

**ALABAMA DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
DIVISION**



CONTRACT BILLING MANUAL

**EFFECTIVE JULY 1, 2013
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INTRODUCTION

This document is the Contract Billing Manual and is intended to function as a companion to the DMH Substance Abuse Services purchase of service contract. It serves to define billable services, eligible staff (where appropriate), reporting codes, units, unit rates, restrictions (if any), and any other condition of billing the service.

This manual provides for an assessment for DMH Substance Abuse Services only (not Medicaid or other third party billed services). Admission for treatment services billed under the DMH contract must be based on clinical criteria using the latest edition of The Diagnostic and Statistical Manual of Mental Disorders:

- a) A diagnosis assigned by a licensed physician or a licensed psychologist based upon a face-to-face interview by the individual assigning the diagnosis; or
- b) A diagnostic impression assigned based upon the DMH approved assessment instrument completed by qualified staff.

Admission for treatment services billed under the DMH services contract must also be based on the clients' ability to pay. A financial assessment **must be used based on a sliding-fee scale**.

While it is recognized that involvement of family members in the rehabilitation of individuals with mental health and substance use disorders may be necessary and appropriate, provision of services where the family is involved must be clearly directed to meeting the identified beneficiary's needs. Services provided to non-Medicaid eligible family members independent of meeting the identified beneficiary's needs are not covered by Medicaid.

No residential programs with 17 beds or more are eligible to bill Medicaid.

These provisions do not apply to Prevention Services as defined herein.

Listing of modifier codes:

HF- Substance Abuse
HA - Adolescent
HD - Special Women's
HH - Co-occurring Enhanced
HK- TANF
HQ - Group
HV- State Only
HZ - Indigent Offender
H9 - Drug Court
GZ – Bed Hold Day
59 -Special Medicaid modifier (NCCI)

BEHAVIORAL HEALTH ACCOMODATION
(FORMERLY RESIDENTIAL BED, BOARD AND PROTECTION)

Definition: A highly structured, twenty-four hour, supervised living arrangement operated by the facility using employees around the clock, awake staff, and designed to initiate and promote a safe and sober living environment for the clients. Programs specifically for adolescents must be designed to meet the special needs of adolescents, including academics.

Eligible Levels of Care: Unbundled Level III.1, Level III.2D, Level III.3, Level III. 5, Level III.7, and Level III.7D

SAS Reporting Code: **1002:HF, HF:HD, HF:HV, HF:H9, HF:HH or HF:HZ – Adult**
1003:HF, HF:HD, HF:HK, HF:HV, HF:H9 HF:HH or HF:HZ – Adult
Supervised Living

1002:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent

SAS Reporting Unit: Day

SAS Contract Billing Rate: \$37.42 per day

Maximum Billable Unit(s): **The maximum units billable in one day cannot exceed the number of certified beds.** Duration of treatment should vary with the severity of the consumer's illness and his/her response to treatment. The following circumstances in A, B, C, and D must be met to satisfy the criteria for residential continued stay.

A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:

(1) The patient is making progress, but has not yet achieved the goals articulated in the individualized service plan; or

(2) The patient is not yet making progress, but has the capacity to resolve his/her problems. He/she is actively working toward the goals articulated in the individualized service plan; or

(3) New problems have been identified that are appropriately treated at the current assessed level of care.

B. The current or revised service plan can be reasonably expected to bring about significant improvement in the problem(s) meeting criterion (A), and the patient's progress is documented by the provider according to the administrative code standards.

C. The individual's active treatment includes at least weekly family involvement or identified reasons why such treatment is not appropriate or feasible.

D. That disposition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the substance abuse disorder to the degree that would necessitate continued residential treatment.

SAS Reporting Combination Restrictions: Cannot be billed with any other bundled rate (including MI, SA and DD)

In disaster situations where consumers must be sent away from the facility for a brief time, this service can be billed

Location: Level III.1, Level III.2D, Level III.3, Level III.5, Level III.7, and Level III.7D certified residential programs

INTAKE EVALUATION
(BEHAVIORAL HEALTH PLACEMENT ASSESSMENT)

Definition: An initial clinical evaluation of the beneficiary's request for assistance, presenting psychological and social functioning status, physical and medical condition, need for additional evaluation and/or treatment, and appropriateness for treatment of substance use disorders. Evaluation may incorporate the use of play equipment, physical devices, language interpreter, or other aids to enhance therapeutic interaction.

Eligible Staff: QSAP I and QSAP II (Master's Degree Only)

SAS Reporting Code: **90791:HF, HF:HD, HF:HK, HF:HV, HF:H9, HF:HH or HF:HZ - Adult**
90791:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent

Assessment Instrument: Behavioral Health Placement Assessment

SAS Reporting Unit: Episode

SAS Contract Billing Rate: \$120 per episode

Maximum Billable Unit(s): 1 episode per year

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

Level 0.5 Early Intervention: This service can be billed for client with a V71.09 code short term only to gather enough information to determine if the client has a diagnostic impression.

FAMILY COUNSELING

Definition: A beneficiary focused intervention that may include the beneficiary, his/her family unit and/or significant others, and a qualified practitioner. This service is designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a substance use disorder (and any co-occurring mental health disorder) that interferes with the beneficiary's personal, familial, vocational, and/or community functioning. While it is recognized that involvement of family members in the rehabilitation of individuals with mental health and substance use disorders may be necessary and appropriate, provision of services where the family is involved must be clearly directed to meeting the identified beneficiary's needs. Services provided to non-Medicaid eligible family members independent of meeting the identified beneficiary's needs are not covered by Medicaid.

Eligible Staff: QSAP I – II

SAS Reporting Code: **90846:HF – Adult without Client Present (also HF:HD, HF:HV, HF:H9, HF:HK, HF:HZ, HF:HH or HF:59)**
90847:HF - Adult with client present (also HF:HD, HF:HV, HF:H9, HF:HZ, HF:HH or HF:59)
90849:HF - Multiple Family Group Psychotherapy Adult (also HF:HD, HF:HV, HF:H9, HF:HZ, HF:HH or HF:59)

90846:HF:HA, HF:HA:H9, HF:HA:HH or HF:HA:59 - Adolescent without client present
90847:HF:HA, HF:HA:H9, HF:HA:HH or HF:HA:59- Adolescent with client present
90849:HF:HA - Multiple Family Group Psychotherapy Adolescent HF:HA:59 or HF:HA:HH

SAS Reporting Unit: 1 Episode

SAS Contract Billing Rate: Adult - \$68.00 per episode, 60 minute minimum
Adolescent, Special Women's and Co-occurring Enhanced - \$80.00 per episode, 60 minute minimum
Multiple Family - \$46.02 per episode, 90 minute minimum, per client

Maximum Billable Unit(s): For each code – 1 episode per day, 104 episodes per year

SAS Reporting Combination Restrictions: Cannot be billed in conjunction with any other bundled rate (MH, SA or DD)

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

Level 0.5 Early Intervention: This service can be billed for client with V71.09 code only for short basis only to gather enough information to determine if the client can be given an abuse or

dependence diagnostic impression. Maximum Billable Units: 4 episodes per year.

GROUP COUNSELING

Definition: The utilization of professional skills by a qualified practitioner to assist two or more unrelated beneficiaries in a group setting in achieving specific objectives of treatment or care for a mental health and/or substance use disorder. Services are generally directed toward alleviating maladaptive functioning and behavioral, psychological, and/or emotional disturbances, and utilization of the shared experiences of the group's members to assist in restoration of each participant to a level of functioning capable of supporting and sustaining recovery. Group Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic service strategies.

Eligible Staff: QSAP I – II

SAS Reporting Code: **90853:HF, HF:HD, HF:HV, HF:H9, HF:HZ, HF:HH or HF:59 - Adult**

90853:HF:HA, HA:H9, HF:HA:HH or HF:HA:59 - Adolescent

SAS Reporting Unit: 1 Episode

SAS Contract Billing Rate: \$30.00 per episode, 90 minute minimum - Adult
\$36.00 per episode, 90 minute minimum - Adolescent, Special Women's and Enhanced Co-occurring

Maximum Billable Unit(s): 1 episode per day/104 episodes per year

Group Size Limit: 15 per therapist

SAS Reporting Combination Restrictions: Cannot be billed in conjunction with any other bundled rate.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

DIAGNOSTIC TESTING ADMINISTERED BY PHYSICIAN

Definition: Administration of a standardized objective and/or projective test of an intellectual, personality, or related nature in a face-to-face interaction between a beneficiary and a qualified practitioner.

Eligible Staff: Physician and/or QSAP I: Psychologist **only**

SAS Reporting Code: **96101:HF, HF:HD, HF:HV, HF:H9, HF:HH or HF:HZ - Adult**

96101:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent

SAS Reporting Unit: Hour

SAS Contract Billing Rate: \$150.00 per hour

Maximum Billable Unit(s): 5 hours per year per client for Physician

SAS Reporting Combination Restrictions: Not allowable in Level III.01

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

DIAGNOSTIC TESTING ADMINISTERED BY TECHNICIAN

Definition: Administration of a standardized objective and/or projective test of an intellectual, personality, or related nature in a face-to-face interaction between a beneficiary and a qualified practitioner.

Eligible Staff: QSAP I

SAS Reporting Code: 96102:HF, HF:HD, HF:HV, HF:H9, HF:HH or HF:HZ - Adult

96102:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent

SAS Reporting Unit: Hour

SAS Contract Billing Rate: \$85.53 per hour

Maximum Billable Unit(s): 5 hours per year per client

SAS Reporting Combination Restrictions: Not allowable in Level III.01

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

INJECTABLE MEDICATION ADMINISTRATION

Definition: Administration of injectable medication under the direction of a physician, physician assistant or certified registered nurse practitioner.

Eligible Staff: Registered Nurse (RN) or Licensed Practical Nurse (LPN)

SAS Reporting Code: **96372:HF, HF:HD, HF:HV, HF:H9, HF:HH or HF:HZ - Adult**

96372:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent

SAS Reporting Unit: Episode

SAS Contract Billing Rate: \$12.00

Maximum Billable Unit(s): 1 per day

SAS Reporting Combination Restrictions: Not allowable in Level III.01

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

DIAGNOSTIC TESTING ADMINISTERED BY COMPUTER

Definition: Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI), administered by a computer, with qualified health care professional interpretation and report.

Eligible Staff: QSAP I or QSAP II (with specialized training specific to the instrument)

SAS Reporting Code: **96103:HF, HF:HD, HF:HV, HF:H9, HF:HH or HF:HZ- Adult**

96103:HF:HA, HF:HA:HH or HF:HA:H9 - Adolescent

SAS Reporting Unit: Hour

SAS Contract Billing Rate: \$85.53 per hour

Maximum Billable Unit(s): 5 hours per year per client

SAS Reporting Combination Restrictions: Not allowable in Level III.01

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

NON-EMERGENCY TRANSPORTATION

Definition: Services utilized to transport a SA client to and/or from a treatment program or to other services assessed as needed and specific in the service plan and which are billed to DMH. The agency must demonstrate that the client has no other means of transportation to and/or from needed services.

Medicaid clients: The Non-Emergency Transportation provides necessary non-ambulance transportation services to Medicaid recipients. Medicaid pays for rides to a doctor or clinic for medical care or treatment that is covered by Medicaid.

Eligible Staff: May be conducted by individuals meeting the requirements of a QSAP III or Qualified Paraprofessional.

SAS Reporting Code:

- A0120:HF – Adult Medicaid Transportation**
- A0120:HF:HV – Adult State Only Transportation**
- A0120:HF:HK – TANF Transportation**
- A0120:HF:HD – Special Women’s transportation**
- A0120:HF:HA – Adolescent Medicaid Transportation**
- A0120:HF:HA:HV – Adolescent State Only Transportation**
- A0120: HF:HH – Adult Co-occurring Enhanced**
- A0120:HF:HA:HH – Adolescent Co-Occurring Enhanced**

SAS Reporting Unit(s): 1 day

SAS Contract Billing Rate: \$17 per day

Maximum Billable Unit(s): One round trip per day

SAS Reporting Combination Restrictions: None

Location: Service may be provided in any appropriate setting that protects the clients’ rights to privacy, confidentiality, and safety, and meets the DMH facility certification standards.

INDIVIDUAL COUNSELING

Definition: The utilization of professional skills by a qualified practitioner to assist a beneficiary in a face-to-face, one-to-one psychotherapeutic encounter in achieving specific objectives of treatment or care for a mental health and/or a substance use disorder. Services are generally directed toward alleviating maladaptive functioning and emotional disturbances relative to a mental health and/or substance use disorder, and restoration of the individual to a level of functioning capable of supporting and sustaining recovery. Individual Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services.

Eligible Staff: QSAP I or a QSAP II

SAS Reporting Code: **90832:HF , HF:HD, HF:HK, HF:HV, HF:H9, HF:HZ, HF:HH or HF:59 – Adult**
90834:HF, HF:HD, HF:HK, HF:HV, HF:H9, HF:HZ, HF:59 or HF:HH – Adult
90837:HF, HF:HD, HF:HK, HF:HV, HF:H9, HF:HZ, HF:HH or HF:59 - Adult

90832:HF:HA ,HF:HA:H9, HF:HA:59, HF:HA:HH – Adolescent
90834:HF:HA, HF:HA:H9, HF:HA:HH or HF:HA:59 – Adolescent
90837:HF:HA, HF:HA:H9, HF:HA:HH or HF:HA:59 – Adolescent

SAS Reporting Unit: 1 unit based on time spent in activity

SAS Contract Billing Rate: Adult
\$34.00 for time spent between 17 and 37 minutes (use 90832)
\$51.00 for time spent between 38 and 52 minutes (use 90834)
\$68.00 for time of 53 minutes and more (use 90837)

Adolescent, Special Women’s and Enhanced Co-occurring
\$40.00 for time spent between 17 and 37 minutes (use 90832)
\$60.00 for time spent between 38 and 52 minutes (use 90834)
\$80.00 for time of 53 minutes or more (use 90837)

Maximum Billable Unit(s): 1 unit per day/52 units per year

SAS Reporting Combination Restrictions: Cannot be billed in conjunction with any other bundled rate or Level III.01.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

Level 0.5 Early Intervention: This service can be billed for client with V71.09 code only for short basis only to gather enough information to determine if the client can be given an abuse or dependence diagnostics impression. Maximum Billable Units: 3 units per year.

PHYSICIAN MEDICAL ASSESSMENT AND TREATMENT

Definition: Face-to face contact with a beneficiary during which a qualified practitioner provides psychotherapy and/or medical management services. Services may include physical examinations, evaluation of co-morbid medical conditions, development or management of medication regimens, the provision of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services, or the provision of educational services related to management of a physical or substance use disorder.

Eligible Staff: Physician
Physician Assistant
Certified Registered Nurse Practitioner (CRNP)

SAS Reporting Code: **H0004:HF, HF:HD, HF:HV, HF:H9, HF:HH or HF:HZ -Adult**
H0004:HF:HA or HF:HA:HH - Adolescent

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$25.00 per unit

Maximum Billable Unit(s): 6 units per day/52 units per year

SAS Reporting Combination Restrictions: Not billable with Level III.2-D, Level III.7D or Level III.01

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

CASE MANAGEMENT

Definition: A case manager assists an individual in identifying the individual's goals, strengths and needs; plans with the individual what services and community resources might help the individual to accomplish the individual's goals; helps refer (and often accompany) the individual to obtain services and resources; and then monitors and coordinates with those services and resources to assure that the individual is getting the help needed to accomplish the individual's goals and to address the individual's needs.

These are the four service components to services that case managers provide to their clients:

1. Assessment
2. Planning
3. Referral and linkage
4. Monitoring and coordination.

Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:

- taking client history;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.

Reassessment/follow-up – The case manager shall evaluate through interviews and observations the progress of the client toward accomplishing the goals listed in the case plan at intervals of six months or less. In addition, the persons and/or agencies providing services to the client will be contacted and the results of these contacts, together with the changes in need shown in the reassessments, will be utilized to accomplish any needed revisions to the case plan.

Development (and periodic revision) of a specific case plan that is based on the information collected through the assessment that

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual;

Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including

- activities that help link the individual with medical, social, and educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the case plan; and

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the case plan is implemented and adequately addresses the eligible individual’s needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual’s case plan;
 - services in the case plan are adequate; and
 - changes in the needs or status of the individual are reflected in the case plan.
 Monitoring and follow-up activities include making necessary adjustments in the case plan and service arrangements with providers.

Eligible Staff: Staff members who have successfully completed a DMH, SASD approved Case Manager Training program and who meet the qualifications of a QSAP III.

SAS Reporting Codes: **H0006:HF, HF:HD, HF:HV, HF:H9, HF:HH or HF:HZ, HF:HK - Adult**
H0006:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent

SAS Reporting Unit: Five (5) minute increments

SAS Contract Billing Rate: \$4.63 per unit - Adult
 \$5.35 per unit – Adolescent, Special’s Women. Co-occurring Enhanced

Maximum Billable Unit(s): None

SAS Reporting Combination Restrictions: None

Location: Residential, outpatient or mobile; setting determined by client needs.

MEDICALLY MONITORED RESIDENTIAL DETOXIFICATION (LEVEL III.7-D)

Definition: Level III.7 D is an organized service delivered by medical and nursing professionals, which provides 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care with observation, monitoring and treatment being available.

SAS Reporting Code: **H0011:HF, HF:HV or HF:HZ - Adult**

SAS Reporting Unit: 1 day

SAS Contract Billing Rate: \$205.00 per day

SAS Reporting Combination Restrictions: Can only be billed for Level III.7-D

Maximum Billable Unit(s): The patient continues in a Level III.7-D until withdrawal signs and symptoms are significantly resolved that he/she can be safely managed at a less intense level of care.

Location: This is an all-inclusive service and cannot be billed with any other service.

AMBULATORY DETOXIFICATION WITH EXTENDED ON-SITE MONITORING (LEVEL II-D)

Definition: Level II-D detoxification is an organized outpatient service, which may be delivered by trained clinicians who provide medically supervised evaluation, detoxification and referral services. Outpatient detoxification services shall be designed to treat the patient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering substances, as well as effectively facilitate the patient's entry into ongoing treatment and recovery.

Essential to this level of care is the availability of appropriately credentialed and licensed nurses who monitor patients over a period of several hours each day of service.

SAS Reporting Code: **H0013:HF, HF:HV, HF:H9 or HF:HZ - Adult**
 H0013:HF:HH – Co-Occurring Enhanced
 H0013:HF:HD – Special Women’s

SAS Reporting Unit: 1 day

SAS Contract Billing Rate: \$145.00 – Adult
 \$174.00 – Co-Occurring Enhanced or Special Women’s

Maximum Billable Unit(s): The patient continues in a Level II-D until withdrawal signs and symptoms are significantly resolved that he/she can be safely managed at a less intense level of care.

SAS Reporting Combination Restrictions: Can only be billed in Level II.2D

Location: This service shall be delivered in a safe and comfortable outpatient setting that protects the patient's rights to privacy and confidentiality.

AMBULATORY DETOXIFICATION WITHOUT ON-SITE MONITORING (LEVEL I-D)

Definition: Level I-D is an organized outpatient service, which may be delivered by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Such services are provided in regularly scheduled sessions. Level I-D services shall be delivered under a defined set of policies and procedures or medical protocols. Outpatient detoxification services are designed to treat the patient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering substances and to effectively facilitate the patient's entry into ongoing treatment and recovery.

SAS Reporting Codes: **H0014:HF, HF:HV, HF:H9, or HF:HZ - Adult**
 H0014:HF:HD – Special Women’s
 H0014:HF:HH – Co-occurring enhanced

SAS Reporting Unit: 1 day

SAS Contract Billing Rate: \$45.00
 \$54.00 Co-occurring Enhanced or Special Women’s

SAS Reporting Combination Restrictions: Can be billed in Level I-D

Maximum Billable Unit(s): The patient continues in a Level I-D until withdrawal signs and symptoms are significantly resolved that he/she can be safely managed at a less intense level of care.

Location: This service shall be delivered in a safe and comfortable outpatient setting that protects the patient's rights to privacy and confidentiality.

IOP SERVICES
ADULT

Definition: A combination of time limited, goal oriented rehabilitative services designed to assist clients in reaching and maintaining a drug and alcohol free lifestyle. Includes initial screening, development of individualized program plan, medical services, group and family counseling, education, pre-discharge planning, family therapy and linkage to community resources.

Eligible Staff: See Standards.

SAS Reporting Code: **H0015:HF, HF:HV, HF:HH, HF:H9, HF:HK, or HF:HZ - Adult
H0015:HF:HD – Special Women’s**

SAS Reporting Unit: Hour

SAS Contract Billing Rate: \$20.00 per hour.

Maximum Billable Unit(s): MEDICAID: 6 per day, 1040 per year

Maximum Group Size: Limited to 15 clients per counselor.

SAS Reporting Combination Restrictions: Can be billed in Level III.1, Level III.3, Level III.5, Level I and Level II.1

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

H0015 IS A BUNDLED SERVICE RATE

WE ENCOURAGE YOU TO BEGIN USING THE INDIVIDUAL SERVICE CODES (example, basic living skills, peer support etc.) AND BILL FOR ACTUAL SERVICES YOU PROVIDE TO CONSUMERS

IOP SERVICES
ADOLESCENT

Definition: A structured interaction of two or more clients with a counselor or therapist designed to assist the clients in understanding those issues and problems that prevent the initiation and maintenance of a lifestyle free of chemicals of abuse. Group counseling is structured in the sense of processing client issues or problems as opposed to education.

Eligible Staff: See Standards.

SAS Reporting Code: **H0015:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent**

SAS Reporting Unit: Hour

SAS Contract Billing Rate: \$20.00 per hour.

Maximum Billable Unit(s): MEDICAID: 6 per day, 1040 per year

Maximum Group Size: Limited to 12 clients per counselor.

SAS Reporting Combination Restrictions: Can be billed in Level III.1, Level III.3, Level III.5, Level I and Level II.1

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

H0015-HA IS A BUNDLED SERVICE RATE:

WE ENCOURAGE YOU TO BEGIN USING THE INDIVIDUAL SERVICE CODES (example, basic living skills, peer support etc.) AND BILL FOR ACTUAL SERVICES YOU PROVIDE TO CONSUMER

PHYSICIAN RETAINER

Definition: Funds to assure the services of a licensed physician as required for residential detoxification.

Eligible Staff: A state of Alabama licensed physician.

SAS Reporting Code: **H0016:HF**

SAS Reporting Unit: Month

SAS Contract Billing Rate: \$3,207.36 per month

Maximum Billable Unit(s): 12 per fiscal year

SAS Reporting Combination Restrictions: Can be billed only in conjunction with Level III.7-D

Location: Residential Detox facility as required.

MEDICALLY MONITORED RESIDENTIAL TREATMENT (LEVEL III.7)

Definition: Programs provide a planned regime of 24-hour professionally directed evaluation, observation, medical monitoring and addiction treatment in an inpatient setting. This level of care is appropriate for those patients whose sub-acute, biomedical and emotional, behavioral or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital.

Eligible Staff: See Standards.

SAS Reporting Code: **H0018:HF, HF:HV, HF:H9 or HF:HZ – Adult**
H0018:HF:HH – Co-Occurring
H0018:HF:HD – Special Women’s
H0018:HF:HA - Adolescent

SAS Reporting Unit: 1 day

SAS Contract Billing Rate: \$145.00 Adult
\$190.00 – Adolescent, Special Women’s Co-Occurring Enhanced

Maximum Billable Unit(s): **The maximum units billable in one day cannot exceed the number of certified beds.** Duration of treatment should vary with the severity of the consumer's illness and his/her response to treatment. The following circumstances in A, B, C, and D must be met to satisfy the criteria for residential continued stay.

A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:

(1) The patient is making progress, but has not yet achieved the goals articulated in the individualized service plan; or

(2) The patient is not yet making progress, but has the capacity to resolve his/her problems. He/she is actively working toward the goals articulated in the individualized service plan; or

(3) New problems have been identified that are appropriately treated at the current assessed level of care.

B. The current or revised service plan can be reasonably expected to bring about significant improvement in the problem(s) meeting criterion (A), and the patient's progress is documented by the provider according to the administrative code standards.

C. The individual’s active treatment includes at least weekly family involvement or identified reasons why such treatment is not appropriate or feasible.

D. That disposition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the substance abuse disorder to the degree that would necessitate continued residential treatment.

SAS Reporting Combination Restrictions: Cannot be billed with any other bundled rate.

Location: Certified Level III.7 residential treatment programs only.

MEDIUM INTENSITY ADULT RESIDENTIAL TREATMENT (LEVEL III.3)

Definition: Provide a structured recovery environment in combination with medium intensity clinical services to support recovery from substance related disorders. Individuals seen at this level are often elderly, cognitively impaired or developmentally delayed, or are those in whom the chronicity and intensity of the primary disease process requires a program that allows sufficient time to integrate the lessons and experiences of treatment into their daily lives.

Eligible Staff: See Standards.

SAS Reporting Code: **H0019:HF, HF:HV, HF:H9 or HF:HZ - Adult**
H0019:HF:HH – Co-Occurring Enhanced
H0019:HF:HD – Special Women’s

SAS Reporting Unit: 1 day

SAS Contract Billing Rate: \$90.00 Adult
\$115.00 – Co-Occurring Enhanced and Special Women’s

Maximum Billable Unit(s): **The maximum units billable in one day cannot exceed the number of certified beds.** Duration of treatment should vary with the severity of the consumer's illness and his/her response to treatment. The following circumstances in A, B, C, and D must be met to satisfy the criteria for residential continued stay.

- A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:
- (1) The patient is making progress, but has not yet achieved the goals articulated in the individualized service plan; or
 - (2) The patient is not yet making progress, but has the capacity to resolve his/her problems. He/she is actively working toward the goals articulated in the individualized service plan; or
 - (3) New problems have been identified that are appropriately treated at the current assessed level of care.
- B. The current or revised service plan can be reasonably expected to bring about significant improvement in the problem(s) meeting criterion (A), and the patient's progress is documented by the provider according to the administrative code standards.
- C. The individual’s active treatment includes at least weekly family involvement or identified reasons why such treatment is not appropriate or feasible.

D. That disposition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the substance abuse disorder to the degree that would necessitate continued residential treatment.

SAS Reporting Combination Restrictions: Cannot be billed in conjunction with any other bundled rate.

Location: Certified Level III.3 residential treatment programs only.

METHADONE TREATMENT

Definition: The administration of methadone to beneficiaries enrolled in an authorized Opioid treatment program. Medication is administered to support the beneficiary's efforts to restore and maintain adequate functioning in major life areas which have been debilitated as a result of Opioid addiction. This service includes medication administration only.

Eligible Staff: The program must have a Program Coordinator as specified in current and subsequent revisions of (1) State regulations established for this service by the Alabama Department of Mental Health and published in the Alabama Administrative Code; and (2) Federal regulations established for this service by the Substance Abuse and Mental Health Services Administration.

SAS Reporting Code: **H0020:HF, HF:HH, HF:HD**

SAS Reporting Unit: Dose

SAS Contract Billing Rate: \$11.31 per dose

Maximum Billable Unit(s): 365 per year

SAS Reporting Combination Restrictions: Certified methadone programs only.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state, and local codes.

BEHAVIORAL HEALTH OUTREACH SERVICE

Definition: Behavioral health outreach services are a planned approach to reach a targeted population. Contracted providers must use outreach models that are scientifically sound. Federal regulations identify three examples of scientifically sound models that may be used. They are:

1. The Standard Intervention Model
2. The Health Education Model
3. The Indigenous Leader Model

No one model fits all communities or all situations. If none of the models listed above are applicable to the local situation, the contracted provider may use an approach which reasonably can be expected to be effective. When other models are used, the providers must show how within that community the chosen model has the expectation to be effective.

As outreach demonstrates an agency's willingness to go to the community rather than the community coming to it, providers must ensure that their outreach efforts:

- a. Consist of contracting, communicating with, and following up with high-risk substance abusers, their associates, and the neighborhood residents.
- b. Adhere to federal and state confidentiality requirements.
- c. Promote awareness about the relationship between injecting drug abuse and communicable diseases.
- d. Recommend steps that can be taken to prevent HIV transmission.
- e. Address the selection, training, and supervision of their outreach workers.
- f. Encourage client entry into treatment.

This service is not billed per individual client, it is billed (similar to prevention) on a "dummy" client that indicates services to unknown individuals.

Eligible Staff: May be conducted by staff who meets the qualifications for QSAP III or Qualified Paraprofessional.

SAS Reporting Code: H0023:HF, HF:HA, HF:HV, HF:H9, or HF:HZ - Adult
H0023:HF:HD – Special Women's
H0023:HF:HH – Co-occurring enhanced
H0023:HF:HA – Adolescent

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$9 for Adults
\$12 for Adolescents, Co-Occurring Enhanced & Special Women's

Maximum Billable Unit(s): 12 units per day

SAS Reporting Combination Restrictions: None

Location: This service will be delivered in a safe community environment.

MENTAL HEALTH AND SUBSTANCE USE DISORDERS ASSESSMENT

Definition: A structured interview process that functions to evaluate a beneficiary's present level of functioning and/or presenting needs within an enrolled level of care. The assessment is used to establish additional or modify existing diagnoses, establish new or additional rehabilitation service goals, assess progress toward goals, and/or to determine the need for continued care, transfer, or discharge.

Eligible Staff: QSAP I or II

SAS Reporting Code: **H0031:HF, HF:HV, HF:H9 or HF:HZ - Adult**
H0031:HF:HD – Special Women's
H0031:HF:HA - Adolescent

SAS Reporting Unit: 15 min

SAS Contract Billing Rate: \$10.00 per 15-minute unit

Maximum Billable Unit(s): 8 units per day, 32 per year

SAS Reporting Combination Restrictions: May not be billed in combination with intake evaluation or Level III.01.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state, and local codes.

TREATMENT PLAN REVIEW

Definition: Review and/or revision of a beneficiary's individualized mental health and/or substance use disorder treatment plan by a qualified practitioner who is not directly involved in providing services to the beneficiary. This review will evaluate the beneficiary's progress toward treatment objectives, the appropriateness of services provided, and the need for continued participation in treatment. This service does not include those activities or costs associated with direct interaction between a beneficiary and his/her primary therapist regarding the beneficiary's treatment plan. That interaction shall be billed through an alternative service such as individual counseling.

Eligible Staff: Staff providing this service must meet the requirements of the QSAP I or II (all licensed only).

SAS Reporting Code: **H0032:HF, HF:HV, HF:H9, HF:HH or HF:HZ -Adult**
H0032:HF:HD – Special Women's
H0032:HF:HA, HF:HA:HH or HF:HA:H9 - Adolescent

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$22.00

Maximum Billable Unit(s): 2 units per quarter/8 per year

SAS Reporting Combination Restrictions: May not be billed in combination with intake evaluation or Level III.01.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state, and local codes.

ORAL MEDICATION ADMINISTRATION

Definition: Administration of oral medication under the direction of a physician, physician assistant or certified registered nurse practitioner.

Eligible Staff: Staff providing this service must meet the requirements of QSAP I, II, III, or Qualified Paraprofessional and be MAC Certified or hold a nursing degree and license from the state of Alabama.

SAS Reporting Code: **H0033:HF - Adult**
H0033:HF:HA – Adolescent
H0033:HF:HD – Special Women’s
H0033:HF:HH – Adult Co-occurring
H0033:HF:HA:HH – Adolescent Co-occurring

SAS Reporting Unit: Episode

SAS Contract Billing Rate: \$12.00 per episode

Maximum Billable Unit(s): 1 per day

SAS Reporting Combination Restrictions: Cannot be billed for methadone administration.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

MEDICATION MONITORING

Definition: Face-to-face contact between a qualified professional, other than a physician, and a beneficiary for the purpose of reviewing medication efficacy, monitoring compliance with dosage instructions, educating the beneficiary and family/significant others of the expected effect of specified medication, and/or identifying needed changes in the medication regimen.

Eligible Staff: QSAP I, II, and III, Registered Nurse (RN), Licensed Practical Nurse (LPN)

SAS Reporting Code: **H0034:HF, HF:HV, HF:H9, HF:HH or HF:HZ - Adult**
H0034:HF:HD – Special Women’s
H0034:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$22.00

Maximum Billable Unit(s): 2 units per day/52 units per year

SAS Reporting Combination Restrictions: Not billable in Level III.01.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

PARTIAL HOSPITALIZATION (LEVEL II.5)

Definition: Partial hospitalization programs generally feature 20 or more hours of clinically intensive programming per week, as well as daily or near-daily contact, as specified in the patient's treatment plan. Often have direct access to or close referral relationship with psychiatric, medical and lab services.

Eligible Staff: QSAP I, II, and III, Registered Nurse (RN), Licensed Practical Nurse (LPN)

SAS Reporting Code: **H0035:HF, HF:HV, HF:H9 or HF:HZ - Adult**
H0035:HF:HD – Special Women's
H0035: HF:HH – Co-Occurring Enhanced

SAS Reporting Unit: Hours

SAS Contract Billing Rate: \$16.25 Adult
\$19.50 Co-occurring Enhanced and Special Women's

Maximum Billable Unit(s): 4 units/day, 520 units per year

Duration of treatment should vary with the severity of the consumer's illness and his/her response to treatment. The following circumstances in A, B, C, and D must be met to satisfy the criteria for residential continued stay.

- A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:
- (1) The patient is making progress, but has not yet achieved the goals articulated in the individualized service plan; or
 - (2) The patient is not yet making progress, but has the capacity to resolve his/her problems. He/she is actively working toward the goals articulated in the individualized service plan; or
 - (3) New problems have been identified that are appropriately treated at the current assessed level of care.
- B. The current or revised service plan can be reasonably expected to bring about significant improvement in the problem(s) meeting criterion (A), and the patient's progress is documented by the provider according to the administrative code standards.
- C. The individual's active treatment includes at least weekly family involvement or identified reasons why such treatment is not appropriate or feasible.
- D. That disposition planning and/or attempts at therapeutic re-entry into the community have

resulted in, or would result in exacerbation of the substance abuse disorder to the degree that would necessitate continued residential treatment.

SAS Reporting Combination Restrictions: Allowable in Level II.5.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

PEER COUNSELING

Definition: A service provided to beneficiaries and their families in an individual or group setting by a Certified Peer Support Specialist who uses his/her life experience with mental health and/or substance use disorders, along with specialized training, to promote recovery. While it is recognized that involvement of family members in the rehabilitation of individuals with mental health and substance use disorders may be necessary and appropriate, provision of services where the family is involved must be clearly directed to meeting the identified beneficiary's needs. Services provided to non-Medicaid eligible family members independent of meeting the identified beneficiary's needs are not covered by Medicaid.

Eligible Staff: Certified Adult, Child/Adolescent or Family Peer Specialist or QPP

SAS Reporting Code: **H0038:HF, HF:HV, HF:H9 or HF:HZ - Adult**
H0038:HF:HD – Special Women's
H0038:HF:HH – Co-Occurring Enhanced
H0038:HF:HA or HF:HA:H9 – Adolescent
H0038:HF:HA:HH – Adolescent Co-occurring Enhanced

H0038:HF:HQ – Adult Group
H0038:HF:HD:HQ – Special Women's
H0038:HF:HH:HQ – Co Occurring Enhanced
H0038:HF:HA:HQ - Adolescent Group
H0038:HF:HA:HH:HQ – Adolescent Co-occurring Enhanced Group

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$9.00 - Adult Individual
\$12.00 for Adolescents, Special Women's and Co-occurring
Enhanced – Individual

\$3.00 for Adult Group
\$4.00 for Adolescent, Special Women's and Co-occurring
Enhanced - Group

Maximum Billable Unit(s): 20 units per day/2080 per year for individual
8 units/1664 units per year for group

Group Size Limit: 30 per peer counselor

SAS Reporting Combination Restrictions: Must be actively enrolled in a DMH certified substance abuse treatment program.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

MENTAL HEALTH CONSULTATION

Definition: Procedures to assist external collaborating agency providers or independent practitioners in providing appropriate services to an identified client by providing clinical consultation. Key service functions include written or oral interaction in a clinical capacity in order to assist another provider in addressing the specific rehabilitative needs of a beneficiary, as well as, services to support continuation of care for the beneficiary in another setting.

Eligible Staff: QSAP I, II or III, Registered Nurse (RN)

SAS Reporting Code: **H0046:HF, HF:HV, HF:H9 or HF:HZ – Adult**
H0046:HF:HD – Special Women’s
H0046:HF:HH – Co-occurring Enhanced
H0046:HF: HA, HF:HA:HH or HF:HA:H9– Adolescent

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$22.00

Maximum Billable Unit(s): 24 units per day/312 units per year

SAS Reporting Combination Restrictions: Not allowable Level .5 or Level III.01. Allowable only in Level I, Level II.1 and Level II.5. Only allowable for co-occurring enhanced program Level II.1-D, Level II.7-D, Level III.1, Level III. 2-D, Level III.5 and Level III.7.

Location: Services can be delivered in any setting that is acceptable for both parties, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

CRISIS INTERVENTION

Definition: Immediate emergency intervention with a beneficiary, or the beneficiary's family, legal guardian, and/or significant others to ameliorate a maladaptive emotional/behavioral reaction by the beneficiary. Service is designed to resolve a crisis and develop symptomatic relief, increase knowledge of resources to assist in mitigating a future crisis, and facilitate the return to pre-crisis routine functioning.

Key service functions include the following:

- Specifying factors that led to the client's crisis state, when known
- Identifying the maladaptive reactions exhibited by the client
- Evaluating the potential for rapid regression
- Resolving the crisis
- Referring the client for treatment at an alternative setting, when indicated

Eligible Staff: QSAP I, II, and III_

SAS Reporting Code: **H2011:HF, HF:HV, HF:H9 or HF:HZ – Adult**
H2011:HF:HD – Special Women's
H2011:HF:HH – Co-occurring Enhanced
H2011:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$22.00

Maximum Billable Unit(s): Limited to 12 units per day; 4380 units per year.

SAS Reporting Combination Restrictions: Cannot be billed in conjunction with in-home intervention or any other bundled rate.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

BASIC LIVING SKILLS

Definition: Psychosocial services provided on an **individual** or **group** basis to enable a beneficiary to maintain community tenure and to improve his or her capacity for independent living. Skills development and training may address food planning and preparation, maintenance of living environment, community awareness and mobility, communication and socialization, and symptom management.

Eligible Staff: QSAP I, II, and III, QPP

SAS Reporting Code: **H0036:HF, HF:HV, HF:H9 or HF:HZ – Adult**
H0036:HF:HD – Special Women’s
H0036:HF:HH – Co-Occurring Enhanced
H0036:HF:HA – Adolescent
H0036:HF:HA:HH – Adolescent Co-occurring Enhanced

H0036:HF:HQ, HF:HD:HQ, HF:HV:HQ, HF:H9:HQ HF:HH:HQ or HF:HZ:HQ – Adult Group
H0036:HF:HA:HQ – Adolescent Group
H0036:HF:HA:HH:HQ – Adolescent Co-Occurring Enhanced

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$14.00 (individual)
\$4.00 (group)

Maximum Billable Unit(s): 20 units per day/2080 units per year for individual
8 units per day/2080 units per year for group

SAS Reporting Combination Restrictions: Cannot be billed with any other bundled rate.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

PSYCHOEDUCATIONAL SERVICES

Definition: Structured, topic specific educational services provided to assist the beneficiary and the families of beneficiaries in understanding the nature of the identified behavioral health disorder, and to identify strategies to support restoration of the beneficiary to his/her best possible level of functioning.

Eligible Staff: QSAP I, II, and III and Registered Nurse (RN) Licensed Practical Nurse (LPN)

SAS Reporting Code: **H2027:HF, HF:HV, HF:H9 or HF:HZ – Adult Individual**
H2027:HF:HD – Special Women’s
H2027:HF:HH – Co Occurring Enhanced
H2027:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent

H2027:HF:HQ, HF:HD:HQ, HF:HV:HQ, HF:H9:HQ, HF:HH:HQ or HF:HZ:HQ -Adult Group
H2027:HF:HA:HQ, HF:HA:HH:HQ – Adolescent Group HF:HA:H9:HQ

SAS Reporting Unit: 15 min

SAS Contract Billing Rate: \$14.00 - Individual
\$4.00 - Group

Maximum Group Size: 30 adults or 24 adolescents

Maximum Billing Units: 8 units per day, per individual
8 units per day, group, 416 per year

SAS Reporting Combination Restrictions: Cannot be billed in conjunction with any bundled Level III.01, Level III.1, Level III.2-D, Level III.3 Adult/Adolescent Medium, High Adult, Level III.7 Adult/Adolescent, and Level III.7D.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's right to privacy and confidentiality.

Level 0.5 Early Intervention: This service can be billed for client with V71.09 code only for short basis only to gather enough information to determine if the client can be given an abuse or dependence diagnostic impression. **Maximum Billable Units:** 6 units per year.

ACTIVITY THERAPY

Definition: Activity Therapy – Structured, object-oriented, dance, art, social, or play therapeutic activities conducted, not for recreational purposes, by a qualified substance abuse professional to assist a client in developing or enhancing psychosocial competencies, to alleviate emotional disturbances, to change maladaptive patterns of behavior, and/or to assist in restoring the individual to a level of functioning capable of supporting and sustaining recovery.

Eligible Staff: See Standards.

SAS Reporting Code: **H2032:HF:HA - Adolescent**
 H2032:HF:HD - Special Women’s
 H2032:HF:HH - Co-occurring Enhanced
 H2032:HF:HA:HH – Adolescent Co-occurring Enhanced

H2032:HF:HA:HQ – Adolescent Group
 H2032:HF:HD:HQ - Special Women’s -Group
 H2032:HF:HH:HQ - Co-occurring Enhanced –Group
 H2032:HF:HA:HH:HQ - Adolescent Co-occurring Enhanced Group

SAS Reporting Unit: 15 minute units

SAS Contract Billing Rate: \$14.00 – Individual
 \$ 4.00 – group

Maximum Billable Unit(s): 10 units per day/1040 units per year for individual
 4 units per day/832 units per year for group.

SAS Reporting Combination Restrictions: Cannot be billed in conjunction with any other bundled rate. Billable only in Adolescent, Special Women’s and Co-occurring Enhanced Programs

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's right to privacy and confidentiality.

LOW INTENSITY RESIDENTIAL TREATMENT ADULT (LEVEL III.1)

Definition: Often provided in a halfway house or group home. Program offers at least 5 hours a week of low intensity treatment of substance-related disorders. Treatment is directed toward applying recovery skills, preventing relapse, improving social functioning and ability for self-care, promoting personal responsibility, developing a social network supportive of recovery and reintegrating the individual into school, work and family life.

Eligible Staff: See Standards.

SAS Reporting Code: **H2034:HF, HF:HK, HF:HV, HF:H9 or HF:HZ – Adult**
H2034:HF:HD – Special Women’s
H2034:HF:HH – Co-Occurring Enhanced

SAS Reporting Unit: Day

SAS Contract Billing Rate: \$54.00 – Adult, Adult Drug Court, Adult (State-Funded Only)
\$65.00 Co-occurring Enhanced, TANF and Special Women’s

Maximum Billable Unit(s): Maximum stay is 90 days. Exceptions require monthly continued stay justification in the client record by the Program Coordinator. **The maximum units billable in one day cannot exceed the number of certified beds.**

Duration of treatment should vary with the severity of the consumer's illness and his/her response to treatment. The following circumstances in A, B, C, and D must be met to satisfy the criteria for residential continued stay.

- A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:
 - (1) The patient is making progress, but has not yet achieved the goals articulated in the individualized service plan; or
 - (2) The patient is not yet making progress, but has the capacity to resolve his/her problems. He/she is actively working toward the goals articulated in the individualized service plan; or
 - (3) New problems have been identified that are appropriately treated at the current assessed level of care.
- B. The current or revised service plan can be reasonably expected to bring about significant improvement in the problem(s) meeting criterion (A), and the patient's progress is documented by the provider according to the administrative code standards.
- C. The individual’s active treatment includes at least weekly family involvement or identified reasons why such treatment is not appropriate or feasible.
- D. That disposition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the substance abuse disorder to the degree that would necessitate continued residential treatment.

SAS Reporting Combination Restrictions: Allowable in Level III.1

Location: In a residential structure that complies with all applicable federal, state, and local codes and is certified at Level III.1.

RESIDENTIAL TREATMENT (LEVEL III.5)

Definition: A highly structured, short-term, intensive chemical dependency treatment service and intensive therapeutic activities, conducted in a 24-hour supervised living arrangement operated by the facility using employees around the clock, awake staff, provided to adult clients and designed to initiate and promote the client's "status" free of chemicals of abuse. An adolescent is a minor child, age 12 through 18 years, whose disabilities of minority **have not been** removed by judicial decree or by marriage. Programs specifically for adolescents must be designed to meet the special needs of adolescents, including academics.

Eligible Staff: See Standards

SAS Reporting Code **H2036:HF, HF:HK, HF:HV, HF:H9 or HF:HZ - Adult**
H2036:HF:HA – Adolescent HF:HA:H9
H2036:HF:HH – Co-Occurring Enhanced
H2036:HF:HD – Special Women’s
H2036:HF:HA:HH – Adolescent Co-Occurring Enhanced

SAS Reporting Unit: Day

SAS Contract Billing Rate: \$120.00 Adult
\$144.00 – Adolescent, Co-Occurring Enhanced, TANF and Special Women’s

Maximum Billable Unit(s):

Duration of treatment should vary with the severity of the consumer's illness and his/her response to treatment. The following circumstances in A, B, C, and D must be met to satisfy the criteria for residential continued stay.

- A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:
 - (1) The patient is making progress, but has not yet achieved the goals articulated in the individualized service plan; or
 - (2) The patient is not yet making progress, but has the capacity to resolve his/her problems. He/she is actively working toward the goals articulated in the individualized service plan; or
 - (3) New problems have been identified that are appropriately treated at the current assessed level of care.

- B. The current or revised service plan can be reasonably expected to bring about significant improvement in the problem(s) meeting criterion (A), and the patient's progress is documented by the provider according to the administrative code standards.

C. The individual's active treatment includes at least weekly family involvement or identified reasons why such treatment is not appropriate or feasible.

D. That disposition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the substance abuse disorder to the degree that would necessitate continued residential treatment.

SAS Reporting Combination Restrictions: Cannot be billed with any other bundled rate.

Location: In a residential structure that complies with all applicable federal, state, and local codes and is certified at Level III.5

DEVELOPMENTAL DELAY PREVENTION ACTIVITIES FOR DEPENDENT CHILDREN

Definition: Structured activities provided for children of clients in treatment, during the same time period as the specific occurrence of the parent's treatment. These services function to foster healthy psychological, emotional, social, and intellectual development of the child.

Eligible Staff: QSAP I, II, and III or QPP with specialized training

SAS Reporting Code: **H2037:HF:HD or H2037:HF:HD:HQ**

SAS Reporting Unit(s): 15 minutes

SAS Contract Billing Rate: \$18.75 Individual
\$5.00 Group

Maximum Billable Unit(s): Four (4) per day

SAS Reporting Combination Restrictions: Only in certified Special Women's programs, inpatient or outpatient

Location: Services may be provided in any appropriate setting that protects the clients' rights to privacy, confidentiality, and safety, and meets the DMH facility certification standards.

PARENTING SKILLS DEVELOPMENT

Definition: A structured face-to-face encounter conducted for the purpose of enhancing the parenting competency of individuals who are parents of dependent children, and who have a substance use disorder. This service may include interactive activities involving the parents' children.

Eligible Staff: QSAP I, II, and III or QPP with specialized training

SAS Reporting Code: **S9444:HF:HD – Special Women's Individual**
S9444:HF:HD:HQ – Special Women's Group

SAS Reporting Unit(s): Episode

SAS Contract Billing Rate: \$37.50 Individual
\$12.00 Group

Maximum Billable Unit(s): One per day

SAS Reporting Combination Restrictions: Only in certified Special Women's programs.

Location: Services may be provided in any appropriate setting that protects the clients' rights to privacy, confidentiality, and safety, and meets the DMH facility certification standards.

ACCOMMODATIONS FOR CHILDREN IN RESIDENTIAL SPECIAL WOMEN'S PROGRAM

Definition: Overnight accommodations (room and board/lodging) for children of clients who are in special women's programs

SAS Reporting Code: **S9976: - One Child**
 S9976:HF - Two Children
 S9976:HF:HD - Three Children

SAS Reporting Unit: Day

SAS Contract Billing Rate: \$30.00 One Child
 \$50.00 Two Children
 \$70.00 Three Children

SAS Reporting Combination Restrictions: Program certified as a Special Women's Program whose written program description allows for children to come to treatment with the client.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

CHILD SITTING SERVICES

Definition: Care of the child of the individual while receiving substance abuse treatment.

Eligible Staff: Must be 18 years of age, complete certified First Aid and CPR and criminal background check.

SAS Reporting Code: **T1009:HF:HD Special Women's**

SAS Reporting Unit: 1 hour unit

SAS Contract Billing Rate: \$8.00

SAS Reporting Combination Restrictions: Program certified as a Special Women's Program

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

QUALIFIED SPOKEN LANGUAGE INTERPRETER SERVICE

Definition: Services rendered by a qualified spoken language interpreter, concurrently with the provision of a covered Rehabilitative Behavioral Health Service, to a beneficiary who has limited English proficiency.

Eligible Staff: Qualified Spoken Language Interpreter

SAS Reporting Code: **T1013:HF - Adult**
T1013:HF:HA - Adolescent
T1013:HF:HD – Special Women’s
T1013:HF:HH – Co-occurring Enhanced

SAS Reporting Unit: 15 min

SAS Contract Billing Rate: Rate established by Department of Education.
Depending on credentials.

SAS Reporting Combination Restrictions: Qualified interpretive service: (1) Must be provided simultaneously with an approved rehabilitation service; and (2) may not exceed the maximum units approved for the simultaneously provided rehabilitation service.

Location: Services can be delivered in any setting that is acceptable for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

FAMILY TRAINING AND COUNSELING - FOR CHILD DEVELOPMENT

Definition: The provision of child-focused training and counseling for parents or/significant others to support age appropriate child development. Interventions address the assessed developmental, bio-psychosocial, and emotional needs of infants, toddlers, and children through age eighteen and provide guidance and age appropriate strategies to support healthy development and functioning of this population.

Eligible Staff: QSAP I, II, and III or QPP with specialized training

SAS Reporting Code: **T1017:HF:HD – Special Women’s**

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$18.75

Maximum Billable Unit(s): Eight (8) per day

SAS Reporting Combination Restrictions: Only in certified Special Women’s programs.

Location: Services may be provided in any appropriate setting that protects the clients’ rights to privacy, confidentiality, and safety, and meets the DMH facility certification standards.

TRANSITIONAL RESIDENTIAL (LEVEL III.01)

Definition: A residential service that provides chemical dependency supportive services and therapeutic activities conducted in a residential setting designed to provide the environment conducive to recovery and to promote reintegration into the mainstream of society.

Eligible Staff: See Standards.

SAS Reporting Code: **T2048:HF, HF:HV, HF:H9 or HF:HZ - Adult**
T2048:HF:HD – Special Women’s
T2048:HF:HH – Co-Occurring Enhanced

SAS Reporting Unit: Day

SAS Contract Billing Rate: \$40.00 per day Adult
\$48.00 per day Co-Occurring Enhanced and Special Women’s

Maximum Billable Unit(s): **The maximum units billable in one day cannot exceed the number of certified beds.**

Duration of treatment should vary with the severity of the consumer's illness and his/her response to treatment. The following circumstances in A, B, C, and D must be met to satisfy the criteria for residential continued stay.

- A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:
- (1) The patient is making progress, but has not yet achieved the goals articulated in the individualized service plan; or
 - (2) The patient is not yet making progress, but has the capacity to resolve his/her problems. He/she is actively working toward the goals articulated in the individualized service plan; or
 - (3) New problems have been identified that are appropriately treated at the current assessed level of care.
- B. The current or revised service plan can be reasonably expected to bring about significant improvement in the problem(s) meeting criterion (A), and the patient's progress is documented by the provider according to the administrative code standards.
- C. The individual’s active treatment includes at least weekly family involvement or identified reasons why such treatment is not appropriate or feasible.
- D. That disposition planning and/or attempts at therapeutic re-entry into the community have

resulted in, or would result in exacerbation of the substance abuse disorder to the degree that would necessitate continued residential treatment.

SAS Reporting Combination Restrictions: Cannot be billed with any other bundled rate.

Location: In a residential structure that complies with all applicable federal, state, and local codes and is certified as Level III.01

RESIDENTIAL BED HOLD DAY

Definition: Bed Hold is defined for the Residential Treatment Programs Contract Billing as the act of reserving a bed space for a client that is admitted to the facility but has to be temporarily absent from the program. Absence is defined as time away from the program due to illness that results in a (psychiatric or general) hospital stay, weather-related disasters, physical damage resulting in loss of power or water to the facility. All other conditions must comply with the general rules for bed occupancy. The Residential Bed Hold Day Policy is applicable to all residential levels of care (III.05- III.7).

Billing Restriction: Bed space for admitted clients is approved for payment for up to four (4) bed days without approval from the SA Treatment Director. The contractor will submit on a timely basis to MHSAS the appropriate request for approval of additional days past the four (4) day time limit for the signature and approval of the appropriate staff member. Requests for approval may be made by fax or e-mail before services are entered into the Alabama Substance Abuse Information System (ASAIS) for payment.

Required/Eligible Staff: Program and/or clinical directors as defined in the SA Certification Standards. See Current Standards.

DMH Reporting Code: Add the GZ modifier on any bundled residential code or Behavioral Health Accommodation code (i.e. H0018:HF:GZ, H0019:HF:GZ, H2036:HF:GZ, etc.)

SAS Reporting Unit: 1 Bed Day

SAS Contract Billing Rate: \$45.00 Adult
\$60.00 Co-Enhanced, Adolescents and Special Women's

Documentation Requirements: Written notification in the client record will be necessary whenever a client is absent from the program for more than a 24 hour period of time. Documentation should cover the reason for the client's absence and note that the program is utilizing the Bed Day Policy. On occasions when the client will be absent from the program for more than the four (4) days allowed by this policy, written documentation in the client file along with the approval from MHSAS will be kept by the program. This required documentation will be made available for review to the MHSAS certification survey staff during site certification visits as specified in the SA Standards.

Maximum Billing Unit(s): 4 Bed Days (96 hours) Without State Approval

Location: Only appropriate for residential settings.

PREVENTION

Definition: A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is the fostering of a climate in which alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; prescription and over-the counter drugs are used only for the purposes for which they were intended; other substances that may be abused and not used for their purposes such as aerosols, paint thinners, glue, etc. and other illegal drugs and tobacco are not used at all.

Eligible Staff: See Standards

Reporting Unit: 15 minutes

PREVENTION DEFINITIONS

(50% of the overall prevention budget will be allocated for Environmental strategies)

- 1) Information Dissemination (**H0024**): This strategy involves one-way communication between the source and the audience, with limited contact between the two. This strategy provides information about drug use, abuse and addiction and the effects on individuals, families and communities. It also provides information on available prevention programs and services. Examples of this strategy include: brochures, pamphlets, posters, & flyers; clearinghouse/information resource centers; community resource directories; health fairs and other health promotion; information lines/hot lines; information through websites; information based media campaign; media campaigns; newspaper and newsletter articles; radio and tv public service announcements; and speaking engagements. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities.

Contract Billing Rate: \$12.75 per 15 minute unit¹

- 2) Environmental Approaches (**H0025**): This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the substance use in the general population. Examples of this strategy include: changing norms or attitudes about ATOD; changing public perceptions and norms about youth and their capabilities; changing school norms and attitudes to increase a positive school climate; media strategies to assure balanced responsible reporting about you; vendor education or business practices that promote health; promoting the establishments or review of alcohol, tobacco and drug use policies in schools; guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco and other drugs; modifying alcohol and tobacco advertising practices; and product pricing

¹ All rates include costs for salaries & benefits. Rates do not include travel, operating expense/admin and equipment, which will continue to be a separate line item.

strategies. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities.

Environmental strategies focus on the cause and the conditions of the community environment that are:

- Changing economic conditions (How much things cost; how available things are);
- Changing social conditions (What people think; how people live);
- Changing media conditions (what people read, watch, hear, and see); and
- Changing political conditions (Who has power; who has influence)

Environmental strategies also focus on changing the norms and regulations that influence/control the social and physical contexts of the use of alcohol, tobacco and other drugs.

Environmental strategies cannot be solely used for meetings, information dissemination or community awareness campaigns.

Contract Billing Rate: \$21.39 per 15 minute unit

- 3) **Community-Based Processes (H0026):** This strategy aims to enhance the ability of the community to provide more effective prevention and treatment services for substance abuse disorders by including activities such as organizing, planning, interagency collaboration, coalition building and networking. Effective organizing and planning are paramount to the success of prevention practices, policies and programs. Examples of this strategy include: efforts to decrease barriers to services; youth-adult partnerships addressing community issues; needs assessments & community readiness surveys; community and volunteer training; cross-systems planning; multi-agency coordination and collaboration/coalition; community team building activities; accessing services and funding; and coalitions, collaborations and/or wellness teams. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities. This strategy cannot be solely used for meetings, information dissemination or community awareness campaigns.

Contract Billing Rate: \$13.75 per 15 minute unit

- 4) **Education (H0027):** This strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision making, refusal, and critical analysis skills. Examples of this strategy include: community service activities; interactive technologies; community and volunteer workshops; parenting and family management classes; ongoing classroom and/or small group sessions; peer leader/peer helper programs; education programs for youth groups; children of substance abusers groups; and life

skills. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities.

<u>Contract Billing Rate:</u>	\$3.50 per 15 minute unit	H0027
	stand alone program (1 domain, 1 location)	
	\$12.75 per 15 minute unit	H0027:HF
	2 or more strategies in different domains with the same target population during business hours (8am-3pm Monday-Friday).	
	\$21.39 per 15 minute unit	H0027: HF:HA
	2 or more strategies in different domains with the same target population after business hours, weekends, summer and spring breaks.	

- 5) Problem Identification and Referral (**H0028**): This strategy aims to identify those who have indulged in the use of illicit drugs or underage use of tobacco and alcohol in order to determine whether their behavior can be reversed through education. This strategy does not include any activity designed to determine whether an individual is in need of treatment. Examples of this strategy include: alcohol information schools; crisis lines or hotlines; depression and mental health screening programs; driving while intoxicated education programs; driving while under the influence/while intoxicated programs; Employee Assistance Programs; nicotine use and addiction screening; Student Assistance Programs; and support groups, talking/healing circles. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities.

Contract Billing Rate: \$15.00 per 15 minute unit

- 6) Alternatives (**H0029**): Evidence does not support the use of an alternative strategy as a sole prevention strategy with the intended target population. Alternatives can and should be used as a part of a comprehensive plan to make lives richer and healthier. The goal of this strategy is to have target populations participate in activities that are alcohol, tobacco, and other drug free in nature and incorporate educational messages. Examples of this strategy include: community service activities; culturally-based activities; drug free dances and parties; intergenerational events and celebrations; job shadowing, internships, work place experiences; leadership activities; mentoring programs; Outward Bound; recognition events that celebrate individual or group accomplishments; social & recreation activities; youth centers & community drop-in centers. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities.

Contract Billing Rate: \$3.50 per 15 minute unit H0029
stand alone program (1 domain, 1 location)

\$12.75 per 15 minute unit H0029:HF
2 or more strategies in different domains with the same target
population during business hours (8am-3pm Monday-Friday).

\$21.38 per 15 minute unit H0029: HF:HA
2 or more strategies in different domains with the same
target population after business hours, weekends, summer
and spring breaks

An approved Plan must be on file prior to the implementation and reimbursement of strategies. Documentation of strategies must be facilitated on an ongoing basis and data entered in the information management system (AS AIS). Supporting documentation must be maintained by the provider of services in accordance with the guidelines within the Prevention Standards.