility-Based Crisis Programs;
- c. Partial Hospitalization;
- d. Substance Abuse Medically Monitored Community Residential Treatment; or
- e. Substance Abuse Non-Medically Monitored Community Residential Treatment.

Treatment Program Philosophy, Goals, and Objectives

OPT Plus will be person-centered, resiliency and recovery focused, and with an aim of not only helping individuals maintain stability in areas of functioning and wellness valued by the person, but also helping individuals continue on their own path of recovery through person-centered planning and service delivery. It is expected that the service will be consistent with the LME/MCO clinical guidelines and best practices for the treatment of the beneficiaries' diagnosis.

OPT Plus will serve the needs of two distinct groups: those in need of intensive supports, but at a less enhanced comprehensive level than IIH/CST, and those who need an additional level of care to prepare for step down and successful engagement with Basic Outpatient Services.

OPT Plus is designed to:

- a. Reduce psychiatric or substance use disorder symptoms and promote symptom stability and recovery;
- b. Assist the beneficiary with transition to a community setting and to navigate the skills to live independently in the community;
- c. Prevent the need for enhanced services or provide a step down from enhanced services; and d. Ensure linkage to community services and resources.

Expected Outcomes

Expected clinical outcomes include the following:

- a. Successful transition to Outpatient Therapy;
- b. Increased use of available natural and social supports by the beneficiary and family/caregivers;
- c. Decrease in the frequency or intensity of crisis episodes;
- d. Beneficiary and family or caregivers' engagement in the recovery process;
- e. Reduction of symptoms and improved functioning in the home, school and community settings;
- f. Ability of the beneficiary and family or caregiver to better identify and manage triggers, cues, and symptoms;
- g. Beneficiary's utilization of increased coping skills and social skills that mitigate life stresses resulting from the beneficiary's diagnostic and clinical needs
- h. Increased independence in managing his or her own care (e.g., making treatment appointments, attending treatment, taking medications as prescribed, etc.).

Staffing Requirements

Staffing Qualifications, Credentialing Process, and Levels of Supervision (Administrative and Clinical) Required:

OPT Plus is provided by nationally accredited organizations/agencies that meet all of the requirements for OPT in DMA Clinical Policy 8C and are enrolled in the LME/MCO network for enhanced services. Services will be provided by Licensed Professionals/Associate Licensed Professionals who are credentialed in the LME/MCO network and are employed by network providers. In addition, interventions to assist in the monitoring, support, and management of care will be provided by a QP with the same organization/agency.

Clinicians would follow the standard credentialing process. QPs must receive supervision as outlined in an individualized supervision plan.

Licensed Professional (LP) or Associate Licensed Professional

Fully licensed or associate licensed professional who has the knowledge, skills, and abilities required by the population and age to be served and will have one year of experience with the population and age to be served.

Qualified Professional (QP)

QP who has the knowledge, skills, and abilities required by the population and age to be served to provide case monitoring and support tasks, as well as education related to skill development and reinforcement/practice of those skills with the beneficiaries and families.

The licensed/associate licensed professional will be responsible for all therapy provision. The QP will perform the case monitoring, support, and management functions, as well as education related to skills development in addition to the reinforcement/practicing of skills and interventions that are introduced through the therapy sessions. The QP must coordinate all services under the direction of the treating clinician.

Documentation Requirements

Refer to the DMH/DD/SAS *Records Management and Documentation Manual* for a complete listing of documentation requirements.

The minimum standard is a service note for each contact, service event, or intervention that includes the required elements outlined in the Service Description.

A completed LME-MCO Consumer Admission and Discharge Form shall be submitted to the LME-MCO. A documented discharge plan shall be discussed with the individual and included in the service record.

1 unit of service = 30 days.

Billing Guidance: OPT Plus units may only be billed on day when the therapist has performed a face-to-face service with the beneficiary or a family member. Only one unit may be billed per beneficiary per month. All other contacts including qualified professionals, meetings, travel time, etc. is accounted for in the buildup of the unit rate.

Targeted Length of Service
OPT Plus will be a maximum of 180 days.