

**Staff Person for Submission:** Ms. Felita Bell

**PowerForm Link:** [https://na3.docusign.net/Member/PowerFormSigning.aspx?](https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=2dd73a85-543b-4338-8979-cf859cdeb13b&env=na3&acct=f03caff0-d8b6-4e91-ba70-c12592a3e516&v=2)

[PowerFormId=2dd73a85-543b-4338-8979-cf859cdeb13b&env=na3&acct=f03caff0-d8b6-4e91-ba70-c12592a3e516&v=2](https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=2dd73a85-543b-4338-8979-cf859cdeb13b&env=na3&acct=f03caff0-d8b6-4e91-ba70-c12592a3e516&v=2)



**Bureau of Behavioral Health Services  
Division of Alcohol and Drug Addiction Treatment Services**

**CLINICALLY MANAGED HIGH-INTENSITY  
RESIDENTIAL SERVICES**

**SERVICES BUNDLED - FEE FOR SERVICES**

**Requests for Proposals Application**

*Funded by 3% Wine & Liquor Tax and  
Substance Use Prevention, Treatment, & Recovery Services Block Grant*

**DUE DATE: JUNE 9, 2023**

- I. The Department of Mental Health, Bureau of Behavioral Health/ Division of Alcohol and Drug Addiction Treatment Services is now accepting funding proposals for the state fiscal year 2024. This proposal application is eligible to all Mississippi Department of Mental Health (DMH) certified SA Residential providers who are in good standing. However, DMH certification is not a guarantee of funding. All submitted proposals will be evaluated by a panel of reviewers using the posted competitive grant scoring rubric. Not all submitted proposals may be funded, but comprehensive feedback will be provided to all providers, particularly if their application was not funded for the current fiscal year.**

**The funding associated with this grant opportunity is meant to defray a proportion of operational costs for the service.**

**Please note that all grants are contingent on the funding by the Mississippi State Legislature and/or the Federal Government. The submission of this application to the Department of Mental Health is not a guarantee of funding.**

**II. Service Description**

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

**Level 3.5 (Adult) Clinically Managed High-Intensity Residential Services**

**Level 3.7 (Adult) Medically Monitored Intensive Inpatient Services**

Collectively, all level 3 (3.1, 3.3, 3.5, and 3.7) program services provide residential care and comprehensive treatment services for adults and adolescents whose problems are so severe or are such, that they cannot be cared for at home or in foster care and need the specialized services provided by specialized facilities. Component services and activities may include diagnosis and psychological evaluation, alcohol and drug withdrawal management (detoxification) services, individual, family, and group therapy/counseling, remedial education and GED preparation, vocational or pre-vocational training, training in activities of daily living, supervised recreational and social activities, case management, transportation, and referral to utilization of other services.

This FCA is specifically for the following Level 3 residential programs:

- **Level 3.3 Clinically Managed Population-Specific High Intensity Residential Services** offers 24-hour support setting to meet the needs of people with cognitive difficulties, who need specialized individualized treatment services (who need a slower pace and could not otherwise make use of the more intensive Level 3.5 milieu). This level of care is not a step-down

residential level. It is qualitatively different from other residential levels of care. The cognitive impairments manifested in individuals most appropriately treated in Level 3.3 services can be due to aging, traumatic brain injury, acute but lasting injury, or due to illness.

- **Level 3.5 (Adult) Clinically Managed High-Intensity Residential Services** is designed to serve individuals who, because of specific functional limitations, need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills so they do not immediately relapse or continue to use in an imminently dangerous manner upon transfer to a less intensive level of care. This level of care offers organized treatment services that feature a planned and structured regimen of care in a 24-hour residential setting. Additionally, this level of care is based on the patient's severity of illness, level of function, and progress in treatment. Predetermined minimum lengths of stay or overall program lengths of stay that must be achieved in order for a patient to "complete treatment" or "graduate" are inconsistent with an individualized and outcomes-driven system of care. The duration of treatment in this level of care always depends on an individual's progress in acquiring basic living skills.
- **Level 3.7 (Adult) Medically Monitored Intensive Inpatient Services** offers 24-hour nursing care with physician availability for significant problems in Dimension's 1, 2, or 3 with a 16-hour/day counselor ability. Additionally, this level of care is based on the patient's severity of illness, level of function, and progress in treatment. The duration of treatment in this level of care always depends on an individual's progress in acquiring basic living skills.

NOTE: Predetermined minimum lengths of stay or overall program lengths of stay must be achieved in order for a patient to "complete treatment" or "graduate."

## **Outcome Measures**

### **Goals**

- To provide uninsured and underserved adults in need of SUD Treatment Services with access to an appropriate Level 3 program within 14 days of referral.
- To decrease the number of adult readmissions within a year of discharge.

### **Performance Measures**

- Number of adults served.
- Number of adults served within 14 days of referral.
- Number of adults served that successfully completed the specific Level 3 program.
- Number of re-admissions (within a year of discharge).

## Reporting on Performance Measures

Grant recipients are required to enter service data and **performance data** in the **Data Warehouse**. The Data Warehouse is the data repository for any data that providers enter into their Electronic Health Record (EHR) and is mapped from their EHR to the Data Warehouse. Providers are required to submit performance data for Residential Services rendered in FY23 to the Division of Alcohol & Drug Addiction Treatment Services by way of a Mid-Year report by the third Friday in January 2023 and End-of Year report by the third Friday in July 2023.

NOTE: Please note DMH's expectation for Fiscal Year 2024 data will be published on the DMH website.

### III. Application requirements & Guidelines

Please submit the following required forms which can be found in the MS Department of Mental Health's Service Provider Manual:

1. Proposed Budget Summary Form: 100-1
2. Proposed Budget Personnel Form: 100-2
3. Proposed Budget Line Items Form: 100-3
4. Budget Narratives/Justification
5. Program Narratives (not to exceed 3 pages) which addresses A-B.

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (**formerly Substance Abuse Block Grant**) exists to assist Mississippians in accessing services which would otherwise be unavailable due to an inability to pay. According to the DMH Operational Standards Rule 10.7.B.1., the agency cannot turn away individuals based on inability to pay. Since Substance Use Disorder has historically been a non-reimbursable service for third party billing, these funds are to be used as a source of compensation to the agency who serve these individuals. Currently, these funds may be offered to adults and youth who seek services at a mental health or substance abuse agency. **Billing Purchase of Services (POS) rates is prohibited on any Level 3 Residential grant.** There are a few POS rates that are permitted in addition to the daily per diem rates (see Appendix for details).

**Bundled Residential Services Approved for Billing as Fee-for Service:** The following services are approved for billing at the set Per Diem Bundled rate as applicable:

**\*NOTE:** A list of all permissible procedure codes for Level 3.5: High-Intensity Residential Services is attached to this application - Appendix: WITS Contract Service Rates – Residential Services.

NOTE: Reimbursement rates are subject to change. For the most up to date rates please reference the DMH website. To access the most current contract services (as of 5-2-2023) please use the following link:

<https://www.dmh.ms.gov/wp-content/uploads/2022/05/WITS-Contract-Service-Rates-by->

[Service-Description-March-2023.pdf](#)

Mississippi's Division of Medicaid does not have reimbursement rates established specific to Level 3 Residential services, at this time. Mississippi Medicaid does, however, reimburse for a few specific therapeutic services offered within the residential LOC setting (i.e., psychotherapy, group therapy, family therapy). DMH's funded SUD Providers are prohibited from concurrently billing two funding sources (specifically, billing DMH, Medicaid, and/or any other 3<sup>rd</sup> party insurance company), for the same service procedure code (psychotherapy, group therapy, or etc.), for one unique client. If the client is a Medicaid beneficiary, funded providers are to attempt to secure reimbursement from Medicaid first, as DMH is considered the last "payer of resort."

Due to limited reimbursement accessible through Mississippi Medicaid, DMH has established supplemental reimbursement rates for Medicaid beneficiaries. By doing so this will allow compensation for these limitations and offset room and board expenses.

The established Medicaid Supplemental daily per diem rate for Level 3 Residential Services is \$53.50 for a single program participant and \$74.90 for a pregnant woman.

Billing exemptions may be extended in cases where the provider receives a notification (such as claim rejection or explanation of benefits) from Medicaid, explaining that the beneficiary has reached its maximum units of two or more of the required services (i.e., psychotherapy, group therapy, and family therapy). This allows the provider to submit a request to DMH for advancement to the regular non-Medicaid residential per diem rates for the individual.

For SUPTRS (formerly SABG) fidelity reviews and State Level auditing purposes, Residential Service Providers that submit reimbursement claims in the form of a bundled rate or daily per diem rate must provide evidence of the provision of services (i.e., Intake/Biopsychosocial Assessment, Treatment Plan, Individual Therapy, Group Therapy, Family Therapy, and Peer Support) into the Data Warehouse. This data input is required although some of these services are not billable to DMH separately at this time.

Providers must assure an individual's financial sources are properly screened and determined eligible through the **Eligibility Determination Application**.

**Specific Requirements – Level 3.5 (Adult) Clinically Managed High-Intensity Residential Services**

Adult Services (Males & Females)

- a. Medical assessment within 48 hours of admission
- b. Completion of an approved *Substance Use Disorder Level of Care Placement Assessment* (Reference DMH 2022 Record Guide and Provider Bulletin number PR0121 and PR0102 for further details).
- c. Access to an experienced substance use professional, including a licensed

- psychiatrist, licensed psychologist, or licensed physician.
- d. Caseloads not to exceed 12 adults
  - e. Gender appropriate staff on site 24 hours a day / 7 days a week
  - f. The following activities provided:
    - i. 1 hour of individual counseling per individual per week
    - ii. 5 hours of group counseling per individual per week
    - iii. 20 hours of psychoeducational groups per week
    - iv. 3 hours of family-oriented educational activities per treatment stay
    - v. Therapeutic and leisure/recreational/physical exercise activities
    - vi. Vocational counseling and planning/referral

#### **A. Service Data for FY 2023**

Grant recipients are required to enter service data and **performance data** in the **Data Warehouse**. The Data Warehouse is the data repository for any data that providers enter into their Electronic Health Record (EHR) and is mapped from their EHR to the Data Warehouse. Providers are required to submit performance data for Residential Services rendered in FY23 to the Division of Alcohol & Drug Addiction Treatment Services by way of a Mid-Year report by the third Friday in January 2023 and End-of Year report by the third Friday in July 2023.

#### **B. Billing Requirements**

**Cash requisition/billing claims are entered into Web Infrastructure for Treatment Services (WITS).** WITS is a billing engine and only processes billing claims (i.e., 837 files).

- Provide the total number of individuals served in FY 23 (July 1, 2022- June 30, 2023).
- Provide the total number of individuals that successfully completed treatment in FY 23.
  - a. Provide the number of males served in FY 23 and successfully completed treatment.
  - b. Provide the number of females served in FY 23 and successfully completed treatment.
- Provide the total number of individuals who requested treatment and were either waitlisted (for any period of time) or denied due to lack of capacity in FY 23.

**NOTE: Subgrantees are required to submit the agency's complete Level 3.5: High-Intensity Residential End-of-Year Service Data Report for FY23 (July 1, 2022, to June 30,**

2023) to the Division of Alcohol and Drug Addiction Treatment Services by way of Mid-Year report by the third Friday in January 2023 and End-of Year report by the third Friday in July 2023.

**NOTE:** Service data is not required to be submitted with this application.

### **C. Programmatic Questions – Adult Residential Services**

*Please list the question before each response. The Program Narrative is not to exceed 3 pages.*

1. Detail how many individuals your agency proposes to serve in FY 24 July 1, 2023 – June 30, 2024).
2. In accordance with *The ASAM Criteria*, what Level 3 level of care does the agency have the capacity to provide (specific to the residential services presently provided within the agency)? Select one or all that are applicable: ☐ Level 3.3 ☐ Level 3.5 ☐ Level 3.7. Describe in detail the agency's capacity to provide the selected level(s) of care.
3. Does the agency have policies and procedures in place for the identified level(s) of care it offers? Are the agency's current policies and procedures on the selected level of care in accordance with *The ASAM Criteria*? (yes or no)?
4. Please provide the official date the agency's Level 1: Outpatient Services (in accordance with *The ASAM Criteria*) was implemented.
5. Please describe the organization's relationship to the community and how it collaborates with various other service agencies to provide current care for individuals in residential treatment. MOUs or MOAs are required to be kept on file and made available for review upon request.
6. Describe how the organization implements approved Evidenced-Based Policies, Practices, and Programs (EBPs) in daily operation of residential services. These questions only apply to residential services. Do not list EBPs used in other service areas.
  - a. List all EBPs you currently employ in the provision of Residential Services.
  - b. List all EBPs you will implement over the grant year.
  - c. How does your agency ensure fidelity to the model of these EBPs?
  - d. How do you ensure that the staff is qualified to implement the EBPs in the population you intend to serve?
7. Describe the facilities stance on "abstinence based" recovery as opposed to "personal choice." Include the following:
  - a. What is the mission of the facility?
  - b. Does the facility work with individuals who desire moderation or harm reduction therapy over abstinence?

8. What is the agency's policy on medication assisted treatment (i.e., Suboxone, Buprenorphine, benzodiazepine, etc.)?
9. DMH Operational Standards require access to a Licensed Psychiatrist, Psychologist, and Physician with experience in the treatment of substance use. Describe how the organization ensures compliance with this standard. MOUs or MOAs are required to be kept on file and made available for review upon request.
  - a. How does the agency determine need for these services?
  - b. What is the average wait time to see each of the professionals listed above (if there is no access, then acknowledge that here)?
10. Does the agency offer services for individuals who have a diagnosed co-occurring disorder?
  - a. Explain how these services might differ from treatment of an individual with only a substance use disorder.
  - b. What (if any) circumstances would exclude an individual from participation in the services offered by the organization as it relates to the co-occurrence of a psychiatric disorder?
11. Describe the policies the organization has for the distribution of prescribed medication to individuals?

***Please return the agency's complete Requests for Proposals Application to the Division of Alcohol and Drug Addiction Treatment Services on or before **JUNE 9, 2023, BY 5:00PM**, via DocuSign.***



Appendix  
WITS – Contract Service Rates  
*Approved Procedure Codes for*  
Level 3.5: High-Intensity Residential Services

| Procedure Code   | Service Description  | Rate/Unit | Capped/Limited   |
|--|--|-----------|--|
| <b>High-Intensity Residential</b>  |  |           |  |
| PRBND  | High-Intensity Residential Daily Per Diem (Bundled)                  | \$156.22  |  |
| PPR  | High-Intensity Residential Daily Per Diem Pregnant (Bundled)         | \$177.62  |  |
| <b>Medicaid Beneficiaries</b><br><i>(*Billing exceptions may apply if the beneficiary have reached the maximum number of units/sessions allowed for specific therapeutic services)</i> |  |           |  |
| MERPD  | High-Intensity Residential Medicaid Eligible Daily per diem          | \$53.50   |  |
| PPM  | High-Intensity Residential Medicaid Eligible Daily per diem Pregnant | \$74.90   |  |
| <b>Permissible POS Codes</b> <i>(*Billing limitations may apply)</i>   |  |           |  |
| H0003  | Urine Drug Screens Onsite  | \$14.65   | 4 or 5 units max per month   |
| FAI  | Functional Assessment at Intake                                      | \$60.50   | 1 per treatment episode<br>(ONLY the DLA-20 A&D is allowed)  |
| FRA  | Functional Re-Assessment   | \$9.68    | Not to exceed 6 units (3 months) to 12 units (6 months) max; per treatment episode; not to be billed in combination with (Biopsychosocial Intake Assessment); prior approval needed from DMH for additional days |
| SUIPA  | Level of Care Intake/Placement Assessment                            | \$133.95  | 1 per treatment episode  |
| SUPRA  | Level of Placement Re-assessment                                     | \$19.36   | Not to exceed 6 sessions per treatment episode; not to be billed in combination with Intake evaluation. 6 units (3 months) to 12 units (6 months) max; prior approval needed from DMH for additional days        |