

## **Appendix B - SUPTRRS – Residential Treatment for persons who are pregnant or Women with Dependent Children and Persons under 200% of Federal Poverty Level**

### **Setting up a Client for SUPTRRS- Residential Treatment**

- Client must have a DARMHA ID to be entered into DEBS.
- All data requirements from DARMHA should be entered prior to creating the client in DEBS.

**Clinical Managed High-Intensity Residential Services - \$522.26/unit (unit = 1 day); Claims can be submitted for up to 14 days. Requests for additional days require email communication regarding the request for consideration.**

Participants shall have a diagnosis of Substance Use Disorder as determined by the Diagnostic and Statistical Manual of Mental Disorders current edition. This service is equivalent to the American Society of Addiction Medicine (ASAM) Level 3.5. **Clinical Managed High-Intensity Residential Services** programs offer room, board, and interpersonal support to individuals who may be under the influence of substances and individuals in substance use withdrawal.

All programs at this level rely on established clinical protocols to identify individuals who need medical services beyond the capacity of the facility and to transfer such individuals to more appropriate levels of care. This service is delivered under a defined set of physicians approved policies and procedures or clinical protocols.

Clinically Managed High-Intensity Residential Services are restrictive on the participant and involves medications and/or close, regular monitoring, such as Medically Monitored Inpatient Detoxification. Participants using substances other than those outlined for medical detoxification are typically put into this modality of treatment to be observed and monitored for stability before entering a traditional residential treatment program. This program is monitored and supervised by a Medical Director.

### **Minimum service requirements:**

- Length of stay in clinically managed high-intensity residential services shall be determined utilizing the American Society of Addiction Medicine (ASAM) level of care criteria and requires prior approval of DMHA.
- Clinically Managed High-Intensity Residential Services shall have separate living areas for women and men. Eligible participants shall have significant impairment in physiological, social, occupational, and/or psychological functioning due to substance use. Participants may have a co-occurring disorder, defined as concurrent diagnosis of mental illness, and shall receive treatment for substance use and co-occurring disorders concurrently.
- **Treatment services shall be based on individual need and diagnosis.** Criminal Justice Partners cannot make a recommendation and/or requirement of treatment; however, they

can refer an individual to receive an assessment to determine treatment. Treatment services shall support participant self-sufficiency, decision making, empowerment, and disease self-management principles.

Services include 24-hour supervision, observation, and support for individuals who may be under the influence of substances or experiencing withdrawal effects from substance use.

- All services shall utilize evidence-based practices (EBP). Evidence based practice is defined as programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results; show the greatest levels of effectiveness and have been replicated in different settings with different populations over time; and can include but are not limited to “treatment manuals.” Evidence based practices for substance use disorders are supported by the Substance Abuse and Mental Health Administration (SAMHSA): National Registry of Evidence-based Programs and Practices (NREPP).
- Provider shall have individualized, holistic, and comprehensive recovery/discharge plans for all participants utilizing community resources, recovery support services, and clinical interventions in the community of the participants’ primary residence.
- All Clinically Managed High-Intensity Residential Services shall be designed to practice and utilize recovery-oriented environment, philosophy, and practices to include participant empowerment, self-sufficiency, and recovery options as defined by the participant.
- Treatment Bundle must include a minimum of twenty (20) hours of planned, clinical services of professionally directed treatment per week; the specific services and supports must be listed on the individualized plan and include a projected schedule for service delivery, including the expected frequency and duration of each type of planned therapeutic session or encounter and type of personnel that will be providing the services.
- Ability to refer to hospital providing 24-hour medical backup.
- Use of Clinically Managed High-Intensity Residential Service time as preparation for referral to another level of care.
- Recognition of the chronic nature of disease of substance dependence and the fact that some participants will require multiple admissions.

**Who can claim for this service:** DMHA Certified Service Provider Agencies with ASAM 3.1 and 3.5 designation; Free-Standing Psychiatric Inpatient Treatment Facilities shall be certified and in compliance with the Indiana Administrative Code, 440 IAC 1-5. Residential Care Providers shall be certified and in compliance with the Indiana Administrative Code, 440 IAC 6.

Services that are allowable for claims include:

- Residential treatment gap funding for persons who are pregnant, women with dependent children, persons who inject drugs, and persons who are 200% below the federal poverty line who do not have an ability to pay for service and not yet receiving Medicaid.

Insurance must be pursued and continue to be pursued despite any denials to ensure appropriate health care.

- Provider is required to serve people who meet the clinical eligibility criteria for SUD based on the current DSM and have a financial need for assistance.
- Provider must serve, persons who are pregnant, women who have dependent children, persons who inject drugs, and persons whose income falls 200% below the federal poverty line within the limits of provider's resources.
- Provide bed days for pregnant persons, women with dependent children, persons who inject drugs, and persons whose income falls 200% below the federal poverty line who meet the ASAM criteria 3.1 and 3.5 for SUD residential treatment
- Ensure ethical SUD withdrawal management is overseen by a physician and following ASAM guidelines.

**Exclusions:** Provider shall voucher for admission day in clinically managed high-intensity residential service but **not** day of discharge. Services are all inclusive.

**Billing Guidelines:** Organizations billing for reimbursement of this service must receive Prior Authorization (PA) and be able to document approval of the PA from state staff. This funding includes a daily rate of \$182.63 and \$522.26 for levels 3.1 and 3.5 respectively. This will also include an extra \$50.00/day per child, up to two children **under the age of 5** or before starting an all-day education. This will assist with costs for caring for the child(ren) to include services for any mental health, physical health, or transportation for services. The child(ren) must receive all needed care or coordination of care throughout the day to assist with the mother being able to participate in treatment.

In addition, be able to document via electronic/paper file the following:

- Total number of people served in SUD residential using SABG funds
- Agency Tuberculosis (TB) Policy
- Identified client's Tuberculosis (TB) results upon admission or documentation within three (3) months
- Dates services were rendered that SABG funds were used
- Number of women served for SUD treatment that were pregnant
- Number of women with dependent children
- Total number of children served
- Child born while in service to include SUD related birth diagnosis:
  - Withdrawal symptoms, Neonatal Abstinence Syndrome, or Fetal Alcohol Syndrome
- Demographic information for each participant, including children (gender, age, race)
- Copy of insurance denial for claim period
- If not insured, then copy of application when client applied for insurance during stay
- Description of which EBP were used in sessions

- List of referrals received and accepted from outside providers
- Rendering staff

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences including return of the funds paid for the services up to and including federal prosecution. Providers must make every effort to bill insurance for the individual's stay. If the insurance company approves the stay after the Substance Abuse Prevention and Treatment (SAPT) Block Grant has been billed, the provider will reimburse DMHA for the covered service. If additional days are necessary, providers must advocate with the insurance company for additional days (if the stay was covered by insurance).

**Clinically Managed Low-Intensity Residential Services (Treatment Bundle) - \$182.63/unit (unit = 1 day); Claims can be submitted for up to 21days. Requests for additional days require email communication regarding the request for consideration.**

Participant shall have a diagnosis of Substance Use Disorder as determined by the Diagnostic and Statistical Manual of Mental Disorders current edition. This service is equivalent to the American Society of Addiction Medicine (ASAM) Level 3.1. Clinically Managed Low-Intensity Residential Services program offers room, board, and interpersonal support to individuals in substance use recovery. Clinically Managed Low-Intensity Residential Services provide an ongoing therapeutic environment for participants requiring some structured support in which treatment is directed toward applying recovery skills; preventing return to substance use; improving emotional functioning; promoting personal responsibility; reintegrating the individual into the world of work, education, and family life; and building adaptive skills that may not have been achieved or have been diminished during the participant's active substance use. Services may be offered in an appropriately licensed facility located in a community setting, such as a transitional house, group home, or other supportive living environment. Clinically Managed Low-Intensity Residential Services is provided by a health care institution other than a hospital or a nursing care institution which provides resident beds or residential units, supervisory care services, personal care services, directed care services or health related services for people who do not need a higher level of service according to ASAM criteria.

All programs at this level rely on established clinical protocols to identify individuals who need medical services beyond the capacity of the facility and to transfer such individuals to more appropriate levels of care. This service is delivered under a defined set of physicians approved policies and procedures or clinical protocols.

The purpose of Clinically Managed Low-Intensity Residential Services is to support, stabilize and support recovery for individuals so they can return to independent community living. Clinically Managed Low-Intensity Residential Services provide a structured environment on a 24-hour basis.

Minimum service requirements:

- Eligible participants shall have significant impairment in physiological, social, occupational, and/or psychological functioning due to substance use. Participants may have a co-occurring disorder, defined as concurrent diagnosis of mental illness, and shall receive treatment for substance use and co-occurring disorders concurrently.
- Treatment services shall be based on individual need and diagnosis. Treatment services shall support participant independence, decision making, empowerment, and management of substance use disorder. Services include 24-hour supervision, observation, and support for individuals who may be under the influence of substances or experiencing withdrawal from substances.
- Length of stay in Clinically Managed Low-Intensity Residential Services shall be determined utilizing the American Society of Addiction Medicine (ASAM) level of care criteria and requires prior approval of DMHA. Clinically Managed Low-Intensity Residential Services shall have separate living areas for women and men. All services shall utilize evidence-based practices (EBP). Evidence-based practice is defined as programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results; show the greatest levels of effectiveness and have been replicated in different settings with different populations over time; and can include but are not limited to “treatment manuals.” Evidence-based practices for substance use are supported by the

Substance Abuse and Mental Health Administration (SAMHSA). National Registry of Evidence-based Programs and Practices (NREPP). The provider shall have individualized, holistic, and comprehensive recovery/discharge plans for all participants utilizing community resources, recovery support services, and clinical interventions in the community of the participants’ primary residence.

- All Clinically Managed Low-Intensity Residential Services shall be designed to practice and utilize recovery-oriented environment, philosophy, and practices to include participant empowerment, self-sufficiency, and recovery options as defined by the participant.
- Ability to refer to hospital providing 24-hour medical backup.
- Use of Clinically Managed Low-Intensity Residential Services as preparation for referral to another level of care.
- Recognition of the chronic nature of the disease of substance use disorder and the fact that some participants will require multiple admissions.
- Facilitates application of recovery skills, relapse prevention, and emotional coping skills.
- 24-hour structure and support provide residents with the opportunity to develop and practice interpersonal/group living skills, reintegrate into the community/family, and begin or resume employment and/or academic pursuits.
- Treatment Bundle must include a minimum of five (5) hours of planned, clinical services of professionally directed treatment per week; the specific services and supports must be listed on the individualized plan and include a projected schedule for service delivery, including the expected frequency and duration of each type of

planned therapeutic session or encounter and type of personnel that will be furnishing the services.

- Clinical services must be individualized for each participant; services available for the treatment bundle should include, at a minimum:
- Case Management
- Individual, family, and group Skills Training and Development
- Individual, family, and group Counseling
- Alcohol and Other Drug Screening
- Peer Recovery Support Services
- Medication monitoring/review; and/or access to medication assistance treatment
- When possible, all services should be billed through the participants' insurance. If insurance denies payment, the actual denial may be submitted to DMHA for consideration. Please ensure providers are utilizing ASAM criteria when admitting participants.

**Who may claim for this service:** DMHA Certified Service Provider Agencies with ASAM 3.1 and 3.5 designation; Free-Standing Psychiatric Inpatient Treatment Facilities shall be certified and in compliance with the Indiana Administrative Code, 440 IAC 1-5. Residential Care Providers shall be certified and in compliance with the Indiana Administrative Code, 440 IAC 6. Services that are allowable for claims include:

- Residential treatment gap funding for persons who are pregnant, women with dependent children, persons who inject drugs, and persons who are 200% below the federal poverty line who do not have an ability to pay for service and not yet receiving Medicaid. Insurance must be pursued and continue to be pursued despite any denials to ensure appropriate health care.
- Provider is required to serve people who meet the clinical eligibility criteria for SUD based on the current DSM and have a financial need for assistance.
- Provider must serve, persons who are pregnant, women who have dependent children, persons who inject drugs, and persons whose income falls 200% below the federal poverty line within the limits of provider's resources.
- Provide bed days for pregnant persons, women with dependent children, persons who inject drugs, and persons whose income falls 200% below the federal poverty line who meet the ASAM criteria 3.1 and 3.5 for SUD residential treatment
- Ensure ethical SUD withdrawal management is overseen by a physician and following ASAM guidelines

**Exclusions:** Provider shall voucher for admission day in Clinically Managed Low-Intensity Residential Service but **not** day of discharge. Services are all inclusive.

**Billing Guidelines:** Organizations billing for reimbursement of this service must receive Prior Authorization (PA) and be able to document approval of the PA from state staff. This funding includes a daily rate of \$182.63 and \$522.26 for levels 3.1 and 3.5 respectively. This will also include an extra \$50.00/day per child, up to two children under the age of 5 or before starting an

all-day education. This will assist with costs for caring for the child and/or children to include any mental health and physical health services or transportation for services. The child or children must receive all needed care or coordination of care throughout the day to assist with the mother being able to participate in treatment.

In addition, be able to document via electronic/paper file the following:

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- Demographic information for each participant, including children (gender, age, race)
- Copy of insurance denial for claim period
- If not insured, then copy of application when client applied for insurance during stay
- Description of which EBP were used in sessions
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