

Staff Person for Submission: Dr. Eileen Ewing

PowerForm Link: [https://na3.docusign.net/Member/PowerFormSigning.aspx?](https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=123de31b-bc0c-4faa-ab07-c1700f2f7314&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

**LEVEL 1: OUTPATIENT SERVICES
POS - FEE FOR SERVICE**

Request for Funding Continuation Announcement

Funded by the 3% Wine & Liquor Tax and the Substance Use Prevention, Treatment, and Recovery Services Block Grant for FY24

Due Date: June 9, 2023

Level 1: Outpatient Services (POS)

- I. The Department of Mental Health, Bureau of Behavioral Health, Division of Alcohol & Drug Addiction Treatment Services is now accepting funding continuation applications for the state fiscal year 2024. This proposal application is eligible to all Mississippi Department of Mental Health (DMH) certified Outpatient providers who are Substance Use Prevention, Treatment and Recovery Services 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.**

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.

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

II. Service Description

- a. Level 1 encompasses organized outpatient treatment services, which may be delivered in a wide variety of settings. In Level 1 services, addiction, mental health treatment, or general health care personnel, including addiction-credentialed physicians, provide professionally directed screening, evaluation, treatment, and ongoing recovery and disease management services. Such services are provided in regularly scheduled sessions of (usually) fewer than nine (9) contact hours a week for adults and fewer than six (6) hours for adolescents. The services follow a defined set of policies and procedures or clinical protocols.
- b. Level 1 Outpatient services are tailored to each patient's level of clinical severity and function and are designed to help the patient achieve changes in his or her alcohol, tobacco, and/or other drug use or addictive behaviors. Treatment thus must address major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment or to impair the individual's ability to cope with major life tasks without the addictive use of alcohol, tobacco, and/or other drugs and /or other addictive behaviors, such as gambling.
- c. Level 1 Outpatient services is appropriate for individuals who are assessed as not manifesting much interest in or internal motivation for recovery but not severe in the other dimensions. the use of motivational services in Level 1 avoids placing

people at a more intensive level of care, which may only serve to increase their disinterest in changing and create discord in both treatment and the treatment milieu. Thus, Level 1 enhances access to care and facilitates earlier engagement of patients in treatment. If this approach proves successful, the patient may no longer require a more intensive level of service or may be able to better use such services.

d. Length of Service:

The duration of treatment varies with the severity of the individual's illness and his or her response to treatment.

III. Application Guidelines & Requirement:

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 E-F.

A. Outcome Measures

1. Goal

To provide individuals who have no ability to pay access to SUD Outpatient Services. Those individuals who qualify must have a substance use disorder or co-occurring (MH & SU) disorder that results in functional impairment which substantially interferes with or limits one or more major life events. This funding is not intended to provide ongoing services for individuals who do not qualify for benefits or this level of care.

B. Performance Measures

- Number of individuals served.
- Number of individuals diverted for inappropriate hospitalization.
- Number of individuals assisted in obtaining insurance.
- Types of connections provided to other services/programs.
- Number of individuals without insurance or ability to pay within the catchment or target area.

C. 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 FY 23 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.

Subgrantees are required to submit the agency's complete Level 1: Outpatient End-of-Year Service Data Report for FY23 (July 1, 2023, to June 30, 2023) to the Division of Alcohol and Drug Addiction Treatment Services before the close of business, Friday, July 21, 2023.

D. SUPTRS Block Grant Guidelines

1. SUPTRS Block Grant Criteria

According to the 2020 DMH Operational Standards Rule 10.7B all agency providers must have policies that includes/address non-discrimination based on ability to pay, race, sex, age, creed, national origin or disability and a sliding fee scale.

The Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant exists to assist Mississippians in accessing services which would otherwise be unavailable due to an inability to pay. An 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 uninsured or underinsured individuals. Currently, these funds may be offered to adults and youth who seek services at a mental health or substance abuse agency. Providers can bill *eligible* Purchase of Service (POS) rates for services offered within Level 1 Outpatient Services.

2. Services Approved for Billing through Purchase of Service (POS)

All services approved for billing must follow the Medicaid Administrative Code (MAC). Billing must be aligned with the current Medicaid billing rate. The following services are approved for billing services: See Appendix at the end of this application.

NOTE: Due to the development of the Peer Recovery Support Grant, Peer Support billing at the rate of \$7.83 at 15-minute increments is NOT allowable under DMH's POS, at this time.

NOTE: Reimbursement rates are subject to change. For the most up

to date rates please reference the DMH website regularly. To access the most current contract services (as of 4-19-2023) right click to open link located in drop down box or place link in browser:

<https://www.dmh.ms.gov/wp-content/uploads/2022/05/WITS-Contract-Service-Rates-by-Service-Description-March-2023.pdf>

NOTE: Providers are required to check Medicaid's website frequently for the current fee schedules and rates to ensure compliance with POS services below:

(<https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>)

Grant recipients are required to enter performance data into the Data Warehouse, and cash requisition/billing claims into Web Infrastructure for Treatment Services (WITS).

E. Programmatic Components

Service Data for FY 2023 Reporting

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

Subgrantees are required to submit the agency's complete Level 1: Outpatient End-of-Year Service Data Report for FY 23 (July 1, 2022, to June 30, 2023) to the Division of Alcohol and Drug Addiction Treatment Services before the close of business, Friday, July 21, 2023.

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

F. Programmatic Questions

Please list the question before each response. Limit responses to questions 1 thru 3 to no more than THREE pages total.

1. Describe the agency's capacity to provide Level 1: Outpatient Services?
2. Please provide the official date the agency's Level 1: Outpatient Services (in accordance with *The ASAM Criteria*) was implemented.
3. Attach a copy of the agency's current policy and procedure for Level 1: Outpatient Services with this FCA submission.
4. Detail how many individuals your agency project to serve in FY 24 (July 1, 2023 – June 30, 2024).
5. How will the agency determine eligibility for the following POS Services?
 - a. Psychosocial Assessment
 - b. Individual Therapy
 - c. Group Therapy
 - d. Family Therapy

6. How will the agency work to motivate family members to participate in family therapy sessions for SUD or Co-Occurring individuals for FY 24?

*Please return the agency's complete Request for Funding Continuation Application and Proposal 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

Outpatient - Purchase of Service

Procedure Code	Service Description	Rate/Unit	Capped/Limited
Level 1: Outpatient (Purchase of Service)			
90846	Family Therapy (w/o pt. 50 min)	\$106.88	
90847	Family Therapy (w/ pt. 50 min)	\$110.72	
FAI	Functional Assessment at Intake	\$60.50	<i>1 per treatment episode (DLA-20 A&D ONLY)</i>
FRA	Functional Re-Assessment Outpatient – (OP)	\$9.68	<i>Not to exceed 2 units (within 6 months) max; per treatment episode; not to be billed in combination with (Biopsychosocial Intake Assessment); prior approval needed from DMH for assessment sessions</i>
90853	Group Therapy	\$28.81	
H0031	Intake/Biopsychosocial Assessment	\$133.95	<i>1 per treatment episode</i>
SUIPA	Level of Care Intake/Placement Assessment	\$133.95	<i>1 per treatment episode</i>
SUPRA	Level of Care Placement Re-assessment - (OP)	\$19.36	<i>2 re-assessments max per treatment episode; prior approval needed from DMH for additional assessment sessions</i>
90849	Multi-Family Group Therapy	\$36.88	
T1002	Nursing Assessment (RN services up to 15 min)	\$22.32	<i>1 per treatment episode</i>
90791	Psychiatric Diagnostic Evaluation w/o Medical Services	\$148.52	<i>1 per treatment episode</i>
90792	Psychiatric Diagnostic Evaluation / (w/med services)	\$164.17	<i>1 per treatment episode</i>
90832	Psychotherapy – (w/pt. 30 minutes)	\$72.68	
90834	Psychotherapy – (w/pt. 45 minutes)	\$96.68	
90837	Psychotherapy - (w/pt. 60 minutes)	\$144.81	
96137	Psychological Evaluation (each additional 30 minutes)		
96131	Psychological Evaluation (each additional hour)	\$95.67	<i>1 per treatment episode</i>

96136	Psychological Evaluation (first 30 minutes)	\$47.00	<i>1 per treatment episode</i>
96130	Psychological Evaluation (first hour)	\$124.80	<i>1 per treatment episode</i>
H0003	Urine Drug Screens Onsite	\$14.65	<i>4- or 5-units max per month</i>
H0032	Treatment Plan Development & Review (MH svc plan by non-medical)	\$22.32	
<ul style="list-style-type: none"> • Placement in a Level 1: Outpatient care setting requires that persons to be re-assessed at minimum, every ninety (90) days to ensure level of care appropriateness. • Adherence to Billing limitations will ensure there are not interruptions with payment releases. 			

~End of Request for Funding Continuation Announcement~