Substance Use Disorder Voucher Guidance

Version I: July 1, 2016

With the passage of Senate Bill 2048 during the 64th Legislative Session the Department of Human Services (DHS) was appropriated funding to administer a voucher system to pay for substance use disorder treatment services. The Department's Behavioral Health Division was assigned the responsibility to develop administrative rules and implement the voucher system.

Enrolled Senate Bill 2048

SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - REPORT TO THE LEGISLATIVE MANAGEMENT. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $750,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing and administering a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment program accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016, the department of human services shall provide a report to the legislative management regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

SUD Voucher Goals

Problem	Intervening Variable	Strategy	Short Term Goals	Long Term Goals
Individuals in need of Substance Use Disorder services	Individuals have barriers to accessing needed services to achieve recovery	**SUD Voucher**	Improve **access to quality services** Allows **individual** to **choose** provider	Lives are improved and people recover

GOAL 1

Allow **individual to choose** provider

Objective 1.1

Increase number of providers and service options.

Objective 1.2

Service options are communicated to individuals.

GOAL 2

Improve **access to quality services**

Objective 2.1

SUD Voucher providers provide evidence-based services based on individual need.

Objective 2.2

Reduce financial barriers for individuals accessing needed services.

Becoming a SUD Voucher Provider

Program submits ***(email, mail or fax)*** **required documents to Behavioral Health Division**

- Program Application/Signed Memorandum of Understanding (MOU)
- Policies and Procedures in accordance with 75-09.1-11-02 (including policies on how services provided are **trauma-informed, recovery oriented, & person-centered.** See attachments)

Behavioral Health Division Review

If Program is approved, Behavioral Health Division provides:

- Certification number
- Program Guidance Manual
- Training/Technical Assistance

Individual Eligibility

1. The individual resides in North Dakota;
2. The individual is 18 years of age or older;
3. A licensed professional operating within their scope of practice has determined the individual is in need of one or more of the services identifies in section 75-09 1-11-06;
4. The individual signs a Release of Information for the Department of Human Services (Department) to access treatment and financial records;
5. The individual signs a Release of Information for the Department to access health care coverage information;
6. The individual does not have resources to cover any care for treatment and one of the following:
    i. The individuals third party payment resources will not cover all costs for treatment; or
    ii. Individual has a pending application for medical assistance which presents a barrier to timely access to treatment; or
    iii. Individual does not qualify for medical assistance and has no alternative third party payment resources.

Verifying Income Eligibility

Providers can verify income eligibility in one of the following ways:

1. Verify individual receives Medicaid; or
2. Verify individual is covered by Medicaid Expansion; or
3. Individual submits last year's tax return; or
4. Individual submits last three months of paystubs

7. The individual has an annual income no greater than 200% of federal poverty guidelines (if an individual has a need for the SUD Voucher but does not meet these requirements, an exception may be submitted in writing to the Department.

Household Size	200%
1	$23,540
2	$31,860
3	$40,180
4	$48,500
5	$56,820
6	$65,140
7	$73,460
8	$81,780

If an individual meets criteria for Medicaid or Medicaid Expansion, the SUD Voucher may pay for services in the interim until Medicaid or Medicaid Expansion is approved.

Providing Services

INITIAL Request for SUD Voucher	PRIOR AUTHORIZATION/ CONTINUED STAY
Program Submits	
• Individual application signed by both individual and program • Prior Authorization/Continued Stay Form	• Prior Authorization/Continued Stay Form Prior Authorization expires and individual continues to meet criteria for service OR Individual meets criteria for a new service
Behavioral Health Division (BHD) Review	
1. Individual Application a. Notification of results to individual and provider b. Individualized SUD Voucher number provided if approved 2. Prior Authorization/Continued Stay Form reviewed after Individualized SUD Voucher is approved a. Notification of results b. If approved, notification of approved services and details	1. Notification of results 2. If approved, notification of approved services and details

APPROVED SERVICE PROVIDED

Program Submits

- Outcome data (Pre and Post SUD Service Data)
- Reimbursement invoice with the following information
    - Provider Certification Number
    - Individual Identification Number
    - Service provided along with date, time, and length of service
- Further information/documentation as requested by Behavioral Health Division

Behavioral Health Division Review

Reimbursement Processed and Payment Made

Reimbursement Rates & Requirements

Service	Rate	Specification
Screening	$34.73	Per Screening
Assessment	$130.67	Per Assessment
Individual Therapy	$63.37	30 minutes
	$84.13	45 minutes
	$126.37	60 minutes
Group Therapy	$311.77	Daily Rate for ASAM Level 2.5 (20 hours minimum per week)
	$217.53	Daily Rate for ASAM Level 2.1 (9 or more hours per week)
	$14.50	15 minutes for ASAM Level 1
Family Therapy	$102.03	Per Session without patient
	$105.61	Per Session with patient
Room & Board	$61.45	Per service day (individual occupancy at 12:00AM)
Recovery Coach	$7.25	15 minutes
Urine Analysis	$14.86	Limit 1 per day
Transportation	State Rate $0.54	Up to 200 miles from address to address per day

Screening

- Screening tools require pre-approval by the Behavioral Health Division (BHD).
- Prior authorization is not required; however, for a screening to be reimbursable:
    - Provider notifies BHD a screening will be present on an upcoming invoice (email or phone) within 3 business days of a screening

Assessment

- Prior authorization is not required for an assessment meeting licensing requirements of NDAC 75-09.1:
    - A screening must be completed indicating a need for further SUD assessment; and
    - Provider notifies BHD an assessment will be present on an upcoming invoice (email or phone) within 3 business days of assessment

Individual, Group, and Family Therapy

- Individual, Group, and Family Therapy are reimbursable services if the program identifies using best practices previously approved by the BHD
- The purpose of the individual, group, and/or family therapy as an intervention must be identified in treatment planning
- All progress notes must identify the medical necessity of the intervention
- Prior authorization is required for reimbursement

Medical Necessity

An **accepted health care service** provided by health care entities that are **appropriate** to the evaluation and treatment of a disease, condition, illness or injury, and is **consistent with the applicable standard of care**.

Room & Board

- Room & Board service day is identified as the day an individual occupies a bed up to midnight of the same day
- The purpose of utilizing Room & Board must be identified in treatment planning
- Prior authorization is required for reimbursement
- Room & Board may be utilized outside of residential treatment (ex: provider has agreement with homeless shelter, sober living environment, etc.)

Recovery Coach

- Service must be provided by a Certified Recovery Coach through a program approved by the BHD
- The purpose of the intervention must be identified in treatment planning
- Prior authorization is required for reimbursement

Urine Analysis (UA)

- Reimbursed once per day
- The purpose of the intervention must be identified in treatment planning
- Prior authorization is required for reimbursement for all UAs with the following exception:
    - UA given on day of assessment does not require prior authorization when provider notifies BHD a UA will be present on an upcoming invoice (email or phone) within 3 business days of the service

Transportation

- The purpose of the intervention must be identified in treatment planning
- Reimbursement rate is based on the current state rate and is subject to change
- Providers may develop program specific plans of reimbursement with the BHD based on their location, resources, etc.
- Reimbursement is given for up to 200 miles round trip from home address to business address, exceptions may be granted

Process & Outcome Measures

	Process Measures	Outcome Measures
What is it?	Describes what was ***DONE***	Identifies ***RESULTS***
What is an Example?	How many individuals were served or how many individuals completed treatment	What percentage of individuals experienced improvement in health, home, community, and purpose?
How is it captured?	Questions will be imbedded into the Individual SUD Voucher Application and Prior Authorization and Continued Stay Forms	Providers will complete a Pre and a Post SUD Voucher Service Data Form found on-line. See Attachment D
Why is this important?	Process Measures will assist with identifying what services were provided across ND and who was accessed the SUD Voucher	Outcome measures will identify the effectiveness of the services provided under the SUD Voucher

Ultimately, process and outcome measures will assist with future planning and funding efforts, identify where targeted training and technical assistance is needed, and to provide information to the ND Legislature and Stakeholders

Trauma-Informed

"A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through and ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic."

Trauma Informed Involves FOUR KEY ELEMENTS of a Trauma-Informed Approach:

1. ***Realizing*** the prevalence of trauma;
2. ***Recognizing*** how trauma affects all individuals involved with the program, organization, or system, including its own workforce;
3. ***Responding*** by putting this knowledge into practice; and
4. ***Resisting*** retraumatization.

*"**Trauma-Informed Care** is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."*

Source: SAMHSA News (Spring 2014, Volume 22, Number 2*), Trauma-informed Care – New Publication, Key Terms: Definitions*. Retrieved 2015, May 27 from http://www.samhsa.gov/samhsanewsletter/Volume_22_Number_2/trauma_tip/key_terms.html.

Guiding Principles of Trauma-Informed Care:

- **SAFETY**: Throughout the organization, staff and the people they serve feel physically and psychologically safe.
- **TRUSTWORTHINESS & TRANSPARENCY**: Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
- **PEER SUPPORT & MUTUAL SELF-HELP**: These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

- **COLLABORATION & MUTUALITY**: There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizing that ***everyone*** has a role to play in a trauma-informed approach. One does not have to be a therapist or therapeutic.

- **EMPOWERMENT, VOICE & CHOICE**: Throughout the organization and among the clients served, individuals' strengths are ***recognized, built on, and validated*** and new skills developed as necessary. The organization aims to strengthen the staff's, clients' and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

- **CULTURAL, HISTORICAL, & GENDER ISSUES:** The organization actively ***moves past*** cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Source: SAMHSA News (Spring 2014, Volume 22, Number 2) *Guiding Principles of Trauma Informed Care*, retrieved 2015 May 1st from http://samhsa.gov/samhsanewsletter/volume_22_number_2/trauma_tip/guiding_principles.html.

Recovery-Oriented Systems

"Systems of health and human services that affirm hope for recovery, exemplify a strength-based orientation, and offer a wide spectrum of services and supports aimed at engaging people with mental health and substance use conditions into care and promoting their resilience and long-term recovery from which they and their families may choose."

Source: *Glossary of Recovery Terms*: Retrieved 2015, May 18 from http://media.samhsa.gov/recoverytopractice/glossaryofterms.aspx

Guiding Principles of Recovery-Oriented Systems

- **There are many pathways to recovery.**
- **Recovery is self-directed and empowering.**
- **Recovery involves a personal recognition of the need for change and transformation.**
- **Recovery is holistic.**
- **Recovery has cultural dimensions.**
- **Recovery exists on a continuum of improved health and wellness.**
- **Recovery emerges from hope and gratitude.**
- **Recovery involves a process of healing and self-redefinition.**
- **Recovery involves addressing discrimination and transcending shame and stigma.**
- **Recovery is supported by peers and allies.**
- **Recovery involves (re)joining and (re)building a life in the community.**
- **Recovery is a reality.**

Source: Sheedy C.K., and Whitter M., *Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do We Know from the Research?* HHS Publication No. (SMA) 09-4439. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009, pages 1 & 2. Retrieved 2015, May 1 from http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Guiding_Principles_Whitepaper.pdf.

Person-Centered Care

"Care that is based on the person's and/or family's self-identified hopes, aspirations, and goals, which build on the person's and/or family's own assets, interests, and strengths, and which is carried out collaboratively with a broadly defined recovery management team that includes formal care providers as well as others who support the person's or family's own recovery efforts and processes, such as employers, landlords, teachers, and neighbors."

Source: *Glossary of Recovery Terms*: Retrieved 2015, May 18 from http://media.samhsa.gov/recoverytopractice/glossaryofterms.aspx

"Person-Centered Care describes the effort to ensure that mental health a care is centered on the needs and desires of the consumer. It means that consumers set their own recovery goals and have choices in the services they receive, and they can select their own recovery support team. For mental health providers person-centered care means assisting consumers in achieving goals that are personally meaningful."

Source: *Shared Decision-Making in Mental Health Care: Practice, Research, and Future Directions*. HHS Publication No. SMA-09-4371. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2010, Page 5. Retrieved 2015, May 27 from http://store.samhsa.gov/shin/content/SMA09-4371/SMA09-4371.pdf

Person-Centered Care Guiding Principles/Core Competencies

- Transparency, individualization, recognition, respect, dignity, and choice related to one's person, circumstances, and relationships.
- Support the decision making abilities and preferences of all individuals for treatment and recovery.
- Involve persons served in the design, administration, and delivery of treatment and recovery services.
- Respond to every individual in the context of the strengths, hopes, culture, and spirituality.
- Interventions tailored to unique preferences, strengths, vulnerabilities, and dignity of each person.

Source: Adams, N., & Grieder, D. (2014). *Treatment Planning for Person Centered Care: Shared Decision Making for the Whole Health* (2nd Ed.) Elsevier. Berwick D., What "patient-centered" should mean: confessions of an extremist. Health Aff. 2009; 28(04): w555-w565.

Attachment D: Outcome Measures

SUD Voucher Pre-Service Data

Individual Information:

1. SUD Voucher Provider Certification Number:
2. Individual SUD Voucher Identification Number:
3. First date of service reimbursed under SUD Voucher:

Substance Use

4. Type of Substance: (options in red)

Inhalants	Alcohol	Benzodiazepines	Cocaine/Crack
Dextromethorphan (DXM)	Opioids-Pain Pills	Opioids-Heroin	LSD
Marijuana	Methamphetamine	Stimulants	Hallucinogens
Other Over-the-Counter	Sedatives	Synthetics	Other
Ecstasy (MDMA)	Tobacco		

In the past 30 days, what is the frequency of use:

1-2 times/week	1-3 times/month	3-6 times/week;
Daily	No use in past month	N/A

Health

5. On a scale of 1 – 10, identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)

Choices **do not** support health									Choices **do** support health
1	2	3	4	5	6	7	8	9	10

Home

6. On a scale of 1 – 10, identify the stability and safety of the individual's living environment.

Not Stable & Safe									Very Stable & Safe
1	2	3	4	5	6	7	8	9	10

Community

7. On a scale of 1 – 10, identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.

Choices **do not** support health									Choices **do** support health
1	2	3	4	5	6	7	8	9	10

Purpose

8. On a scale of 1 – 10, identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).

Not at all									Extremely
1	2	3	4	5	6	7	8	9	10

SUD Voucher Post-Service Data

Individual Information:

1. Program SUD Voucher Certification Number:
2. Individual SUD Voucher Identification Number:
3. Last date of service reimbursed under SUD Voucher:
4. Reason for SUD Voucher discontinuation:

Substance Use

5. Type of Substance: (options in red)

Inhalants	Alcohol	Benzodiazepines	Cocaine/Crack
Dextromethorphan (DXM)	Opioids-Pain Pills	Opioids-Heroin	LSD
Marijuana	Methamphetamine	Stimulants	Hallucinogens
Other Over-the-Counter	Sedatives	Synthetics	Other
Ecstasy (MDMA)	Tobacco		

In the past 30 days, what is the frequency of use:

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