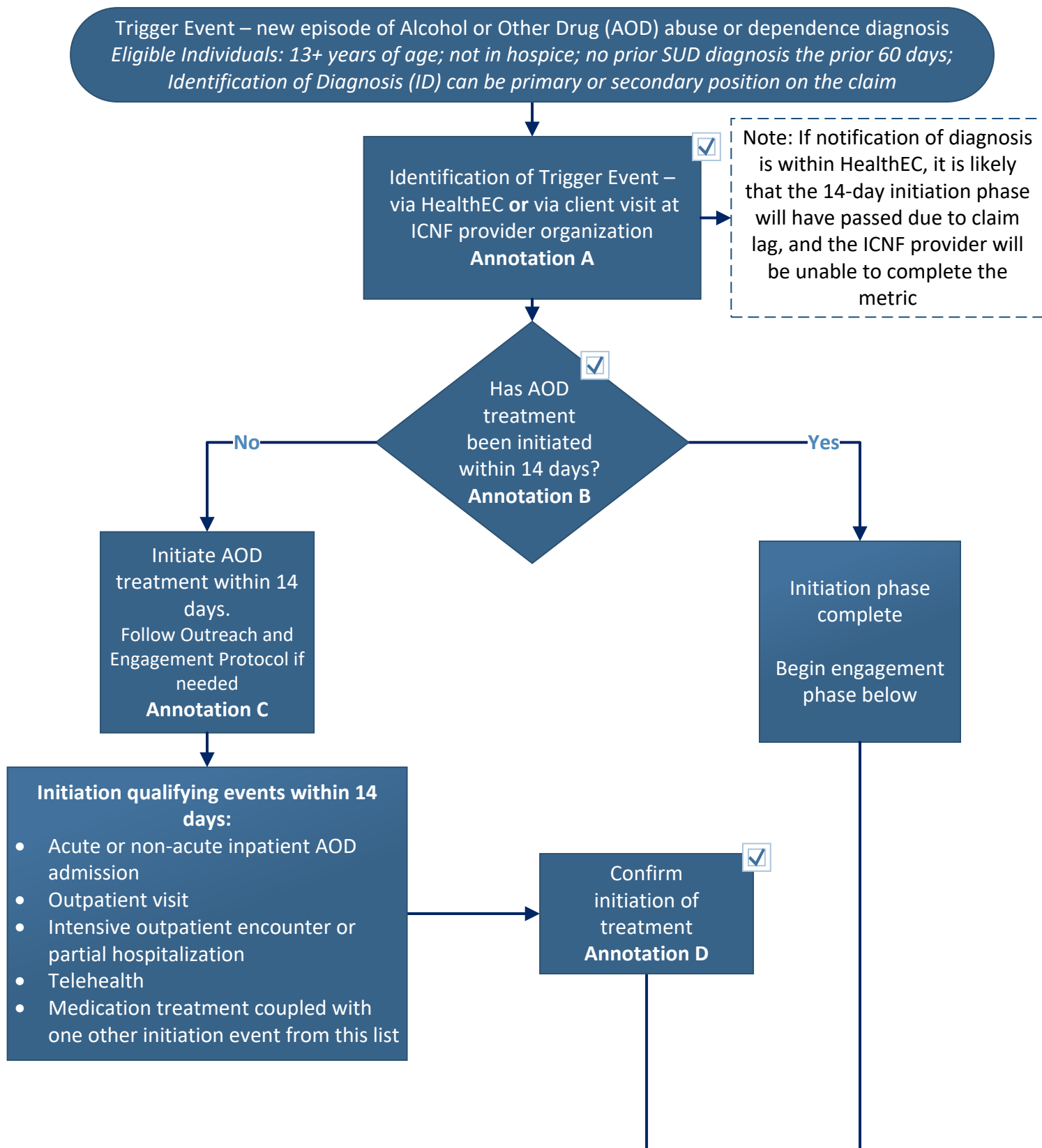


## ICNF Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (IET) Workflow

When an ICNF client has a trigger event of a new episode of alcohol or other drug (AOD) abuse or dependence diagnosis, an ICNF provider organization will be notified via HealthEC to outreach and engage client and initiate treatment within 14 days. Initiation of treatment must occur within 14 days to qualify for the engagement metric. *For the follow up treatments, provider organizations must include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation and management consultation or counseling service.* See ICNF provider manual and HealthEC for metric specifications regarding ICNF metric set.

 Denotes use of HealthEC



Note: If initiation has been completed by a non-ICNF provider organization it is likely that the time lapsed between completion of the 14-day initiation phase and 34-day engagement requirement has passed. If this happens the engagement metric will not be met.

**Start Engagement Phase**  
Follow Outreach and Engagement Protocol if needed



**Engagement:**  
**Qualifying events within 34 days of the initiation qualifying event:**

- Acute or non-acute inpatient AOD admission
- Outpatient visit
- Intensive outpatient encounter or partial hospitalization
- Telehealth
- Medication treatment coupled with one other initiation event from this list

Follow up as clinically indicated

## Annotations and Best Practices

### Annotation A

An ICNF provider organization may identify eligible individuals during normal course of providing services following an inpatient stay or a treatment session with a non-ICNF provider. It is also possible that the ICNF provider may trigger the start of this metric during a client visit based on their own diagnosis of the client.

The identification of the trigger event could also arise from claims data, with an associated alert via HealthEC. However, given claims lag and the timeline for this metric, ICNF providers should not wait for HealthEC alerts for initiating appropriate treatment for eligible individuals.

### Annotation B

The initiation of AOD treatment may occur during an inpatient stay, via a non-ICNF provider, or during a treatment session with an ICNF provider. A single inpatient stay where the client was diagnosed and then treated for AOD qualifies as both the trigger event and initiation of treatment, all in one inpatient stay.

### Annotation C

If the ICNF provider is unable to provide AOD treatment within 14 days, they may refer the client to another ICNF provider organization for treatment (follow referral protocol). If a referral needs to be made to a non-ICNF provider, obtain client signed authorization (see 42 CFR Part II best practices) and follow referral protocol.

If a referral to another provider organization is required, it is recommended that the ICNF provider organization will:

- Contact provider organization within 72 hours of sending referral
- Explain rationale for client needing service within 14 days
- Identify if it will be possible to meet the 14 day requirement
- If provider organization is unable to meet deadline, consider referral to alternative organization that can meet the 14 day deadline
- Document in HealthEC

### Annotation D

Confirming the initiation of treatment can be accomplished in a variety of ways:

- 1) Through claims data in HealthEC (keep in mind possible delays due to claims lag)
- 2) Confirming with the treatment provider, whether they are an ICNF provider organization or non-ICNF provider
- 3) Asking the client at next encounter or via outreach/engagement with client (note: this should be verified using one of the other methods listed above)

If initiation of treatment has not been completed, follow treatment plan recommendations related to engagement and substance use treatment. Please note this will not complete the HEDIS metric for both the initiation and engagement phase.

If initiation has been completed by a non-ICNF provider organization it is likely that the time lapsed between completion of the 14-day initiation phase and 34-day engagement requirement has passed. If this happens the engagement metric will not be met.

### Best Practices

Identify common clinical pathways and pursue shared communication protocols, MOUs, etc. with collaborative partners (e.g. hospitals, SUD providers, etc.) to be proactive when clients need connection to appropriate SUD services.

### Initiation Best Practices

- Ensure communication with MMA Care Manager occurs after first contact with client (if assigned one).
- Utilize evidence-based practices to engage clients in considering their own patterns of substance use, and the best treatment options for their specific needs.

- Schedule an appointment with an ICNF provider organization for further assessment who offers substance use disorder services, if the assigned provider organization does not offer these services.
- When client allows, involve family members or others who the client desires for support and invite their help in intervening with the client when diagnosed with AOD dependence.
- Ensure that the client participates in the decision to see a substance use provider, agrees to keep the appointment, and that the appointment is convenient for him/her within the 14 day time period from start of the SUD episode.
- Prioritize having Authorizations (42 CFR Part 2) signed at all appropriate points in clients care (see below 42 CFR Part 2 Best Practices guidance)

### **Engagement Best Practices**

- Ensure communication with MMA (via Care Manager if assigned to one) to facilitate any needed support, such as transportation assistance to appointments and/or connection to primary care/medical specialists.
- Encourage the client to be actively involved and participating in treatment and discharge plan, as possible.
- Schedule an appointment with an ICNF provider organization for further assessment who offers substance use disorder services, if the assigned provider organization does not offer these services.
- Provide client educational materials and resources that include information on the treatment process and options, including 12-Step or peer support meetings. Encourage a sponsor and other community-based programs. While services such as Alcoholics Anonymous and Narcotics Anonymous add value to the individuals' recovery, they do **not** qualify for initiation and engagement visits because they do not provide a clinical assessment and intervention.
- When client allows, involve family members or others who the client desires for support and invite their help in intervening with the client when diagnosed with AOD dependence.
- Ensure appropriate billing and treatment codes are used for tracking IET objectives.
- Ensure that the client participates in the decision to see a substance use provider, agrees to keep the appointment, and that the appointment is convenient for him/her within the 34 day time period from completion of the initiation phase.

### **42 CFR Part 2 Best Practices\***

- Ensure all appropriate staff are trained on 42 CFR Part 2.
- Ensure all appropriate staff are aware that ICNF has a Qualified Service Organization Agreement in place via a Business Associates Agreement (BAA) and Data Use Agreement and Organized Health Care Arrangement (OHCA) (part of the Provider Participation Agreement) which has the language required by Part 2 to allow sharing of SUD information with ICNF as a Qualified Service Organization ("QSO") of each ICNF Participating Provider. That means ICNF Provider Organizations who provide SUD services may share SUD information with ICNF without first obtaining specific patient authorization. Part 2 still applies to the further use or disclosure of such SUD information by ICNF Provider Organizations - and by ICNF.
- Disclosures of Part 2-protected information must be accompanied by a notice prohibiting redisclosure. In general, the recipient of Part 2-protected information must also comply with Part 2's protections and may not re-disclose the information except as permitted by Part 2.

*\*Assumes an OHCA and data use agreement will be put in place for ICNF*