



OKLAHOMA
**Mental Health &
Substance Abuse**

SERVICES MANUAL

SFY 2025

Revised 11-5-2024

PURPOSE

This Services Manual is intended as a reference document for Oklahoma Department of Mental Health and Substance Abuse (ODMHSAS) contracted providers. It contains requirements for provision and reimbursement of behavioral health services for both state-funded and Medicaid/SoonerCare compensable services.

RATES

Rates are subject to change and are maintained on the ODMHSAS ARC website at http://www.odmhsas.org/picis/BillingInfo/arc_Billing_info.htm.

CONTACT INFORMATION

For questions regarding billing, contact the ODMHSAS Help Desk at gethelp@odmhsas.org.

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LEVELS OF CARE AND SERVICES

ASAM LEVELS OF CARE

The American Society of Addiction Medicine (ASAM) categorizes services for substance use disorders into five broad levels of services, ranging from Level 0.5 (early intervention) to Level 4 (inpatient). Within those levels, decimal numbers are used to further specify the service continuum. All providers of substance use disorder services should follow ASAM level of care guidelines to determine the appropriate level of care for each consumer and utilize the ODMHSAS ASAM Level of Care tool as described in the ASAM Placement Tool instructions.

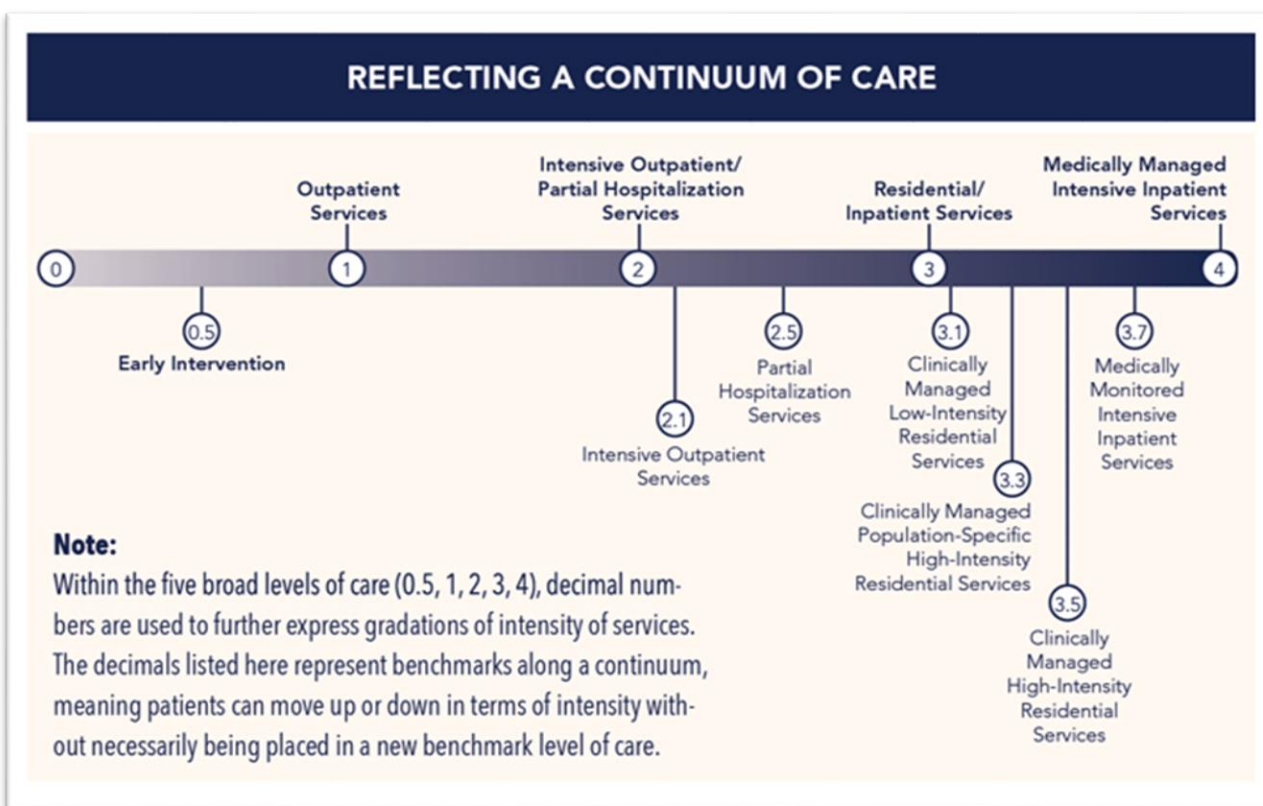


Image taken from: <https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>

ASAM Level of Care Descriptions

- **ASAM Level 0.5** is called Early Intervention for adults and adolescents and consists of services for individuals who, for a known reason, are at risk for developing substance-related problems and/or services for individuals for whom there is not yet sufficient information to document a diagnosable substance use disorder.

- **ASAM Level 1** is called Outpatient Services for adolescents and adults. This level of care typically consists of less than nine (9) hours of services per week for adults or less than six (6) hours of services per week for adolescents. Services may be delivered in a wide variety of settings.
- **ASAM Level 2** is the broad level of care that refers to intensive outpatient and partial hospitalization services.
- **ASAM Level 2.1** is called Intensive Outpatient Services for adolescents and adults and typically consists of nine (9) or more hours of services per week for adults or six (6) or more hours of services per week for adolescents. Services are delivered as organized outpatient services during the day, before or after school or work, in the evening, and/or on weekends.
- **ASAM Level 2.5** is called Partial Hospitalization Services for adolescents and adults and typically provides twenty (20) or more hours of services per week. Services are capable of meeting complex needs related to substance use and co-occurring disorders and are typically delivered during the day as day treatment/partial hospitalization services.
- **ASAM Level 3** is the broad level of care that refers to residential and inpatient services and encompasses ASAM levels 3.1, 3.3, 3.5 and 3.7.
- **ASAM Level 3.1** is called Clinically Managed Low-Intensity Residential Services for adolescents and adults. This level of care typically provides at least five (5) hours of clinical services a week and provides a twenty-four (24) hour living support and structure with trained personnel. The corresponding service description for this level of care is Halfway House Services.
- **ASAM Level 3.3** is called Clinically Managed Population-Specific High-Intensity Residential Services. This level of care is for adults only and typically offers twenty-four (24) hour care with trained personnel and is designed to accommodate individuals with cognitive or other impairments, including co-occurring disorders. The corresponding service description for this level of care is Residential Treatment for Adults with Co-Occurring Disorders.
- **ASAM Level 3.5** is called Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults. This level of care provides twenty-four (24) hour care and offers a wide range of therapeutic services. The corresponding service descriptions for this level of care are Residential Treatment and Intensive Residential Treatment.
- **ASAM Level 3.7** is called Medically Monitored High-Intensity Inpatient Services for adolescents and Medically Monitored Intensive Inpatient Withdrawal Management for adults. This level of care provides twenty-four (24) hour nursing care with physician supervision and medication availability. This level of care is

appropriate for individuals withdrawing from alcohol or other drugs with subacute biomedical and emotional, behavioral, or cognitive problems severe enough to require inpatient treatment but for whom hospitalization is not necessary. The corresponding service description for this level of care is Medically Supervised Withdrawal Management.

- **ASAM Level 4** is called Medically Managed Intensive Inpatient Services for adolescents and adults. This level of care offers twenty-four (24) hour nursing care and daily physician care for severe, unstable problems in ASAM Dimensions 1, 2 or 3.

NOTE: Descriptions above provide a general characterization of the types of services provided at each level. For specific information on the types of services that should be provided and the criteria for appropriate placement, please reference the latest version of *The ASAM Criteria*.

ODMHSAS requires that the ASAM be administered by an LBHP/LBHP Candidate.

***The above information is based on the current version of the ASAM that is being used by ODMHSAS providers. (A new version of the ASAM is currently being reviewed and may replace the ASAM information listed above)*

OUTPATIENT SERVICES (OO)

LEVELS OF SERVICE PROVIDERS

Behavioral Health Aide (BHA)

Beginning September 1, 2024, individuals must (1) possess current certification as a Behavioral Health Case Manager I, (2) must have successfully completed the specialized training and education curriculum prescribed by ODMHSAS, (3) must be supervised by a bachelor's level individual with a minimum of two (2) years case management or care coordination experience, (4) have service plans be overseen and approved by an LBHP or Licensure Candidate, and (5) must function under the general direction of an LBHP or Licensure Candidate and/or systems of care team, with an LBHP or Licensure Candidate available at all times to provide back up, support, and/or consultation.

Behavioral Health Case Manager (BHCM)

An individual certified as a Behavioral Health Case Manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

Note: There are two levels of Behavioral Health Case Manager-

Effective September 1, 2024, the requirements for each level are as follows:

Behavioral Health Case Manager I-

High school diploma or equivalent *and* 6 months of Behavioral Health experience

Behavioral Health Case Manager II-

1. HS diploma or equivalent and 36 months of Behavioral Health experience or
2. 60 college credit hours in any field and 12 months of BH experience or
3. Bachelor's or master's degree in any field with 6 months BH experience or
4. Bachelor's or master's degree in behavioral health field or
5. RN with BH experience

Certified Alcohol and Drug Counselor (CADC)

Oklahoma certification as an Alcohol and Drug Counselor.

Certified Alcohol and Drug Counselor Under Supervision (CADC-U)

Under supervision to attain Oklahoma certification as an Alcohol and Drug Counselor.

Employment Consultant (EC)

Individual who (i) has a high school diploma or equivalent; and (ii) successful completion of Job Coach training (which includes IPS Employment Specialist Certification).

Family Support and Training Provider (FSP)An FSP must (i) have a high school diploma or equivalent; (ii) be 21 years of age and have a successful experience as a family member of a child/adolescent with serious emotional disturbance, or a minimum of have lived experience as the primary caregiver of a child/adolescent who has received services for substance use disorder and/or co-occurring substance use and mental health, or have lived experience being the caregiver for a child/adolescent with Child Welfare/Child Protective Services involvement; (iii) successful completion of Family Support Training according to a curriculum approved by the ODMHSAS; (iv) pass OSBI background check; (v) service plans must be overseen and approved by a LBHP/Licensure Candidate; and (vi) must function under the general direction of a LBHP/Licensure Candidate or systems of care team, with a LBHP/Licensure Candidate available at all times to provide back up, support, and/or consultation.

As of September 1st, 2024, the Family Support & Training Provider (FSP) certification will be integrating with the Peer Recovery Support Specialist. For additional information please see page 152 of this manual.

Wraparound Facilitator Case Manager (SOC)An LBHP/Licensure Candidate, CADC, or certified as a Behavioral Health Case Manager II, and has the following: 1) successful completion of the ODMHSAS training for wraparound facilitation within six months of employment; and 2) participates in ongoing coaching provided by ODMHSAS and employing agency; and 3) successfully completes wraparound credentialing process within nine months of beginning process; and 4) direct supervision or immediate access and a minimum of one hour weekly clinical consultation with a Qualified Mental Health Professional, as required by ODMHSAS.

Intensive Case Manager (PACT)

An LBHP/Licensure Candidate, CADC, or certified as a Behavioral Health Case Manager II, and has: 1) a minimum of 2 years Behavioral Health Case Management experience, and 2) crisis diversion experience.

Licensed Behavioral Health Professional (LBHP)

An LBHP is:

(A) An Allopathic or Osteopathic Physician with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry,

(B) An Advanced Practice Registered Nurse licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided and certified in a psychiatric mental health specialty,

(C) A Clinical Psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists,

(D) A Physician Assistant who is licensed in good standing in Oklahoma and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions,

(E) A practitioner with a license to practice in the state in which services are provided issued by one of the following licensing boards:

- Social Work (clinical specialty only);
- Professional Counselor;
- Marriage and Family Therapist;
- Behavioral Practitioner; or
- Alcohol and Drug Counselor.

Note: An LBHP is not equivalent to an LMHP in 43A required for involuntary commitment.

Licensed Mental Health Professional (LMHP)

As defined in Title 43A 1-103(11):

- a. a psychiatrist who is a diplomate of the American Board of Psychiatry and Neurology,
- b. a psychiatrist who is a diplomate of the American Osteopathic Board of Neurology and Psychiatry,
- c. a physician licensed pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act or the Oklahoma Osteopathic Medicine Act,
- d. a clinical psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists,
- e. a professional counselor licensed pursuant to the Licensed Professional Counselors Act,
- f. a person licensed as a clinical social worker pursuant to the provisions of the Social Worker's Licensing Act,
- g. a licensed marital and family therapist as defined in the Marital and Family Therapist Licensure Act,
- h. a licensed behavioral practitioner as defined in the Licensed Behavioral Practitioner Act,
- i. an advanced practice nurse as defined in the Oklahoma Nursing Practice Act,
- j. a physician's assistant who is licensed in good standing in this state, or
- k. a licensed drug and alcohol counselor/mental health (LADC/MH) as defined in the Licensed Alcohol and Drug Counselors Act

Licensure Candidate

Licensure candidates are practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards: (A) Psychology; (B) Social Work (clinical specialty only); (C) Professional Counselor; (D) Marriage and Family Therapist; (E) Behavioral Practitioner; or (F) Alcohol and Drug Counselor. The supervising LBHP responsible for the member's care must:

- (1) Staff the member's case with the candidate,
- (2) Be personally available, or ensure the availability of an LBHP to the candidate for consultation while they are providing services,
- (3) Agree with the current plan for the member,
- (4) Confirm that the service provided by the candidate was appropriate; and
- (5) The member's medical record must show that the requirements for reimbursement were met and the LBHP responsible for the member's care has reviewed, countersigned, and dated the service plan and any updates thereto so that it is documented that the licensed professional is responsible for the member's care.

Peer Recovery Support Specialist (PRSS)

An individual certified as a Peer Recovery Support Specialist pursuant to Oklahoma Administrative Code, Title 450, Chapter 53.

As of September 1st, 2024, the Family Support & Training Provider (FSP) certification will be integrating with the Peer Recovery Support Specialist. For additional information please see page 152 of this manual.

NOTES

- ODMHSAS Outpatient Service Provider - When “Any level of ODMHSAS outpatient service provider can provide this service” is listed under the Staff Requirement for a service, this means any level of ODMHSAS outpatient service provider as listed in the Levels of Service Providers section above.
- Staff Requirements for Gambling Services – All gambling treatment services must be provided by a Gambling Treatment Professional qualified pursuant to Oklahoma Administrative Code, Title 450, Chapter 75. Gambling treatment services include Behavioral Health Assessment (Non-MD); Behavioral Health Service Plan Development Moderate and Low Complexity; and Group, Individual & Family Psychotherapy. The staff requirements for gambling support services such as Screening; Case Management; Rehabilitation; and Peer Recovery Support Services shall follow the Staff Requirements outlined in the Service Definitions section of this Manual.

SERVICE DEFINITIONS

NOTE: ODMHSAS allows for the use of the CMS guidelines for 15-minute codes called “the 8-minute rule.” This allows for a 15-minute service unit to be billed as long as at least 8 minutes of service have been provided.

Academic Services

DAY SCHOOL

Therapeutic/accredited academic services.

Staff Requirement: [SA] LBHP or Licensure Candidate, CADC, or CADC-U

	Billing Code	Rate/Unit	Coverage
SA	T1018 HF	\$5.00 / 1 hour	DMH

Case Management Services

CASE MANAGEMENT SERVICES

Planned referral, linkage, monitoring and support, and advocacy provided in partnership with a customer to support that customer in self-sufficiency and community tenure. Case management actions may take place in the individual’s home, in the community, or in the facility. A DMHSAS Certified Behavioral Health Case Manager, in accordance with a service plan developed with and approved by the customer and qualified staff, must provide the services. The plan must demonstrate the customer’s need for specific services provided. Billable activities include: completion of a strengths based assessment; development of case management care plan; referral, linkage and advocacy to assist with gaining access to appropriate community resources; monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress; follow-up contact with the customer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual’s ability to function or maintain in the community) to assist customer(s) from progression to a higher level of care.

Case management services can also be provided in an inpatient setting to assist with transition and discharge planning. For children ages 0-21 that are transitioning out of inpatient facilities only, these services should be billed under the Transitional Case Management codes below (following specialized guidelines for prior authorization and billing). Assistance with transition and discharge planning for individuals who do not meet criteria for “Transitional Case Management” (ex: over the age of 21), these services should be billed under the Outpatient in Inpatient Setting codes listed below. Please NOTE that the Outpatient in Inpatient Setting codes can only be used for ODMHSAS funded consumers.

Note: Intra-agency referral, linkage and advocacy contacts are not to be reported. Face-to-face and non-face-to-face contacts with treatment or service providers (including Intra-agency) for the purposes of monitoring customer attendance of scheduled physician/medication, therapy, rehabilitation, or other supportive service appointments (as delineated on the service plan) can be billed.

Targeted Case Management: Services are targeted to persons under age twenty-one who are at imminent risk of out-of-home placement for psychiatric or substance abuse reasons or are in out-of-home placement due to psychiatric or substance abuse reasons; and chronically and/or severely mentally ill adults who are institutionalized or are at risk of institutionalization.

Wraparound Facilitation: Intensive Case Management used in the provision of Systems of Care (SOC) wraparound services. Staff providing this service must meet requirements for the SOC Wraparound Facilitator Case Manager, and this level of Case Management may only be provided for kids receiving SOC wraparound services.

Custody Kids: This code can only be used to provide Case Management services to custody kids in Systems of Care (SOC).

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement:

[MH, SA and GA] BHCM I, or
BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP or Licensure Candidate

			Billing Code	Rate/Unit	Coverage
MH	Targeted Case Management	LBHP/Cand Telemed Telephone	T1017 HE, HO T1017 HE, HO, GT T1017 HE, HO, 93	\$16.38/15 min \$12.18-\$13.53	DMH MCD
		CMII/CADC Telemed Telephone	T1017 HE, HN T1017 HE, HN, GT T1017 HE, HN, 93	\$16.38/15 min \$10.48/15 min	DMH MCD
		CM I Telemed Telephone	T1017 HE, HM T1017 HE, HM, GT T1017 HE, HM, 93	\$16.38/15 min \$7.43/15 min	DMH MCD
	Outpatient in inpatient setting	LBHP/Cand	T1017 HE, HO, HK	\$16.38/15 min	DMH
		CMII/CADC	T1017 HE, HN, HK	\$16.38/15 min	DMH
		CM I	T1017 HE, HM, HK	\$16.38/15 min	DMH
	Wraparound Facilitation (SOC)	LBHP/Cand Telemed Telephone	T1016 HE, HO T1016 HE, HO, GT T1016 HE, HO, 93	\$21.61/15 min \$19.45-\$21.61	DMH MCD

		CMII/CADC Telemed Telephone	T1016 HE, HN T1016 HE, HN, GT T1016 HE, HN, 93	\$16.21/15 min \$16.21/15 min	DMH MCD
	Custody Kids (SOC)	LBHP/Cand	T2022 HE, HO	\$21.61 / 15 minutes	DMH
		CMII/CADC	T2022 HE, HN	\$16.21 / 15 minutes	DMH
	Transitional Case Management	LBHP/Cand Telemed Telephone	T1017 HE, HO, TG T1017 HE, HO, TG, GT T1017 HE, HO, TG, 93	\$16.38/15 min \$12.18-\$13.53	DMH MCD
		CMII/CADC Telemed Telephone	T1017 HE, HN, TG T1017 HE, HN, TG, GT T1017 HE, HN, TG, 93	\$16.38/15 min \$10.48/15 min	DMH MCD
		CM I Telemed Telephone	T1017 HE, HM, TG T1017 HE, HM, TG, GT T1017 HE, HM, TG, 93	\$16.38/15 min \$7.43/15 min	DMH MCD
	Transitional Wraparound Facilitation (SOC)	LBHP/Cand Telemed Telephone	T1016 HE, HO, TG T1016 HE, HO, TG, GT T1016 HE, HO, TG, 93	\$21.61/15 min \$19.45-\$21.61	DMH MCD
		CMII/CADC Telemed Telephone	T1016 HE, HN, TG T1016 HE, HN, TG, GT T1016 HE, HN, TG, 93	\$16.21/15 min \$16.21/15 min	DMH MCD
MH- Community Support Services PA Group Only	Outpatient	LBHP/Cand Telemed Telephone	T1017 HE, HO, U1 T1017 HE, HO, U1, GT T1017 HE, HO, U1, 93	\$16.38 / 15 minutes	DMH
		CMII/CADC Telemed Telephone	T1017 HE, HN, U1 T1017 HE, HN, U1, GT T1017 HE, HN, U1, 93	\$16.38 / 15 minutes	DMH
		CM I Telemed Telephone	T1017 HE, HM, U1 T1017 HE, HM, U1, GT T1017 HE, HM, U1, 93	\$16.38 / 15 minutes	DMH
		LBHP/Cand	T1017 HE, HO, HK, U1	\$16.38 / 15 minutes	DMH

	Outpatient in inpatient setting	CMII/CADC	T1017 HE, HN, HK, U1	\$16.38 / 15 minutes	DMH
		CM I	T1017 HE, HM, HK, U1	\$16.38 / 15 minutes	DMH
SA	Targeted Case Management	LBHP/Cand Telemed Telephone	T1017 HF, HO T1017 HF, HO, GT T1017 HF, HO, 93	\$16.38/15 min \$12.18-\$13.53	DMH MCD
		CMII/CADC Telemed Telephone	T1017 HF, HN T1017 HF, HN, GT T1017 HF, HN, 93	\$16.38/15 min \$10.48/15 min	DMH MCD
		CM I Telemed Telephone	T1017 HF, HM T1017 HF, HM, GT T1017 HF, HM, 93	\$16.38/15 min \$7.43/15 min	DMH MCD
	Outpatient in inpatient setting	LBHP/Cand	T1017 HF, HO, HK	\$16.38 / 15 minutes	DMH
		CMII/CADC	T1017 HF, HN, HK	\$16.38 / 15 minutes	DMH
		CM I	T1017 HF, HM, HK	\$16.38 / 15 minutes	DMH
	Wraparound Facilitation (SOC)	LBHP/Cand Telemed Telephone	T1016 HF, HO T1016 HF, HO, GT T1016 HF, HO, 93	\$21.61/15 min \$19.45-\$21.61	DMH MCD
		CMII/CADC Telemed Telephone	T1016 HF, HN T1016 HF, HN, GT T1016 HF, HN, 93	\$16.21/15 min \$16.21/15 min	DMH MCD

	Custody Kids (SOC)	LBHP/Cand	T2022 HF, HO	\$21.61 / 15 minutes	DMH
		CMII/CADC	T2022 HF, HN	\$16.21 / 15 minutes	DMH
	Transitional Case Management	LBHP/Cand Telemed Telephone	T1017 HF, HO, TG T1017 HF, HO, TG, GT T1017 HF, HO, TG, 93	\$16.38/15 min \$12.18-\$13.53	DMH MCD
		CMII/CADC Telemed Telephone	T1017 HF, HN, TG T1017 HF, HN, TG, GT T1017 HF, HN, TG, 93	\$16.38/15 min \$10.48/15 min	DMH MCD
		CM I Telemed Telephone	T1017 HF, HM, TG T1017 HF, HM, TG, GT T1017 HF, HM, TG, 93	\$16.38/15 min \$7.43/15 min	DMH MCD
	Transitional Wraparound	LBHP/Cand Telemed	T1016 HF, HO, TG T1016 HF, HO, TG, GT	\$21.61/15 min \$19.45-\$21.61	DMH MCD

	Facilitation (SOC)	Telephone	T1016 HF, HO, TG, 93		
		CMII/CADC Telemed	T1016 HF, HN, TG T1016 HF, HN, TG, GT	\$16.21/15 min \$16.21/15 min	DMH MCD
		Telephone	T1016 HF, HN, TG, 93		
GA	Targeted Case Management	LBHP/Cand Telemed Telephone	T1017 HV, HO T1017 HV, HO, GT T1017 HV, HO, 93	\$16.38/15 min \$12.18-\$13.53	DMH MCD
		CMII/CADC Telemed Telephone	T1017 HV, HN T1017 HV, HN, GT T1017 HV, HN, 93	\$16.38/15 min \$10.48/15 min	DMH MCD
		CM I Telemed Telephone	T1017 HV, HM T1017 HV, HM, GT T1017 HV, HM, 93	\$16.38/15 min \$7.43/15 min	DMH MCD
	Outpatient in inpatient setting	LBHP/Cand	T1017 HV, HO, HK	\$16.38 / 15 minutes	DMH
		CMII/CADC	T1017 HV, HN, HK	\$16.38 / 15 minutes	DMH
		CM I	T1017 HV, HM, HK	\$16.38 / 15 minutes	DMH
PATH	Outpatient	LBHP/Cand	T2022 HE, HO, U5	\$16.38 / 15 minutes	DMH
		CMII/CADC	T2022 HE, HN, U5	\$16.38 / 15 minutes	DMH
		CM I	T2022 HE, HM U5	\$16.38 / 15 minutes	DMH
	Transitional	LBHP/Cand	T2022 HE, HO, TG, U5	\$16.38 / 15 minutes	DMH
		CMII/CADC	T2022 HE, HN, TG, U5	\$16.38 / 15 minutes	DMH
		CM I	T2022 HE, HM, TG, U5	\$16.38 / 15 minutes	DMH
	Outpatient in Inpatient Setting	LBHP/Cand	T2022 HE, HO, HK, U5	\$16.38 / 15 minutes	DMH
		CMII/CADC	T2022 HE, HN, HK, U5	\$16.38 / 15 minutes	DMH
		CM I	T2022 HE, HM, HK, U5	\$16.38 / 15 minutes	DMH

CASE MANAGEMENT (TRAVEL COMPONENT)

This service is dedicated to the following activities needed to support Case Management services: transportation for the customer and remaining with a customer until a needed supportive service is provided (if the need for this level of service is clearly documented)

in the plan); travel time to and from meetings for the purpose of development or implementation of the individual care plan (including customer “no show”).

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement:

[MH, SA and GA] BHCM I, or
BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP or Licensure Candidate

	Billing Code	Rate/Unit	Coverage
MH	S0215 HE	\$16.38 / 15 minutes	DMH
MH- Community Support Services PA Group Only	S0215 HE, U1	\$16.38 / 15 minutes	DMH
SA	S0215 HF	\$16.38 / 15 minutes	DMH
GA	S0215 HV	\$16.38 / 15 minutes	DMH
SOC	S0215 HE, HA	\$16.38 / 15 minutes	DMH
PATH	S0215 HE, U5	\$16.38 / 15 minutes	DMH

CUSTOMER ADVOCACY

The assistance provided (face to face, by telephone or through written report), which supports, supplements, intervenes and/or links the customer with the appropriate service components. This can include assistance related to benefits, medical, dental, financial, employment, legal, and housing.

IPS: This service will be reported for time spent on Community Work Incentives Coordinator (CWIC) Assistance.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Staff Requirement: [MH, SA and GA] This service can only be provided by contracted Advocacy Groups, ODMHSAS housing endorsed staff, or IPS CWIC assistance.

	Billing Code	Rate/Unit	Coverage
MH	H0006 HE, TF	\$12.50 / 15 minutes	DMH
Telephone	H0006 HE, TF, 95	\$12.50 / 15 minutes	
Telemed	H0006 HE, TF, GT	\$12.50 / 15 minutes	
SA	H0006 HF, TF	\$12.50 / 15 minutes	DMH

Telephone	H0006, HF, TF, 95	\$12.50 / 15 minutes	
Telemed	H0006 HF, TF, GT	\$12.50 / 15 minutes	
GA	H0006 HV, TF	\$12.50 / 15 minutes	DMH
Telephone	H0006 HV, TF, 95	\$12.50 / 15 minutes	
Telemed	H0006 HV, TF, GT	\$12.50 / 15 minutes	
IPS	H0006 HE, HB	\$12.50 / 15 minutes	DMH
Telephone	H0006 HE, HB, 95	\$12.50 / 15 minutes	
Telemed	H0006 HE, HB, GT	\$12.50 / 15 minutes	

CUSTOMER FOLLOW-UP SERVICES

This service includes:

- 1) Follow-up contact with a customer to re-engage them in treatment, support continued stability in the community, and/or offer assistance related to recovery,
- 2) Contact with a customer to assist with transition/discharge planning for individuals in residential treatment (except for psychiatric residential treatment which should be provided under case management), halfway house, detox, jail or prison, nursing home, and follow-up after crisis intervention,
- 3) Case Management follow-up contact with the customer of less than eight (8) minutes related to missed appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan). When the Case Management follow-up service duration is eight (8) or more minutes, the service provided must be billed as Case Management,
- 4) RN follow-up with a customer after an E&M (physician) appointment to address required observation and follow-up for medication specific treatment with opioid treatment programs (ex: suboxone clinics).

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992). Service function 1) & 2) are typically provided under a generic ID. Service function 3) is the only function that has the requirement of less than 8 minutes.

Required: Face-to-face; telephone contacts (written documentation is required for all telephone contacts); and written follow-up correspondence. Customer does not need to be present. Leaving voice or text messages for clients and other failed communication attempts are not compensable.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide service functions 1) & 2).

Service function 3) must be provided by:

BHCM I, or
 BHCM II (Certification issued July 1, 2013 or after), or
 CADC, or
 LBHP or Licensure Candidate

Service function 4) must be provided by an RN.

		Billing Code	Rate/Unit	Coverage
MH	1) & 2)	H0006 HE	\$0.83 / 1 minutes	DMH
	Telephone	H0006 HE, FQ	\$0.83 / 1 minutes	DMH
	1) & 2) <i>Community Support Services PA Group Only</i>	H0006 HE, U1	\$0.83 / 1 minutes	DMH
	Telephone	H0006 HE, U1, FQ	\$0.83 / 1 minutes	DMH
	3)	H0006 HE, TG	\$0.83 / 1 minutes	DMH
	Telephone	H0006 HE, TG, FQ	\$0.83 / 1 minutes	DMH
	3) <i>Community Support Services PA Group Only</i>	H0006 HE, TG, U1	\$0.83 / 1 minutes	DMH
	Telephone	H0006 HE, TG, U1, FQ	\$0.83 / 1 minutes	DMH
SA	1) & 2)	H0006 HF	\$0.83 / 1 minute	DMH
	Telephone	H0006 HF, FQ	\$0.83 / 1 minutes	DMH
	3)	H0006 HF, TG	\$0.83 / 1 minutes	DMH
	Telephone	H0006 HF, TG, FQ	\$0.83 / 1 minutes	DMH
	4)	H0006 HF, TD	\$0.00 / 1 minutes	DMH
	Telephone	H0006 HF, TD, FQ	\$0.83 / 1 minutes	DMH
GA	Telephone	H0006 HV	\$0.83 / 1 minutes	DMH
		H0006 HV, FQ	\$0.83 / 1 minutes	DMH
PATH	1) & 2)	H0006 HE, U5	\$0.83 / 1 minutes	DMH
	Telephone	H0006 HE, U5, FQ	\$0.83 / 1 minutes	DMH
	3)	H0006 HE, TG, U5	\$0.83 / 1 minutes	DMH
	Telephone	H0006 HE, TG, UF, FQ	\$0.83 / 1 minutes	DMH

HOME AND COMMUNITY BASED TRAVEL

This service is dedicated to travel for the purpose of providing psychotherapy, crisis intervention, individual rehabilitation, Systems of Care family training and support and behavioral health aide services in the home/community, and PRSS services. Travel can

be to the individual's home, to various locations within the community, or to facilities where the client is receiving other related services. Travel time can be billed if the travel is related to the provision of one of the previously mentioned services and out-of-office settings are the preferred location for the service needed as documented in the service plan. Travel can be reported if the customer does not show for the appointment.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

IPS: IPS codes are to be used by IPS contracted providers for IPS service-related travel.

Staff Requirement: Psychotherapy and Crisis Intervention travel-
[MH, SA and GA] LBHP or Licensure Candidate

Individual Rehabilitation travel-
[MH, SA and GA]
BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP or Licensure Candidate

Systems of Care travel- FSP (for Family Training & Support)
BHA (for Behavioral Health Aide)

Community Recovery Support/Recovery Support Specialist travel-
[MH and SA]
PRSS

Individual Placement and Support (IPS) travel-
[MH and SA]
Employment Consultant trained and
credentialed in IPS

		Billing Code	Rate/Unit	Coverage
MH		S0215 HE, TG	\$16.38 / 15 minutes	DMH
SA		S0215 HF, TG	\$10.00 / 15 minutes	DMH
GA		S0215 HV, TG	\$16.38 / 15 minutes	DMH
SOC	FT&S	S0215 HE, HA, TG	\$9.75 / 15 minutes	DMH
	BHA	S0215 HE, HA, TF	\$7.77 / 15 minutes	DMH
PATH		S0215 HE, TG, U5	\$16.38 / 15 minutes	DMH
IPS	MH	S0215 HE, HB	\$4.22 / 15 minutes	DMH
	SA	S0215 HF, HB		DMH

Clinical Testing Services

CLINICAL TESTING

Clinical Testing is utilized when an accurate diagnosis and determination of treatment needs cannot be made otherwise. Tests selected are currently accepted test batteries.

Required: Face-to-face and written report.

Staff Requirement: [MH and SA] Psychologist, Psychometrist, LBHP or Licensure Candidate (as allowed by License regulations).

Psychological Testing Evaluation Services		Billing Code	Rate/Unit	Coverage
Psychologist (First Hour)	MH	96130 HE, HP	\$104.15 / 1 hour \$104.15 / 1 hour	DMH MCD
Psychologist (First Hour)	SA	96130 HF, HP	\$104.15 / 1 hour	DMH
LBHP (First Hour)	MH	96130 HE, HO	\$79.57 / 1 hour \$71.61 (Cand) / 1 hour	MCD
Psychologist (Each Add'l Hour)	MH	96131 HE, HP	\$79.25 / 1 hour \$79.25 / 1 hour	DMH MCD
Psychologist (Each Add'l Hour)	SA	96131 HF, HP	\$79.25 / 1 hour	DMH
LBHP (Each Add'l Hour)	MH	96131 HE, HO	\$60.55 / 1 hour \$54.50 (Cand) / 1 hour	MCD
Psychological Testing Administration & Scoring		Billing Code	Rate/Unit	Coverage
Psychologist (First 30 min)	MH	96136 HE, HP	\$40.26 / 30 min	DMH MCD
Psychologist (First 30 min)	SA	96136 HF, HP	\$40.26 / 30 min	DMH
LBHP (First 30 min)	MH	96136 HE, HO	\$30.75 / 30 min \$27.64 (Cand) / 30 min	MCD
Psychologist (Each Add'l 30 min)	MH	96137 HE, HP	\$37.05 / 30 min \$37.05 / 30 min	DMH MCD
Psychologist (Each Add'l 30 min)	SA	96137 HF, HP	\$37.05 / 30 min	DMH
LBHP (Each Add'l 30 min)	MH	96137 HE, HO	\$28.30 / 30 min \$25.47 (Cand) / 30 min	MCD

Consultation, Education, Training, and System Support Services

CONSULTATION

A formal and structured process of interaction between staff member(s) and unrelated individuals, groups, or agencies for the purpose of problem solving and/or enhancing their capacity to manage consumers or programs.

IPS: For IPS programs this service is used for Technical Assistance with IPS State Trainers. Please note that for CMHCs, Consultation services for Mental Health are reimbursed through Sole Source Contracts, and the code is used for reporting/productivity purposes only.

Note: Up to 2 people participating in Consultation can bill for the meeting. This service can only be reported with a generic Customer ID (999999992).

Required: Written documentation.

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service (IPS services should only be provided and reported by Employment Consultants who are trained and credentialed in IPS).

	Billing Code	Rate/Unit	Coverage
MH	99368 HE, TG	\$0.00 / 15 minutes	DMH
SA	99368 HF, TG	\$7.00 / 15 minutes	DMH
GA	99368 HV, TG	\$7.00 / 15 minutes	DMH

EDUCATION

Systematic presentation of selected information to impart knowledge or instructions, to increase understanding of specific issues or programs, and to examine attitudes and/or behaviors.

Note: This service can only be reported with a generic Customer ID (999999992).

Required: Written documentation.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit	Coverage
MH	97537 HE, TF	\$0.00 / 15 minutes	DMH

INTRA-AGENCY CLINICAL CONSULTATION

A formal and structured process of interaction among staff from the same agency for the purpose of discussion and problem-solving regarding effective utilization of treatment modalities and supports in clinical service provision.

IPS: For IPS this service will be reported for time spent on IPS Field Mentoring/IPS Team Meeting.

Note: Up to 4 people participating in Intra-agency Clinical Consultation can bill for the meeting. This service can only be reported with a generic Customer ID (999999992).

Staff Requirement: [MH] 2 or more staff, any level of ODMHSAS outpatient service provider can provide this service (IPS services must be provided and reported by an Employment Consultant that is trained and credentialed in IPS).

	Billing Code	Rate/Unit	Coverage
MH	99368 HE	\$5.00 / 15 minutes	DMH
IPS	99368 HE, HB	\$5.00 / 15 minutes	DMH

SYSTEM SUPPORT

Services provided as technical, professional, or informational assistance which may or may not be directly related to the treatment of a specific customer.

Note: This service can only be reported with a generic Customer ID (999999992).

Required: Face-to-face; telephone contacts; individual or group activity. Written documentation.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit	Coverage
MH	99368 HE, TF	\$0.00 / 15 minutes	DMH

TRAINING

A structured, formal process by which information is delivered to or received by staff for orientation purposes, enhancement or treatment procedures, on-going in-service, or accreditation for professional/contractual requirements.

IPS: For IPS this service will be reported for time spent in IPS Training Courses and Quarterly Meetings. For CMHCs, Training services for Mental Health are reimbursed through Sole Source contracts, and the code will be used for reporting/productivity purposes only.

Note: This service can only be reported with a generic Customer ID (999999992).

Required: Face-to-face; individual or group activity. Written documentation. For SA training must be CEU approved.

Staff Requirement: [MH and SA] Any level of ODMHSAS outpatient service provider can provide this service (IPS services must be provided by an Employment Consultant that is trained and credentialed in IPS).

	Billing Code	Rate/Unit	Coverage
MH	97537 HE	\$0.00 / 15 minutes	DMH
SA	97537 HF	\$7.00 / 15 minutes	DMH

TREATMENT TEAM MEETING

A formal and structured process of interaction among staff from the same agency for the purpose of evaluating and updating the service plan based on the customer's documented progress, when the customer is not present.

IPS: For IPS this service is reported for time spent in MH Team Meeting.

Note: Up to 4 people participating in Treatment Team Meeting can bill for the meeting. This service can only be reported with a generic Customer ID (999999992).

Staff Requirement: [SA and GA] 2 or more staff designated as providing services for an identified customer (For IPS reporting, the participating staff must be Employment Consultants that are trained and credentialed in IPS).

		Billing Code	Rate/Unit	Coverage
SA		99368 HF	\$7.00 / 15 minutes	DMH
GA		99368 HV	\$7.00 / 15 minutes	DMH
IPS	MH	99368 HE, HB	\$7.00 / 15 minutes	DMH
	SA	99368 HF, HB		DMH

Court Related Services

COMPETENCY EVALUATION

In-depth clinical evaluation on individuals charged with a crime for the purpose of determining if the individual has a mental disorder that could interfere with his/her ability to defend oneself. The evaluation should be conducted on an outpatient basis. If needed, the evaluation may be conducted in the jail. Can include up to 2 hours non-face-to-face time for report preparation.

Required: Face-to-face and written report.

Staff Requirement: Must meet designation of the ODMHSAS to be a Competency Evaluator.

		Billing Code	Rate/Unit	Coverage
MH	Competency Eval.	H2000 HE, H9	\$33.77 / 30 minutes	DMH
	Eval. for OFC	H2000 HE, TG, H9	\$200.00 / Event	DMH
	Eval. For OFC, Telemed	H2000 HE, TG, H9, GT	\$200.00 / Event	DMH
	Eval. for OFC to Testify	H2000 HE, TF, H9	\$13.75 / 15 minutes	DMH

COURT RELATED SERVICES

Time spent working with the court system to provide an overview of presenting problems of an individual. Should include recommendations to relevant resources and assistance

to ensure individuals continue to receive needed services. Includes court appearances, telephone contacts, travel time, and time spent writing reports to the court or attorneys.

Note: This service must occur in conjunction with a face-to-face service provided during the calendar month.

Staff Requirement: Any level of ODMHSAS outpatient service provider working in Specialty Courts and Jail Diversion programs.

	Billing Code	Rate/Unit	Coverage
MH	H0006 HE, H9	\$13.75 / 15 minutes	DMH
Telemed	H0006 HE, H9, GT	\$13.75 / 15 minutes	
Telephone	H0006 HE, H9, 95	\$13.75 / 15 minutes	
SA	H0006 HF, H9	\$13.75 / 15 minutes	DMH
Telemed	H006 HF, H9, GT	\$13.75 / 15 minutes	
Telephone	H0006 HF, H9, 95	\$13.75 / 15 minutes	

DIVORCE VISITATION ARBITRATION SERVICES

Services to include but not be limited to: Arbitration and mediation in contested child custody matters; court order visitation supervision; educational services for divorce and related issues; provision of individual and/or group counseling to children/families regarding divorce and related issues; and crisis diversion. Services may also include screening and referral.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Staff Requirement: [MH] BHCM I
BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP or Licensure Candidate

	Billing Code	Rate/Unit	Coverage
MH	H0022 HE	\$8.25 / 15 minutes	DMH

Crisis Intervention Services

CRISIS INTERVENTION SERVICES

An unanticipated, unscheduled emergency intervention, face-to-face or telephone, to resolve immediate, overwhelming problems that severely impair the individual's ability to function or maintain in the community. Must include but not limited to 24-hour/7 day per week triage, evaluation and stabilization; access to inpatient treatment, diagnosis and evaluation in external settings, such as jails and general hospitals; and referral services.

Services can be provided to individuals in their residence or natural setting. The crisis situation and significant functional impairment must be clearly documented.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999991), except for Telemed services which can only be reported with a unique ID. Crisis Intervention Services should not be billed during transportation time; the Home and Community Based Travel code should be billed for related travel.

Staff Requirement: [MH, SA and GA] LBHP or Licensure Candidate

			Billing Code	Rate/Unit	Coverage
MH	LBHP		H2011 HE	\$27.86 / 15 minutes	DMH
				\$22.00 / 15 minutes	MCD
	Licensure Candidate			\$25.07 / 15 minutes	DMH
				\$19.80 / 15 minutes	MCD
	Telemed	LBHP	H2011 HE, GT	\$27.86 / 15 minutes	DMH
Licensure Candidate		\$22.00 / 15 minutes		MCD	
			\$25.07 / 15 minutes	DMH	
			\$19.80 / 15 minutes	MCD	
Telephone			H0030 HE	\$19.50 / 15 minutes	DMH
MH- Community Support Services PA Group Only	Face to Face		H2011 HE, U1	\$27.86 / 15 minutes	DMH
	Telephone		H0030 HE, U1	\$19.50 / 15 minutes	DMH
	Telemed		H2011 HE, GT, U1	\$27.86 / 15 minutes	DMH
SA	LBHP		H2011 HF	\$27.86 / 15 minutes	DMH
				\$22.00 / 15 minutes	MCD
	Licensure Candidate			\$25.07 / 15 minutes	DMH
				\$19.80 / 15 minutes	MCD
	Telemed	LBHP	H2011 HF, GT	\$27.86 / 15 minutes	DMH
Licensure Candidate		\$22.00 / 15 minutes		MCD	
			\$25.07 / 15 minutes	DMH	
			\$19.80 / 15 minutes	MCD	
Telephone			H0030 HF	\$19.50 / 15 minutes	DMH
GA	LBHP		H2011 HV	\$27.86 / 15 minutes	DMH
				\$22.00 / 15 minutes	MCD
	Licensure Candidate			\$25.07 / 15 minutes	DMH
				\$19.80 / 15 minutes	MCD
	Telemed	LBHP	H2011 HV, GT	\$27.86 / 15 minutes	DMH
Licensure Candidate		\$22.00 / 15 minutes		MCD	
			\$25.07 / 15 minutes	DMH	
			\$19.80 / 15 minutes	MCD	
Telephone			H0030 HV	\$19.50 / 15 minutes	

MOBILE CRISIS SERVICES

Mobile Crisis Services are face-to-face services delivered in community setting where the individual lives, works and/or socializes, for the purpose of responding to acute behavioral

or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or danger of AOD relapse. Either a team consisting of an LBHP/Licensure Candidate or just an LBHP/Licensure Candidate can provide/bill for Mobile Crisis, with at least one professional providing services at the location of the consumer in the community. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented.

Note: This service must be reported with a unique Customer ID. It can be provided to both admitted and non-admitted individuals. Mobile Crisis Services can be billed the same day as Urgent Recovery Center (URC), but only if it is provided prior to admission to URC. The LBHP is the mobile crisis team lead and is responsible for billing the service and writing the service note. Case Management cannot be separately billed when providing mobile crisis services. If Mobile Crisis is not billed and a Case Manager goes out to assist an individual with a resource crisis, they would bill that as Case Management under their existing outpatient authorization or a PG038 if not an existing client.

Staff Requirement: [MH] LBHP or Licensure Candidate

			Billing Code	Rate/Unit	Coverage		
MH	LBHP		First Hour of Service	90839 HE	\$131.02 / 60 minutes	DMH	
	Candidate				\$131.02 / 60 minutes	MCD	
	LBHP		Each Additional 30 Minutes of Service	90840 HE	\$117.92 / 60 minutes	DMH	
	Candidate				\$117.92 / 60 minutes	MCD	
	Tele med	LBHP	First Hour of Service	90839 HE, GT	\$62.86 / 30 minutes	DMH	
		Cand			\$62.86 / 30 minutes	MCD	
		LBHP	Each Additional 30 Minutes of Service	90840 HE, GT	\$56.57 / 30 minutes	DMH	
					Cand	\$56.57 / 30 minutes	MCD
	SA	LBHP		First Hour of Service	90839 HF	\$131.02 / 60 minutes	DMH
		Candidate				\$131.02 / 60 minutes	MCD
LBHP		Each Additional 30 Minutes of Service	90840 HF	\$117.92 / 60 minutes	DMH		
Candidate				\$117.92 / 60 minutes	MCD		
Tele med		LBHP	First Hour of Service	90839 HF, GT	\$62.86 / 30 minutes	DMH	
		Cand			\$62.86 / 30 minutes	MCD	
LBHP		Each Additional 30 Minutes of Service	90840 HF	\$56.57 / 30 minutes	DMH		
Candidate				\$56.57 / 30 minutes	MCD		
LBHP		First Hour of Service	90839 HF, GT	\$131.02 / 60 minutes	DMH		
Candidate				\$131.02 / 60 minutes	MCD		

					\$117.92 / 60 minutes	MCD
		LBHP	Each Additional 30 Minutes of Service	90840 HF, GT	\$62.86 / 30 minutes \$62.86 / 30 minutes	DMH MCD
		Cand			\$56.57 / 30 minutes \$56.57 / 30 minutes	DMH MCD
Enh. Match**	LBHP		First Hour of Service	90839 HE/HF, TG	\$131.02 / 60 minutes \$131.02 / 60 minutes	DMH MCD
	Candidate				\$117.92 / 60 minutes \$117.92 / 60 minutes	DMH MCD
	LBHP		Each Additional 30 Minutes of Service	90840 HE/HF, TG	\$62.86 / 30 minutes \$62.86 / 30 minutes	DMH MCD
	Candidate				\$56.57 / 30 minutes \$56.57 / 30 minutes	DMH MCD
	Tele med	LBHP	First Hour of Service	90839 HE/HF, GT, TG	\$131.02 / 60 minutes \$131.02 / 60 minutes	DMH MCD
		Cand			\$117.92 / 60 minutes \$117.92 / 60 minutes	DMH MCD
		LBHP	Each Additional 30 Minutes of Service	90840 HE/HF, GT, TG	\$62.86 / 30 minutes \$62.86 / 30 minutes	DMH MCD
		Cand			\$56.57 / 30 minutes \$56.57 / 30 minutes	DMH MCD

**Enhanced match codes are only billable by providers with a separate contract for 988 integrated mobile crisis services.

URGENT RECOVERY CARE

Urgent Recovery Care services are face-to-face services provided within Urgent Recovery Centers (URCs) certified by the ODMHSAS. The services are for the purpose of crisis assessment and management with focus on preliminary assessment of risk, mental status, and the need for further evaluation or treatment. Services may include observation.

Note: This service must be reported with a unique Customer ID. Individuals who require this service may be using substances during the crisis. Nothing else is billable during the Urgent Recovery Care encounter except physician (E/M) services.

Time Limit: Due to the State's approval of its IMD Waiver in December 2020, services may exceed 23 hours and 59 minutes if necessary to appropriately serve the consumer. However, you may still only bill for one encounter if the encounter exceeds 24 hours.

Staff Requirement: [MH] LBHP or Licensure Candidate

		Billing Code	Rate/Unit	Coverage
MH	Urgent Care Recovery	S9485 HE	\$209.14 / Encounter \$209.14 / Encounter	DMH MCD
	Urgent Care Recovery - Telemed	S9485 HE, GT	\$209.14 / Encounter \$209.14 / Encounter	DMH MCD

Employment Services

EMPLOYMENT TRAINING

Time actually spent on-the-jobsite, working with the individual, managers, supervisors, co-workers, business consumers, and including active observation. Includes anything that is done on-the-jobsite to assist the individual.

Required: Face-to-face; individual or group activity.

IPS: When utilizing the IPS Model of Employment, the function of IPS “Job Coaching” shall be reported under this service.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants must be trained and credentialed in IPS in order to provide/bill IPS Model services).

		Billing Code	Rate/Unit	Coverage
MH		H2025 HE	\$4.22/ 15 minutes	DMH
SA		H2025 HF	\$4.22/ 15 minutes	DMH
Community Support Services PA Group Only		H2025 HE, U1	\$4.22 / 15 minutes	DMH
IPS	MH	H2025 HE, HB	\$4.22/ 15 minutes	DMH
	SA	H2025 HF, HB		DMH
	Community Support Services PA Group Only	H2025 HE, U1, HB		DMH

JOB RETENTION SUPPORT

A minimum of two contacts per month for a 3-month period with the focus of each contact being job retention and related support. Each contact must be documented in the clinical record and describe one or more of the following direct services: work adjustment counseling, job accommodation negotiation, after work support group, or other specifically described work related supports. Contacts can be in an individual or group setting.

Note: The “Per Diem” code can only be billed once every 3 months.

IPS: When utilizing the IPS Model of Employment, the function of IPS “Follow-Along Supports” shall be reported under this service.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants must be trained and credentialed in IPS in order to provide/bill IPS Model services).

		Billing Code	Rate/Unit	Coverage
MH		H2026 HE	\$420.00 / Per Diem (Once every 3 Months)	DMH
SA		H2026 HF	\$420.00 / Per Diem (Once every 3 Months)	DMH
Community Support Services PA Group Only		H2026 HE, U1	\$420.00 / Per Diem (Once every 3 Months)	DMH
IPS	MH	H2026 HE, HB	\$420.00 / Per Diem (Once every 3 Months)	DMH
	SA	H2026 HF, HB		DMH
	Community Support Services PA Group Only	H2026 HE, U1, HB	\$420.00 / Per Diem (Once every 3 Months)	DMH

PRE-VOCATIONAL SERVICES

Services that focus on development of general work behavior. The purpose of pre-vocational services is to utilize individual and group work- related activities to assist individuals with developing positive work attitudes, personal characteristics and work behaviors; to develop functional capacities; and to obtain optimum levels of vocational development.

IPS: When utilizing the IPS Model of Employment, the functions of “IPS Engagement” and “IPS Assessment- Career Profile” shall be reported under this service. IPS Engagement can be provided/billed either face-to-face or by telephone.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement: [MH and SA] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants must be trained and credentialed in IPS in order to provide/bill IPS Model services).

		Billing Code	Rate/Unit	Coverage
MH		H2014 HE, TF	\$4.22 / 15 minutes	DMH
Community Support Services PA Group Only		H2014 HE, TF, U1	\$4.22 / 15 minutes	DMH
SA		H2014 HF, TF	\$4.22 / 15 minutes	DMH
PATH		H2014 HE, TF, U5	\$4.22 / 15 minutes	DMH
IPS	MH	H2014 HE, TF, HB	\$4.22 / 15 minutes	DMH
	SA	H2014 HF, TF, HB		DMH
	Community Support Services PA Group Only	H2014 HE, TF, U1, HB		DMH

VOCATIONAL SERVICES

The process of developing or creating appropriate employment situations for individuals with a serious mental illness who desire employment to include, but not limited to the identification of employment positions, conducting job analysis, matching individuals to specific jobs, facilitating job expansion or advancement and communicating with employers about training needs.

Note: This service can be reported with a unique Customer ID. A generic Customer ID (999999992) can be reported if utilizing the IPS Model of Employment.

IPS: When utilizing the IPS Model of Employment, the function of “IPS Job Development/ Job Placement” shall be reported under this service.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants must be trained and credentialed in IPS in order to provide/bill IPS Model services).

		Billing Code	Rate/Unit	Coverage
MH		H2014 HE	\$4.22 / 15 minutes	DMH
SA		H2014 HF	\$4.22 / 15 minutes	DMH
Community Support Services PA Group Only		H2014 HE, U1	\$4.22 / 15 minutes	DMH
PATH		H2014 HE, U5	\$4.22 / 15 minutes	DMH
IPS	MH	H2014 HE, HB	\$4.22 / 15 minutes	DMH
	SA	H2014 HF, HB		DMH
	Community Support Services PA Group Only	H2014 HE, U1, HB		DMH
	Generic ID	999999992		DMH

Medication Services

MEDICATION TRAINING AND SUPPORT

The medication training and support service is a documented review and educational session by a licensed registered nurse, or physician assistant focusing on the customer's response to medication and compliance with the medication regimen. The customer must be present at the time of the service. The review will include current medications and vital signs. A physician is not required to be present, but must be available for consult, if necessary. The service is designed to maintain the customer on the lowest level of the least intrusive medications, encourage normalization and prevent hospitalization.

Note: The billing system will not allow for Medication Training and Support and Evaluation & Management (E&M) codes to be billed on the same day.

Substance Abuse: An agency must have Chapter 24 certification in order to provide this service under SA.

Staff Requirement: ^[OB] Licensed registered nurse, Advanced Practice Nurse or physician assistant under the supervision of a physician.

		Billing Code	Rate/Unit	Coverage
MH		H0034 HE	\$23.64 / 15 minutes \$27.49 / 15 minutes	DMH MCD
	Telemed	H0034 HE, GT	\$23.64 / 15 minutes \$27.49 / 15 minutes	DMH MCD
SA		H0034 HF	\$23.64 / 15 minutes \$27.49 / 15 minutes	DMH MCD
	Telemed	H0034 HF, GT	\$23.64 / 15 minutes \$27.49 / 15 minutes	DMH MCD

EVALUATION & MANAGEMENT (E&M)

Evaluation & Management (E&M) codes are to be utilized for pharmacologic management and other patient encounters that are not primarily for psychotherapy. The E&M codes are generally chosen based on the complexity of the presenting problem, the intensity of the examination required, and the difficulty of the medical decision-making involved. The Center for Medicare and Medicaid Services (CMS) has a guide to E&M coding available on its website: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/EMDOC.html>

Note: The billing system will not allow for Evaluation & Management (E&M) codes and Medication Training and Support to be billed on the same day. E&M codes also cannot be billed on the same day as Psychiatric Diagnostic Evaluation.

Staff Requirement: Board eligible or board-certified psychiatrist, or a physician, physician assistant, or nurse practitioner with additional training that demonstrates the knowledge to conduct the service performed.

			Billing Code	Rate/Unit	Coverage*
MH	New Patient		99202 HE	\$65.84/ Visit	DMH
			99203 HE	\$95.77 / Visit	DMH
			99204 HE	\$146.97 / Visit	DMH
			99205 HE	\$182.72 / Visit	DMH
		Telemed	99202 HE, GT	\$65.84/ Visit	DMH
			99203 HE, GT	\$95.77 / Visit	DMH
			99204 HE, GT	\$146.97 / Visit	DMH
			99205 HE, GT	\$182.72 / Visit	DMH
	Established Patient		99211 HE	\$17.72 / Visit	DMH
			99212 HE	\$38.46 / Visit	DMH
			99213 HE	\$64.62 / Visit	DMH
			99214 HE	\$95.18 / Visit	DMH
			99215 HE	\$127.78 / Visit	DMH
		Telemed	99211 HE, GT	\$17.72 / Visit	DMH
			99212 HE, GT	\$38.46 / Visit	DMH
			99213 HE, GT	\$64.62 / Visit	DMH

SA	Therapy Add On		99214 HE, GT	\$95.18 / Visit	DMH
			99215 HE, GT	\$127.78 / Visit	DMH
			90833 HE	\$38.36 / 30 minutes	DMH
		Telemed	90836 HE	\$60.13 / 45 minutes	DMH
			90838 HE	\$101.90 / 60 minutes	DMH
			90833 HE, GT	\$38.36 / 30 minutes	DMH
			90836 HE, GT	\$60.13 / 45 minutes	DMH
			90838 HE, GT	\$101.90 / 60 minutes	DMH
	New Patient		99202 HF	\$65.84/ Visit	DMH
			99203 HF	\$95.77 / Visit	DMH
			99204 HF	\$146.97 / Visit	DMH
			99205 HF	\$182.72 / Visit	DMH
		Telemed	99202 HF, GT	\$65.84/ Visit	DMH
			99203 HF, GT	\$95.77 / Visit	DMH
			99204 HF, GT	\$146.97 / Visit	DMH
			99205 HF, GT	\$182.72 / Visit	DMH
			99205 HF, HB, GT	\$182.72 / Visit	DMH
GA	Established Patient		99211 HF	\$17.72 / Visit	DMH
			99212 HF	\$38.46 / Visit	DMH
			99213 HF	\$64.62 / Visit	DMH
			99214 HF	\$95.18 / Visit	DMH
			99215 HF	\$127.78 / Visit	DMH
		Telemed	99211 HF, GT	\$17.72 / Visit	DMH
			99212 HF, GT	\$38.46 / Visit	DMH
			99213 HF, GT	\$64.62 / Visit	DMH
			99214 HF, GT	\$95.18 / Visit	DMH
			99215 HF, GT	\$127.78 / Visit	DMH
	Therapy Add On		90833 HF	\$38.36 / 30 minutes	DMH
			90836 HF	\$60.13 / 45 minutes	DMH
			90838 HF	\$101.90 / 60 minutes	DMH
		Telemed	90833 HF, GT	\$38.36 / 30 minutes	DMH
			90836 HF, GT	\$60.13 / 45 minutes	DMH
			90838 HF, GT	\$101.90 / 60 minutes	DMH
	New Patient		99202 HV	\$65.84/ Visit	DMH
			99203 HV	\$95.77 / Visit	DMH
			99204 HV	\$146.97 / Visit	DMH
			99205 HV	\$182.72 / Visit	DMH
		Telemed	99202 HV, GT	\$65.84/ Visit	DMH
			99203 HV, GT	\$95.77 / Visit	DMH
			99204 HV, GT	\$146.97 / Visit	DMH
			99205 HV, GT	\$182.72 / Visit	DMH
	Established Patient		99211 HV	\$17.72 / Visit	DMH
			99212 HV	\$38.46 / Visit	DMH
			99213 HV	\$64.62 / Visit	DMH
			99214 HV	\$95.18 / Visit	DMH
			99215 HV	\$127.78 / Visit	DMH
		Telemed	99211 HV, GT	\$17.72 / Visit	DMH
			99212 HV, GT	\$38.46 / Visit	DMH
			99213 HV, GT	\$64.62 / Visit	DMH
			99214 HV, GT	\$95.18 / Visit	DMH

CO	Therapy Add On		99215 HV, GT	\$127.78 / Visit	DMH
			90833 HV	\$38.36 / 30 Minutes	DMH
		Telemed	90833 HV	\$38.36 / 30 Minutes	DMH
	New Patient		99202 HH	\$65.84/ Visit	DMH
			99203 HH	\$95.77 / Visit	DMH
			99204 HH	\$146.97 / Visit	DMH
			99205 HH	\$182.72 / Visit	DMH
		Telemed	99202 HH, GT	\$65.84/ Visit	DMH
			99203 HH, GT	\$95.77 / Visit	DMH
			99204 HH, GT	\$146.97 / Visit	DMH
			99205 HH, GT	\$182.72 / Visit	DMH
	Established Patient		99211 HH	\$17.72 / Visit	DMH
			99212 HH	\$38.46 / Visit	DMH
			99213 HH	\$64.62 / Visit	DMH
			99214 HH	\$95.18 / Visit	DMH
			99215 HH	\$127.78 / Visit	DMH
		Telemed	99211 HH, GT	\$17.72 / Visit	DMH
			99212 HH, GT	\$38.46 / Visit	DMH
			99213 HH, GT	\$64.62 / Visit	DMH
			99214 HH, GT	\$95.18 / Visit	DMH
			99215 HH, GT	\$127.78 / Visit	DMH

***Note:** Services are covered only by DMH when billed by the agency. However, these services may be billed to Medicaid/SoonerCare by independently contracted practitioners or medical groups.

PSYCHIATRIC DIAGNOSTIC EVALUATION

Psychiatric diagnostic evaluation requires a biopsychosocial assessment including history, mental status, and recommendation, and may include communication with family, others, and review and ordering of diagnostic studies.

In order to bill 90792 (With Medical Services), the following is required in addition to the requirements listed above: medical assessment, and physical exam beyond mental status as appropriate. May include communication with family, others, prescription medications, and review and ordering of laboratory or other diagnostic studies.

Note: This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six months, and it had been more than one year since the previous evaluation. This service cannot be reported with an E&M code on the same day by the same provider.

Staff Requirement: Board eligible or board-certified psychiatrist, or a physician, physician assistant, or nurse practitioner with additional training that demonstrates the knowledge to conduct the service performed.

		Billing Code	Rate/Unit	Coverage
MH	With Medical Services	90792 HE	\$116.44 / Event	DMH
	Telemed	90792 HE, GT	\$116.44 / Event	DMH
	W/out Medical Services	90791 HE	\$137.66 / Event	DMH
SA	With Medical Services	90792 HF	\$116.44 / Event	DMH
	Telemed	90792 HF, GT	\$116.44 / Event	DMH
	W/out Medical Services	90791 HF	\$137.66 / Event	DMH
GA	With Medical Services	90792 HV	\$116.44 / Event	DMH
	Telemed	90792 HV, GT	\$116.44 / Event	DMH
	W/out Medical Services	90791 HV	\$137.66 / Event	DMH
CO	With Medical Services	90792 HH	\$116.44 / Event	DMH
	Telemed	90792 HH, GT	\$116.44 / Event	DMH
	W/out Medical Services	90791 HH	\$137.66 / Event	DMH

TOBACCO CESSATION COUNSELING- PHYSICIAN

This service covers the provision of tobacco cessation counseling, for individuals aged 13 and older, utilizing the “5As” approach to tobacco cessation developed by the Agency for Healthcare Research and endorsed by the U.S. Public Health Service.

Note: Services must include the completion of a separate progress note with member-specific information addressing the 5As counseling. Progress notes must also include beginning and ending times for performing the service, and signature and credentials of the direct service provider. There is a limit of eight (8) services per individual per year.

Staff Requirement: Licensed physician, physician assistant, or nurse practitioner.

		Billing Code	Rate/Unit	Coverage
MH	3-10 minutes	99406 HE	\$12.47/event \$12.47/event	DMH MCD
	Telephone	99406 HE, 93	\$12.47/event \$12.47/event	DMH MCD
	Over 10 minutes	99407 HE	\$24.03/event \$24.03/event	DMH MCD
	Telephone	99407 HE, 93	\$24.03/event \$24.03/event	DMH MCD
SA	3-10 minutes	99406 HF	\$12.47/event \$12.47/event	DMH MCD
	Telephone	99406 HE, 93	\$12.47/event \$12.47/event	DMH MCD
	Over 10 minutes	99407 HF	\$24.03/event \$24.03/event	DMH MCD

	Telephone	99407 HE, 93	\$24.03/event \$24.03/event	DMH MCD
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Outreach and Prevention Services

COMMUNITY OUTREACH

Activities in a face-to-face group setting directed toward identifying potential consumers or persons who are at risk; explaining possible symptoms and behaviors; and explaining available service options and other actions to aid recovery/rehabilitation.

Note: This service is to be used for individuals who are not already admitted for services. Outreach takes place outside of behavioral health facilities, in the community. This service can only be reported with a generic Customer ID (999999992).

Staff Requirement: [MH, SA and GA] OBJ Any level of ODMHSAS outpatient service provider can provide this service.

		Billing Code	Rate/Unit	Coverage
MH		H0023 HE	\$20.00 / 30 minutes	DMH
	<i>Community Support Services PA Group Only</i>	H0023 HE, U1	\$20.00 / 30 minutes	DMH
SA		H0023 HF	\$20.00 / 30 minutes	DMH
GA		H0023 HV	\$20.00 / 30 minutes	DMH

INTENSIVE OUTREACH

Activities directed toward potential customer or persons who are at risk, with the purpose of establishing trust and rapport, explaining services available, and dispelling likely or actual resistance to services on the part of the potential customer.

Note: This service is to be used for individuals who are not already admitted for services, and can be provided either face to face, or through telephone contact. Face to face outreach takes place outside of behavioral health facilities, in the community. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service.

		Billing Code	Rate/Unit	Coverage
MH Telephone		H0023 HE, TF	\$10.00 / 15 minutes	DMH
		H0023 HE, TF, FQ	\$10.00 / 15 minutes	DMH
<i>Community Support Services PA Group Only Telephone</i>		H0023 HE, TF, U1	\$10.00 / 15 minutes	DMH
		H0023 HE, TF, U1, FQ	\$10.00 / 15 minutes	DMH
SA		H0023 HF, TF	\$10.00 / 15 minutes	DMH

Telephone	H0023 HF, TF, FQ	\$10.00 / 15 minutes	DMH
GA	H0023 HV, TF	\$10.00 / 15 minutes	DMH
Telephone	H0023 HV, TF, FQ	\$10.00 / 15 minutes	DMH
PATH (Unique ID)	H0023 HE, TF, U5	\$10.00 / 15 minutes	DMH
Telephone	H0023 HE, TF, U5, FQ	\$10.00 / 15 minutes	DMH

PREVENTION/SUPPORT TYPE ACTIVITIES

Minimum group size of three (3). Participants do not have to be admitted into the system as DMHSAS consumers. Prevention services are planned group activities to reduce the risk individuals will experience substance abuse, and/or mental health problems (both initial onset and to reduce the risk of increased problems once problems have been identified). Participants can be children and/or caretakers of children, adults and/or identified natural supports. Examples of allowable activities will include parenting groups, support groups for children or caretakers, support groups for adults and/or identified natural supports, and focused groups for high-risk children and youth. Documentation of activities and participants will be required.

Note: Group size should not exceed eight (8) participants, and this service has a limit of 1 ½ hours per day. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Advocacy Organizations: For Advocacy Organizations providing Prevention/Support Type Activities, providers will need to follow contract requirements for service provision.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement: [MH and SA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit	Coverage
MH	H0024 HE	\$18.50 / 30 minutes	DMH
SA	H0024 HF	\$18.50 / 30 minutes	DMH
PATH (Unique ID)	H0024 HE, U5	\$18.50 / 30 minutes	DMH
CFP-SFP	H0024 HF, TF	\$12.50 / 30 minutes	DMH

SUBSTANCE ABUSE EARLY INTERVENTION

A school based/sanctioned service provided by substance abuse treatment and prevention professionals to youth who are, or who have been, using or abusing substances. Services are for the purpose of assisting youth in the identification of personal substance abuse problems and developing motivation for corrective action and may include screening; therapeutic education on substance abuse; brief family counseling; evaluation to guide referral and assistance with therapeutic linkages. Services may be provided individually, to families or to groups of up to ten (10) youth. Face-to-face is required.

Note: This service can only be reported with a generic Customer ID (999999992).

Staff Requirement: [SA] LBHP or Licensure Candidate, CADC, CADC-U, or Certified Prevention Specialist
(Only LBHP or Licensure Candidate can provide the brief family counseling service component)

	Billing Code	Rate/Unit	Coverage
SA	H0022 HF	\$11.00 / 15 minutes	DMH

Partial Hospitalization Program

Partial Hospitalization Program (PHP) is an intensive nonresidential, structured therapeutic treatment for individuals with substance use disorder, mental health diagnoses, and/or co-occurring disorders. It can be used as an alternative to and/or a step-down from inpatient or residential treatment, or to stabilize a deteriorating condition that may result in a need for inpatient or residential care. PHP must be offered at least three hours a day, five days a week as a structured program.

Note: Provider agencies must have a national accreditation (e.g., CARF) specific to PHP to be eligible to provide services.

Staff Requirement: Program services must be overseen by a psychiatrist as the Medical Director. A physician/psychiatrist must be available twenty-four hours a day, seven days a week. Team members must minimally include one registered nurse who is available on-site during program hours and at least one LBHP or Licensure Candidate. The team may also include a Certified Behavioral Health Case Manager.

	Billing Code	Rate/Unit	Coverage
MH	H0035 HE	\$160.50/day \$160.50/day	DMH MCD
SA	H0035 HF	\$160.50/day \$160.50/day	DMH MCD
CO	H0035 HH	\$160.50/day \$160.50/day	DMH MCD

PACT Services

NOTE: For reporting purposes only. Review to administrative rules for more detail.

ACT (FACE TO FACE)

Staff Requirement: PACT Team (Tx Team)

		Billing Code	Rate/Unit	Coverage
MH		H0039 HE	\$38.53 / 15 minutes \$38.53 / 15 minutes	DMH MCD
	Telemed	H0039 HE, GT	\$38.53 / 15 minutes \$38.53 / 15 minutes	DMH MCD
	Telephone	H0039 HE, FQ	\$38.53 / 15 minutes	
SA		H0039 HF	\$38.53 / 15 minutes \$38.53 / 15 minutes	DMH MCD
	Telemed	H0039, HF, GT	\$38.53 / 15 minutes \$38.53 / 15 minutes	DMH MCD
	Telephone	H0039 HF, FQ	\$38.53 / 15 minutes	
CO		H0039 HH	\$38.53 / 15 minutes \$38.53 / 15 minutes	DMH MCD
	Telemed	H0039 HH, GT	\$38.53 / 15 minutes \$38.53 / 15 minutes	DMH MCD
	Telephone	H0039 HH, FQ	\$38.53 / 15 minutes	
GA		H0039 HV	\$38.53 / 15 minutes \$38.53 / 15 minutes	DMH MCD
	Telemed	H0039 HV, GT	\$38.53 / 15 minutes \$38.53 / 15 minutes	DMH MCD
	Telephone	H0039 HV, FQ	\$38.53 / 15 minutes	

ACT (FACE TO FACE) – GROUP

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit	Coverage
MH	H0039 HE, HQ, HK	\$5.99 / 15 minutes \$5.99 / 15 minutes	DMH MCD
SA	H0039 HF, HQ, HK	\$5.99 / 15 minutes \$5.99 / 15 minutes	DMH MCD
CO	H0039 HH, HQ, HK	\$5.99 / 15 minutes \$5.99 / 15 minutes	DMH MCD
GA	H0039 HV, HQ, HK	\$5.99 / 15 minutes \$5.99 / 15 minutes	DMH MCD

TARGETED CASE MANAGEMENT- INTENSIVE (ACT)

Staff Requirement: BHCM II (Certification issued July 1, 2013 or after), or CADC, or LBHP or Licensure Candidate; and meets requirements for Intensive Case Manager.

	Billing Code	Rate/Unit	Coverage
	T1016 HE	\$15.23 / 15 minutes \$15.23 / 15 minutes	DMH MCD

Transitional	T1016 HE, TG	\$15.23 / 15 minutes \$15.23 / 15 minutes	DMH MCD
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MEDICATION REMINDER SERVICE (ACT) (NON-FACE TO FACE)

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit	Coverage
MH	S5185 HE	\$18.00 / Month \$18.00 / Month	DMH MCD
SA	S5185 HF	\$18.00 / Month \$18.00 / Month	DMH MCD
CO	S5185 HH	\$18.00 / Month \$18.00 / Month	DMH MCD

SCREENING (ACT)

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit	Coverage
MH	T1023 HE	\$55.80 / Event \$53.98 / Event	DMH MCD
Telephone	T1023 HE, FQ	\$55.80 / Event \$53.98 / Event	DMH MCD
Telemed	T1023 HE, GT	\$55.80 / Event	
SA	T1023 HF	\$55.80 / Event \$53.98 / Event	DMH MCD
Telephone	T1023 HF, FQ	\$55.80 / Event \$53.98 / Event	DMH MCD
Telemed	T1023 HF, GT	\$55.80 / Event	
CO	T1023 HH	\$55.80 / Event \$53.98 / Event	DMH MCD
Telephone	T1023 HH, FQ	\$55.80 / Event \$53.98 / Event	DMH MCD
Telemed	T1023 HH, GT	\$55.80 / Event	

ORAL/INJECTION MEDICATION ADMINISTRATION (ACT) (RN)

Staff Requirement: RN

	Billing Code	Rate/Unit	Coverage
MH	T1502 HE	\$20.24 / Visit \$20.24 / Visit	DMH MCD
SA	T1502 HF	\$20.24 / Visit \$20.24 / Visit	DMH MCD
CO	T1502 HH	\$20.24 / Visit \$20.24 / Visit	DMH MCD

TRAVEL (ACT)

*This service is for tracking purposes only and will pay \$0.00, however, the claims system requires a rate amount so you will enter \$0.51

	Billing Code	Rate/Unit	Coverage
MH	S0215 HE, TF	\$0.51 / Minute	DMH

Psychotherapy Services***FAMILY PSYCHOTHERAPY***

A face-to-face therapeutic session conducted by a Clinician with family members/couples conducted in accordance with a documented service plan focusing on treating family/marital problems and goals. The service must be provided to specifically benefit a DMHSAS eligible individual as identified in a service plan and use generally accepted treatment methods for this modality of treatment.

Note: This service is typically inclusive of the identified consumer but may be performed if indicated without the consumer's presence. When the consumer is an adult, his/her permission must be obtained in writing.

Staff Requirement: [MH, SA and GA] LBHP or Licensure Candidate

			Billing Code	Rate/Unit	Coverage
MH	LBHP	w/ customer present	H0004 HE, HR	\$22.00 / 15 minutes	DMH
	Licensure Candidate			\$19.03 / 15 minutes	MCD
	LBHP	w/ customer present - Telemed	H0004 HE, HR, GT	\$19.80 / 15 minutes	DMH
	Licensure Candidate			\$17.13 / 15 minutes	MCD
	LBHP	w/out customer present	H0004 HE, HS	\$22.00 / 15 minutes	DMH
	Licensure Candidate			\$19.03 / 15 minutes	MCD
	LBHP	w/out customer present - Telemed	H0004 HE, HS, GT	\$19.80 / 15 minutes	DMH
	Licensure Candidate			\$17.13 / 15 minutes	MCD
SA	LBHP	w/ customer present	H0004 HF, HR	\$22.00 / 15 minutes	DMH
	Licensure Candidate			\$19.03 / 15 minutes	MCD
	LBHP		H0004 HF, HR, GT	\$19.80 / 15 minutes	DMH
	Licensure Candidate			\$17.13 / 15 minutes	MCD

	Licensure Candidate	w/ customer present - Telemed		\$19.80 / 15 minutes \$17.13 / 15 minutes	DMH MCD
	LBHP	w/out customer present	H0004 HF, HS	\$22.00 / 15 minutes \$19.03 / 15 minutes	DMH MCD
	Licensure Candidate			\$19.80 / 15 minutes \$17.13 / 15 minutes	DMH MCD
	LBHP	w/out customer present - Telemed	H0004 HF, HS, GT	\$22.00 / 15 minutes \$19.03 / 15 minutes	DMH MCD
	Licensure Candidate			\$19.80 / 15 minutes \$17.13 / 15 minutes	DMH MCD
GA	LBHP	w/ customer present	H0004 HV, HR	\$22.00 / 15 minutes \$19.03 / 15 minutes	DMH MCD
	Licensure Candidate			\$19.80 / 15 minutes \$17.13 / 15 minutes	DMH MCD
	LBHP	w/ customer present - Telemed	H0004 HV, HR, GT	\$22.00 / 15 minutes \$19.03 / 15 minutes	DMH MCD
	Licensure Candidate			\$19.80 / 15 minutes \$17.13 / 15 minutes	DMH MCD
	LBHP	w/out customer present	H0004 HV, HS	\$22.00 / 15 minutes \$19.03 / 15 minutes	DMH MCD
	Licensure Candidate			\$19.80 / 15 minutes \$17.13 / 15 minutes	DMH MCD
	LBHP	w/out customer present - Telemed	H0004 HV, HS, GT	\$22.00 / 15 minutes \$19.03 / 15 minutes	DMH MCD
	Licensure Candidate			\$19.80 / 15 minutes \$17.13 / 15 minutes	DMH MCD

GROUP PSYCHOTHERAPY

A face-to-face therapeutic session with a group of individuals using the interaction of the Clinician and two or more consumers to promote positive emotional or behavioral change. The focus of the group must be directly related to goals and objectives of the individual customer service plan and use a generally accepted framework for this modality of treatment. This service does not include social skill development, daily living skill activities, or curriculum-based sessions/discussions without clinician intervention. Group Psychotherapy for adults is limited to eight (8) total clients, except for the residents of nursing and ICF/MR facilities where the limit is six (6) total residents. Group size is limited to a total of six (6) clients for all children. A group may not consist solely of related individuals. Group Psychotherapy is not reimbursable for children under the age of three (3).

Note: This service can also be provided as Multi-Family Group Psychotherapy, where designated clients and their families meet regarding similar issues. The service is billed once per family unit present and is billed under the designated client. Sessions are limited to a maximum of eight families.

Staff Requirement: [MH, SA and GA] LBHP or Licensure Candidate

		Billing Code	Rate/Unit	Coverage
MH	LBHP	H0004 HE, HQ	\$9.56 / 15 minutes	DMH
			\$5.97 / 15 minutes	MCD
	Licensure Candidate	H0004 HE, HQ, GT	\$8.60 / 15 minutes	DMH
			\$5.38 / 15 minutes	MCD
	Telemed - LBHP		\$9.56 / 15 minutes	DMH
SA		H0004 HF, HQ	\$5.97 / 15 minutes	MCD
	Licensure Candidate		\$8.60 / 15 minutes	DMH
		H0004 HF, HQ, GT	\$5.38 / 15 minutes	MCD
	Telemed - LBHP		\$9.56 / 15 minutes	DMH
			\$5.97 / 15 minutes	MCD
GA	Telemed - Candidate	H0004 HV, HQ	\$8.60 / 15 minutes	DMH
			\$5.38 / 15 minutes	MCD
	Licensure Candidate	H0004 HV, HQ, GT	\$8.60 / 15 minutes	DMH
			\$5.38 / 15 minutes	MCD
	Telemed - LBHP		\$9.56 / 15 minutes	DMH
		H0004 HV, HQ, GT	\$5.97 / 15 minutes	MCD
	Telemed - Candidate		\$8.60 / 15 minutes	DMH
		H0004 HV, HQ, GT	\$5.38 / 15 minutes	MCD
			\$9.56 / 15 minutes	DMH
			\$5.97 / 15 minutes	MCD

INDIVIDUAL PSYCHOTHERAPY

A therapeutic session with one-on-one interaction between a clinician and a customer to promote emotional or psychological change to alleviate disorders. Psychotherapy must be goal directed and use a generally accepted approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment, in accordance with an individualized service plan. May be provided face-to-face or by telephone.

Note: Psychotherapy is considered to involve "interactive complexity" when there are communication factors during a visit that complicate delivery of the psychotherapy by the qualified practitioner. Sessions typically involve members who have other individuals legally responsible for their care (i.e. minors or adults with guardians); members who request others to be involved in their care during the session (i.e. adults accompanied by one or more participating family members or interpreter or language translator); or members that require involvement of other third parties (i.e. child welfare, juvenile justice, parole/probation officers, schools, etc.). Psychotherapy should only be reported as involving interactive complexity when at least one of the following communication factors is present:

(A) The need to manage maladaptive communication (i.e. related to high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicate delivery of care.

(B) Caregiver emotions/behavior that interfere with implementation of the service plan.

(C) Evidence/disclosure of a sentinel event and mandated report to a third party (i.e. abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.

(D) Use of play equipment, physical devices, interpreter or translator to overcome barriers to therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

Staff Requirement: [MH, SA and GA] LBHP or Licensure Candidate

			Billing Code	Rate/Unit	Coverage
MH	LBHP		H0004 HE	\$19.13 / 15 minutes	DMH
	Licensure Candidate			\$19.03 / 15 minutes	MCD
	Telemed - LBHP		H0004 HE, GT	\$17.21 / 15 minutes	DMH
	Telemed - Candidate			\$17.13 / 15 minutes	MCD
	Telephone - LBHP		H0004 HE, FQ	\$19.13 / 15 minutes	DMH
	Telephone - Candidate			\$19.03 / 15 minutes	MCD
	Interactive Psychotherapy Add-on	LBHP	90785 HE	\$17.21 / 15 minutes	DMH
		Licensure Candidate		\$17.13 / 15 minutes	MCD
SA	LBHP		H0004 HF	\$4.43 / Visit	DMH
	Licensure Candidate			\$4.43 / Visit	MCD
	Telemed - LBHP		H0004 HF, GT	\$3.99 / Visit	DMH
	Telemed - Candidate			\$4.43 / Visit	MCD
	Telephone - LBHP		H0004 HF, FQ	\$19.13 / 15 minutes	DMH
	Telephone - Candidate			\$19.03 / 15 minutes	MCD
				\$17.21 / 15 minutes	DMH
				\$17.13 / 15 minutes	MCD
GA	LBHP		H0004 HV	\$19.13 / 15 minutes	DMH
	Licensure Candidate			\$19.03 / 15 minutes	MCD
	Telemed - LBHP		H0004 HV, GT	\$17.21 / 15 minutes	DMH
	Telemed - Candidate			\$17.13 / 15 minutes	MCD
	Telephone - LBHP		H0004 HV, FQ	\$19.13 / 15 minutes	DMH
				\$19.03 / 15 minutes	MCD

	Telephone - Candidate		\$17.21 / 15 minutes \$17.13 / 15 minutes	DMH MCD
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Rehabilitation and Skill Development Services

NOTE: The designated customer must be present when rehabilitation services are provided, and services must be developmentally appropriate for that customer. Family/support system can be present during a rehabilitation service; however, the rehabilitation intervention must be targeted toward the designated customer.

CLUBHOUSE

A psychiatric rehabilitation program that adheres to the International Standards for Clubhouse Programs and that has been certified as a Clubhouse program through the International Center for Clubhouse Development (ICCD).

Staff Requirement: [MH] Completion of orientation in the ICCD Clubhouse model.

	Billing Code	Rate/Unit	Coverage
MH	H2030 HE	\$4.22 / 15 minutes	DMH

GROUP REHABILITATIVE TREATMENT

A face-to-face, group service provided by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life. This service includes educational and supportive services regarding independent living, self-care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum-based education and skills-practice and should be goal specific in accordance with an individualized service plan. Travel time to and from activities is not included. The maximum staffing ratio is fourteen (14) consumers to one (1) qualified staff for adults aged 18 and older, and eight (8) consumers to one (1) qualified staff for children under the age of 18.

Note: This service is generally performed with only consumers, but may include the consumer and the consumer's family/support system in a group that focuses on the consumer's diagnosis, symptom/behavior management, and recovery-based curriculum.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement:

[MH, SA and GA]

BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP or Licensure Candidate

	Billing Code	Rate/Unit	Coverage
MH (Adults 18+)	H2017 HE, HQ, HW	\$5.71 / 15 minutes \$5.71 / 15 minutes	DMH MCD
Telemed	H2017 HE, HQ, HW, GT	\$5.71 / 15 minutes \$5.71 / 15 minutes	DMH MCD
SA (Adults 18+)	H2017 HF, HQ, HW	\$5.71 / 15 minutes \$5.71 / 15 minutes	DMH MCD
Telemed	H2017 HF, HQ, HW, GT	\$5.71 / 15 minutes \$5.71 / 15 minutes	DMH MCD
GA (Adults 18+)	H2017 HV, HQ, HW	\$5.71 / 15 minutes \$5.71 / 15 minutes	DMH MCD
Telemed	H2017 HV, HQ, HW, GT	\$5.71 / 15 minutes \$5.71 / 15 minutes	DMH MCD
MH (Children 17 and under)	H2017 HE, HQ	\$5.45 / 15 minutes \$5.45 / 15 minutes	DMH MCD
Telemed	H2017 HE, HQ, GT	\$5.45 / 15 minutes \$5.45 / 15 minutes	DMH MCD
SA (Children 17 and under)	H2017 HF, HQ	\$5.45 / 15 minutes \$5.45 / 15 minutes	DMH MCD
Telemed	H2017 HF, HQ, GT	\$5.45 / 15 minutes \$5.45 / 15 minutes	DMH MCD
GA (Children 17 and under)	H2017 HV, HQ	\$5.45 / 15 minutes \$5.45 / 15 minutes	DMH MCD
Telemed	H2017 HV, HQ, GT	\$5.45 / 15 minutes \$5.45 / 15 minutes	DMH MCD
PATH	H2017 HE, HQ, HW, U5	\$5.71 / 15 minutes	DMH

ILLNESS MANAGEMENT AND RECOVERY (IMR)

Psychiatric Rehabilitation program staff who have received ODMHSAS facilitated training on Illness Management and Recovery (IMR) for PSR Programs, and who are providing curriculum-based life skills training through IMR should utilize the following code/modifier to report time spent doing IMR:

Staff Requirement:

[MH] BHCM II (Certification issued July 1, 2013 or after), or CADAC, LBHP or Licensure Candidate, and Completion of ODMHSAS facilitated training on Illness Management and Recovery (IMR) for PSR Programs.

	Billing Code	Rate/Unit	Coverage
MH	H2017 HE, HQ, TF, TG	\$5.45 / 15 minutes \$5.45 / 15 minutes	DMH MCD

INDIVIDUAL REHABILITATIVE TREATMENT

A face-to-face service provided one on one by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life. This service includes educational and supportive services regarding independent living, self-

care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum-based education and skills practice and should be goal specific in accordance with an individualized service plan. Travel time to and from treatment sessions is not included.

Note: This service is generally performed with only consumers but may include the customer and the customer's family/support system during a service that focuses on the customer's diagnosis, symptom/behavior management, and recovery-based curriculum.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement:

[MH, SA and GA] BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP or Licensure Candidate

		Billing Code	Rate/Unit	Coverage
MH		H2017 HE	\$15.20 / 15 minutes \$11.79 / 15 minutes	DMH MCD
	Telemed	H2017 HE, GT	\$15.20 / 15 minutes \$11.79 / 15 minutes	DMH MCD
SA		H2017 HF	\$15.20 / 15 minutes \$11.79 / 15 minutes	DMH MCD
	Telemed	H2017 HF, GT	\$15.20 / 15 minutes \$11.79 / 15 minutes	DMH MCD
GA		H2017 HV	\$15.20 / 15 minutes \$11.79 / 15 minutes	DMH MCD
	Telemed	H2017 HV, GT	\$15.20 / 15 minutes \$11.79 / 15 minutes	DMH MCD
PATH		H2017 HE, U5	\$15.20 / 15 minutes	DMH

PSYCHIATRIC REHABILITATION SERVICES Therapeutic day program designed to provide an array of services that focus on long term recovery and maximization of self-sufficiency, role functioning, and independence. Program services shall seek to optimize the participant's potential for occupational achievement, goal setting, skill development, and increased quality of life, therefore maximizing the individual's independence from institutional care and supports in favor of community and peer support. Program service elements include curriculum-based life skills training (covering self-management of illness, independent living skills, social skills, and work-related skills) with a multi-dynamic learning approach and an explicit focus on generalization to contexts beyond the immediate learning task and transfer of skills to real life situations. Service elements also include a work unit's component where members and staff work side by side to complete the work of the program, and a community-based supports component that provides on-going in home or community based support services, based on customer need and

choice, in the areas of housing, employment, education and the development of natural supports.

Note: Group activity. Provided to adults aged 18 or older.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement:

[MH] BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP or Licensure Candidate, and
Completion of orientation in the PSR model.

	Billing Code	Rate/Unit	Coverage
MH	H2017 HE, HQ, TF	\$5.71 / 15 minutes \$5.71 / 15 minutes	DMH MCD
PATH	H2017 HE, HQ, TF, U5	\$5.71 / 15 minutes	DMH

WELLNESS RESOURCE SKILLS DEVELOPMENT

The process of providing direction and coordinating support activities that promote good physical health. The focus of these activities should include areas such as nutrition, exercise, support with averting or managing physical health concerns like heart disease, diabetes, and cholesterol, and support regarding the effects medications have on physical health. Services can include support groups, exercise groups, and individual physical wellness plan development, implementation assistance and support. Services can also include the provision of the Live Longer, Live Stronger program.

Note: When providing services related to tobacco cessation, the tobacco specific codes listed below should be used.

Required: Face-to-face; individual or group activity. Group size should not exceed ten (10) participants, and this service has a limit of 2 ½ hours per day.

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

Staff Requirement: Any level of ODMHSAS outpatient service provider who has been Credentialed by ODMHSAS as a Wellness Coach

		Billing Code	Rate/Unit	Coverage
MH		T1012 HE	\$4.50 / 15 minutes	DMH
	Telemed	T1012 HE, GT	\$4.50 / 15 minutes	DMH
	Tobacco Cessation	T1012 HE, SE	\$4.50 / 15 minutes	DMH
		T1012 HE, U1	\$4.50 / 15 minutes	DMH

Community Support Services PA Group Only	Tobacco Cessation	T1012 HE, SE, U1	\$4.50 / 15 minutes	DMH
SA		T1012 HF	\$4.50 / 15 minutes	DMH
	Telemed	T1012 HF, GT	\$4.50 / 15 minutes	DMH
	Tobacco Cessation	T1012 HF, SE	\$4.50 / 15 minutes	DMH
PATH		T1012 HE, U5	\$4.50 / 15 minutes	DMH
	Tobacco Cessation	T1012 HE, SE, U5	\$4.50 / 15 minutes	DMH

Screening and Assessment Services

BEHAVIORAL HEALTH ASSESSMENT (NON-MD)

A face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include an interview with the customer (and family, if deemed appropriate); may also include psychological testing, scaling of the severity of each problem identified for treatment; and/or pertinent collaborative information. This includes independent evaluations performed for children. The evaluation will determine an appropriate course of assistance which will be reflected in the service plan.

Assessment Timeframes:

The facility shall have policy and procedures specific to each program which dictate timeframes by when assessments must be completed and documented. For consumers admitted to residential or halfway house programs, the assessment shall be completed during the admission process, not to exceed forty-eight (48) hours after admission procedures are initiated.

Note: Bill the “date of service” as the date when the assessment is fully completed, and it has been signed by the LBHP or Licensure Candidate. This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six (6) months, and it has been more than one year since the previous assessment.

- *Both the assessment and the treatment plan require a consumer signature; however, a single consumer signature for both documents (eg., on the treatment plan) is acceptable as long as it is clearly indicated that it is applicable to both the assessment and the treatment plan.*
- *If not separately signed, assessments must be given to and viewable to consumers upon request. All consumers must be made aware of their right to make such a request.*
- *If necessary to maintain the therapeutic relationship, certain items from the assessment may be omitted or redacted before being supplied to the consumer.*
- *LBHP co-signatures are not required for assessments signed by licensure candidates, with the exception of instances when one signature page covers both*

the service plan and the assessment. In those instances, LBHP co-signatures are required to meet the requirement for service plans.

Required: Face-to-face and written report (assessment documentation).

Medically Supervised Detox: For Medically Supervised Detox assessment, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH, SA and GA] LBHP or Licensure Candidate

		Billing Code	Rate/Unit	Coverage
MH	LBHP	H0031 HE	\$103.33 / Event	DMH
			\$103.33 / Event	MCD
	Licensure Candidate	H0031 HE, GT	\$90.41 / Event	DMH
			\$90.41 / Event	MCD
SA	Telemed - LBHP	H0031 HF	\$103.33 / Event	DMH
			\$103.33 / Event	MCD
	Telemed - Candidate	H0031 HF, GT	\$90.41 / Event	DMH
			\$90.41 / Event	MCD
GA	LBHP	H0031 HV	\$103.33 / Event	DMH
			\$103.33 / Event	MCD
	Licensure Candidate	H0031 HV, GT	\$90.41 / Event	DMH
			\$90.41 / Event	MCD
	Telemed - LBHP	H0031 HV, GT	\$103.33 / Event	DMH
			\$103.33 / Event	MCD
	Telemed - Candidate		\$90.41 / Event	DMH
			\$90.41 / Event	MCD

CLINICAL EVALUATION AND ASSESSMENT FOR CHILDREN IN SPECIALTY SETTINGS

A face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include an interview with the customer, care givers, and family, if deemed appropriate, an observation of child (children) in interaction with other children and care givers. It may also include psychological testing, scaling of the severity of each problem identified for treatment; and /or pertinent collaborative information. The evaluation will determine an appropriate course of assistance which will be reflected in the service plan or formal consultation plan and report discussed with the

care givers. Can include up to 2 hours non-face-to-face time (of the qualified staff) for report preparation, in addition to direct observation and interaction with the child (or children) and care givers.

Note: This service can only be provided by providers who have a Child Care Consulting contract or for Systems of Care as defined below. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Systems of Care (SOC): This service can also include SOC specific assessment in relation to strengths, needs and cultural discovery; crisis plan; safety plan; and functional assessment, and can include up to 6 hours of non-face-to-face time for report preparation. For SOC specific assessment, providers will need to follow Oklahoma SOC contract requirements for service provision.

Staff Requirement: [MH] LBHP or Licensure Candidate

	Billing Code	Rate/Unit	Coverage
MH	S9482 HE	\$40.87 / 30 minutes	DMH
SOC	S9482 HE, TF	\$16.38 / 15 minutes	DMH

DUI ADSAC ASSESSMENT

A face-to-face clinical interview evaluating an individual's need and receptivity to substance abuse treatment and his or her prognosis.

Staff Requirement: An individual certified to conduct alcohol and other drug assessments related to driver's license revocations.

	Billing Code	Rate/Unit	Coverage
SA	H0001 HF, U5	\$160.00 / Event	DMH

SCREENING AND REFERRAL

A formal process of evaluation of the presenting problems of an individual which results in the referral of the individual to relevant service resources. The evaluation process is to determine the likelihood that an individual may be experiencing mental health, substance abuse, trauma, or gambling related disorders. The purpose is not to establish the presence or specific type of such disorder but to establish the need for referral for more in-depth clinical evaluation and assessment and/or referral to relevant service resources. Services can include the time spent on screening (face to face and by telephone), time spent on assisting with intake documentation, and time spent on referral to external agencies at the time of screening and admission only.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992). A maximum of two (2) events are compensable for individuals seeking services for the first time from the contracted agency. This service is not compensable if the individual has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six (6) months. When utilizing particular screening instruments, will need to adhere to requirements of

the screening tool, such as level of staffing allowed to administer and whether or not the tool can be administered over the phone or must be face-to-face.

Required: Written documentation is required for all contacts.

Suicide Screening: Must use evidence-based suicide screening tools, such as the Columbia Suicide Severity Rating Scale (C-SSRS), Ask Suicide-Screening Questions (ASQ), or Suicide Cognitions Scale (SCS).

PATH: PATH codes are to be used by PATH contracted providers who have a DH520 PATH Prior Authorization.

URC: The Screening and Referral code can only be billed in the URC, if the URC Encounter code is not billed.

Staff Requirement:

[MH, SA and GA] Staff requirements are based on what is required to administer the specific screening tool(s) used. The following are eligible to provide this service, as allowed by the screening tool(s) used:

BHA, or
FSP, or
PRSS, or
BHCM I, or
BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP or Licensure Candidate

[Urgent Recovery
Center – URC] ^{OBJ}LPN and RN can do health screenings

	Billing Code	Rate/Unit	Coverage
MH	H0002 HE, HN	\$25.32 / Event \$25.32 / Event	DMH MCD
SA	H0002 HF, HN	\$25.32 / Event \$25.32 / Event	DMH MCD
CO	H0002 HH, HN	\$25.32 / Event \$25.32 / Event	DMH MCD
GA	H0002 HV, HN	\$25.32 / Event \$25.32 / Event	DMH MCD
Suicide Screening	H0002 HE/HF/HH, TG, U1	\$25.32 / Event \$25.32 / Event	DMH MCD
GA (Pre-Screening)	H0001 HV, TF	\$5.00 / Event	DMH

PATH	H0002 HE, HN, U5	\$25.32 / Event	DMH
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SCREENING AND REFERRAL, COMPLEX

A formal process of evaluation of the presenting problems of an individual which results in the referral of the individual to relevant service resources. The evaluation process utilizes specific screening tools to determine the likelihood that an individual may be experiencing mental health, substance abuse, or co-occurring disorders. The purpose is not to establish the presence or specific type of such disorder but to establish the need for referral for more in-depth clinical evaluation and assessment and/or referral to relevant service resources. Services can include the time spent on screening (face to face and by telephone), time spent on assisting with intake documentation, and time spent on referral to external agencies at the time of screening and admission only.

Note: This service can only be billed when the screening tools listed below are utilized. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992). Only one event per consumer can be billed by the provider unless there has been a gap in service of more than six (6) months. When utilizing particular screening instruments, will need to adhere to requirements of the screening tool, such as level of staffing allowed to administer and whether or not the tool can be administered over the phone or must be face-to-face.

Required: Written documentation is required for all contacts.

Eligible Screening Tools:

- American Society of Addiction Medicine (ASAM) Screening Tool: Providers must utilize the ODMHSAS electronic ASAM tool and follow contract requirements for service provision. Staff are required to have specialized training to administer the screening and be a licensed LBHP or candidate under supervision.
- Specialty Court Related: For Specialty Court related screening, providers will need to follow contract requirements for service provision. Applicable screenings include criminogenic risk assessment tools such as ORAS, LSI, or LSCMI. Staff are required to have specialized training to administer the screening.

Staff Requirement:

[MH, SA and CO] Staff requirements are based on what is required to administer the specific screening tool(s) used. The following are eligible to provide this service, as allowed by the screening tool(s) used:

- BHCM II (Certification issued July 1, 2013 or after)
- CADC
- LBHP or Licensure Candidate

	Billing Code	Rate/Unit	Coverage
MH	H0001 HE, TG, U1	\$75.00 / Event	DMH

Telemed		\$75.00 / Event	MCD
	H0001 HE, TG, U1, GT	\$75.00 / Event \$75.00 / Event	DMH MCD
SA	H0001 HF, TG, U1	\$75.00 / Event \$75.00 / Event	DMH MCD
Telemed	H0001 HF, TG, U1, GT	\$75.00 / Event \$75.00 / Event	DMH MCD
CO	H0001 HH, TG, U1	\$75.00 / Event \$75.00 / Event	DMH MCD
Telemed	H0001 HF, TG, U1, GT	\$75.00 / Event \$75.00 / Event	DMH MCD

Service Plan Development and Review

BEHAVIORAL HEALTH SERVICE PLAN DEVELOPMENT MODERATE COMPLEXITY

The process of developing a written plan based on the assessments (conducted by LBHP or Licensure Candidate) that identify the clinical needs/problems necessitating treatment. This process includes establishing goals and objectives; planning appropriate interventions; identifying treatment modalities, responsible staff, and discharge criteria. Customer involvement must be clearly documented, if the customer is 14 years of age or older. If the customer is under 18 years of age, the parent or guardian must also be involved as allowed by law.

Note: Treatment team members can assist with writing the service plan, with oversight from LBHP or Licensure Candidate. The LBHP or Licensure Candidate must complete the assessment, review and sign the service plan. (The Service Plan is not considered valid until all of the required signatures are present, including a co-signature if required. A co-signature is required if the LBHP is under supervision or a LBHP candidate.) One (1) unit of Behavioral Health Service Plan Development Moderate Complexity per customer per provider is allowed without prior authorization. If determined by the ODMHSAS or its designated agent, one additional unit per year may be authorized.

- *Both the assessment and the treatment plan require a consumer signature; however, a single consumer signature for both documents (eg., on the treatment plan) is acceptable as long as it is clearly indicated that it is applicable to both the assessment and the treatment plan.*
- *If not separately signed, assessments must be given to and viewable to consumers upon request. All consumers must be made aware of their right to make such a request.*
- *If necessary to maintain the therapeutic relationship, certain items from the assessment may be omitted or redacted before being supplied to the consumer.*
- *Service plans, both comprehensive and update, must include dated signatures of the consumer (if **age fourteen [14] or older**), the parent/guardian (if required by law), and the LBHP or Licensure Candidate. **If a minor is eligible to self-consent to treatment pursuant to state law, a parent/guardian signature is not required.** Licensure candidate signatures must be co-signed by a fully-licensed*

LBHP in good standing. Signatures must be obtained after the service plan is completed.

- *LBHP co-signatures are not required for assessments signed by licensure candidates, with the exception of instances when one signature page covers both the service plan and the assessment. In those instances, LBHP co-signatures are required to meet the requirement for service plans.*

Required: Face-to-face; written documentation which must include customer participation and signature. For outpatient services, service plans must be completed by the sixth visit. For residential and halfway house services, service plans must be completed within four days of admission.

Staff Requirement: [MH, SA and GA] LBHP or Licensure Candidate

			Billing Code	Rate/Unit	Coverage
MH	LBHP		H0032 HE	\$135.08 / Event	DMH
				\$87.07 - \$91.44 / Event	MCD
	Licensure Candidate		H0032 HE, GT	\$121.57 / Event	DMH
				\$78.36 - \$82.30 / Event	MCD
	Telemed	LBHP	H0032 HE, GT	\$135.08 / Event	DMH
				\$87.07 - \$91.44 / Event	MCD
		Licensure Candidate		\$121.57 / Event	DMH
				\$78.36 - \$82.30 / Event	MCD
SA	LBHP		H0032 HF	\$135.08 / Event	DMH
				\$87.07 - \$91.44 / Event	MCD
	Licensure Candidate		H0032 HF, GT	\$121.57 / Event	DMH
				\$78.36 - \$82.30 / Event	MCD
	Telemed	LBHP	H0032 HF, GT	\$135.08 / Event	DMH
				\$87.07 - \$91.44 / Event	MCD
		Licensure Candidate		\$121.57 / Event	DMH
				\$78.36 - \$82.30 / Event	MCD
GA	LBHP		H0032 HV	\$135.08 / Event	DMH
				\$87.07 - \$91.44 / Event	MCD
	Licensure Candidate		H0032 HV, GT	\$121.57 / Event	DMH
				\$78.36 - \$82.30 / Event	MCD
	Telemed	LBHP	H0032 HV, GT	\$135.08 / Event	DMH
				\$87.07 - \$91.44 / Event	MCD
		Licensure Candidate		\$121.57 / Event	DMH
				\$78.36 - \$82.30 / Event	MCD

BEHAVIORAL HEALTH SERVICE PLAN DEVELOPMENT LOW COMPLEXITY

A comprehensive review and evaluation of the current treatment of the customer. This includes a review of the service plan with the customer and the update of the plan as required. For mental health it includes the CAR evaluation, and for substance abuse it includes the ASI or TASI. This review may be in the form of a multi-disciplinary staffing or at times only the clinician and customer. All compensable service plan reviews must

include an update to the individual service plan. Customer involvement must be clearly documented, if the customer is 14 years of age or older. If the customer is under 18 years of age, the parent or guardian must also be involved as allowed by law.

Note: Treatment team members can assist with writing the service plan, with oversight from LBHP or Licensure Candidate. The LBHP or Licensure Candidate must complete the assessment, review and sign the service plan. (The Service Plan is not considered valid until all of the required signatures are present, including a co-signature if required. A co-signature is required if the LBHP is under supervision or a LBHP candidate.) Service plan updates are required every six (6) months during active treatment. Updates can be conducted whenever needed as determined by the clinician and the customer; however, they can only be billed/reimbursed once every six (6) months.

- *Both the assessment and the treatment plan require a consumer signature; however, a single consumer signature for both documents (eg., on the treatment plan) is acceptable as long as it is clearly indicated that it is applicable to both the assessment and the treatment plan.*
- *If not separately signed, assessments must be given to and viewable to consumers upon request. All consumers must be made aware of their right to make such a request.*
- *If necessary to maintain the therapeutic relationship, certain items from the assessment may be omitted or redacted before being supplied to the consumer.*
- *Service plans, both comprehensive and update, must include dated signatures of the consumer (**if age fourteen [14] or older**), the parent/guardian (if required by law), and the LBHP or Licensure Candidate. **If a minor is eligible to self-consent to treatment pursuant to state law, a parent/guardian signature is not required.** Licensure candidate signatures must be co-signed by a fully-licensed LBHP in good standing. Signatures must be obtained after the service plan is completed.*
- *LBHP co-signatures are not required for assessments signed by licensure candidates, with the exception of instances when one signature page covers both the service plan and the assessment. In those instances, LBHP co-signatures are required to meet the requirement for service plans.*

Required: Face-to-face; written documentation which must include customer participation and signature. For outpatient services, service plans must be completed by the sixth visit. For residential and halfway house services, service plans must be completed within four days of admission.

Staff Requirement: [MH, SA and GA] LBHP or Licensure Candidate

		Billing Code	Rate/Unit	Coverage
MH	LBHP	H0032 HE, TF	\$84.48 / Event	DMH
	Licensure Candidate		\$54.42 - \$57.16 / Event	MCD
			\$76.03 / Event	DMH

	Telemed	LBHP	H0032 HE, TF, GT	\$48.98 - \$51.44 / Event	MCD
				\$84.48 / Event	DMH
				\$54.42 - \$57.16 / Event	MCD
SA	LBHP	Licensure Candidate	H0032 HF, TF	\$76.03 / Event	DMH
				\$48.98 - \$51.44 / Event	MCD
				\$84.48 / Event	DMH
	Telemed	LBHP	H0032 HF, TF, GT	\$54.42 - \$57.16 / Event	MCD
				\$76.03 / Event	DMH
				\$48.98 - \$51.44 / Event	MCD
GA	LBHP	Licensure Candidate	H0032 HV, TF	\$84.48 / Event	DMH
				\$54.42 - \$57.16 / Event	MCD
				\$76.03 / Event	DMH
	Telemed	LBHP	H0032 HV, TF, GT	\$48.98 - \$51.44 / Event	MCD
				\$84.48 / Event	DMH
				\$54.42 - \$57.16 / Event	MCD
	Telemed	LBHP	H0032 HV, TF, GT	\$76.03 / Event	DMH
				\$48.98 - \$51.44 / Event	MCD
				\$84.48 / Event	DMH

Service Related Travel

TRAVEL

Report the number of miles traveled. Travel can be to the individuals' home, to various locations within the community or to facilities where the customer is receiving other related services.

Reporting for Disaster Travel: submitted services rendered for those agencies entering disaster related services, with Contract Source 81. The Program Manager for Disaster Planning and Recovery will inform agencies of which disaster code to use.

Reporting for Non-Disaster Travel: for designated contractors only.

Note: This service can only be reported with a generic Customer ID (999999993 for disaster related travel, and 999999992 for non-disaster related travel).

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit	Coverage
MH	S0215 HE, TF	\$0.51 / mile	DMH

<i>Community Support Services PA Group Only</i>	S0215 HE, TF, U1	\$0.51 / mile	DMH
SA	S0215 HF, TF	\$0.51 / mile	DMH
GA	S0215 HV, TF	\$0.51 / mile	DMH

Specialized Substance Abuse Services

DRUG SCREEN

A drug screen is a method of testing for the use of drugs by clients in substance abuse treatment. It must be qualitative and test for multiple drug classes and will include Urine Analysis (U.A.'s). U.A.'s should be administered if indicated by the clinical interview or assessments administered to the clients. Appropriate documentation is required.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992), however, only Family Drug Court Programs doing the Strengthening/Celebrating Families Evidenced Based Practice may report/bill under a generic Customer ID.

Staff Requirement: [SA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit	Coverage
SA	H0003 HF	\$19.10 / Screen	DMH

DIAGNOSIS (OR PRESENTING PROBLEM) RELATED EDUCATION – FAMILY MEMBERS

The Therapeutic education of family members regarding customer's diagnosis/identified problem and associated issues and implications. Face-to-face activity.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992) for Strengthening/Celebrating Families programs. All other programs will use the generic Customer ID only.

Staff Requirement: [SA]

BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP or Licensure Candidate

		Billing Code	Rate/Unit	Coverage
SA	With client present	T1012 HF, HR	\$15.00 / 30 Minutes	DMH
	Without client present	T1012 HF, HS	\$15.00 / 30 Minutes	DMH

GA	With client present	T1012 HV, HR	\$15.00 / 30 Minutes	DMH
	Without client present	T1012 HV, HS	\$15.00 / 30 Minutes	DMH
CO	With client present	T1012 HH, HR	\$15.00 / 30 Minutes	DMH
	Without client present	T1012 HH, HS	\$15.00 / 30 Minutes	DMH

DIAGNOSIS (OR PRESENTING PROBLEM) RELATED EDUCATION – GROUP

The Therapeutic education of clients regarding their diagnosis/identified problem and associated issues and implications. Group size is limited to a participant/staff ratio of 14 to 1. Face-to-face group activity.

Note: This service can only be provided within the Pre-Admission service array (PG038) to assist with engaging consumers in services prior to clinical assessment and admission; or under the outpatient service array for multi-family education groups for children/youth/families, including within Celebrating and Strengthening Families programs. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Multi-Family Education Group – For children/youth/families, this service can be provided as a multi-family education group. When billing for multi-family groups, the service will be billed once per family unit present and billed under the designated client. Groups will be limited to a maximum of twelve (12) families and can be done with or without the client present. This service is only reimbursable for ODMHSAS consumers.

Staff Requirement: [SA]

BHCM II (Certification issued July 1, 2013 or after), or
CADC, or
LBHP or Licensure Candidate

	Billing Code	Rate/Unit	Coverage
SA	T1012 HF, HQ	\$8.44 / 30 minutes	DMH

Therapeutic Behavioral Services

BEHAVIORAL HEALTH AIDE

This service provides the training and support necessary to ensure active participation of the customer (and family) in the service plan development process and with the ongoing implementation, support, and reinforcement of skills learned throughout the treatment process. Training may be provided, such as life skills remedial training in the home, school or community setting, to include training and remediation of children and the families on behavioral, interpersonal, communication, self-help, safety, substance use decisions, and daily living skills. This may involve assisting the customer and/or family in the acquisition

of knowledge and skills necessary to understand and address specific needs relation to the mental illness and treatment; development and enhancement of specific problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process; training on medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Note: Face to face. Individual activity. Provided to children or youth under the age of 21. This service can be provided in an inpatient setting to assist with transition/discharge planning (specific code for inpatient setting should be used).

Staff Requirement: [MH and SA] BHA

		Billing Code	Rate/Unit	Coverage
MH	Outpatient	H2019 HE	\$7.77 / 15 minutes \$7.52 / 17 minutes	DMH MCD
	Outpatient in Inpatient Setting	H2019 HE, HK	\$7.77 / 15 minutes	DMH
SA	Outpatient	H2019 HF	\$7.77 / 15 minutes \$7.52 / 17 minutes	DMH MCD
	Outpatient in Inpatient Setting	H2019 HF, HK	\$7.77 / 15 minutes	DMH

COMMUNITY RECOVERY SUPPORT / RECOVERY SUPPORT SPECIALIST

This service provides the training and support necessary to ensure active participation of the customer (and family when applicable) in the service plan development process and with the on-going implementation, support, and reinforcement of skills learned throughout the treatment process. Training may be provided to the customer to assist with their recovery process. This may involve assisting the customer in the acquisition of knowledge and skills necessary to understand and address specific needs in relation to their mental illness and treatment; development and enhancement of problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process; training on medications or diagnoses; development and enhancement of communication and socialization skills; interpreting choice offered by service providers; and assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Note: Face to face or phone contact. Individual activity. Provided to children aged 16 or over with SED and/or substance use disorder(s) and adults aged 18 and over with SMI and/or substance use disorder(s). This service can be provided in an inpatient setting to assist with transition/discharge planning (specific code for inpatient setting should be used). If a telephone service is being provided and the service provided is compensable as Case Management (like monitoring), and the PRSS providing the service is Case Management Certified, the service should be billed as Case Management.

Staff Requirement: [MH and SA] PRSS

		Billing Code	Rate/Unit	Coverage
MH	Outpatient	H2015 HE	\$11.70/ 15 minutes \$11.70/ 15 minutes	DMH MCD
	Telemed	H2015 HE, GT	\$11.70/ 15 minutes \$11.70/ 15 minutes	DMH MCD
	Outpatient in Inpatient Setting	H2015 HE, HK	\$11.70/ 15 minutes	DMH
	Telephone	H2015 HE, FQ	\$0.65 / 1 minute	DMH
<i>Community Support Services PA Group Only</i>	Outpatient	H2015 HE, U1	\$11.70/ 15 minutes	DMH
	Outpatient in Inpatient Setting	H2015 HE, HK, U1	\$11.70/ 15 minutes	DMH
	Telephone	H2015 HE, U1, FQ	\$0.65 / 1 minute	DMH
SA	Outpatient	H2015 HF	\$11.70/ 15 minutes \$11.70/ 15 minutes	DMH MCD
	Telemed	H2015 HF, GT	\$11.70/ 15 minutes \$11.70/ 15 minutes	DMH MCD
	Outpatient in Inpatient Setting	H2015 HF, HK	\$11.70/ 15 minutes	DMH
	Telephone	H2015 HF, FQ	\$0.65 / 1 minute	DMH
GA	Outpatient	H2015 HV	\$11.70/ 15 minutes \$11.70/ 15 minutes	DMH MCD
	Telemed	H2015 HV, GT	\$11.70/ 15 minutes \$11.70/ 15 minutes	DMH MCD
	Telephone	H2015 HV, FQ	\$0.65 / 1 minute	DMH

COMMUNITY RECOVERY SUPPORT / RECOVERY SUPPORT SPECIALIST-GROUP

Face-to-face group community recovery support services conducted by trained individuals who have experienced similar behavioral health problems. This service can include the facilitation of Wellness Recovery Action Plans (WRAP).

Note: Group activity. Provided to children aged 16 or over with SED and/or substance use disorder(s) and adults aged 18 and over with SMI and/or substance use disorder(s).

Staff Requirement: [MH and SA] PRSS

		Billing Code	Rate/Unit	Coverage
MH	Outpatient	H2015 HE, HQ	\$2.90 / 15 minutes \$2.90 / 15 minutes	DMH MCD

	Outpatient in Inpatient Setting	H2015 HE, HQ, HK	\$2.90 / 15 minutes	DMH
<i>Community Support Services PA Group Only</i>	Outpatient	H2015 HE, HQ, U1	\$2.90 / 15 minutes	DMH
SA	Outpatient	H2015 HF, HQ	\$2.90 / 15 minutes \$2.90 / 15 minutes	DMH MCD
GA	Outpatient	H2015 HV, HQ	\$2.90 / 15 minutes \$2.90 / 15 minutes	DMH MCD

FAMILY TRAINING AND SUPPORT

This service provides the training and support necessary to ensure active participation of the family or consumer in the service planning process and with the ongoing implementation, support, and reinforcement of skills learned throughout the treatment process. Training may be provided to family members to increase their ability to provide a safe and supportive environment in the home and community. This may involve assisting the consumer or family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their mental illness and treatment; development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process; training on medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Note: Individual activity. Provided to children or youth under the age of 25. This service can be provided in an inpatient setting to assist with transition/discharge planning (specific code for inpatient setting should be used).

Staff Requirement: [MH and SA] FSP

			Billing Code	Rate/Unit	Coverage
MH	Outpatient	Face to face	T1027 HE	\$9.75 / 15 minutes \$9.43 / 15 minutes	DMH MCD
		Telemed	T1027 HE, GT	\$9.75 / 15 minutes \$9.43 / 15 minutes	DMH MCD
		Telephone	T1027 HE, TF	\$0.65 / 1 minute	DMH
	Outpatient in Inpatient Setting		T1027 HE, HK	\$9.75 / 15 minutes	DMH
SA	Outpatient	Face to face	T1027 HF	\$9.75 / 15 minutes \$9.43 / 15 minutes	DMH MCD
		Telemed	T1027 HF, GT	\$9.75 / 15 minutes \$9.43 / 15 minutes	DMH MCD
		Telephone	T1027 HF, TF	\$0.65 / 1 minute	DMH
	Outpatient in Inpatient Setting		T1027 HF, HK	\$9.75 / 15 minutes	DMH

COMMUNITY LIVING PROGRAMS (CL)

LEVELS OF SERVICE PROVIDERS

When providing the type of treatment services identified in the Outpatient Services section of the manual (ex: Psychotherapy), please follow the staff requirements for Outpatient Services.

When providing support services not included in the Outpatient Services section of the manual, such as housing support services, residential care support services, milieu support, and therapeutic activities, the staff requirement is Support Services Provider:

Support Services Provider

An individual age eighteen (18) or older with a high school diploma or equivalent.

SERVICE DEFINITIONS

Community Housing Programs

NOTE: Community Housing Programs are not considered all inclusive days of service. A day of service should be reported for the customer, as well as all hourly services provided to that customer within the day.

FAMILY SELF SUFFICIENCY PROGRAM

This is a time limited (12 months or less) housing program for families of children with SED. The service is for 1) homeless families, 2) families at risk of losing housing or 3) families in crisis. Assisting families to create a stable home environment is intended to reduce out-of-home placement, increase school attendance, and reduce or mitigate contacts with law enforcement for the SED child(ren) within the family. The program should also assist the family in establishing residential stability and increased economic self sufficiency.

The program should incorporate elements of a system of care for SED families including blended funding, wraparound services, collaboration with other service providers, and strengths based, family directed plans and services.

The service should be reported for the child with SED.

	Billing Code	Rate/Unit	Coverage
MH	H0043 HE, HA	\$55.00 / Day	DMH

PERMANENT SUPPORTED HOUSING PROGRAMS

Programs assist consumers in the acquisition of permanent, scattered site and congregate housing in the community. The housing complex has no more than fifty percent (50%) of its residents with psychiatric disabilities. The consumer/resident shall be the lessee, and resident choice must be documented in the selection of housing. On-site or off-site supports/contact shall be provided at least once per month. Independent living skills training will be offered. Psychosocial rehabilitation services shall be made available, and socialization and recreational opportunities will be offered or arranged for at least twice a week.

Note: If a person is referred to the program prior to finding housing, the process of acquiring permanent housing in the community would be covered under this service and Case Management could not be billed for these activities. Once housing has been acquired, the following services would be included: offering social/recreational opportunities 2x weekly, offering independent living skills training, and providing additional on-site or off site supports at least once per month. This would also include Case Management services related to maintaining housing (ex. advocacy with landlord and neighbors, rental assistance, home maintenance, etc.), and Individual and group rehab service related to housing (ex. understanding and adhering to lease agreements, being a good tenant and neighbor, home safety and maintenance, etc.). Other ODMHSAS services (ex: Case Management, PSR, Therapy, etc.) could be billed for non-housing related issues.

	Billing Code	Rate/Unit	Coverage
MH	H0043 HE, TF	\$12.50 / Day	DMH

SAFE HAVEN

A temporary shelter for a homeless person with mental illness. Each individual has a private room. The length of stay is not defined and can be long term. Safe Haven services assist homeless persons build relationships with mental health service providers, access community programs, and facilitate the eventual transition to permanent housing.

	Billing Code	Rate/Unit	Coverage
MH	H0043 HE	\$37.00 / Day	DMH

SAFE HAVEN - PERMANENT SUPPORTED HOUSING

Program provides places of permanent residence for homeless persons with mental illness needing on-site support twenty-four (24) hours a day, to enable persons to live as independently as possible. Services shall assist program participants with accessing additional community resources, services and supports needed to promote self-sufficiency. The participant shall be the lessee of the residence, or have a similar form of occupancy agreement, and there shall be no limits on a person's length of tenancy as long as they abide by the conditions of the lease or agreement.

	Billing Code	Rate/Unit	Coverage
MH	H0043 HE, TF, TG	\$37.00 / Day	DMH

SUPERVISED TRANSITIONAL LIVING PROGRAMS

Programs are supervised places of temporary transitional residence for mental health consumers needing on-site support twenty-four (24) hours a day. These programs are intended to assist residents with stabilization and acquisition of skills necessary to transition to an independent living situation. Twenty hours of meaningful activity offered each week, with at least ten hours provided on-site and with at least eight of those 10 hours focusing specifically on independent living skills training. Programs must develop and implement a component of governance by tenants.

Note: This service includes the following: funding 24-hour on-site staffing (staff on site at all times). Offering 20 hours of meaningful activity each week (ex. housing support groups, social/rec. activities, independent living skills training, etc.), with at least ten hours provided on-site and with at least 8 of those 10 focusing specifically on independent living skills. Other ODMHSAS services (ex: Case Management, PSR, Therapy, etc.) could be billed for non-housing (independent living) related issues.

	Billing Code	Rate/Unit	Coverage
MH	H0043 HE, TG	\$70.00 / Day	DMH

SUPPORTED TRANSITIONAL HOUSING PROGRAMS

Programs are group apartment living or other residential settings with staff available as needed. Programs offer or make available to residents: psychosocial rehabilitation services, one evening or weekend socialization and recreational activity per week, eight hours of meaningful activity per week with at least five of those hours including on-site independent living skills training. This must include working side-by-side with the resident(s) to instruct in the development of independent living skills.

Note: This service includes the following: the provision of one evening or weekend social/rec. activity per week, offering 8 hours of meaningful activity each week (ex. housing support groups, social/rec. activities, independent living skills training, etc.), with at least five hours provided on-site and focusing specifically on independent living skills. Other ODMHSAS services (ex: Case Management, PSR, Therapy, etc.) could be billed for non-housing (independent living) related issues.

	Billing Code	Rate/Unit	Coverage
MH	H0043 HE, TG, TF	\$55.00 / Day	DMH

Residential Care Services

NOTE: Residential Care Services are not considered all-inclusive days of service. A day of service should be reported for the customer, as well as all hourly services provided to that customer within the day.

ENHANCED RESIDENTIAL CARE

This service is the same as T2033 HE, Residential Care, with the additional requirements noted in Residential Care Standard OAC 450:16.

	Billing Code	Rate/Unit	Coverage
MH	T2033 HE, TG	\$61.73 / Day	DMH

RESIDENTIAL CARE

The provision of twenty-four-hour supportive assistance to include physical exercise, independent living skills, and socialization activities to those clients with a Serious Mental Illness who are pre-authorized to live in a residential care facility.

	Billing Code	Rate/Unit	Coverage
MH	T2033 HE	\$13.00 / Day	DMH

RESIDENTIAL CARE RECOVERY ENHANCEMENT

This service is the same as T2033 HE, Residential Care, with provision of additional supportive assistance to promote the recovery and independence of residents, as demonstrated by designation of the provider as a Recovery Home.

	Billing Code	Rate/Unit	Coverage
MH	T2033 HE, TF	\$14.00 / Day	DMH

RESIDENTIAL CARE TRANSITIONAL SERVICES- MENTAL HEALTH

Services to assist people with mental illness or co-occurring disorders who request assistance with transition from a residential care home into community based permanent housing. Service recipients choose the community and type of housing they live in, and they hold their own lease. The landlord may be a Residential Care facility. The following services shall be offered or arranged for: assistance with locating housing; transportation to Doctor/treatment and grocery store; opportunities for socialization including evening and weekend opportunities; assistance with housing related deposits; and assistance with independent living skills (ex: budgeting, planning of meals, housekeeping skills, etc.). In addition, 24-hour access to support will be provided, with at least 1 face to face contact provided per week. And linkage to community supports will be provided (ex: outpatient mental health services, natural supports, etc.) to ensure long term housing success. This service can be provided a maximum of 90 days per person. Up to 10 of those days can be billed while the service recipient is residing in a Residential Care home (to allow time to find and arrange for permanent housing). Service recipients cannot be charged for this service.

	Billing Code	Rate/Unit	Coverage
MH	T2033 HE, 52	\$11.00 / Day	DMH

RESIDENTIAL CARE EXTENDED TRANSITIONAL SERVICES- MENTAL HEALTH

Services to assist people with mental illness or co-occurring disorders who request assistance with transition from a residential care home into community based permanent housing and require a longer period of transition support. The term of transition assistance

for each program participant is 120 days. If necessary, for consumer success, an extended period of assistance may be requested from ODMHSAS. Service recipients choose the community and type of housing they live in, and they hold their own lease. The following services shall be offered or arranged for: assistance with locating housing; transportation to Doctor/treatment and grocery store; opportunities for socialization including evening and weekend opportunities; assistance with housing related deposits; and assistance with independent living skills (ex: budgeting, planning of meals, housekeeping skills, etc.). In addition, 24-hour access to support will be provided, with at least 1 face to face contact provided per week. And linkage to community supports will be provided (ex: outpatient mental health services, natural supports, etc.) to ensure long term housing success. Up to 10 of the 120 transition days can be billed while the service recipient is residing in a Residential Care home (to allow time to find and arrange for permanent housing). Service recipients cannot be charged for this service.

	Billing Code	Rate/Unit	Coverage
MH	T2033 HE, TF, 52	\$10.00 / Day	DMH

RESIDENTIAL TREATMENT (CI)

LEVELS OF SERVICE PROVIDERS

When providing Residential Treatment services, providers should follow the staff requirements for Residential Treatment services in Chapter 18 Standards and Criteria for Substance Related and Addictive Disorder Treatment Services.

Residential Treatment facilities are required to provide the minimum weekly treatment hours as listed in the Services Definitions below. This applies to each week the consumer is in treatment, including but not limited to weeks which include holidays, passes, etc.

SERVICE DEFINITIONS

ASAM Level 3.1: Halfway House Services

NOTE: No hourly services should be reported for consumers admitted in Halfway House, with the exception of services provided to dependent children. For consumers who are seen but not admitted, screening/referral and assessment events can be reported. Physician services and medications are also separately billable.

HALFWAY HOUSE SERVICES

A low intensity addiction treatment in a supportive living environment to facilitate the individual's re-integration into the community, most often following completion of primary treatment. Major emphasis is on continuing substance abuse care and follow up, and community ancillary services in an environment supporting continued abstinence. Consumers participate in at least six (6) hours of structured substance use disorder treatment services weekly.

	Billing Code	Rate/Unit	Coverage
SA	H2034 HF	\$75.00 / Day \$75.00 / Day	DMH MCD

HALFWAY HOUSE SERVICES FOR ADOLESCENTS

A low intensity addiction treatment in a supportive living environment to facilitate the adolescent's re-integration into the community, most often following completion of primary treatment. Major emphasis is on continuing substance abuse care and follow-up for adolescents. Consumers participate in at least six (6) hours of structured substance use disorder treatment services weekly.

	Billing Code	Rate/Unit	Coverage
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SA	H2034 HF, HA	\$75.00 / Day \$75.00 / Day	DMH MCD
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HALFWAY HOUSE SERVICES FOR PREGNANT WOMEN

Addiction and chemical dependency services in a residential setting providing a planned regimen of twenty-four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment. Treatment offers individualized services and treatment, and clients must participate in at least six (6) hours of structured substance use disorder treatment services weekly.

	Billing Code	Rate/Unit	Coverage
SA	H2034 HF, HD, TF	\$117.00 / Day \$117.00 / Day	DMH MCD

HALFWAY HOUSE SERVICES FOR WOMEN WITH DEPENDENT CHILDREN

Addiction and chemical dependency services in a residential setting providing a planned regimen of twenty-four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment. Treatment offers individualized services and treatment, and clients must participate in at least six (6) hours of structured substance use disorder treatment services weekly for adults.

Note: Billing is only allowable for those women who enter the program with a dependent child present at the facility or who are pregnant. Services provided to dependent children by the facility must align with the facility's certification.

	Billing Code	Rate/Unit	Coverage
SA	H2034 HF, HD	\$117.00 / Day \$117.00 / Day	DMH MCD

HALFWAY HOUSE SERVICES FOR DEPENDENT CHILDREN

Halfway house services are designed to aid the dependent children of recovering substance abusers by placement with their parent in a supportive setting including provision of room and board with a limited structure program that includes prevention services.

Note: Behavioral health treatment services provided to dependent children can be billed on a fee-for-service basis, and a separate consumer record must be kept for the child documenting services rendered.

	Billing Code	Rate/Unit	Coverage
Age 0-3	H2034 HF, HD, HA	\$63.00 / Day	DMH
Age 4-17	H2034 HF, HD, HA	\$50.00 / Day	DMH

ASAM Level 3.3: Residential SUD Treatment, Population-Specific

NOTE: No hourly services should be reported for consumers admitted in Residential SUD Treatment. For consumers who are seen but not admitted, screening/referral and assessment events can be reported. Physician services and medications are also separately billable.

RESIDENTIAL TREATMENT FOR ADULTS WITH CO-OCCURRING DISORDERS

Substance use disorder and mental health treatment in a residential setting that provides a planned regimen of twenty-four (24) hour structured evaluation, care, and treatment. Clients shall participate in at least twenty-four (24) treatment hours of mental health and/or substance use disorder treatment services per week, excluding community support groups. A minimum of one (1) hour of therapy and seven (7) hours of rehabilitation services per week shall be provided. A maximum of seven (7) hours of peer recovery support services may count toward the required weekly treatment hours.

	Billing Code	Rate/Unit	Coverage
CO	H0019 HH, U1	\$160.00 / Day \$160.00 / Day	DMH MCD

ASAM Level 3.5: Residential SUD Treatment

NOTE: No hourly services should be reported for consumers admitted in Residential SUD Treatment, with the exception of services provided to dependent children. For consumers who are seen but not admitted, screening/referral and assessment events can be reported. Physician services and medications are also separately billable.

RESIDENTIAL TREATMENT FOR ADULTS

Substance use disorder treatment in a residential (live-in) setting which provides a twenty-four-hour, seven (7) day a week, professionally directed therapeutic regiment. Treatment offers intensive primary treatment and clients must participate in at least twenty-four (24) hours of substance use disorder treatment services per week, in addition to life skills, recreational and self-help supportive meetings. A minimum of one (1) hour of therapy and seven (7) hours of rehabilitation services per week shall be provided. A maximum of seven (7) hours of peer recovery support services may count toward the required weekly treatment hours.

	Billing Code	Rate/Unit	Coverage
SA	H0019 HF, U1	\$140.00 / Day \$140.00 / Day	DMH MCD

RESIDENTIAL TREATMENT FOR ADOLESCENTS

Substance use disorder treatment in a residential setting providing a planned regimen of twenty-four (24) hour, seven (7) day a week, professionally directed evaluation, care and treatment for chemically dependent adolescents. Adolescents not attending academic training shall participate in at least twenty-one (21) substance use disorder treatment

related hours per week. Clients attending academic training shall participate in fifteen (15) or more hours of substance use disorder related treatment per week. A minimum of one (1) hour of therapy and seven (7) hours of rehabilitation services per week shall be provided. A maximum of seven (7) hours of peer recovery support services may count toward the required weekly treatment hours.

	Billing Code	Rate/Unit	Coverage
SA	H0019 HF, HA, U1	\$160.00 / Day \$160.00 / Day	DMH MCD

INTENSIVE RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT FOR ADULTS

Treatment for severe substance use disorders in a residential (live-in) setting, which provides a twenty-four (24) hour per day, 7 day per week, professionally directed therapeutic regimen. This service offers intensive, individualized, primary treatment adhering to ASAM guidelines. Consumers must participate in at least thirty-seven (37) hours of services designed to support recovery from severe substance use disorders each week in addition to life skills, recreation and mutual support group involvement. A minimum of four (4) hours of therapy and seven (7) hours of rehabilitation services per week shall be provided. A maximum of eleven (11) hours of peer recovery support services may count toward the required weekly treatment hours. Physician services must be available twenty-four hours per day, seven (7) days per week.

	Billing Code	Rate/Unit	Coverage
SA	H0019 HF, TF	\$180.00 / Day \$180.00 / Day	DMH MCD

INTENSIVE RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT FOR ADOLESCENTS

Treatment for severe substance use disorders in a residential (live-in) setting, which provides a twenty-four (24) hour per day, 7 day per week, professionally directed therapeutic regimen. This service offers intensive, individualized, primary treatment adhering to ASAM guidelines. Consumers must participate in at least thirty-seven (37) hours of services designed to support recovery from severe substance use disorders each week in addition to life skills, recreation and mutual support group involvement. A minimum of four (4) hours of therapy and seven (7) hours of rehabilitation services per week shall be provided. A maximum of eleven (11) hours of peer recovery support services may count toward the required weekly treatment hours. Physician services must be available twenty-four hours per day, seven (7) days per week.

	Billing Code	Rate/Unit	Coverage
SA	H0019 HF, HA, TF	\$180.00 / Day \$180.00 / Day	DMH MCD

**RESIDENTIAL TREATMENT FOR WOMEN WITH DEPENDENT CHILDREN/
PREGNANT WOMEN**

Substance use disorder treatment in a residential setting providing a planned regimen of twenty-four (24) hours of professionally directed evaluation, care and treatment. Clients shall participate in at least twenty-four (24) treatment hour, seven (7) days a week, of substance use disorder treatment, parenting, and child development services per week for adults [Exception: TANF recipients with Oklahoma Department of Human Services approved documentation shall participate in least 21 hours of treatment; documentation should be reflected in consumer record]. A minimum of one (1) hour of therapy and seven (7) hours of rehabilitation services per week shall be provided. A maximum of seven (7) hours of peer recovery support services may count toward the required weekly treatment hours.

Note: Billing is only allowable for those women who enter the program with a dependent child present at the facility or who are pregnant. Services provided to dependent children by the facility must align with the facility's certification.

	Billing Code	Rate/Unit	Coverage
SA	H0019 HF, HD, U1	\$180.00 / Day \$180.00 / Day	DMH MCD

**INTENSIVE RESIDENTIAL TREATMENT FOR WOMEN WITH DEPENDENT
CHILDREN/PREGNANT WOMEN**

Treatment offers intensive primary treatment and clients must participate in at least thirty-five (35) therapeutic hours of substance use disorder treatment services per week in addition to life skills, recreational, and self-help supportive meetings and other therapies, in accordance with an approved service plan in a state certified facility with medical support available. A minimum of four (4) hours of therapy and seven (7) hours of rehabilitation services per week shall be provided. A maximum of eleven (11) hours of peer recovery support services may count toward the required weekly treatment hours.

Note: Billing is only allowable for those women who enter the program with a dependent child present at the facility or who are pregnant. Services provided to dependent children by the facility must align with the facility's certification.

	Billing Code	Rate/Unit	Coverage
SA	H0019 HF, HD, TF	\$250.00/ Day \$250.00/ Day	DMH MCD

RESIDENTIAL TREATMENT FOR DEPENDENT CHILDREN

Twenty-four-hour supportive care in a residential setting for dependent children of individuals with substance use disorders receiving residential care. Includes requirements and emphasis on prevention and daily living skills in accordance with an approved service plan in a state certified facility with medical support available.

Note: Behavioral health treatment services provided to dependent children can be billed on a fee-for-service basis, and a separate consumer record must be kept for the child documenting services rendered.

	Billing Code	Rate/Unit	Coverage
Age 0-3	H0019 HF, HD, HA, U1	\$80.00 / Day	DMH
Age 4-17	H0019 HF, HD, HA, U1	\$50.00 / Day	DMH

INTENSIVE RESIDENTIAL TREATMENT FOR DEPENDENT CHILDREN

Twenty-four-hour supportive care in a residential setting for dependent children of individuals with substance use disorders receiving intensive residential care. Includes requirements and emphasis on prevention and daily living skills in accordance with an approved service plan in a state certified facility with medical support available.

Children not attending school participate in at least twelve (12) hours of substance abuse service per week in addition to daily living skills and recreational activities, designed to teach children about self-esteem, safety, addiction, coping skills and how to tell when they perceive things are wrong.

Note: Behavioral health treatment services provided to dependent children can be billed on a fee-for-service basis, and a separate consumer record must be kept for the child documenting services rendered.

	Billing Code	Rate/Unit	Coverage
Age 0-3	H0019 HF, HD, HA, TF	\$125.28 / Day	DMH
Age 4-17	H0019 HF, HD, HA, TF	\$50.00 / Day	DMH

ASAM LEVEL 3.7: MEDICALLY SUPERVISED WITHDRAWAL MANAGEMENT (SN)

SERVICE DEFINITIONS

NOTE: Medically supervised withdrawal management services are all inclusive days of service, with the exception of medications and physician services. No hourly services should be reported for admitted consumers. For consumers who are seen but not admitted, screening/referral and assessment events can be reported.

MEDICALLY SUPERVISED WITHDRAWAL MANAGEMENT SERVICES FOR ADULTS

Withdrawal management outside of medical settings, supervised by a licensed nursing supervisor, for intoxicated individuals, and individuals withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances that would require hospitalization as determined by an examining physician.

	Billing Code	Rate/Unit	Coverage
SA	H0010 HF	\$300.00 / Day \$300.00 / Day	DMH MCD

MEDICALLY SUPERVISED WITHDRAWAL MANAGEMENT SERVICES FOR ADOLESCENTS

Withdrawal management outside of medical settings, supervised by a licensed nursing supervisor, for intoxicated individuals, and individuals withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances that would require hospitalization as determined by an examining physician.

	Billing Code	Rate/Unit	Coverage
SA	H0010 HF, HA	\$300.00 / Day \$300.00 / Day	DMH MCD

COMMUNITY-BASED STRUCTURED CRISIS CARE (SC)

SERVICE DEFINITION

NOTE: Community-Based Structured Crisis Care (SC) should be reported in hours. This service can be reported with a generic Customer ID (999999991).

FACILITY-BASED CRISIS INTERVENTION

Crisis stabilization consists of emergency psychiatric and substance abuse services for the resolution of crisis situations provided in a behavioral health care setting. Crisis stabilization includes one-hour increments of care with the ability to provide a protective environment, basic supportive care, pharmacological treatment, non-medical to medically supervised detoxification, medical assessment and treatment and referral services to appropriate level and type of service.

		Billing Code	Rate/Unit	Coverage
MH		S9484 HE	\$19.50 / Hour \$19.09 / Hour (18+) \$20.01 / Hour (under 18)	DMH MCD MCD
	> 16 beds	S9484 HE, TG	\$19.50 / Hour	DMH

HOSPITALIZATION (HA)

SERVICE DEFINITIONS

NOTE: For reporting purposes only.

ACUTE INPATIENT

Short-term psychiatric treatment within a licensed psychiatric inpatient treatment unit for evaluation, rapid stabilization and treatment of acute symptoms and risk factors, with the expectation the person will be moved to a less intensive level of care. EOD cases would most often fit this category.

		Billing Code	Rate/Unit
MH	Low Complexity	99222 HE	\$0.00 /Day
	Moderate Complexity	99222 HE, HA	\$0.00 /Day

INTERMEDIATE INPATIENT TREATMENT

Inpatient psychiatric treatment on a specialized psychiatric treatment unit for persons who require 24-hour medical supervision and are in need of an active rehabilitation program as a result of a mental illness. Treatment is anticipated to be longer than acute inpatient treatment.

	Billing Code	Rate/Unit
MH	99221 HE	\$0.00 / Day

SCREENING AND ASSESSMENT TOOLS

CLIENT ASSESSMENT RECORD (CAR)

GENERAL INFORMATION

The purpose of the Client Assessment Record (CAR) is to give clinicians a tool to evaluate the functioning level of their consumers.

The clinician must have knowledge of the customer's behavior and adjustment to his/her community based on the assessment, and other information. The knowledge must be gained through direct contact (face-to-face interview). It can also include by systematic review of the customer's functioning with individuals who have observed and are acquainted with the customer.

The CAR levels of functioning have been structured within a "normal curve" format, ranging from Above Average Functioning (1-10) to Extreme Psychopathology (50). Pathology begins in the 20-29 range. The CAR format provides a broad spectrum of functioning and permits a range within which consumers can be described.

The clinician's rating in each domain needs to be based on assessment information: 1) the frequency of the behavior (How often does the behavior occur?); 2) the intensity of the behavior (How severe is the behavior?); 3) duration of the behavior (How long does the behavior last?); and 4) the impact the symptoms/behaviors have on daily functioning, to establish the severity of the customer's current condition.

Only current information is to be rated, not historical information. Current is considered within the last 30 days.

CAR DOMAIN DEFINITIONS

1. **FEELING/MOOD/AFFECT:** Measures the extent to which the person's emotional life is well moderated or out of control.
2. **THINKING/MENTAL PROCESS:** Measures the extent to which the person is capable of and actually uses clear, well-oriented thought processes. Adequacy of memory and overall intellectual functioning are also to be considered in this scale.
3. **SUBSTANCE USE:** Measures the extent to which a person's current use of synthetic or natural substances is controlled and adaptive for general well-being and functioning. Although alcohol and illegal drugs are obvious substances of concern, any substance can be subjected to maladaptive use or abuse, especially if compounded by special medical or social situations.
4. **MEDICAL/PHYSICAL:** Measures the extent to which a person is subject to illness, injury and/or disabling physical conditions, regardless of causation. Demonstrable physical effects of psychological processes are included, but not the effects of prescribed psychotropic medications. Physical problems resulting from assault, rape, or abuse are included.
5. **FAMILY:** Measures the adequacy with which the customer functions within his/her family and current living situation. Relationship issues with family members are included as well as the adequacy of the family constellation to function as a unit.
6. **INTERPERSONAL:** Measures the adequacy with which the person is able to establish and maintain interpersonal relationships. Relationships involving persons other than family members

should be compared to similar relationships by others of the same age, gender, culture, and life circumstances.

7. **ROLE PERFORMANCE:** Measures the effectiveness with which the person manages the role most relevant to his or her contribution to society. The choice of whether job, school, or home management (or some combination) is most relevant for the person being rated depends on that person's age, gender, culture and life circumstances. If disabled, intellectually, mentally or physically, the client would be scored relative to others with the same disability and in the same situation. Whichever role is chosen as most relevant, the scale is used to indicate the effectiveness of functioning within the role at the present time.
8. **SOCIO-LEGAL:** Measures the extent and ease with which the person is able to maintain conduct within the limits prescribed by societal rules and social mores. It may be helpful to consider this scale as a continuum extending from pro-social to anti-social functioning. *****Other Behavioral Non-Chemical Addictions would be rated here: gambling, internet, pornography, sexual, etc.**
9. **SELF CARE/BASIC NEEDS:** Measures the adequacy with which the person is able to care for him/herself and provide his/her own needs such as food, clothing, shelter and transportation. If the customer lives in a supportive or dependent situation for reasons other than lack of ability (e.g. confined on criminal sentence), estimate the ability to make arrangements independently and freely. Children, the disabled and elderly persons who are cared for by others should also be rated on their own ability to make arrangements compared to others their age.

LEVEL OF FUNCTIONING RATING SCALE

- **1 - 9 (Above Average):** Functioning in the particular domain is consistently better than that which is typical for age, gender, and subculture, or consistently average with occasional prominent episodes of superior, excellent functioning. Functioning is never below typical expectations for the average person.
- **10 - 19 (Average):** Functioning in the particular domain as well as most people of same age, gender, and subculture. Given the same environmental forces is able to meet usual expectations consistently. Has the ability to manage life circumstances.
- **20 - 29 (Mild to Moderate):** Functioning in the particular domain falls short of average expectation most of the time but is not usually seen as seriously disrupted. Dysfunction may not be evident in brief or casual observation and usually does not clearly influence other areas of functioning. Problems require assistance and/or interfere with normal functioning.
- **30 - 39 (Moderate to Severe):** Functioning in the particular domain is clearly marginal or inadequate, not meeting the usual expectations of current life circumstances. The dysfunction is often disruptive and self-defeating with respect to other areas of functioning. Moderate dysfunction may be apparent in brief or casual interview or observation. Serious dysfunction is evident.
- **40 - 49 (Incapacitating):** Any attempts to function in the particular domain are marked by obvious failures, usually disrupting the efforts of others or of the social context. Severe dysfunction in any area usually involves some impairment in other areas. Hospitalization or other external control may be required to avoid life-threatening consequences of the dysfunction. Out of control all or most of the time.
- **50 (EXTREME):** The extreme rating for each scale, suggests behavior or situations totally out of control, unacceptable, and potentially life threatening. This score indicates issues that are so severe it would not be generally used with someone seeking outpatient care.

FEELING MOOD & AFFECT

1 – 9 (ABOVE AVERAGE): Anxiety, depression, or disturbance of mood is absent or rare. The person's emotional life is characterized by appropriate cheer and optimism given a realistic assessment of his/her situation. Emotional

control is flexible, with both positive and negative feelings clearly recognized and viewed as within his/her control. Reactions to stressful situations are clearly adaptive and time limited.

10 – 19 (AVERAGE): No disruption of daily life due to anxiety, depression or disturbance of mood. Emotional control shows consistency and flexibility. A variety of feelings and moods occur, but generally the person is comfortable, with some degree of pleasant or warm affect. When strong or persistent emotions occur, the object and approximate causes are readily identified.

ADULT: Able to cope, either alone or with the help of others, with stressful situations. Not overwhelmed when circumstances seem to go against him/her. Doesn't dwell on worries; tries to work out problems. Frustration, anger, guilt, loneliness, and boredom are usually transient in nature and resolve quickly. Considers self a worthy person.

CHILD: Not overwhelmed when circumstances seem to go against him/her. Frustration, anger, guilt, loneliness, and boredom are usually transient in nature and resolve quickly. Reactions to stressful events are age appropriate.

20 – 29 (Mild to Moderate): Occasional disruption due to intense feelings. Emotional life is occasionally characterized by volatile moods or persistent intense feelings that tend not to respond to changes in situations. Activity levels may occasionally be inappropriate or there may be disturbance in sleep patterns.

ADULT: Tends to worry or be slightly depressed most of the time. Feels responsible for circumstances but helpless about changing them. Feels guilty, worthless and unloved, causing irritability, frustration and anger.

CHILD: Frustration, anger, loneliness', and boredom persist beyond the precipitating situation. May be slightly depressed and/or anxious MOST OF THE TIME.

30 – 39 (Moderate to Severe): Occasional major (severe) or frequent moderate disruptions of daily life due to emotional state. Uncontrolled emotions are clearly disruptive, affecting other aspects of the person's life. Person does not feel capable of exerting consistent an effective control on own emotional life.

ADULT: The level of anxiety and tension (intense feelings) is frequently high. There are marked frequent, volatile changes in mood. Depression is out of proportion to the situation, frequently incapacitation. Feels worthless and rejected most of the time. Becomes easily frustrated and angry.

CHILD: Symptoms of distress are pervasive and do not respond to encouragement or reassurance. May be moderately depressed and/or anxious most of the time or severely anxious/depressed occasionally.

40 – 49 (Incapacitating): Severe disruption or incapacitation by feelings of distress. Unable to control one's emotions, which affects all of the person's behavior and communication. Lack of emotional control renders communication difficult even if the person is intellectually intact.

ADULT: Emotional responses are highly inappropriate most of the time. Changes from high to low moods make a person incapable of functioning. Constantly feels worthless with extreme guilt and anger. Depression and/or anxiety incapacitate person to a significant degree most of the time.

CHILD: Emotional responses are highly inappropriate most of the time. Reactions display extreme guilt and anger that is incapacitating.

50 (EXTREME): Emotional reactions or their absence appears wholly controlled by forces outside the individual and bears no relationship to the situation.

Scoring Tips:

- When determining if a person scores in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Unable to control one's emotions, which affects all of the person's behavior and communication."

THINKING/MENTAL PROCESS

This domain refers to the person's intellectual functioning and thought processes only. If there is a lowering of functioning level in either one, please rate the more severe of the two.

1 – 9 (ABOVE AVERAGE): Superior intellectual capacity and functioning. Thinking seems consistently clear, well organized, rational and realistic. The person may indulge in irrational or unrealistic thinking, or fantasy, but is always able to identify it as such, clearly distinguishing it from more rational realistic thought.

10 – 19 (AVERAGE): No evidence of disruption of daily life due to thought and thinking difficulties. Person has at least average intellectual capacity. Thinking is generally accurate and realistic. Judgment is characteristically adequate. Thinking is rarely distorted by beliefs with no objective basis.

ADULT: Capable of rational thinking and logical thought processes. Oriented in all spheres. No memory loss.

CHILD: Intellectual capacity and logical thinking are developed appropriately for age.

20 – 29 (Mild to Moderate): Occasional disruption of daily life due to impaired thought and thinking processes. Intellectual capacity slightly below average ("Dull Normal" to Borderline) and/or thinking occasionally distorted by defensive, emotional factors and other personal features. Poor judgment may occur often but is not characteristic of the person. Communications may involve misunderstandings due to mild thought disorders. Includes specific impairments of learning or attention and the ability to generalize from acquired knowledge.

ADULT: Borderline retardation; but can function well in many areas. Peculiar beliefs or perceptions may occasionally impair functioning. Occasionally forgetful but is able to compensate.

CHILD: Bordering retardation or developmentally delayed but can function well in many areas. Inability to distinguish between fantasy and reality may, on occasion, impair functioning.

30 – 39 (Moderate to Severe): Frequent or consistent interference with daily life due to impaired thinking. Mild to moderate mental retardation and/or frequent distortion of thinking due to emotional and/or other personal factors may occur. Frequent substitution of fantasy for reality, isolated delusions, or infrequent hallucinations may be present. Poor judgment is characteristic at this level.

ADULT: Mild to moderate retardation but can function with supervision. Delusions and/or hallucinations interfere with normal daily functioning. Frequently disoriented as to time, place, or person. Person is unable to remember recent or past events.

CHILD: Mild to moderate retardation. May be preoccupied by unusual thoughts of attachments.

40 – 49 (Incapacitating): Incapacitated due to impaired thought and thinking processes. Severe to profound mental retardation and/or extreme disruption or absence of rational thinking may exist. Delusions or frequent hallucination that the person cannot distinguish from reality may occur. Communication is extremely difficult.

ADULT: Unable to function independently. Severely disoriented most of the time. Significant loss of memory.

CHILD: Severely disoriented most of the time. Loss of memory. If speech is present, it may manifest itself in peculiar patterns.

50 (EXTREME): Profound retardation, comatose, or vegetative. No process that would ordinarily be considered "thinking" can be detected, although person may appear to be conscious. Communication is virtually impossible. Extreme catatonia.

NOTE: A score of 40 or more in this domain must include a statement indicating the customer's ability to participate in service planning and benefit from the OP services requested.

Scoring Tips: When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Severely disoriented most of the time"

SUBSTANCE USE

1 – 9 (ABOVE AVERAGE): All substances are used adaptively with good control. Substances known to be harmful are used sparingly, if at all.

10 – 19 (AVERAGE): No impairment of functioning due to substance use. Substance use is controlled so that it is not apparently detrimental to the person's over-all functioning or well-being. Substances used and amount of use are within commonly accepted range of the person's subculture. Infrequent excesses may occur in situations where such indulges have no serious consequences.

ADULT: No functional impairment noted from any substance use. Reports occasional use of alcohol with no adverse effects.

CHILD: No effects from intake of alcohol drugs, or tobacco other than possible one occurrence of experimentation.

20 – 29 (Mild to Moderate): Occasional or mild difficulties in functioning due to substance use. Weak control with respect to one or more substances. May depend on maladaptive substance use to escape stress or avoid direct resolution of problems, occasionally resulting in increased impairment and/or financial problems.

ADULT: Occasional apathy and/or hostility due to substance use. Occasional difficulty at work due to hangover or using on the job.

CHILD: Occasional incidence of experimentation with alcohol, drugs or other substance with potential adverse effects.

30 – 39 (Moderate to Severe): Frequent difficulties in functioning due to substance use. Has little control over substance use. Lifestyle revolves around acquisition and abuse of one or more substances. Has difficulty on the job, at home and /or in other situations.

ADULT: Needs alcohol, drugs or other substances to cope much of the time, without them, feels upset and irritable. Frequent hangovers/highs or other effects of substance abuse that are causing difficulty on the job, at home and/or other situations.

CHILD: Repeated use of alcohol, drugs, or other substances causing difficulty at home and/or school.

40 – 49 (Incapacitating): Disabled or incapacitated due to substance use. Substance abuse dominates the person's life to the almost total exclusion of other aspects. Serious medical and/or social consequences are accepted as necessary inconveniences. Control is absent, except as necessary to avoid detection of an illegal substance.

ADULT: Major focus on obtaining desired substance. Other functions ignored. Unable to hold job due to use of alcohol, drugs or other substances

CHILD: Unable to function at home or in school due to substance use. Life revolves around obtaining desired substance.

50 (EXTREME): Constantly high or intoxicated with no regard for basic needs or elemental personal safety. May include extreme vegetative existence.

NOTE: The use of substances by family members is recorded in domain #5, as it relates to the family's ability to operate as a functional unit.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Substance abuse dominated the person's life to the almost total exclusion of other aspects".
- In addition to scoring substance use in this domain, you can also score substance dependence for someone who is not using at this time. Example of this would be- how frequently is someone thinking of using and how does that impact their daily functioning (i.e. if someone is thinking of using all the time and is participating in 5 AA meetings daily to keep from using- this may be impacting their ability to hold down a job, etc.).

MEDICAL/PHYSICAL

1 – 9 (ABOVE AVERAGE): Consistently enjoys excellent health. Infrequent minor ills cause little discomfort and are marked by rapid recovery. Physical injury is rare, and healing is rapid. Not ill or injured at this time of rating and in good physical condition.

10 – 19 (AVERAGE): No physical problems that interfere with daily life. Generally good health without undue distress or disruption due to common ailments and minor injuries. Any chronic medical/physical condition is sufficiently controlled or compensated for as to cause no more discomfort or inconvenience than is typical for the age. No life-threatening conditions are present.

ADULT: Occasional common colds, fatigue, headaches, gastrointestinal upsets, and common ailments that is endemic in the community. No sensory aids required. No medications.

CHILD: Occasional common ailments. Rapid recovery with no long-term effects. No sensory aids required. No medications.

20 – 29 (Mild to Moderate): Occasional or mild physical problems that interfere with daily living. Physical condition worse than what is typical of age, sex, and culture and life circumstances; manifested by mild chronic disability, illness or injury, or common illness more frequent than most. Includes most persons without specific disability, but frequent undiagnosed physical complaints. Disorders in this range could become life threatening only with protracted lack of care.

ADULT: Controlled allergies. Needs glasses, hearing aid, or other prostheses, but can function without them. Needs medication on a regular basis to control chronic medical problem.

CHILD: Illnesses more frequent than average. Controlled allergies. Needs glasses, hearing aid, or other prostheses, etc.

30 – 39 (Moderate to Severe): Frequent and/or chronic problems with health. Person suffers from serious injury, illness or other physical condition that definitely limits physical functioning (though it may not impair psychological functioning or productivity in appropriately selected roles). Includes conditions that would be life threatening without appropriate daily care. Cases requiring hospitalization or daily nursing care should be rated 30 or above, but many less critical cases may be in this range also.

ADULT: Diabetes, asthma, moderate over/underweight or other evidence of eating disorder. Cannot function without function without glasses, hearing aid or other prostheses. Heavy dependence on medications to alleviate symptoms of chronic illness.

CHILD: Diabetes, asthma, moderate over/underweight or other evidence of eating disorder. Cannot function without glasses, hearing aid, or other prostheses. Physical problems secondary to abuse. Heavy dependence on medication.

40 – 49 (Incapacitating): Incapacitated due to medical/physical health. The person is physically incapacitated by injury, illness, or other physical condition. Condition may be temporary, permanent or progressive, but all cases in this range require at least regular nursing-type care.

ADULT: Medical/physical problems are irreversible and incapacitating. Must have special medication in order to survive.

CHILD: Medical/physical problems are irreversible and incapacitating.

50 (EXTREME): Critical medical/physical condition requiring constant professional attention to maintain life. Include all persons in a general hospital intensive care unit.

NOTE: Include how the medical condition limits the customer's day-to-day function for score of 20 and above.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "but all cases in this range require at least regular nursing-type care".
- When determining if a person scored in the 30-39 range, please note that just having Diabetes, Asthma, etc. does not automatically equate a score in this range. In addition, symptoms/condition "definitely limits physical functioning".

FAMILY

1 – 9 (ABOVE AVERAGE): Family unit functions cohesively with strong mutual support for its members. Individual differences are valued.

10 – 19 (AVERAGE): Major conflicts are rare or resolved without great difficulty. Relationships with other family members are usually mutually satisfying.

*****DEFAULT TO AVERAGE RATING IF ADULT HAS NO FAMILY OR LACK OF FAMILY CONTACT. Feelings about lack of contact would be noted in domain #1*****

ADULT: Primary relationships are good with normal amounts of difficulties. Feels good with family relationships and secure in parent role. Destructive behavior among family members is rare.

CHILD: Conflicts with parents or siblings are transient; family is able to resolve most differences promptly. Parenting is supportive and family is stable.

20 – 29 (Mild to Moderate): Relationships within the family are mildly unsatisfactory. May include evidence of occasional violence among family members. Family disruption is evident. Significant friction and turmoil evidenced, on some consistent basis, which is not easily resolved.

ADULT: Family difficulties such that client occasionally thinks of leaving. Some strife with children.

CHILD: Problems with parents or other family members are persistent, leading to generally unsatisfactory family life. Evidence of recurring conflict or even violence involving adults and children.

30 – 39 (Moderate to Severe): Occasional major or frequent minor disruption of family relationships. Family does not function as a unit. Frequent turbulence and occasional violence involving adults and children.

ADULT: Turbulent primary relationship or especially disturbing break-up. Adult rage and/or violence directed toward each other or children.

CHILD: Family inadequately supportive of child. Constant turmoil and friction. Family unit is disintegrating.

40- 49 (Incapacitating): Extensive disruption of family unit. Relationships within family are either extremely tenuous or extremely destructive.

ADULT: Not capable of forming primary relationships. Unable to function in parenting role. Abusive or abused.

CHILD: Isolated. Lacking family support. Abused or neglected.

50 (EXTREME): Total breakdown in relationships within family. Relationships that exist are physically dangerous or psychologically devastating.

NOTE: For adults, note and score current, ACTIVE family problems only. For children report and score the behavior of the current family as it affects the child.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “Abusive or abused” for adults, and “Abused or neglected” for children.
- Score only the current family system (in the last 30 days). Family system can include anyone that the person identifies as family (ex: common law husband/wife might be scored here). Please note that if someone is identified and scored as family, they should not be included and scored again under domain 6. Interpersonal.

INTERPERSONAL

1 – 9 (ABOVE AVERAGE): Relationships are smooth and mutually satisfying. Conflicts that develop are easily resolved. Person is able to choose among response styles to capably fit into a variety of relationships. Social skills are highly developed.

ADULT: Has wide variety of social relationships and is sought out by others.

CHILD: Social skills highly developed for age.

10 – 19 (AVERAGE): Interpersonal relationships are mostly fruitful and mutually satisfying. Major conflicts are rare or resolved without great difficulty. The person appears to be held in esteem within his or her culture.

ADULT: Good relationship with friends. Forms good working relationships with co-worker.

CHILD: Client is able to relate well to peers or adults without persistent difficulty.

20 – 29 (Mild to Moderate): Occasional or mild disruption of relationships with others. Relationships are mildly unsatisfactory although generally adequate. May appear lonely or alienated although general functioning is mostly appropriate.

ADULT: Some difficulty in developing or keeping friends. Problems with co-workers occasionally interfere with getting work done.

CHILD: Some difficulty in forming or keeping friendships. May seem lonely or shy.

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of interpersonal relationships. May be actively disliked or virtually unknown by many with whom there is daily contact. Relationships are usually fraught with difficulty.

ADULT: Has difficulty making and keeping friends such that the relationships are strained or tenuous. Generally, rejects or is rejected by co-workers, tenuous job relationships.

CHILD: Unable to attract friendships. Persistent quarreling or social withdrawal. Has not developed age social skills.

40 – 49 (Incapacitating): Serious disruption of interpersonal relationships or incapacitation of ability to form relationships. No close relationships, few, if any, casual associations which are satisfying.

ADULT: Socially extremely isolated. Argumentative style or extremely dependent style makes work relationships virtually impossible.

CHILD: Socially extremely isolated. Rejected, unable to attach to peers appropriately.

50 (EXTEME): Relationship formation does not appear possible at the time of the rating.

NOTE: Relationships with family members are reported in domain #5.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “No close relationships”.
- This domain scores only the person’s ability to make and maintain relationships outside of the family system- not the type of people they choose to have relationships with. If they are maintaining relationships with people who are getting them into trouble/putting them at risk, this may be a consideration for poor judgment when scoring in domain #2.

ROLE PERFORMANCE

1 – 9 (ABOVE AVERAGE): The relevant role is managed in a superior manner. All tasks are done effectively at or before the time expected. The efficiency of function is such that most of the tasks appear easier than for others of the same age, sex, culture, and role choice.

10 – 19 (AVERAGE): Reasonably comfortable and competent in relevant roles. The necessary tasks are accomplished adequately and usually within the expected time. There are occasional problems, but these are resolved, and satisfaction is derived from the chosen role.

ADULT: Holds a job for several years, without major difficulty. Student maintains acceptable grades with minimum of difficulty. Shares responsibility in childcare. Home chores accomplished.

CHILD: Maintains acceptable grades and attendance. No evidence of behavior problems.

20 – 29 (Mild to Moderate): Occasional or mild disruption of role performance. Dysfunction may take the form of chronic, mild overall inadequacy or sporadic failures of a more dramatic sort. In any case, performance often falls short of expectation because of lack of ability or appropriate motivation.

ADULT: Unstable work history. Home chores frequently left undone; bills paid late.

CHILD: Poor grades in school. Frequent absences. Occasional disruptive behavior at school.

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of role performance. Contribution in the most relevant role is clearly marginal. Client seldom meets usual expectations and there is a high frequency of significant consequences, i.e. firing, suspension.

ADULT: Frequently in trouble at work, or frequently fired. Home chores ignored; some bills defaulted.

CHILD: Expelled from school. Constantly disruptive and unable to function in school.

40 – 49 (Incapacitating): Severe disruption of role performance due to serious incapacity or absent motivation. Attempts, if any, at productive functioning are ineffective and marked by clear failure.

ADULT: Client not employable. Is unable to comply with rules and regulations or fulfill ANY of the expectations of the client's current life circumstance.

CHILD: Expelled from school. Constantly disruptive and unable to function in school.

50 (EXTREME): Productive functioning of any kind is not only absent, but also inconceivable at the time of rating.

NOTE: Identify and assess only the customer's primary role. Family role would be described in domain #5. If residing in an RCF, RCF resident would be considered the primary role. Score functioning relative to others in the same life circumstance.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Attempts, if any, at productive functioning are ineffective and marked by clear failure".

SOCIO-LEGAL

1 – 9 (ABOVE AVERAGE): Almost conforms to rules and laws with ease, abiding by the “spirit” as well as the “letter” of the law. Any rate deviations from rules or regulations are for altruistic purposes.

10 – 19 (AVERAGE): No disruption of socio-legal functioning problems. Basically, a law-abiding person. Not deliberately dishonest, conforms to most standards of relevant culture. Occasional breaking or bending of rules with no harm to others.

ADULT: No encounters with the law, other than minor traffic violations.

CHILD: Generally, conforms to rules. Misbehavior is non-repetitive, exploratory or mischievous.

20- 29 (Mild to Moderate): Occasional or mild disruption of socio-legal functioning. Occasionally bends or violates rules or laws for personal gain, or convenience, when detection is unlikely and personal harm to others is not obvious. Cannot always be relied on; may be in some trouble with the law or other authority more frequently than most peers; has no conscious desire to harm others.

ADULT: Many traffic tickets. Creates hazard to others through disregard of normal safety practices.

CHILD: Disregards rules. May cheat or deceive for own gain

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of socio-legal functioning. Conforms to rules only when more convenient or profitable than violation. Personal gain outweighs concern for others leading to frequent and/or serious violation of laws and other codes. May be seen as dangerous as well as unreliable.

ADULT: Frequent contacts with the law, on probation, or paroled after being incarcerated for a felony. Criminal involvement. Disregard for safety of others.

CHILD: Unable to consider rights of others at age-appropriate level. Shows little concern for consequences of actions. Frequent contact with the law. Delinquent type behaviors.

40 – 49 (Incapacitating): Serious disruption of socio-legal functioning. Actions are out of control without regard for rules and law. Seriously disruptive to society and/or pervasively dangerous to the safety of others.

ADULT: In confinement or imminent risk of confinement due to illegal activities. Imminent danger to others or property.

CHILD: In confinement or imminent risk of confinement due to delinquent acts.

50 (EXTREME): Total uncontrolled or antisocial behavior. Socially destructive and personally dangerous to almost all unguarded persons.

NOTE: Since danger to others is a clear component of scores of 30 and over, a clear statement as to the customer’s danger to others must be included in the request.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “In confinement or imminent risk of confinement” due to illegal activities/ delinquent acts.

SELF CARE/BASIC NEEDS

1 – 9 (ABOVE AVERAGE): Due to the fundamental nature of this realm of behavior, “above average” may be rated only where needs can be adequately and independently obtained in spite of some serious obstacle such as extreme age, serious physical handicap, severe poverty or social ostracism.

10 – 19 (AVERAGE): Customer is able to care for self and obtain or arrange for adequate meeting of all basic needs without undue effort.

ADULT: Able to obtain or arrange for adequate housing, food, clothing and money without significant difficulty. Has arranged dependable transportation.

CHILD: Able to care for self as well as most children of same age and developmental level.

20 – 29 (Mild to Moderate): Occasional or mild disruption of ability to obtain or arrange for adequate basic needs. Disruption is not life threatening, even if continued indefinitely. Needs can be adequately met only with partial dependence on illegitimate means, such as stealing, begging, coercion or fraudulent manipulation.

ADULT: Occasional assistance required in order to obtain housing, food and/or clothing. Frequently has difficulty securing own transportation. Frequently short of funds.

CHILD: More dependent upon family or others for self care than would be developmentally appropriate for age.

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of ability to obtain or arrange for at least some basic needs. Include denial of need for assistance or support, meeting needs wholly through illegitimate means. Unable to maintain hygiene, diet, clothing and/or prepare food.

ADULT: Considerable assistance required in order to obtain housing, food and/or clothing. Consistent difficulty in arranging for adequate finances. Usually depends on others for transportation. May need assistance in caring for self.

CHILD: Ability to care for self considerably below age and developmental expectation.

40 – 49 (Incapacitating): Severe disruption of ability to independently meet or arrange for the majority of basic needs by legitimate or illegitimate means. Unable to care for self in a safe and sanitary manner.

ADULT: Housing, food and/or clothing must be provided or arranged for by others. Incapable of obtaining any means of financial support. Totally dependent on others for transportation.

CHILD: Cannot care for self. Extremely dependent for age and developmental level.

50 (EXTREME): Person totally unable to meet or arrange for any basic needs. Would soon die without complete supportive care.

NOTE: When rating a child in this domain, rate on child’s functioning only, without regard to adequacy of parent’s provisions for basic needs. The developmental level of the child must also be considered.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “Severe disruption of ability to independently meet or arrange for the majority of basic needs by legitimate or illegitimate means”.

CAR ASSESSMENT GUIDE

The CAR Assessment Guide provides examples of questions you can ask for each CAR domain to help collect the information you need to determine the most accurate score.

CAR 1 FEELING/MOOD/AFFECT

- How have you been feeling (i.e., nervous, worried, depressed, angry)?
- What has your mood been like?
- How often do you feel this way and for how long?
- Has there been any change in your sleep habits over the past month?
- Has there been any change in your eating habits over the past month?
- Has there been anything bothering you over the past month? If yes, please explain.
- Have your feelings/mood been interfering with your relationships? If yes, please give specific examples and frequency of occurrence?
- Have your feelings/mood been interfering with your job? If yes, please give specific examples and frequency of occurrence?
- Have your feelings/mood been interfering with your ability to complete household responsibilities? If yes, please give specific examples and frequency of occurrence?
- Have you been told that you seem depressed, anxious, or overly sad during the last month?
- Have you felt like hurting yourself or others during the past month?

CAR 2 THINKING/MENTAL PROCESS

- Have you experienced any difficulties with your memory over the past month? If yes, please give specific examples and how difficulties have impacted daily functioning.
- Have you experienced any difficulties with concentration? If yes, please give specific examples and how difficulties have impacted daily functioning.
- Have you been told that you have a learning disability, or do you think you have problems with learning or thinking? If yes, please give specific examples and how difficulties have impacted daily functioning during the past month.
- Have you had any recurring thoughts during the past month that bother you? If yes, please explain. Do these interfere with your daily functioning in any way? If yes, please give specific examples.
- Do you ever hear voices or see things that other people can't hear or see? If yes, please give specific examples. Has this occurred within the past month? If yes, how often has this occurred and for how long? Does this interfere with your daily functioning in any way? If yes, please give specific examples.
- Orientation questions:
 - Who am I?
 - Where are we?
 - Why are we here today?
 - What is today's date?
 - Who is the President of the United States?
- Have you had any thoughts that people are against you or are out to get you over the past month? If yes, please explain.

- Do you feel that you have used poor judgment in any of your decision making over the past month or has anyone told you that you were not using good judgment or making poor decisions? If yes, please explain. How is this impacting your life (give specific examples)?
- Does anyone ever tell you that they have problems understanding what you are trying to say? If yes, please explain. Has this occurred during the past month? If yes, how is this impacting your life (give specific examples)?

CAR 3 SUBSTANCE USE

- Have you used alcohol and/or other drugs during the last month? If yes,
 - What type(s) of substance was used?
 - How much have you used and how often?
 - What are some of the reasons you used?
 - How do you access the alcohol and/or other drugs (pay for them, trade favors, given to you, steal them)?
 - How has substance use impacted your daily functioning (relationships, work, household responsibilities, health)?
- Have you thought about using alcohol and/or other drugs during the past month? If yes,
 - What type(s) of substance have you thought about using?
 - How often do you think about using?
 - What do you do to keep from using (If attends AA/NA meetings how often)? How much time do you spend on these activities?
 - Do your thoughts of use and/or activities to avoid using negatively impact your daily functioning in any way (relationships, work, household responsibilities, health)? If yes, please give specific examples.

CAR 4 MEDICAL/PHYSICAL

- Do you have any current medical/physical conditions? If yes,
 - What type of medical/physical conditions do you have?
 - Do your conditions require special care (medication, diet, nursing care)? If yes, please specify.
 - Do your conditions currently impact your daily functioning (relationships, work, household responsibilities, self care)? If yes, please give specific examples and frequency of occurrence.
- Are you currently taking medication for medical/physical condition(s) and/or for psychiatric reasons? If yes,
 - What medication(s) are you taking?
 - At what dosage is your medication prescribed?
 - What condition/symptoms was your medication prescribed for?
 - Does your medication help reduce/control your symptoms?

CAR 5 FAMILY

- Do you live with family members? If yes,
 - Which family member or family members do you live with (parents, siblings, husband, children, partner)?
 - Are there any current problems at home? If yes, please give specific examples and frequency of problems.

- How do you get along with the family member(s) you live with? If the answer is not well, then give specific examples and frequency.
- How do family members treat you? If the answer is not well, then give specific examples and frequency.
- If you do not live with family members, do you live with a foster family? If yes,
 - How do you get along with your foster family members (foster parents, foster siblings)? If the answer is not well, then give specific examples and frequency.
 - How do foster family members treat you? If the answer is not well, then give specific examples and frequency.
 - Are there any current problems at home? If yes, please give specific examples and frequency.
 - Do you have any visitation with your biological family? If yes, what type of contact (phone, supervised, etc.), frequency and duration of contact? Was the interaction positive? If no, please give specific examples of what made the interaction negative.
- If you do not live with family members, have you had contact with any family members during the past month? If yes,
 - What type of contact have you had (phone, in-person)?
 - How often was the contact and what was the duration of contact?
 - Was the interaction positive? If no, please give specific examples.

CAR 6 INTERPERSONAL

- Do you have any close friends? If yes,
 - How many close friends do you have?
 - What makes them a close friend?
 - How long have you been close friends? If not long, have you had many long-term friendships? If no, what do you think interferes with maintaining long-term friendships?
 - How much and what type of contact (phone, in person) have you had with your close friend(s) during the past month? Is this less or more contact than you usually have?
 - How have you been getting along with your close friends during the past month? If not well, please give specific examples and frequency.
- If no,
 - If you have no close friends, would you like some? If yes, what are some of the things that might be interfering with you achieving this?
- Do you find it easy to make friends? If no, what makes it hard?
- How are your relationships at Work/School/Day Care/ Day Program? Have you had any conflicts during the last month? If yes, please give specific examples and frequency.
- Do you find the friendships you have to be satisfying? If no, please explain.

CAR 7 ROLE PERFORMANCE

- Are you currently employed? If yes,
 - How long have you worked there?
 - How do you like your job?
 - Do you have any current problems at work? If yes, give specific examples of type of problem(s), and frequency of problems?
 - Are you currently at risk of losing your job?
- Are you currently a student? If yes,
 - Do you like school?

- What kind of grades do you make? If poor grades, why?
- How do you get along with your teachers?
- Do you ever get in trouble at school? If yes, what for and how often?
- Have you been suspended or expelled during the past month?
- Are you currently responsible for managing your home? If yes,
 - Have you paid your bills on time during the past month? If not, how late were/are bills, and have there been any consequences for paying late (utilities turned off or current cut-off notice, recent eviction or current eviction notice)?
 - Are you able to keep your house clean? If no, give specific example of how dirty, frequency, current obstacles to keeping a clean house, and any consequences that have occurred (poor health, letter from landlord, eviction notice).
 - Do you have any children living in your home? If yes, are you able to adequately care for them (prepare and serve nutritious meals, maintain a safe and sanitary living environment, meet their basic needs)?
- Do you have any other responsibilities? If yes,
 - What are your responsibilities in your family and/or at your house (this would also include Nursing Home, RCF, or ICFMR)?
 - Do you always fulfill all of your responsibilities? If no, please give specific examples of when you have not fulfilled your responsibilities, how often this occurs, any consequences that have occurred, and possible reasons for not fulfilling responsibilities.

CAR 8 **SOCIO-LEGAL**

- Would other people say you are an honest person? If no, please explain.
- Have you broken a law or been accused of breaking a law within the last month? If yes, please give specific examples and include frequency of occurrence and any consequence that may have occurred as a result.
- Have you broken any rules or been accused of breaking the rules during the last month (at home, work, school, treatment, etc.)? If yes, please give specific examples and include frequency of occurrence and any consequence that may have occurred as a result.
- Have you hurt anyone during the past month (family member, friend, stranger, animals, etc.)? If yes, please explain.
- Do you think of yourself, or do others see you, as dangerous?
- Are you currently on probation or parole? If yes, have you been meeting the requirements of your probation or parole during the past month?

CAR 9 **SELF CARE/BASIC NEEDS**

Age 18 or Over

- If you are age 18 or older, do you currently arrange for your own housing, food (purchasing and preparing), clothing (purchasing and maintaining/laundry), money, transportation without difficulty? If no,
 - What areas are you unable to arrange for or having difficulty with?
 - Please give some specific examples of the difficulties you are having.
 - How often do these difficulties occur?
 - Have you received any assistance from anyone to help arrange for these things within the last month? If yes, please explain the type and amount of assistance.
- If you are taking medication, are you taking it as prescribed? If no, please explain.

- If on a special diet (diabetes, etc.), are you following your dietary requirements? If no, please explain.
- *Observe for Hygiene maintenance*

Under age 18

For children under the age of 18, questions should be asked based on the developmental appropriateness for the age group of the child being assessed. It is recommended that the clinician have a resource available reflecting the appropriate developmental expectations for each age group, and that this information be utilized to help structure questions and assess client abilities based on age expectation.

Addiction Severity Index (ASI)

The Addiction Severity Index (ASI) was developed in 1980 by A. Thomas McLellan Ph.D. as an interview tool for substance-dependent patients. The ASI was originally created to evaluate outcomes for several different substance abuse programs. In hopes of being able to capture any possible outcome information the tool was designed to cover a broad range of potential areas that the treatment may have affected. For this reason, the instrument measures seven different problem areas (listed below) and the clinician assigns a severity score to each problem area following the completion of the structured interview. Each problem area receives a severity score from 0 to 9 with 9 being the most severe.

Problem Areas

- Medical Status
- Employment/Support Status
- Alcohol
- Drugs
- Legal Status
- Family/Social Relationships
- Psychiatric Status

Prior to administering this instrument, clinicians must complete ASI training offered or approved by the ODMHSAS. The ASI is designed for adults aged eighteen (18) and above and is not to be used with adolescents.

Teen Addiction Severity Index (T-ASI)

The Teen Addiction Severity Index (T-ASI) was developed in 1992 by Yifrah Kaminer, M.D. The tool is designed as a brief structured interview to provide information about aspects of an adolescent's life that may contribute to his/her substance abuse issues. The T-ASI is a modified version of the ASI described in the above section. The questions and categories being assessed were changed to better fit with this population. This instrument may be administered separately to both the adolescent and their parent. The T-ASI was designed to be a first step in developing a member profile that can be used for both research and treatment. The instrument is also designed as a follow up to treatment to help measure the progress a member has made after completing treatment. The T-ASI has six problem areas that are rated from 0 to 4 with 4 being the most severe.

Problem Areas

- Chemical (Substance) Use
- School Status
- Employment/Support Status
- Family Relations
- Peer/Social Relationships
- Legal Status
- Psychiatric Status

Prior to administering this instrument clinicians must complete the T-ASI training, offered or approved by the Oklahoma Department of Mental Health and Substance Abuse Services. The T-ASI is designed for children aged twelve (12) through seventeen (17).

OUTPATIENT LEVELS OF CARE REQUIREMENTS (At a Glance)

PREVENTION AND RECOVERY MAINTENANCE		Monthly Caps: Adult- \$367 Child- \$431
MH	SA	
<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis (a OR both a AND b): <ul style="list-style-type: none"> a. Principal (Reason for Visit) Mental Health disorder: any diagnosis is allowable including V codes and 900 codes except a provisional diagnosis when the focus is Recovery Maintenance (a provisional diagnosis is allowed when the focus is Prevention) b. Personality disorder (If younger than 18 must include well documented psychiatric supporting evidence) 	<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis: <ul style="list-style-type: none"> a. Principal (Reason for Visit) Substance-Related disorder 	
CAR Scores must be listed	ASI or T-ASI Scores must be listed. For Integrated, the CAR Scores must be listed in addition to the ASI or T-ASI.	

LEVEL ONE		Monthly Caps: Adult- \$495.00 Child- \$623.00
MH	SA	
<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis (a OR both a AND b): <ul style="list-style-type: none"> a. Principal (Reason for Visit) Mental Health disorder: any diagnosis is allowable including V codes and 900 codes except a provisional diagnosis. b. Personality disorder (If younger than 18 must include well documented psychiatric supporting evidence) 	<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis: <ul style="list-style-type: none"> a. Principal (Reason for Visit) Substance-Related disorder 	
CAR Scores (a minimum of the following): <ul style="list-style-type: none"> a. 20-29 in 4 domains (Domains 1-9); or b. 30-39 in 2 domains (Domains 1-9); or c. 20-20 in 3 domains and 30-39 in 1 or more domain (Domains 1-9). 	<u>ASI Scores:</u> <ul style="list-style-type: none"> a. 4 or above in 2 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u> <ul style="list-style-type: none"> a. 2 or above in 3 areas, must include at least a 2 in Chemical Use Problem Area <u>CAR Scores (if Integrated):</u> <ul style="list-style-type: none"> a. 20-29 in 3 domains (Domains 1-9); or b. 30-39 in 2 domains (Domains 1-9); or 	

	c. 20-29 in 2 domains and 30-39 in 1 or more domains (Domains 1-9).
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LEVEL TWO		<u>Monthly Caps:</u> Adult- \$665.00 Child- \$815.00
MH	SA	
<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis (a OR both a AND b): <ul style="list-style-type: none"> a. Principal (Reason for Visit) Mental Health disorder: any diagnosis is allowable including V codes and 900 codes except a provisional diagnosis. b. Personality disorder (If younger than 18 must include well documented psychiatric supporting evidence) 	<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis: <ul style="list-style-type: none"> a. Principal (Reason for Visit) Substance-Related disorder 	
CAR Scores (a minimum of the following): <ul style="list-style-type: none"> a. 30-39 in 3 domains (Domains 1-9); or b. 40-49 in 1 domain (Domains 1-9). 	<u>ASI Scores:</u> <ul style="list-style-type: none"> a. 5 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u> <ul style="list-style-type: none"> a. 3 or above in 2 areas, must include at least a 2 in Chemical Use Problem Area; or b. 4 in 1 area, must include at least a 2 in Chemical Use Problem Area. <u>CAR Scores</u> (if Integrated): Same as MH requirements	

LEVEL THREE		<u>Monthly Caps:</u> Adult- \$867.00 Child- \$867.00
MH	SA	
<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis (a OR both a AND b): <ul style="list-style-type: none"> a. Principal (Reason for Visit) Mental Health disorder: any diagnosis is allowable including V codes and 900 codes except a provisional diagnosis. b. Personality disorder (If younger than 18 must include well documented psychiatric supporting evidence) 	<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis: <ul style="list-style-type: none"> a. Principal (Reason for Visit) Substance-Related disorder 	

<p>CAR Scores (a minimum of the following):</p> <ul style="list-style-type: none"> a. 30-39 in 4 domains with 2 domains being in 1, 6, 7, or 9 (Domains 1-9); or b. 40-49 in 2 domains with 1 domain in 1, 6, 7, or 9 (Domains 1-9); or c. 30-39 in 2 domains and 40-49 in 1 domain with either the 40 or 2 of the 30's being in domains 1, 6, 7, or 9 	<p><u>ASI Scores:</u></p> <ul style="list-style-type: none"> a. 6 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <p><u>T-ASI:</u></p> <ul style="list-style-type: none"> a. 3 or above in 3 areas, must include at least a 2 in Chemical Use Problem Area; or b. 4 in 2 areas, must include at least a 2 in Chemical Use Problem Area <p><u>CAR Scores</u> (if Integrated): Same as MH requirements</p>
<p>LEVEL FOUR <u>Monthly Caps:</u> Adult- \$1,171.00 Child- \$1,171.00</p>	
<p>MH</p>	<p>SA</p>
<p><u>Diagnostic Requirements</u></p> <p>DSM 5 (in ICD Format) Diagnosis (a OR both a AND b):</p> <ul style="list-style-type: none"> a. Principal (Reason for Visit) Mental Health disorder: any diagnosis is allowable including V codes and 900 codes except a provisional diagnosis. b. Personality disorder (If younger than 18 must include well documented psychiatric supporting evidence) 	<p><u>Diagnostic Requirements</u></p> <p>DSM 5 (in ICD Format) Diagnosis:</p> <ul style="list-style-type: none"> a. Principal (Reason for Visit) Substance-Related disorder
<p>CAR Scores (a minimum of the following):</p> <p><u>Adult-</u></p> <ul style="list-style-type: none"> a. 40 in 4 domains, with 1 being 1, 6, 7, or 9 <p><u>Child-</u></p> <ul style="list-style-type: none"> a. 40 in 3 domains, with 1 being in 1, 6, 7, or 9 	<p><u>ASI Scores:</u></p> <ul style="list-style-type: none"> a. 7 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <p><u>T-ASI:</u></p> <ul style="list-style-type: none"> a. 4 in 3 areas, must include at least a 2 in Chemical Use Problem Area <p><u>CAR Scores</u> (if Integrated): Same as MH requirements</p>

DOCUMENTATION

GUIDELINES FOR CLINICAL DOCUMENTATION

ASSESSMENT

Staff:

All programs shall complete a comprehensive clinical assessment which gathers sufficient information to assist the consumer in developing an individualized service plan. This assessment shall be conducted by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate.

Signatures:

The consumer and family/guardian/treatment advocate, as appropriate, shall be an active participant(s) in the screening and assessment process.

Assessments are not valid until all signatures are completed and dated, including the co-signature if required.

The assessment must be signed by the consumer, parent/guardian (if applicable), and the LBHP or licensure candidate. The signatures may be included in a signature page applicable to both the assessment and service plan if the signature page clearly indicates that the signatories consent and approve of both. If the signatures for more than one document are included on the signature page, both the signatures of the consumer, parent/guardian (if applicable), and the LBHP or licensure candidate, as well as the date of the signature must be noted, along with the document that is being completed and acknowledged at the time/date of the signature. Each document must have a separate dated signature/acknowledgment for both the consumer and the LBHP and designate acknowledgement of participation for the corresponding document.

All signatures must be dated and hand-written. An electronic signature may be used as an alternative if date stamped.

- *Both the assessment and the treatment plan require a consumer signature; however, a single consumer signature for both documents (eg., on the treatment plan) is acceptable as long as it is clearly indicated that it is applicable to both the assessment and the treatment plan.*
- *If not separately signed, assessments must be given to and viewable to consumers upon request. All consumers must be made aware of their right to make such a request.*
- *If necessary to maintain the therapeutic relationship, certain items from the assessment may be omitted or redacted before being supplied to the consumer.*
- *LBHP co-signatures are not required for assessments signed by licensure candidates, with the exception of instances when one signature page covers both the service plan and the assessment. In those instances, LBHP co-signatures are required to meet the requirement for service plans.*

Content:

Mental Health Providers

The assessment shall include, but not be limited to, information regarding the following elements:

1. Behavioral, including mental health and addictive disorders,
2. Emotional, including issues related to past or current trauma and domestic violence,
3. Physical/medical,
4. Social and recreational; and
5. Vocational.

Substance Use Disorder Providers

All facilities shall assess each consumer for appropriateness of admission to the treatment program. Each presenting consumer for substance use disorder treatment shall be assessed, according to ASAM criteria, which includes a list of symptoms for all six dimensions and each level of care to determine a clinically appropriate placement in the least restrictive level of care. The ODMHSAS designated ASAM Service Level tool must be completed when determining clinically appropriate residential treatment placement. The ASAM must be administered by an LBHP/LBHP candidate. For facilities offering gambling disorder treatment services, each presenting consumer for gambling disorder treatment shall be assessed using the PGSI (Problem Gambling Severity Index), or the Southern Oaks Gambling Screen (SOGS) with supporting documentation of DSM-V criteria.

Upon determination of appropriate admission, consumer assessment demographic information should contain but not be limited to the following:

1. Date of initial contact requesting services,
2. Date of the screening and/or assessment,
3. Consumer's name,
4. Gender,
5. Birth date,
6. Home address,
7. Telephone number,
8. Referral source,
9. Reason for referral,
10. Emergency contact; and
11. PICIS intake data core content, if the facility reports on PICIS.

All programs shall complete a biopsychosocial assessment using the Addiction Severity Index (ASI) or Teen Addiction Severity Index (T-ASI) which gathers sufficient information to assist the consumer in developing an individualized service plan. The assessment must also list the client's past and current psychiatric medications.

Children Accompanying a Parent into Treatment

Assessments of children (including infants) accompanying their parent into treatment (residential or halfway house levels of care) who are receiving services from the facility shall include the following items:

1. Parent-child relationship,
2. Physical and psychological development,

3. Educational needs,
4. Parent related issues; and
5. Family issues related to the child.

Assessments of the parent bringing their children into treatment shall include the following items:

1. Parenting skills (especially in consideration of the child's issues),
2. Knowledge of age-appropriate behaviors,
3. Parental coping skills,
4. Personal issues related to parenting; and
5. Family issues as related to the child.

Case Management Assessment

All programs providing case management services shall complete a strengths-based assessment for the purpose of assisting in the development of an individual plan of care development, which shall include evidence that the following were evaluated:

1. Consumer's level of functioning within the community,
2. Consumer's job skills and potential; and/or educational needs,
3. Consumer strengths and resources,
4. Consumer's present living situation and support system,
5. Consumer's use of substances and orientation to changes related to substance use,
6. Consumer's medical and health status,
7. Consumer's needs or problems which interfere with the ability to successfully function in the community; and
8. Consumer's goals.

SERVICE PLAN

Staff:

The service plan shall be completed by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate.

Signatures:

The service plan and/or service plan addendum must be signed by the consumer, parent/guardian (if applicable), and the LBHP or licensure candidate. Licensure candidate signatures must be co-signed by a fully licensed LBHP. The signatures may be included in a signature page applicable to both the assessment and service plan if the signature page clearly indicates that the signatories' consent and approve of both.

The service plan and/or service plan addendum is not considered a valid until all of the required signatures/dates are on the service plan/addendum.

All signatures must be dated and hand-written. An electronic signature may be used as an alternative if date stamped.

* The consumer and family as appropriate shall be an active participant(s) in the screening and assessment process.

- *Both the assessment and the treatment plan require a consumer signature; however, a single consumer signature for both documents (eg., on the treatment plan) is acceptable as long as it is clearly indicated that it is applicable to both the assessment and the treatment plan.*
- *If not separately signed, assessments must be given to and viewable to consumers upon request. All consumers must be made aware of their right to make such a request.*
- *If necessary to maintain the therapeutic relationship, certain items from the assessment may be omitted or redacted before being supplied to the consumer.*
- *LBHP co-signatures are not required for assessments signed by licensure candidates, with the exception of instances when one signature page covers both the service plan and the assessment. In those instances, LBHP co-signatures are required to meet the requirement for service plans.*

Content:

Comprehensive service plan contents should address the following:

1. Consumer strengths, abilities, and preferences,
2. Identified presenting challenges, needs, and diagnosis,
3. Goals for treatment with specific, measurable, attainable, realistic and time limited objectives,
4. Type and frequency of services to be provided,
5. Description of consumer's involvement in, and response to, the service plan,
6. The practitioner(s) name and credentials who will be providing the services identified in the service plan,
7. Specific discharge criteria; and

8. Dated signatures of the consumer, parent/guardian (if applicable), and the LBHP or licensure candidate. Licensure candidate signatures must be co-signed by a fully licensed LBHP. Signatures must be obtained after the service plan is completed.

Service plan updates should address the following:

1. Progress on previous service plan goals and/or objectives,
2. A statement documenting a review of the current service plan and an explanation if no changes are to be made to the service plan,
3. Change in goals and/or objectives based upon consumer's progress or identification of new needs, and challenges,
4. Change in frequency and/or type of services provided,
5. Description of consumer's involvement in, and response to, the service plan update,
6. Change in practitioner(s) who will be responsible for providing services on the plan and credentials,
7. Change in discharge criteria; and
8. Dated signatures of the consumer, parent/guardian (if applicable), and the LBHP or licensure candidate. Licensure candidate signatures must be co-signed by a fully licensed LBHP. Signatures must be obtained after the service plan update is completed. Signatures must be handwritten and dated or an electronic signature that is dated will be acceptable. The service plan is not considered valid until all the required signatures/dates are on the service plan, including the co-signer if required.

****If a change is required to add a new goal/objective or a new clinician to the service plan, the service plan addendum must be signed/dated by the consumer, parent/guardian (if applicable), and the LBHP or licensure candidate. Licensure candidate signatures must be co-signed by a fully licensed LBHP and signatures must be obtained after the service plan addendum is completed.**

- *Both the assessment and the treatment plan require a consumer signature; however, a single consumer signature for both documents (eg., on the treatment plan) is acceptable as long as it is clearly indicated that it is applicable to both the assessment and the treatment plan.*
- *If not separately signed, assessments must be given to and viewable to consumers upon request. All consumers must be made aware of their right to make such a request.*
- *If necessary to maintain the therapeutic relationship, certain items from the assessment may be omitted or redacted before being supplied to the consumer.*
- *LBHP co-signatures are not required for assessments signed by licensure candidates, with the exception of instances when one signature page covers both the service plan and the assessment. In those instances, LBHP co-signatures are required to meet the requirement for service plans.*

PROGRESS NOTES

Staff:

The qualified staff who provided the service must complete the progress note.

Signatures:

Progress notes must include the dated signature and credential of the staff who provided the service.

Content:

Progress notes, except for in PSR programs, should address the following:

1. Date;
2. Person(s) to whom services were rendered;
3. Start and stop time for each timed treatment session or service;
4. Signature of the service provider;
5. Credentials of the service provider;
6. Specific service plan need(s), goals and/or objectives addressed;
7. Services provided, including evidence-based treatment modalities, to address need(s), goals and/or objectives;
8. Progress or barriers to progress made in treatment as it relates to the goals and/or objectives; and
9. Any new need(s), goals and/or objectives identified during the session or service.
10. Group progress notes must include the number of consumers attending the group.

Note: Please note that “Services provided” listed in (7) above is referring to the specific clinical/service intervention provided by the clinician/staff during the service session: the targeted action(s) the clinician/staff took to move the client toward achieving the identified service plan goal(s)/objective(s) focused on during the service session.

Progress notes for PSR programs should address the following:

1. Date attended, or date(s) attended during the week for a weekly summary note;
2. Start and stop time(s) for each day attended;
3. Specific goal(s) and/or objectives addressed during the day or during the week;
4. Type of skills training provided during the day or during the week (including the educational curriculum used);
5. Progress, or barriers to progress, made toward goals and objectives;
6. Any new goal(s) or objective(s) identified during the day or during the week;
7. Signature of the lead psychiatric rehabilitation practitioner; and
8. Credentials of the lead psychiatric rehabilitation practitioner.

Progress notes should be documented according to the following time frames:

1. Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments;
2. Community living program staff shall complete a summary note monthly identifying the name of the person served and the day(s) the person received the service;
3. Inpatient: nursing service is to document on each shift. Each member of the treatment team shall write a weekly progress note for the first two months and monthly thereafter; and
4. PSR staff must maintain a daily, member sign-in/sign-out record of member attendance and shall write a progress note daily or a summary progress note weekly.
5. Residential substance use disorder staff must complete a weekly progress note, and additionally complete a separate note for each individual therapy session and each individual case management session.

In addition:

1. Crisis Intervention Service notes must also include a detailed description of the crisis and level of functioning assessment;
2. A list/log/sign in sheet of participants for each group rehabilitative or psychotherapy session and the total number of consumers attending the group session, and facilitating staff must be maintained; and
3. For medication training and support, vital signs must be recorded in the medical record, but are not required on the behavioral health services plan.

Note: Concurrent documentation between the clinician and client (progress notes are completed together with the client) can be billed as part of the treatment session time but must be documented clearly in the progress notes.

TRANSITION/DISCHARGE PLANS

Transition/discharge plans shall be developed with the knowledge and cooperation of the consumer. A written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each consumer.

Development of the transition/discharge plan shall begin no later than two (2) weeks after admission into residential/inpatient level of care (ASAM Level 3) service settings.

PRIOR AUTHORIZATION PROCEDURES

- A. The procedural manual for Prior Authorization (PA) of services can be located at:
<http://www.odmhsas.org/arc.htm>
- B. **For any PA issues/questions**, providers may call the ODMHSAS PICIS Helpdesk at (405) 248-9326. This could include assistance with completing a request for authorization, a PA adjustment or other questions regarding the PA process.

BILLING PROCEDURES

A. [Provider Billing and Procedures Manual.pdf \(oklahoma.gov\)](#)

B. [Oklahoma Health Care Authority](#)

Medicaid on the Web is the OHCA's secure Web site, offering providers, both SoonerCare and ODMHSAS, a number of services from submitting claims on the Web to fast verification of claim status. New providers are assigned a PIN to access the Web site.

To access the page, go to www.okhca.org, click on the Provider tab and choose Secure Site from the drop-down menu. For more information on logging in for the first time and entering the secure site, look under the Help tab on the Web site. Medicaid on the Web is available from 5 to 1 a.m.

C. Available Services on the OHCA Secure Web Site (SoonerCare Provider Portal)

The following services are available to Medicaid on the Web users:

- Global messaging (can be specific to one or all providers).
- Claims submission.
- Claims inquiry.
- Procedure pricing with current rates.
- Financial warrant amount.
- Eligibility verification.
- Add DMHSAS eligibility for DMHSAS consumers.
- Managed Care rosters.
- Budget information by contract source.
- Add/remove agency rendering providers.
- Change agency demographic information.
- Prior authorization inquiry.

D. HP Field Consultants

The Oklahoma Health Care Authority (OHCA) is the state agency responsible for the administration of the Oklahoma Medicaid program. The OHCA has a contractual agreement with Electronic Data Systems (HP) to be the fiscal agent for the Oklahoma Medicaid program.

HP has a team of regional field consultants with knowledge of Oklahoma SoonerCare and ODMHSAS billing requirements and claim-processing procedures. Training is offered on billing, eligibility verification system, Electronic Data Interchange (EDI) and Medicaid SoonerCare Programs.

Field consultants provide training through on-site visits and workshops. They encourage providers to use electronic claim submission because it's fast, easy to use and saves money.

The focus of a field consultant is to

1. train newly enrolled providers,

2. contact and visit high-volume providers; and
3. conduct provider training workshops.

Providers may contact their field consultant by telephone to request a visit for training at the provider's location. Field consultants are responsible for arranging their own schedules. They are available Tuesday through Thursday for onsite provider visits. Provider on-site visits are normally scheduled two weeks in advance. Since field consultants are often out of the office, please allow a minimum of 48 hours for telephone calls to be returned.

E. ODMHSAS Generic Services

When billing ODMHSAS generic service codes, the diagnostic codes that can be used when filling a claim are as follows: 799.90, V65.5, or V71.9 (be sure to enter them without the period).

NOTE: For SoonerCare or ODMHSAS claim research, contact the OHCA (HP) Call Center at 800-522-0114 or 405-522-6205. Field consultants are the last resource for any claim inquiry questions.

PROVIDER ENROLLMENT

For Assistance:

The Oklahoma Health Care Authority (OHCA) manages the provider enrollment system for both ODMHSAS contracted providers and Medicaid/SoonerCare providers. For questions or assistance with provider enrollment, please contact Michael Shearer at michael.shearer@okhca.org

To access the enrollment system, visit the OHCA website at:

<https://www.ohcaprovider.com/Enrollment/Site/Home/Home.aspx>

Behavioral Health Agency Enrollment Types:

OHCA Specialty Type	Specialty #	DMH Certification	Notes
Outpatient Behavioral Health	11-110	Chapter 27	Must have DMH certification OR national accreditation
OP SUD	11-135	Chapter 18, OP	Must have DMH certification
OTP	11-136	Chapter 70	Must have DMH certification AND national accreditation
CCARC	11-137	Chapter 24	CCARCs only need one enrollment for all levels of care provided
CBSCC	11-138	Chapter 23	CMHCs with Chapter 23 certification must have separate enrollment as a CBSCC
Halfway House	11-139	Chapter 18, HH	Providers under Chapter 18 need separate enrollments for separate levels of care and must have BOTH DMH certification and national accreditation
SUD Residential	11-134	Chapter 18, RES	Providers under Chapter 18 need separate enrollments for separate levels of care and must have BOTH DMH certification and national accreditation
Medically Supervised Withdrawal Management	11-141	Chapter 18, MED DETOX	Providers under Chapter 18 need separate enrollments for separate levels of care and must have BOTH DMH certification and national accreditation

Group Members:

Agencies must list individual practitioners as group members (rendering providers) for claims purposes. These individuals must also separately enroll as providers. Agencies should complete the "[Group Appendix A](#)" within their agency's enrollment to list group members.

ODMHSAS RATE SHEETS

ODMHSAS RATE SHEET

(by service category)

SERVICE		BILLING CODE		DMH RATE/UNIT*	
*Rates reflect DMH coverage. For Medicaid/SoonerCare rates, please reference the service description in the manual or visit https://oklahoma.gov/ohca/providers/types/behavioral-health-and-substance-abuse-services/behavioral-health-and-substance-abuse-services.html					
Academic Services					
Day School	SA	T1018 HF	\$5.00 / 1 hour		
Case Management Services					
Case Management Services	MH	Outpatient	LBHP/Candidate	T1017 HE, HO	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HE, HN	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM	\$16.38 / 15 minutes
		Outpatient in inpatient setting	LBHP/Candidate	T1017 HE, HO, HK	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HE, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes
		Wraparound Facilitation (SOC)	LBHP/Candidate	T1016 HE, HO	\$21.61 / 15 minutes
			BHCM II or CADC	T1016 HE, HN	\$16.21 / 15 minutes
		Custody Kids (SOC)	LBHP/Candidate	T2022 HE, HO	\$21.61 / 15 minutes
			BHCM II or CADC	T2022 HE, HN	\$16.21 / 15 minutes
		Transitional	LBHP/Candidate	T1017 HE, HO, TG	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HE, HN, TG	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, TG	\$16.38 / 15 minutes
		Transitional Wraparound Facilitation (SOC)	LBHP/Candidate	T1016 HE, HO, TG	\$21.61 / 15 Minutes
			BHCM II or CADC, Wraparound Facilitator	T1016 HE, HN, TG	\$16.21 / 15 Minutes
Community Support Services PA Group Only	Outpatient	LBHP/Candidate	T1017 HE, HO, U1	\$16.38 / 15 minutes	
		BHCM II or CADC	T1017 HE, HN, U1	\$16.38 / 15 minutes	
		BHCM I	T1017 HE, HM, U1	\$16.38 / 15 minutes	

Case Management Travel Component	MH		S0215 HE	\$16.38 / 15 minutes
		Community Support Services PA Group Only	S0215 HE, U1	\$16.38 / 15 minutes
	SA		S0215 HF	\$16.38 / 15 minutes
	GA		S0215 HV	\$16.38 / 15 minutes
	SOC		S0215 HE, HA	\$16.38 / 15 minutes

	PATH		S0215 HE, U5	\$16.38 / 15 minutes	
Customer Advocacy	MH		H0006 HE, TF	\$12.50 / 15 minutes	
	SA		H0006 HF, TF	\$12.50 / 15 minutes	
	GA		H0006 HV, TF	\$12.50 / 15 minutes	
	IPS		H0006 HE, HB	\$12.50 / 15 minutes	
	MH	Telephone	H0006 HE, TF, 95	\$12.50 / 15 minutes	
	MH	Telemed	H0006 HE, TF, GT	\$12.50 / 15 minutes	
	SA	Telephone	H0006, HF, TF, 95	\$12.50 / 15 minutes	
	SA	Telemed	H0006 HF, TF, GT	\$12.50 / 15 minutes	
	GA	Telephone	H0006 HV, TF, 95	\$12.50 / 15 minutes	
	GA	Telemed	H0006 HV, TF, GT	\$12.50 / 15 minutes	
	IPS	Telephone	H0006 HE, HB, 95	\$12.50 / 15 minutes	
	IPS	Telemed	H0006 HE, HB, GT	\$12.50 / 15 minutes	
	Customer Follow-Up Services	MH	1) & 2)	H0006 HE	\$0.83 / 1 minute
1) & 2) Community Support Services PA Group Only			H0006 HE, U1	\$0.83 / 1 minute	
3)			H0006 HE, TG	\$0.83 / 1 minute	
3) Community Support Services PA Group Only			H0006 HE, TG, U1	\$0.83 / 1 minute	
SA		1) & 2)	H0006 HF	\$0.83 / 1 minute	
		3)	H0006 HF, TG	\$0.83 / 1 minute	
		4)	H0006 HF, TD	\$0.00 / 1 minute	
GA		H0006 HV	\$0.83 / 1 minute		
PATH		1) & 2)	H0006 HE, U5	\$0.83 / 1 minute	
		3)	H0006 HE, TG, U5	\$0.83 / 1 minute	
Home and Community Based Travel	MH		S0215 HE, TG	\$16.38 / 15 minutes	
	SA		S0215 HF, TG	\$10.00 / 15 minutes	
	GA		S0215 HV, TG	\$16.38 / 15 minutes	
	SOC	FT&S	S0215 HE, HA, TG	\$9.75 / 15 minutes	
		BHA	S0215 HE, HA, TF	\$7.77 / 15 minutes	
	PATH		S0215 HE, TG, U5	\$16.38 / 15 minutes	
	IPS	MH	S0215 HE, HB	\$4.22 / 15 minutes	
		SA	S0215 HF, HB		
Clinical Testing Services					
Clinical Testing	Psychologist (First Hour)		MH	96130 HE, HP	\$104.15 / 1 hour
	Psychologist (First Hour)		SA	96130 HF, HP	\$104.15 / 1 hour
	Psychologist (Each Add'l Hour)		MH	96131 HE, HP	\$79.25 / 1 hour
	Psychologist (Each Add'l Hour)		SA	96131 HF, HP	\$79.25 / 1 hour
Psychological Testing Administration & Scoring	Psychologist (First 30 min)		MH	96136 HE, HP	\$40.26 / 30 min
	Psychologist (First 30 min)		SA	96136 HF, HP	\$40.26 / 30 min
	Psychologist (Each Add'l 30 min)		MH	96137 HE, HP	\$37.05 / 30 min
	Psychologist (Each Add'l 30 min)		SA	96137 HF, HP	\$37.05 / 30 min
Consultation, Education, Training, and System Support Services					

Consultation	MH	99368 HE, TG	\$0.00 / 15 minutes
	SA	99368 HF, TG	\$7.00 / 15 minutes
	GA	99368 HV, TG	\$7.00 / 15 minutes
Education	MH	97537 HE, TF	\$0.00 / 15 minutes
Intra-Agency Clinical Consultation	MH	99368 HE	\$5.00 / 15 minutes
	IPS	99368 HE, HB	\$5.00 / 15 minutes
System Support	MH	99368 HE, TF	\$0.00 / 15 minutes
Training	MH	97537 HE	\$0.00 / 15 minutes
	SA	97537 HF	\$7.00 / 15 minutes

Treatment Team Meeting	SA	99368 HF	\$7.00 / 15 minutes
	GA	99368 HV	\$7.00 / 15 minutes
	IPS	MH	99368 HE, HB
	SA	99368 HF, HB	\$7.00 / 15 minutes

Court Related Services

Competency Evaluation	MH		H2000 HE, H9	\$33.77 / 30 minutes
		Eval. For OFC	H2000 HE, TG, H9	\$200.00 / Event
		Eval. For OFC, Telemed	H2000 HE, TG, H9, GT	\$200.00 / Event
		Eval. For OFC to Testify	H2000 HE, TF, H9	\$13.75 / 15 minutes
Court Related Services	MH		H0006 HE, H9	\$13.75 / 15 minutes
	SA		H0006 HF, H9	\$13.75 / 15 minutes
	MH	Telemed	H0006 HE, H9, GT	\$13.75 / 15 minutes
	MH	Telephone	H0006 HE, H9, 95	\$13.75 / 15 minutes
	SA	Telemed	H0006, HF, H9, GT	\$13.75 / 15 minutes
	SA	Telephone	H0006, HF, H9, 95	\$13.75 / 15 minutes
Divorce Visitation Arbitration Services	MH		H0022 HE	\$8.25 / 15 minutes

Crisis Intervention Services

Crisis Intervention Counseling	MH	Face to Face	LBHP	H2011 HE	\$27.86 / 15 minutes
			Licensure Candidate		\$25.07 / 15 minutes
		Telephone		H0030 HE	\$19.50 / 15 minutes
		Telemed	LBHP	H2011 HE, GT	\$27.86 / 15 minutes
			Licensure Candidate		\$25.07 / 15 minutes
	Community Support Services PA Group Only	Face to Face		H2011 HE, U1	\$27.86 / 15 minutes
		Telephone		H0030 HE, U1	\$19.50 / 15 minutes
		Telemed		H2011 HE, GT, U1	\$27.86 / 15 minutes
	SA	Face to Face	LBHP	H2011 HF	\$27.86 / 15 minutes
			Licensure Candidate		\$25.07 / 15 minutes
		Telephone		H0030 HF	\$19.50 / 15 minutes
		Telemed	LBHP	H2011 HF, GT	\$27.86 / 15 minutes

			Licensure Candidate		\$25.07 / 15 minutes
	GA	Face to Face	LBHP	H2011 HV	\$27.86 / 15 minutes
			Licensure Candidate		\$25.07 / 15 minutes
		Telephone		H0030 HV	\$19.50 / 15 minutes
		Telemed	LBHP	H2011 HV, GT	\$27.86 / 15 minutes
			Licensure Candidate		\$25.07 / 15 minutes

Mobile Crisis Services	MH		First 60 Minutes	90839 HE	\$131.02 / hour
			Each Additional 30 Minutes	90840 HE	\$62.86 / additional 30 minutes
		Telemed	First 60 Minutes	90839 HE, GT	\$131.02 / hour
		Telemed	Each Additional 30 Minutes	90840 HE, GT	\$62.86 / additional 30 minutes
	SA		First 60 Minutes	90839 HF	\$131.02 / hour
			Each Additional 30 Minutes	90840 HF	\$62.86 / additional 30 minutes
Urgent Recovery Care	Urgent Recovery Care			S9485 HE	\$209.14 / Encounter
	Urgent Recovery Care - Telemed			S9485 HE, GT	

Employment Services

Employment Training	MH		H2025 HE	\$4.22 / 15 minutes
		Community Support Services PA Group Only	H2025 HE, U1	\$4.22 / 15 minutes
	SA		H2025 HF	\$4.22 / 15 minutes
	IPS	MH	H2025 HE, HB	\$4.22 / 15 minutes
		SA	H2025 HF, HB	
		Community Support Services PA Group Only	H2025 HE, U1, HB	
Job Retention Support	MH		H2026 HE	\$420.00 / Per Diem
		Community Support Services PA Group Only	H2026 HE, U1	\$420.00 / Per Diem
	SA		H2026 HF	\$420.00 / Per Diem
	IPS	MH	H2026 HE, HB	\$420.00 / Per Diem
		SA	H2026 HF, HB	
		Community Support Services PA Group Only	H2026 HE, U1, HB	

Prevocational Services	MH		H2014 HE, TF	\$4.22 / 15 minutes
		Community Support Services PA Group Only	H2014 HE, TF, U1	\$4.22 / 15 minutes
	SA		H2014 HF, TF	\$4.22 / 15 minutes
	PATH		H2014 HE, TF, U5	\$4.22 / 15 minutes
	IPS	MH	H2014 HE, TF, HB	\$4.22 / 15 minutes
		SA	H2014 HF, TF, HB	
		Community Support Services PA Group Only	H2014 HE, TF, U1, HB	
Vocational Services	MH		H2014 HE	\$4.22 / 15 minutes
		Community Support Services PA Group Only	H2014 HE, U1	\$4.22 / 15 minutes

	SA		H2014 HF	\$4.22 / 15 minutes
	PATH		H2014 HE, U5	\$4.22 / 15 minutes
	IPS	MH	H2014 HE, TF, HB	\$4.22 / 15 minutes
		SA	H2014 HF, TF, HB	
		Community Support Services PA Group Only	H2014 HE, TF, U1, HB	
		Generic	999999992	

Medication Services

Medication Training and Support	MH		H0034 HE	\$23.64 / 15 minutes
		Telemed	H0034 HE, GT	\$23.64 / 15 minutes
	SA		H0034 HF	\$23.64 / 15 minutes
		Telemed	H0034 HF, GT	\$23.64 / 15 minutes
			99202 HE	\$65.84 / Visit
			99203 HE	\$95.77 / Visit
			99204 HE	\$146.97 / Visit
			99205 HE	\$182.72 / Visit
			99202 HE, GT	\$65.84 / Visit
			99203 HE, GT	\$95.77 / Visit
			99204 HE, GT	\$146.97 / Visit
			99205 HE, GT	\$182.72 / Visit

		Established Patient		99211 HE	\$17.72 / Visit
				99212 HE	\$38.46 / Visit
				99213 HE	\$64.62 / Visit
				99214 HE	\$95.18 / Visit
				99215 HE	\$127.78 / Visit
			Telemed	99211 HE, GT	\$17.72 / Visit
				99212 HE, GT	\$38.46 / Visit
				99213 HE, GT	\$64.62 / Visit
				99214 HE, GT	\$95.18 / Visit
				99215 HE, GT	\$127.78 / Visit
		With Psychotherapy Add On		90833 HE	\$38.36 / 30 Minutes
				90836 HE	\$63.13 / 45 Minutes
				90838 HE	\$101.90 / 60 Minutes
				99202 HF	\$65.84 / Visit
				99203 HF	\$95.77 / Visit
				99204 HF	\$146.97 / Visit
				99205 HF	\$182.72 / Visit
				99202 HF, GT	\$65.84 / Visit
				99203 HF, GT	\$95.77 / Visit
				99204 HF, GT	\$146.97 / Visit
				99205 HF, GT	\$182.72 / Visit
		Established Patient		99211 HF	\$17.72 / Visit
				99212 HF	\$38.46 / Visit
				99213 HF	\$64.62 / Visit
				99214 HF	\$95.18 / Visit
				99215 HF	\$127.78 / Visit
			Telemed	99211 HF, GT	\$17.72 / Visit
				99212 HF, GT	\$38.46 / Visit

				99213 HF, GT	\$64.62 / Visit
				99214 HF, GT	\$95.18 / Visit
				99215 HF, GT	\$127.78 / Visit

		With Psychotherapy Add On		90833 HF	\$38.36 / 30 Minutes		
				90836 HF	\$63.13 / 45 Minutes		
				90838 HF	\$101.90 / 60 Minutes		
				99202 HV	\$65.84 / Visit		
				99203 HV	\$95.77 / Visit		
				99204 HV	\$146.97 / Visit		
				99205 HV	\$182.72 / Visit		
				99202 HV, GT	\$65.84 / Visit		
				99203 HV, GT	\$95.77 / Visit		
				99204 HV, GT	\$146.97 / Visit		
				99205 HV, GT	\$182.72 / Visit		
				Established Patient		99211 HV	\$17.72 / Visit
						99212 HV	\$38.46 / Visit
		99213 HV	\$64.62 / Visit				
		99214 HV	\$95.18 / Visit				
		99215 HV	\$127.78 / Visit				
		Telemed	99211 HV, GT		\$17.72 / Visit		
			99212 HV, GT		\$38.46 / Visit		
			99213 HV, GT		\$64.62 / Visit		
			99214 HV, GT		\$95.18 / Visit		
			99215 HV, GT		\$127.78 / Visit		
		With Psychotherapy Add On		90833 HV	\$38.36 / 30 Minutes		

				99202 HH	\$65.84 / Visit
				99203 HH	\$95.77 / Visit
				99204 HH	\$146.97 / Visit
				99205 HH	\$182.72 / Visit
				99202 HH, GT	\$65.84 / Visit
				99203 HH, GT	\$95.77 / Visit
				99204 HH, GT	\$146.97 / Visit
				99205 HH, GT	\$182.72 / Visit
		Established Patient		99211 HH	\$17.72 / Visit
				99212 HH	\$38.46 / Visit
				99213 HH	\$64.62 / Visit
				99214 HH	\$95.18 / Visit
				99215 HH	\$127.78 / Visit
			Telemed	99211 HH, GT	\$17.72 / Visit
				99212 HH, GT	\$38.46 / Visit
				99213 HH, GT	\$64.62 / Visit
				99214 HH, GT	\$95.18 / Visit
				99215 HH, GT	\$127.78 / Visit
Psychiatric Diagnostic Evaluation	MH	With Medical Services	90792 HE	\$116.44 / Event	
		With No Medical Services	90791 HE	\$137.66 / Event	
	SA	With Medical Services	90792 HF	\$116.44 / Event	
		With No Medical Services	90791 HF	\$137.66 / Event	

	GA	With Medical Services	90792 HV	\$116.44 / Event
		With No Medical Services	90791 HV	\$137.66 / Event
	CO	With Medical Services	90792 HH	\$116.44 / Event
		With No Medical Services	90791 HH	\$137.66 / Event
Tobacco Cessation Counseling- Physician	MH	3-10 minutes	99406 HE	\$12.47/event
		Over 10 minutes	99407 HE	\$24.03/event
	SA	3-10 minutes	99406 HF	\$12.47/event
		Over 10 minutes	99407 HF	\$24.03/event
Outreach and Prevention Services				
Community Outreach	MH		H0023 HE	\$20.00 / 30 minutes
		Community Support Services PA Group Only	H0023 HE, U1	\$20.00 / 30 minutes
	SA		H0023 HF	\$20.00 / 30 minutes
	GA		H0023 HV	\$20.00 / 30 minutes
Intensive Outreach	MH		H0023 HE, TF	\$10.00 / 15 minutes
		Community Support Services PA Group Only	H0023 HE, TF, U1	\$10.00 / 15 minutes
	SA		H0023 HF, TF	\$10.00 / 15 minutes
	GA		H0023 HV, TF	\$10.00 / 15 minutes
	PATH (Unique ID)		H0023 HE, TF, U5	\$10.00 / 15 minutes
Prevention/ Support Type Activities	MH		H0024 HE	\$18.50 / 30 minutes
	SA		H0024 HF	\$18.50 / 30 minutes
	PATH (Unique ID)		H0024 HE, U5	\$18.50 / 30 minutes
	CFP-SFP		H0024 HF, TF	\$12.50 / 30 minutes
Substance Abuse Early Intervention	SA		H0022 HF	\$11.00 / 15 minutes

PACT Services				
ACT (Face to Face)	MH		H0039 HE	\$38.53 / 15 minutes
		Telemed	H0039 HE, GT	\$38.53 / 15 minutes
	SA		H0039 HF	\$38.53 / 15 minutes
		Telemed	H0039 HF, GT	\$38.53 / 15 minutes
	CO		H0039 HH	\$38.53 / 15 minutes
		Telemed	H0039 HH, GT	\$38.53 / 15 minutes
	GA		H0039 HV	\$38.53 / 15 minutes
		Telemed	H0039 HV, GT	\$38.53 / 15 minutes
ACT (Face to Face)- Group	MH		H0039 HE, HQ, HK	\$5.99 / 15 minutes
	SA		H0039 HF, HQ, HK	\$5.99 / 15 minutes
	CO		H0039 HH, HQ, HK	\$5.99 / 15 minutes
	GA		H0039 HV, HQ, HK	\$5.99 / 15 minutes
Targeted Case Management, Intensive (ACT)			T1016 HE	\$15.23 / 15 minutes
	Transitional		T1016 HE, TG	\$15.23 / 15 minutes
	MH		S5185 HE	\$18.00 / Month

Medication Reminder Service (ACT- Non-Face to Face)	SA	S5185 HF	\$18.00 / Month
	CO	S5185 HH	\$18.00 / Month

Screening (ACT)	MH	T1023 HE	\$55.80 / Event
	SA	T1023 HF	\$55.80 / Event
	CO	T1023 HH	\$55.80 / Event
	MH Telemed	T1023 HE, GT	\$55.80 / Event
	SA Telemed	T1023 HF, GT	\$55.80 / Event
	CO Telemed	T1023 HH, GT	\$55.80 / Event
Oral/Injection Medication Administration (ACT- RN)	MH	T1502 HE	\$20.24 / Visit
	SA	T1502 HF	\$20.24 / Visit
	CO	T1502 HH	\$20.24 / Visit
Travel (ACT)		S0215 HE, TF	\$0.51 / minute

Psychotherapy Services

Family Psychotherapy	MH	LBHP	w/ customer present	H0004 HE, HR	\$22.00 / 15 minutes
			w/out customer present	H0004 HE, HS	\$22.00 / 15 minutes
		Licensure Candidate	w/ customer present	H0004 HE, HR	\$19.80 / 15 minutes
			w/out customer present	H0004 HE, HS	\$19.80 / 15 minutes
	SA	LBHP	w/ customer present	H0004 HF, HR	\$22.00 / 15 minutes
			w/out customer present	H0004 HF, HS	\$22.00 / 15 minutes
		Licensure Candidate	w/ customer present	H0004 HF, HR	\$19.80 / 15 minutes
			w/out customer present	H0004 HF, HS	\$19.80 / 15 minutes
	GA	LBHP	w/customer present	H0004 HV, HR	\$22.00 / 15 minutes
			w/out customer present	H0004 HV, HS	\$22.00 / 15 minutes

		Licensure Candidate	w/ customer present	H0004 HV, HR	\$19.80 / 15 minutes
			w/out customer present	H0004 HV, HS	\$19.80 / 15 minutes
Group Psychotherapy	MH	LBHP		H0004 HE, HQ	\$9.56 / 15 minutes
		Licensure Candidate			\$8.60 / 15 minutes
	SA	LBHP		H0004 HF, HQ	\$9.56 / 15 minutes
		Licensure Candidate			\$8.60 / 15 minutes
	GA	LBHP		H0004 HV, HQ	\$9.56 / 15 minutes
		Licensure Candidate			\$8.60 / 15 minutes
Individual Psychotherapy	MH	LBHP		H0004 HE	\$19.13 / 15 minutes
		Licensure Candidate			\$17.21 / 15 minutes
		Interactive Psychotherapy add-on	LBHP	90785 HE	\$4.43 / Visit
			Licensure Candidate		\$3.99 / Visit
	Telemed	LBHP		H0004 HE, GT	\$19.13 / 15 minutes
		Licensure Candidate			\$17.21 / 15 minutes

	SA	LBHP		H0004 HF	\$19.13 / 15 minutes
		Licensure Candidate			\$17.21 / 15 minutes
		Telemed	LBHP	H0004 HF, GT	\$19.13 / 15 minutes
			Licensure Candidate		\$17.21 / 15 minutes
	GA	LBHP		H0004 HV	\$19.13 / 15 minutes
		Licensure Candidate			\$17.21 / 15 minutes
		Telemed	LBHP	H0004 HV, GT	\$19.13 / 15 minutes
			Licensure Candidate		\$17.21 / 15 minutes

Rehabilitation and Skills Development Services

Clubhouse	MH	H2030 HE	\$4.22 / 15 minutes
Group Rehabilitative Treatment	MH (Adults 18+)	H2017 HE, HQ, HW	\$5.71 / 15 minutes
	SA (Adults 18+)	H2017 HF, HQ, HW	\$5.71 / 15 minutes
	GA (Adults 18+)	H2017 HV, HQ, HW	\$5.71 / 15 minutes
	MH (Children 17 and under)	H2017 HE, HQ	\$5.45 / 15 minutes
	SA (Children 17 and under)	H2017 HF, HQ	\$5.45 / 15 minutes
	GA (Children 17 and under)	H2017 HV, HQ	\$5.45 / 15 minutes
	PATH	H2017 HE, HQ, HW, U5	\$5.71 / 15 minutes
Illness Management and Recovery	MH	H2017 HE, HQ, TF, TG	\$5.45 / 15 minutes

Individual Rehabilitative Treatment	MH			H2017 HE	\$15.20 / 15 minutes
		Telemed		H2017 HE, GT	\$15.20 / 15 minutes
	SA			H2017 HF	\$15.20 / 15 minutes
		Telemed		H2017 HF, GT	\$15.20 / 15 minutes
	GA			H2017 HV	\$15.20 / 15 minutes
		Telemed		H2017 HV, GT	\$15.20 / 15 minutes
	PATH			H2017 HE, U5	\$15.20 / 15 minutes
Psychiatric Rehabilitation Services	MH			H2017 HE, HQ, TF	\$5.45-\$5.71 / 15 minutes
	PATH			H2017 HE, HQ, TF, U5	\$5.71 / 15 minutes
Wellness Resource Skills Development	MH			T1012 HE	\$4.50 / 15 minutes
		Telemed		T1012 HE, GT	\$4.50 / 15 minutes
		Tobacco Cessation		T1012 HE, SE	\$4.50 / 15 minutes
		Community Support Services PA Group Only		T1012 HE, U1	\$4.50 / 15 minutes
			Tobacco Cessation	T1012 HE, SE, U1	\$4.50 / 15 minutes
	SA			T1012 HF	\$4.50 / 15 minutes
		Telemed		T1012 HF, GT	\$4.50 / 15 minutes
		Tobacco Cessation		T1012 HF, SE	\$4.50 / 15 minutes
	PATH			T1012 HE, U5	\$4.50 / 15 minutes
		Tobacco Cessation		T1012 HE, SE, U5	\$4.50 / 15 minutes

Screening and Assessment Services

	MH	LBHP	H0031 HE	\$103.33 / Event
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Behavioral Health Assessment (Non-MD)		Licensure Candidate		\$90.41 / Event
		Telemed - LBHP	H0031 HE, GT	\$103.33 / Event
		Telemed - Candidate		\$90.41 / Event
	SA	LBHP	H0031 HF	\$103.33 / Event
		Licensure Candidate		\$90.41 / Event
		Telemed - LBHP	H0031 HF, GT	\$103.33 / Event
		Telemed - Candidate		\$90.41 / Event

	GA	LBHP	H0031 HV	\$103.33 / Event
		Licensure Candidate		\$90.41 / Event
		Telemed - LBHP	H0031 HV GT	\$103.33 / Event
		Telemed - Candidate		\$90.41 / Event
Clinical Evaluation and Assessment for Children in Specialty Settings	MH		S9482 HE	\$40.87 / 30 minutes
	SOC		S9482 HE, TF	\$16.38 / 15 minutes
DUI ADSAC Assessment	SA		H0001 HF, U5	\$160.00 / Event
Screening and Referral	MH		H0002 HE, HN	\$25.32 / Event
	SA		H0002 HF, HN	\$25.32 / Event
	CO		H0002 HH, HN	\$25.32 / Event
	GA		H0002 HV, HN	\$25.32 / Event
	GA (Pre-Screening)		H0001 HV, TF	\$5.00 / Event
	PATH	H0002 HE, HN, U5	\$25.32 / Event	
	Complex Screening & Referral	MH	H0001 HE, TG, U1	\$75.00 / Event
		SA	H0001 HF, TG, U1	\$75.00 / Event
		CO	H0001 HH, TG, U1	\$75.00 / Event

Service Plan Development and Review

Behavioral Health Service Plan Development Moderate Complexity	MH	LBHP	H0032 HE	\$135.08 / Event
		Licensure Candidate		\$121.57 / Event
		Telemed	H0032 HE, GT	\$135.08 / Event
				\$121.57 / Event
	SA	LBHP	H0032 HF	\$135.08 / Event
		Licensure Candidate		\$121.57 / Event
		Telemed	H0032 HF, GT	\$135.08 / Event
				\$121.57 / Event
	GA	LBHP	H0032 HV	\$135.08 / Event
		Licensure Candidate		\$121.57 / Event
		Telemed	H0032 HV, GT	\$135.08 / Event
				\$121.57 / Event
	MH	LBHP	H0032 HE, TF	\$84.48 / Event

Behavioral Health Service Plan Development Low Complexity		Licensure Candidate			\$76.03 / Event
		Telemed	LBHP	H0032 HE, TF, GT	\$84.48 / Event
			Licensure Candidate		\$76.03 / Event
	SA	LBHP		H0032 HF, TF	\$84.48 / Event
		Licensure Candidate			\$76.03 / Event
		Telemed	LBHP	H0032 HF, TF, GT	\$84.48 / Event
			Licensure Candidate		\$76.03 / Event
	GA	LBHP		H0032 HV, TF	\$84.48 / Event
		Licensure Candidate			\$76.03 / Event
		Telemed	LBHP	H0032 HV, TF, GT	\$84.48 / Event
			Licensure Candidate		\$76.03 / Event
Service-Related Travel					
Travel	MH		S0215 HE, TF	\$0.51 / mile	
	SA		S0215 HF, TF	\$0.51 / mile	
	GA		S0215 HV, TF	\$0.51 / mile	
Specialized Substance Abuse Services					
Drug Screen	SA		H0003 HF	\$19.10 / Screen	
Diagnosis (or Presenting Problem) Related Education – Family Members	SA	With Client Present	T1012 HF, HR	\$15.00 / 30 Minutes	
		Without Client Present	T1012 HF, HS	\$15.00 / 30 Minutes	
	GA	With Client Present	T1012 HV, HR	\$15.00 / 30 Minutes	
		Without Client Present	T1012 HV, HS	\$15.00 / 30 Minutes	
	CO	With Client Present	T1012 HH, HR	\$15.00 / 30 Minutes	
		Without Client Present	T1012 HH, HS	\$15.00 / 30 Minutes	
Diagnosis (or Presenting Problem) Related Education – Group	SA		T1012 HF, HQ	\$8.44 / 30 minutes	
Therapeutic Behavioral Services					
Behavioral Health Aide	MH	Outpatient	H2019 HE	\$7.77 / 15 minutes	
		Outpatient in inpatient setting	H2019 HE, HK	\$7.77 / 15 minutes	
	SA	Outpatient	H2019 HF	\$7.77 / 15 minutes	
		Outpatient in inpatient setting	H2019 HF, HK	\$7.77 / 15 minutes	
Community Recovery Support / Recovery Support Specialist	MH	Outpatient	H2015 HE	\$11.70 / 15 minutes	
		Telemed	H2015 HE, GT	\$11.70 / 15 minutes	
		Outpatient in inpatient setting	H2015 HE, HK	\$11.70 / 15 minutes	
		Telephone	H2015 HE, TF	\$0.65 / 1 minute	
	Community Support Services PA Group Only	Outpatient	H2015 HE, U1	\$11.70 / 15 minutes	
		Outpatient in inpatient setting	H2015 HE, HK, U1	\$11.70 / 15 minutes	
		Telephone	H2015 HE, TF, U1	\$0.65 / 1 minute	

	SA	Outpatient		H2015 HF	\$11.70 / 15 minutes
		Telemed		H2015 HF, GT	\$11.70 / 15 minutes
		Outpatient in inpatient setting		H2015 HF, HK	\$11.70 / 15 minutes
		Telephone		H2015 HF, TF	\$0.65 / 1 minute
	GA	Outpatient		H2015 HV	\$11.70 / 15 minutes
		Telemed		H2015 HV, GT	\$11.70 / 15 minutes
		Telephone		H2015 HV, TF	\$0.65 / 1 minute
Community Recovery Support / Recovery Support Specialist-Group	MH	Outpatient		H2015 HE, HQ	\$2.90 / 15 minutes
		Outpatient in Inpatient Setting		H2015 HE, HQ, HK	\$2.90 / 15 minutes
		Community Support Services PA Group Only		H2015 HE, HQ, U1	\$2.90 / 15 minutes
	SA			H2015 HF, HQ	\$2.90 / 15 minutes
	GA			H2015 HV, HQ	\$2.90 / 15 minutes
Family Training and Support	MH	Outpatient	Face-to-face	T1027 HE	\$9.75 / 15 minutes
			Telemed	T1027 HE, GT	\$9.75 / 15 minutes
			Telephone	T1027 HE, TF	\$0.65 / 1 minute
		Outpatient in inpatient setting		T1027 HE, HK	\$9.75 / 15 minutes
	SA	Outpatient	Face-to-face	T1027 HF	\$9.75 / 15 minutes
			Telemed	T1027 HF, GT	\$9.75 / 15 minutes
			Telephone	T1027 HF, TF	\$0.65 / 1 minute
		Outpatient in inpatient setting		T1027 HF, HK	\$9.75 / 15 minutes
Community Housing Programs					
Family Self Sufficiency Program	MH			H0043 HE, HA	\$55.00 / Day
Permanent Supported Housing Programs	MH			H0043 HE, TF	\$12.50 / Day
Safe Haven	MH			H0043 HE	\$30.00 / Day
Safe Haven – Permanent Supported Housing	MH			H0043 HE, TF, TG	\$30.00 / Day
Supervised Transitional Living Programs	MH			H0043 HE, TG	\$70.00 / Day
Supported Transitional Housing Programs	MH			H0043 HE, TG, TF	\$55.00 / Day
Enhanced Residential Care	MH			T2033 HE, TG	\$61.73 / Day
Residential Care	MH			T2033 HE	\$11.00 / Day
Residential Care Extended Transitional Services – Mental Health	MH			T2033 HE, TF, 52	\$10.00 / Day
Residential Care Recovery Enhancement	MH			T2033 HE, TF	\$12.00 / Day
Residential Care Transitional Services-Mental Health	MH			T2033 HE, 52	\$11.00 / Day

Residential Treatment

ASAM LEVEL 3.1: Halfway House Programs				
Halfway House	SA		H2034 HF	\$75.00 / Day
Halfway House Services for Adolescents	SA		H2034 HF, HA	\$75.00 / Day
Halfway House Services for Pregnant Women	SA		H2034 HF, HD, TF	\$117.00 / Day
Halfway House Services for Women with Dependent Children	SA		H2034 HF, HD	\$117.00 / Day
ASAM LEVEL 3.3: Residential Substance Use Disorder Treatment for Adults with Co-Occurring Disorder				
Residential Treatment for Adults with Co-occurring Disorders	CO		H0019 HH, U1	\$160.00 / Day
ASAM LEVEL 3.5: Residential Substance Use Disorder Treatment				
Residential Treatment – Substance Abuse	SA		H0019 HF, U1	\$140.00 / Day
Residential Treatment for Adolescents	SA		H0019 HF, HA, U1	\$160.00 / Day
Residential Treatment for Women with Dependent Children/Pregnant Women	SA		H0019 HF, HD, U1	\$180.00 / Day
Intensive Residential Substance Abuse Treatment	SA		H0019 HF, TF	\$180.00 / Day
Intensive Residential Treatment for Women with Dependent Children/Pregnant Women	SA		H0019 HF, HD, TF	\$250.00 / Day
ASAM LEVEL 3.7: Medically Supervised Withdrawal Management				
Medically Supervised Withdrawal Management	SA		H0010 HF	\$300.00 / Day
Medically Supervised Withdrawal Management - Adolescents	SA		H0010 HF HA	\$300.00 / Day
Community-Based Structured Crisis Care				
Community Based Structured Emergency Care	MH		S9484 HE	\$19.50 / Hour
		> 16 beds	S9484 HE, TG	\$19.50 / Hour
Hospitalization				
Acute Inpatient	MH	Low Complexity	99222 HE	\$0.00 /Day
		Moderate Complexity	99222 HE, HA	\$0.00 /Day
Intermediate Inpatient	MH		99221 HE	\$0.00 / Day

ODMHSAS RATE SHEET (alphabetical by service)

SERVICE				BILLING CODE	RATE/UNIT*	OLD ICIS CODE
*Rates reflect DMH coverage. For Medicaid/SoonerCare rates, please reference the service description in the manual or visit https://oklahoma.gov/ohca/providers/types/behavioral-health-and-substance-abuse-services/behavioral-health-and-substance-abuse-services.html						
ACT (Face to Face)	MH			H0039 HE	\$38.53 / 15 minutes	
		Telemed		H0039 HE, GT	\$38.53 / 15 minutes	
	SA			H0039 HF	\$38.53 / 15 minutes	
		Telemed		H0039 HF, GT	\$38.53 / 15 minutes	
	CO			H0039 HH	\$38.53 / 15 minutes	
		Telemed		H0039 HH, GT	\$38.53 / 15 minutes	
	GA			H0039 HV	\$38.53 / 15 minutes	
		Telemed		H0039 HV, GT	\$38.53 / 15 minutes	
ACT (Face to Face)- Group	MH			H0039 HE, HQ, HK	\$5.99 / 15 minutes	
	SA			H0039 HF, HQ, HK	\$5.99 / 15 minutes	
	CO			H0039 HH, HQ, HK	\$5.99 / 15 minutes	
	GA			H0039 HV, HQ, HK	\$5.99 / 15 minutes	
Acute Inpatient	MH	Low Complexity		99222 HE	\$0.00 /Day	001D
		Moderate Complexity		99222 HE, HA	\$0.00 /Day	
Behavioral Health Aide	MH	Outpatient		H2019 HE	\$7.77 / 15 minutes	141
		Outpatient in an inpatient setting		H2019 HE, HK	\$7.77 / 15 minutes	
	SA	Outpatient		H2019 HF	\$7.77 / 15 minutes	
		Outpatient in an inpatient setting		H2019 HF, HK	\$7.77 / 15 minutes	
Behavioral Health Assessment (Non-MD)	MH	LBHP		H0031 HE	\$103.33 / Event	101
		Licensure Candidate			\$90.41 / Event	
		Telemed - LBHP		H0031 HE, GT	\$103.33 / Event	
		Telemed - Candidate			\$90.41 / Event	
	SA	LBHP		H0031 HF	\$103.33 / Event	
		Licensure Candidate			\$90.41 / Event	
		Telemed - LBHP		H0031 HF, GT	\$103.33 / Event	
		Telemed - Candidate			\$90.41 / Event	
	GA	LBHP		H0031 HV	\$103.33 / Event	
		Licensure Candidate			\$90.41 / Event	
		Telemed - LBHP		H0031 HV GT	\$103.33 / Event	
		Telemed - Candidate			\$90.41 / Event	
Behavioral Health Service Plan Development Low Complexity	MH	LBHP		H0032 HE, TF	\$84.48 / Event	300
		Licensure Candidate			\$76.03 / Event	
		Telemed	LBHP	H0032 HE, TF, GT	\$84.48 / Event	
			Licensure Candidate		\$76.03 / Event	
	SA	LBHP		H0032 HF, TF	\$84.48 / Event	
					\$84.48 / Event	

		Licensure Candidate		H0032 HF, TF, GT	\$76.03 / Event			
		Telemed	LBHP		\$84.48 / Event			
			Licensure Candidate		\$76.03 / Event			
		GA	LBHP		H0032 HV, TF		\$84.48 / Event	
	Licensure Candidate		\$76.03 / Event					
	Telemed		LBHP	H0032 HV, TF, GT	\$84.48 / Event			
			Licensure Candidate		\$76.03 / Event			
	Behavioral Health Service Plan Development Moderate Complexity	MH	LBHP		H0032 HE		\$135.08 / Event	400
			Licensure Candidate				\$121.57 / Event	
			Telemed	LBHP	H0032 HE, GT		\$135.08 / Event	
Licensure Candidate				\$121.57 / Event				
SA		LBHP		H0032 HF	\$135.08 / Event			
		Licensure Candidate			\$121.57 / Event			
		Telemed	LBHP	H0032 HF, GT	\$135.08 / Event			
			Licensure Candidate		\$121.57 / Event			
GA	LBHP		H0032 HV	\$135.08 / Event				
	Licensure Candidate			\$121.57 / Event				
	Telemed	LBHP	H0032 HV, GT	\$135.08 / Event				
		Licensure Candidate		\$121.57 / Event				

Case Management Services	MH	Outpatient	LBHP/ Candidate	T1017 HE, HO	\$16.38 / 15 minutes	225
			BHCM II or CADC	T1017 HE, HN	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM	\$16.38 / 15 minutes	
		Outpatient in inpatient setting	LBHP/ Candidate	T1017 HE, HO, HK	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HE, HN, HK	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes	
		Wraparound Facilitation (SOC)	LBHP/ Candidate Wraparound Facilitator	T1016 HE, HO	\$21.61 / 15 minutes	
			BHCM II or CADC, Wraparound Facilitator	T1016 HE, HN	\$16.21 / 15 minutes	
		Custody Kids (SOC)	LBHP/ Candidate	T2022 HE, HO	\$21.61 / 15 minutes	
			BHCM II or CADC	T2022 HE, HN	\$16.21 / 15 minutes	

		Transitional	LBHP/ Candidate	T1017 HE, HO, TG	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HE, HN, TG	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM, TG	\$16.38 / 15 minutes	
		Transitional Wraparound Facilitation (SOC)	LBHP/Candidate Wraparound Facilitator	T1016 HE, HO, TG	\$21.61 / 15 Minutes	
			BHCM II or CADC, Wraparound Facilitator	T1016 HE, HN, TG	\$16.21 / 15 Minutes	

	<i>Community Support Services PA Group Only</i>	Outpatient	LBHP/ Candidate	T1017 HE, HO, U1	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HE, HN, U1	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM, U1	\$16.38 / 15 minutes	
		Outpatient in inpatient setting	LBHP/ Candidate	T1017 HE, HO, HK, U1	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HE, HN, HK, U1	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM, HK, U1	\$16.38 / 15 minutes	
	SA	Outpatient	LBHP/ Candidate	T1017 HF, HO	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HF, HN	\$16.38 / 15 minutes	
			BHCM I	T1017 HF, HM	\$16.38 / 15 minutes	
		Outpatient in inpatient setting	LBHP/ Candidate	T1017 HF, HO, HK	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HF, HN, HK	\$16.38 / 15 minutes	
			BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes	
		Wraparound Facilitation (SOC)	LBHP/ Candidate Wraparound Facilitator	T1016 HF, HO	\$21.61 / 15 minutes	
			BHCM II or CADC, Wraparound Facilitator	T1016 HF, HN	\$16.21 / 15 minutes	
		Custody Kids (SOC)	LBHP/ Candidate	T2022 HF, HO	\$21.61 / 15 minutes	
			BHCM II or CADC	T2022 HF, HN	\$16.21 / 15 minutes	
		Transitional	LBHP/ Candidate	T1017 HF, HO, TG	\$16.38 / 15 minutes	

			BHCM II or CADC	T1017 HF, HN, TG	\$16.38 / 15 minutes	
			BHCM I	T1017 HF, HM, TG	\$16.38 / 15 minutes	

		Transition al Wraparoun d Facilitation (SOC)	LBHP/ Candidate Wraparoun d Facilitator	T1016 HF, HO, TG	\$21.61 / 15 Minutes	
			BHCM II or CADC, Wraparoun d Facilitator	T1016 HF, HN, TG	\$16.21 / 15 Minutes	
	GA	Outpatient	LBHP/ Candidate	T1017 HV, HO	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HV, HN	\$16.38 / 15 minutes	
			BHCM I	T1017 HV, HM	\$16.38 / 15 minutes	
		Outpatient in inpatient setting	LBHP/ Candidate	T1017 HV, HO, HK	\$16.38 / 15 minutes	
			BHCM II or CADC	T1017 HV, HN, HK	\$16.38 / 15 minutes	
			BHCM I	T1017 HV, HM, HK	\$16.38 / 15 minutes	
	PATH	Outpatient	LBHP/Cand idate	T2022 HE, HO, U5	\$16.38 / 15 minutes	
			BHCM II, CADC	T2022 HE, HN, U5	\$16.38 / 15 minutes	
			BHCM I	T2022 HE, HM, U5	\$16.38 / 15 minutes	
		Transition al	LBHP/Cand idate	T2022 HE, HO, TG, U5	\$16.38 / 15 minutes	
			BHCM II, CADC	T2022 HE, HN, TG, U5	\$16.38 / 15 minutes	
			BHCM I	T2022 HE, HM, TG, U5	\$16.38 / 15 minutes	
		Outpatient in Inpatient Setting	LBHP/Cand idate	T2022 HE, HO, HK, U5	\$16.38 / 15 minutes	
			BHCM II, CADC	T2022 HE, HN, HK, U5	\$16.38 / 15 minutes	
			BHCM I	T2022 HE, HM, HK, U5	\$16.38 / 15 minutes	

Case Management Travel Component	MH		S0215 HE	\$16.38 / 15 minutes	852
		<i>Community Support Services PA Group Only</i>	S0215 HE, U1	\$16.38 / 15 minutes	
	SA		S0215 HF	\$16.38 / 15 minutes	
	GA		S0215 HV	\$16.38 / 15 minutes	
	SOC		S0215 HE, HA	\$16.38 / 15 minutes	
	PATH		S0215 HE, U5	\$16.38 / 15 minutes	

Clinical Evaluation and Assessment for Children in Specialty Settings	MH		S9482 HE	\$40.87 / 30 minutes	110
	SOC		S9482 HE, TF	\$16.38 / 15 minutes	
Clinical Testing	Psychologist (First Hour)	MH	96130 HE, HP	\$104.15 / 1 hour	106
	Psychologist (First Hour)	SA	96130 HF, HP	\$104.15 / 1 hour	
	Psychologist (Each Add'l Hour)	MH	96131 HE, HP	\$79.25 / 1 hour	
	Psychologist (Each Add'l Hour)	SA	96131 HF, HP	\$79.25 / 1 hour	
Psychological Testing Administration & Scoring	Psychologist (First 30 min)	MH	96136 HE, HP	\$40.26 / 30 min	
	Psychologist (First 30 min)	SA	96136 HF, HP	\$40.26 / 30 min	
	Psychologist (Each Add'l 30 min)	MH	96137 HE, HP	\$37.05 / 30 min	
	Psychologist (Each Add'l 30 min)	SA	96137 HF, HP	\$37.05 / 30 min	
Clubhouse	MH		H2030 HE	\$4.22 / 15 minutes	435
Community Based Structured Emergency Care	MH		S9484 HE	\$19.50 / Hour	002E
		> 16 beds	S9484 HE, TG	\$19.50 / Hour	
Community Outreach	MH		H0023 HE	\$20.00 / 30 minutes	551
		<i>Community Support Services PA Group Only</i>	H0023 HE, U1	\$20.00 / 30 minutes	
	SA		H0023 HF	\$20.00 / 30 minutes	

	GA		H0023 HV	\$20.00 / 30 minutes	
Community Recovery Support / Recovery Support Specialist	MH	Outpatient	H2015 HE	\$11.70 / 15 minutes	141
		Telemed	H2015 HE, GT	\$11.70 / 15 minutes	
		Outpatient in inpatient setting	H2015 HE, HK	\$11.70 / 15 minutes	
		Telephone	H2015 HE, TF	\$0.65 / 1 minute	
	<i>Community Support Services PA Group Only</i>	Outpatient	H2015 HE, U1	\$11.70 / 15 minutes	
		Outpatient in inpatient setting	H2015 HE, HK, U1	\$11.70 / 15 minutes	
		Telephone	H2015 HE, TF, U1	\$0.65 / 1 minute	
	SA	Outpatient	H2015 HF	\$11.70 / 15 minutes	
		Telemed	H2015 HF, GT	\$11.70 / 15 minutes	
		Outpatient in inpatient setting	H2015 HF, HK	\$11.70 / 15 minutes	
		Telephone	H2015 HF, TF	\$0.65 / 1 minute	
	GA	Outpatient	H2015 HV	\$11.70 / 15 minutes	
		Telemed	H2015 HV, GT	\$11.70 / 15 minutes	
		Telephone	H2015 HV, TF	\$0.65 / 1 minute	

Community Recovery Support / Recovery Support Specialist- Group	MH	Outpatient	H2015 HE, HQ	\$2.90 / 15 minutes	241
		Outpatient in Inpatient Setting	H2015 HE, HQ, HK	\$2.90 / 15 minutes	
		Community Support Services PA Group Only	H2015 HE, HQ, U1	\$2.90 / 15 minutes	
	SA		H2015 HF, HQ	\$2.90 / 15 minutes	

	GA			H2015 HV, HQ	\$2.90 / 15 minutes	
Competency Evaluation	MH			H2000 HE, H9	\$33.77 / 30 minutes	100
		Eval. For OFC		H2000 HE, TG, H9	\$200.00 / Event	
		Eval. For OFC, Telemed		H2000 HE, TG, H9, GT	\$200.00 / Event	
		Eval. For OFC to Testify		H2000 HE, TF, H9	\$13.75 / 15 minutes	
Consultation	MH			99368 HE, TG	\$0.00 / 15 minutes	500
	SA			99368 HF, TG	\$7.00 / 15 minutes	
	GA			99368 HV, TG	\$7.00 / 15 minutes	
Court Related Services	MH			H0006 HE, H9	\$13.75 / 15 minutes	109
	SA			H0006 HF, H9	\$13.75 / 15 minutes	
	MH	Telemed		H0006 HE, H9, GT	\$13.75 / 15 minutes	
	MH	Telephone		H0006 HE, H9, 95	\$13.75 / 15 minutes	
	SA	Telemed		H0006, HF, H9, GT	\$13.75 / 15 minutes	
	SA	Telephone		H0006, HF, H9, 95	\$13.75 / 15 minutes	
Crisis Intervention Counseling	MH	Face to Face	LBHP	H2011 HE	\$27.86 / 15 minutes	
			Licensure Candidate		\$25.07 / 15 minutes	
		Telephone		H0030 HE	\$19.50 / 15 minutes	
		Telemed	LBHP	H2011 HE, GT	\$27.86 / 15 minutes	
			Licensure Candidate		\$25.07 / 15 minutes	
		MH- Community Support Services PA Group Only	Face to Face		H2011 HE, U1	
	Telephone		H0030 HE, U1	\$19.50 / 15 minutes		
	Telemed		H2011 HE, GT, U1	\$27.86 / 15 minutes		
	SA	Face to Face	LBHP	H2011 HF	\$27.86 / 15 minutes	
			Licensure Candidate		\$25.07 / 15 minutes	
		Telephone		H0030 HF	\$19.50 / 15 minutes	
		Telemed	LBHP	H2011 HF, GT	\$27.86 / 15 minutes	
			Licensure Candidate		\$25.07 / 15 minutes	

	GA	Face to Face	LBHP	H2011 HV	\$27.86 / 15 minutes			
			Licensure Candidate		\$25.07 / 15 minutes			
		Telephone		H0030 HV	\$19.50 / 15 minutes			
		Telemed	LBHP	H2011 HV, GT	\$27.86 / 15 minutes			
			Licensure Candidate		\$25.07 / 15 minutes			
Customer Advocacy	MH			H0006 HE, TF	\$12.50 / 15 minutes	204		
	Telephone			H0006 HE, TF, 95	\$12.50 / 15 minutes			
	Telemed			H0006 HE, TF, GT	\$12.50 / 15 minutes			
	SA			H0006 HF, TF	\$12.50 / 15 minutes			
	Telephone			H0006 HF, TF, 95	\$12.50 / 15 minutes			
	Telemed			H0006 HF, TF, GT	\$12.50 / 15 minutes			
	GA			H0006 HV, TF	\$12.50 / 15 minutes			
	Telephone			H0006 HV, TF, 95	\$12.50 / 15 minutes			
	Telemed			H0006 HV, TF, GT	\$12.50 / 15 minutes			
	IPS			H0006 HE, HB	\$12.50 / 15 minutes			
	Telephone			H0006 HE, HB, 95	\$12.50 / 15 minutes			
	Telemed			H0006 HE, HB, GT	\$12.50 / 15 minutes			
	Customer Follow-Up Services	MH	1) & 2)		H0006 HE		\$0.83 / 1 minute	204
			1) & 2) <i>Community Support Services PA Group Only</i>		H0006 HE, U1		\$0.83 / 1 minute	
3)			H0006 HE, TG	\$0.83 / 1 minute				
3) <i>Community Support Services PA Group Only</i>			H0006 HE, TG, U1	\$0.83 / 1 minute				
SA		1) & 2)		H0006 HF	\$0.83 / 1 minute			
		3)		H0006 HF, TG	\$0.83 / 1 minute			
		4)		H0006 HF, TD	\$0.00 / 1 minute			
GA		H0006 HV		\$0.83 / 1 minute				
PATH		1) & 2)		H0006 HE, U5	\$0.83 / 1 minute			
		3)		H0006 HF, TG, U5	\$0.83 / 1 minute			
Day School	SA			T1018 HF	\$5.00 / 1 hour	004E		
	SA	With Client Present		T1012 HF, HR	\$15.00 / 30 Minutes	224		

Diagnosis (or Presenting Problem) Related Education – Family Members	GA	Without Client Present	T1012 HF, HS	\$15.00 / 30 Minutes	
		With Client Present	T1012 HV, HR	\$15.00 / 30 Minutes	
		Without Client Present	T1012 HV, HS	\$15.00 / 30 Minutes	

	CO	With Client Present	T1012 HH, HR	\$15.00 / 30 Minutes	
		Without Client Present	T1012 HH, HS	\$15.00 / 30 Minutes	
Diagnosis (or Presenting Problem) Related Education – Group	SA		T1012 HF, HQ	\$8.44 / 30 Minutes	219
Divorce Visitation Arbitration Services	MH		H0022 HE	\$8.25 / 15 minutes	590
Drug Screen	SA		H0003 HF	\$19.10 / Screen	309
DUI ADSAC Assessment	SA		H0001 HF, U5	\$160.00 / Event	
Education	MH		97537 HE, TF	\$0.00 / 15 minutes	501
Employment Training	MH		H2025 HE	\$4.22 / 15 minutes	243
		Community Support Services PA Group Only	H2025 HE, U1	\$4.22 / 15 minutes	
	SA		H2025 HF	\$4.22 / 15 minutes	
	IPS	MH	H2025 HE, HB	\$4.22 / 15 minutes	
		SA	H2025 HF, HB		
		Community Support Services PA Group Only	H2025 HE, U1, HB		
Enhanced Residential Care	MH		T2033 HE, TG	\$61.73 / Day	003P

				99202 HE	\$65.84 / Visit	
				99203 HE	\$95.77 / Visit	
				99204 HE	\$146.97 / Visit	
				99205 HE	\$182.72 / Visit	
				99202 HE, GT	\$65.84 / Visit	
				99203 HE, GT	\$95.77 / Visit	
				99204 HE, GT	\$146.97 / Visit	
				99205 HE, GT	\$182.72 / Visit	
		Established Patient		99211 HE	\$17.72 / Visit	
				99212 HE	\$38.46 / Visit	
				99213 HE	\$64.62 / Visit	
				99214 HE	\$95.18 / Visit	
				99215 HE	\$127.78 / Visit	
		Telemed		99211 HE, GT	\$17.72 / Visit	
				99212 HE, GT	\$38.46 / Visit	

				99213 HE, GT	\$64.62 / Visit	
				99214 HE, GT	\$95.18 / Visit	
				99215 HE, GT	\$127.78 / Visit	
				90833 HE	\$38.36 / 30 Minutes	
				90836 HE	\$63.13 / 45 Minutes	
				90838 HE	\$101.90 / 60 Minutes	
				99202 HF	\$65.84 / Visit	
				99203 HF	\$95.77 / Visit	
				99204 HF	\$146.97 / Visit	
				99205 HF	\$182.72 / Visit	
				99202 HF, GT	\$65.84 / Visit	
				99203 HF, GT	\$95.77 / Visit	
				99204 HF, GT	\$146.97 / Visit	
				99205 HF, GT	\$182.72 / Visit	

		Established Patient		99211 HF	\$17.72 / Visit	
				99212 HF	\$38.46 / Visit	
				99213 HF	\$64.62 / Visit	
				99214 HF	\$95.18 / Visit	
				99215 HF	\$127.78 / Visit	
			Telemed	99211 HF, GT	\$17.72 / Visit	
				99212 HF, GT	\$38.46 / Visit	
				99213 HF, GT	\$64.62 / Visit	
				99214 HF, GT	\$95.18 / Visit	
				99215 HF, GT	\$127.78 / Visit	
		With Psychotherapy Add On		90833 HF	\$38.36 / 30 Minutes	
				90836 HF	\$63.13 / 45 Minutes	
				90838 HF	\$101.90 / 60 Minutes	
				99202 HV	\$65.84 / Visit	
				99203 HV	\$95.77 / Visit	
				99204 HV	\$146.97 / Visit	
				99205 HV	\$182.72 / Visit	
				99202 HV, GT	\$65.84 / Visit	
				99203 HV, GT	\$95.77 / Visit	
				99204 HV, GT	\$146.97 / Visit	
				99205 HV, GT	\$182.72 / Visit	

		Established Patient		99211 HV	\$17.72 / Visit	
				99212 HV	\$38.46 / Visit	
				99213 HV	\$64.62 / Visit	
				99214 HV	\$95.18 / Visit	
				99215 HV	\$127.78 / Visit	
			Telemed	99211 HV, GT	\$17.72 / Visit	
				99212 HV, GT	\$38.46 / Visit	
				99213 HV, GT	\$64.62 / Visit	
				99214 HV, GT	\$95.18 / Visit	
				99215 HV, GT	\$127.78 / Visit	
		With Psychotherapy Add On		90833 HV	\$38.36 / 30 Minutes	

				99202 HH	\$65.84 / Visit		
				99203 HH	\$95.77 / Visit		
				99204 HH	\$146.97 / Visit		
				99205 HH	\$182.72 / Visit		
				99202 HH, GT	\$65.84 / Visit		
				99203 HH, GT	\$95.77 / Visit		
				99204 HH, GT	\$146.97 / Visit		
				99205 HH, GT	\$182.72 / Visit		
				Established Patient			99211 HH
		99212 HH	\$38.46 / Visit				
		99213 HH	\$64.62 / Visit				
		99214 HH	\$95.18 / Visit				
		99215 HH	\$127.78 / Visit				
		Telemed	99211 HH, GT		\$17.72 / Visit		
			99212 HH, GT		\$38.46 / Visit		
			99213 HH, GT		\$64.62 / Visit		
			99214 HH, GT		\$95.18 / Visit		
		Family Psychotherapy	MH	LBHP	w/ customer present	H0004 HE, HR	\$22.00 / 15 minutes
w/out customer present	H0004 HE, HS				\$22.00 / 15 minutes		
Licensure Candidate	w/ customer present			H0004 HE, HR	\$19.80 / 15 minutes		
	w/out customer present			H0004 HE, HS	\$19.80 / 15 minutes		
SA	LBHP			w/ customer present	H0004 HF, HR	\$22.00 / 15 minutes	
				w/out customer present	H0004 HF, HS	\$22.00 / 15 minutes	
	Licensure Candidate			w/ customer present	H0004 HF, HR	\$19.80 / 15 minutes	
				w/out customer present	H0004 HF, HS	\$19.80 / 15 minutes	
GA	LBHP		w/ customer present	H0004 HV, HR	\$22.00 / 15 minutes		
			w/out customer present	H0004 HV, HS	\$22.00 / 15 minutes		
	Licensure Candidate		w/ customer present	H0004 HV, HR	\$19.80 / 15 minutes		
			w/out customer present	H0004 HV, HS	\$19.80 / 15 minutes		
Family Self Sufficiency Program	MH			H0043 HE, HA	\$55.00 / Day	004E	
Family Training and Support	MH		Outpatient	Face-to-face	T1027 HE	\$9.75 / 15 minutes	141
				Telemed	T1027 HE, GT	\$9.75 / 15 minutes	
				Telephone	T1027 HE, TF	\$0.65 / 1 minute	
			Outpatient in inpatient setting		T1027 HE, HK	\$9.75 / 15 minutes	
	SA		Outpatient	Face-to-face	T1027 HF	\$9.75 / 15 minutes	
		Telemed		T1027 HF, GT	\$9.75 / 15 minutes		

			Telephone	T1027 HF, TF	\$0.65 / 1 minute	
		Outpatient in inpatient setting		T1027 HF, HK	\$9.75 / 15 minutes	
Group Psychotherapy	MH	LBHP		H0004 HE, HQ	\$9.56 / 15 minutes	136
		Licensure Candidate			\$8.60 / 15 minutes	
	SA	LBHP		H0004 HF, HQ	\$9.56 / 15 minutes	
		Licensure Candidate			\$8.60 / 15 minutes	
	GA	LBHP		H0004 HV, HQ	\$9.28 / 15 minutes	
		Licensure Candidate			\$8.35 / 15 minutes	
Group Rehabilitative Treatment	MH (Adults 18+)			H2017 HE, HQ, HW	\$5.71 / 15 minutes	217
	SA (Adults 18+)			H2017 HF, HQ, HW	\$5.71 / 15 minutes	
	GA (Adults 18+)			H2017 HV, HQ, HW	\$5.71 / 15 minutes	
	MH (Children 17 and under)			H2017 HE, HQ	\$5.45 / 15 minutes	
	SA (Children 17 and under)			H2017 HF, HQ	\$5.45 / 15 minutes	
	GA (Children 17 and under)			H2017 HV, HQ	\$5.45 / 15 minutes	
	PATH			H2017 HE, HQ, HW, U5	\$5.71 / 15 minutes	
Halfway House	SA			H2034 HF	\$75.00 / Day	003B
Halfway House Services for Adolescents	SA			H2034 HF, HA	\$75.00 / Day	003Y
Halfway House Services for Pregnant Women	SA			H2034 HF, HD, TF	\$117.00 / Day	003A
Halfway House Services for Women with Dependent Children	SA			H2034 HF, HD	\$117.00 / Day	003S

Home and Community Based Travel	MH		S0215 HE, TG		\$16.38 / 15 minutes	852
	SA		S0215 HF, TG		\$10.00 / 15 minutes	
	GA		S0215 HV, TG		\$16.38 / 15 minutes	
	SOC	FT&S		S0215 HE, HA, TG	\$9.75 / 15 minutes	
		BHA		S0215 HE, HA, TF	\$7.77 / 15 minutes	
	IPS	MH	S0215 HE, HB	\$4.22 / 15 minutes		
		SA	S0215 HF, HB			
	PATH		S0215 HE, TG, U5		\$16.38 / 15 minutes	
Illness Management and Recovery	MH		H2017 HE, HQ, TF, TG		\$5.45 / 15 minutes	436
Individual Psychotherapy	MH	LBHP		H0004 HE	\$19.13 / 15 minutes	135
		Licensure Candidate			\$17.21 / 15 minutes	
		Interactive	LBHP	90785 HE	\$4.43 / Visit	

		Psychotherapy Add-on	Licensure Candidate		\$3.99 / Visit
		Telemed	LBHP	H0004 HE, GT	\$19.13 / 15 minutes
			Licensure Candidate		\$17.21 / 15 minutes
	SA	LBHP		H0004 HF	\$19.13 / 15 minutes
		Licensure Candidate			\$17.21 / 15 minutes
		Telemed	LBHP	H0004 HF, GT	\$19.13 / 15 minutes
			Licensure Candidate		\$17.21 / 15 minutes
	GA	LBHP		H0004 HV	\$19.13 / 15 minutes
		Licensure Candidate			\$17.21 / 15 minutes
		Telemed	LBHP	H0004 HV, GT	\$19.13 / 15 minutes
			Licensure Candidate		\$17.21 / 15 minutes

Individual Rehabilitative Treatment	MH		H2017 HE	\$15.20 / 15 minutes	216
		Telemed	H2017 HE, GT	\$15.20 / 15 minutes	
	SA		H2017 HF	\$15.20 / 15 minutes	
		Telemed	H2017 HF, GT	\$15.20 / 15 minutes	
	GA		H2017 HV	\$15.20 / 15 minutes	
		Telemed	H2017 HV, GT	\$15.20 / 15 minutes	
	PATH	H2017 HE, U5		\$15.20 / 15 minutes	
Intensive Outreach	MH		H0023 HE, TF	\$10.00 / 15 minutes	550
		<i>Community Support Services PA Group Only</i>		H0023 HE, TF, U1	
	SA		H0023 HF, TF	\$10.00 / 15 minutes	
	GA		H0023 HV, TF	\$10.00 / 15 minutes	
	PATH (Unique ID)		H0023 HE, TF, U5	\$10.00 / 15 minutes	
Intensive Residential Substance Abuse Treatment	SA		H0019 HF, TF	\$180.00 / Day	002N

Intensive Residential Treatment for Women with Dependent Children/Pregnant Women	SA	H0019 HF, HD, TF	\$250.00 / Day	002T
Intermediate Inpatient Treatment	MH	99221 HE	\$0.00 / Day	001A

Intra-Agency Clinical Consultation	MH		99368 HE	\$5.00 / 15 minutes	505
	IPS		99368 HE, HB	\$5.00 / 15 minutes	
Job Retention Support	MH		H2026 HE	\$420.00 / Per Diem	570
		Community Support Services PA Group Only	H2026 HE, U1	\$420.00 / Per Diem	
	SA		H2026 HF	\$420.00 / Per Diem	
	IPS	MH	H2026 HE, HB	\$420.00 / Per Diem	
		SA	H2026 HF, HB		
		Community Support Services PA Group Only	H2026 HE, U1, HB		
Medically Supervised Withdrawal Management	SA		H0010 HF	\$300.00 / Day	002B
Medically Supervised Withdrawal Management-Adolescents	SA		H0010 HF HA	\$300.00 / Day	
Medication Reminder Service (Non-Face to Face) (ACT)	MH		S5185 HE	\$18.00 / Month	
	SA		S5185 HF	\$18.00 / Month	
	CO		S5185 HH	\$18.00 / Month	
	MH		H0034 HE	\$23.64 / 15 minutes	

Medication Training and Support		Telemed	H0034 HE, GT	\$23.64 / 15 minutes	305
	SA		H0034 HF	\$23.64 / 15 minutes	
		Telemed	H0034 HF, GT	\$23.64 / 15 minutes	

Mobile Crisis Services	MH		First 60 Minutes	90839 HE	\$131.02 / hour	
			Each Additional 30 Minutes	90840 HE	\$62.86 / Add'l 30 minutes	
		Tele-medicine	First 60 Minutes	90839 HE, GT	\$131.02 / hour	
		Tele-medicine	Each Additional 30 Minutes	90840 HE, GT	\$62.86 / Add'l 30 minutes	
	SA		First 60 Minutes	90839 HF	\$131.02 / hour	
			Each Additional 30 Minutes	90840 HF	\$62.86 / Add'l 30 minutes	

Oral/Injection Medication Administration (RN) (ACT)	MH		T1502 HE	\$20.24 / Visit	
	SA		T1502 HF	\$20.24 / Visit	
	CO		T1502 HH	\$20.24 / Visit	

Permanent Supported Housing Programs	MH		H0043 HE, TF	\$12.50 / Day	003Z
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Prevention/Support Type Activities	MH		H0024 HE	\$18.50 / 30 minutes	561
	SA		H0024 HF	\$18.50 / 30 minutes	
	PATH (Unique ID)		H0024 HE, U5	\$18.50 / 30 minutes	
	CFP-SFP		H0024 HF, TF	\$12.50 / 30 minutes	

Prevocational Services	MH		H2014 HE, TF	\$4.22 / 15 minutes	245
		Community Support Services PA Group Only	H2014 HE, TF, U1	\$4.22 / 15 minutes	
	SA		H2014 HF, TF	\$4.22 / 15 minutes	
	PATH		H2014 HE, TF, U5	\$4.22 / 15 minutes	
	IPS	MH	H2014 HE, TF, HB	\$4.22 / 15 minutes	
		SA	H2014 HF, TF, HB		
		Community Support Services PA Group Only	H2014 HE, TF, U1, HB		

Psychiatric Diagnostic Evaluation	MH	With Medical Services	90792 HE	\$116.44 / Event	
		With No Medical Services	90791 HE	\$137.66 / Event	
	SA	With Medical Services	90792 HF	\$116.44 / Event	
		With No Medical Services	90791 HF	\$137.66 / Event	
	GA	With Medical Services	90792 HV	\$116.44 / Event	

	CO	With No Medical Services	90791 HV	\$137.66 / Event	
		With Medical Services	90792 HH	\$116.44 / Event	
		With No Medical Services	90791 HH	\$137.66 / Event	
Psychiatric Rehabilitation Services	MH		H2017 HE, HQ, TF	\$5.45-5.71 / 15 minutes	431
	PATH		H2017 HE, HQ, TF, U5	\$5.71 / 15 minutes	
Residential Care	MH		T2033 HE	\$11.00 / Day	003K
Residential Care Extended Transitional Services – Mental Health	MH		T2033 HE, TF, 52	\$10.00 / Day	
Residential Care Recovery Enhancement	MH		T2033 HE, TF	\$12.00 / Day	003L
Residential Care Transitional Services-Mental Health	MH		T2033 HE, 52	\$11.00 / Day	003K
Residential Treatment for Adolescents	SA		H0019 HF, HA, U1	\$160.00 / Day	002G
Residential Treatment for Adults with Co-occurring Disorders	CO		H0019 HH, U1	\$160.00 / Day	002J
Residential Treatment for Women with Dependent Children	SA		H0019 HF, HD, U1	\$180.00 / Day	002H
Residential Treatment – Substance Abuse	SA		H0019 HF, U1	\$140.00 / Day	002A
Safe Haven	MH		H0043 HE	\$30.00 / Day	003Q
Safe Haven – Permanent Supported Housing	MH		H0043 HE, TF, TG	\$30.00 / Day	

Screening (ACT)	MH		T1023 HE	\$55.80 / Event	
	SA		T1023 HF	\$55.80 / Event	
	CO		T1023 HH	\$55.80 / Event	
	MH	Telemed	T1023 HE, GT	\$55.80 / Event	
	SA	Telemed	T1023 HF, GT	\$55.80 / Event	
	CO	Telemed	T1023 HH, GT	\$55.80 / Event	
Screening and Referral	MH		H0002 HE, HN	\$25.32 / Event	105
	SA		H0002 HF, HN	\$25.32 / Event	
	CO		H0002 HH, HN	\$25.32 / Event	
	GA		H0002 HV, HN	\$25.32 / Event	
	GA (Pre-Screening)		H0001 HV, TF	\$5.00 / Event	

	PATH		H0002 HE, HN, U5	\$25.32 / Event	
	Complex Screening & Referral	MH	H0001 HE, TG, U1	\$75.00 / Event	
		SA	H0001 HF, TG, U1	\$75.00 / Event	
		CO	H0001 HH, TG, U1	\$75.00 / Event	
Substance Abuse Early Intervention	SA		H0022 HF	\$11.00 / 15 minutes	560
Supervised Transitional Living Programs	MH		H0043 HE, TG	\$70.00 / Day	003C
Supported Transitional Housing Programs	MH		H0043 HE, TG, TF	\$55.00 / Day	003E
System Support	MH		99368 HE, TF	\$0.00 / 15 minutes	504
Targeted Case Management, Intensive (ACT)			T1016 HE	\$15.23 / 15 minutes	
	Transitional		T1016 HE, TG	\$15.23 / 15 minutes	
Tobacco Cessation Counseling- Physician	MH	3-10 minutes	99406 HE	\$12.47/event	
		Over 10 minutes	99407 HE	\$24.03/event	
	SA	3-10 minutes	99406 HF	\$12.47/event	
		Over 10 minutes	99407 HF	\$24.03/event	

Training	MH		97537 HE	\$0.00 / 15 minutes	503
	SA		97537 HF	\$7.00 / 15 minutes	
Travel	MH		S0215 HE, TF	\$0.51 / mile	845
	SA		S0215 HF, TF	\$0.51 / mile	
	GA		S0215 HV, TF	\$0.51 / mile	
Travel (ACT)			S0215 HE, TF	\$0.51 / minute	
Treatment Team Meeting	SA		99368 HF	\$7.00 / 15 minutes	505
	GA		99368 HV	\$7.00 / 15 minutes	
	IPS	MH	99368 HE, HB	\$7.00 /15 minutes	
		SA	99368 HF, HB		
Urgent Recovery Care	Urgent Recovery Care		S9485 HE	\$209.14 / Encounter	
	Urgent Recovery Care - Telemed		S9485 HE, GT		
Vocational Services	MH		H2014 HE	\$4.22 / 15 minutes	244
		Community Support Services PA Group Only	H2014 HE, U1	\$4.22 / 15 minutes	
	SA		H2014 HF	\$4.22 / 15 minutes	
	PATH		H2014 HE, U5	\$4.22 / 15 minutes	
	IPS	MH	H2014 HE, HB	\$4.22 / 15 minutes	
		SA	H2014 HF, HB		
		Community Support Services PA Group Only	H2014 HE, U1, HB		
		Generic	999999992		
Wellness Resource Skills Development	MH		T1012 HE	\$4.50 / 15 minutes	205

		Telemed		T1012 HE, GT	\$4.50 / 15 minutes	
		Tobacco Cessation		T1012 HE, SE	\$4.50 / 15 minutes	
		<i>Community Support Services PA Group Only</i>		T1012 HE, U1	\$4.50 / 15 minutes	
			Tobacco Cessation	T1012 HE, SE, U1	\$4.50 / 15 minutes	
	SA			T1012 HF	\$4.50 / 15 minutes	
		Telemed		T1012 HF, GT	\$4.50 / 15 minutes	
		Tobacco Cessation		T1012 HF, SE	\$4.50 / 15 minutes	
	PATH			T1012 HE, U5	\$4.50 / 15 minutes	
		Tobacco Cessation		T1012 HE, SE, U5	\$4.50 / 15 minutes	

ODMHSAS ONLY

SERVICES

Services Billable to ODMHSAS Only (not SoonerCare)

SERVICE				BILLING CODE	RATE/UNIT
Behavioral Health Aide	MH	Outpatient in an inpatient setting		H2019 HE, HK	\$7.77 / 15 minutes
	SA	Outpatient in an inpatient setting		H2019 HF, HK	\$7.77 / 15 minutes
Case Management Services	MH	Outpatient in inpatient setting	LBHP/Candidate	T1017 HE, HO, HK	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HE, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes
	SA	Outpatient in inpatient setting	LBHP/Candidate	T1017 HF, HO, HK	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HF, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes
	GA	Outpatient in inpatient setting	LBHP/Candidate	T1017 HV, HO, HK	\$16.38 / 15 minutes
			BHCM II or CADC	T1017 HV, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HV, HM, HK	\$16.38 / 15 minutes
Case Management Travel Component	MH		S0215 HE	\$16.38 / 15 minutes	
	SA		S0215 HF	\$16.38 / 15 minutes	
	GA		S0215 HV	\$16.38 / 15 minutes	
Community Recovery Support / Recovery Support Specialist	MH	Outpatient in inpatient setting		H2015 HE, HK	\$11.70 / 15 minutes
	SA	Outpatient in inpatient setting		H2015 HF, HK	\$11.70 / 15 minutes
Community Recovery Support / Recovery Support Specialist - Group	MH	Outpatient in inpatient setting		H2015 HE, HQ, HK	\$2.90 / 15 minutes
Competency Evaluation	MH		H2000 HE, H9	\$33.77 / 30 minutes	
DUI ADSAC Assessment	SA		H0001 HF, U5	\$160.00 / Event	
Family Training and Support	MH	Outpatient in inpatient setting		T1027 HE, HK	\$9.75 / 15 minutes
	SA	Outpatient in inpatient setting		T1027 HF, HK	\$9.75 / 15 minutes
Home and Community Based Travel	MH		S0215 HE, TG	\$16.38 / 15 minutes	
	SA		S0215 HF, TG	\$10.00 / 15 minutes	
	GA		S0215 HV, TG	\$16.38 / 15 minutes	

BILLABLE OUTPATIENT SERVICES
by level of service provider

BILLABLE OUTPATIENT SERVICES by Level of Service Provider

Please note that a direct service provider may meet eligibility requirements for more than one level of service provider and is able to bill the services listed under each level they meet requirements for.

Behavioral Health Aide (BHA)	CADC	LBHP/Licensure Candidate
<ul style="list-style-type: none"> -Behavioral Health Aide - Home and Community Based Travel (for Behavioral Health Aide service only) -Screening and Referral 	<ul style="list-style-type: none"> -Day School -Substance Abuse Early Intervention (only an LBHP/Licensure Candidate can provide the brief family counseling component of this service) -Case Management Services -Case Management Travel Component -Home and Community Based Travel (for Individual Rehabilitation travel only) -Divorce Visitation Arbitration Services -Screening and Referral -Group Rehabilitative Treatment -Illness Mgmt & Recovery (must have completed ODMHSAS IMR training) -Individual Rehabilitative Treatment -Psychiatric Rehabilitation Services (with completion of orientation in PSR model) -Customer Follow-up Services (function 3) -Diagnosis (or Presenting Problem) Related Education – Family Members -Diagnosis (or Presenting Problem) Related Education – Group (only pre-admission) 	<ul style="list-style-type: none"> -Day School -Home and Community Based Travel -Clinical Testing (as allowed by License regulations) -Competency Evaluation (must meet designation of ODMHSAS to be a Competency Evaluator) -Divorce Visitation Arbitration Services -Crisis Intervention Services -Behavioral Health Assessment (Non-MD) Moderate Complexity -Behavioral Health Assessment (Non-MD) Low Complexity -Clinical Evaluation and Assessment for Children in Specialty Settings -Screening and Referral -Substance Abuse Early Intervention -Family Psychotherapy -Group Psychotherapy -Individual Psychotherapy -Group Rehabilitative Treatment -Illness Mgmt & Recovery (must have completed ODMHSAS IMR training) -Individual Rehabilitative Treatment -Psychiatric Rehabilitation Services (with completion of orientation in PSR model) -Behavioral Health Service Plan Development Moderate Complexity -Behavioral Health Service Plan Development Low Complexity -Case Management Services -Case Management Travel Component -Customer Follow-up Services (function 3) -Diagnosis (or Presenting Problem) Related Education – Family Members -Diagnosis (or Presenting Problem) Related Education – Group (only pre-admission)
Behavioral Health Case Manager		
CM I & CM II (Certification issued prior to July 1, 2013)		
<ul style="list-style-type: none"> -Case Management Services -Case Management Travel Component -Customer Follow-up Services (function 3) -Screening and Referral -Divorce Visitation Arbitration Services 		
CM II (Certification issued July 1, 2013 or after)		
<ul style="list-style-type: none"> -Case Management Services -Case Management Travel Component -Home and Community Based Travel (for Individual Rehabilitation travel only) -Divorce Visitation Arbitration Services -Screening and Referral -Group Rehabilitative Treatment -Illness Mgmt & Recovery (must have completed ODMHSAS IMR training) -Individual Rehabilitative Treatment -Psychiatric Rehabilitation Services (with completion of orientation in PSR model) -Customer Follow-up Services (function 3) -Diagnosis (or Presenting Problem) Related Education – Family Members -Diagnosis (or Presenting Problem) Related Education – Group (only pre-admission) 		
	CADC-US	Peer Recovery Support Specialist (PRSS)
	<ul style="list-style-type: none"> -Day School -Substance Abuse Early Intervention (only an LBHP/Licensure Candidate can provide the brief family counseling component of this service) 	<ul style="list-style-type: none"> -Community Recovery Support/Recovery Support Specialist -Community Recovery Support/Recovery Support Specialist (group) - Home and Community Based Travel (For Community Recovery/Support/Recovery Support Specialist service only) -Screening and Referral

	Employment Consultant	
	-Employment Training -Job Retention Support -Pre-Vocational Services -Vocational Services	
	Family Support Provider (FSP)	
	-Family Training and Support -Home and Community Based Travel (for Family Training and Support only) -Screening and Referral	
Any Level of Service Provider Can Provide These Services (Any level listed above)		
-Customer Follow-Up Services (functions 1 & 2) -Consultation -Education -Intra-agency Clinical Consultation -System Support -Training -Treatment Team Meeting	-Employment Training -Job Retention Support -Pre-Vocational Services -Vocational Services -Community Outreach -Intensive Outreach -Prevention/Support Type Activities	-Wellness Resource Skills Development (only staff with ODMHSAS credential as a Wellness Coach) -Travel -Drug Screen - Court Related Services (only for staff working in Specialty Courts & Jail Diversion Programs)

***Actual services eligible for reimbursement may vary by provider agency (based on individual agency contracts)**

ODMHSAS Service Manual Revisions

Revisions made to this version of the manual include the following:

Service Providers

- Updated certification requirements for Behavioral Health Case Manager I
- Updated certification requirements for Behavior Health Case Manager II

Rates/Codes

- Updated codes for telemed and telephone services throughout

Clinical Documentation

- Added new language under Assessment Signatures
- Added ASAM requirement under Substance Use Disorder Providers
- Added new language and requirement under Service Plan Signatures and Service Plan Content
- Added new requirement for Progress Notes
- Added new requirements for residential facilities for Progress Note

Other information

Added new ASAM requirements

Removed TCUDS from Screening and Referral

Added language about Service Plan Development and Review

Added information under Residential Treatment Levels of Service Providers regarding required hours

Important Information Regarding Changes to Chapter 53 and Family Peer Recovery Support Specialist (F-PRSS) Certification

As of September 1, 2024, the Family Support Provider program will be integrated within the Peer Recovery Support program, and current Family Support Providers (FSPs) will now be named “Family Peers” (F-PRSS). This change will expand access to recovery support services to children and their families and allow Family Peers to be reimbursed at the level of current youth and adult PRSS providers.

To become certified as an F-PRSS, applicants will need to attend the 4-day PRSS Core training. Requirements will not change for general Peer Recovery Support Specialists. We anticipate there will be questions regarding this change. Here are some answers to a few:

Where do I find information related to this rule change?

You can find the newly updated Chapter 53 administrative rules here:

https://oklahoma.gov/content/dam/ok/en/odmhsas/documents/policy/provider-certification/proposed-rules/2024/PC--Chapter-53-PERM_2024.pdf

Medicaid rules at OAC [317:30-5-241.5](#) will also be updated pending federal approval.

What is a Family Peer?

A Family Peer is an individual who has lived experience as a caregiver of a child, youth or young adult who has mental health or behavioral health challenges and is certified by ODMHSAS to offer family peer support services. Family Peers use their lived experience to ensure engagement and active participation of the family throughout the treatment process and assist family members in developing knowledge and skills to promote their family member's recovery.

Who can Family Peers serve?

Family Peers can provide peer services to families of a child or adolescent experiencing a serious emotional disturbance and/or substance use disorder. Unlike FSP service requirements, there is not a requirement for the child or adolescent to meet level 3 or 4 based on CAR scores.

I am a current FSP. What does this mean for me?

If you are a current Family Support Provider or “FSP”, you will automatically be moved into the role of F-PRSS. You should not experience a disruption in billing; **however, to retain your certification:**

- You will need to complete an application in access control:
 - https://ww4.odmhsas.org/accesscontrol_new/ACMain/login.aspx
- You will have one year, starting September 1, 2024, to complete the new integrated Peer Recovery Support 4-day training.
 - <https://odmhsas.docebosaas.com/learn/signin>

Note: The Oklahoma Health Care Authority or CE may notify an agency about enrollment renewal. If this occurs, certification will need to be obtained as soon as possible.

If you do not complete these steps by August 31st, 2025, your certification will expire, and you will no longer be able to bill for F-PRSS services. It is strongly encouraged that you sign up for training as soon as possible in order to avoid a disruption in billing.

I am currently a Certified Peer Recovery Support Specialist. Do I need to go through the entire training again to become a Family Peer?

You will not need to attend the entire PRSS Core training again but will need to attend part of the new training for Family Peers. Contact PRSSteam@odmhsas.org for enrollment information
What will the new training look like?

The new PRSS Core training will now include Family Peer content. The first 2.5 days will include training content for both general Peers and Family Peers. Family Peers will then separate from general Peers and focus on specific F-PRSS content.

Those who want dual certification will also separate from general PRSS Core and join the Family Peer track. They will receive a condensed version of PRSS Core remaining material. It is required that both Family Peers and general Peers share their lived experience during training.

Additionally, as of September 1, 2024:

- There will be an exam for Family Peers (as well as general Peers)
- Family Peers will need to obtain 12 CEUs per year for renewal: 3 Ethics, 9 General.
 - Sign up here: <https://odmhsas.docebosaas.com/learn/signin>
- Family Peers will be able to use a billing code modifier that distinguishes Family Peer services from general PRSS services.

Do I still have to take Wraparound 101?

Not everyone who gets certified as a Family Peer will need to take Wraparound 101. If you are working with level 3 or 4 clients in Systems of Care, you will need to take Wraparound 101. Family Peers working in other environments will not need to take Wraparound 101. If you are unsure, ask your agency, or reach out to Gerri Mullendore at Emullendore@odmhsas.org or Nancy Falcon at Nancy.Falcon@odmhsas.org.

How will I bill for F-PRSS services?

Please see the following F-PRSS codes for billing purposes:

Payor	Service Description	Code	Modifier 1	2	3	4	FFS Rate	Unit
MCD & DMH	Peer Recovery Support - Family	H2015	HE/HF	HA			11.70	15 min
MCD & DMH	Peer Recovery Support - Family - Telehealth	H2015	HE/HF	HA	GT		11.70	15 min
MCD & DMH	Peer Recovery Support - Family - Group	H2015	HE/HF	HA	HQ		2.90	15 min
DMH	Peer Recovery Support - Family - Telephone	H2015	HE/HF	HA	95		0.65	1 min
DMH	Peer Recovery Support - Family - Outpatient in an Inpatient Setting	H2015	HE	HA	HK		11.70	15 min
DMH	Peer Recovery Support - Family - Outpatient in an Inpatient Setting - Telephone	H2015	HE	HA	HK	95	0.65	1 min

Important notes: CCBHCs may use the first three codes only to shadow bill. Codes are subject to change. Please reference the latest version of the ODMHSAS Services Manual and/or the CCBHC Manual to ensure you have the most up to date information.

Will there be fee a to apply for F-PRSS?

The fee will be the same for both F-PRSS and PRSS, \$25.00.

I am a current FSP, soon to be F-PRSS. Where do I go or who do I contact for support needs?

You may reach out to PRSSteam@odmhsas.org, or Kimberly.miller@odmhsas.org. Also, Family Peer support calls will now be merging with the Peer Recovery Support Specialist Support Calls that occur every 2nd and 3rd Friday of the month. An F-PRSS training specialist will be there to answer any questions you have or provide any support. To receive more information about these calls, you may reach out to Kimberly.Miller@odmhsas.org. Additionally, more information and support can be accessed by signing up for the Peer Portal:

Oklahoma Peer Network: <https://ww4.odmhsas.org/OklahomaPeerNetwork/>

For additional training opportunities, please contact Nancy.falcon@odmhsas.org.