



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

LEVEL 3 RESIDENTIAL SERVICES (PPWMDC)

Notice of Funding Opportunity FY 2027

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

Level 3.1 Clinically Managed Low-Intensity Residential Services

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

Level 3.5 Clinically Managed High-Intensity Residential Services

Level 3.7 Medically Monitored Intensive Inpatient Services

- 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 2027. 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 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 guaranteed funding.

II. RESIDENTIAL SERVICES - PPWMDC (Fee for Service)

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

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 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 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 3.1 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 of 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.

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.

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.

Predetermined minimum lengths of stay or overall program lengths of stay that must be achieved for a patient to "transition" or begin "commencement" is 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.

In addition to the service components offered in non-gender specific Residential Programs, Residential Services for Pregnant Women and Parenting Women & Men with Dependent Children (PPWMDC) requires the following:

SUPTRS Block Grant (formerly SABG) funded providers are required to respond within 48 hours of a pregnant injecting drug user, a pregnant substance user/abuser, parenting male or female injecting drug users, parenting male or female substance

user/abuser, and un- insured/under insured pregnant or parenting men and women (PPMW) seeking treatment. Therefore SUPTRS-funded providers must, if no treatment facility has the capacity to admit the pregnant woman, make available interim services, including a referral for prenatal care, available, to the pregnant woman no later than 48 hours after the pregnant woman seeks treatment services. Additional specific requirements are outlined in section III, B of this FCA.

NOTE: Residential Programs that specifically serve Pregnant and Parenting Women & Men with Dependent Children do not meet this level of care.

Performance Objectives:

- To provide SUD Treatment to the uninsured and underinsured pregnant population in need of SUD Treatment Services within 48 hours of referral.
- To decrease the number of Pregnant Women waitlisted due to lack of capacity.
- To decrease the rate of Post-Partum Women returning to treatment after discharge within a year of discharge.
- To develop a clearly defined marketing campaign.
- To develop therapeutic interventions for children (accompanied by their parents in treatment) during their residential stay.

Performance Measures - Service Data

Pregnant Women Served

Ensure all eligible pregnant women referred to residential programs are served, with a target of at least 75% women annually.

Service Data

- Number of Pregnant Women served.

Timely Access – Pregnant Women

Admit 100% of referred pregnant women within 48 hours, supporting early engagement in treatment.

Service Data

- Number of Pregnant Women served within 48 hours of referral.

Parenting Women & Men Served

Ensure all parenting adults referred to residential programs are served, with targets of 100% women and 100% men annually.

Service Data

- Number of Parenting Women served
- Number of Parenting Men served

Timely Access – Parenting Men & Women Served

Admit at least 85% of referred parenting men and women within 48 hours, promoting prompt treatment access.

Service Data

- Number of Parenting Men & Women served within 48 hours of referral.

Pregnant Women Completion

Achieve a program completion rate of 75% or greater for pregnant women in both Low-Intensity and High-Intensity Residential programs.

Service Data

- Number of Pregnant Women served that successfully completed the Low-Intensity and High-Intensity Residential program.

Parenting Men Completion

Achieve a program completion rate of 75% or greater for parenting men in both Low-Intensity and High-Intensity Residential programs.

Service Data

- Number of Parenting Men served that successfully completed the Low-Intensity and High-Intensity Residential program

Dependent Children Participation

Ensure all dependent children accompanying parents are included in programming and receive appropriate support during the residential stay.

Service Data

- Number of dependent children that accompanied parent(s) in the Low-Intensity and High-Intensity Residential facility

Average Age of Dependents

Document the average age of dependents accompanying parents.

Service Data

- Provide the average age of dependent(s) accompanying parents in the Low-Intensity and High-Intensity Residential facility

Re-admission – Post-Partum Women

Maintain a re-admission rate of 20% or less within 12 months for post-partum women, supporting sustained treatment outcomes.

Service Data

- Number of Post-Partum Women that returned to Low-Intensity and High-Intensity Residential treatment (within a year of discharge)

Re-admission – Parenting Men and Women

Maintain a re-admission rate of 20% or less within 12 months for parenting men and women.

Service Data

- Number of Parenting Men & Women that returned to Low-Intensity and High-Intensity Residential treatment (within a year of discharge)

Marketing Campaigns

Implement at least 2 types of marketing or outreach campaigns annually to increase program visibility within the community.

Service Data

- Types of marketing campaigns and/or outreach publications utilized in the community.

Marketing Material Distribution

Ensure distribution of at least 2 outreach materials annually to effectively reach potential participants.

Service Data

- Number of marketing materials dispensed in the community.

Therapeutic Interventions for Children

Delivering evidence-based interventions to 85% of dependent children accompanying parents, ensuring therapeutic engagement and age-appropriate support during their residential stay. (To be tracked and monitored by the Childcare Specialist).

Service Data

- Identify by name, the evidence-based interventions utilized to provide therapeutic interventions to children (accompanied by their parents in treatment) during their Residential stay.

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 Residential Services rendered in FY26 to the Division of Alcohol & Drug Addiction Treatment Services by way of a Mid-Year report by the second Friday in January 2026 and End-of Year report by the second Friday in July 2026. Grantees are required to submit required data to DMH to continue funding and use data to assess progress and improve services. Additional reports may be required as specified by DMH. Failure to meet reporting requirements or established metrics, unless otherwise required by federal law, shall result in:

- Immediate suspension of grant payments pending corrective action
- Agency review for potential grant termination; and
- Termination of grant award if metrics remain unmet in 120 days following the due date of annual report.

Billing Requirements

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

III. Application 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 E-F.

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 49.1, the agency cannot turn away individuals based on their 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). DMH is offering a set bundled rate for these services, once an individual is determined eligible through the Eligibility Determination Application (formerly called the Scholarship Application).

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 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 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 specifically to Level 3 Residential services, at this time. MS Medicaid does, however, reimburse 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, 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 \$58.50 for a single program participant and \$79.90 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 (of) 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.

Specific Requirements – Level 3.1 and 3.5 (PPMW) Clinically Managed Residential Services

Adult Services (Male & Female)

1. Ensure that, when appropriate, the family is treated as a unit, both women and men (and any children aged five and under) are admitted into treatment. Such admission may not be appropriate if, for example, the father is not in need of SUD treatment and is able to adequately care for the child or children.
2. Provide or arrange an array of services for pregnant women, women/men with dependent children, and women/men attempting to regain custody of their child/children:
 - a. Primary medical care, including referral for prenatal care,
 - b. Completion of an approved *Substance Use Disorder Level of Care Intake and Placement Assessment* (Reference DMH 2022 Record Guide and Provider Bulletin number PR0121 and PR0102 for further details).
 - c. Primary pediatric care for their children including immunizations,
 - d. Gender specific substance abuse treatment and other therapeutic interventions for women who may address issues of relationships, sexual abuse, physical abuse, parenting, and childcare while the women are receiving these services,
 - e. Offer family focused program to support family strengthening and unification
 - i. Parenting education
 - ii. Partner counseling and interventions
 - iii. Social and recreational activities
 - iv. Alcohol and drug use education and referral services for substance abuse treatment for family members
 - e. Childcare while the women are receiving services,

- f. Provide children, accompanied by their parent(s) in treatment, access to therapeutic interventions, and
- g. Provide sufficient case management and transportation to ensure those women and their children have access to the services listed above.
- h. Develop a discharge plan that includes a comprehensive roadmap for any community-based services that both the mother and her children will need upon her completion of the residential program.
- i. Implement an admission preference for pregnant women.
- j. Publicize the availability of treatment to pregnant women who inject drugs, pregnant women who misuse substances by way of public service announcements (radio/television) and/or outreach programs.

A. Service Data for FY 2026

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 Residential Services rendered in FY26 to the Division of Alcohol & Drug Addiction Treatment Services by way of a Mid-Year report by the second Friday in January 2026 and End-of Year report by the second Friday in July 2026.

- Provide the total number of Pregnant Women served in FY 26 (July 1, 2025 – June 30, 2026).
- Provide the total number of Pregnant Women that successfully completed treatment in FY 26.
- Provide the total number of Parenting Men/Women served in FY 26 (July 1, 2025– June 30, 2026).
- Provide the total number of Parenting Men/Women that successfully completed treatment in FY 26 (July 1, 2025 – June 30, 2026).
 - a. Provide the number of parenting women served in FY 26 and successfully completed treatment.
 - b. Provide the number of parenting men served in FY 26 and successfully completed treatment.
- Provide the total number of pregnant or parenting men & women who requested treatment and were either waitlisted (for any period of time) or denied due to lack of capacity in FY 26 (July 1, 2025 – June 30, 2026).

Subgrantees are required to submit the agency’s complete Level 3.5: High-Intensity Residential and Level 3.1: Low-Intensity Residential End-of-Year Service Data Report for FY26 (July 1, 2025, to June 30, 2026) to the Division of Alcohol and Drug

Addiction Treatment Services by way of a Mid-Year report by the second Friday in January 2026 and End-of-Year report by the second Friday in July 2026.

B. Programmatic Questions - Pregnant Women

Please list the question before each response. Responses not to exceed FIVE (5) pages.

1. 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: Describe the agency's capacity to provide the selected level(s) of care. Level 3.3 Level 3.5 Level 3.7
2. 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)?
3. Please provide the official date the agency's Level 3: Residential Services (in accordance with *The ASAM Criteria*) was implemented.
4. Attach a copy of the agency's current policy and procedures related to the LOC settings available to this population.
5. Detail how many Pregnant Women your agency projects it will serve in FY26 (July 1, 2025-June 30, 2026). Detail how many Parenting Women/Men with Dependent Children your agency projects it will serve in FY26 (July 1, 2025 – June 30, 2026).
6. Per the Assurances, providers that choose to service this special population are required to have a clearly defined marketing and information awareness strategy to publish admission preferences. How does the agency publish Admission Preferences specific to the Pregnant Women in need of SUD treatment? If so, how is it published. Please provide evidence of publication(s). If the agency does not currently describe the agency plan and timeframe of implementation.
7. When admission to treatment is not possible within 48 hours, describe the agency's interim service provision model for pregnant women on the waitlist.
8. Describe the gender specific evidence-based interventions utilized in treatment specific to this population (i.e., Helping Women Recover, Living in Balance, Seeking Safety, etc.).
9. Describe the service the agency offers to pregnant women. Include how these services differ from the normal scheduled activities provided in the adult residential service program.

B. Programmatic Questions - Parenting Women & Men

Please list the question before each response. Responses not to exceed to FIVE (5) pages.

NOTE: This section is only applicable if services are provided to parents and their dependents within a residential setting.

1. 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
2. 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)? Attach a copy of the agency's current policy and procedures related to the LOC settings available to this population.
3. Please provide the official date the agency's Level 3: Residential Services (in accordance with *The ASAM Criteria*) was implemented.
4. Per the Assurances, providers that choose to service this special population are required to have a clearly defined marketing and information awareness strategy to publish admission preferences. Does the agency currently publish Admission Preferences specific to the Pregnant Women in need of SUD treatment? **If yes**, please provide evidence of such admission preferences in response to this question. **If not**, evidence must be submitted to the DADATS Substance Use Treatment Director no later than 90 days of the start of the new fiscal year (start of the fiscal year is July 1, 2026; 90 days is October 1, 2026).
5. When the admission to treatment is not possible within 48 hours, describe the agency's interim service provision model for parenting women/men on the waitlist.
6. Describe the gender specific evidence-based interventions utilized in treatment specific to this population (i.e., Helping Women Recover, Living in Balance, Seeking Safety, etc.).
7. Describe the therapeutic interventions available to children accompanied by their parents in treatment.
8. Describe the service the agency offers to women/men and their children. Include how these services differ from the normal scheduled activities.
9. Does the agency's discharge plan include a comprehensive road map for community-based services that both the mother/father and their children will need upon completion of the program? If so, please describe.
10. Does the agency offer or have access to evidence-based therapeutic interventions that would allow the PPW program to assess how and if levels of trauma, abuse, and neglect have a negative impact on a child's physical or psychological development? If so, does the agency offer these services directly, as a routine proactive practice, or is it referred out?

11. Since corporal punishment is prohibited, describe how the organization addresses positive approaches to management of children's behavior. Include any parenting programs implemented by the agency.
12. Does the agency have a policy in place for when an individual is placed on the sex offender's registry during their treatment episode? (Meaning if an individual is adjudicated and ordered to register as a sex offender while in treatment). If yes, briefly describe and attach the company's policy to this FCA?
13. Address the environment where children are allowed to play. (Please have pictures available upon request of play areas or playgrounds utilized by the agency). Include the following questions below.
 - a. How is security maintained? (Include ratio of required staff per child)
 - b. Who is responsible for supervising children?
 - c. Describe how the children's needs and the parent's needs are accommodated ensuring the greatest outcomes for both?
 - d. Describe educational and developmentally appropriate strategies used by the agency that are age and gender specific.

C. Other Guidelines

- i. Any travel reimbursement listed in the budget cannot exceed the current State of Mississippi reimbursement rate (currently \$0.725 per mile.)
- ii. Indirect/administrative costs listed in the budget cannot exceed 8% of the budget total.
- iii. Data reports required by this funding must be submitted monthly by the 10th of the following month.
- iv. Agencies that are not able to meet the required goals/objectives of this service funding and are not able to submit timely and accurate data as required by DMH may not be eligible for future funding for this service.
- v. Comply with all provisions of HB1171 as passed in the 2026 legislative session.

D. Evaluation Criteria

Applications will be evaluated based on:

- Program design, feasibility, and alignment with goals
- Capacity to deliver services
- Budget and cost effectiveness
- Impact on target population

A review panel will score applications using standardized rubric.

Appendix
WITS – Contract Service Rates
Approved Procedure Codes for
Residential Services - PPWMDC

Procedure Code	Service Description	Rate/Unit	Capped/Limited
Low-Intensity - Residential Services			
TRES	Low-Intensity Residential Daily Per Diem	\$130.00	<i>Only allowed if Voc. Rehab. Denies services</i>
PPRT	Low-Intensity Residential Daily Per Diem Pregnant (Bundled)	\$159.38	<i>Only allowed if Voc. Rehab. Denies services</i>
PP1T	Low-Intensity Residential Daily Per Diem Pregnant (1 child) (Bundled)	\$209.38	<i>Only allowed if Voc. Rehab. Denies services</i>
PP2T	Low-Intensity Residential Daily Per Diem Pregnant (2 children) (Bundled)	\$259.38	<i>Only allowed if Voc. Rehab. Denies services</i>
PP3T	Low-Intensity Residential Daily Per Diem Pregnant (3 children) (Bundled)	\$309.38	<i>Only allowed if Voc. Rehab. Denies services</i>
TRES1	Low-Intensity Residential Daily Per Diem (Parenting 1 child)	\$190.78	<i>Only allowed if Voc. Rehab. Denies services</i>
TRES2	Low-Intensity Residential Daily Per Diem (Parenting 2 children)	\$240.78	<i>Only allowed if Voc. Rehab. Denies services</i>
TRES3	Low-Intensity Residential Daily Per Diem (Parenting 3 children)	\$290.78	<i>Only allowed if Voc. Rehab. Denies services</i>
Low-Intensity Residential – Medicaid Beneficiaries <i>(*Billing exceptions may apply if the beneficiary have reached the maximum number of units/sessions allowed for specific therapeutic services)</i>			
LIRPD	Low-Intensity Residential Medicaid Eligible (Daily Per Diem)	\$58.50	*
LIRD1	Low-Intensity Residential Medicaid Eligible- Daily per diem (1 child)	\$108.50	*
LIRD2	Low-Intensity Residential Medicaid Eligible - Daily per diem (2 children)	\$158.50	*
LIRD3	Low-Intensity Residential Medicaid Eligible - Daily per diem (3 children)	\$208.50	*
LPM	Low Intensity Residential Medicaid Eligible - Daily per diem Pregnant	\$79.90	*
LPM1	Low-Intensity Residential Medicaid Eligible - Daily per diem (1 child) Pregnant	\$129.90	*
LPM2	Low-Intensity Residential Medicaid Eligible - Daily per diem (2 child) Pregnant	\$179.90	*
LPM3	Low-Intensity Residential Medicaid Eligible - Daily per diem (3 child) Pregnant	\$229.90	*
Low-Intensity – Permissible POS Codes			
H0003	Urine Drug Screens Onsite	\$14.65	4 or 5 units max per month
SUIPA	Level of Care Intake/Placement Assessment	\$133.95	1 per treatment episode *Not billable if H0031 was billed
SUPRA	Level of Care Placement Re-assessment	\$19.36	One re-assessment every 14 days; max of 12 units = (6month max) * 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
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. <i>* Not to be billed in combination with (Biopsychosocial Intake Assessment); prior approval needed from DMH for additional days</i>
Low-Intensity - Vocational Rehabilitation			
VOCHR	Low-Intensity Vocational Rehab Daily Per Diem	\$65.00	
PPMV	Low-Intensity Vocational Rehab Daily Per Diem – Pregnant (Bundled)	\$79.90	
PPMV1	Low-Intensity Vocational Rehab Daily Per Diem – Pregnant (1 Child)	\$135.00	
PPMV2	Low-Intensity Vocational Rehab Daily Per Diem – Pregnant (2 Children)	\$185.00	
PPMV3	Low-Intensity Vocational Rehab Daily Per Diem – Pregnant (3 Children)	\$235.00	
VOCR1	Low-Intensity Vocational Rehab One Child Daily Per Diem	\$115.00	
VOCR2	Low-Intensity Vocational Rehab Two Children Daily Per Diem	\$165.00	
VOCR3	Low-Intensity Vocational Rehab Three Children Daily Per Diem	\$215.00	
High Intensity - Residential Services			
PRBND	High-Intensity Residential Daily Per Diem (Bundled)	\$176.22	
PPR	High-Intensity Residential Daily Per Diem Pregnant (Bundled)	\$197.62	
PP1	High-Intensity Residential Daily per diem Pregnant (1 child) (Bundled)	\$247.62	
PP2	High-Intensity Residential Daily per diem Pregnant (2 children) (Bundled)	\$297.62	
PP3	High-Intensity Residential Daily Per Diem Pregnant (3 children) (Bundled)	\$347.62	
PRD1	High-Intensity Residential Daily Per Diem (Parenting 1 child) (Bundled)	\$226.22	
PRD2	High-Intensity Residential Daily Per Diem (Parenting 2 children) (Bundled)	\$276.22	
PRD3	High-Intensity Residential Daily Per Diem (Parenting 3 children) (Bundled)	\$326.22	
High Intensity Residential – 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	High-Intensity Residential Medicaid Eligible Daily per diem	\$73.50	*
MERD1	High-Intensity Residential Medicaid Eligible Daily per diem (1 child)	\$123.50	*
MERD2	High-Intensity Residential Medicaid Eligible Daily per diem (2 children)	\$173.50	*
MERD3	High-Intensity Residential Medicaid Eligible Daily per diem (3 children)	\$223.50	*
PPM	High-Intensity Residential Medicaid Eligible Daily per diem Pregnant	\$94.90	*
PPM1	High-Intensity Residential Medicaid Eligible Daily per diem (1 child) Pregnant	\$144.90	*
PPM2	High-Intensity Residential Medicaid Eligible Daily per diem (2 child) Pregnant	\$194.90	*
PPM3	High-Intensity Residential Medicaid Eligible Daily per diem (3 child) Pregnant	\$244.90	*
High-Intensity – Permissible POS Codes <i>(*Billing exceptions may apply if the beneficiary have reached the maximum number of units/sessions allowed for specific therapeutic services)</i>			
H0003	Urine Drug Screens Onsite	\$14.65	4 or 5 units max per month
SUIPA	Level of Care Intake/Placement Assessment	\$133.95	1 per treatment episode *Not billable if H0031 was billed

SUPRA	Level of Care Placement Re-assessment	\$19.36	One re-assessment every 14 days; max of 12 units = (6-month max) <i>* 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>
FAI	Functional Assessment at Intake	\$60.50	1 per treatment episode (Only the CAFAS and/or 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. <i>* Not to be billed in combination with (Biopsychosocial Intake Assessment); prior approval needed from DMH for additional days</i>

~End of Appendix~