

## CHAPTER 504 SUBSTANCE USE DISORDER SERVICES

# Chapter 504

## Substance Use Disorder Services

### Appendix B

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# Application for Residential Adult Services (RAS)

The West Virginia Department of Health and Human Resources (DHHR), through the Bureau for Medical Services (BMS) is required to designate the ASAM® level of care for all licensed residential treatment facilities. To make this determination, the following application must be completed for each level of residential adult services programming in a licensed facility.

**Provider Name:** \_\_\_\_\_

**Provider's Address/Zip Code:** \_\_\_\_\_

**Name of RAS Program:** \_\_\_\_\_

**RAS Program Physical Address/Zip Code:** \_\_\_\_\_

**NPI#:** \_\_\_\_\_ **LBHC Certificate #:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Medical Director/Physician:** \_\_\_\_\_

**Please indicate the ASAM® Level being applied for:** (*Note: An application is required for each program level.*)

- 3.1 Clinically Managed, Low Intensity (minimum clinical hours: 5)
- 3.3 Clinically Managed, Population Specific, High Intensity (minimum clinical hours: 10)
- 3.5 Clinically Managed, High Intensity (minimum clinical hours: 15)
- 3.7 Clinically Monitored, Intensive Inpatient Services (minimum clinical hours: 22)

If you are applying for a 3.7 program, please check if your 3.7 Program is:

- Hospital Based 3.7 (*is your program in a building categorized as a hospital, billed on a UB form*) **OR**
- Community Based 3.7 (*is your program is in a community setting, billed on a 1500 form*) **AND/IE**
- 3.2 Withdrawal Management (*Note: Only check if you will offer 3.2 Withdrawal Management within a 3.7 Medically Monitored Intensive Inpatient Services program.*)

**Member Bed Capacity:** \_\_\_\_\_ **Flexible Bed Capacity:** \_\_\_\_\_

(*Note: Flexible Capacity is only available between RAS levels 3.1 and 3.5, Please refer to Chapter 504, Section 504.18.*)

**Please check if your program is for** \_\_ Only Males, \_\_ Only Females, or \_\_ Coed

**Please note any specialized populations such as mothers and infants, pregnant women, TBI or others (note NA if none apply):** \_\_\_\_\_

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By checking the boxes below, you attest that you have read and understand the following policies, guidelines, and criteria listed below:

- Chapter 504, Substance Use Disorder (SUD) Services**
  - Sections 504.15 and 504.18 describes the criteria for Peer Recovery Support Specialist (PRSS) and Residential Adult Services (RAS) as well as definition and documentation requirements
  - **Please note:** *PRSS services are not considered clinical services but are supportive-recovery services.*
  - <https://dhhr.wv.gov/bms/Pages/Manuals.aspx>
  
- Chapter 503, Licensed Behavioral Health Centers (LBHC)**
  - Sections 503.12 through 503.23 describe the criteria for the clinical services which are rendered through SUD RAS. These sections describe the definition of each service, staff credentials for completing each service and documentation requirements.
  - <https://dhhr.wv.gov/bms/Pages/Manuals.aspx>
  
- Chapter 521, Behavioral Health Outpatient Services**
  - Sections 521.11 through 521.13 describe the Current Procedural Terminology (CPT) codes, service definitions, and staffing credentials for codes that can be used within the array of SUD treatment services. These include:
    - Family Psychotherapy without patient present (90846),
    - Family Psychotherapy with patient present (90847)
    - Psychotherapy Patient and Family (90832, 90834, and 90837)
    - Group Psychotherapy (90853)
    - Psychotherapy for Crisis (90839 and 90840) *Note: Crisis services cannot be used as scheduled clinical hours*
  - <https://dhhr.wv.gov/bms/Pages/Manuals.aspx>
  
- I understand that the facility must be appropriately licensed as an LBHC through the West Virginia Office of Health Facility Licensure and Certification (OHFLAC) prior to completing this application.**
  - <https://ohflac.wvdhhr.org/>
  
- I understand the current ASAM (American Society of Addiction Medicine) criteria including the differences between each level of residential care, withdrawal management, dimensional concepts and interaction, settings, support systems, staff credentials, assessment, and therapies.**

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*Please attest to the following for adult residential services by checking each box.*

### SUPPORT SYSTEM

- Telephone or in-person consultation with physicians and emergency services are available 24/7.
- There are direct affiliations with other levels of care and/or close coordination for referrals to other services.
- You can conduct and/or arrange for laboratory/toxicology tests or other needed procedures.
- You can arrange for pharmacotherapy for medication services.
- Psychiatric/psychological consultations are available as needed.
- Co-occurring disorders will be addressed in the program curriculum.

### ASSESSMENT / SERVICE PLAN AND REVIEW

- An individualized, biopsychosocial comprehensive assessment.
- The individualized service plan is developed in collaboration with members reflecting the member's personal goals. Please note in the description how services are individualized.
- There is a daily summary of progress and treatment changes.
- A physical examination by MD/DO, PA, or APRN is performed as part of the initial assessment/admission process or a review of a previous physical examination by the provider's MD/DO, PA, or APRN.
- There is an ongoing transition/continuing care planning.
- The after-care plan includes specific community resources and additional support services actively associated with the member
- If an individual is assessed for your residential level and does not meet the criteria for your level of care, or if ongoing assessment indicates a need for a different level of care, please list other facilities (and their level of care) with whom you have referral potential, MOUs, or care coordination agreements.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*Please include additional pages as needed.*

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### STAFF

*Please attest to the following for adult residential services.*

- Staff is available on-site 24 hours a day.
- Treatment team consists of medical, addiction and mental health professionals.
- One or more clinicians are available on site or by telephone 24 hours a day.

<b>Program Staff</b> <i>(please list the number of staff for your residential program in whole numbers)</i>	<b>Number of staff employed for this ASAM® level of care</b>	<b>Please check if staff is AADC or ADC certified*</b>
<b>Doctor of Medicine (MD) / Osteopathic Medicine (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA)</b>		
<b>Licensed Psychologist (LP), Supervised Psychologist (SP)</b>		
<b>Registered Nurse (RN), Licensed Practical Nurse (LPN)</b>		
<b>Licensed Independent Clinical Social Worker (LICSW)</b>		
<b>Licensed Certified Social Worker (LCSW)</b>		
<b>Licensed Graduate Social Worker (LGSW)</b>		
<b>Licensed Social Worker (LSW)</b>		
<b>Licensed Professional Counselor (LPC)</b>		
<b>Master's level Non-Licensed</b>		
<b>Bachelor's level Non-Licensed</b>		
<b>Behavioral Health Technician (BHT)</b>		
<b>Peer Recovery Support Specialist (PRSS)</b>		

**\*AADC – Advanced Alcohol & Drug Counselor, ADC – Alcohol & Drug Counselor**

**Note:** Chapter 503, Licensed Behavioral Health Centers and Chapter 521, Behavioral Health Outpatient Services describe service definitions, staff credentialing, and documentation that must be followed for each service rendered in the SUD array. You must have enough staff to provide the services listed on your schedule if your program is at full capacity

**DISCLAIMER:** This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

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### CLINICAL HOURS PER WEEK CURRICULUM

List planned clinical services per week. Clinical services are defined as evidenced-based, active treatment to directly assist with an individual's SUD treatment and/or any related co-occurring mental health issue(s.) Clinical services and their corresponding BMS codes are listed below.

- **Note:** Skills Training and Development is a service provided after a member who has been assessed to have a skills deficit due to a SUD or mental health difficulty. Not all members receiving RAS will need Skills Training and Development and although these are considered clinical hours, they cannot be added to the cumulated clinical hours needed for each ASAM level.
- Confirm that the clinical hours (and their corresponding codes) listed reflect the same clinical hours in your weekly schedule.

Service Codes for ASAM® Clinical Hours	Clinical Hours Per Week/Per Member
Group Supportive Counseling ( <b>H0004HQ</b> - Behavioral Health Counseling Supportive - Group)	
Individual Supportive Counseling ( <b>H0004</b> - Behavioral Health Counseling Support - Individual)	
Group Professional Therapy ( <b>H0004HOHQ</b> - Behavioral Health Counseling Professional - Group)	
Individual Professional Therapy ( <b>H0004HO</b> - Behavioral Health Counseling Professional - Individual)	
Mental Health Service Plan Development by a Non-Physician ( <b>H0032</b> )	
Skills Training and Development by a Professional ( <b>H2014HNU1/H2014HNU4</b> )*	
Skills Training and Development by a Paraprofessional ( <b>H2014U1/H2014U4</b> )*	
Therapeutic Behavioral Services Development Implementation ( <b>H2019HO/H2019</b> ) <b>Note:</b> Only to be used with ASAM® Level 3.3	
Total Hours Per Week: <b>Note:</b> The total clinical hours must match the hours provided in the weekly schedule.	

\*Please refer to Chapter 503, Licensed Behavioral Health Center Services, Section 503.18 for code definition.

**Note: CPT Codes: 90846, 90847, 90832, 90834, 90837 and 90853, cannot be billed from an outside agency while receiving residential services. If crisis intervention services are needed, they can be considered part of the weekly clinical hours.**

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**Please attest to the following for by checking each of the components for adult residential services**

- Family members and/or significant others are involved in treatment, if not contraindicated.
- There is monitoring of medication adherence for behavioral health and physical health.
- Random drug screens will be used to monitor compliance.
- Services are provided according to the residential service guidelines within the most current edition of the ASAM® Criteria manual, as well as medical necessity as defined by BMS.

All forms of MAT must be made available in all residential services. The MAT may be assessed as a needed service while receiving residential treatment or an individual may be receiving MAT prior to admission. (Note: Only Opioid Treatment Programs (OTP) can offer methadone. Other forms of MAT can be offered through residential services or an outside agency. The RAS facilities must have a Memorandum of Understanding (MOU) with an existing OTP to provide these services, and if applicable, with other MAT providers).

- Please check **only if** you will be providing MAT ONSITE.

Please List the MAT facility(s) with whom your program has MOU/Coordination of Care agreements:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please make sure of the following:**

- Please attach with your application a weekly schedule of services (per member), please make sure your schedule includes the following:
  - Clinical services and their corresponding BMS code (listed on page 7).
  - Non-clinical activities and recovery support services.
  - Any structured activities occurring during down time.
  - Please make sure the total number of clinical hours match the clinical hours listed on page 7.
- Please attach the facility's regulations for visitation guidelines and search/contraband protocol.
- Please attach a brief summary of your treatment modality used in your SUD residential facility.
- Please include a valid and up-to-date license from the Office of Health Facility Licensure and Certification, indicating the number of beds available for your facility.
- **Please note, after approval of your application, any changes to your program will have to be approved by BMS including bed count, changes in physicians/PAs/CEO, change in address, or changes in scheduling or treatment modality.**



## CHAPTER 504 SUBSTANCE USE DISORDER SERVICES

### SATELLITE LOCATIONS

A program that operates in more than one location/site, must list the names and addresses of all sites operating under the same governing authority in the space provided below as well as the services categories at each site. The Master Site is the location which provides direct substance abuse services. If the administrative office does not provide services, this location should be indicated below.

**MASTER SITE:** License/NPI#: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Director: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Site Director: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Site Director: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Site Director: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Site Director: \_\_\_\_\_



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I certify that the information provided in this application regarding the operation of this program is accurate, true, and complete in all material aspects (electronic signatures are acceptable).

Authorized Individual	Title

Signature	Date

List the contact information of the person that can be reached for follow-up, if needed.

Name	Title	Email	Telephone