

ENHANCED INTENSIVE OUTPATIENT FAQ

Is EIOP available to all populations or just IVDU?

At this time BPA is piloting the enhancement and addition of BPA Care Coordination with IVDU funded clients eligible for a residential level of care only. As effectiveness of intervention and client engagement are analyzed there may be potential to implement in other client cases or populations as deemed appropriate.

Are IVDU client's still eligible for Detox Programming? If so, is there transportation available to detox programs from other regions?

IVDU clients are still eligible to enter a social detox program for a maximum of 5 days under the Idaho Department of Health and Welfare SUD benefit matrix. There have been no changes to the availability or how to access this benefit. Transportation from one region to any other may be reviewed on a per case basis and is approved in conjunction with IDHW and/or the funding partners. Typically there are safety issues that arise if a client in need of a higher level of care is transported via public transportation prior to stabilization of the condition and all will need to be considered in order to ensure the client is safely treated with the right intervention at the right time.

How quickly will the GAIN/GRRS assessments be reviewed by BPA?

BPA will continue to follow internal business rules for processing assessment documents in accordance with our URAC Health Utilization Management accreditation requirements. For prospective reviews such as GRRS documents this is within 1 business day of receipt.

Are the authorizations for EIOP restricted to specific providers in the network, e.g. some providers not getting referrals if they don't have medical staff?

No. All providers in good standing within the BPA network, who also have facility approval to conduct Intensive Outpatient Services, are eligible to receive authorizations to provide treatment. BPA follows client choice in provider and makes no guarantee of authorizations to any single provider.

Are the authorizations inclusive of more units for the 6 week period?

No. Authorizations granted to any program will be inclusive of the same number of allowed billable units for treatment and RSS services within the 6 week period, in accordance with the approved IDHW rate matrix.

Will standard IOP and OP authorizations still be given?

Yes. Authorizations for IOP and OP will remain unchanged across the board. IOP 6 week authorizations will be the initiating service authorization for any IVDU funded client who was found to meet criteria for a residential level of care. While your treatment authorization will look the same, the duration and mention of being enrolled in Care Coordination will vary. **PLEASE READ ALL AUTHORIZATIONS.** Thoroughly reviewing all authorizations you receive will ensure you are prepared to take necessary actions at the end of the authorization, or can call early with any questions you may have.

Are the authorizations bundled with treatment and all mentioned RSS services?

No. BPA is not able to "bundle" treatment and RSS services. RSS services will be authorized automatically as able based on availability of specific services in your region and/or client choice and need to use such services. The BPA Care Coordinator will alert the treatment provider to all RSS services authorized (in the instance those services are not also rendered by the treatment provider) to ensure ability to complete the CSR or Transfer forms correctly.

Will providers need to submit a separate RSS request for all mentioned RSS services?

No. The BPA Care Coordinator will authorize all RSS services available in your region, that the client also indicates need for. Additional RSS services can be requested using the CSR form when/if you determine a continuation of services is necessary.

What if the client declined RSS services and needs it later in the episode? Can the provider request previously declined RSS services?

Yes. At any time a need is identified providers can make request using the RSS request form. If the need is found at the time a request to extend treatment services is being made, providers should make request using the RSS section of the CSR form.

Is Level III.2 (Transitional Housing) available for this population?

Yes. There have been no changes to the approved IDHW rate/service matrix of available services for this population.

What if a client declines treatment?

Clients do have a choice in whether or not they engage in care. If a client refuses treatment after a BPA eligibility determination is made this will be documented and no provider will receive an authorization. If a client declines treatment AFTER an authorization is forwarded to a provider, the provider is responsible to submit discharge paperwork with correct discharge reason noted. If a client chooses to reenter care after not participating for 30 days, an additional vectoring screen is required to determine eligibility.

How does the provider initiate a transfer to a higher level of care?

Providers can initiate transfer to higher level of care by completing a Client Service Transfer request form and submitting to BPA via email or fax.

Can the Care Coordinator approve a transfer or is the paperwork still needed and will it go through additional review?

The BPA Care Coordinator may agree with a provider that a transfer request is appropriate however the paperwork is still required to ensure fidelity of documentation on the case. At BPA, only licensed clinical staff can make approval determinations on requests for residential levels of care. If your transfer request is for ASAM Level III.5 it will be reviewed by one of our clinicians, who may not be your designated Care Coordinator. Assigned turn-around times to review transfer requests are 1 business day from the date of receipt.

The GRRS assessment found IOP or OP to be appropriate level of care however the client is not achieving success. How do providers request Level III.5 residential treatment?

All requests for higher levels of care begin by completing and submitting a Client Services Transfer form to BPA via email or fax.

What is the definition of "failure" in outpatient treatment or the criteria for reviewing a client for Level III.5 residential treatment?

BPA will look for any increase in risk behaviors that indicate a client cannot be safely treated in an outpatient setting. Examples could be statements of self-harm/suicidality, increased use patterns, new risk behaviors that were not part of a client's pattern to date.

Are providers required to discharge at the end of the 6 week authorization period?

No. If additional treatment is warranted by client continuing to meet ASAM criteria providers can request review for additional units through the CSR process. BPA will look for evidence of discharge planning within the dimensional data, since this should begin on the day a client enters treatment.

How will BPA address client choice in Safe and Sober Housing provider?

Client choice is addressed in the same manner for all services. The client has the right to choose a provider in any instance, however if the client is not approved by the SSH provider through their application process, BPA will encourage an additional selection.

Are the Case Manager contacts with the BPA Care Coordinator a billable contact?

Telephone or e-mail contact between the case manager and the client, client's family members, legal representative, primary caregivers, service providers, or other individuals directly involved with the client's recovery are billable services.

Are the providers expected to call BPA Care Coordinators and how often?

While there is no set contact requirement, BPA is hoping for provider participation through the Care Coordination process. BPA Care Coordinators will be making outbound calls to providers to help trouble shoot any identified issues, as well as discuss any needs or authorizations. If the provider has identified an issue, has question about process, or wants to seek Care Coordinator assistance they should reach out to the assigned Care Coordinator.

Should Providers call the BPA Care Coordinator if a client is non-responsive?

Yes. The assigned Care Coordinator may be able to make contact with the client and discuss issues that the client may not feel comfortable sharing directly with a provider and may be able to help resolve issues interfering with client engagement. Contacting the BPA Care Coordinator does NOT absolve the provider from needing to submit discharge paperwork after 30 days of inactivity.

How well do BPA Care Coordinators know the resources in each area?

BPA Care Coordinators are very familiar with the resources in each region. They regularly share information with the Regional Coordinators located within each region, use resource lists such as the HRSA website, 211 and the Idaho Self-Rescue Manual and are fully trained to all providers within the BPA network and approved RSS providers. BPA Care Coordinators also ask clients directly about neighboring towns they have reasonable access to in order to widen a search for services as needed.

Are BPA Care Coordinators trained in Motivational Interviewing techniques?

Care Coordinators do have some basic training in Motivational Interviewing and have additional opportunity to train as they continue their employment with BPA.

What are the roles of the BPA Care Coordinator in comparison to the BPA Regional Coordinator and Community Case Managers?

The BPA Care Coordinators are centrally located at the BPA Corporate office in Boise, Idaho. They are BPA Care Managers with additional case assignments to follow IVDU eligible clients participating in the Enhanced Intensive Outpatient Program. Their role is to assist community based treatment providers and Case Managers in information sharing and trouble-shooting issues directly related to client's care and services. Their work efforts are conducted telephonically and they will never meet directly with a client.

Case Managers are community based providers who are required to meet directly with a client and will assist in coordinating and arranging services to meet a client's identified needs. This may include a wide range of appointment types as a variety of life areas are assessed.

BPA Regional Coordinators are located within each region and are available to provide technical assistance with process, contract requirements, identify network gaps within the specific region that they work.

If there is a change in the BPA care coordinator how will this be communicated to providers?

Once assigned to a case, the Care Coordinator should not change over the duration of the 6 week program. If there is unforeseen circumstance that results in a need to change a Care Coordinator, the newly assigned Coordinator will make an outbound call to all necessary parties to make an introduction and provide updated contact information.