

# Welcome to the Behavioral Health Division's Intensive Outpatient Overview Presentation

- Presenter(s)/host audio will be muted until the presentation begins.
- Attendee audio will be muted during the presentation.
- Presentation materials will be available online after the event.

## Audio:

- If your computer audio is not working. Try switching your audio device to a phone by clicking on the icon at the bottom of your WebEx screen.
  - *Click on “switch audio”.*
  - *Choose the “call me at” or “call in” option.*

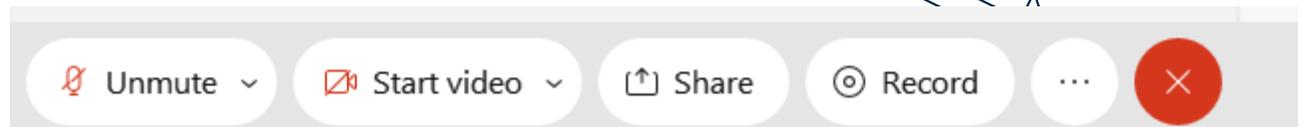




Photo by John Anderson

# Intensive Outpatient (IOP) Overview

**Behavioral Health Division**

**Presented by Rick Moldenhauer, LADC, LPCC, ICADC**

1. Purpose
2. Scope
3. Statewide Medicaid benefit versus 1115 Demonstration
4. Definition of Intensive Outpatient
5. Implementation and enrollment
6. Billing
7. Enhancing the Continuum of Care
8. Next Steps

- Please remember, this is an interactive process and that things can change over time.
- Purpose of today
  - Provide information
  - Begin to gather initial thoughts. We expect questions and feedback to help inform this effort over the next year and a half.

# Purpose of Defining Intensive Outpatient

- Agreement with Center for Medicare and Medicaid (CMS)- planned implementation for 1 July, 2022.
- Define, not create a new Minnesota Medicaid benefit
- Continued movement toward current edition of the ASAM Criteria

# DHS E-memo Update on Intensive Out-Patient (#19-57, October 2, 2020)

- Informing public of this effort
  - October 2020 E-memo: [Defining Intensive Out-Patient as a State Medicaid Benefit](#)
- E-memo highlights:
  - Made known the intent of enhancing SUD services in Minnesota
  - Explained its relation to the 1115 Demonstration Project
  - Requested dialogue with the field in the form of webinars, seeking stakeholder input

## Detox

**Providers – 17**

**Withdrawal Management Providers -- 5**

**Detox episodes - 25,000 per year**

## Treatment

**Providers - 570**

**Treatment episodes – 62,738 per year**

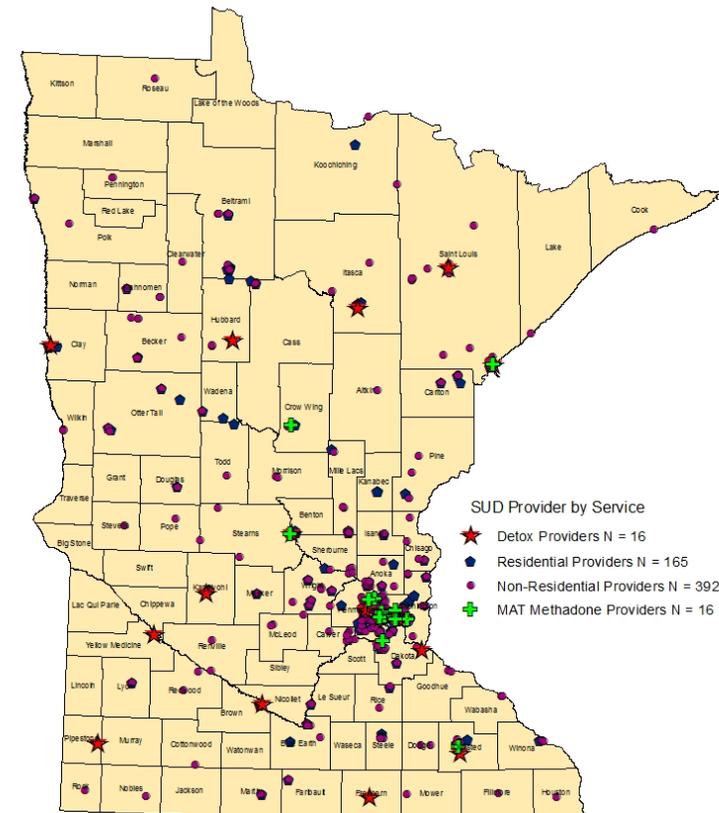
## Treatment

**Residential, High, Medium and Low intensity - 114**

**Outpatient – 358**

**As of: 11/30/2020**

**Substance Use Disorder Treatment Providers**



Source: Minnesota Department of Human Services, BHD (8/24/2018)

# IOP Statewide Benefit vs. 1115 Demonstration

- Similar to ASAM Level Of Care 2.1 as used in the 1115 Demonstration Project, **BUT**:
  - Different scope: IOP is a *statewide* Medicaid benefit and all who provide the number of hours must meet requirements and enroll with MHCP as an Intensive Outpatient provider.
  - Different timeline: Statewide implementation of IOP benefit is planned for 1 July 2022, coinciding with full implementation of Direct Access
  - Different criteria: Statewide benefit IOP providers must meet hours of service as well as MS 245G.20, no upper limit to hours for statewide IOP benefit
  - Different reimbursement: Statewide IOP service would not have a different reimbursement rate than outpatient

# Definition of Intensive Outpatient

- Intensive Outpatient includes 9 or more hours (6 or more for adolescents) of *skilled* treatment services delivered per week *and* the co-occurring capable requirements defined in MS [245G.20](#)
  - Looking into:
    - More clearly defining elements of MS 245G.20
    - Adding a definition to outpatient services: “Skilled treatment services” would be those specifically identified in [245G.07](#), subdivisions 1, (a), (1) through (4) and subd. 2, (1) through (6).
- Defining *Outpatient* as less than 9 hours per week
- Unlike ASAM 2.1 or the 1115 Demonstration project, there is no upper limit in the definition

# Definition of Intensive Outpatient Cont.

Changes would be found in MS [254B.05](#), Subdivision 5

- Vendor eligibility Statute

- By placing it here, it opens the opportunity to provide IOP in State licensed SUD treatment programs (245G programs) but also tribal and out of State provider who are enrolled and bill MHCP for services

- State Plan Amendment

Will define IOP as a Medicaid benefit set, for all properly enrolled providers and all eligible clients

# Implementation and Enrollment

- Outpatient providers who provide adults with 9 or more, or adolescents with 6 or more, hours of treatment service per week would be **required** to enroll with Minnesota Health Care Programs to be identified as a provider of Intensive Outpatient.
- Intensive Outpatient programs will be required to have the co-occurring addition to their 245G license (MS 245G.20- LICENSE HOLDERS SERVING PERSONS WITH CO-OCCURRING DISORDERS). This designation would need to be approved by DHS Licensing.

# Intensive Outpatient and Billing

- There is no plan for the reimbursement rate to differ between Outpatient and Intensive Outpatient (IOP) levels of care.
- As always, program must be enrolled in Minnesota Health Care Programs as an IOP provider in order to bill for it.
- At this time, the plan is to use all existing outpatient billing codes.

Please note, ongoing work is occurring to determine how this process will look in regards to submitting a claim, on DAANES, etc. Our intent is to keep it as simple as possible.

# Enhancing the continuum of care

- By using the same units, billing codes and revenue amounts, programs will have greater flexibility in providing and billing for client response needs along the service line.
- Remember with a planned implementation date of 1 July 2022, this will all be via Direct Access and no placing authority Service Agreement will be required.
- Clients will be able to move between outpatient and IOP based on clinical need, not program design. This will not require updated service agreement and placing authority authorization as it begins after full implementation of Direct Access.

# Commitment to Equity

We are committed to pursuing equity in both the process of defining this and every other level of care and the language associated with it.

- We will collaborate with stakeholders to conduct an equity analysis to make data-based decisions to ensure access and quality of care for the communities of color and indigenous communities.

# Next Steps

- Ongoing: Continuing working internally with various areas (Licensing, enrollment, claims, managed care, provider training, federal relations, etc.)
- Ongoing: Receiving and incorporating ongoing feedback- Please send to our mailbox- [BHD.IOP.DHS@state.mn.us](mailto:BHD.IOP.DHS@state.mn.us)
- Develop proposed language
- Stakeholder engagement sessions next Summer or Fall (2021)
- Submit language in Session 2022
- Seek State Plan Amendment
- Implementation of Intensive Outpatient planned for 1 July, 2022

# Intensive Outpatient Overview Sessions

- **Monday, December 14<sup>th</sup>**

- 12:30pm-1:00pm
- Covers the same content

- **Thursday, December 17<sup>th</sup>**

- 9:30-10:00am
- Covers the same content

- **Friday, December 18<sup>th</sup>, 2020**

- 12:30pm-1:00pm
- Covers the same content

If you have feedback, thoughts, questions or concerns please submit it to the email boxes below:

- **IOP feedback:**
  - Send an email to [BHD.IOP.DHS@state.mn.us](mailto:BHD.IOP.DHS@state.mn.us)

Please remember this is a work in progress and we appreciate your comments and feedback.

After the completion of the Intensive Outpatient Overview presentations, this PowerPoint will be posted on our website. You will receive notification it has been posted via an e-memo. The e-memo will include a direct link to the presentation.

## Resources

For more info about Substance Use Disorder please visit: [substance use disorder reform page](#)

and

[Sign-up](#) to receive updates from the Behavioral Health Division



Thank you  
for joining  
us