

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)

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

CLINICALLY MANAGED LOW-INTENSITY

RESIDENTIAL SERVICES

SERVICES BUNDLED - FEE FOR SERVICES

Request for Proposal Application

Funded by the 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 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 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 3.1 Clinically Managed Low-Intensity Residential Services

Level 3.1 Clinically Managed Low-Intensity Residential Services provide a safe and stable group living environment which promotes recovery while encouraging the pursuit of vocational or related opportunities. Low-Intensity Residential Services are staffed 24 hours a day. This level of care requires a minimum a five (5) hours of treatment per week. The length of stay is based on the individual'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.

*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" is inconsistent with an individualized and outcomes-driven system of care.

Outcome Measures

Goals

- To provide individuals with skills necessary to re-integrate into community living.
- To provide individuals with person-centered skills in accordance with the individuals' needs and preferences (i.e., access to Vocational Rehabilitation Services).

Performance Measures

- Number of individuals served in the agency's Low-Intensity Residential program.
- Number of individuals that successfully completed the Low-Intensity Residential program.
- Number of individuals referred to Vocational Rehabilitation Services.
- Of the number of individuals referred to Vocational Rehabilitation Services, how many were approved?
- Of the number of individuals approved to Vocational Rehabilitation Services, how many successfully completed the Low-Intensity Residential program?

Reporting on Performance Measures

Grant recipients are required to enter service data and performance data into 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 Outpatient 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: DMH is offering a set bundled rate for these services, after an individual is determined eligible through the **Eligibility Determination Application** which can be referenced in the **Assurances**. 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 3.1: Low-Intensity Residential Services is attached to this application - Appendix: WITS Contract Service Rates – Residential Services.**

Mississippi's Division of Medicaid does not have reimbursement rates established specific to Level 3 Residential services, at this time. MS 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 3rd 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 3.1 Clinically Managed Low-Intensity Residential Services

Adult Services (Male & Female)

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; life skills training, supervised recreational and social activities; case management; transportation; and referral to utilization of other services. Employment for individuals in this level of care must be community based and not as part of the onsite program.

Providers must keep record of and complete 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) for all persons enrolled into this program.

The program components include a minimum:

1. At least one (1) hour of individual therapy per week with each individual enrolled in program.
2. A minimum attendance of at least two (2) hours of group therapy per week. Group therapy must be offered at times that accommodate the schedules of the individuals.
3. Family therapy must be offered and available as needed. Documentation of attendance or refusal is required.
4. Psychoeducational groups individualized to the residents.
5. Therapeutic and leisure/recreational/physical exercise activities (with physician's approval).

A. Service Data for FY 2023

Grant recipients are required to enter service data and performance data into 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 Outpatient 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.

Billing Requirements

Cash requisition is not acceptable on this grant. All billing claims should be entered into Web Infrastructure for Treatment Services (WITS). **WITS is a billing engine and only processes billing claims (i.e., 837 files).**

- Provide total number of individuals served in FY 23 (July 1, 2022 - June 30, 2023).

- Provide total number of individuals that successfully completed treatment in FY 23.
- Provide total number of individuals that participated in the Vocational Rehabilitation Program in FY 23 (July 1, 2022 – June 30, 2023).

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>

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 a 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.

B. Programmatic Questions – Low-Intensity 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*, describe the agency's capacity to provide Level 3.1 Clinically Managed Low-Intensity (Transitional) Residential Services?
3. Describe the agency's capacity to provide Level 3 Residential Services?
4. Are the agency's current policies and procedures on Level 3.1 Clinically Managed Low-Intensity (Transitional) Residential Services in accordance with *The ASAM Criteria*? (yes or no)? requirement. Attach a copy of the agency's current policy and procedures related to this LOC.
5. Please provide the official date the agency's Level 3: Residential Services (in accordance with *The ASAM Criteria*) was implemented.
6. How does the agency ensure access to the community for individuals who desire to seek employment?

7. Describe the process the agency utilizes to assist individuals in securing outside employment in the community. Based on the number of individuals served in FY 23 within the Low-Intensity Residential program, include the number of individuals who have secured employment within the last grant year (FY 23) and the types of employment opportunities that they have obtained.
8. Describe the typical options individuals have for housing when not returning to a family home.
9. Describe how the organization utilize Certified Peer Support Specialists to enhance or offer continuity of care to individuals who may be transitioning from residential care back into community living.
10. Briefly describe the agency's Vocational Rehabilitation referral process.

Please return the agency's complete Request for Proposal 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 3.1: Low-Intensity Residential Services

Procedure Code	Service Description	Rate/Unit	Capped/Limited
Low Intensity			
TRES	Low-Intensity Residential Daily Per Diem	\$135.78	<i>Only billable if Voc. Rehab. denies services</i>
PPRT	Low-Intensity Residential Daily Per Diem Pregnant (Bundled)	\$154.38	<i>Only billable if Voc. Rehab. denies services</i>
Medicaid Beneficiaries <i>(*Billing exceptions may apply if the beneficiary have reached the maximum number of units/sessions allowed for specific therapeutic services)</i>			
MERPD	Low-Intensity Residential Medicaid Eligible Daily per diem	\$53.50	
LPM	Low-Intensity Residential Medicaid Eligible Daily per diem Pregnant	\$74.90	
Vocational Rehabilitation (Low-Intensity)			
VOCHR	Low-Intensity Residential Vocational Rehab Daily Per Diem	\$60.00	
PPMV	Low-Intensity Residential Vocational Rehab Daily Per Diem - Pregnant (Bundled)	\$74.90	
Permissible POS Codes <i>(*Billing limitations may apply)</i>			
H0003	Urine Drug Screens Onsite	\$14.65	<i>4 or 5 units max per month</i>
FAI	Functional Assessment at Intake	\$60.50	<i>1 per treatment episode</i>
FRA	Functional Re-Assessment	\$9.68	<i>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</i>
SUIPA	Level of Care Intake/Placement Assessment	\$133.95	<i>1 per treatment episode</i>
SUPRA	Level of Placement Re-assessment	\$19.36	<i>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</i>