SFY2009
CONTRACT REQUIREMENTS

I. Purchase of Service Agreement

A. All agreements must be dated and signed prior to the beginning of services, unless specifically stated that prior services are a part of the agreements.

B. Agreements shall be signed by the director or head of an agency and by the chairperson of an agency's governing board, if such a board exists. Agreements shall be signed by the designated authorities of the Department of Human Services and the Division. The Division of Alcohol and Drug Abuse staff contact person(s) shall be designated for each agreement.

II. Requirements of Accreditation for Provider Agencies

A. Treatment and prevention Providers shall be accredited in their area of service by the Division of Alcohol and Drug Abuse, according to SDCL 34-20A and ARSD 46:05. Accreditation must be applied for or received prior to agreement implementation. If, within 90 days of the agreement date, an agency so required is not accredited, the Division will notify the agency of impending termination of agreement.

B. An agency may appeal the denial, revocation or suspension of accreditation--SDCL 1-26.

III. Agreement Changes

The Division of Alcohol and Drug Abuse may evaluate agreement utilization at mid-year. At that time, changes in the number of units and dollars contracted may be considered. The Division has the right to increase or decrease agreement amounts based on service utilization or non-compliance with accreditation or contract audit requirements. Providers may request shifts or reductions in units at that time.

IV. Requests for Additional Funds

Requests from existing providers for contract funding in a service area or component that is considered part of the standard service areas or components of the Request for Funding (RF) will not be considered outside of the established RF time frame. Providers considering special projects may submit requests for contract funding in writing to the Director of the Division of Alcohol and Drug Abuse for consideration. Requests will be considered in light of (1) funding availability, (2) relevance to stated goals and objectives, and (3) the overall merits of the proposal. The Division reserves the right to sole source contracting.

V. Populations to be Served

A. A Provider under an agreement with the State to provide treatment or prevention services to the public may not discriminate nor refuse services to any person solely on the basis of ability to pay, race, color, religion, gender, ancestry, national origin, disability or Co-occurring disorder unless such disability makes treatment offered by the agency nonbeneficial or hazardous.

B. If a Provider determines medical, psychiatric, or other conditions exist under which services would be refused, the Provider must have a written admission policy which clearly defines those conditions and documents that it is not simply the presence of those conditions that determines denial of admission, but rather objective criteria that would be part of an individualized assessment of the person's ability to meet program requirements for safety and participation. <u>This policy must have approval by the Division prior to implementation of the agreement.</u>

C. Violation of A or B will be considered grounds for termination of the agreement.

D. It is the intent of the Division of Alcohol and Drug Abuse to fund services in South Dakota for residents living in South Dakota. It is the Division's expectation that state funds be targeted to those citizens of South Dakota in need of alcohol and drug abuse and gambling services. For this purpose residency is defined as living in South Dakota prior to the initiation of services.

E. All documentation of contracted services, including verification of the client meeting the 185% of poverty guideline, must be contained in the client's clinical record **BEFORE AN AGENCY BILLS THE DIVISION FOR THE SERVICES PROVIDED**. Any other documentation, such as appointment logs or billing documents, will be used only to resolve discrepancies **AT THE TIME OF THE ONSITE**. The financial eligibility documentation in the clinical record must contain the completed and signed Means Form 101. If the consumer is found ineligible using the Means 101 form, the 102a and Division approved 102b forms are required. The financial eligibility testing is required for all services and levels of care with the exception of clinically managed residential detoxification (detox), crisis intervention, and prevention services. If the Division does not find the consumer eligible after reviewing the hardship consideration forms or if the client refuses to participate in the means testing or hardship consideration process, services subject to means testing cannot be billed to the Division.

F. Currently, the Division of Alcohol and Drug Abuse targets funding to individuals with substance abuse and gambling disorders, with or without co-occurring medical and psychiatric disorders, specifically to seven populations:

1. Individuals who fall within 185% of poverty guideline
2. Pregnant women and women with dependent children
3. Intravenous drug users
4. Individuals medically impaired as a result of their chemical dependency
5. Individuals under the care and custody of the Department of Corrections
6. Individuals with gambling problems
7. Medicaid eligible adolescents, pregnant women and women with dependent children.

It is the Division's contention that individuals who can afford to pay for treatment services should cover the total cost of these services. The 185% of poverty guideline is established in the state as a reasonable standard for eligibility of services. Each accredited agency with a contract with the division must establish a sliding scale fee schedule for all services provided which will be reviewed at the time of the onsite review. The division does maintain the philosophy that there is therapeutic value in having individuals take responsibility for a reasonable portion of the cost of their care, but this costs needs to be set at a rate which is reasonable and feasible for the client to pay.

VI. Conditions for Payment for Services

A. The Provider shall report both contract and non-contract units for treatment services electronically in the Division's Statewide Treatment Activity Reporting System (STARS). Non-contract units include those units not billable through a contract with the Division. Contract units include units billed to Medicaid.

Demographic data as required by the Division and outlined in the STARS User Manual must be entered into the STARS system using either direct data entry or the batch load process prior to billing the Contract or Medicaid or reporting units. Billing must be submitted electronically to the Division in the HIPAA compliant ANSI X.12 837 format. Reimbursement will be based on a defined unit of service using reimbursement rates established by the Division.

Providers of services to Medicaid eligible adolescents or pregnant women must be an enrolled Medicaid provider before billing Medicaid.

Providers of prevention services shall report units and the specified goals and objectives using the KITS Solution System. Reimbursement will be based on a defined unit of service using reimbursement rates established by the Division. Billing for prevention services will be submitted monthly via the KITS data system. The provider shall report both contract and non-contract units for prevention services electronically in the KIT system. Non-contract units include those prevention services not billable through a contract with the Division.

B. All Providers will complete a cost report for a twelve-month period using the format prescribed by the Department of Human Services' Office of Budget and Finance. The purpose of the cost report is to define the cost of each service by service center. The cost report is comprised of Schedule A - Expenses, Schedule B - Revenues and Attachment One - Staff. The deadline for returning the required annual cost report to the Department is four months after the Provider's fiscal year-end. Additional information regarding the cost report requirements can be found in the Cost Report Guidelines available from the Department's Office of Budget and Finance.

C. The Division will accept a weekly progress note for clinical group sessions for all levels of service with the following documentation:

1. Date, time of day, topic of each group and length of time client attended each group counseling session during the week.
2. A summary of the client's feelings, behaviors, daily events and attitudinal observations, including issues related to concerns about co-occurring mental health or medical issues, which may include the client's statements during any of the sessions.
3. The counselor's assessment of the client's weekly involvement in the issues discussed and in the treatment process and the client's actions and behaviors as they relate to the problems, objectives, goals and tasks identified in the client's treatment plan (including goals related to co-occurring mental health or medical issues).
4. The action taken or planned to address the issues in order to achieve identified goals.

D. For detoxification services, the progress note shall document in the client's clinical file the information specified in ARSD 46:05:18:07.

E. Non-Billable Services

1. DUI Courses
2. When a client is transferred to a hospital or other facility outside the residential alcohol and drug program, the program cannot bill the Division for holding the bed open for the client to return. The client has to be at the facility for 24 hours minimum to be billed.
3. Time spent doing paper work for client assessments or clinical documentation.
4. Travel Time
5. T1007 is limited to collateral contacts for non-gambling clients
6. Medicaid funded levels of care for pregnant women (Early Intervention, Level 1.0, II.1, II.5 and III.7) adolescents (Early Intervention, Level I.0, II.1, II.5 and III.7) and pregnant adolescents (Early Intervention, Level I.0, II.1, II.5, III.1, and III.7). The exception would be for clients who are denied Medicaid eligibility and complete the financial eligibility documentation referred to in V(E).

F. It is the policy of the Division to reimburse for services that are specifically drug and alcohol and gambling related. When documenting services, the relationship between problem areas must be defined and the client's and/or significant other's drug and/or alcohol use and/or gambling behavior must be clearly established and reflected in the treatment plan and subsequent progress notes. The Division will not reimburse for services provided where this relationship is not clearly defined. The exception to this is the assessment of an individual for alcohol/drug and/or gambling related problems if it is determined none exist. A Provider may be reimbursed for the assessment so long as it is clearly documented that the intent was to establish the existence of a drug/alcohol and/or gambling related problem.

G. All documentation of services must be contained in the client's clinical record **BEFORE AN AGENCY BILLS THE DIVISION FOR THE SERVICES PROVIDED.** Any other documentation such as appointment logs or billing documents will be used only to resolve discrepancies **AT THE TIME OF THE ONSITE**.

H. Individuals must meet the income eligibility criteria identified in Section V.

I. Restrictions on Expenditure of Grant Funding

Certain restrictions – A funding agreement for a grant under section 300x-21 of this title is that the State involved will not expend the grant:

A. To provide inpatient hospital services, except as provided in subsection (b) of this section;
B. To make cash payments to intended recipients of health services;
C. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
D. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
E. To provide financial assistance to any entity other than a public or nonprofit private entity; or
F. To carry out any program prohibited by section 300ee-5 of this title.

VII. Audit

A. The State may perform a fiscal or service audit of any agreement upon reasonable notice. The Provider will provide, upon request, documentation of services provided under the Agreement. It should be noted that the Division and other Department of Human Services staff are bound by confidentiality laws.

B. Misuse of funds is considered grounds for termination of the agreement and possible prosecution.

VIII. Agreement Requirement of Credentialed Counselors

A. A Provider providing counseling services under any one of the contracted treatment services shall have counselors who are certified by the South Dakota Certification Board for Alcohol and Drug Professionals. (CBADP).

The level of certification of chemical dependency counselors shall be as follows:

1. At least one counselor in each agency shall be certified as a Level I, II, or III chemical dependency counselor certified by the South Dakota Certification Board for Alcohol and Drug Professionals.
2. A counselor who has responsibility for providing chemical dependency counseling services shall, at minimum, be recognized as a trainee by CBADP. A Provider where trainees are employed to fulfill the terms of this agreement shall employ a Level II or Level III chemical dependency counselor to provide supervision to trainees. In the event that a Level II or Level III chemical dependency counselor is not available within the trainee's employing agency, supervision may be obtained on a contractual or consultative basis from an outside party meeting the required qualifications. Any services provided by a trainee not receiving supervision from a Level II or Level III chemical dependency counselor will not be considered for payment. **(Trainees must have documented a minimum of 8 hours supervision regarding one or more of the 12 core functions each month. The documentation needs to remain current and available upon the Division's request.)**
3. A counselor providing gambling services shall, within a two-year period of obtaining a grant award, have attended 60 hours of gambling specific training (Phase I and Phase II) approved by the National Council on Problem Gambling.

B. Prevention providers shall be well versed in prevention concepts, program strategies, research, and practice trends. Prevention providers shall be knowledgeable of the various aspects of alcohol, tobacco and other drugs use/misuse as well as the impact of violence and problem gambling on society. Prevention providers shall have working knowledge and skills in the areas of social marketing and community mobilization, risk and resilience/protective factors, cultural competency as well as meet the requirements of 46:05:13:05. Additionally, staff working in the field must complete the Substance Abuse Prevention Specialist Training (SAPST) within one year of their start date.

IX. State Policy for Chemical Dependency Treatment Services

An accredited alcohol, drug and gambling treatment program that contracts with the Department of Human Services/Division of Alcohol and Drug Abuse must abide by the following conditions to be considered eligible for continued funding:

A. Before structured treatment services are provided to the chemically dependent and problem gambling clients, a detailed assessment must be completed on all clients seeking services.

B. A client needs to be served in the least restrictive environment possible which is determined by the clinical profile identified during the client assessment phase.

C. Each client placed in a structured treatment program must have an individualized treatment plan that guides the client's stay within the program.

D. The primary mission of chemical dependency treatment will be services that focus on the client's addiction to chemicals or a gambling problem. However, individuals in chemical dependency treatment commonly have co-occurring mental health and medical issues which affect treatment and recovery; these issues must be identified and addressed in the treatment plan, so that the client develops appropriate skills to follow treatment recommendations for these conditions in order to prevent relapse in addiction. When a client requires additional services outside the purview of the chemical dependency treatment program, a referral to alternative service providers is the recommended course of action. However, many clients may require collaborative care while in addiction treatment, and the provider is expected to have written procedures for routinely and regularly coordinating such care and documenting such efforts in the client's file.

E. Upon completion of structured treatment programming, providers must facilitate a client's placement in continued support service activities including social support groups within the local community. The provider must also facilitate continuity of care for co-occurring mental health or medical conditions, even in the event of premature or unplanned discharge.

F. When a client is assessed as requiring a more intensive level of service than is currently provided, each provider must facilitate the client's placement into a more intensive level of care and have written procedures for ensuring communication of relevant clinical information directly to the new service provider, as well as providing a plan for readmission when the client is clinically more stable.

G. All providers that receive Division funds for intensive outpatient treatment, day treatment, and intensive inpatient treatment services must participate in the outcome study currently conducted by the Division through a contract with Mountain Plains Research.

The Department of Human Services/Division of Alcohol and Drug Abuse is requiring each contracted provider use the American Society of Addiction Medicine (ASAM) Admission, Continued Service and Discharge criteria (ASAM PPC 2R, 2001) for the management of those clients in treatment services.

FEDERAL TERMS AND CONDITIONS OF THE AGREEMENT

Confidentiality

The Provider shall observe and implement policy and procedures to ensure compliance with the federal regulations governing the confidentiality of alcohol and drug patient records, which implements the statutes of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (42 W.S.S. 4582) and the Drug Abuse Office and Treatment Act of 1972 (21 U.S.C. 1175).

Capacity

The Provider shall develop, adopt and implement policies and procedures that ensure notification of the State Division of Alcohol and Drug Abuse of each individual who is an intravenous drug abuser and who requests treatment after the facility reaches 90% of total capacity. The provider shall document in STARS when the agency has reached 90% capacity for any of the ASAM funding levels of treatment. This is to be done under the "Provider's Capacity Information Screen." and the information to be documented is the date the agency reached 90% capacity, ASAM Level of care, current capacity percentage of ASAM level and the date the agency expects it will be under the 90% capacity.

After the agency falls below the 90% capacity for the given ASAM Level, the provider will need to return to the "Provider Capacity" screen and enter this date and save the record.

It is understood and agreed by the parties that the target populations to be served under the contract, in order of priority for State and Federal funds paid to the Provider are as follows:

Pregnant Women

Providers must ensure that each pregnant woman in the state who seeks or is referred for and would benefit from such services is given preference in admissions to treatment facilities receiving block grant funds. The Provider shall publicize the availability to such women of these treatment services designed for pregnant women and women with dependent children. Services for pregnant women/women with dependent children must comply with the provisions set for in CFR 45 Sec. 96.124.

The Provider shall develop and implement a program of outreach to ensure that such services are provided in the community to identify women who are engaging in substance abuse and to encourage women to undergo treatment for such abuse and to provide outreach services to identify individuals in need of treatment services, with emphasis on the provision of such services to pregnant and postpartum women and women with dependent children. The Provider shall maintain in agency records all outreach services provided to pregnant women, and postpartum women and their infant.

The Provider shall develop, adopt, and implement policies and procedures to ensure that in the event that the Provider has insufficient capacity to provide treatment services and if an admission cannot occur within 48 hours, a completed referral and interim services shall be provided. Referrals should be to accessible programs, preferably Specialized Women's Services programs. Interim services are defined as services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse heath effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services may include counseling, case management, or support groups and must include a referral for prenatal care and counseling on the effects of alcohol and drug use on the fetus. If these activities cannot be completed within 48 hours of the original request for treatment, the Provider is to contact the Division of Alcohol & Drug Abuse for assistance. The Provider shall maintain in agency records referrals to the state in the event that the Provider does not have the capacity to treat any pregnant or post-partum women and women with dependent children.

The Provider shall maintain a record of all interim services being provided to either intravenous drug abusing clients or pregnant women. This information will be reported in STARS under the "ADA Wait List" Screen. The information required to be documented is the date the client was added to the waiting list, the estimated number of days the client is expected to wait before being admitted into the appropriate services and the type of interim service(s) provided while client is on the waiting list.

After the client is admitted into the appropriate level of care, the provider will need to return to the "ADA Wait List" Screen and input the following information; the reason(s) for leaving the waiting list, the ASAM level of care the client was admitted into and the provider who will be providing the services.

Medicaid is the primary funding source for pregnant women in the following levels of care: Early Intervention (assessments), Level I.0 (group/individual sessions), Level II.1, II.5 and III.7. The exception would be if the client is denied Medicaid and completes the financial eligibility documentation referred to in V(E).

Injecting Drug Users

The Provider shall develop and implement a program of outreach services to identify individuals in need of treatment for their intravenous drug abuse and to encourage the individual to undergo treatment for such abuse. The provider shall maintain a record of those outreach services provided to intravenous drug abusers.

The Provider shall develop and implement a policy to ensure that they will not distribute sterile needles or distribute bleach for the purpose of cleaning needles.

The Provider shall develop and implement a policy to ensure that they will not carry out any testing for the acquired immune deficiency syndrome without appropriate pre-post test counseling.

The Provider shall develop, adopt and implement policies and procedures that ensure that each individual who requests and is in need of treatment for intravenous drug abuse is admitted to the program no later than 14 days after making the request for admission to such a program. If the program does not have the capacity to admit the individual on the date of such request, interim services defined as services provided until an individual is admitted to a substance abuse treatment program, must be provided. The purpose of interim services is to reduce the adverse health effects of such abuse, promote the health of the individual and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. Interim services must be made available to the individual, no later than 48 hours after such request.

Adolescent Services

Medicaid/CHIPs is the primary funding source for adolescents in the following levels of care: Early Intervention (assessments), Level I.0 (group/individual sessions), II.1, II.5, and III.7. Medicaid is also the primary funding source for pregnant adolescents in the levels of care mentioned above as well as Level III.1 services. The exception would be if the client is denied Medicaid/CHIPs and complete the financial eligibility documentation referred to in V(E).

Tuberculosis

The Provider will ensure all clients involved in counseling services, structured outpatient or residential services complete a TB test/screening prior to or at the time of admission into the program.

General

The Provider shall develop and implement a Limited English Proficiency Policy (LEP), as a condition for funding under this contract agreement to ensure that LEP individuals are provided with an opportunity to participate and understand all provided services. The means of effective communication may be through interpreters or the translation of written material as deemed necessary by the Provider.

TREATMENT DEFINITIONS

EARLY INTERVENTION PROGRAM: A non-residential program that provides early intervention services to individuals, including those with emotional disturbances or mental health or medical conditions, who may have substance use related problems, but do not appear to meet the diagnostic criteria for Substance-Related Disorder. The program shall provide treatment needs assessment, intervention, alcohol and drug education and referral. Conditions of services to be purchased by Division:

1. All services required under ARSD 46:05:14
2. For contract monitoring purposes the following requirements must be met:
   a. All services required under ARSD 46:05:09
   b. A unit of service is 15 minutes
   c. Services for pregnant women/women with dependent children must comply with the provisions set forth in CFR 45 Sec. 96.124.
3. Treatment Needs Assessments/Updates: This service is to be used when submitting units for developing a Treatment Needs Assessment in accordance with ARSD 46:05:09:07 or 46:05:09:08.
   a. All treatment needs assessment/updates billed to state contract or Medicaid/CHIPs must be entered into Stars.
   b. Admission records are not required for treatment needs assessments.
   c. The Means Form 101 **is** required for treatment needs assessments.
   d. For billing purposes, the Division will reimburse for a maximum of 32 units (eight hours) per year for treatment needs assessments or updates per client.
   e. The time used for determining the units should include the face to face interview with the client, collateral contacts made to obtain additional information or verification of assessment information and any additional time spent with the client to make final recommendations.
   f. Collateral contact time/units for an assessment must be included in the H0001 service code and cannot be billed to T1007 Collateral Contacts/Referrals.
4. Crisis Intervention Services: This service applies to intervention services provided to an individual experiencing a crisis situation related to his/her use of alcohol /drugs. The focus of the intervention is to restore the individual to the level of functioning before the crisis or provide means to place the individual into a secure environment. Examples would be dealing with an emergency or 90 day involuntary commitment.
   a. Admission records are not required for crisis intervention services
   b. The Means Form 101 is not required for crisis intervention services
   c. A limit of eight units (two hours) is permitted for each crisis situation per person, per day, with an annual limit of 24 units (six hours).
   d. A crisis intervention needs to have documentation in the file which identifies the date, time, length of session, specific crisis and plan of action to be taken.

H0001 Treatment Needs Assessment/Updates - Adults: This service code is reimbursed with contract funds. Adolescents can be reimbursed with contract funds using this code if the client is denied Medicaid/CHIPs and completes the financial eligibility documentation referred to in V(E).

H0001 HA Treatment Needs Assessment/Updates – Adolescent. This service code is reimbursed by Medicaid/CHIPs.

H0001 HD Treatment Needs Assessment/Updates – Pregnant Women. The primary funding source for this code is Medicaid and requires a prior authorization number assigned by sending a request, which includes a release of information and physician's letter verifying pregnancy, to the Division. Pregnant women and/or women with dependent children can be reimbursed with contract funds using this code if the client is denied Medicaid and completes the financial eligibility documentation referred to in V(E).

H2011 Crisis Intervention Services - Adults: This service code is reimbursed with contract funds. Adolescents can be reimbursed with contract funds using this code if the client is denied Medicaid/CHIPs and completes the financial eligibility documentation referred to in V(E).

H2011 TN Crisis Intervention Services/Rural – Adults: This service code is reimbursed with contract funds and must be provided at least 20 miles, one way, from the accredited agency's home station.

H2011 HA Crisis Intervention Services – Adolescent: This service code is reimbursed by Medicaid.

H2011 HA TN Crisis Intervention Services/Rural – Adolescent: This service code is reimbursed by Medicaid and must be provided at least 20 miles, one way, from the accredited agency's home station.

H2011 HD Crisis Intervention Services - Pregnant Women: The primary funding source for this code is Medicaid. When billing Crisis Intervention Services for pregnant women to Medicaid, a prior authorization number must be assigned by sending a request for date of service, to include a release of information and physicians letter verifying pregnancy, to the Division. Pregnant women and/or women with dependent children can be reimbursed with contract funds using this code if the client is denied Medicaid and completes the financial eligibility documentation referred to in V(E).

H2011 HD TN Crisis Intervention Services/Rural - Pregnant Women: The primary funding source for this code is Medicaid and must be provided at least 20 miles, one way, from the accredited agency's home station. When billing Crisis Intervention Services for pregnant women to Medicaid, a prior authorization number must be assigned by sending a request for date of service, to include a release of information and physicians letter verifying pregnancy, to the Division. Pregnant women and/or women with dependent children can be reimbursed with contract funds using this code if the client is denied Medicaid and completes the financial eligibility documentation referred to in V(E).

H2022 Early Intervention Services: This service is an early intervention strategy for clients who may or may not have a DSM IV diagnosis but are not appropriate for structured treatment services. For billing purposes, the Division will reimburse a maximum of 192 units (48 hours) per year per client for alcohol and drug intervention services. An admission record is required for this level of care.

T1007 Collateral Contacts/Referral: This service code is limited to non-gambling clients. T1007 code applies to referrals which offer educational, vocational, social, psychological, employment, medical, court, and other related alcohol and drug services. In addition, this code includes collateral communications with other resources and agencies associated to the client need, such as frequent progress updates to the collaborative mental health clinician or Probation/Parole Officer. A unit of service is 15 minutes and requires an ASAM Level Admission Record in STARS. Code T1007 should not be billed as part of the development of a Treatment Needs Assessment when collateral contacts need to be made.

CASE MANAGEMENT SERVICES: Case management services are goal oriented activities that assist clients/participants by referral, assistance and monitoring (**RAM**) the necessary care and services that are appropriate and accessible to the individual and family.

1. For contract monitoring purposes the following items must be documented:
   a. The name of the individual.
   b. The date of the case management services.
   c. The name of the provider agency (if relevant) and the person providing the case management service.
   d. The nature and content of the case management services received.
   e. Whether the individual has declined services in the care plan.
   f. The need for, and occurrences of, coordination with other case managers.
   g. A timeline for obtaining needed services.
2. A unit of service is 15 minutes.
3. Case management services cannot be reimbursed for activities that are vocational or job skill oriented, such as job coaching or job development.
4. Case management services cannot be reimbursed for activities that are purely recreational or social.

H0006 Case Management Services: This service code is reimbursed with contract funds. Case management services shall be provided by staff who have demonstrated competency in child development, mental health, behavioral and substance disorders, parenting-behavioral management and the specific service they are providing.

Referral and related activities do not include providing transportation to the service to which the individual is referred, escorting the individual to the service, or providing child care so that the individual may access the service. The case management referral activity is completed once the referral and linkage has been made. It does not include the direct services, program, or activity to which the individual is linked.

CLINICALLY MANAGED RESIDENTIAL DETOXIFICATION: A clinically managed residential detoxification program providing for the supervised withdrawal from alcohol or drugs of persons without known serious physical or immediate psychiatric complications. Such facilities welcome individuals with co-occurring mental health and medical conditions, where such conditions are not sufficiently acute or unstable to warrant a higher level of care than can be provided in a non-medical facility. The program shall furnish temporary care, including provisions for taking prescribed medical or mental health medication, information, counseling, evaluation and referral, and provide for entry into the continuum of treatment services. Conditions of services to be purchased by Division:

1. All services required under ARSD 46:05:18
2. For contract monitoring purposes the following requirements must be met:
   a. All services required under ARSD 46:05:09
   b. A unit of service is one day.
   c. Documentation that the consumer was at the facility at the time of daily census must be available to support billing.
   d. Services for pregnant women/women with dependent children must comply with the provisions set forth in CFR 45 Sec. 96.124.
3. An initial assessment and all counseling services (individual, group, and family counseling) are included in the detoxification program and are not billed separately while an individual is in residential detoxification.

H0014 Clinically Managed Residential Detoxification: Clients must be in residence a minimum of 24 hours and can be involved in this level of care until they no longer meet ASAM criteria for continued stay.

OUTPATIENT SERVICES PROGRAM: A non-residential program which provides chemically dependent/abuse clients, including those with co-occurring mental health conditions, a clearly defined, structured treatment program on a scheduled basis. Conditions of services to be purchased by Division:

1. All services required under ARSD 46:05:15
2. For contract monitoring purposes the following requirements must be met:
   a. All services required under ARSD 46:05:09
   b. A unit of service is 15 minutes.
   c. Local/ individual or family counseling must be provided either at or within 20 miles of the accredited program's home station
   d. Rural/ individual or family counseling must be provided at least 20 miles, one way, from home station
   e. Local and rural group counseling must meet the local/rural category requirements above and contain a minimum of three clients and a maximum of 13 clients
   f. Each individual or group member must have a treatment needs assessment completed and a treatment plan developed
   g. Services for pregnant women/women with dependent children must comply with the provisions set forth in CFR 45 Sec. 96.124.

H0004 Local Individual Counseling – Adults and adolescents: This service code is reimbursed by state contract. Adolescents can be billed using this code if the client is denied Medicaid/CHIPs and completes the financial eligibility documentation referred to in V(E).

H0004 HA Local Individual Counseling – Adolescents: This service code is reimbursed by Medicaid/CHIPs.

H0004 HD Local Individual Counseling – Pregnant Women: The primary funding source for this service code is Medicaid. When billing Outpatient Treatment Services for pregnant women to Medicaid, a prior authorization number must be assigned by sending a request for dates of service, to include a release of information and physician's letter verifying pregnancy, to the Division. Pregnant women and/or women with dependent children can be reimbursed with contract funds if the client is denied Medicaid and completes the financial eligibility documentation referred to in V(E).

H0004 TN Rural Individual Counseling: This service code is reimbursed by state contract. Adolescents can be billed using this code if the client is denied Medicaid/CHIPs and completes the financial eligibility documentation referred to in V(E).

H0004 HA TN Rural Individual Counseling – Adolescents: This service code is reimbursed by Medicaid/CHIPs.

H0004 HD TN Rural Individual Counseling – Pregnant Women: This service code is reimbursed by Medicaid. When billing Outpatient Treatment Services for pregnant women to Medicaid, a prior authorization number must be assigned by

sending a request for dates of service, to include a release of information and physician's letter verifying pregnancy, to the Division.

H0005 Local Group Counseling – Adults and adolescents: This service code is reimbursed by state contract. Adolescents can be billed using this code if the client is denied Medicaid/CHIPs and completes the financial eligibility documentation referred to in V(E).

H0005 HA Local Group Counseling – Adolescent: This service code is reimbursed by Medicaid.

H0005 HD Local Group Counseling – Pregnant Women: The primary funding source for this code is Medicaid. When billing Medicaid for Outpatient Treatment Services for pregnant women, a prior authorization number must be assigned by sending a request for dates of service, to include a release of information and physician's letter verifying pregnancy, to the Division. Pregnant women and/or women with dependent children can be reimbursed with contract funds if the client is denied Medicaid and completes the financial eligibility documentation referred to in V(E).

H0005 TN Rural Group Counseling – Adults and adolescents: This service code is reimbursed by state contract. Adolescents can be billed using this code if the client is denied Medicaid/CHIPs and completes the financial eligibility documentation referred to in V(E).

H0005 HA TN Rural Group Counseling – Adolescent: This service code is reimbursed by Medicaid.

H0005 HD TN Rural Group Counseling – Pregnant Women: This service code is reimbursed by Medicaid. When billing Outpatient Treatment Services for pregnant women to Medicaid, a prior authorization number must be assigned by sending a request for dates of service, to include a release of information and physician's letter verifying pregnancy, to the Division.

T1006 Local Family/Couple Counseling: This category is reimbursed by state contract and is for those family members harmfully affected by the alcohol and or drug use of another family member or significant other person.

T1006 TN Rural Family/Couple Counseling: This category is reimbursed by state contract and is for those family members harmfully affected by the alcohol and or drug use of another family member or significant other person. Rural services must be provided at least 20 miles, one way, from the accredited agency's home station.

H2035 Co-dependency – Non-contract: This service code is for a person who has no alcohol or drug abuse problem and is seeking services because of problems arising from his or her relationship with an alcohol or drug user.

INTENSIVE OUTPATIENT TREATMENT: A non-residential program which provides chemically dependent/abuse clients, including those with co-occurring mental health conditions, a clearly defined, structured, intensive treatment program on a scheduled basis. Conditions of services to be purchased by Division:

1. All services required under ARSD 46:05:16
2. For contract monitoring purposes the following requirements must be met:
   a. All services required under ARSD 46:05:09
   b. A unit of service is 15 minutes
   c. Each client must have a treatment needs assessment completed and a treatment plan developed
   d. Intensity of services required for reimbursement is a minimum of 9 hours of counseling per week.
   e. Providers may utilize one (1) hour per week above the minimum required hours as described in ARSD 46:05:16:05, to attend community 12 step programs. Providers must be present at the meetings with the client and shall document each client's attendance at the 12 step meeting.
   f. All counseling services (individual, group, and family counseling) are included in the treatment program and are to be billed as H0015 while an individual is in intensive outpatient treatment.
   g. Services for pregnant women/women with dependent children must comply with the provisions set forth in CFR 45 Sec. 96.124.

H0015 Intensive Outpatient Treatment: This service code is reimbursed by state contract. Adolescents can be billed using this code if the client is denied Medicaid/CHIPs and completes the financial eligibility documentation referred to in V(E).

H0015 HD Intensive Outpatient Treatment for Pregnant Women: Clients meeting this category must be pregnant. Medicaid is the primary funding source for this service code. Pregnant women and/or women with dependent children can be

reimbursed with contract funds using this code if the client is denied Medicaid and completes the financial eligibility documentation referred to in V(E). Prior authorization by the Division is required for both contract and Medicaid services.

H0015 HA Intensive Outpatient Treatment for Adolescents: This service code is reimbursed by Medicaid/CHIPs and prior authorization by the Division is required.

H0015 HA HD Pregnant Adolescent Intensive Outpatient Treatment: Clients meeting this category must be pregnant. This service code is reimbursed by Medicaid and prior authorization by the Division is required.

INTENSIVE DAY TREATMENT PROGRAM: Day treatment is a program providing a minimum of 20 hours for adults, 15 hours for adolescents of structured intensive treatment services per week and may include services to those with co-occurring mental health conditions. Conditions of services to be purchased by Division:

1. All services required under ARSD 46:05:17
2. For contract monitoring purposes the following requirements must be met:
    a. All services required under ARSD 46:05:09
    b. A unit of service is one day
    c. Each client must have a treatment needs assessment completed and a treatment plan developed
    d. Services for pregnant women/women with dependent children must comply with the provisions set forth in CFR 45 Sec. 96.124.
    e. Intensity of services required for reimbursement is 20 hours for adults/15 hours for adolescents per week. For the adult program, consumers may attend specialized topics that address specific needs outlined in the treatment plan for 5 of the 20 required hours.
    f. Services may be billed for each day of the week, including weekends, for clients who reside at the facility provided they meet the required intensity of service hours per week for day treatment programming.
    g. All counseling services (individual, group, and family counseling) are included in the treatment program and are to be billed as H2036 while an individual is in intensive day treatment.
    h. Low Intensity Residential (H0016) cannot be billed concurrent with this service.

H2036 Intensive Day Treatment – Adults and adolescents: Clients will be involved in the Day Treatment Program while living at the facility or at their residence. Adolescents can be billed using this code if the client is denied Medicaid/CHIPs and completes the financial eligibility documentation referred to in V(E).

H2036 HD Intensive Day Treatment for Pregnant Women: Individuals must be pregnant. The primary funding source for this service code is Medicaid. Pregnant women and/or women with dependent children can be billed as contract services if the client is denied Medicaid and completes the financial eligibility documentation referred to in V(E). Prior Authorization is required for both contract or Medicaid billed services.

H2036 HA Intensive Day Treatment for Adolescents: This service code is reimbursed by Medicaid and prior authorization by the Division is required.

H2036 HA, HD Intensive Day Treatment for Pregnant Adolescents: Individuals must be pregnant. This service code is reimbursed by Medicaid and prior authorization by the Division is required.

INTENSIVE OUTPATIENT TREATMENT (SLIP/SLOT): A non-residential program which provides chemically dependent/abuse clients, including those with co-occurring mental health conditions, a clearly defined, structured, intensive treatment program on a scheduled basis. There is special emphasis on relapse prevention planning. Clients who attend this program are also receiving services in the clinically managed low-intensity residential treatment program. Clients for this category must receive prior approval by the Division of Alcohol and Drug Abuse. Conditions of services to be purchased by Division:

1. All services required under ARSD 46:05:16
2. For contract monitoring purposes the following requirements must be met:
    a. All services required under ARSD 46:05:09
    b. A unit of service is 15 minutes
    c. Each client must have a treatment needs assessment completed and a treatment plan developed
    d. Intensity of services required for reimbursement is a minimum of 9 hours of counseling per week.

e. Providers may utilize one (1) hour per week above the minimum required hours as described in ARSD 46:05:16:05, to attend community 12 step programs. Providers must be present at the meetings with the client and shall document each client's attendance at the 12 step meeting.
f. All counseling services (individual, group, and family counseling) are included in the treatment program and are to be billed as H0015 HF or H0015 HD HF while an individual is in intensive outpatient treatment (SLIP/SLOT).
g. Services for pregnant women/women with dependent children must comply with the provisions set forth in CFR 45 Sec. 96.124

H0015 HF Intensive Outpatient Treatment (SLIP/SLOT) – Adult: This service code is reimbursed by state contract.

H0015 HD HF Intensive Outpatient Treatment (SLIP/SLOT) – Pregnant Women and/or Women w/ Dependent Children: Clients meeting this category must be pregnant or be a woman with a dependent child. This service code is reimbursed by state contract.

CLINICALLY MANAGED LOW INTENSITY RESIDENTIAL (SLIP/SLOT): A residential, peer oriented treatment program of sub acute care designed to aid the client's re-entry into society. Clients who attend this program are also receiving services in the intensive outpatient treatment program with special emphasis on relapse prevention planning. The program shall provide case management services that will help clients to find employment and to coordinate other services as may be necessary to facilitate the client's successful re-entry into the community. Services may include attention to co-occurring mental health conditions that may significantly affect recovery from substance abuse or dependence. Clients for this category must receive prior approval by the Division of Alcohol and Drug Abuse. Conditions of services to be purchased by the Division:

1. All services required under ARSD 46:05:20
2. For contract monitoring purposes the following requirements must be met:
   a. All services required under ARSD 46:05:09
   b. A unit of service is one day
   c. Each client must have a treatment needs assessment completed and a treatment plan developed
   d. Services for pregnant women/women with dependent children must comply with the provisions set forth in CFR 45 Sec. 96.124.
   e. All counseling services (individual, group, and family counseling) are included in the treatment program and are to be billed as H0015 HF or H0015 HD HF while an individual is in intensive outpatient treatment (SLIP/SLOT).

H0016 HF Clinically Managed Low Intensity Residential (SLIP/SLOT) - Adult: This service code is reimbursed by state contract.

H0016 HD HF Clinically Managed Low Intensity Residential (SLIP/SLOT) – Pregnant Women and/or Women w/ Dependent Children: Clients meeting this category must be pregnant or be a woman with a dependent child. This service code is reimbursed by state contract.

CLINICALLY MANAGED LOW INTENSITY RESIDENTIAL PROGRAM: A residential, peer oriented treatment program of sub acute care designed to aid the client's re-entry into society. The program must provide direct alcohol and drug counseling, and support service counseling by referral. The program shall provide case management services that will help clients to find employment and to coordinate other services as may be necessary to facilitate the client's successful re-entry into the community. Services may include attention to co-occurring mental health conditions that may significantly affect recovery from substance abuse or dependence. Conditions of services to be purchased by Division:

1. All services required under ARSD 46:05:20
2. For contract monitoring purposes the additional requirements must be met:
   a. All services required under ARSD 46:05:09
   b. A unit of service is one day.
   c. Documentation that the consumer was at the facility at the time of daily census must be available to support billing.
   d Programs for pregnant women/women with dependent children must also comply with the provisions set forth in CFR 45 Sec. 96.124.
   e. Programs for pregnant adolescents/adolescents with dependent children must comply with the provisions set forth in CFR 45 Sec. 96.124.
   f. Intensity of services required for reimbursement is 5 hours of Chemical Dependency counseling per

week. Time spent in AA and NA meetings can not be counted towards the 5 hour requirement.

3. All counseling services (individual, group, and family counseling) are included in the treatment program and are not billed separately while an individual is in low-intensity residential treatment.

H0016 Clinically Managed Low Intensity Residential - Adult: This service code is reimbursed by state contract.

H0016 HA Clinically Managed Low Intensity Residential - Adolescents: This service code is reimbursed by state contract.

H0016 HD Clinically Managed Low Intensity Residential - Pregnant Women and/or Women w/ Dependent Children: Individuals must be pregnant substance abusing women and/or substance abusing women with children. This service code is reimbursed by state contract and prior authorization from the Division is required.

H0016 HA HD Clinically Managed Low Intensity Residential - Pregnant Adolescents and/or Adolescents w/ Dependent Children: Individuals must be pregnant substance abusing adolescents and/or substance abusing adolescents with children. This service code is reimbursed by Medicaid/CHIPs and prior authorization by the Division is required.

H0016 HH Clinically Managed Low Intensity Residential – Dual Diagnosis: This service code is reimbursed by state contract and requires prior authorization from the Division of alcohol and drug abuse and the Division of mental health.

****NOTE:** An individual who is in Low Intensity Residential Treatment services for at least 60 days, and is scheduled to be discharged to his/her home community within the next 45 days, will be allowed the opportunity for a home visit. The home visit will not exceed 72 hours, will need to be documented on the clients treatment plan, with documentation to include the clinical value of the home visit along with any treatment tasks associated with the visit (example: to secure employment, find housing etc). The Division will reimburse the agency for the bed days (up to two days) that meet the criteria from above that the client will not be onsite at the facility. The Division will not reimburse the facility for a person absent from the facility for any other reason.

INTENSIVE INPATIENT TREATMENT: A residential treatment program of subacute care, which provides medically monitored structured and intensive treatment for chemically dependent clients, including those with co-occurring mental health conditions. Prior authorization from the Division is required. Conditions of services to be purchased by Division:

1. All services required under ARSD 46:05:19
2. For contract monitoring purposes the following requirements must be met:
   a. All services required under ARSD 46:05:09
   b. A unit of service is one day.
   c. Documentation that the consumer was at the facility at the time of daily census must be available to support billing.
   d. Services for pregnant women/women with dependent children must comply with the provisions set forth in CFR 45 Sec. 96.124
   e. Programs for pregnant adolescents/adolescents with dependent children must comply with the provisions set forth in CFR 45 Sec. 96.124
   f. Each client must have a treatment needs assessment completed and a treatment plan developed.
   g. Intensity of services required for reimbursement is 30 hours for adults/15 hours for adolescents per week. For the adult program, consumers may attend specialized topics that address specific needs outlined in the treatment plan for 9 of the 30 required hours.
3. All counseling services (individual, group, and family counseling) are included in the treatment program and are not billed separately while an individual is in intensive inpatient treatment.

H0019 Adult/Adolescent Medically Monitored Intensive Inpatient Treatment Program: Intensity of services required for reimbursement is 15 hours for adolescents and 30 hours for adults of counseling services per week. This service code is reimbursed by state contract. Adolescent services can be billed using this code if the client is denied Medicaid/CHIPs and completes the financial eligibility documentation referred to in V(E).

H0019 HA Adolescent Medically Monitored Intensive Inpatient Treatment Program: Intensity of services required for reimbursement is 15 hours of counseling services per week. This service code is reimbursed by Medicaid/CHIPs.

H0019 HD Medically Monitored Intensive Inpatient Treatment for Pregnant Women and/or Women w/ Dependent Children: Individuals must be pregnant or be a substance abusing female with dependent children. Intensity of services required for reimbursement is 30 hours of counseling services per week. This service code is reimbursed by state contract and Medicaid.

H0019 HA HD Medically Monitored Intensive Inpatient Treatment for Pregnant Adolescents: Individuals must be pregnant. Intensity of services required for reimbursement is 15 hours of counseling services per week. This service code is reimbursed by Medicaid.

H0018 HA Medically Monitored Intensive Inpatient Treatment for Adolescents – Short Term Relapse Program: This program is designed for adolescents with a primary diagnosis of alcohol and other drug abuse, who have completed Intensive Outpatient, Day, or Inpatient Treatment at least once, and have relapsed while on aftercare in the community. This service code is reimbursed by Medicaid/CHIPs.

SD WOMEN'S PRISON INTENSIVE METHAMPHETAMINE TREATMENT PROGRAM:

These service codes are to be used only for women involved in the Intensive Meth Treatment program at the Solem Public Safety Center (Women's Prison). Prior authorization from the Division is required.

H0004 HG Individual Counseling for the Intensive Methamphetamine Treatment Program: Clients are involved in Phase Four (Community Placement) of the IMT Program. Phase four consists of 180 days, divided into two 90 day sub-phases. At this point in the program, the clients will be residing in their own residence. For the first 90 days the client will be required to attend 2 hours of Aftercare (Level 1) per week, 1 hour of Recovery Support per week, and 1 individual counseling session per month. For the second 90 days the client will be required to attend 1 hour of Aftercare per week, 1 hour of Recovery Support per week, and 1 individual counseling session per month, if needed. Clients will also be drug tested every 3 days by their assigned Parole Agents with costs to the Department of Corrections. The Division will provide reimbursement for services during the fist 90 day sub-phase. Agencies are not permitted to charge the client a co-pay during this time. The client is then responsible for all payment for the second 90 day sub-phase.

H0005 HG Local Group Counseling for the Intensive Methamphetamine Treatment Program: Clients are involved in Phase Four (Community Placement) of the IMT Program. Phase four consists of 180 days, divided into two 90 day sub-phases. At this point in the program, the clients will be residing in their own residence. For the first 90 days the client will be required to attend 2 hours of Aftercare (Level 1) per week, 1 hour of Recovery Support per week, and 1 individual counseling session per month. For the second 90 days the client will be required to attend 1 hour of Aftercare per week, 1 hour of Recovery Support per week, and 1 individual counseling session per month, if needed. Clients will also be drug tested every 3 days by their assigned Parole Agents with costs to the Department of Corrections. The Division will provide reimbursement for services during the first 90 day sub-phase. Agencies are not permitted to charge the client a co-pay during this time. The client is then responsible for all payment for the second 90 day sub-phase.

H0016 HG Clinically Managed Low Intensity Residential – Meth Women: **PHASE THREE (Structured Living):** Phase three consists of 90 days of Low Intensity Residential Treatment (Level III.1) at a local Half Way House. For the first month this level of care will require 5 hours of specific Chemical Dependency Services per week, 2 hours of Corrective Thinking, 2 hours of Recovery Support (AA/NA), 7 hours of Individualized Therapy, and Release Planning. Individualized Therapy may include; parenting, life skills, domestic violence, mental health counseling, and case management. This therapy may be provided in a group setting or on an individual basis. For the remaining two months, the client will be placed in regular III.1 programming which requires 5 hours of Chemical Dependency Services per week. All documentation requirements of section VI, part C of this contract and ARSD 46:05:09 must be fulfilled for the full 90 days of Phase Three. Agencies are not allowed to charge the client above the Division's reimbursement rate for this level of care. Clients will also be randomly drug tested every 3 days. Drug tests will be supplied to the Half Way Houses by the Department of Corrections. Data Collection and Assessment Instruments are administered by the Half Way House at the end of Phase 3 and sent to Mountain Plains Evaluation.

****NOTE:** An individual who is in Low Intensity Residential Treatment services for at least 30 days will be allowed the opportunity for a home visit. The home visit will not exceed 72 hours, and the justification will need to be documented in the clinical record, to include the clinical value of the home visit along with any treatment tasks associated with the visit (example: to secure employment, find housing etc). The Division will reimburse the agency for the bed days (up to two days) that meet the criteria from above that the client will not be onsite at the facility. The Division will not reimburse the facility for a person absent from the facility for any other reason.

KEYSTONE CORRECTIONAL METH PROGRAM:

These service codes are to be used only for clients involved in the Long-Term Keystone Correctional Methamphetamine Treatment Program. Prior authorization from the Division is required. All documentation requirements of section VI, part C of this contract and ARSD 46:05:09 must also be fulfilled.

H0004 HB HG Individual Counseling for the Intensive Methamphetamine Treatment Program (Phase IV): Each client will be placed in Phase IV for approximately 8 months of Aftercare. The Division will not reimburse for Counseling Services during Phase IV, as the client is responsible for payment.

H0005 HB HG Group Counseling for the Intensive Methamphetamine Treatment Program (Phase IV): Each client will be placed in Phase IV for approximately 8 months of Aftercare. The Division will not reimburse for Counseling Services during Phase IV, as the client is responsible for payment.

H0014 HB HG Medically Managed Residential Detoxification (Phase I): Clients must be in residence a minimum of 24 hours and can be involved in this level of care until they no longer meet ASAM criteria for continued stay. The length of this phase is based on individual need under the direction of medical personnel. If a client is admitted and is not experiencing withdrawal, he/she must be moved into Phase II within 3 working days. This service code is reimbursed by state contract. Any medications directly related to the client's meth use are included in the daily rate of reimbursement.

H0015 HB HF HG Intensive Outpatient Treatment (Slip/Slot) (Phase III): Upon Release from Inpatient Treatment, each client will be placed in Phase III; 90 days in a Low Intensity Residential Treatment Facility while attending a maximum 24 sessions of an Intensive Outpatient Treatment Program. All requirements of the Slip/Slot programming described above must also be fulfilled. The Division will reimburse for Counseling Services during Phase III.

H0016 HB HF HG Low Intensity Residential Treatment (Slip/Slot) (Phase III): A residential, peer oriented treatment program of sub acute care designed to aid the client's re-entry into society. Clients who attend this program are also receiving services in the intensive outpatient treatment program with special emphasis on relapse prevention planning. All requirements of the Slip/Slot programming described above must also be fulfilled. The Division will reimburse for Residential Services during Phase III. Agencies may not charge the client a co-pay while residing at the facility.

H0019 HB HG Medically Monitored Intensive Inpatient Treatment (Phase II): Intensity of services required for reimbursement is 30 hours of counseling services per week. This service code is reimbursed by state contract.

H2015 HB HG Comprehensive Community Support Services (Phase III & IV): A Mentor will be assigned by Keystone to each client as an influential supporter to be used as a teacher/counselor in the community. Keystone will provide a job description for the Mentor. This service code is reimbursed by state contract.

CITY/COUNTY ALCOHOL & DRUG PROGRAMS:

These service codes are to be used only for clients involved in the Long-Term City County Methamphetamine Treatment Program. Prior authorization from the Division is required. All documentation requirements of section VI, part C of this contract and ARSD 46:05:09 must also be fulfilled.

H0004 HB HG Individual Counseling for the Intensive Methamphetamine Treatment Program (Phase IVb): Each client will be placed in Phase IVb for approximately 5 months of Aftercare. The Division will not reimburse for Counseling Services during Phase IVb, as the client is responsible for payment.

H0005 HB HG Group Counseling for the Intensive Methamphetamine Treatment Program (Phase IVb): Each client will be placed in Phase IVb for approximately 5 months of Aftercare. The Division will not reimburse for Counseling Services during Phase IVb, as the client is responsible for payment.

H0014 EY HB HG Clinically Managed Social Detoxification (Phase I): Clients must be in residence a minimum of 24 hours and can be involved in this level of care until they no longer meet ASAM criteria for continued stay. The length of this phase is based on individual need under the direction of medical personnel. If a client is admitted and is not experiencing withdrawal, he/she must be moved into Phase II within 3 working days. This service code is reimbursed by state contract. Any medications directly related to the client's meth use is included in the daily rate of reimbursement.

H0015 HB HF HG Intensive Outpatient Treatment (Slip/Slot) (Phase III): Upon completion of Day Treatment, each client will be placed in Phase III; 8 weeks in a Low Intensity Residential Treatment Facility while attending an Intensive Outpatient

Treatment Program. All requirements of the Slip/Slot programming described above must also be fulfilled. The Division will reimburse for Counseling Services during Phase III.

H0016 HB HF HG Low Intensity Residential Treatment (Slip/Slot) (Phase III): A residential, peer oriented treatment program of sub acute care designed to aid the client's re-entry into society. Clients who attend this program are also receiving services in the intensive outpatient treatment program with special emphasis on relapse prevention planning. All requirements of the Slip/Slot programming described above must also be fulfilled. The Division will reimburse for Residential Services during Phase III. Agencies may not charge the client a co-pay while residing at the facility.

H0016 HB HG Low Intensity Residential Treatment (Phase IVa): Upon completion of the Slip/Slot Program, each client will be placed in Phase IVa; 90 days of Low Intensity Residential Treatment. All requirements of the Low Intensity Residential Treatment programming described above must also be fulfilled. The Division will reimburse for Residential Services during Phase IVa. Agencies may charge the client a co-pay while residing at the facility once they obtain employment.

H2015 HB HG Comprehensive Community Support Services (Phase III & IV): A Mentor will be assigned by City/County to each client as an influential supporter to be used as a teacher/counselor in the community. City/County will provide a job description for the Mentor. This service code is reimbursed by state contract.

H2036 HB HG Intensive Day Treatment (Phase II): Clients will be involved in the Day Treatment Program while living at the facility. Intensity of services required for reimbursement is 20 hours of counseling services per week. This service code is reimbursed by state contract.

GAMBLING SERVICES: Services provided to individuals determined to have a gambling problem and services to individuals who are affected by someone else's gambling, including those with co-occurring mental health conditions. Conditions of services to be purchased by Division:

Qualifications of staff:
These qualifications pertain to those staff that would be providing any type of direct service under the grant award.

1. Staff should meet the qualifications of chemical dependency counselors outlined in 46:05:05:04
2. Staff, within a two year period of obtaining a grant award, should have attended 60 hours of gambling specific training approved by the National Council on Problem Gambling

Client Fees for Service:
The service provider shall comply with 46:05:04:06, Program fees to be made available. Individuals receiving compulsive gambling services shall be responsible for part of the cost of services.

1. A sliding scale shall be developed by the service provider, which takes into account the unique financial situation of the compulsive gambler, i.e. actual funds versus earned income, consideration of debt. State funds are reserved for those individuals who meet the 185% poverty guidelines based on adjusted net income formula
2. The service provider must have a policy for establishing the client fee as well as collection of the client fee

Client Assessment:
The service provider shall comply with 46:05:09:08, treatment needs assessment content. Additional areas to be included in the assessment are as follows:

1. The client's gambling history, as well as substance use history, must be documented. This history should reflect age of first bet, types of betting, onset of compulsive behavior, most lost and most won, how the action feels, episodes of chasing, episodes of disassociation
2. A collateral contact for evaluation purposes must be completed. This is due to the unreliability of the compulsive gambler as a self-informant
3. A detailed financial history should be taken, including all debts, past bankruptcies and bailouts. This financial history also needs to include how the money is currently handled and possible support systems to allow the compulsive gambler to deal with financial issues without the use of large amounts of cash, checks or credit cards
4. A general health summary, which needs to include possible withdrawal symptoms related to the gambling along with stress related/induced problems. The general health summary should be verified through collateral contact when possible. This is also beneficial in terms of medication compliance
5. A history of emotional and behavioral problems including any prior mental health services. Compulsive gamblers are often seen in other health care systems prior to being in treatment for their gambling problem. Suicidal ideation and attempts need to be carefully screened for. Compulsive gamblers are very impulsive as a rule and can very quickly reach crisis. The suicide rate of compulsive gamblers is ten times higher than the general population. They need to be evaluated for stability regarding this issue

Crisis Intervention:
The service provider must have a plan for providing crisis intervention services. This plan must include:

1. 24 hour on call service
2. Method for evaluating suicidal ideation
3. Agreements with other community providers regarding dealing with individuals in crisis

Required Services
The service provider shall comply with 46:05:16:04 (et al.), services required. In addition to the services mentioned here the following services need to be included:

1. Some type of in-house financial planning or referral to an outside agency that can provide the financial planning component.
2. Education regarding compulsive gambling and the progression of compulsive gambling.
3. Referral to marital/relationship counseling.
4. Family education to be conducted separate from services to the compulsive gambler.
5. Some type of ongoing measure of depression and anxiety.
6. Groups for processing feeling journals. These groups will be specific to compulsive gamblers.
7. Stress relaxation practice.
8. Case management to facilitate follow through of referrals.

H0001 HV Gambling Treatment Needs Assessment/Updates: This service code can be utilized for all Gambling Assessments/Updates for State Contract and Non-Contract reporting. Service Code H0001 HV is to be used when submitting units for developing a Treatment Needs Assessment in accordance with ARSD 46:05:21:04(1). A unit of service is 15 minutes and <u>does not require an Admission Record in STARS.</u> The time used for determining the units should include the face to face interview with the client, collateral contacts made to obtain additional information or verification of assessment information Collateral contact time/units for an assessment should be included in the H0001 HV service code.

H2011 HV Gambling - Crisis Intervention Services: This service applies to intervention services provided to an individual experiencing a crisis situation related to his/her gambling. The focus of the intervention is to restore the individual to the level of functioning before the crisis or provide means to place the individual into a secure environment. Examples would include gambling related emergencies or when an intervention is needed to stabilize the client from a gambling crisis.
A limit of eight units (two hours) is permitted for each crisis situation per person, per day, with an annual limit of 24 units (six hours). An admission record in STARS, nor the completion of a Means 101 form, is required for reimbursement.

H2011 HV TN Gambling - Crisis Intervention Services/Rural: This service must be provided at least 20 miles, one way, from the accredited agency's home station.

H0004 HV Gambling – Local Individual Counseling: Individuals must meet the criteria for services under ARSD 46:05:21 and 46:05:15 and 46:05:09. These individuals are seen on an individual basis. A unit of service is 15 minutes.

H0004 HV TN Gambling – Local Individual Counseling/Rural: This service must be provided at least 20 miles, one way, from the accredited agency's home station.

H0005 HV Gambling - Local Group Counseling: This category is for a minimum of three and a maximum of 13 clients. Each group member must meet the criteria for services under ARSD 46:05:21 and 46:05:15 and 46:05:09. A unit of service is 15 minutes.

H0005 HV TN Gambling - Local Group Counseling/Rural: This service must be provided at least 20 miles, one way, from the accredited agency's home station.

H0015 HV Gambling - Intensive Outpatient Treatment: Individuals must be 18 years of age or over and must meet the criteria for services under ARSD 46:05:21, 46:05:16 and 46:05:09. Intensity of services required for reimbursement is nine hours of counseling per week; six hours must be gambling specific. A unit of service is 15 minutes.

H0019 HV Gambling - Intensive Residential Treatment: Individuals must be 18 years of age or over, and meet the criteria for all services under ARSD 46:05:21, 46:05:19 and 46:05:09. Intensity of services required for reimbursement is 30 hours of counseling per week; 15 hours must be gambling specific. A unit of service is one day.

H2036 HV Gambling - Day Treatment: Individuals must meet the criteria for services under ARSD 46:05:21, 46:05:17 and 46:05:09. Clients will be involved in the Day Treatment Program while living at the facility or at their residence. Intensity

of services required for reimbursement is 20 hours of counseling per week; 10 hours must be gambling specific. A unit of service is one day.

RESOURCE DEVELOPMENT: Education and training programs are designed for training to increase staff knowledge or skill, thus improving the competency to provide chemical dependency services, including developing dual diagnosis competency in all staff. Conditions of services to be purchased by Division:

1. For contract monitoring purposes the following requirements must be met:
   a. Programs for reimbursement are limited to the agency's professional staff
   b. Programs must be approved for college level credit, CCBT's or CEU's
   c. Training for reimbursement is limited to 2 days per eligible counselor/prevention specialist per fiscal year
   d. Programs must be relevant to the job description of the individual's position

H2014 Staff Training for Treatment: Training specific for CCBT's or college courses for treatment staff. Training for reimbursement purposes is one day and is limited to 2 days per eligible counselor provider per fiscal year.

PREVENTION DEFINITIONS – Billable/Non-billable

One unit of service is equal to 15 minutes.

Information Dissemination - H0024

Information dissemination utilizes activities which provide awareness and knowledge of the nature and extent of alcohol, tobacco and other drug use, abuse and addiction and their effects on individuals, families, and communities. It is characterized by one-way communication from the source to the audience. ID may include, but is not limited to:

Audiovisual material Development/Dissemination
Clearinghouse/Information Resource Center
Curriculum Development/Dissemination
Health Fairs
Health Promotion
Media Campaigns Dissemination
Newsletter Development/Dissemination
Printed Material Development/Dissemination
PSA Development/Dissemination
Resource Directory Development/Dissemination
Speaking Engagements
Technical Assistance
Telephone Information Services

Education - H0025

Education service delivery to target populations is intended to affect critical life and social skills, refusal skills, and critical thinking skills. Education can include but is not limited to:

Children of Substance Abusers Group
Classroom Educational services
Education Services for Youth Groups
Parenting Family Management Services
Peer Leader/Helper Programs
Professional Development
Small Group Sessions

Education - H0025 HQ

Education service delivery to target populations is intended to affect critical life and social skills, refusal skills, and critical thinking skills. Education can include but is not limited to:

Children of Substance Abusers Group
Classroom Educational services
Education Services for Youth Groups
Parenting Family Management Services
Peer Leader/Helper Programs
Professional Development
Small Group Sessions

Community-Based – H0026

Community based service delivery enhances the ability of the community to more effectively provide prevention services for alcohol, tobacco and other drug use, abuse and addiction. CB activities may include but are not limited to:

Assessing Services and Funding
Assessing Community Needs
Community and Volunteer Services
Community Team Activities
Formal Community Teams
Systemic Planning
Technical Assistance (One Time Basis)
Training Services (One Time Basis)
Coalition Building
Multi-agency coordination & collaboration

Environmental – H0027

Environmental services establish or change written and unwritten community standards, codes and attitudes that influence the incidence and prevalence of alcohol, tobacco and other drugs used in the general population. Examples of activities for this strategy include, but are not limited to the following:

Changing Environmental Codes, Ordinances, Regulation & Legislation
Environmental consultation to communities
Establishing ATOD Free Policies
Modifying Alcohol & Tobacco Advertising- Alcohol Compliance Inspections
Modifying Alcohol & Tobacco Advertising- Alcohol Violations
Modifying Alcohol & Tobacco Advertising- Tobacco Violations
Prevention Underage Alcoholic beverage sales
Preventing underage sale of Tobacco and tobacco products – Synar Amendment
Promoting Establishment and review of Substance Abuse Policies – Enforcement Initiatives
Promoting Establishment and review of Substance Abuse Policies – New Schools adopting substance abuse policies
Promoting Establishment and review of Substance Abuse Policies – New Workplaces adopting substance abuse policies
Public Policy Efforts
Violence Prevention

Alternatives – H0029

Alternative services provide for the participation of specific populations in activities free from alcohol, tobacco and other drug use. The assumption is that constructive healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or eliminate the use of chemicals. Examples of education activities include, but are not limited to the following:

Alcohol and Drug Free Dances and Parties (One Time Basis)
Community Drop In Center Activities
Community Drop In Centers
Community Services
Recognition Activities
Youth/Adult Leadership Functions (one time basis)

Mentoring Programs
Alcohol & Drug free recreational activities

Problem Identification and Referral

Problem identification and referral aims to identify individuals who have engaged in illegal/age-inappropriate use of tobacco, alcohol, and other drugs and provide education, service or referral.

The following problem identification and referral activities are recommended and funded by the Division. The activities are intended for groups of a minimum of three and a maximum of 13 clients.

HA H0028 (child/adolescent – 18 & under)
Primary Prevention Programs: Minimum of ten hours and a maximum of fourteen and one-half (10-14 ½) hours of education program for youth under the age of 18 within a community based setting who are first time offenders of alcohol or other drugs. Instructors must utilize the 10-hour Program Syllabus for the participant portion and utilize the 4 ½ hour Universal Prevention Audience Syllabus for the optional parent portion of the course. The program must be conducted by a Prime For Life trained treatment or prevention professional.

HB H0028 (19-20 year olds)
Young Adult Alcohol Diversion Program: Twelve (12) hours of education/diversion program within the Circuit Court Districts for 19-20 year olds who have been referred to the program due to an alcohol-related offense. Instructors must utilize the 12-hour Program Syllabus to meet the billing requirements for this course. There is NOT a parent component for this age group. The program must be conducted by a Prime For Life trained treatment or prevention professional.

HK H0028
Intensive Prevention Program: Minimum of sixteen hours and a maximum of twenty and one-half (16-20 ½) hours of services for adolescents within a community based setting who have multiple offenses of alcohol or other drugs. Instructors must utilize the 16-hour Program Syllabus for the participant portion and utilize the 4 ½ hour Universal Prevention Audience Syllabus for the optional parent portion of the course. The program must be conducted by a Prime For Life trained treatment or prevention professional.

Minimum requirements for documentation include attendance, pre/post tests or the pre/post test summary, program completion letter or certificate, Simple Screening Instrument. TIP # 11 Simple Screening Instruments for Outreach for Alcohol and other Drug Abuse can be found on this website: http://www.kap.samhsa.gov/text-only/products/manuals/tips/

Interpreter Services

T1013
Sign language or oral interpretive services. Cost for local travel is included in the fee rate.

T1013 TN
Sign language or oral interpretive services/rural: To promote services in rural areas and compensate these additional costs, the following reimbursement procedure has been established.

1. Reimbursement is allowed when the location of the assignment is 20 miles out of the city limits of the home station for the interpreter.
2. Reimbursement may include travel time and mileage. Travel time will be calculated from portal to portal. Mileage will to be paid in accordance with the rates and rules established by the South Dakota State Board of Finance Travel Regulations. For billing purposes, the number of hours worked, and the odometer readings must be included in the report.

Some examples of **Non-billable activities** are:

Time spent at training or a conference funded by the Division (ie. SAPST, Theories, Ethics)
Data entry/billing in KITS
Agency staff meetings
Travel time
Mileage
Lodging