

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**

**LEVEL 3.5 CLINICALLY MANAGED
MEDIUM-INTENSITY RESIDENTIAL SERVICES
(ADOLESCENTS)**

FEE-FOR-SERVICES BUNDLED

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 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 SUD 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

Residential Services is the highest community-based level of care for the treatment of substance use/addictive disorders. This level of treatment provides a safe and stable group living environment where the individual can develop, practice, and effect necessary recovery skills.

Residential Services provides residential care and comprehensive treatment services for adolescents whose problems are so severe or are such that they cannot be cared for at home or in foster care and need the exclusive services provided by specialized facilities. Comprehensive 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 on activities of daily living; supervised recreational and social activities; case management; transportation; and referral to utilization of other services.

Outcome Measures

Goals

- To provide uninsured and underserved adolescents in need of SUD Treatment Services with access to Residential Services within 14 days of referral.
- To decrease the number of adolescents returning to treatment within one year of discharge.

Performance Measures

- Number of adolescents served.
- Number of adolescents served with 14 days of referral.
- Number of adolescents served that successfully completed the Level 3 Residential 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.

III. Application Guidelines

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 Level 3.1 or 3.5 Residential grants.** There are a few POS rates that are permitted in addition to the daily per diem rates (see Appendix A).

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:

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)

***Note: Please see Appendix for WITS Contract Service Rates**

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, as well as 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 an advancement to the regular non-Medicaid residential per diem rates for the individual.

For SUPTRS 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) although these services are not billable to DMH separately at this time.

IV. Specific Requirements – Level 3.5 Clinically Managed Medium-Intensity Residential Services (Adolescent Services – Male and Female Ages 12-18)

Same expectations as outlined in the Level 3.5 Clinically Managed Medium-Intensity Residential Services (Adult Residential) with the following additional expectations:

1. Caseloads not to exceed 8 adolescents per one counselor.
2. Each adolescent must be enrolled in an appropriate educational program in the local school district or be enrolled in an educational program operated by the provider that

meets the individualized educational needs of the adolescent and is accredited by the MS Department of Education

3. Community Living Handbook
4. Balance of age-appropriate, goal-oriented activities to meet the individualized needs and build on the strengths of the adolescent served in the program including social skills development, wellness education, increasing self-esteem, leisure activities, and education/counseling related to substance use and HIV/AIDS/STDs
5. Daily and weekly planned schedules of activities related to objectives in the Individualized Service Plan
6. Written permission from parent or legal representative for participation in activities away from site
7. A dental examination within 60 days of admission and annually thereafter or have evidence of a dental examination within 12 months prior to admission to a residential program
8. Current, dated photograph on file within 30 days of admission
9. Signed assurance of the Executive Director stating compliance with provisions of Public Law 103-227 (Pro-Children Act of 1994) and a current Certification Regarding Environmental Tobacco Smoke (DMH Operational Standard Rule 30.4.G)

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.

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).

NOTE: Please note that the expectation is Fiscal Year 2024 data will be published on the DMH website.

- Provide data from FY 23 (July 1, 2022 – June 30, 2023) and answer the following:

- How many adolescents received residential services with the organization?
 - How many of these adolescents were determined to be indigent (i.e., uninsured, underinsured, or no other payer source)?
 - How many pregnant and parenting adolescent females were served in the adolescent residential program?
- How many adolescents does the organization project to serve within the residential services program in FY 24 (July 1, 2023 - June 30, 2024)?

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: Medium-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 the third Friday of July 2023.

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

B. Programmatic Questions

Please list the question before each response. Responses not to form THREE (3) pages.

1. Describe the agency's capacity to provide services to adolescents within its Residential program structure?
2. Are the agency's current policies and procedures on the identified Level 3 residential program for adolescents in accordance with *The ASAM Criteria*? (yes or no)?
3. Please provide the official date the agency's Level 3.5: Medium-Intensity Residential Services (in accordance with *The ASAM Criteria*) was implemented.
4. What assessment tool(s) does the organization utilize to determine an individual's Level of Care placement throughout their stay? If no specific assessment tool is being utilized at this time, how does the agency determine appropriate Level of Care for individuals served.
5. What is the average length of stay for adolescents within the agency's current Residential programs? In the event an adolescent requires residential services

beyond three, six or nine months during one treatment episode, what is the protocol in place to prevent long-term residential care?

6. Provide a local needs assessment including:
 - a. Emerging trends in substance abuse among adolescent populations in the community
 - b. Truancy issues
 - c. Access to adolescent residential services (i.e., types of providers, types of services, number of beds)
 - d. Projected needs for adolescent residential services
7. Name and describe the types of EBPs provided within the organization's adolescent residential program. Explain why the organization chose to utilize each EBP.
8. Describe the appropriate educational program offered through the adolescent residential program:
 - a. Please give an overarching description of the classroom setting (i.e. assigned staff, computer-based instruction, etc.)
 - b. Provide hours of operation of educational program
 - c. Certification of school district (include a copy of certification if appropriate)
 - d. Does the educational program have certified instructors/teachers? If so, how many? If the staff is not certified in Education, what are their credentials? How are they certified to work with the population served? (i.e., special trainings, Mental Health First Aid training, certified mental health therapist, etc.)

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
Medium-Intensity Residential Services

Procedure Code	Service Description	Rate/Unit	Capped/Limited
Medium Intensity Residential – Adolescents ONLY			
PRBND	Medium - Intensity Residential Daily Per Diem	\$156.22	
Medium Intensity - 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	Medium - Intensity Residential Medicaid Eligible Daily per diem	\$53.50	
Permissible POS Codes <i>(*Billing limitations may apply)</i>			
H0003	Urine Drug Screens Onsite	\$12.11	4 or 5 units max per month
FAI	Functional Assessment at Intake	\$60.50	1 per treatment episode (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