

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY**

13.d. Rehabilitative Services**13.d.5 Residential Substance Use Disorder Services****Residential Substance Use Disorder (SUD) Services (42 CFR 440.130(d))**

Residential SUD services are provided as part of a comprehensive continuum of SUD services and are available to all Medicaid eligible individuals with significant functional impairments resulting from an identified SUD diagnosis. Services must be medically necessary and must promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan. Services must also be provided in accordance with the American Society of Addiction Medicine (ASAM) Level 3 guidelines. Settings must include 24-hour professionally directed evaluation, observation and medical monitoring, as well as a planned regimen of individualized treatment services. They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols.

Residential SUD services include a continuum of individually-centered services consistent with the individual's assessed treatment needs and utilizing the American Society of Addiction Medicine (ASAM) levels of care. The rehabilitation and recovery focus is designed to promote skills for coping with and managing substance use symptoms and behaviors.

A. Eligible Providers

Eligible providers are residential level of care facilities with 16 beds or less:

- Accredited by the Joint Commission, or the Commission on Accreditation of Rehabilitative Facilities (CARF), or the Council on Accreditation (COA); and,
- Certified by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) as a residential provider of substance use disorder services, unless exempt from state jurisdiction or an exempted entity as defined in State statute; and,
- Contracted with the State Medicaid Agency; and,
- Provided a Certificate of Need (CON), if required by ODMHSAS, in accordance with applicable State policy.

B. Covered Services**Level 3.1 – Clinically Managed Low-Intensity Residential Services**

This level of care includes at least six (6) hours per week of a combination of low-intensity clinical and recovery-focused services. Treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into work, education and family life. Services provided may include individual, group and family therapy, rehabilitation, peer recovery support services, crisis intervention, and educational/vocational support services. Access to medically necessary medication assisted treatment (MAT) must be provided either on-site or through an off-site MAT provider. Mutual/self-help meetings are usually available on site. This service may not be provided by facilities where treatment services are not offered.

Level 3.3 – Clinically Managed Population-Specific High-Intensity Residential Services

This level of care includes a combination of clinical stabilization and recovery-focused services for adults only. Services are provided within a structured environment with special attention given to support the needs of individuals with cognitive or other impairments. Services provided may include individual, group and family therapy, rehabilitation, peer recovery support services, crisis intervention, and educational/vocational support services. Access to medically necessary medication assisted treatment (MAT) must be provided either on-site or through an off-site MAT provider.

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13.d. Rehabilitative Services *(continued)***13.d.5. Residential Substance Use Disorder Services** *(continued)***B. Covered Services** *(continued)***Level 3.5 – Clinically Managed Medium Intensity for Adolescents/High-Intensity for Adults Residential Services**

This level of care includes a combination of clinical, stabilization and recovery-focused services provided within a structured environment. Services provided may include individual, group and family therapy, rehabilitation, peer recovery support services, crisis intervention, and educational/vocational support services. Access to medically necessary medication assisted treatment (MAT) must be provided either on-site or through an off-site MAT provider

Level 3.7 – Medically Monitored High Intensity Withdrawal Management

This service provides withdrawal management outside of an acute setting under the direction of a licensed physician. Facilities must provide 24 hour, 7 days a week physician supervision, as well as 24 hour, 7 days a week monitoring from licensed nurses. Medically necessary services are provided to members who are withdrawing or are intoxicated from alcohol or other drugs but are not experiencing medical or neurological symptoms that would require hospitalization. Medications are prescribed and administered if needed during withdrawal management. The goal of this level of service is to stabilize and prepare individuals for continued treatment at lower levels of care.

Residential Family-Based Treatment: Programs for Individuals with Dependent Children and Pregnant Women

Services are provided to individuals with dependent children and to pregnant women through specialty programs that provide services in accordance with Level 3.1 or Level 3.5. Additionally, special attention and support services are provided to address the improved functioning and integration of the individual within the family unit, including services to improve parenting skills.

The following services are excluded from coverage:

- Room and board is not a covered and/or reimbursable service;
- Components that are not provided to or exclusively for the treatment of the eligible individual;
- Services or components of services of which the basic nature is to supplant housekeeping or basic services for the convenience of a person receiving covered services;
- Physician directed services and medications (these services are reimbursed outside of the residential SUD per diem);
- Telephone calls or other electronic contacts (not inclusive of telehealth);
- Field trips, social, or physical exercise activity groups; and,
- Collateral outpatient therapy.

C. Individual Provider Qualifications

Eligible residential substance use disorder providers and their qualifications include those noted within Attachment 3.1-A, Page 6a-1.3a through Attachment 3.1-A, page 6a-1.3e.

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DATES FOR ESTABLISHING PAYMENT RATES FOR ATTACHMENT 4.19-B SERVICES

Effective Dates for Reimbursement Rates for Specified Services: (continued)

Service	State Plan Page	Effective Date
4.b. EPSDT (continued) <ul style="list-style-type: none"> • Other Practitioner – Applied Behavior Analysis (ABA) Services 	Attachment 4.19-B, Page 28.13	July 1, 2019
Christian Science Nurses	Attachment 4.19-B, Page 28.5	October 1, 2019
Dentures	Attachment 4.19-B, Page 28.6	October 1, 2019
Respiratory Care	Attachment 4.19-B, Page 28.7	October 1, 2019
Private Duty Nursing Services	Attachment 4.19-B, Page 28.8	October 1, 2019
Physical Therapist	Attachment 4.19-B, Page 28.9	October 1, 2019
Occupational Therapist	Attachment 4.19-B, Page 28.10	October 1, 2019
Christian Science Sanatoria	Attachment 4.19-B, Page 28.11	October 1, 2018
Other Practitioner – Licensed Clinical Social Worker	Attachment 4.19-B, Page 28.12	October 1, 2019
<u>Residential Substance Use Disorder (SUD) Services</u>	<u>Attachment 4.19-B, Page 30b</u>	<u>October 1, 2020</u>
Pediatric or Family Nurse Practitioner (Advanced Practice Nurse) Services	Attachment 4.19-B, Page 32	October 1, 2019
Diabetes Self-management Training (DSMT) Services	Attachment 4.19-B, Page 43	January 1, 2020

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement

Residential SUD services as described on Attachment 3.1-A page 6a-1.21 and Attachment 3.1-A, page 6a-1.22 will be reimbursed using a state specific per diem fee schedule, refer to chart below. Physician directed services and medications are separately billable and not part of the residential SUD per diem payment.

<u>ASAM Level of Care (LOC)</u>	<u>Placement Criteria</u>	<u>Service Description</u>	<u>Per Diem Rate</u>
<u>3.1</u>	<u>Clinically Managed Low-Intensity Residential Services for Adolescents</u>	<u>Halfway House Services</u>	<u>\$63.00</u>
	<u>Clinically Managed Low-Intensity Residential Services for Adults</u>	<u>Halfway House Services</u>	<u>\$46.00</u>
<u>3.3</u>	<u>Clinically Managed Population-Specific High Intensity Residential Services for adults only</u>	<u>Residential Treatment for Co-occurring Disorders</u>	<u>\$100.00</u>
<u>3.5</u>	<u>Clinically Managed Medium-Intensity Residential Services for Adolescents</u>	<u>Residential Treatment</u>	<u>\$135.00</u>
	<u>Clinically Managed High-Intensity Residential Services for Adults</u>	<u>Residential Treatment</u>	<u>\$ 85.00</u>
		<u>Intensive Residential Treatment</u>	<u>\$160.00</u>
<u>3.7</u>	<u>Medically Monitored High-Intensity Inpatient Services for Adolescents</u>	<u>Medically Supervised Withdrawal Management</u>	<u>\$200.00</u>
	<u>Medically Monitored Intensive Inpatient Services Withdrawal Management for Adults</u>	<u>Medically Supervised Withdrawal Management</u>	<u>\$200.00</u>

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

13.d.5. Residential Substance Use Disorder (SUD) Reimbursement (continued)

Residential Family-Based Treatment – Services as described on Attachment 3.1-A page 6a-1.21 and Attachment 3.1-A, page 6a-1.22 will be reimbursed using a state specific per diem fee schedule, refer to chart below. Physician direct services and medications are separately billable and not part of the residential SUD per diem payment. Treatment services for dependent children are separately billable as outpatient behavioral health services, refer to Attachment 3.1-A, page 1a-6.3 through page 1a-6.

<u>ASAM LOC</u>	<u>Placement Criteria</u>	<u>Service Description</u>	<u>Per Diem Rate</u>
<u>3.1</u>	<u>Individuals with Dependent Children and Pregnant Women</u>	<u>Halfway House Services</u>	<u>\$117.00</u>
<u>3.5</u>		<u>Residential Treatment</u>	<u>\$180.00</u>
		<u>Intensive Residential Treatment</u>	<u>\$250.00</u>

Performance-Based Payments

Providers will have the potential to earn a performance-based payment in the amount of 10% of qualifying per diem payments. To be eligible for these performance-based payments, providers must meet or exceed all state-defined benchmarks for the following metrics during the quarterly reporting period:

ASAM Level 3.1, 3.3, and 3.5 Providers

<u>Measure</u>	<u>Benchmark</u>
<u>Percent of members admitted to/engaged in a lower level of care behavioral health service within seven (7) days of discharge</u>	<u>60% minimum</u>
<u>Percent of members who complete treatment</u>	<u>60% minimum</u>
<u>Percent of members who experience a reduction in drug use for all drugs of choice</u>	<u>85% minimum</u>
<u>Percent of members who are readmitted to the same or higher level of care behavioral health service within ninety (90) days of discharge</u>	<u>10% maximum</u>

ASAM Level 3.7 Providers

<u>Measure</u>	<u>Benchmark</u>
<u>Percent of members admitted to/engaged in a lower level of care behavioral health service within seven (7) days of discharge</u>	<u>60% minimum</u>
<u>Percent of members who complete treatment</u>	<u>60% minimum</u>
<u>Percent of members who are readmitted to the same or higher level of behavioral health care service within ninety (90) days of discharge</u>	<u>10% maximum</u>

State-defined benchmarks may vary by plus or minus 5 percentage points from quarter to quarter, not to exceed a variance of plus or minus 10 percentage points annually.

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