



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

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HSS 14 027 Comprehensive Behavioral Health Outpatient Treatment Services

For

Division of Substance Abuse and Mental Health

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ADDENDUM # 3 Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF
THE ABOVE MENTIONED BID.

Service Certification and Rate Manual

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DELAWARE
ADULT BEHAVIORAL HEALTH
MEDICAID STATE PLAN
SERVICE CERTIFICATION AND
REIMBURSEMENT MANUAL

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The most recent version may be found at:

<http://dhss.delaware.gov/dsamh/>

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Non-Physician Licensed Behavioral Health Practitioners

Please note: Allowable healthcare common procedure coding systems (HCPCS) and current procedural terminology (CPT) codes for licensed chemical dependency professionals (LCDP) are contained within the substance use disorder (SUD) table rather than within the licensed behavioral health practitioner section of this manual. LCDP codes can be utilized within any setting, including skilled nursing facilities.

1.1. Definition

Individual, family, group outpatient psychotherapy and mental health assessment, evaluation, and testing.

1.2. Provider Qualifications

A licensed behavioral health practitioner (LBHP) is a **professional**, who is licensed in the State of Delaware to diagnose and treat mental illness or substance abuse acting within the scope of all applicable State laws and their professional license. A LBHP includes **professionals** licensed to practice independently:

- Licensed psychologists.
- Licensed clinical social workers (LCSWs).
- Licensed professional counselors of mental health (LPCMHs).
- Licensed marriage and family therapists (LMFTs).

Note: Psychiatrists are covered under the physician section of the State Plan and advanced practice nurses (APNs) and nurse practitioners (NPs) are covered under the NP section of the State Plan. However, psychiatrists and APNs/NPs often are employed by agencies that employ other licensed practitioners (OLPs). For ease of reference, psychiatrist and APN/NP codes often billed under agencies are included in this section of the provider manual. However, psychiatrists may bill any codes under the physician section of the State Plan for which he or she may be qualified. Agencies, such as clinics, may bill on behalf of the physicians, including psychiatrists employed or contracting with them. Services provided by psychiatrists are technically covered under the physician section of the Medicaid State Plan.

In general the following Medicaid management information systems (MMIS) provider types and specialties may bill these codes according to the scope of practice outlined under State law. The specific provider types and specialties that are permitted to bill each code is noted in the rate sheet.

1.3. Taxonomies

- 101YP2500X Mental Health Counselor (DSP) (must bill with HO modifier).
- 103TB0200X Psychologist (DSP) (must bill with HP modifier).
- 103TP2701X Psychotherapy Group (DSP) (must bill with HP modifier for psychologist or HO modifier for LMFT, LPCMH, or LMFT; or SA for NP).
- 1041C0700X Clinical Social Worker (DSP) (must bill with HO modifier).
- 101Y00000X Clinical Social Worker (Crossover) (must bill with HO modifier).

- 103T00000X Psychologist (Crossover) (must bill with HP modifier).
- 103TF0000X Psychotherapy Group (Crossover) (must bill with HP modifier for psychologist or HO modifier for LMFT, LPCMH, or LMFT).
- 101YM0800X Counselor, Mental Health (must bill with HO modifier).
- 106H00000X Marriage & Family Therapist (must bill with HO modifier).
- 261QM0801X Mental Health Clinic/Community Support (must bill with HP modifier for psychologist or HO modifier for LMFT, LPCMH, or LMFT).
- 261QM0801X Mental Health Clinic for group providers providing the CPT codes in the service manual under OLPs authority (bill with either no modifier for physician; HP for psychologist; SA for NP; HO for LMFT, LPCMH, or LMFT).

1.4. Eligibility Criteria

All Medicaid-eligible adults who meet medical necessity criteria including all Medicaid-eligible adults meeting 1915(i)-like coverage. Claims will be paid through HP Enterprise Services (HP) if not eligible for managed care organization (MCO) reimbursement.

All non-Medicaid-eligible adults who are eligible to receive services through the Division of Substance Abuse and Mental Health (DSAMH). Claims will be paid through DSAMH.

1.5. Allowed Mode(s) of Delivery

- Individual.
- Family.
- Group.
- Onsite.
- Off-site.
- Tele-medicine.

1.6. Limitations/Exclusions

For MCO enrollees during calendar year 2014, the provider must document that the MCO has denied payment for the claim.

1. The member, provider, or MCO may contact DSAMH to inform DSAMH when the twentieth outpatient visit for all mental health and substance use outpatient visits or when the thirtieth inpatient day for the contract year is exhausted.
2. DSAMH receives the date of service for that twentieth outpatient/thirtieth inpatient day and enters the information into the DSAMH information (REDA) screen in the MMIS to select the benefits exhausted in the MCO package indicator, which will allow the claim to be billed by HP.
3. HP will pay the provider fee-for-service Medicaid for all additional outpatient services for the contract year after that twentieth date of service.
4. On June thirtieth of each year, the benefits exhausted in the MCO package indicators are removed and the service count begins again.
5. Once the MCO issues the explanation of benefits (EOB) or the provider receives the EOB, the provider forwards the EOB to DSAMH, who ensures that it is scanned and forwarded to the provider review and fiscal units of DSAMH. The provider unit and fiscal unit verify that the EOB is the same date that the indicator was activated.

For services which the MCO will not reimburse during calendar year 2014, services which exceed the initial pass-through authorization must be approved for re-authorization prior to service delivery.

All services must be medically necessary. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery. The provider is required to obtain prior authorization for all psychological testing exceeding six hours annually. All neuropsychological testing must be prior authorized.

In addition to individual provider licensure, service providers employed by addiction treatment services and co-occurring treatment services agencies must work in a program licensed by DSAMH and comply with all relevant licensing regulations.

Licensed psychologists may supervise up to seven unlicensed assistants or post-doctoral professionals in supervision for the purpose of those individuals obtaining licensure and billing for services rendered. Services by unlicensed assistants or post-doctoral professionals under supervision may not be billed under this section of the State Plan. Instead, those unlicensed professionals must qualify under the Early and Periodic Screening, Diagnosis, and Treatment program or rehabilitation sections of the State Plan or provide services under home- and community-based authorities.

Inpatient hospital visits are limited to those ordered by the beneficiary's physician. Visits to a nursing facility are allowed for LBHPs if a Preadmission Screening and Resident Review (PASRR) indicates that it is a medically necessary specialized service in accordance with PASRR requirements. Visits to intermediate care facilities for individuals with intellectual and developmental disabilities are non-covered. All LBHP services provided while a person is a resident of an Institution for Mental Disease (IMD), such as a free-standing psychiatric hospital or a psychiatric residential treatment facility are part of the institutional service and not otherwise reimbursable by Medicaid.

Evidence-based practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by Delaware Health and Social Services and/or its designee.

A unit of service is defined according to the CPT or HCPCS approved code set consistent with the National Correct Coding Initiative, unless otherwise specified.

Providers cannot provide services or supervision under this section if they are a provider who is excluded from participation in federal health care programs under either Section 1128 or Section 1128A of the Social Security Act. In addition, they may not be debarred, suspended, or otherwise excluded from participating in procurement activities under the State and federal laws, regulations and policies, including the federal Acquisition Regulation, Executive Order No. 12549 and Executive Order No. 12549. In addition, providers who are an affiliate, as defined in the federal Acquisition Regulation, of a person excluded, debarred, suspended, or otherwise excluded under State and federal laws, regulations, and policies may not participate.

1.7. Additional Service Criteria

The services provided by OLPs in the State Plan that are listed below have an initial authorization level of benefit. Services which exceed the limitation of the initial authorization

must have a medical necessity review to be approved for re-authorization beyond this initial limit:

- Admission evaluation is authorized for five evaluations per calendar year (20 units).
- Individual therapy is authorized for 32 hours per calendar year (128 units).
- Family therapy is authorized for 40 hours per calendar year (160 units).
- Group therapy is authorized for 24 hours per calendar year (96 units).
- Psychological testing is authorized for six hours per calendar year (6 units).

The codes in each category above are defined below.

Code	Description	Admission Evaluation	Individual Therapy	Family Therapy	Group Therapy	Psychological Testing
90791	Psychiatric diagnostic evaluation.	4 units				
90832	Psychotherapy, 30 minutes with patient and/or family member.		2 units			
90834	Psychotherapy, 45 minutes with patient and/or family member.		3 units			
90837	Psychotherapy, 60 minutes with patient and/or family member.		4units			
90845	Psychoanalysis.		4 units			
90846	Family psychotherapy (without the patient present).			4 units		
90847	Family psychotherapy (conjoint psychotherapy) (with patient present).			4 units		
90849	Multiple-family group psychotherapy.				6 units	
90853	Group psychotherapy (other than of a multiple-family group).				6 units	
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach WAIS) per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.					1 unit
96102	Psychological testing (e.g., includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS) with qualified healthcare professional interpretation and report, administered by technician, per hour of technician time, face-to-face.					1 unit
96103	Psychological testing (e.g., includes psychodiagnostic assessment of emotionality, intellectual abilities,					1 unit

Code	Description	Admission Evaluation	Individual Therapy	Family Therapy	Group Therapy	Psychological Testing
	personality and psychopathology, eg, MMPI) administered by a computer, with qualified health care professional interpretation and report.					
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.					1 unit
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.					1 unit
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test) administered by computer, with qualified healthcare professional interpretation and report.					1 unit
96150	Health and behavior assessment (e.g., health focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.	1 unit				
96151	Health and behavior assessment each 15 minutes face-to-face with the patient; re-assessment.	1 unit				

Billing CPT codes with “interactive” in their description are used most frequently with adults who, due to injury or disability, have impairments in the ability to communicate verbally; these codes may also be utilized.

1.8. Telemedicine

Consultations, office visits, individual psychotherapy, and pharmacological management services may be reimbursed when provided via Health Insurance Portability & Accountability Act compliant telecommunication technology. The consulting or expert provider must bill the procedure code (CPT codes) using the GT modifier and will be reimbursed at the same rate as a face-to-face service. The originating site, with the consumer present, may bill code Q3014 (telemedicine originating site facility fee). Providers must follow all applicable federal and State security and procedure guidelines for telemedicine.

Face-to-face for OLP includes a therapist in a different room/location from the client/family, but in the same building, with real-time visual and audio transmission from the therapy room and two-way audio transmission between client and/or family member and therapist. If the therapist

is working with a single client/family, then family or individual therapy requirements and reimbursement would apply. If the therapist is working with more than one client/family, group therapy requirements and reimbursement would apply. Therapy must be provided by licensed or qualified MA-level staff. MA-level staff must have appropriate oversight when providing treatment through real-time visual and audio transmission. The practice must be in accord with documented evidence-based practices of screening and brief intervention (SBI) or promising practices approved by DSAMH. If not in the same building, then telemedicine requirements and reimbursement would apply. No prior authorization is required.

Telemedicine services must comply with Delaware’s telemedicine requirements including, but not limited to:

- Obtaining member’s written consent;
- Licensure and enrollment requirements;
- Written contingency planning;
- Implementation of confidentiality protocols; and
- Billing practices and requirements.

Rate Methodologies for the CPT codes under this section of the State Plan are as follows and are listed in the rate portion of the Service Manual in this order.

Provider Type	Percent of Physician Fee Schedule	Rate
Medicare Physician Rate for CPT Code 99354	100% of Medicare rate	\$101.84
Delaware Medicaid Physician and Psychologist	98% of Medicare rate	\$99.80
Delaware Clinical Nurse Specialist, NP, Physician’s Assistant (Medicaid Fee)	See relevant Medicaid fee schedule	
Delaware Clinical Nurse Specialist, NP, Physician’s Assistant (Non-Medicaid Fee)	85% of the Delaware Medicaid physician rate	\$84.83
Delaware LCSW, LMFT, LPCMH	75% of Delaware Medicaid physician rate	\$74.85

Reimbursements for services are based upon a Medicaid fee schedule established by the State of Delaware.

If a Medicare fee exists for a defined covered procedure code, then Delaware will pay psychologists at 100% of the Medicaid physician rates. If a Medicare fee exists for a defined covered procedure code, then Delaware Medicaid will pay LCSWs, LPCMH, and LMFTs at 75% of the Medicaid physician rates.

Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the State Plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447.200, regarding payments and are consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and

adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both government and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the Delaware Register of Regulations. The agency's fee schedule rate was set as of October 2, 2013, and is effective for services provided on or after that date. All rates are published on the Delaware Medical Assistance Program (DMAP) website at www.dmap.state.de.us/downloads/hcpcs.html.

The fee development methodology will primarily be composed of provider cost modeling, through Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.

- Staffing assumptions and staff wages.
- Employee-related expenses, benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

1.9. Proposed Coding

Key:

LPCMH: Licensed Professional Counselor of Mental Health

LMFT: Licensed Marriage and Family Therapist

LCSW: Licensed Clinical Social Worker

APRN: Advanced Practice Registered Nurse

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
+90785	Interactive complexity (list separately in addition to the code for primary procedure). (Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an evaluation and management (E&M) service [90833, 90836, 90838, 99201–99255, 99304–99337, 99341–99350], and group psychotherapy [90853]). (Do not report 90785 in conjunction with 90839, 90840, or in conjunction with E&M services when no psychotherapy		\$14.22	\$12.09	\$10.66	X	X	X	X	X	X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	service is also reported).										
90791	Psychiatric diagnostic evaluation.	Per evaluation	\$132.93	\$112.99	\$99.70	X	X	X	X	X	X
90792	Psychiatric diagnostic evaluation with medical services. (Do not report 90791 or 90792 in conjunction with 99201–99337, 99341–99350, 99366–99368, 99401–99444). (Use 90785 in conjunction with 90791, 90792 when the diagnostic evaluation includes interactive complexity services).	Per evaluation	\$143.27	\$121.78	N/A	X					X
90832	Psychotherapy, 30 minutes with patient and/or family member.	Per evaluation	\$64.25	\$54.61	\$48.19	X	X	X	X	X	X
+90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary	Per evaluation	\$65.71	\$55.85	N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	procedure). (Use 90833 in conjunction with 99201–99255, 99304–99337, 99341–99350).										
90834	Psychotherapy, 45 minutes with patient and/or family member.	Per evaluation	\$85.18	\$72.40	\$63.89	X	X	X	X	X	X
+90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 99201–99255, 99304–99337, 99341–99350).	Per evaluation	\$83.14	\$70.67	N/A	X					X
90837	Psychotherapy, 60 minutes with patient and/or family member. (Use the appropriate prolonged services code [99354–99357] for psychotherapy services 90 minutes or longer).	Per evaluation	\$127.46	\$108.35	\$95.60	X	X	X	X	X	X
+90838	Psychotherapy, 60 minutes with patient and/or family member when performed	Per evaluation	\$109.76	\$93.30	N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	with an E&M services (list separately in addition to the code for primary procedure). (Use 90838 in conjunction with 99201–99255, 99304–99337, 99341–99350). (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services.)										
90839	Psychotherapy for crisis; first 60 minutes.	Per evaluation	\$133.18	\$113.20	\$99.88	X	X	X	X	X	X
+90840	Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service). (Use 90840 in conjunction with 90839.) (Do not report 90839, 90840 in conjunction with 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric	Per evaluation	\$63.89	\$54.30	\$47.91	X	X	X	X	X	X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	services, or 90785–90899).										
90845	Psychoanalysis.	Per evaluation	\$92.01	N/A	N/A	X	X				
90846	Family psychotherapy (without the patient present).	Per evaluation	\$103.35	\$87.84	\$77.51	X	X	X	X	X	X
90847	Family psychotherapy (conjoint psychotherapy) (with patient present).	Per evaluation	\$106.53	\$90.56	\$79.90	X	X	X	X	X	X
90849	Multiple-family group psychotherapy.	Per evaluation	\$34.28	\$29.14	\$25.71	X	X	X	X	X	X
90853	Group psychotherapy (other than of a multiple-family group). (Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity).	Per evaluation	\$26.26	\$22.32	\$19.69	X	X	X	X	X	X
90870	Electroconvulsive therapy (includes necessary monitoring).	Per treatment	\$178.57	N/A	N/A	X					
90885	Psychological evaluation of records.		\$50.10	\$42.58	N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
96101	Psychological testing includes psycho diagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology, (e.g., Minnesota Multiphasic Personality Inventory [MMPI], Rorschach, Wechsler Adult Intelligence Scale [WAIS]), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.	Per hour	\$80.26	N/A	N/A	X	X				
96102	Psychological testing includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g. MMPI and WAIS), with qualified health care professional interpretation and report, administered by	Per hour	\$66.79	N/A	N/A	X	X				

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	technician, per hour of technician time, face-to-face.										
96103	Psychological testing includes psycho diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g. MMPI), administered by a computer, with qualified health care professional interpretation and report.		\$27.79	N/A	N/A	X	X				
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Scoring Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.	Per hour	\$98.85	N/A	N/A	X	X				

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test), with qualified healthcare professional interpretation and report, administered by technician, per hour of technician time, face-to-face.	Per hour	\$82.16	N/A	N/A	X	X				
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by computer, with qualified healthcare professional interpretation and report.		\$48.20	N/A	N/A	X	X				
96150	Health and behavior assessment (e.g., health focused clinical interview, behavioral observations, psychophysiological monitoring, health oriented questionnaires), each 15 minutes face-to-face with the patient; initial	15 minutes	\$21.35	N/A	N/A	X	X				

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	assessment.										
96151	Health and behavior assessment (e.g., health focused clinical interview, behavioral observations, psychophysiological monitoring, health oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment.	Per evaluation	\$20.64	N/A	N/A	X	X				
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual.	Per evaluation	\$19.57	N/A	N/A	X	X				
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (two or more patients).	Per evaluation	\$4.59	N/A	N/A	X	X				
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present).	Per evaluation	\$19.21	N/A	N/A	X	X				
99211 HE	Office or other outpatient visit for the evaluation and management of an	Per visit			N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	<p>established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.</p> <p>99211 HE for MH medications (e.g., Haldol, Respiral, prolick, cogetene and benadryl)</p>										
99201	<p>Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a problem focused history; 2) a problem focused examination; and 3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the</p>	Per evaluation	\$43.43	\$36.92	N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.										
99202	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) an expanded problem focused history; 2) an expanded problem focused examination; and 3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of	Per evaluation	\$74.55	\$63.37	N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.										
99203	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a detailed history; 2) a detailed examination; and 3) medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Per evaluation	\$108.02	\$91.82	N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
99204	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Per evaluation	\$165.63	\$140.79	N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
99205	Office or other outpatient visit for the E&M of a new patient, which requires these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Per evaluation	\$206.27	\$175.33	N/A	X					X
99211	Office or other outpatient visit for the E&M of an established patient that may not require the presence of a	Per evaluation	\$20.19	\$17.16	N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.										

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
99212	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a problem-focused history; 2) a problem focused examination; and 3) straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Per evaluation	\$43.80	\$37.23	N/A	X					X
99213	Office or other outpatient visit for the E&M of an established patient, which requires two of	Per evaluation	\$73.06	\$62.10	N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	these three key components: 1) an expanded problem focused history; 2) an expanded problem focused examination; and 3) medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.										

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
99214	Office or other outpatient visit for the E&M of an established patient, which requires two of these three key components: 1) a detailed history; 2) a detailed examination; and 3) medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Per evaluation	\$107.75	\$91.59	N/A	X					X
99215	Office or other outpatient visit for the E&M of an established patient, which requires two of	Per evaluation	\$144.20	\$122.57	N/A	X					X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
	these three key components: 1) a comprehensive history; 2) a comprehensive examination; and 3) medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided, consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.										

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
+99354	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient E&M service). Use 99354 in conjunction with 90837, 99201-99215, 99241-99245, 99324-99337, 99341-99350. The practitioner types in bold* can use +99354 only in conjunction with 90837.	First Hour	\$99.80	\$84.83	\$74.85	X	X*	X*	X*	X*	X
+99355	Each additional 30 minutes (list separately in addition to code for prolonged service). Use in conjunction with 99354. The practitioner types in bold* can use +99354 only in conjunction with 90837.	30 minutes	\$97.62	\$82.98	\$73.21	X	X*	X*	X*	X*	X

			2014 Rates			Practitioner Type (Note: Psychiatrist and APN and NPs are for non-Medicaid only and not included under Medicaid OLP State Plan.)					
Procedure Code	Description	Unit	Delaware Physician and Psychologist (Psychologist Use HP Modifier)	Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant (DE APRN) (Use SA Modifier)	LCSW, LMFT, LPCMH (Use HO Modifier)	Psychiatrist	Psychologist	LMFT	LPCMH	LCSW	APN/NP
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) and brief intervention (SBI) services, 15 to 30 minutes.	Per evaluation	\$35.26	N/A	N/A	X	X				
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention (SBI) services, over 30 minutes.	Per evaluation	\$68.70	N/A	N/A	X	X				

2

SUD and Addiction Services¹

Addiction services include an array of individual-centered outpatient and residential services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance abuse symptoms and behaviors.

- Outpatient addiction services include individual-centered activities consistent with the beneficiary's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with SUD. These activities are designed to help beneficiaries achieve and maintain recovery from SUDs. Outpatient SUD services include medically necessary care according to assessed needs including: (1) assessment and clinical treatment plan development; (2) skill development for coping with and managing symptoms and behaviors associated with SUD; (3) counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems; and (4) medication assisted therapies when medically necessary. Counseling should address a beneficiary's major lifestyle, attitudinal and behavioral problems that have the potential to undermine the goals of treatment. Outpatient activities are delivered on an individual, family, or group basis in a wide variety of settings including site-based facility, in the community, or in the beneficiary's place of residence. These services may be provided on site or on a mobile basis as defined by DSAMH. The setting will be determined by the goal which is identified to be achieved in the beneficiary's written treatment plan.

Outpatient activities may be indicated as an initial modality of care for a beneficiary whose severity of illness warrants this level of treatment, or when a beneficiary's progress warrants a less intensive modality of service than they are currently receiving. The intensity of the services will be driven by medical necessity. Medication-assisted therapies (MAT) should only be utilized when a beneficiary has an established SUD (e.g., opiate or alcohol dependence condition) that is clinically appropriate for MAT.

- Residential services include individual-centered residential services consistent with the beneficiary's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing SUD symptoms and behaviors. These services are designed to help beneficiaries achieve changes in their SUD behaviors. Services should address the beneficiary's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential SUD services include medically necessary care according to assessed needs including: (1) assessment and clinical treatment plan development; (2) skill development for coping with and managing symptoms and behaviors associated with SUDs; (3) counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems; and (4) MAT when medically necessary. Residential services are delivered on an individual or group basis in a wide variety of settings, including treatment in residential settings of 16 beds or less designed to help beneficiaries achieve changes in their SUD behaviors.

¹ Admission guidelines described for each level of care in this manual are consistent with *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition* (2013), and additional detail can be found there.

2.1. SUD and Addiction Services Limitations

All addiction services are provided as part of a comprehensive specialized program available to all Medicaid beneficiaries with significant functional impairments resulting from an identified SUD diagnosis. Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license[s] and applicable State law, to promote the maximum reduction of symptoms and/or restoration of the beneficiary to his/her best age-appropriate functional level according to an individualized treatment plan. Programs offering buprenorphine must have at least one registered controlled substances prescriber with waiver of the 1914 Harrison Act. Per federal regulations, the physician may not have a caseload exceeding 30 in the first year after receiving a waiver. In subsequent years, caseloads may not exceed 100. If prescribing buprenorphine, the prescriber must be a licensed physician with waiver to prescribe buprenorphine.

The comprehensive specialized program includes assessment, development of a treatment plan, and referral and assistance as needed for the beneficiary to gain access to other needed SUD or mental health services. Referral arrangements may include:

- Coordination with other SUD and mental health providers and potential providers of services to ensure seamless service access and delivery.
- Brokering of services to obtain and integrate SUD and mental health services.
- Facilitation and advocacy to resolve issues that impede access to needed SUD or mental health services.
- Appropriate discharge/transfer planning to other SUD or mental health providers or levels of care including coordination with the beneficiary's family, friends, and other community members to cultivate the beneficiary's natural support network, to the extent that the beneficiary has provided permission for such coordination.

The activities included in the service must be intended to achieve identified treatment plan goals or objectives. The treatment plan should be developed in a person-centered manner with the active participation of the beneficiary, family, and providers and be based on the beneficiary's condition and the standards of practice for the provision of rehabilitative services. The treatment plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The treatment plan must specify the frequency, amount, and duration of services. The treatment plan must be signed by the licensed practitioner or physician responsible for developing the plan with the beneficiary (or authorized representative) also signing to note concurrence with the treatment plan. The development of the treatment plan should address barriers and issues that have contributed to the need for SUD treatment. The plan will specify a timeline for reevaluation of the plan that is at least an annual redetermination. The reevaluation should involve the beneficiary, family, and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals consistent with all relevant State and federal privacy requirements. A new treatment plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify a different rehabilitation strategy with revised goals and services. A new assessment should be conducted when medically necessary.

Providers must maintain medical records that include a copy of the treatment plan, the name of the beneficiary, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the treatment plan. Components that are not provided to, or directed exclusively toward the treatment of the Medicaid beneficiary, are not eligible for Medicaid reimbursement.

Services provided at a work site must not be job task oriented and must be directly related to treatment of a beneficiary's behavioral health needs. Any services or components of services, the

basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of a beneficiary receiving covered services (including housekeeping, shopping, child care, and laundry services) are non-covered. Services cannot be provided in an IMD with more than 16 beds. Room and board is excluded from addiction services rates. Delaware residential placement under the American Society of Addiction Medicine (ASAM) criteria requires prior approval and reviews on an ongoing basis as determined necessary by the State Medicaid agency or its designee to document compliance with the placement standards.

Medicaid will not reimburse for 12-step programs run by peers. A unit of service is defined according to the HCPCS approved code set per the national correct coding initiative unless otherwise specified for licensed practitioners to utilize the CPT code set. No more than one per diem rate may be billed a day for residential SUD programs. DSAMH payment of room and board requires prior authorization from DSAMH.

Assessments and testing for individuals not in the custody of the penal system (e.g., not involuntarily residing in prison or jail overnight or detained awaiting trial) are Medicaid eligible, including any laboratory tests and urine tests. Drug court diversion treatment programs are eligible for Medicaid funding. Medicaid eligible individuals who are in the penal system and admitted to medical institutions such as SUD residential treatment programs are eligible for Medicaid funding for eligible medical institution expenditures. Laboratory procedures that the practitioner refers to an outside laboratory must be billed by the laboratory to the Medicaid MCO.

2.2. Provider Qualifications for all SUD and Addiction Services

Services are provided by licensed and unlicensed professional staff, who are at least 18 years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by State law and regulations and departmentally approved program guidelines and certifications.

- **Licensed practitioners** under the State of Delaware regulation are licensed by Delaware and include, but are not limited to LCSWs, LPCMH, and LMFTs, NPs, APNs, medical doctors (MD and DO), and psychologists. If a medical director is required by a program, the medical director must at least have prescribing privileges under State law and may include NPs, APNs, and medical doctors (MD and DO) in addition to any other requirements specified for the particular service.
- **Any staff who is unlicensed and providing addiction services** must be credentialed by DSAMH and/or the credentialing board and be under the supervision of a qualified health professional (QHP). Unlicensed staff under State regulation for SUD services include certified recovery coaches, credentialed behavioral health technicians, RNs and LPNs, certified alcohol and drug counselor, internationally certified alcohol and drug counselor, certified co-occurring disorders professional, internationally certified co-occurring disorders professional, internationally certified co-occurring disorders professional diplomate, and licensed chemical dependency professional (LCDP). State regulations require supervision of non-credentialed counselors by QHP meeting the supervisory standards established by DSAMH. A QHP includes the following professionals who are currently registered with their respective Delaware board LCSWs, LPCMH, and LMFTs, APNs, NPs, medical doctors (MD and DO), and psychologists. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff in a manner consistent with their scope of practice.
- **Recovery coaches** must be trained and certified in the State of Delaware to provide services. Recovery coaches are at least 18 years old, and have a high school diploma or equivalent. The certification includes criminal, abuse/neglect registry and professional background checks, and completion of a State-approved standardized basic training program. Recovery coaches must self-identify as a present or former primary beneficiary of SUD services. **Note:** Recovery coaches within a licensed residential program must provide counseling consistent with an approved treatment plan. Medicaid will not reimburse for 12-step programs run by recovery coaches.

- **LCDPs** are credentialed by the Delaware Department of State, Division of Professional Regulation.
 - If the LCDP holds a current Chemical Dependency Professional license in another jurisdiction, then the professional is granted reciprocity if the license has been held for a period of time or the license is found to be similar to the Delaware certification standards.
 - If the professional is not licensed in another jurisdiction but is applying for certification in Delaware and is currently certified by the Delaware Certification Board, Inc., or other national certification board such as the NAADAC as either a NCAC or MAC, then the applicant must also have a criminal history record check and verify any current or previous licensure and/or certification. Professionals who are certified must have documentation of a Master's degree with graduate semester courses in counseling or related education and post-Master's experience including supervised counseling in substance abuse counseling.
- **Credentialed behavioral health technicians** are trained in ASAM techniques and credentialed, unlicensed professional staff who are at least 18 years of age with a high school or equivalent diploma.
- **All other unlicensed practitioners** who are certified by a national body must meet the requirements for credentialed behavioral health technicians in addition to any requirements for their national certification.

All providers listed may provide any component of the SUD services consistent with State law and practice act with two exceptions: recovery coaches cannot perform assessments and all programs with MAT interventions must comply with federal and State laws regarding controlled substance prescriber availability.

All programs are licensed under State law per Delaware Administrative Code Title 16.6001. The licensure applies to all programs providing services to beneficiaries in need of programs and services for diagnosed substance use and/or mental disorders. The licensure at a minimum requires: documentation of all insurance coverage required in regulation; the maximum client capacity requested; and a copy of the agency's Delaware business license and home state license, when applicable. The licensure also requires a description of the services to be provided by the program, including a statement of the program philosophy, goals and objectives, and a description of the methodology for each service element; and organization charts of showing incumbent names, positions, degrees and credentials (e.g., license, certification); all vacant positions; and illustrating direct and indirect reporting and supervisory relationships.

2.3. Taxonomies

- 261QM0801X Mental Health Clinic.

3

Specific Outpatient SUD and Addiction Services

3.1. Alcohol and Drug Assessment and Referral

Alcohol and drug assessment and referral programs provide ongoing assessment and referral services for individuals presenting with a current or past pattern of alcohol or other drug related disorder. The assessment is designed to gather and analyze information regarding an individual's current substance use behavior and social, medical, and treatment history. The purpose of the assessment is to provide sufficient information for problem identification and, if appropriate, SUD treatment or referral.

This service also includes referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services. Referral arrangements may include:

- Coordination with other SUD and mental health providers and potential providers of services to ensure seamless service access and delivery.
- Brokering of services to obtain and integrate SUD and mental health services.
- Facilitation and advocacy to resolve issues that impede access to needed SUD or mental health services.
- Appropriate discharge/transfer planning to other SUD or mental health providers or levels of care including coordination with the beneficiary's family, friends, and other community members to cultivate the beneficiary's natural support network, to the extent that the beneficiary has provided permission for such coordination.

Service providers employed by addiction treatment services and co-occurring treatment service agencies must work in a program licensed by DSAMH and comply with all relevant licensing regulations. Qualified providers shall develop, implement, and comply with policies and procedures that establish processes for referrals for an individual. Qualified providers may conduct an initial screen of an individual's presenting SUD before conducting an assessment of the individual. Qualified providers shall be licensed in accordance with State licensure laws and regulations and will comply with licensing standards in regard to assessment practices. Once an individual receives an assessment, a staff member shall provide the individual with a recommendation for further assessment or treatment and an explanation of that recommendation.

3.1.1. Staffing

A licensed practitioner or unlicensed counselor or assessor under the supervision of a QHP may complete the assessment. However, interpretation of the information must be within the assessor's scope of practice. Consultation with the interdisciplinary team is required whenever the assessor is outside of his or her scope of practice and expertise. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff at a ratio of no greater than 1:10.

3.1.2. ASAM Level 1: Outpatient Services

Outpatient Level 1 services are professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized non-residential treatment setting. Outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure standards. All outpatient SUD programs are licensed under State law. A facility/agency license is not required for individual or group practices of licensed counselors/therapists providing these services under the auspices of their individual license(s).

These services include, but are not limited to individual, group, family counseling including psycho-education on recovery, and wellness. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity but are fewer than nine contact hours per week. Delaware-ASAM criteria are used to determine appropriate medical necessity and level of care (LOC).

3.1.3. Admission Guidelines for ASAM Level 1

1. Acute intoxication and/or withdrawal potential: No signs or symptoms of withdrawal, or individual's withdrawal can be safely managed in an outpatient setting.
2. Biomedical conditions and complications: None or very stable or receiving medical monitoring.
3. Emotional, behavioral, or cognitive conditions and complications: None or stable or receiving concurrent mental health monitoring. May have a co-occurring diagnosis.
4. Readiness to change: Participant should be open to recovery or be willing to explore his/her substance use in order to avoid a negative consequence as in mandated treatment. The individual requires monitoring and motivating strategies to engage in treatment and to progress through the stages of change but not be in need of a structured milieu program.
5. Relapse, continued use, or continued problem potential: Participant is able to achieve abstinence, controlled use and/or addictive behaviors, and related recovery goals with minimal support or willing to explore abstinence and related goals, with support and scheduled therapeutic contact to assist with issues that include, but not limited to ambivalence about preoccupation of alcohol use or other drug use, cravings, peer pressure, and lifestyle, and attitude changes.
6. Recovery environment: Environment is sufficiently supportive that outpatient treatment is feasible, or the individual does not have an adequate, primary, or social support system but has demonstrated motivation and willingness to obtain such a support system.

3.1.4. Screening/Assessment/Treatment Plan Review

1. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 72 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
2. Physical examination by a qualified medical professional within 90 days prior to admission or documentation of good faith effort in referring the client for a physical and/or efforts made to obtain documentation of a physical.
3. Individualized, interdisciplinary treatment plan per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), completed within 30 days of admission or by the fourth counseling session, whichever occurs first. This plan should be developed in collaboration with the individual.
4. Recovery plan reviewed/updated in collaboration with the individual as needed based on changes in functioning, or at a minimum of every 90 days.
5. Discharge/transfer planning begins at admission.
6. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

3.1.5. Staffing

1. Level 1 outpatient settings include an array of licensed practitioners, unlicensed counselors, as well as certified peers, and credentialed behavioral health technicians operating within their scope of practice.

2. Caseload size is based on needs of individuals actively engaged in services to ensure effective, individualized treatment, and rehabilitation but should not exceed 50 active individuals for each licensed practitioner and unlicensed counselor. For this standard, *active* is defined as being treated at least every 90 days.
3. Counseling groups should not exceed 15 individuals (assumed average of 9), psycho-educational group size is not restricted.
4. QHP supervisors must be on site or available for phone consultation in a crisis 24/7 and supervise no more than 10 unlicensed staff.
5. Peers may lead groups and meet with clients 1:1, but would bill peer support unless also meeting certification criteria to be one of the unlicensed counselors.

3.2. ASAM Level 1: Opioid Treatment Services: Opioid Treatment Programs (OTP) and Office-Based Opioid Treatment (OBOT)

Opioid treatment services refers to two models of medication and concurrent psychosocial services to treat opioid addiction:

- OTPs are federally regulated programs that include direct administration of daily medication (opioid agonists: methadone or buprenorphine) as well as a highly structured psychosocial program that addresses major lifestyle, attitudinal, and behavioral issues that could undermine recovery-oriented goals. The participant does not have a prescription for the methadone or buprenorphine, but receives daily medication from the OTP.
- OBOT takes place in either a physician's private practice or a number of types of public sector clinics. The physician prescribes partial opioid agonist buprenorphine (which requires certification and a waiver) and/or naltrexone (an opioid antagonist). Participant fills prescription at retail outpatient pharmacy. Additional psychosocial and behavioral services are provided by referral by the OBOT, but the participant may choose which referrals to pursue.

3.2.1. Admission Guidelines for ASAM Level 1 (Opioid Treatment Services)

1. Acute intoxication and/or withdrawal potential: Physically addicted to opioids.
2. Biomedical conditions and complications: Meets biomedical criteria for opioid use disorder and may have concurrent biomedical illness that can be treated on outpatient basis.
3. Emotional, behavioral, or cognitive conditions and complications: None or stable or receiving concurrent mental health monitoring and/or treatment.
4. Readiness to change: Participant requires structured therapeutic and pharmacotherapy program to promote treatment progress and recovery.
5. Relapse, continued use, or continued problem potential: High risk of relapse or continued use without opioid pharmacotherapy, close outpatient monitoring and structured support.
6. Recovery environment: Environment is sufficiently supportive that outpatient treatment is feasible, or the individual does not have an adequate, primary, or social support system but has demonstrated motivation and willingness to obtain such a support system.

3.2.2. Screening/Assessment/Treatment Plan Review

1. Nursing assessment at time of admission that is reviewed by a physician to determine need for opioid treatment services, eligibility, and appropriateness (proper patient placement) for admission and referral.
2. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 72 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a

comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care (applies to both OTP and OBOT).

3. Physical examination (applies to OTP, not applicable for OBOT). Per 42 CFR Part 8, a fully documented physical evaluation by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician is completed prior to admission. The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission to an OTP.
4. Individualized, interdisciplinary treatment plan within 72 hours (applies to both OTP and OBOT). The plan must be patient-centered and developed in collaboration with the patient and include an appropriate regimen of methadone or buprenorphine at a dose established by a physician or licensed supervisee. The medication regime must be reviewed and modified as the participant becomes stable and throughout treatment.
5. Treatment plan reviewed/updated in collaboration with the individual as needed based on changes in functioning, or at a minimum of every 90 days (applies to both OPT and OBOT).
6. Discharge/transfer planning begins at admission (applies to both OPT and OBOT).
7. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

3.2.3. Staffing

Level 1 (opioid treatment services) outpatient settings include an array of licensed practitioners, unlicensed counselors, RNs/LPNs, as well as certified peers and behavioral health technicians operating within their scope of practice. QHP supervisors must be on site or available for phone consultation in a crisis 24/7 and supervise no more than 10 unlicensed staff. Peers may lead groups and meet with clients 1:1, but would bill peer support unless also meeting certification criteria for unlicensed counselors.

3.2.4. OTP

1. A designated medical director available on site or for consultation at all times the facility is open.
2. At least one registered controlled substances prescriber with waiver of the 1914 Harrison Act. Per federal regulations, the physician may not have a caseload exceeding 30 in the first year after receiving a waiver. In subsequent years, caseloads may not exceed 100.
3. At least one RN on site during clinic hours serving no more than 15 patients.
4. Licensed practitioners and unlicensed counselors on site during clinic hours, with at least one staff per 15 patients.
5. One full-time employee (FTE) during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor, or certified peer.

3.2.5. OBOT

1. A registered controlled substances prescriber with waiver of the 1914 Harrison Act. Per federal regulations, the physician may not have a caseload exceeding 30 in the first year after receiving a waiver. In subsequent years, caseloads may not exceed 100.

3.3. ASAM Level 2.1 Intensive Outpatient Treatment

1. Intensive outpatient treatment is professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized, non-residential treatment setting. Intensive outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure. All outpatient SUD programs are licensed under State law.
2. These services include, but are not limited to individual, group, family counseling including psycho-education on recovery, as well as monitoring of drug use, medication management, medical, and psychiatric examinations, crisis intervention (CI) coverage, and orientation to community-based support groups. Intensive outpatient program services should include

evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing, and multidimensional family therapy.

3. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity but must be nine or more contact hours per week for adults, age 18 years and older, with a minimum of contact three days per week (not to exceed 20 hours per week). This level consists of a scheduled series of face-to-face sessions appropriate to the individual's treatment plan. These programs may be provided for persons at risk of being admitted to more intensive LOCs, such as residential, inpatient, or withdrawal management, or for continuing care for those who require a step-down following a more intensive LOC and require support to avoid relapse. Delaware-ASAM criteria are used to determine LOC.

3.3.1. Admission Guidelines ASAM Level 2.1

1. Acute intoxication and/or withdrawal potential: No signs or symptoms of withdrawal, or individual's withdrawal can be safely managed in an intensive outpatient setting.
2. Biomedical conditions and complications: None, or sufficiently stable to permit participation in outpatient treatment.
3. Emotional, behavioral, or cognitive conditions and complications: None to moderate. If present, client must be admitted to either a co-occurring disorder capable or co-occurring disorder enhanced program, depending on the client's level of function, stability, and degree of impairment. **Note:** As noted in the ASAM admission criteria, a Level 2.1 facility may be licensed as co-occurring capable or enhanced when the facility has that added capability.
4. Readiness to change: Participant requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another LOC have failed. Alternatively, the participant's perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, and clinically directed motivational interventions. Such interventions are not feasible or are not likely to succeed in a Level 1 program. However, the client's willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest the treatment at Level 2.1 can be effective.
5. Relapse, continued use, or continued problem potential: Participant is experiencing an intensification of symptoms related to substance use, and their level of functioning is deteriorating despite modification of the treatment plan. Alternatively, there is a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping, or in postponing immediate gratification, or ambivalence toward treatment.
6. Recovery environment: Insufficiently supportive environment and participant lacks the resources or skills necessary to maintain an adequate level of functioning without services in intensive outpatient treatment. Alternatively, the client lacks social contacts, has unsupportive social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs.

3.3.2. Screening/Assessment/Treatment Plan Review

1. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 72 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
2. Physical examination by a qualified medical professional within a reasonable time, as determined by the client's medical condition not to exceed within 90 days prior to admission or documentation of good faith effort in referring the client for a physical and/or efforts made to obtain documentation of a physical.

3. Individualized, interdisciplinary treatment plan per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), completed within 72 hours of admission. This plan should be developed in collaboration with the individual.
4. Treatment plan reviewed/updated in collaboration with the individual as needed based on changes in functioning, or at a minimum of every 30 days.
5. Discharge/transfer planning begins at admission.
6. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

3.3.3. Staffing

1. Level 2.1 outpatient settings include an array of licensed practitioners, unlicensed counselors, as well as certified peers, and credentialed behavioral health technicians operating within their scope of practice.
2. Caseload size is based on needs of individuals actively engaged in services to ensure effective, individualized treatment and rehabilitation but should not exceed 35 active individuals for each licensed practitioner or unlicensed counselor. For this standard, active is defined as being treated at least every 90 days.
3. Counseling groups should not exceed 15 individuals (assumed average of 9); educational group size is not restricted.
4. One FTE during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor, or certified peer.
5. QHP supervisors must be on site at least 10 hours per week during hours of operation, be available for phone consultation at all times, and supervise no more than 10 staff.
6. Addiction-credentialed physicians are part of the interdisciplinary team and must be on site at least 10 hours per week during hours of operation and be available for phone consultation at all times.

3.4. ASAM Level 2.5 Partial Hospitalization Program (PHP)

PHP or day treatment generally provides 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs have ready access to psychiatric, medical, and laboratory services. Intensive services at this LOC provide comprehensive bio-psychosocial assessments and individualized treatment, and allow for a valid assessment of dependency. This LOC also provides for frequent monitoring/management of the client's medical and emotional concerns in order to avoid hospitalization. These conditions will lead to generalization of what was learned in treatment in the client's natural environment. **Note:** The only distinction between intensive outpatient program (IOP) and PHP programs are the service intensity required by the client.

These services include, but are not limited to individual, group, family counseling, and psycho-education on recovery, as well as monitoring of drug use, medication management, medical, and psychiatric examinations, CI coverage, and orientation to community-based support groups. Partial hospitalization services should include evidence-informed practices, such as CBT, motivational interviewing, and multidimensional family therapy.

These programs offer comprehensive, coordinated and defined services that may vary in level of intensity but must be a minimum of 20 contact hours per week for adults, age 21 years and older, at a minimum of three days per week. This level consists of a scheduled series of face-to-face sessions appropriate to the individual's treatment plan. These programs may be provided for persons at risk of being admitted to more intensive LOCs, such as residential, inpatient or withdrawal management, or for continuing care for those who require a step-down following a more

intensive LOC and require support to avoid relapse. Delaware-ASAM criteria are used to determine LOC.

3.4.1. Admission Guidelines ASAM Level 2.5

1. Acute intoxication and/or withdrawal potential: No signs or symptoms of withdrawal, or individual's withdrawal can be safely managed in a partial hospital setting.
2. Biomedical conditions and complications: None, or not sufficient to interfere with treatment, but are severe enough to distract from recovery efforts and require medical monitoring and/or medical management.
3. Emotional, behavioral, or cognitive conditions and complications: None to moderate. If present, client must be admitted to either a co-occurring disorder capable or co-occurring disorder enhanced program, depending on the client's level of function, stability, and degree of impairment.
4. Readiness to change: Participant requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another LOC have failed. Such interventions are not feasible or are not likely to succeed in a Level 2.1 program. Alternatively, the client's perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, and clinically directed motivational interventions. Such interventions are not feasible or are not likely to succeed in a Level 1 or Level 2.1 program. However, the client's willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest the treatment at Level 2.5 can be effective.
5. Relapse, continued use, or continued problem potential: Participant is experiencing an intensification of symptoms related to substance use, and their level of functioning is deteriorating despite modification of the treatment plan and active participation in a Level 1 or Level 2.1 program. Alternatively, there is a high likelihood of relapse or continued use or continued problems without near-daily support and monitoring, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping, or in postponing immediate gratification or ambivalence toward treatment.
6. Recovery environment: Insufficiently supportive environment and participant lacks the resources or skills necessary to maintain an adequate level of functioning without services in a partial hospitalization program. Alternatively, family members and/or significant others who live with the client are not supportive of his or her recovery goals, or are passively opposed to his or her treatment. The client requires the intermittent structure of Level 2.5 treatment services and relief from the home environment in order to remain focused on recovery, but may live at home because there is not active opposition to, or sabotaging of, his or her recovery efforts.

3.4.2. Screening/Assessment/Treatment Plan Review

1. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 72 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
2. Physical examination by a qualified medical professional within a reasonable time, as determined by the client's medical condition not to exceed within 90 days prior to admission or documentation of good faith effort in referring the client for a physical and/or efforts made to obtain documentation of a physical.
3. Individualized, interdisciplinary treatment plan per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), completed within 72 hours of admission. This plan should be developed in collaboration with the individual.
4. Treatment plan reviewed/updated in collaboration with the individual as needed based on changes in functioning, or at a minimum of every 30 days.

5. Discharge/transfer planning begins at admission.
6. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

3.4.3. Staffing

1. Level 2.5 outpatient settings include an array of licensed practitioners, unlicensed counselors, as well as certified peers and credentialed behavioral health technicians operating within their scope of practice.
2. Caseload size is based on needs of individuals actively engaged in services to ensure effective, individualized treatment and rehabilitation but should not exceed 35 active individuals for each clinical practitioner. For this standard, active is defined as being treated at least every 90 days.
3. Counseling groups should not exceed 15 individuals (assumed average of 9); educational group size is not restricted.
4. One FTE during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor or certified peer.
5. Supervisors must be on site at least 10 hours per week during hours of operation, be available for phone consultation at all times, and supervise no more than 10 staff.
6. Addiction-credentialed physicians are part of the interdisciplinary team and must be on site at least 10 hours per week during hours of operation and be available for phone consultation at all times.

3.5. Level 2-WM Ambulatory Withdrawal Management with Extended Onsite Monitoring

Level 2-WM is an organized outpatient service, which may be delivered in an office setting, health care, or addiction treatment facility by trained clinicians, who provide medically supervised evaluation, withdrawal management, and referral services. Appointments for services are regularly scheduled. These services are designed to treat the individual's level of clinical severity to achieve safe and comfortable withdrawal from mood-altering chemicals and to effectively facilitate the individual's entry into ongoing treatment and recovery. Withdrawal management is conducted on an outpatient basis. It is important for medical and nursing personnel to be readily available to evaluate and confirm that withdrawal management in the less supervised setting is relatively safe. Counseling services may be available through the withdrawal management program or may be accessed through affiliation with entities providing outpatient services. Medication-assisted therapies (MAT) utilized when a beneficiary has an established SUD (e.g., opiate or alcohol dependence condition) that is clinically appropriate for MAT.

Additionally, this LOC can include up to 23 hours of continuous observation, monitoring, and support in a supervised environment for an individual to achieve initial recovery from the effects of alcohol and/or other drugs and to be appropriately transitioned to the most appropriate LOC to continue the recovery process. These 23-hour programs are referred to as Level 2-WM (23 hour) in this manual. Because these programs operate 24/7 and the client must be discharged within 23 hours of admission, program expectations differ from other ambulatory withdrawal management with extended onsite monitoring programs (i.e., Level 2-WM (23 hour) has different requirements than Level 2-WM). For individuals in need of greater than 23 hours, Level 3.2-WM, Clinically Managed Residential Withdrawal Management or Level 3.7-WM, Medically Monitored Inpatient Withdrawal Management should be used depending on the severity of the individual's withdrawal syndrome.

3.5.1. Admission Guidelines

Level 2-WM: Participant is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent. The participant is assessed as being at moderate risk of severe withdrawal syndrome outside the program setting; is free of severe physical and psychiatric complications; and would safely respond to several hours of monitoring, medication, and treatment.

Level 2-WM (23 hour): Participant is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake; age; gender; previous withdrawal history; present symptoms; physical condition; and/or emotional, behavioral, or cognitive condition) that withdrawal is imminent, but the severity of the withdrawal is unknown and the participant would benefit from extended observation and monitoring by clinical and medical staff in order to determine the most appropriate LOC (e.g., the presence of co-occurring physical and/or psychiatric conditions or combinations of classes of substances that increase risk of severe withdrawal and physical symptoms).

3.5.2. Screening/Assessment/Treatment Plan Review

Level 2-WM

1. Urine drug screens are required upon admission and as directed by the treatment plan and are considered covered under the rates paid to the provider.
2. Nursing assessment and behavioral health assessment at time of admission that is reviewed by a physician to determine need for withdrawal management, eligibility, and appropriateness (proper patient placement) for admission and referral.
3. A medical care plan within 24 hours of admission based on the findings of a physical examination (completed prior to admission or on site by psychiatric medical staff or nursing staff), including a brief screening to identify motivation for treatment, relapse potential, and recovery environment at discharge. The medical plan shall be reviewed by a physician and shall be filed in the individual's record and updated as needed.
4. Initial treatment plan within 24 hours of admission and comprehensive treatment plan within seven days of admission.
5. Updates to treatment plan every seven days.
6. Methadone and buprenorphine/naloxone must be available for use with opiate withdrawal as preferred medications. Opioid withdrawal with medications must follow DSAMH protocols.
7. Discharge/transfer planning begins at admission. An initial discharge plan is developed at time of admission, while a comprehensive discharge plan is complete at discharge.
8. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.
9. The program shall implement the withdrawal management/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes shall include:
 - a. The individual's physical condition, including vital signs.
 - b. The individual's mood and behavior.
 - c. Statements about the individual's condition and needs.
 - d. Information about the individual's progress or lack of progress in relation to withdrawal management/treatment goals.
 - e. Additional notes shall be documented, as needed.
10. Physician orders *are* required for medical and psychiatric management.

Level 2-WM (23 hour)

1. Urine drug screens are required upon admission and as directed by the treatment plan and are considered covered under the rates paid to the provider.
2. Nursing assessment and behavioral health assessment at time of admission that is reviewed by a physician to determine need for withdrawal management, eligibility, and appropriateness (proper patient placement) for admission and referral.
3. Initial treatment plan at admission.
4. Methadone and buprenorphine/naloxone must be available for use with opiate withdrawal as preferred medications. Opioid withdrawal with medications must follow DSAMH protocols.
5. Discharge/transfer planning begins at admission. An initial discharge plan is developed at time of admission, while a comprehensive discharge plan is complete at discharge.
6. If the individual steps down to Level 2-WM, then all screening/assessment/treatment plan review for that ASAM level must be completed consistent with that LOC.
7. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.
8. The program shall implement the withdrawal management/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes shall include:
 - a. The individual's physical condition, including vital signs.
 - b. The individual's mood and behavior.
 - c. Statements about the individual's condition and needs.
 - d. Information about the individual's progress or lack of progress in relation to withdrawal management/treatment goals.
 - e. Additional notes shall be documented, as needed.
9. Physician orders *are* required for medical and psychiatric management.

3.5.3. Staffing

1. Level 2-WM and Level 2-WM (23 hour) facilities shall have qualified professional medical, nursing, counseling, and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.
2. One FTE during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor, or certified peer.

Level 2-WM

1. A designated medical director certified in addiction medicine or an addiction psychiatrist available on call at all times. as allowed under law.
2. A designated prescriber available on site or for consultation at least 10 hours per week; a physician's assistant (PA), NP, or APRN, licensed as physician extenders, may perform duties designated by a physician within their scope of practice.
3. At least one nurse (NP, RN, or licensed practical nurse [LPN]) available on site at least 10 hours per week but at no time serve more than 15 beneficiaries.
4. Licensed practitioners or unlicensed counselors with direct supervision on site; one clinician per 12 individuals.
5. One full-time certified peer.

Level 2-WM (23 hour) Staffing

1. A designated medical director certified in addiction medicine or an addiction psychiatrist available on call at all times as allowed under law.
2. A designated prescriber with on call availability 24/7 for consultation and in order to discharge participant to higher LOC if necessary. A PA, NP, or APRN, licensed as physician extenders, may perform duties designated by a physician within their scope of practice.

3. At least one nurse (NP, RN, or LPN) per 12 individuals on site at all times.
4. One certified peer per 12 individuals on site during days and evenings.
5. One behavioral health technician per 12 individuals on site at all times.

4

Specific Residential SUD and Addiction Services

All programs are licensed under State law per Delaware Administrative Code Title 16.6001. The licensure applies to all programs providing services to beneficiaries in need of programs and services for diagnosed substance use and/or mental disorders. The licensure at a minimum requires: documentation of all insurance coverage required in regulation; the maximum client capacity requested; and a copy of the agency's Delaware business license and home state license, when applicable. The licensure also requires a description of the services to be provided by the program, including a statement of the program philosophy, goals and objectives, and a description of the methodology for each service element; and organization charts of showing incumbent names, positions, degrees and credentials (e.g., license, certification); all vacant positions; and illustrating direct and indirect reporting and supervisory relationships.

4.1. ASAM Level 3.1 Clinically Managed Low-Intensity Residential Treatment

Residential programs offer at least 10 hours per week of a combination of low-intensity clinical and recovery-focused services. These programs provide at least five hours a week of individual, group, family therapy, medication management, and psycho-education. All facilities are licensed by DSAMH.

Treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into the worlds of work, education, and family life. Services provided may include individual, group and family therapy, medication management, and medication education. Mutual/self-help meetings usually are available on site. Does not include sober houses, boarding houses, or group homes where treatment services are not provided (e.g., halfway house). Delaware-ASAM criteria are used to determine LOC.

4.1.1. Admission Guidelines

1. Acute intoxication and/or withdrawal potential: None, or minimal/stable withdrawal risk and can be safely managed in a Level 3.1 setting.
2. Biomedical conditions and complications: None or stable. If present, the participant must be receiving medical monitoring.
3. Emotional, behavioral, or cognitive conditions and complications: None or minimal. If present, conditions must be stable and not too distracting to the participant's recovery and must be concurrently addressed through appropriate psychiatric services.
4. Readiness to change: Participant should be open to recovery but in need of a structured, therapeutic environment to promote treatment progress and recovery due to impaired ability to make behavior changes without the support of a structured environment.
5. Relapse, continued use, or continued problem potential: Participant understands the risk of relapse but lacks relapse prevention skills or requires a structured environment to continue to apply recovery and coping skills.
6. Recovery environment. Participant is able to cope, for limited periods of time, outside of the 24-hour structure but the participant's environment jeopardizes recovery.

4.1.2. Screening/Assessment/Treatment Plan Review

1. A urine drug screen and a tuberculosis test are required within 72 hours of admission and as directed by the treatment plan and are considered covered under the rates paid to the provider.
2. Comprehensive bio-psychosocial assessment consistent with Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 72 hours which substantiates appropriate patient placement. The assessment must be reviewed and signed by a qualified professional.
3. Physical examination performed within a reasonable time, as determined by the client's medical condition. **Note:** This is referred to community providers not involved with direct services in ASAM 3.1.
4. Individualized, interdisciplinary treatment/treatment plan, consistent with Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed in collaboration with the individual within 72 hours of admission.
5. The treatment/treatment plan is reviewed in collaboration with the individual every 60 days and documented accordingly.
6. Discharge/transfer planning begins at admission.
7. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

4.1.3. Staffing

1. Level 3.1 residential settings include an array of licensed practitioners, unlicensed counselors, as well as certified recovery coaches, and credentialed behavioral health technicians operating within their scope of practice to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.
2. Although they do not provide direct services, a physician with addiction credentials is part of the interdisciplinary team either through employment or contractual arrangement. The physician, available at least two and one-half hours per week, reviews admission decisions and confirms medical necessity of services.
3. One licensed practitioner or unlicensed counselor with direct supervision per 15 residents is on site during the day. A licensed practitioner/unlicensed counselor is on call 24/7 when not on site.
4. One recovery coach per 15 residents is on site during days and evenings while residents are awake.
5. One FTE during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor, or certified peer. Caseload size is based on needs of individuals actively engaged in services to ensure effective, individualized treatment, and rehabilitation but should not exceed 35 active individuals for each licensed practitioner and unlicensed counselor. For this standard, active is defined as being treated at least every 90 days.
6. House manager (1 FTE per shift) awake and on site at night to supervise activities of the facility. This person is required to have adequate orientation and skills to assess situations related to relapse and to provide access to appropriate medical care when needed.

4.2. Level 3.2-WM Clinically Managed Residential Withdrawal Management — Adult

Residential programs provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring observation and support in a supervised environment for a person served to achieve initial recovery from the effects of alcohol and/or other drugs. The program emphasis is on peer and support, not medical and nursing care. All facilities are licensed by DSAMH.

Withdrawal management is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less intensive, non-medical alternative to inpatient withdrawal management. Delaware-ASAM criteria are used to determine LOC.

4.2.1. Admission Guidelines

Participant has been assessed as not requiring medication, but does require 24-hour monitoring to complete withdrawal and continue treatment and/or self-help recovery. Withdrawal signs and symptoms are not severe and do not require the full resources of an acute care general hospital or a medically supported program. Participant does require 24-hour monitoring because the participant's recovery environment cannot support withdrawal and recovery, or a recent history of withdrawal management at a lower LOC was unsuccessful due to environmental factors and/or lack of skill, including the continued use of substances.

4.2.2. Screening/Assessment/Treatment Plan Review

1. Urine drug screens are required upon admission and as directed by the treatment plan and are considered covered under the rates paid to the provider.
2. A comprehensive nursing assessment at admission, including an addiction-focused history and addiction severity index (ASI), about the individual to provide a clear understanding of the individual's present status. If self-administered withdrawal management medications are to be used, a physical examination by a physician, physician assistant, or nurse practitioner should be made at time of admission. Assessment of addiction-focused history and ASI to be reviewed with a physician during the admission process.
3. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 24 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
4. Full physical exam within 24 hours.
5. Initial individualized, interdisciplinary treatment/treatment plan, consistent with Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), completed within 24 hours which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed in collaboration with the individual.
6. A comprehensive treatment plan within three days if participant is still in the service and additional updates to the treatment plan as indicated.
7. Initial discharge plan within 24 hours of admission, and comprehensive discharge plan at discharge.
8. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.
9. The program shall implement the withdrawal management/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes shall include:
 - a. The individual's physical condition, including vital signs.
 - b. The individual's mood and behavior.
 - c. Statements about the individual's condition and needs.
 - d. Information about the individual's progress or lack of progress in relation to withdrawal management/treatment goals.
 - e. Additional notes shall be documented, as needed.
10. Physician orders are required for medical and psychiatric management.

4.2.3. Staffing

An interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers, and psychologists is available to assess and treat the individual and to obtain and interpret information regarding the patient's needs. The team also includes unlicensed counselors, as well as certified recovery coaches and credentialed behavioral health technicians operating within their scope of practice to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

1. A designated medical director certified in addiction medicine or an addiction psychiatrist available on call at all times.
2. A psychiatrist, psychiatric NP, or APRN is on site at least five hours/week per 15 residents to assess the individual within 24 hours of admission (or earlier, if medically necessary), and available to provide onsite monitoring of care and further evaluation on a daily basis.
3. Primary care/physical health physician (or physician extender) on site at least five hours/week for each 15 residents.
4. One nurse (RN or LPN) per 15 residents is on site at all times with an RN supervisor or NP on call.
5. One licensed practitioner or unlicensed counselor with direct supervision is on site during days and evenings per 15 residents.
6. One recovery coach per 15 residents is on site during days and evenings.
7. One behavioral health technician is on site and awake at all times per 15 residents.
8. One FTE during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor, or certified peer.

4.3. Level 3.3 Clinically Managed Population-Specific High Intensity Residential Treatment

Residential programs offer 24-hour treatment staff with at least 30 hours per week of a combination of clinical and recovery-focused services specifically focused on individuals where the effects of the substance use or a co-occurring disorder has resulted in cognitive impairment. At least 10 of the 30 hours is to include individual, group, and/or family counseling. The level of impairment is so great that outpatient motivational and/or relapse prevention strategies are not feasible or effective. Similarly, the patient's cognitive limitations make it unlikely that he or she could benefit from other levels of residential care.

The functional limitations seen in individuals who are appropriately placed at Level 3.3 are primarily cognitive and can be either temporary or permanent. They may result in problems in interpersonal relationships, emotional coping skills, or comprehension. For example, temporary limitations may be seen in the individual who suffers from an organic brain syndrome as a result of his or her substance use and who requires treatment that is slower paced, more concrete, and more repetitive until his or her cognitive impairment subsides. Treatment goals are to stabilize a person who is in imminent danger if not in a 24-hour treatment setting. All facilities are licensed by DSAMH.

Level 3.3 programs provide a structured recovery environment in combination with high intensity, population-specific clinical services to support recovery. Delaware-ASAM criteria are used to determine LOC.

4.3.1. Admission Guidelines

1. Acute intoxication and/or withdrawal potential: None, or minimal risk of withdrawal or withdrawal needs can be managed at this level.
2. Biomedical conditions and complications: None or stable. If present, the participant must be receiving medical monitoring.

3. Emotional, behavioral, or cognitive conditions and complications: Moderate to high severity; need structure to focus on recovery; if stable, a co-occurring disorder capable program is appropriate. If not, a co-occurring disorder enhanced program is required. Treatment should be designed to respond to the individual's cognitive deficits.
4. Readiness to change: Because of intensity and chronicity of addictive disorder participant has little awareness of need for change or of the relationship between addiction and impaired level of functioning. Participant requires structured and repeated intervention within a 24-hour milieu to consider and/or make behavior changes or engage in and stay in recovery and treatment.
5. Relapse, continued use, or continued problem potential: Participant has little awareness of relapse triggers and is in imminent danger of relapse or continued substance use. Participant requires relapse prevention activities that are delivered at a slower pace, more concretely and more repetitively within a 24-hour structured environment.
6. Recovery environment: Environment interferes with recovery and is characterized by moderately high risk of victimization and or abuse or the participant is unable to cope outside of a 24-hour structure, but recovery is achievable within a 24-hour structure.

4.3.2. Screening/Assessment/Treatment Plan Review

1. A urine drug screen and a tuberculosis test are required within 72 hours of admission and as directed by the treatment plan and are considered covered under the rates paid to the provider.
2. Nursing assessment within 24 hours of admission that is reviewed by a physician to determine need for eligibility and appropriateness (proper patient placement) for admission and referral.
3. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 48 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
4. A physical examination performed within a reasonable time, as determined by the client's medical condition.
5. Individualized, interdisciplinary treatment/treatment plan, consistent with Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed within 72 hours and in collaboration with the individual.
6. The treatment/treatment plan is reviewed in collaboration with the individual every 30 days and documented accordingly.
7. Discharge/transfer planning begins at admission.
8. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

4.3.3. Staffing

1. Level 3.3 residential settings include an array of licensed practitioners, unlicensed counselors, as well as certified recovery coaches, and credentialed behavioral health technicians operating within their scope of practice to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program. These facilities must have medical personnel including physicians or physician extenders knowledgeable about addiction treatment, appropriately credentialed licensed mental health professionals, and allied health professional staff. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.
2. A designated medical director certified in addiction medicine or an addiction psychiatrist available on call at all times. This may be a physician certified in addiction medicine or addiction psychiatrist or a provider of addiction pharmacotherapy integrated with psychosocial therapies including a physician assistant or other independent practitioner with prescribing privileges knowledgeable about addiction treatment.

3. An RN on site per 15 residents during the day shift.
4. A psychiatrist or psychiatric NP is on site at least five hours/week for every 15 residents.
5. A primary care/physical health physician (or physician extender) is on site at least two and one half hours/week for every 15 residents.
6. One licensed practitioner or unlicensed counselor with direct supervision per 15 residents is on site during days and evenings and on call 24/7 when not on site.
7. One behavioral health technician and/or recovery coach per 15 residents is on site and awake at all times.
8. One FTE during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor, or certified peer.

4.4. Level 3.5 Clinically Managed High Intensity Residential Treatment

Residential programs offer 24-hour treatment staff with at least 30 hours per week of a combination of clinical and recovery-focused services specifically focused on individuals who have significant social and psychological problems. At least 10 of the 30 hours are to include individual, group, and/or family counseling. All facilities are licensed by DSAMH.

Programs are characterized by their reliance on the treatment community as a therapeutic agent. Treatment goals are to stabilize a person who is in imminent danger if not in a 24-hour treatment setting. It is also to promote abstinence from substance use and antisocial behavior and to effect a global change in participants' lifestyles, attitudes, and values. Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning, and disaffiliation from mainstream values. Delaware-ASAM criteria are used to determine LOC.

4.4.1. Admission Guidelines

1. Acute intoxication and/or withdrawal potential: None, or withdrawal symptoms can be safely managed at this level.
2. Biomedical conditions and complications: None or stable and participant can self-administer any prescribed medication, or, if condition is severe enough to distract from treatment and recovery participant can receive medical monitoring within the program or through another provider.
3. Emotional, behavioral, or cognitive conditions and complications: Demonstrates repeated inability to control impulses, or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A co-occurring disorder enhanced setting is required for seriously and persistently mentally ill patients.
4. Readiness to change: Has marked difficulty with or opposition to treatment, with dangerous consequences. If there is high severity in this dimension but not in other dimensions, the individual; therefore, needs ASAM Level 1 placement with inclusion of motivational enhancement therapy (MET). MET is a therapeutic intervention and a component part of the program.
5. Relapse, continued use, or continued problem potential: Participant is unable to recognize relapse triggers and has no recognition of the skills needed to prevent continued use, with limited ability to initiate or sustain ongoing recovery and sobriety in a less structured environment.
6. Recovery environment: Participant lives in an environment with moderately high risk or abuse or is a culture highly invested in substance use. Participant lacks skills to cope with challenges to recovery outside of a highly structured 24-hour setting.

4.4.2. Screening/Assessment/Treatment Plan Review

1. A urine drug screen and a tuberculosis test are required within 72 hours of admission and as directed by the treatment plan and are considered covered under the rates paid to the provider.
2. Nursing assessment within 24 hours of admission that is reviewed by a physician to determine need for eligibility and appropriateness (proper patient placement) for admission and referral.
3. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 48 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
4. A physical examination performed within a reasonable time, as determined by the client's medical condition.
5. Individualized, interdisciplinary treatment/treatment plan, consistent with Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed within 72 hours and in collaboration with the individual.
6. The treatment/treatment plan is reviewed in collaboration with the individual every 30 days and documented accordingly.
7. Discharge/transfer planning begins at admission.
8. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

4.4.3. Staffing

1. Level 3.5 residential settings include an array of licensed practitioners, unlicensed counselors, as well as certified recovery coaches and credentialed behavioral health technicians operating within their scope of practice to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program. These facilities must have medical personnel including physicians or physician extenders knowledgeable about addiction treatment, appropriately credentialed licensed mental health professionals, and allied health professional staff. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.
2. A designated medical director certified in addiction medicine or an addiction psychiatrist available on call at all times. This may be a physician certified in addiction medicine or addiction psychiatrist or a provider of addiction pharmacotherapy integrated with psychosocial therapies including a physician assistant or other independent practitioner with prescribing privileges knowledgeable about addiction treatment.
3. An RN on site per 15 residents during the day shift. A psychiatrist or psychiatric NP is on site at least five hours/week for every 15 residents.
4. A primary care/physical health physician (or physician extender) is on site at least two and one-half hours/week for every 15 residents.
5. One licensed practitioner or unlicensed counselor with direct supervision per 15 residents is on site during days and evenings and on call 24/7 when not on site.
6. One behavioral health technician and/or recovery coach per 15 residents is on site and awake at all times.
7. One FTE during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor, or certified peer.

4.5. Level 3.7 Medically Monitored Intensive Inpatient Treatment

This co-occurring disorder treatment facility provides 30 hours of structured treatment activities per week including, but not limited to psychiatric and substance use assessments, diagnosis treatment, and rehabilitation services. At least 10 of the 30 hours is to include individual, group, and/or family counseling target population for this LOC are participants with high risk of withdrawal symptoms, moderate co-occurring psychiatric and/or medical problems that are of sufficient severity to require a 24-hour treatment LOC. Whereas individuals whose most severe problems are in readiness to change, relapse potential, and living environment are best served in clinically managed residential programs or PHP with supportive housing. All facilities are licensed by DSAMH. Treatment goals are to stabilize a person who is in imminent danger if not in a 24-hour medically monitored treatment setting.

This level of service also provides a planned regimen of 24-hour professionally directed evaluation, observation, and medical monitoring of addiction and mental health treatment in an inpatient setting. They feature permanent facilities, including inpatient beds, and function under a defined set of policies, procedures, and clinical protocols. Appropriate for patients whose sub-acute biomedical and emotional, behavior, or cognitive problems are so severe that they require co-occurring capable or enhanced residential treatment, but who do not need the full resources of an acute care general hospital. In addition to meeting integrated service criteria, co-occurring disorder treatment providers must have experience and preferably licensure and/or certification in both addictive disorders and mental health. Delaware-ASAM criteria are used to determine LOC.

4.5.1. Admission Guidelines

Individuals in this LOC may have co-occurring addiction and mental health disorders that need to be stabilized and meet the eligibility criteria for placement in a co-occurring disorder-capable program or difficulties with mood, behavior, or cognition related to a substance use, mental disorder, emotional behavioral, or cognitive symptoms that are troublesome, but may not meet the Diagnostic and Statistical Manual of Mental Disorders criteria for a mental disorder.

1. Acute intoxication and/or withdrawal potential: High risk of withdrawal symptoms that can be managed in a Level 3.7 program.
2. Biomedical conditions and complications: Moderate to severe conditions which require 24-hour nursing and medical monitoring or active treatment but not the full resources of an acute care hospital.
3. Emotional, behavioral, or cognitive conditions and complications: Moderate to severe conditions and complications (such as diagnosable co-morbid mental disorders or symptoms). These symptoms may not be severe enough to meet diagnostic criteria but interfere or distract from recovery efforts (for example, anxiety/hypomanic or depression and/or cognitive symptoms) and may include compulsive behaviors, suicidal or homicidal ideation with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or others. Psychiatric symptoms are interfering with abstinence, recovery and stability to such a degree that the individual needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts.
4. Readiness to change: Participant unable to acknowledge the relationship between the addictive disorder and mental health and/or medical issues, or participant is in need of intensive motivating strategies, activities, and processes available only in a 24-hour structured medically monitored setting (but not medically managed).
5. Relapse, continued use, or continued problem potential: Participant is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or re-emergence of acute symptoms and is in need of 24-hour monitoring and structured support.
6. Recovery environment: Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual, or emotional abuse or substance use so endemic that the patient is assessed as unable to achieve or maintain recovery at a less intensive LOC.

4.5.2. Screening/Assessment/Treatment Plan Review

1. A urine drug screen and a tuberculosis test are required within 72 hours of admission and as directed by the treatment plan and are considered covered under the rates paid to the provider.
2. A comprehensive nursing assessment at admission.
3. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 24 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
4. A physical examination performed by a physician within 24 hours of admission, or a review and update by the facility physician of the record of a prior physical exam no more than seven days old.
5. Individualized, interdisciplinary treatment/treatment plan, consistent with Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), completed within 72 hours which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed in collaboration with the individual.
6. The treatment/treatment plan is reviewed and updated in collaboration with the individual every 30 days and documented accordingly.
7. Discharge/transfer planning begins at admission.
8. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

4.5.3. Staffing

1. Level 3.7 residential settings include an array of licensed practitioners, unlicensed counselors, as well as certified recovery coaches and credentialed behavioral health technicians operating within their scope of practice to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program. These facilities must have medical personnel including physicians or physician extenders knowledgeable about addiction treatment, appropriately credentialed licensed mental health professionals, and allied health professional staff. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.
2. A designated medical director certified in addiction medicine or an addiction psychiatrist available on call at all times. This may be a physician certified in addiction medicine or addiction psychiatrist or a provider of addiction pharmacotherapy integrated with psychosocial therapies including a physician assistant or other independent practitioner with prescribing privileges knowledgeable about addiction treatment.
3. A psychiatrist or psychiatric NP is on site at least 10 hours/week for every 15 residents.
4. A primary care/physical health physician (or physician extender) is on site at least five hours/week for every 15 residents.
5. One RN on day shift per 15 residents to oversee and monitor participant progress and medication administration. One LPN at all times per 15 residents.
6. One licensed or certified clinician or counselor with direct supervision on site during days and evenings for every 15 residents.
7. One behavioral health technician and/or recovery coach on site and awake at all times for every 15 residents.
8. One FTE during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor, or certified peer.

4.6. Level 3.7-WM Medically Monitored Inpatient Withdrawal Management

Medically monitored inpatient withdrawal management within a residential setting is an organized service delivered by medical and nursing professionals, which provide for 24-hour medically-supervised evaluation under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. All facilities are licensed by DSAMH and have federal Center for Substance Abuse Treatment OTP certification and Drug Enforcement Agency approval.

4.6.1. Admission Guidelines

Provides care to individuals whose withdrawal signs and symptoms are sufficiently severe to require 24-hour residential care. It sometimes is provided as a “step-down” service from a specialty unit of an acute care general or psychiatric hospital. Twenty-four hour observation, monitoring and treatment are available. However, the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program are not necessary. Intakes are accepted 24 hours per day. Delaware-ASAM criteria are used to determine LOC.

4.6.2. Screening/Assessments/Treatment Plan Review

1. Urine drug screens are required upon admission and as directed by the treatment plan and are considered covered under the rates paid to the provider.
2. A comprehensive nursing assessment at admission, including an addiction-focused history and ASI, about the individual to provide a clear understanding of the individual's present status. If self-administered withdrawal management medications are to be used, a physical examination by a physician, physician assistant, or NP should be made at time of admission. Assessment of addiction-focused history and ASI to be reviewed with a physician during the admission process.
3. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 24 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
4. Full physical exam within 24 hours.
5. Initial individualized, interdisciplinary treatment/treatment plan, consistent with Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), completed within 24 hours which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed in collaboration with the individual.
6. A comprehensive treatment plan within three days if participant is still in the service and additional updates to the treatment plan as indicated.
7. Initial discharge plan within 24 hours of admission, and comprehensive discharge plan at discharge.
8. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.
9. The program shall implement the withdrawal management/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes shall include:
 - a. The individual's physical condition, including vital signs.
 - b. The individual's mood and behavior.
 - c. Statements about the individual's condition and needs.
 - d. Information about the individual's progress or lack of progress in relation to withdrawal management/treatment goals.
 - e. Additional notes shall be documented, as needed.

10. Physician orders are required for medical and psychiatric management.

4.6.3. Staffing

An interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers, and psychologists, is available to assess and treat the individual and to obtain and interpret information regarding the patient's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems. The interdisciplinary team also includes an array of licensed practitioners, unlicensed counselors, as well as certified recovery coaches, and credentialed behavioral health technicians operating within their scope of practice to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program. These facilities must have medical personnel including physicians or physician extenders knowledgeable about addiction treatment, appropriately credentialed licensed mental health professionals, and allied health professional staff. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

1. A designated medical director certified in addiction medicine or an addiction psychiatrist available on call at all times. This may be a physician certified in addiction medicine or addiction psychiatrist or a provider of addiction pharmacotherapy integrated with psychosocial therapies, including a physician assistant or other independent practitioner with prescribing privileges knowledgeable about addiction treatment.
2. A psychiatrist, psychiatric NP, or APRN is on site at least 15 hours/week per 15 residents to assess the individual within 24 hours of admission (or earlier, if medically necessary), and available to provide onsite monitoring of care and further evaluation on a daily basis.
3. Primary care/physical health physician (or physician extender) on site at least 15 hours/week for 15 residents.
4. One nurse (RN or LPN) per 15 residents is on site at all times with an RN supervisor or NP on call.
5. One licensed practitioner or unlicensed counselor with direct supervision is on site during days and evenings per 15 residents.
6. One recovery coach per 15 residents is on site during days and evenings.
7. One behavioral health technician is on site and awake at all times per 15 residents.
8. One FTE during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor, or certified peer.
9. All residential programs are licensed under State law.

5

Reimbursement for SUD and Addiction Services

Reimbursements for services are based upon a Medicaid fee schedule established by the State of Delaware.

If a Medicare fee exists for a defined covered procedure code, then Delaware will pay psychologists at 100% of the Medicaid physician rates as outlined under 4.19-B, item 5. If a Medicare fee exists for a defined covered procedure code, then Delaware will pay LCSWs, LPCMH, LMFTs at 75% of the Medicaid physician rates as outlined under 4.19-B, item 5.

Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447.200, regarding payments and consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both government and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the Delaware Register [of Regulations]. The agency's fee schedule rate was set as of October 2, 2013, and is effective for services provided on or after that date. All rates are published on the DMAP website at www.dmap.state.de.us/downloads/hcpcs.html.

The fee development methodology will primarily be composed of provider cost modeling, through Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.

- Staffing assumptions and staff wages.
- Employee-related expenses, benefits, employer taxes (e.g., FICA, unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

Note: For ASAM Level 2-WM, the clinicians will bill the appropriate CPT codes in conjunction with IOP codes. For ASAM Level 2-WM (23 hour), there is an inclusive HCPCS code based on these staffing requirements. For licensed practitioners eligible under the OLP section of the State Plan (e.g., psychologists, LCSWs, LPCMHs, and LMFTs), they may bill eligible outpatient SUD services under codes found this section of the manual, as well as codes found in the non-Physician LBHP

section of the State Plan manual. All practitioners within licensed residential SUD programs regardless of licensure must be consistent with the residential codes found in this SUD section of the State Plan manual.

5.1. Addiction Services Reimbursement and Coding Summary

Note: For ASAM Level 2-WM, the clinicians will bill the appropriate CPT codes in conjunction with IOP codes (other non-physician (e.g., psychotherapy) and physician codes (e.g., evaluation and management codes) used in non-residential outpatient settings are listed above in the OLP table). For ASAM Level 2-WM (23 hour), there is an all-inclusive program code. All residential codes for services provided at or above levels ASAM 3 are considered all inclusive.

Modifiers:

HF – Substance abuse program

HE – Mental health program

HW – Funded by the state mental health agency

HI – Integrated mental health and intellectual/developmental disabilities program

HG – Opioid addiction treatment program

HQ – Group setting

HR – Family/couple with client present

HS – Family/couple without client present

TD – Registered Nurse

TG – Complex/high tech LOC

HCPCS Code	Modifier		Description	Units	Rate Per Unit	2014 Physician	2014 Delaware	2014
	(1)	(2)			Unlicensed and Residential		Clinical Nurse Specialist, NP, PA (Use SA modifier)	LCSW, LMFT, LPMCH, or LCDP (Use HO modifier)
+90785	HF		Interactive complexity (list separately in addition to the code for primary procedure). <i>(Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an E&M service [90833, 90836, 90838, 99201–99255, 99304–99337, 99341–99350], and group psychotherapy [90853].)</i> <i>(Do not report 90785 in conjunction with 90839, 90840, or in conjunction with E&M services when no psychotherapy service is also reported.)</i> <i>Licensed practitioners only.</i>			\$14.22	\$12.09	\$10.66
			Psychotherapy, 30 minutes with patient and/or family member. <i>Licensed practitioners only for substance abuse program.</i>	Per session		\$64.25	\$54.61	\$48.19
			Psychotherapy, 45 minutes with patient and/or family member. <i>Licensed practitioners only for substance abuse program.</i>	Per session		\$85.18	\$72.40	\$63.89

HCPCS Code	Modifier		Description	Units	Rate Per Unit	2014 Physician	2014 Delaware	2014
	(1)	(2)			Unlicensed and Residential		Clinical Nurse Specialist, NP, PA (Use SA modifier)	LCSW, LMFT, LPMCH, or LCDP (Use HO modifier)
90837	HF		Psychotherapy, 60 minutes with patient and/or family member. <i>Licensed practitioners only for substance abuse program.</i>	Per session		\$127.46	\$108.35	\$95.60
90839	HF		Psychotherapy for crisis; first 60 minutes. <i>Licensed practitioners only for substance abuse program must be part of certified crisis program.</i>	60 minutes		\$133.18	\$113.20	\$99.88
90840			Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service). (Use 90840 in conjunction with 90839.) <i>Licensed practitioners only for substance abuse program must be part of certified crisis program.</i>	30 minutes follow-on		\$63.89	\$54.30	\$47.91
90846	HF		Family psychotherapy (without the patient present). <i>Licensed practitioners only for substance abuse program.</i>	Per session		\$103.35	\$87.84	\$77.51
90847	HF		Family psychotherapy (conjoint psychotherapy) (with patient present). <i>Licensed practitioners only for substance abuse program.</i>	Per session		\$106.53	\$90.56	\$79.90
90849	HF		Multiple-family group psychotherapy.			\$34.28	\$29.14	\$25.71
90853	HF		Group psychotherapy (other than of a multiple-family group).	Per session		\$26.26	\$22.32	\$19.69
H0001			Alcohol and/or drug assessment.	One session (One visit)	\$66.60			
H0004	HF		Behavioral health counseling and therapy (ASAM Level 1). Note: Utilize HR and HS modifiers as needed for family/couple therapy.	One session (45 minutes)	\$49.95			
H0005			Alcohol and/or drug services, group counseling by a clinician (ASAM Level 1). Note: Utilize HR and HS modifiers as needed for family/couple therapy.	One session (45 minutes)	\$5.55			
H0010			Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Level 3.2-WM).	Per diem (medical portion)	\$290.70			
H0010	HW		Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Level 3.2-WM).	Per diem	\$58.10			

HCPCS Code	Modifier		Description	Units	Rate Per Unit	2014 Physician	2014 Delaware	2014
	(1)	(2)			Unlicensed and Residential		Clinical Nurse Specialist, NP, PA (Use SA modifier)	LCSW, LMFT, LPMCH, or LCDP (Use HO modifier)
			Room and board note: MMIS will not process — not Medicaid.	(room and board portion)				
H0011			Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM).	Per diem (medical portion)	\$354.67			
H0011	HW		Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM).	Per diem	\$65.84			
			Room and board note: MMIS will not process — not Medicaid.	(room and board portion)				
H0012			Alcohol and/or drug abuse service; subacute detoxification (residential addiction program outpatient) (Level 2-WM 23-hour).	Per diem	\$267.26			
H0014	TD		Alcohol and/or drug abuse services; ambulatory detoxification (Level 2-WM). Registered Nurse	Per 60 minutes	\$104.45			
H0014			Alcohol and/or drug abuse services; ambulatory detoxification (Level 2-WM). Unlicensed Practitioner	Per 60 minutes	\$66.60			
H0015			Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education. (Level 2.1 up to 3 hours per day and 9 hours per week.) Note: Utilize HR and HS modifiers as needed for family/couple therapy.	Per hour	\$66.60 per hour			
H0015	HQ		Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education. (Level 2.1 group up to 3 hours per day and 9 hours per week.)	Per hour	\$7.40 per hour			

HCPCS Code	Modifier		Description	Units	Rate Per Unit	2014 Physician	2014 Delaware	2014
	(1)	(2)			Unlicensed and Residential		Clinical Nurse Specialist, NP, PA (Use SA modifier)	LCSW, LMFT, LPMCH, or LCDP (Use HO modifier)
			Note: Utilize HR and HS modifiers as needed for family/couple therapy.					
H0015	TG		Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education.	Per hour	\$66.60 per hour			
			(Level 2.5 partial hospitalization 3 or more hours per day and more than 9 hours per week.)					
			Note: Utilize HR and HS modifiers as needed for family/couple therapy.					
H0015	HQ	TG	Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education.	Per hour	\$7.40 per hour			
H0020			Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program). (Limited to one per day.)	1 dose per day	\$4.00	\$4.00	\$4.00	\$4.00
H0038	HF		Self-help/peer services, substance abuse program.	Per 15 minute	\$14.75			
H0048	HF		Alcohol and/or other drug testing: collection and handling only, specimens other than blood.	Per service	YTD			
			Collection and handling of specimens (UAs) for alcohol/drug analysis. To ensure the integrity of the specimen a chain of custody from the point of collection throughout the analysis process is necessary. Service frequency is limited based on medical necessity.					
H2034			Alcohol and/or drug abuse halfway house services, per diem (Level 3.1).	Per diem	\$150.53			
				(medical portion)				

HCPCS Code	Modifier		Description	Units	Rate Per Unit	2014 Physician	2014 Delaware	2014
	(1)	(2)			Unlicensed and Residential		Clinical Nurse Specialist, NP, PA (Use SA modifier)	LCSW, LMFT, LPMCH, or LCDP (Use HO modifier)
H2034	HW		Alcohol and/or drug abuse halfway house services, per diem (Level 3.1).	Per diem	\$41.14			
			Room and Board Note: MMIS will not process — not Medicaid.	(room and board)				
H2036	HI		Alcohol and/or drug treatment program, per diem (Level 3.3 – cognitive impairment).	Per diem	\$189.44			
				(medical portion)				
H2036			Alcohol and/or drug treatment program, per diem (Level 3.5 – no cognitive impairment).	Per diem	\$189.44			
				(medical portion)				
H2036	TG		Alcohol and/or drug treatment program, per diem (Level 3.7).	Per diem	\$291.65			
				(medical portion)				
H2036	HW		Alcohol and/or drug treatment program, per diem.	Per diem	\$45.84			
			Room and Board Note: MMIS will not process — not Medicaid.	(room and board)				
J2315			Injection, naltrexone, depot form, 1 mg	Per dose	Actual cost per dose			
J8499	HG		Prescription drug, oral, non-chemotherapeutic, nos	Per dose	Actual cost per dose			
			Used for Buprenorphine. Billing must include name of drug; NDC # and dosage per unit.					
T1502	HF		Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit. This code may only be used for the following medication assisted therapies: buprenorphine (SUBUTEX [®]), buprenorphine and naloxone (SUBOXONE [®]), by an alcohol and drug provider type. Frequency max 7 administrations per week (1 unit–1 administration). No modifier = oral.	Per service		\$4.00	\$4.00	
99211	HE		Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	Per visit		\$20.19	\$17.16	

HCPCS Code	Modifier		Description	Units	Rate Per Unit	2014 Physician	2014 Delaware	2014
	(1)	(2)			Unlicensed and Residential		Clinical Nurse Specialist, NP, PA (Use SA modifier)	LCSW, LMFT, LPMCH, or LCDP (Use HO modifier)
			99211 HE for injection of MH medications, including long-acting and acute forms of antipsychotic medications and medications used to treat acute side effects of antipsychotic medications (e.g., haloperidoll, risperidone, benztropine)					
99211	HF		Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services. For Vivitrol up to 1 x per month	Per visit		\$20.19	\$17.16	

6

Crisis Intervention

CI services are provided to a beneficiary who is experiencing a behavior health crisis, designed to interrupt and/or ameliorate a crisis experience including an assessment, immediate crisis resolution, and de-escalation, and referral and linkage to appropriate services to avoid, where possible, more restrictive levels of treatment. The goals of CI are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual behavioral health crisis. CI is a face-to-face intervention and can occur in a variety of locations including, but not limited to an emergency room or clinic setting, in addition to other community locations where the beneficiary lives, works, attends school, and/or socializes.

Specific activities include:

- A. An assessment of risk and mental status, as well as the need for further evaluation or other mental health services. Includes contact with the client, family members, or other collateral sources (e.g., caregiver, school personnel) with pertinent information for the purpose of an assessment and/or referral to other alternative mental health services at an appropriate level.
- B. Short-term CI including crisis resolution and de-briefing with the identified Medicaid beneficiary.
- C. Follow up with the individual, and as necessary, with the beneficiary's caretaker and/or family member(s) including follow up for the beneficiary who is in crisis and assessed in an emergency room prior to a referral to the CI team.
- D. Consultation with a physician or with other qualified providers to assist with the beneficiary's specific crisis.

Qualified staff shall assess, refer, and link all Medicaid beneficiaries in crisis. This shall include, but not be limited to performing any necessary assessments; providing crisis stabilization and de-escalation; development of alternative treatment plans; consultation, training and technical assistance to other staff; consultation with the psychiatrist; monitoring of beneficiaries; and arranging for linkage, transfer, transport, or admission as necessary for Medicaid beneficiaries at the conclusion of the CI service. CI specialists shall provide CI counseling, on and off-site; monitoring of beneficiaries; assessment under the supervision of a certified assessor; and referral and linkage, if indicated. CI specialists, who are nurses, may also provide medication monitoring and nursing assessments. Psychiatrists in each crisis program perform psychiatric assessments, E&M as needed; prescription and monitoring of medication; as well as supervision and consultation with CI program staff. Certified peers may be utilized under clinical supervision for the activities of crisis resolution and de-briefing with the identified Medicaid beneficiary and follow up.

6.1 Consumer Participation Criteria

These rehabilitative services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid beneficiaries. CI services must be medically necessary. The medical necessity for these rehabilitative services must be recommended by a licensed practitioner of the healing arts who is acting within the scope of his/her professional license and applicable State law to promote the maximum reduction of symptoms and/or restoration of a beneficiary to his/her best age-appropriate functional level. Licensed practitioners of the healing arts include, but are not limited to: LBHPs, APNs, NPs, and physicians. All beneficiaries who are identified as experiencing a seriously acute psychological/emotional change which results in a marked increase

in personal distress and which exceeds the abilities and the resources of those involved to effectively resolve it are eligible.

A beneficiary in crisis may be represented by a family member or other collateral contact who has knowledge of the beneficiary's capabilities and functioning. Beneficiaries in crisis who require this service may be using substances during the crisis. Substance use should be recognized and addressed in an integrated fashion as it may add to the risk increasing the need for engagement in care. The assessment of risk, mental status, and medical stability must be completed by a credentialed mental health screener, LBHP, APN, NP, or physician with experience regarding this specialized mental health service, practicing within the scope of their professional license or certification. The crisis plan developed from this assessment and all services delivered during a crisis must be by qualified staff provided under a certified program. Crisis services cannot be denied based upon substance use. The beneficiary's chart must reflect resolution of the crisis which marks the end of the current episode. If the beneficiary has another crisis within 24 hours of a previous episode, it shall be considered part of the previous episode and a new episode will not be allowed.

A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

6.2 Provider Qualifications

Individual practitioners may be licensed as:

- Psychiatrists, board certified emergency physicians, or a physician in another area of specialty. Board certified emergency physicians must also complete a required informational training. Physicians in other areas of specialty must attend four hours of training and be credentialed by DSAMH.
- RN.
- APN operating in collaboration with a Delaware licensed physician.
- Licensed Behavioral Health Practitioner including:
 - Licensed psychologist.
 - LCSW.
 - LPCMH.
 - LMFT.
- Licensed PA supervised by a licensed physician.

Individual practitioners may be certified as:

- Credentialed mental health screeners who are not licensed must meet all State requirements including having two years of clinical and/or crisis experience; at least a bachelors or master's degree in a mental health related field; and completing 40 hours of crisis services in an employed position under direct supervision of a psychiatrist or credentialed mental health screener following completion of the mental health screener training and satisfactory score on the mental health screener credentialing examination.
- A certified peer on a CI team is an individual who has self-identified as a beneficiary or survivor of mental health and/or SUD services, is at least 21 years of age, and meets the qualifications set by the State including specialized peer specialist training, certification and registration. The training provided/contracted by DSAMH shall be focused on the principles and concepts of peer support and how it differs from clinical support. The training will also provide practical tools for promoting wellness and recovery, knowledge about beneficiary rights and advocacy, as well as approaches to care that incorporate creativity. A certified peer must have at minimum a high school education or GED, (preferably with some college background) and be currently employed as a peer supporter in Delaware. Delaware state-approved standardized peer specialist training includes

academic information as well as practical knowledge and creative activities. Each crisis program including certified peers staff is supervised by a licensed practitioner of the healing arts who is acting within the scope of his/her professional licensed and applicable state law.

A CI specialist is an unlicensed mental health professional with a bachelors or master's degree in a mental health related field. The CI specialist must receive training and regularly scheduled clinical supervision from a person meeting the qualifications of a LBHP, APN, NP, or physician with experience regarding this specialized mental health service.

Programs shall be certified by Medicaid and/or its designee as a crisis program. Each crisis program is supervised by a licensed practitioner of the healing arts who is acting within the scope of his/her professional licensed and applicable State law. A licensed practitioner of the healing arts who is acting within the scope of his/her professional license and applicable State law (e.g., LBHP, physician, NP, or APN is available for consultation and able to recommend treatment 24 hours a day, 7 days a week to the CI program.

6.3 Amount, Duration, and Scope

A unit of service is defined according to the HCPCS approved code set unless otherwise specified. CI services by their nature are crisis services and are not subject to prior approval. CI services are authorized for no more than 23 hours per episode. Activities beyond the 23 hour period must be prior authorized by the State or its designee. Providers receiving referrals to visit individuals at home following a visit to an emergency rooms will bill only the follow-up HCPCS codes. Providers visiting individuals discharged from a site-based program within 24 hours is considered reimbursement within in the original 23 hour charge. If a site-based program bills using the 15-minute unit, the program's reimbursement may not exceed the site-based per diem rate in a 24 hour period (e.g., five 15-minute units are roughly equal to 1 per diem). Service components that are not provided to, or directed exclusively toward the treatment of the Medicaid beneficiary are not eligible for Medicaid reimbursement.

The CI services should follow any established crisis plan already developed for the beneficiary, if it is known to the team, as part of an individualized treatment plan to the extent possible. The CI activities must be intended to achieve identified care plan goals or objectives.

6.4 Reimbursement for Crisis Intervention Behavioral Health Services

Reimbursements for services are based upon a Medicaid fee schedule established by the State of Delaware.

If a Medicare fee exists for a defined covered procedure code, then Delaware will pay psychologists at 100% of the Medicaid physician rates as outlined under Attachment 4.19-B, item 5. If a Medicare fee exists for a defined covered procedure code, then Delaware will pay LCSWs, LPCMH, LMFTs at 75% of the Medicaid physician rates as outlined under Attachment 4.19-B, item 5.

Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the State Plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447.200, regarding payments and consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same

Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both government and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the Delaware Register of Regulations. The Agency’s fee schedule rate was set as of October 2, 2013, and is effective for services provided on or after that date. All rates are published on the DMAP website at www.dmap.state.de.us/downloads/hcpcs.html.

The fee development methodology will primarily be composed of provider cost modeling, through Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.

- Staffing assumptions and staff wages.
- Employee-related expenses, benefits, employer taxes (e.g., FICA, unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

6.5 Crisis Intervention Coding

HCPCS Code	Modifier		Provider Qualification	Tx Context	Description	Units	Rate Per	
	(1)	(2)					¼ hour	Diem
S9485				Ind.	CI mental health services, per diem.	Per Diem		\$766.52
H2011				Ind.	CI service, per 15 minutes, (mobile crisis team).	15 min.	\$146.99	