

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

**PowerForm Link:** <https://na3.docusign.net/Member/PowerFormSigning.aspx?>

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

**LEVEL 4 WITHDRAWAL MANAGEMENT**

**Request for Proposal Application**  
*Funded by the 3% Wine & Liquor Tax*

**Due Date: June 9, 2023**

## Level 4 Withdrawal Management

- 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 Withdrawal Management 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. Application Guidelines – Level 4: Withdrawal Management Services**

### **A. Required Forms**

*Please submit the following required forms which can be found in the MS Department of MentalHealth's Service Provider Manual.*

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

## **III. Grant Description**

Withdrawal Management becomes the first (but not sole) priority in treatment planning when a person's substance use disorder has progressed to the point that physical dependence. Because current withdrawal management protocols can relieve withdrawal symptoms quickly and effectively, counseling and therapy focused on initiation or resumption of recovery can be instituted at the same time as withdrawal management, rather than being delayed.

The priority of Withdrawal Management Services is to keep individuals safe while, at the same time, lessen some of the unpleasant symptoms of withdrawal from substance abuse.

Programs must have available for DMH review, a file for each client who is receiving or has received Withdrawal Management services. The file must contain the following: client information, medical referrals, information on the use of taper medications (when applicable), and type of screening or assessment tool used with eligible scores.

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

Providers seeking to use Withdrawal Management Services funds must strive to meet the following goals for FY 24 (July 1, 2023 – June 30, 2024):

## **Outcome Measures**

### **Goals**

- To provide access to an appropriate level of care within 24 hours of discharge from a Level 4: Medically Managed Intensive Inpatient program.
- To increase the number of individuals successfully completing a primary residential treatment episode after completing a Medically Managed Intensive Inpatient program.
- To decrease recidivism instances involving withdrawal management services – provide the number of individuals that received withdrawal management (detoxification) services who were discharged and returned within a year and upon their return they again needed withdrawal management (detoxification).

## **Performance Measures**

- Number of individuals admitted into Medically Managed Intensive Inpatient program.
- Number of individuals admitted in the Residential Treatment program within 24 hours of discharge from the Medically Managed Intensive Inpatient program.
- Number of individuals that successfully complete the Residential Treatment program upon completion of withdrawal management (detoxification) services.
- Number of individuals that returned in need of withdrawal management services within a year of discharge from withdrawal management (detoxification) episode.

## **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.

### **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.**

**NOTE: Subgrantees are required to submit the agency's complete Level 4 Withdrawal Management 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.**

**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>**

## **IV. Specific Requirements, Funding Criteria, and Protocol**

Listed below are the requirements that providers are agreeing to abide by for reimbursement of Withdrawal Management (WM) Services. Programs must have provisions in place to deliver WM Level 4 Care (ASAM Criteria) for withdrawal management services or must be able to prove their ability to refer to a Medically Managed Intensive Inpatient Withdrawal Management Provider that is able to provide this level of withdrawal management services either indirectly or directly. To be reimbursed for WM services, all provisions should be in place by **July 1, 2023**.

1. Programs providing WM Services must have written policies and procedures.
2. Residential Programs that do not have the capacity to render ASAM WM Level 4 Care must have a current contract on file with a Medically Managed Intensive Inpatient Withdrawal Management Provider (DMH Operational Standards, Rule

50.1.E)

3. Each individual is required to have a physical. All programs must make arrangements with their physician to conduct these screenings if the timing is conducive (i.e., in rare cases when time is an issue, a clinician or nurse may conduct the screening).
4. All physicals conducted must show evidence of a screening for the need of detoxification services. This document can be the completed screening instrument or a statement naming the screening instrument with documentation of who is responsible for coordinating withdrawal management services. Documents must contain the following:
  - a. A description of the methods used for withdrawal management.
  - b. A description of how referrals are made to appropriate physicians or hospitals in the event that medical intervention is needed.
  - c. A written criterion of admissions, care, discharge, and/or transfer (DMH Operational Standards, Rule 50.1.D.1-4).
5. Programs must contract with a medical provider who will evaluate individuals for the need of detoxification and who will work with the program to provide taper medication prescriptions. If the program's current medical provider does not provide these services, the program must contract with a medical provider who does provide the above services.
6. Special protocols, precautions, and procedures must be in place for withdrawal management rendered to pregnant women.
  - a. Women should NOT be detoxed during pregnancy without a medical professional first considering the impact that withdrawal will have on the fetus (DMH Operational Standards, Rule 50.1.E.1).
  - b. Transportation should be provided by the agency to any non-agency referrals. (DMH Operational Standards, Rule 50.1.E.3).
  - c. Women who are pregnant should be evaluated by a medical professional immediately when intoxication or withdrawal symptoms are evident (DMH Operational Standards, Rule 50.1.E.2)
7. Providers will not be allowed to access special WM funds that have policies in place that **prevent** the use of taper medications approved and prescribed by a physician/nurse practitioner. The agency must be mindful of medication administration and designated staff; other than appropriately licensed medical professionals, may not administer the medication.
8. All programs must already be implementing ASAM placement criteria. Up to 3.2-WM should be or can be done at the residential program unless there is a documented medical reason for a higher level of care (DMH Operational Standards, Rule 50.2.A-B).
9. WM funds **cannot** be used for individuals who are experiencing an **Opiate**

**withdrawal only** unless there is a documented medical reason. An eligible program may use tapers when approved and prescribed by a physician/nurse practitioner.

10. An appropriate standardized screening instrument must be completed for everyone served in a residential program that is congruent with substances that may require detoxification, namely benzodiazepines, alcohol, and opiates **only** when used in combination with benzodiazepines, and/or alcohol, or there is a history of health issues that place them at risk for complications. The following are examples:
  - a. Clinical Institute Withdrawal Assessment – Alcohol Withdrawal (CIWA-Ar) *available online*. This assessment should be conducted as often as the individual case warrants. The cut-off score for this instrument should be **25 or above** to qualify for WM funds and the individual should return to residential treatment when the score falls below a 25 or as determined by the attending physician.
  - b. Clinical Institute Withdrawal Assessment – Benzodiazepine Withdrawal (CIWA- b) *available online*. This assessment requires a cut off score of 40. A score above 40 constitutes a severe level which qualifies the individual for WM funds.
  - c. Clinical Opiate Withdrawal Scale (COWS) *available online*. The cut-off score should be **25 or above** to qualify for WM funds and individuals whose score drops below 25 should return to residential treatment unless otherwise directed by the attending physician.

**Special Note:** In accordance with the DMH Operational Standards, Rule 13.8 a detailed, written protocol must be established to address self-medication that maximizes safety, proper use and dosing, (i.e., the use of blister packs, when possible, to prevent the individuals from self-administering more than is prescribed). The above requirements are for standard use. Take special care with the following two issues (DMH Operational Standards, Rule 50.1.F):

1. Acute intoxication and/or Withdrawal potential
  - a. Past history or serious, life-threatening withdrawal
  - b. Currently having similar withdrawal symptoms
2. Biomedical conditions and complications
  - a. Any current severe health problems

## **B. Withdrawal Management Reimbursement Protocol**

1. The fiscal year begins July 1<sup>st</sup> and ends June 30<sup>th</sup> of each year. FY 2024: July 1, 2023 –June 30, 2024.
2. Grant recipients are required to enter **performance data into the Data Warehouse**. And **cash requisitions (billing claims) into Web Infrastructure for Treatment Services (WITS)**.

3. The Level 4 Withdrawal Management grant is a Fee-for-Service grant to be submitted via an 837 file in WITS. Note: WITS is a billing engine and only processes billing claims (e.g., 837 files). The Data Warehouse is the data repository for any data entered by your agency from your Electronic Health Record (EHR). It is then mapped from the agency's EHR to the Data Warehouse.
4. The agency **cannot** bill for opioids only; opioids must be combined with another substance(i.e., alcohol and opioids or benzodiazepines and opioids). If it has been determined medically necessary for an individual to be detoxed for opioids only, the following information should be provided:
  - a. What were the special circumstances that caused your agency to make the decision to detox this individual?
  - b. The agency must list the assessment tool used with a qualifying assessment score on it with the WM Monthly Reimbursement Form to assure reimbursement.
  - c. The agency must make the assessment tool and score available for review upon request (i.e., COWS, CIWA-AR, etc.).
5. WM expenses should not exceed \$3,025 dollars for one WM episode per individual served (\$605 x 5 days), up to 5 days.
6. A room & board per diem will be reimbursed at predetermined rate. This is allowed to ensure bed availability at the residential facility upon discharge from WM Level 4 Care (Medically Managed Intensive Inpatient program) in order to support the continuity of quality care services.

**Acknowledgements:**

**Initial Below:**

\_\_\_\_\_ The agency will comply with all the regulations set forth in this document. I understand it is the responsibility of the agency to ensure full compliance upon receipt of award notice from the DMH for FY 24: July 1, 2023 – June 30, 2024.

\_\_\_\_\_ I acknowledge that the Level 4 Withdrawal Management grant is a Fee-for-Service grant to be submitted via an 837 file in WITS. WITS is a billing engine and only processes billing claims (e.g., 837 files). The Data Warehouse is the data repository for any data entered by your agency from your Electronic Health Record (EHR). It is then mapped from the agency's EHR to the Data Warehouse.

\_\_\_\_\_ I understand ALL FY 24 Withdrawal Management funding will be rendered on a "fee for service" basis.

**Sign and Date Below:**

Name of Agency:

Executive Director:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **V. Programmatic Components**

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

- Provide the number of WM episodes the agency served in FY 23 (July 1, 2022-June 30, 2023).

**Subgrantees are required to submit the agency's complete Level 4 Withdrawal Management 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 – Withdrawal Management**

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

1. What methods or screening tools will be utilized to decide if an individual is in need of Withdrawal Management (detoxification) services?
2. In accordance with *The ASAM Criteria*, what Withdrawal Management Level of Care is being proposed (specific to the WM services provided within the agency)? Describe the agency's capacity to provide the proposed level of care within the residential setting (once the individual is discharged from the Medically Managed Intensive Inpatient WM program and admitted into your agency's residential program). Attach the agency's contractual agreement with the selected 3<sup>rd</sup> party Level 4 WM provider to this FCA submission.
3. What special precautions does your agency have in place for pregnant women showing signs of intoxication and/or withdrawal?

***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.***

~End of Request for Proposal Application~