#### **SUD 1115 Billing and Coding Webinar**

# Oregon Health Plan Substance Use Disorder Demonstration

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We're here today to talk through the billing and coding that is available as a part of the SUD 1115 Waiver, specifically discussing the Community Integration Services. We will also be collecting your questions from these sessions to create an FAQ that providers will be able to access. We have a number of slides we'll be going through, but have kept them minimal so that we can really focus on your questions and concerns throughout our time together. Questions are encouraged throughout, feel free to raise your hand if you'd like to ask it verbally but we're also going to ask that you put your questions in the chat so we have a record of them as well to inform the FAQ we're creating. Additionally

we'll be recording this session to post on the SUD 1115 website. We are also beginning to work on a fact sheet related to these services, which will be completed and posted on the website before the end of the month.

## **Community Integration Services**

- Billing code: H2014, Skills Training & Development; per 15 minutes
- Housing Supports: Modifier V2
- Employment Supports: Modifier V1
- Questions? What issues or concerns have you been experiencing?





All of this information is coming from the SUD Waivers Special Terms and Conditions, Community Integration Services begins on page 84. Here's the link:

https://www.oregon.gov/oha/HSD/Medicaid-Policy/SUDWaiver/STCs-040821.pdf

I'm also posting a Link for the Fee Schedule:

https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx

To start, who qualifies for these services?

A person has a Substance Use Need, where an ASAM Criteria or equivalent assessment has indicated the individual would meet at least ASAM level 1.0, indicating the need for outpatient SUD treatment, and is homeless, at risk of homelessness, is fleeing a dangerous situation related to violence, is an individual living with children or is in an unaccompanied youth. OR the individual meets at least one of the risk criteria that are outlined in the SUD 1115 Special Terms and Conditions, found under attachment F, and is expected to benefit from Community Integration Services or Employment Services.

# **Housing Supports**

- H2014, Modifier V2
  - \$24.90 per 15 minutes
- Two Options:
  - Individual Housing and Pre-Tenancy Services
  - Individual Housing and Tenancy Sustaining Services



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Housing supports services are meant to increase the success of a person transitioning out of an IMD setting back to their community, to live in an independent setting and should be tailored to each individuals goals that will maintain their personal health and welfare in that home and community based setting. These support services fall under two option. Individual Housing and Pre-Tenancy Services, and Individual Housing and Tenancy Sustaining services.

Pre-tenancy focuses on coaching and preparation activities to aid the individual in locating and obtaining housing, it can include things like budgeting support, filling out applications, helping them create

individualized housing support plans, and supporting them in identifying and securing resources to obtain housing.

Housing and Tenancy Sustaining services can include assisting on-going with their individualized housing support plan, assisting in securing and maintaining entitlements and benefits, and helping them secure supports to preserve independent living.

A full list for both pre-tenancy and tenancy sustaining services that can be offered is located under Section F of the Special Terms and Conditions.

ANY QUESTIONS? WHAT CAN WE CLARIFY?

# **Housing Supports**

- · What's not included?
- Rent or Room & Board costs
- Capital costs for development or modification of housing
- Utilities or other regular occurring bills
- Goods/Services for leisure or recreation
- Services to people in corrections institution or an institution of mental disease (other than services that meet the exception to the iMD exclusion)



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Questions? Comments? Clarifications?

#### **Employment Supports**

- H2014, Modifier V1

   \$24.90 per 15 minutes
- Pre-Employment Services (Individual and small group)
- Employment Sustaining Services (individual and small group)





Employment support services are meant to assist the individual in obtaining and maintaining their employment in the community. Employment services are broken down in to 2 categories, Pre-Employment Services, and Employment Sustaining Services, both of which may be done individually or in a small group.

Pre-employment services really focus on workplace readiness, coaching and classes related to professionalism, soft skills, resume and interview coaching, and increasing coping mechanisms for adverse behaviors that can impact a person ability to secure and maintain employment.

Employment Sustaining Services are focused on

addressing barriers related to maintaining employment, and may include transportation assistance, assisting the person with linking them to high quality child care and after-school programs, and programs that increase the adults' capacity to participate in work or community engagement activities.

For a full list of services that may be offered under preemployment and employment sustaining services, please refer to Attachment F of the Special Terms & Conditions.

What questions do you have? What can we clarify?

# **Employment Services**

- What's not included?
- 1. Generalized employer contacts that are not connected to a specific enrolled individual or an authorized service.
- 2. Employment support for individuals in sub-minimum wage, or sheltered workshop settings.
- 3. Facility-based habilitation or personal care services.
- 4. Wage or wage enhancements for individuals.
- 5. Duplicative services from other state or federal programs.
- 6. Medicaid funds to defray the expenses associated with starting up or operating a business.



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# Read through slide

Questions? Comments? Clarifications?

#### **Community Transition Services**

- CTS
  - Supports to assist individuals in the transition from residential settings to community.
  - Not to exceed \$5,000 per member per lifetime.
  - Designed to cover initial burden of cost when a person is coming back into the community after treatment.
  - Not Rental Assistance
  - Re-imbursement to providers from OHA for providing these services





SEEK FEEDBACK, explain that we're looking to have robust conversations with providers around the impact of this and how we can accommodate their needs to make this a service that is utilized

Maybe say: Recipient has \$5,000 limit and could be accessing these services over time at multiple treatment locations. OHA is still determining a process for how providers can connect with us to determine what funds remain for individuals you are supporting. This will likely look like an e-mail process, but any feedback or suggestions you have are welcomed and will be taken in to consideration.

For CTS services, we believe that providers should be

able to determine which of their staff they would like to utilize to provide this service. As a result, we will not be limiting rendering provider types on billing for Community Transition Services.

Specifically, allowable expenses may include: security deposits required to obtain a lease on an apartment or home; essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; moving expenses; necessary home accessibility adaptations; and activities to assess need, arrange for, and procure needed resources. Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and only when the person is unable to meet such expense or when the services cannot be obtained from other sources.

At this time, this will be done through a reimbursement model with OHA, though we are continuing to look into what other options may be available to support this. We will be engaging in larger conversations and listening sessions related to this to better understand the impact this will have on our providers and communities, and in what ways we can implement it to increase the success of this service while reducing the burden on providers.

ANY QUESTIONS? WHAT CAN WE CLARIFY?

## **Community Transition Services**

- · What's Not Included?
  - Monthly Rental or Mortgage Expenses
  - Food
  - Regular Utility Charge
  - Household appliances
  - Items intended for purely diversional/recreational purposes





Community Transition Services do not include monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversional/recreational purposes.

What questions do you have? What can we elaborate on?

ne	Oregon Health Autho	al rate structure (customary charge) brity will reimburse SUD residential programs based on pages rates reflect codes H0018 and H0019.	program type
	Program	Description	Per Diem Rate
	Adolescent programs	Serves ages 18 and under (any number of licensed beds)	\$415.50
	Institute of Mental Disease (IMD)	Has 17 or more licensed beds	\$388.70
	Non-Institute of Mental Disease (non- IMD)	Has 16 or fewer licensed beds	\$318.50
	Specialty programs	Serves one of these populations (any number of licensed beds):  1. Culturally specific; including LGBTQIA2S+ and military or 2. Pregnant and/or parenting	\$400.40

Over the next 3 slides, we'll be going over Program Rates, and then Billing and Coding rates. All of these reflect the 30% increase that has occurred. We do want to recognize that there has been sharing of different rates on different documents, we are working on correcting these documents to accurately reflect the rates being paid.

Code	Description	Rate	Unit	Prioritized List Status
G9012*	Substance use care coordination: Coordinating care, services and supports needed upon discharge from inpatient or residential care.  Residential programs may bill once (1 unit) on the date of	\$127.19	Per Service	Ancillary
H0006	discharge. Alcohol and/or drug services; Case Management	\$22.56	15 Minutes	On Line 4 On Line 62
H0018*	Alcohol and/or drug services, Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	Customary Charge	Per Diem	On Line 4
H0019*	Alcohol and/or drug services, Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Customary Charge	Per Diem	On Line 4
H0020	Alcohol and/or drug services; Methadone administration and/or services (provision of the drug by licensed program)	\$12.50	Per Service	On Line 4
H0022*	Alcohol and/or drug intervention service (planned facilitation).  Use for planned rapid responses not in a treatment plan. May be used pre-treatment, post-treatment, and for recovery maintenance.	\$15.57	Per Service	On Line 4

These rates are the most recent rates that reflect the 30% increase that recently occurred.

H0023*	Behavioral health outreach service (planned approach to reach a targeted population).	\$58.90	Per Service	On Line 4
	Outreach may be provided by peers, QMHA/P, CADCs or staff with a mix of these credentials. This is considered a diagnostic service. Individuals served do not have to have an SUD diagnosis prior to having an outreach encounter.			
H0039*	Assertive community treatment, face-to-face (only used with mental health diagnosis)	\$35.43	15 minutes	On Mental Health Lines
H0050*	Alcohol and/or drug services, brief intervention.  Use for rapid brief responses not in a treatment plan. May be used pre-treatment, post-treatment, and for recovery maintenance.	\$45.31	15 minutes	On Line 3
H2010	Comprehensive medication services	\$32.29	15 minutes	On Line 4
H2011*	Crisis intervention services	\$39.00	15 minutes	On Line 4
H2014	Skills training and development (Community Integration Services and Supports; Employment and Housing services, billed with modifiers).  OHA will provide guidance about allowed providers for these	\$24.90	15 minutes	On Line 4
100000	services in April 2022.	005.00	45	0.11
H2032* H2036*	Activity therapy SUD Day Treatment programs providing ASAM level 2.5 services at least 20 hours per week	\$25.00 \$231.84	15 minutes Per Diem	On Line 4 On Line 4
T1016*	Case management (billed in addition to residential customary charge)	\$29.33	15 minutes	Ancillary

Callout that H0039 is for Assertive Community
Treatment, which is a specialized program that bills all
services under this single code. We have recently heard
about the billing issues related to providing SUD services
under ACT, and are working internally to address and
correct these issue. If you have experienced billing issues
related to providing ACT services please e-mail Medicaid
Programs so that we can continue to collect information
on it. I'm placing the email address in the chat now.

medicaid.programs@odhsoha.oregon.gov

# Thank you, Please email <a href="mailto:sud.waiver@dhsoha.state.or.us">sud.waiver@dhsoha.state.or.us</a> to submit questions about the waiver, process and implementation.

Health

We're actively seeking feedback on the transition services we discussed today, please email your thoughts and comments to the SUD Waiver email I have listed on the screen so I can collect them and begin to integrate your ideas and address any concerns that are popping up. We'd appreciate hearing how you see these services being offered, and any ideas you have on what would make this a successful implementation for all of you. Now we'd like to use the remaining time for questions, what we can't answer we will work on and post the answers on our SUD 1115 website as a follow up. We'll be using the remaining time for questions and conversation, if there is a specific slide you'd like us to

return to please let us know and we'll be happy to go back to chat about it further.