

Terms and Definitions

Agency - An agency is an entity that provides Recovery Support Services (RSS).

Assessment - An in-depth clinical interview with a licensed mental health therapist, used to:

- (a) Determine if an individual is in need of:
 - (i) Mental health or substance use disorder treatment services;
 - (ii) Educational or Prevention series;
 - (iii) Recovery support services.

Case Management - Case Management services are assessing, planning, linking, coordinating, monitoring, and advocating for clients to ensure recovery support services are designed to meet their needs for care and are delivered in a coordinated and therapeutic manner.

Confidentiality – Used interchangeably with 42 CFR and HIPAA. Agencies providing behavioral health services to clients are required to keep client records in a secure manner to ensure the privacy of clients receiving services at their agency.

Dimensions - Dimensions are specific bio-psycho-social assessment areas defined by the American Society of Addiction Medicine Patient Placement Criteria Second Edition-Revised (ASAM PPC-2R) as the six (6) dimensional criteria: acute intoxication and/or withdrawal potential; biomedical conditions and complications; emotional, behavioral, or cognitive conditions and complications; readiness to change; relapse, continued use or continued problem potential; and, recovery/living environment.

Electronic Healthcare Record (EHR)- System operated by the Local Authorities for electronically authorizing, distributing, reporting on and billing for vouchered services.

HIPAA - Health Insurance Portability and Accountability Act of 1996. Requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health information data.

Local Substance Abuse Authority (LSAA)—Organization that contracts with Utah Division of Substance Abuse and Mental Health to manage the local system of delivery of substance abuse and mental health clinical treatment and recovery support services. Responsibilities of the LA include: utilization review and case management services, quality management and outcome assessment, management reporting, account management, claims processing, data collection and managing their provider network.

Recovery Support Services (RSS) - Approved non-clinical substance abuse services designed to engage and maximize the ability of eligible recipients to be successful in their recovery, and to live productively in the community.

Voucher—Provided to eligible recipients to pay for clinical treatment and recovery support services from a broad network of approved providers. Vouchers are provider, client, and service specific and are sent to the provider chosen by the eligible recipient via secure electronic means.

42 CFR, Part 2—Federal confidentiality rules that prohibit the redisclosure of information concerning a client in alcohol or drug treatment unless further disclosure is expressly permitted by the written consent of the person who it pertains or otherwise permitted by 42 CFR, Part 2.

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Introduction

Purpose of the PATR Recovery Support Services (RSS) Policy and Procedure Manual

RSS focuses on providing eligible recipients with a choice of provider and services to assist them in initiating and sustaining recovery. This manual is intended to provide agencies and clients serving RSS participants with an understanding of how clients receive services, what services may be available to them, and the standards for providing those services.

Utah Division of Substance Abuse and Mental Health:

The Utah Division of Substance Abuse and Mental Health (DSAMH) is Utah's single state authority for substance abuse and mental health treatment in Utah. The RSS program has a SUD program manager that is in charge of program oversight, monitoring, compliance with Division Directives, etc. The LSAs also have Care Coordinators or Case Managers that oversee the LSA programs located in each of the Counties. Contact information for the LSAs that have PATR programs are listed below:

PATR contacts:

<p><u>Christine Simonette</u> SUD Program Manager 195 North 1950 West Salt Lake City, UT 84116 Office: 801-538-4335</p> <p>csimonette@utah.gov</p>	<p><u>Lindsay Bowton</u> Salt Lake County 2001 S State St. S2300 Salt Lake City, UT 84190 Office: 385-468-4724</p> <p>LBowton@slco.org</p>	<p><u>Stevoni Doyle</u> Utah County 151 South University Ave, Suite 1500 Provo, UT 84606 Office: 801-851-7134</p> <p>stevonid@utahcounty.gov</p>	<p><u>Darren Sevy</u> Weber County Care Coordinator 237 – 26th Street Ogden, UT 84401 Office: 801-778-6811</p> <p>darrens@weberhs.org</p>	<p><u>Kristi Brown</u> Davis County Care Coordinator 934 South Main Street Office-385-405-4496</p> <p>kristih@dbh.org</p>	<p><u>Lisa Goodman</u> Southwest Behavioral 474 W 200 N St. George, UT 84770 Office:435-634-5647</p> <p>lgoodman@sbhcutah.org</p>	<p><u>Jared Bowman</u> Bear River Health Department 655 East 1300 North Logan, UT 84341</p> <p>Office: 435-792-6524</p>
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AP&P Referring agents:

<p>Jennifer Branin Regional Contact for Utah County and Southern Utah</p> <p>jbranin@utah.gov</p>	<p>Lorrie Hansen Regional Contact for Salt Lake County and Tooele</p> <p>lhansen@utah.gov</p>	<p>Talona Talbot Regional contact for Northern Utah</p> <p>talonatalbot@utah.gov</p>	<p>Oogi Parry CCCs</p> <p>oparry@utah.gov</p>	<p>Deborah Chiquito dchiquito@utah.gov 801 576-7811 • Work</p>
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RSS Care Coordinators and/or Case Managers:

RSS Care Coordinators and Case Managers are LSAA employees, and are the main point of contact under RSS for agencies wishing to become a network provider. Roles of the Care Coordinator and Case Managers should be defined within their own LSAA. Care Coordinators and/or Case Managers are responsible to ensure the following are done:

- Assess gaps in services in the county
- Identify providers for service delivery along the continuum in the county
- Train providers on the requirements of the RSS manual
- Train providers on the use of their EHR systems.
- Provide technical assistance to providers to ensure implementation of RSS in their agency
- Coordinate referrals from identified entities
- Provide technical assistance to referring agencies to ensure smooth transition of clients from one agency to the other
- Ensure RSS funds are used to enhance current service availability rather than duplicate service availability
- Monitor provider networks for compliance to the RSS standards
- Assist providers in applying for entry into the provider network
- Assist in the development of standards for newly identified recovery support services
- Monitor data collection reporting requirements and ensure follow up targets are met
- Ensure program eligibility is determined prior to program enrollment.
- Ensure intake and follow-up

Local Substance Abuse Authorities:

The responsibilities of the Local Substance Abuse Authorities (LSAAs) are identified in Utah Code (17-43-201). Within Legislative appropriations and county matching funds, required by this section and under the Division Directives, each LSAA shall:

- Develop Substance Abuse (SA) prevention and treatment plans
- Provide SA services to residents of the county
- Cooperate with the efforts of the Division of Substance Abuse and Mental Health to promote integrated programs to address a client's substance abuse, mental health, and physical healthcare needs, as described in Section 62A-15-103

LSAAs are responsible for contracting with providers to ensure choice of services delivered under RSS from a network of providers. Services include a full continuum of substance abuse treatment and recovery support services based on program allowability. LSAAs manage admission to authorize vouchers and conduct regular monitoring visits of their providers to ensure compliance with the RSS manual and Division Directives.

All RSS services provided and authorized by the LSAA or other contracted provider shall be documented in the client's EHR. The documentation shall include but not be limited to: authorizing staff, service being authorized, provider of service, funded amount, justification of need to include diagnosis or clinical justification if needed.

Client Eligibility:

All State funded clients receiving PATR recovery support services shall have documented services in the RSS data set and meet LSAA residency criteria and meet any of the following criteria:

- a. Parolees who have completed/participated in ConQuest, ExCell, HOPE Substance Abuse programs while incarcerated and/or required to complete substance abuse evaluation and treatment by the Utah Board of Pardons and Parole; or
- b. Parolees who have completed/participated in a jail substance abuse behavioral modification or treatment program while incarcerated and/or required to complete substance abuse evaluation and treatment by the Utah Board of Pardons and Parole; or
- c. Other Parolees with a complete substance abuse evaluation/treatment: special condition by the Utah Board of Pardons that states the need for mental health or criminogenic issues by the Utah Board of Pardons and Parole, who do not have ICE detainees; or
- d. Parolees are required to have already participated in mental health programming, those who have a mental health diagnosis and/or are on a supervised MIO caseload and those approved by the Utah Department of Corrections staff.

Referral to PATR:

PATR- Adult Probation and Parole will send a referral to the LSAA for clients that have been screened and approved for PATR funding. The LSAA is responsible to keep a log of all approved clients eligible for services within their area. The referring agent for UDC will then make contact with the client, collect a Release of Information (ROI), and referral form at which point they will send a copy of those 2 forms to the LSAA or send the client with those 2 forms to the LSAA to get an intake appointment. The LSAA RSS Care Coordinator and/or Case Managers will then see that the client that was referred is on the approved funding list and either schedule an intake appointment or make contact with Corrections to ensure the client is approved for funding. Care Coordinators/Case Managers maintain contact with referral sources while a client is participating in the program. At intake, the case manager gathers an ROI from the client to allow coordination to occur. The case manager then provides updates monthly to the referring entity with proper consents. **Currently, there is a cap of \$3,200 for PATR services per client, unless they're an ExCell graduate. ExCell graduates have an additional \$500 in housing allowance.**

Previous Program Enrollment:

All clients shall be screened for other possible RSS program entries upon referral and/or prior to (re)admission to the program. If a client is identified as possibly receiving services previously using the same funding source the Local Authority shall, contact the referral source for further information and obtain a release of information from the client to contact the previous providing agency. The LSAA shall request a summary of service expenditures and a client total

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expended to ensure the client's overall cap has not been reached. If client still has funds remaining for the funding program the client can be admitted. If the client has reached the client cap then they will be denied services under that funding program.

Client Entry to RSS:

Regardless of referral source, all clients interested in RSS benefits must enter into RSS according to their county of residence current RSS intake protocol. You can find locations and contact information for the County Local Authorities as indicated above.

The client will schedule an appointment for screening/intake with the RSS Care Coordinator/Case Manager. Based on eligibility for the program an intake may be performed or scheduled. During the intake a brief screening for needed recovery support services and potential level of care will be conducted.

The Care Coordinator/Case Manager will authorize approved services. The Case Manager will also discuss the benefits and risks of the program, review the program, gather releases of information, collect RSS data, and contact information. The Case Manager will notify the referring agency (as requested by the client and with appropriate Releases of Information) with the outcomes of the screening. Intake and all other services and RSS program contact is to be documented and charted in the EHR (RSS services are payor of last resort).

Data Specs Requirements:

Data will be collected monthly and entered into the approved EHR.

Voucher Management System or other DSAMH approved Electronic Management System:

The Utah RSS program uses electronic health records and voucher systems that are independently operated by the Local Authorities. The Local authority is responsible to record client level data, authorize vouchers or services, record service delivery, document approval, and justification for services. Local Authorities are also responsible to train their contracted service providers on their voucher system and accepted billing processes.

Types of Services:

Recovery Support Services (RSS): These services are designed to support clients in initiating and/or maintaining recovery. Recovery support services can be provided prior to treatment, during treatment, after treatment, and in lieu of treatment for those clients who choose not to engage in formal treatment services. Recovery support services are designed to assist clients in building stability in their recovery and improving their overall wellness. As well, many clients will be able to initiate and maintain recovery with recovery support services alone.

Providers will be required to meet the Local Authorities standards of service delivery and provider capacity. To become a recovery support services provider an agency must meet the standards defined by the Local Authority they will be contracting with and complete the application process prior to contracting for the provision of those services.

Treatment Services: Treatment services available for qualifying clients include: Intensive Outpatient (IOP) ASAM (Level II) and General Outpatient ASAM (Level I). Determination of treatment level will be based on a full bio-psycho-social assessment.

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Treatment providers must meet certain criteria to participate as an RSS network provider. These criteria include:

1. Licensed by the Department of Human Services Office of Licensing to provide the identified services in Utah.
2. Approved to provide voucher funded substance abuse treatment services through contract/agreement with one of the LAs.

Funds of Last Resort: PATR RSS funds are considered funds of last resort. clients will not receive services if they have public or private benefits or resources that would pay for those services. Clients with Medicaid or other third party payment must utilize those funds for payment of covered services. RSS funds will only pay for those services/supports for which the client has no other source of funding.

Discharge:

There is no prescribed standard for the length a client receives RSS. client cases will be closed under the following circumstances:

- 1) The client's benefit has been fully expended, or
- 2) The client chooses to be released from PATR services and requests to be discharged from the case manager

Billing Services:

All services delivered must be billed within 30 calendar days from the date of service. Services billed 31 days or more after the date of service may be denied. All billing must be submitted according to the local authorities billing policy and procedures. Providers shall be reimbursed for approved claims within 30 days of the claim submission. Invoices submitted to the State by the contracted Local Authority must be submitted in accordance to the contract and must be submitted to the States Kissflow system monthly.

Documentation Requirements:

All services reimbursed by PATR must have documentation to substantiate the service being billed. Information must meet agency standards for the type of service as described by the licensing body. At a minimum the documentation must directly link the RSS client to the service as well as the client receiving the service (if different from the RSS client). Documentation must show the date the service was delivered, who provided the service and the length of time (or number of units) delivered.

Provider Application to RSS:

To become a provider, an agency must contact the Local Authority in which they are conducting business and follow their application and contracting requirements.

Service Description and Program Requirements

Treatment Services

Assessments and Screenings : An assessment is the systematic process of interaction with a client to observe, elicit, and subsequently assemble the relevant information required to manage his or her problems, both immediately and for the

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foreseeable future. An assessment gauges which of the available clinical treatment and recovery services options are likely to be most appropriate for the client being assessed.

Assessments must be conducted by clients qualified under Utah Code and within agencies licensed by the Utah Department of Human Services Office of Licensing (OL) as a substance abuse or mental health treatment program for Outpatient services.

For substance use and mental health disorders, assessments must meet the requirements specified in the Utah Recovery Oriented System of Care Practice Guidelines. For mental health disorders the assessment must also meet the requirements specified in the current Medicaid manual. RSS will not reimburse for more than one assessment per eligible participant, network providers must accept assessments completed at other network providers.

Outpatient Treatment (OP): Outpatient treatment programs shall serve clients who require less structure than offered in day treatment or residential treatment programs. Consumers are provided treatment as often as determined and noted in the treatment plan. Outpatient treatment program means client, family, or group therapy or counseling designed to improve and enhance social or psychological functioning for those whose physical and emotional status allows them to continue functioning in their usual living environment in accordance with Subsection 62A-2-101(12). Outpatient services may include: GOP treatment services (ASAM Level 1) and IOP treatment services (ASAM Level 2.1) .

Outpatient treatment programs must be licensed by the Utah Department of Human Services Office of Licensing (OL) as an Outpatient Treatment program and must be kept current. At any time a license is suspended or revoked by the OL, the program must immediately notify the Local Authority. The LA will not reimburse or authorize new vouchers to agencies during periods in which they do not have a current OL license for the identified service.

Records for services must be maintained in accordance with the OL requirements. For services delivered to treat a substance use disorder records must also be maintained in accordance with the DSAMH Treatment Practice Guidelines section III and V. The Substance Abuse Treatment Practice Guidelines can be found by contacting your Local Authority.

Recovery Support Services

Urinalysis Testing: As defined in Administrative Rule R523-15, Drug testing is the “scientific analysis for the presence of drugs or their metabolites in the human body in accordance with the definitions and terms of this chapter.” Drug Testing may be conducted by any one of the following:

1. An approved substance abuse treatment agency holding a current license with the Utah Department of Human Services Office of Licensing (OL) for Social Detoxification, Residential Treatment or Outpatient Treatment.
2. An approved Case Management agency.
3. An agency certified by either the Substance Abuse and Mental Health Services Administration (SAMHSA) or the College of American Pathology, or Clinical Laboratory Amendments Act (CLIA).

Drug Testing must follow the standards set forth in the Substance Abuse Administrative rule, which can be found in Rule R523-15.

Recovery Management: Recovery Management is appropriate for clients who require professional supports to maintain stability but who do not require the intensive services of outpatient treatment or higher, or who are awaiting entry into a higher level of care, or who have concluded a higher level of care but require services to maintain the gains made at that

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level. Services provided in Recovery Management include peer support groups, life skills education, identification of relapse triggers and development of prosocial support systems. With pre-approval from the Care Coordinator, client or family therapy may be authorized to assist the client in maintaining or regaining stability. Therapy that is authorized with the Care Coordinator approval will be as follows; Group Psychosocial rehab services, Group Psychotherapy, Group therapeutic behavioral services, Family Psychotherapy (with or without the patient present), or client therapy. Each recovery management service must be documented in the client file. Documentation must include, at a minimum: date of service, length of service, client attendance, brief summary of the activity/service delivered, signature and credentials or role of the client who provided the service.

Case Management: Case management is provided to all clients receiving RSS services. Case management is provided to clients to assist with engagement and retention in the RSS program. Case Managers will facilitate access to needed services, ensure client data is accurately maintained and reported, closely monitor expenditure of funds for vouchered services, refer to community partners or agencies, assist with insurance or financial eligibility applications, coordinate care.

Case managers are responsible for maintaining current contact information and maintaining at least monthly contact with the client through face to face or electronic means. They are responsible for tracking use of services authorized, and assisting the client to gain benefit from access to and maintenance of services, supports, and community resources identified in the service plan. Case managers are responsible for monitoring the effectiveness of RSS, verifying that authorized services are being utilized; authorizing additional services as needed; ascertaining the client's satisfaction with the services provided; documenting in the case record the progress of the client; ascertaining whether the services to which the client has been referred are and continue to be appropriate to the client's needs.

Reimbursable services within case management may include, but not limited to: Direct verbal or written intervention or consultations with families, schools, courts, employers, and other agencies on behalf of clients but not with the client present, in order to plan, coordinate, cooperate or deliver incidental services necessary to effective service provision of the RSS client. Case management entails assisting RSS clients to gain access to needed medical, social, educational, and other services as required.

Peer Support Specialists: Peer support case management is provided to all eligible PATR clients to assist PATR Care Coordinators and Case Managers in providing client choice in their treatment.

Peer Support Specialist Facilitated Groups: Peer support specialist facilitated groups is provided by those who have lived experience. These groups can be Curriculum-based, Topic focused, or open forum. This service is to assist the PATR Case Manager and PATR Care Coordinator with facilitating groups.

Transportation Services: (Bus Pass per Trip, Bus Pass per Month, Gas Vouchers, Fare Pay Card) Transportation services are available for clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of obtaining or paying for the cost of transportation. Case Managers may voucher bus passes or gas vouchers depending on the client's resources and needs. Bus passes, bus tokens, fare pay cards, and gas vouchers must be provided by participating RSS providers. Documentation of providing the voucher to the client must be in the client file for reimbursement.

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Bus passes, fare pay cards, or bus tokens may be vouchered per ride or per month depending on the needs of the client. Gas vouchers may be issued for clients who have the means of transportation but need assistance with the cost of gas. Monthly cap of \$160.

Miscellaneous Other Transportation Services: Miscellaneous transportation services are available for clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of obtaining or paying for the cost of transportation. Case Managers may only issue a voucher one time for a bicycle for clients choosing not to utilize transportation services. Documentation of providing the voucher to the client and a receipt documenting the purchase shall be included in the client's file.

A cap of \$200 per bicycle under miscellaneous transportation services

Medical Prescription services (including MAT):

Prescription services include prescribed medications that are deemed medically necessary. Prescription coverage shall be used to assist clients with the cost associated with obtaining such needed medications during time of reintegration from the criminal justice system or for a limited time until other methods of payment can be utilized. MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. MAT must be administered and/or prescribed (as appropriate) by an appropriately licensed client approved to prescribe the medication for the purpose of substance use disorders.

MAT includes Buprenorphine, Methadone, Naltrexone, Disulfiram, Acamprosate Calcium, Vivitrol and Suboxone. Regardless of type, MAT services may not exceed the currently set lifetime cap of the client.

Staff shall verify medical prescriptions and utilize prescription cost reductions if applicable.

A cap of \$1000 total may be authorized for these services and all other medication/prescription costs combined. With an additional cap of \$500 for Physicians costs, dispense costs, and lab fees (see Physical Care: Medical and Dental Services). PATR funding caps specific.

Physical Healthcare: Medical and Dental Services: Physical healthcare services include preventive care, medication management, primary care for health, eye-care, and dental services. RSS will not reimburse for hospitalization. Justification must detail how the client will be unable to enter into, or maintain recovery without the services being requested. Equipment and services related to medical care may also be approved. Examples include: hearing aids, eyeglasses, or dental services. Regardless of services approved, RSS will reimburse only up to \$1000 or \$1500 of the cost of all approved physical care services. The client will be responsible for all remaining costs once the \$1000 limit has been met.

There is a \$1000 lifetime cap for all medical services or \$1500 cap for dentures in combination with a cap of \$1500 for prescriptions. PATR funding cap specific.

Educational Assistance Services:

Educational services are those services provided to groups of clients in a didactic setting. Educational services focus on providing clients or family members with information on specific topics designed to reduce the likelihood that the client

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will return to use or have decreased life functioning related to increased mental health symptoms. Examples of educational services include: GED or assistance with obtaining books needed for school. Each educational service must be documented in the client file. Documentation must include, at a minimum: date of service, length of service, client attendance, brief summary of the activity/service delivered, signature and credentials or role of the client who provided the service.

Life Skills Services: Life skills are services provided to clients to assist them in learning skills to ensure Life skills services address activities of daily living such as; budgeting, time management, interpersonal relations, household management, anger management, communication skills, and other issues.

Emergency Housing Assistance: Emergency Housing is appropriate for clients who are homeless, at imminent risk of losing their current housing situation without assistance, or who require assistance to help them acquire stable housing and for whom loss of this housing situation will create an imminent risk of increased substance use disorder symptoms and a high likelihood of relapse. Emergency housing is based on notification of eviction notice. A copy of eviction notice must be retained for records or short term stay at a hotel until other services can be obtained.

Entry into emergency housing must be approved by the client's RSS case manager and the PO. The case management record must include proof of housing costs and reimbursement. The client must be named on the lease agreement or mortgage paperwork as a renter/owner of the identified property for the time frame in which reimbursement is provided. A copy of the lease agreement and/or mortgage verification must be included in the client's case management file. Copies of eviction notices must be obtained and documented.

Total cap of \$800 may be authorized for this service. There is a cap of \$800 for all housing types of services combined (Emergency Housing, Sober Supportive Housing and Rental Assistance).

*****If a client is a graduate of the ExCell program, their cap is \$3700 with a housing cap of \$1300***

Sober Supportive Housing: Sober supportive housing provides drug and alcohol free housing to clients who are at immediate risk for relapse as a result of their current housing situation. Sober supportive housing means a 24-hour group living environment providing room and board to eligible clients. Entry into sober supportive housing must be approved by the client's RSS case manager and the PO.

Sober supportive housing providers must meet one of the following:

1. Be licensed through the Utah Department of Human Services, Office of Licensing as a Residential Support agency
2. Be licensed by DHS, OL license as a residential treatment agency that is associated with the sober/transitional housing unit
3. Be licensed by DHS, OL as a Recovery Residence

PATR total cap of \$800 may be authorized for this service. There is a cap of \$800 for all housing types of services combined (Emergency Housing, Sober Supportive Housing and Rental Assistance) not client.

*****If a client is a graduate of the ExCell program, their cap is \$3700 with a housing cap of \$1300***

Rental Assistance: Rental Assistance is appropriate for clients who are needing assistance with monthly rental payment. Rental Assistance must be approved by the clients RSS case manager and the Probation officer. The case management

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record *MUST* include proof of housing costs for reimbursement. The client must be named on the lease agreement or mortgage paperwork as a renter/owner of the identified property for the time frame in which reimbursement is provided. A copy of the lease agreement and/or mortgage verification must be included in the client’s case management file. Rental assistance does not include utility assistance.

Total cap of \$800 may be authorized for this service. There is a cap of \$800 for all housing types of services combined (Emergency Housing, Sober Supportive Housing, and Rental Assistance) and not client.

*****If a client is a graduate of the ExCell program, their cap is \$3700 with a housing cap of \$1300***

Employment assistance: Employment Services and Job Training oriented vocational services are directed toward improving and maintaining employment and include: training in a specific skill or trade to assist clients to prepare for, find, and obtain competitive employment. Additionally, employment services include the acquisition of those supports one needs in order to secure employment such as obtaining a valid identification document, job appropriate tools or clothing, permits, certification fees. Employment Assistance must be approved by the client’s RSS case manager and the case management record must include proof of employment and documentation to support purchases made for reimbursement. Employment services may include but are not limited to purchasing phone cards to assist clients in their job search.

There is a lifetime cap of \$500 for this service.

If any contracted vendor is on corrective action, funds cannot be expended without written permission from DSAMH

Local Authorities ARE authorized to charge PATR clients a “no-show” fee in the event they do not attend a scheduled meeting. This fee will be as follows:

No-show to scheduled case manager meeting: 2 units of case management

No-show to scheduled Dr/Dentist visits: \$50 to Dr/Dentist and 1 unit of case management

	Service	Rate	Unit	Code
Health				
	Psychiatric Diagnostic Interview Examination	\$36.48	per 15 minute	90791
	Screening/Alcohol and Drug info collection by Non-Mental Health Therapist	\$ 11.70	per 15 minute	H0001
	Individual Psychosocial Rehab Svcs.	\$ 16.41	per 15 minute	H2014
	Individual/Family Therapeutic Behavioral Services	\$ 18.77	per 15 minute	H2019
	Individual Psychotherapy 20-30 min	\$ 59.82	per session	90832

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	Individual Psychotherapy 45-50 minutes	\$ 106.77	per session	90834
	Individual Psychotherapy 75 - 80 min	\$ 132.87	per session	90837
	Individual Continuing Care/Recovery Management	\$ 17.02	per 15 minute	IRM
	Continuing Care/Recovery Management group	\$ 6.33	per 15 minute	CRM
	Group Psychosocial Rehab service/ Group Skills Development	\$ 4.48	per 15 minute	H2017
	Group Psychotherapy- Multi family group	\$ 6.33	per 15 minute	90849
	Group Psychotherapy (other than multi-fam)	\$ 6.96	per 15 minute	90853
	Group Therapeutic Behavioral Services	\$ 6.33	per 15 minute	H2019HQ
	Family Psychotherapy - with patient present	\$ 27.91	per 15 minute	90847
	Family Psychotherapy - without patient present	\$ 27.91	per 15 minute	90846
	Urinalysis testing	up to \$35	service cost	H0003
	Urinalysis collection and handling only	\$ 1.00	service cost	H0048
	Physical Care (Medical/Dental/labs)	\$1000 Cap	service cost	4020
	Medical RX (including MAT medications)	\$1500 Cap	service cost	S5000
Home				
	Emergency Housing	\$800 Cap	Cap	7020
	Sober supportive Housing	\$800 Cap	Cap	SSH
	Rental Assistance	\$800 Cap	Cap	MISC_HSG
	ExCell Grad housing	\$1300	Cap	Above code
Community				
	Bus Pass per trip	\$ 2.50	per trip	BPT
	Bus Pass per month	\$ 83.75	per month	BPM
	Bus Pass Fare Pay Card	\$ 1.00	Service cost	FPC
	Gas Voucher	\$ 1.00	service cost	GAS
	Educational Assistance	\$500 cap	Cap	MISC_ED
	Southwest Bus pass	\$20	per month	SWBP
Purpose				
	RSS Case Management	\$ 16.83	per 15 minute	3080
	Life skills services/ Employment services	\$ 13.64	per 15 minute	LSS

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	State Identification	\$ 1.00	service cost	MISC_ID
	Birth Certificate	\$ 1.00	Service cost	MISC_BC
	other-Transportation (Only includes a bicycle)	\$200 Cap	Cap	MISC_TSP
	Employment assistance	\$500 Cap	Cap	MISC_EMP
	Certified Peer Support Specialists	\$13.64	per 15 minute	CPSS
	Peer Support Facilitated Group	\$2.49	per 15 minute	PSFG

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