



<b>Title:</b>	(b)(3) Intensive Recovery Supports Women SUD	<b>Code:</b>	T1012 U4
<b>Type:</b>	Periodic	<b>Group Code:</b>	T1012 HQ U4
<b>Effective Date:</b>	9/1/2021	<b>Units:</b>	15 minutes

<b>Service Description</b>
<p>The Intensive Recovery Supports program provides an array of services and supports to pregnant women ages 18 and older or women ages 18 and older with minor children who have been diagnosed with a substance use disorder. It is a recovery-based, member- focused community program designed to facilitate an individual's recovery. The focus of this service is to assist persons with substance use disorders to increase their functioning, so they are successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention. This service is intended to strengthen the recipient's recovery and independence to build positive relationships and support networks through the use of interventions from a qualified professional. It is designed to assist recipients to take an active role in their path to wellness. These services are designed around the preferences and choice of each individual and will offer focus on training and supports to include citizenship skills, communication, crisis management, relapse prevention, socially appropriate behaviors, self-advocacy, informed choice, community integration, and relationship building. The service is also designed to assist in integration of all service providers, including the medical home, related to long-term outcomes and stabilization.</p> <p>Services are customized in a consumer-focused recovery service plan. Services include the following activities.</p> <ul style="list-style-type: none"> <li>• Coaching related to life skills, including stress management, personal development, and focus on strategies for achievement of long-term goals</li> <li>• Training and education related to impact of the diagnosis across settings (e.g., family life, employment, social interactions, prevention of return to use)</li> <li>• Recovery education and implementation of recovery skills</li> <li>• Enhancing skill development related to communication, community living skills, interpersonal skills, pre-employment readiness</li> <li>• Responsible for integration of all treatment providers, including medical home, outpatient providers, related to long term planning and consumer stabilization</li> <li>• Assisting in development of a healthy living environment, that supports recovery, including development of a strong support network</li> <li>• Development of parenting skills impacted by substance use disorders and other co-occurring diagnoses</li> </ul>

The service is based on the principles of recovery, emphasizing self-determination, using natural and community supports, providing individualized intervention, valuing dignity and respect.

Medicaid shall cover procedures, products, and services when they are medically necessary, and

- the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

This is a periodic service, which occurs in the home of the recipient or in the community. Intensive Recovery Supports shall be provided in the most natural, least restrictive and most integrated setting; it shall build upon the natural supports available in the community and family.

Eighty percent (80%) of contacts must be face to face with the member. Travel time may be billed when the individual is with the Intensive Recovery Supports staff and the purpose of the travel is to access an activity related to this service. Billable activities also include telephone time with the individual and collateral contact with persons who assist the individual in meeting his/her rehabilitation goals.

### **Utilization Management**

Services can be provided on a one-one basis or in a group setting.

Intensive Recovery Supports group may not exceed staff to consumer ratio of 1:9.

Prior authorization is required. Units are provided in fifteen (15) minute increments. No more than 160 units per month/forty (40) hours per month of Intensive Recovery Supports (combination of group and individual) may be provided unless specific authorization for exceeding this limit is approved.

### **Entrance Process**

Recipient is a pregnant woman age 18 or older or woman age 18 or older with a minor child who has identified needs in life skills

AND

- Recipient has a diagnosis of substance use disorder
- Recipient has been discharged from substance use treatment within the last 60 days, including discharge due to lack of successful treatment
- Recipient does not have a primary diagnosis of an intellectual or developmental disability or organic brain syndrome
- At a minimum of an ASAM Level 1 – Outpatient Treatment

AND

- Has a functional impairment related to substance use that interferes or limits one or more major life activities such as
  - Employment or education
  - Management of financial affairs
  - Ability to procure needed public support services
  - Maintenance of Abstinence and relapse prevention skills
  - Adequate coping skills such as stress management and crisis management

### **Continued Stay Criteria**

Recipient has achieved initial goals in the plan and continued services are needed in order to achieve additional goals.

- Recipient is making satisfactory progress toward meeting goals.
- Recipient is making some progress, but the specific interventions need to be modified so that greater gains, which are consistent with the recipient's goals, are possible or can be achieved.
- Recipient is not making progress; the goals must be modified to identify more effective interventions.
- Recipient is regressing; the plan must be modified to identify more effective interventions.

### **Discharge Criteria**

- The recipient no longer wants services.
- Recipient made significant progress toward rehabilitation goals; discharge to a lower level of care is indicated.
- Recipient requires a more intensive level of care or service.
- Recipient is not making progress or is regressing and all realistic treatment options with this modality have been exhausted.

### **Eligibility Criteria**

A Master's level behavioral health professional licensed by the state of North Carolina with at least two years of post-master's degree experience with the population served orders this service.

### **Documentation Requirements**

Minimum standard is a daily full service note that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) and includes, but not limited to:

- the member's name,
- Medicaid identification number
- date of service
- name of the service provided
- duration of the service
- purpose of contact
- the provider's interventions, including the time spent performing the interventions
- effectiveness of the intervention

- the signature, credentials and job title of the staff providing the service

All documentation must relate directly to the goal(s) listed in the member's current plan. Refer to DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) for a complete listing of documentation requirements.

### **Service Exclusion**

Intensive Recovery Supports may not be provided at the same time of day as the following services:

- Other 1915(b)(3) services or alternative services
- Other State Plan Medicaid services that work directly with the person

Intensive Recovery Supports cannot be provided during the same authorization period with the following services:

- Partial Hospitalization
- ACTT
- Individual Supports (b)(3)
- Community Support Team (CST)
- Psychosocial Rehabilitation
- Peer Supports (b)(3)
- Inpatient or Residential Substance Abuse Services
- Substance Abuse Comprehensive Outpatient Treatment (SACOT)
- Substance Abuse Intensive Outpatient Program (SAIOP)

When transitioning from more intensive substance use programs to this service, overlap may occur for two weeks for coordination of care/transition planning. Such programs may include SACOT, SAIOP, ADATC, Medical Monitored Community Residential Treatment, or Non-Medical Community Residential treatment.

If transitioning from a halfway house, or specialized group living program where the above intensive services are not still in place, overlap may occur for up to 30 days.

The member may not receive (b)(3) services if they receive services from or are enrolled in any other 1915(c) waiver (with the exception of Psychiatric Consultation).

(b)(3) services are only available up to the capitation amount provided to fund these services.

This service may not be provided by family members.

Administrative activities such as writing service notes or completing SARS are not billable activities.

### **Expected Outcomes**

Individual will exhibit:

- Development of a healthy living environment that supports recovery
- Primary health care as appropriate to medications and age
- Dress and behavior codes that are socially sanctioned
- Daily structure of paid or volunteer work or further education
- Personal satisfaction in environment of choice
- Less ongoing professional assistance (Anthony, 1990)
- Reduced hospitalization rates compared to past year
- Reduction in return to use compared to past year
- Increased housing stability and independence
- Increased self-esteem and satisfaction with life (Strauss and Estroff, 1989; Carling, 1995)
- More motivation, purpose and pleasure in daily activities

Individual will also demonstrate:

- Improved ability to interact with others in the community
- Development of independence and greater integration into the community.

### **Staffing Requirements**

The program shall be provided by a person who meets the requirements specified for QP status according to 10A NCAC 27G .0104. and who has the knowledge, skills, and abilities required by the population and age to be served.

All staff providing Intensive Recovery Supports must complete training specific to the required components of the Intensive Recovery Supports definition within one year of employment. The competency-based training should include, but not be limited to, the following:

- Symptoms and expected prognosis regarding the population served
- Client Rights
- Confidentiality/HIPPA
- Incident Reporting
- Goals and Documentation
- Principles of Self-Determination
- Conflict Resolution
- Crisis Intervention and Response resources in community
- Cultural Diversity/Awareness
- Person Centered thinking including personal goals and practical strategies
- Natural Supports
- 20 hours of comprehensive training in substance use disorders

### **Targeted Length of Stay**

Service is intended for short term, intensive intervention, anticipated length of stay of 90-120 days.

