



SERVICES MANUAL

SFY 2026

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OKLAHOMA
Mental Health &
Substance Abuse

Division: Provider Regulation

This publication is issued by ODMHSAS and is located at odmhsas.org/picis/Documents/arc_documents.htm . This publication has been submitted in compliance with Section 3-114 of Title 65 of the Oklahoma Statutes.

Purpose

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

Rates

Rates are subject to change and are maintained on the ODMHSAS ARC website at odmhsas.org/picis/TrainingInfo/arc_Training_Information.htm.

Contact Information

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

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Outpatient Services (OO)

Levels of Service Providers

Behavioral Health Aide (BHA)

Beginning September 1, 2024, individuals must:

- A. Possess current certification as a Behavioral Health Case Manager I,
- B. Have successfully completed the specialized training and education curriculum prescribed by ODMHSAS,
- C. Be supervised by a bachelor's level individual with a minimum of two (2) years case management or care coordination experience,
- D. Have service plans be overseen and approved by an LBHP or Licensure Candidate, and
- E. 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)

A Behavioral Health Case Manager is an individual certified as a Behavioral Health Case Manager pursuant to the 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:

1. High school diploma or equivalent and six (6) months of Behavioral Health (BH) 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 six (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)

An individual who has attained an Oklahoma Certification as an Alcohol and Drug Counselor.

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

An individual who is under supervision to attain an Oklahoma Certification as an Alcohol and Drug Counselor.

Employment Consultant (EC)

An Employment Consultant is an individual who:

- A. Has a high school diploma or equivalent, and
- B. Has successfully completed Job Coach training (which includes IPS Employment Specialist Certification).

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 Peer Recovery Support Specialist (F-PRSS) will be taking the place of the Family Support Provider. For more specific information regarding the F-PRSS certification and services please see page 167 of this manual.

Wraparound Facilitator Case Manager (SOC)

A Wraparound Facilitator Case Manager is an LBHP/Licensure Candidate, CADC, or is certified as a Behavioral Health Case Manager II, and has the following:

- A. Successful completion of the ODMHSAS training for wraparound facilitation within six (6) months of employment,
- B. Participates in ongoing coaching provided by ODMHSAS and employing agency,
- C. Successfully completes the wraparound credentialing process within nine (9) months of beginning process, and
- D. Direct supervision or immediate access and a minimum of one (1) hour weekly clinical consultation with a Qualified Mental Health Professional, as required by ODMHSAS.

Intensive Case Manager (PACT)

An Intensive Case Manager is an LBHP/Licensure Candidate, CADC, or is certified as a Behavioral Health Case Manager II, and has:

- A. A minimum of two (2) years Behavioral Health Case Management experience, and
- B. 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 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:
 - a. Social Work (clinical specialty only)
 - b. Professional Counselor
 - c. Marriage and Family Therapist
 - d. Behavioral Practitioner
 - e. 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 the 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 consumer's care must:

- A. Staff the consumer's case with the candidate, be personally available, or ensure the availability of an LBHP to the candidate for consultation while they are providing services,
- B. Agree with the current plan for the consumer,
- C. Confirm that the service provided by the candidate was appropriate, and
- D. The consumer's medical record must show that the requirements for reimbursement were met and the LBHP responsible for the consumer'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 consumer's care.

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 Centers for Medicare & Medicaid Services (CMS) guidelines for 15-minute codes called “the 8-minute rule”. This allows for a 15-minute service unit to be billed if at least eight (8) min 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	T1018HF	\$5.00/1 hour	DMH

Case Management Services

CASE MANAGEMENT SERVICES

This service includes the planned referral, linkage, monitoring and support, and advocacy provided in partnership with a consumer to support that consumer in self-sufficiency and community tenure. Case management actions may take place in the individual’s home, in the community, or in the facility. An ODMHSAS Certified Behavioral Health Case Manager, in accordance with a service plan developed with and approved by the consumer and qualified staff, must provide the services. The plan must demonstrate the consumer’s need for specific services provided.

Billable activities include:

- A. Completion of a strengths-based case management assessment
- B. Development of a case management care plan
- C. Referral, linkage, and advocacy to assist with gaining access to appropriate community resources
- D. Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and/or barriers to progress
- E. Follow-up contact with the consumer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan)
- F. 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 or to assist consumer(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, 21 and under 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 consumer 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 (21) 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
		CMI Telemed Telephone	T1017 HE, HM T1017 HE, HM, GT T1017 HE, HM, 93	\$16.38/ 15 min \$7.43/ 15 min	DMH MCD
		LBHP/Cand	T1017, HE, HO, HK	\$16.38/15 min	DMH

	Outpatient inpatient setting	CMII/CADC	T1017, HE, HO, HK	\$16.38/15 min	DMH
		CMI	T1017, HE, HO, 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, HO T1016, HE, HO T1016, HE, HO	\$16.21/ 15 min \$16.21/ 15 min	DMH MCD
	Custody Kids (SOC)	LBHP/Cand	T2022 HE, HO	\$21.51/15 min	DMH
		CMII/CADC	T2022 HE, HN	\$16.21/15 min	DMH
	Transitional Case Management	LBHP/Cand Telemed Telephone	T1017, HE, HO, TG T1017, HE, HO, TG, GT T1017, HE, HO, TG, 92	\$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
		CMI 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
	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 min	DMH
		CMII/CADC Telemed Telephone	T1017 HE, HN, U1 T1017 HE, HN, U1, GT T1017 HE, HN, U1, 93	\$16.38/15 min	DMH

		CMI Telemed Telephone	T1017 HE, HM, U1 T1017 HE, HM, U1, GT T1017 HE, HM, U1, 93	\$16.38/15 min	DMH
	Outpatient in inpatient setting	LBHP/Cand	1017 HE, HO, HK, U1	\$16.38/15 min	DMH
		CMII/CADC	1017 HE, HN, HK, U1	\$16.38/15 min	DMH
CMI		1017 HE, HM, HK, U1	\$16.38/15 min	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
		CMI 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 min	DMH
		CMII/CADC	T1017 HF, HN, HK	\$16.38/15 min	DMH
		CMI	T1017 HF, HM, HK	\$16.38/15 min	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 min	DMH
		CMII/CADC	T2022 HF, HN	\$16.21/15 min	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
		CM I Telemed	T1017 HF, HM, TG	\$16.38/15 min	DMH

		Telephone	T1017 HF, HO, TG, GT T1017 HF, HM, TG, 93	\$7.43/15 min	MCD
	Transitional Wraparound Facilitation (SOC)	LBHP/Cand Telemed	T1016 HF, HO, TG T1016 HF, HO, TG, GT	\$21.61/15 min	DMH
		Telephone	T1016 HF, HO, TG, 93	\$19.45-\$21.61	MCD
		CMII/CADC Telemed	T1016 HF, HN, TG T1016 HF, HN, TG, GT	\$16.21/15 min	DMH
		Telephone	T1016 HF, HN, TG, 93	\$16.21/15 min	MCD
GA	Targeted Case Management	LBHP/Cand Telemed	T1017 HV, HO T1017 HV, HO, GT	\$16.38/15 min	DMH
		Telephone	T1017 HV, HO, 93	\$12.18-\$13.53	MCD
		CMII/CADC Telemed	T1017 HV, HN T1017 HV, HN, GT	\$16.38/15 min	DMH
		Telephone	T1017 HV, HM, 93	\$10.48/15 min	MCD
		CMI Telemed	T1017 HV, HM T1017 HV, HM, GT	\$16.38/15 min	DMH
		Telephone	T1017 HV, HM, 93	\$7.43/15 min	MCD
		Outpatient in inpatient setting	LBHP/Cand	T1017 HV, HO, HK	\$16.38/15 min
	CMII/CADC		T1017 HV, HN, HK	\$16.38/15 min	DMH
	CM I		T1017 HV, HM, HK	\$16.38/15 min	DMH
PATH	Outpatient	LBHP/Cand	T2022 HE, HO, U5	\$16.38/15 min	DMH
		CMII/CADC	T2022 HE, HN, U5	\$16.38/15 min	DMH
		CM I	T2022 HE, HM, U5	\$16.38/15 min	DMH
	Transitional	LBHP/Cand	T2022 HE, HO, TG, U5	\$16.38/15 min	DMH
		CMII/CADC	T2022 HE, HN, TG, U5	\$16.38/15 min	DMH
		CM I	T2022 HE, HM, TG, U5	\$16.38/15 min	DMH
	Outpatient in Inpatient Setting	LBHP/Cand	T2022 HE, HO, HK, U5	\$16.38/15 min	DMH
		CMII/CADC	T2022 HE, HN, HK, U5	\$16.38/15 min	DMH
		CM I	T2022 HE, HM, HK U5	\$16.38/15 min	DMH

CASE MANAGEMENT (TRAVEL COMPONENT)

This service is dedicated to the following activities needed to support Case Management services:

- A. Transportation for the consumer and remaining with a consumer until a needed supportive service is provided (if the need for this level of service is clearly documented in the plan)
- B. Travel time to and from meetings for the purpose of development or implementation of the individual care plan (including consumer “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 min	DMH
MH- Community Support Services PA Group Only	S0215 HE, U1	\$16.38/15 min	DMH
SA	S0215 HF	\$16.38/15 min	DMH
GA	S0215 HV	\$16.38/15 min	DMH
SOC	S0215 HE, HA	\$16.38/15 min	DMH
PATH	S0215 HE, U5	\$16.38/15 min	DMH

CUSTOMER ADVOCACY

This service includes assistance (provided face-to-face, by telephone or through written report), which supports, supplements, intervenes and/or links the consumer 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 (99999992).

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	MH	H0006 HE, TF	\$12.50/15 min	DMH
	Telephone	H0006 HE, TF, 95	\$12.50/15 min	DMH
	Telemed	H0006 HE, TF, GT	\$12.50/15 min	DMH

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

CUSTOMER FOLLOW-UP SERVICES

This service includes:

- A. Follow-up contact with a consumer to re-engage them in treatment, support continued stability in the community and/or to offer assistance related to recovery
- B. Contact with a consumer 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
- C. Case Management follow-up contacts with the consumer of less than eight (8) min 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 min, the service provided must be billed as Case Management
- D. RN follow-up with a consumer 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 A & B are typically provided under a generic ID. Service function C is the only function that has the requirement of less than eight (8) min.

Required: Face-to-face; telephone contacts (written documentation is required for all telephone contacts); and written follow-up correspondence. Consumer does not need to be present. Leaving voice or text messages for consumer 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 A and B.

Service function C must be provided by:

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

Service function D must be provided by an RN

		Billing Code	Rate/Unit	Coverage
MH	A & B	H0006 HE	\$0.83/ 1 min	DMH
	Telephone	H0006 HE, FQ	\$0.83/ 1 min	DMH
	A & B- Community Support Services PA Group Only	H0006 HE, U1	\$0.83/ 1 min	DMH
	Telephone	H0006 HE, U1, FQ	\$0.83/ 1 min	DMH
	C	H0006 HE, TG	\$0.83/ 1 min	DMH
	Telephone	H0006 HE, TQ, FQ	\$0.83/ 1 min	DMH
	C- Community Support Services PA Group Only	H0006 HE, TG, U1	\$0.83/ 1 min	DMH
	Telephone	H0006 HE, TG, U1, FQ	\$0.83/ 1 min	DMH
SA	A & B	H0006 HF	\$0.83/ 1 min	DMH
	Telephone	H0006 HF, FQ	\$0.83/ 1 min	DMH
	C	H0006 HF, TG	\$0.83/ 1 min	DMH
	Telephone	H0006 HF, TG, FQ	\$0.83/ 1 min	DMH
	D	H0006 HF, TD	\$0.00/ 1 min	DMH
	Telephone	H0006 HF, TD, FQ	\$0.83/ 1 min	DMH
GA		H0006 HV	\$0.83/ 1 min	DMH
	Telephone	H0006 HV, FQ	\$0.83/ 1 min	DMH
PATH	A & B	H0006 HE, U5	\$0.83/ 1 min	DMH
	Telephone	H0006 HE, U5, FQ	\$0.83/ 1 min	DMH
	C	H0006 HE, TG, U5	\$0.83/ 1 min	DMH
	Telephone	H0006 HE, TG, UF, FQ	\$0.83/ 1 min	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
- F-PRSS, and PRSS services

Travel can be to the individual's home, to various locations within the community, or to facilities where the consumer 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 setting are the preferred location for the service needed as documented in the service plan. Travel can be reported if the consumer 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] BHCMI (Certification issued July 1, 2013, or after), or
CADC, or
LBHP or Licensure Candidate

Systems of Care travel

BHA (for Behavioral Health Aide)

Peer Recovery Support Services 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 min	DMH
SA		S0215 HF, TG	\$10.00/ 15 min	DMH
GA		S0215 HV, TG	\$16.38/ 15 min	DMH
SOC	FT&S	S0215 HE, HA, TG	\$9.75/ 15 min	DMH
	BHA	S0215 HE, HA, TF	\$7.77/ 15 min	DMH
PATH		S0215 HE, TG, U5	\$16.38/ 15 min	DMH
IPS	MH	S0215 HE, HB	\$4.22/ 15 min	DMH
	SA	S0215 HF, HB		DMH

Clinical Testing Services

CLINICAL TESTING

This service 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 Systems Support Services

CONSULTATION

This service is 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 two (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 min	DMH
SA	99368 HF, TG	\$7.00/ 15 min	DMH
GA	99368 HV, TG	\$7.00/ 15 min	DMH

EDUCATION

This service includes:

- A. The systematic presentation of selected information to impart knowledge or instructions
- B. To increase understanding of specific issues or programs, and
- C. 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 min	DMH

INTRA-AGENCY CLINICAL CONSULTATION

This service is 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 four (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] Two (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 min	DMH
IPS	99368 HE, HB	\$5.00/ 15 min	DMH

SYSTEM SUPPORT

This service includes services provided as technical, professional, or informational assistance which may or may not be directly related to the treatment of a specific consumer.

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 min	DMH

TRAINING

This service is 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 min	DMH
SA	97537 HF	\$7.00/ 15 min	DMH

TREATMENT TEAM MEETING

Treatment team meeting is 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 consumer's documented progress when the consumer is not present.

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

Note: Up to four (4) people participating in the 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] Two (2) or more staff designated as providing services for an identified consumer (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 min	DMH
GA		99368 HV	\$7.00/ 15 min	DMH
IPS	MH	99368 HE, HB	\$7.00/ 15 min	DMH
	SA	99368 HF, HB		

Court Related Services

COMPETENCY EVALUATION

This service consists of an in-depth clinical evaluation of an individual 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. It can include up to two (2) hours non-face-to-face time for report preparation.

Required: Face-to-face and written report.

Staff Requirement: Must meet ODMHSAS requirements for a Qualified Forensic Evaluator (QFE)

		Billing Code	Rate/Unit	Coverage
MH	Competency Eval	H2000 HE, H9	\$33.77/ 30 min	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 min	DMH

COURT-RELATED SERVICES- DIVERSION SUPPORTS

Time spent working with the judicial system to provide information and support for justice involved individuals. Interactions should focus on recommendations to relevant resources and assistance to ensure individuals maintain access to needed services. This includes court docket appearances, case staffing participation, multi-disciplinary team (MDT) meetings, telephone contacts with court partners or MDT

members, travel time, and time spent writing screening/assessment and progress updates for diversion programs.

Note: This service must occur in conjunction with at least one (1) face-to-face service provided during the calendar month.

Staff Requirement: Any level of ODMHSAS outpatient service provider working within the scope of a Justice Services funding source.

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

DIVORCE VISITATION ARBITRATION SERVICES

This service is to include but not limited to:

- A. Arbitration and mediation in contested child custody matters
- B. Court order visitation supervision
- C. Educational services for divorce and related issues
- D. Provision of individual and/or group counseling to children/families regarding divorce and related issues, and
- E. 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] BHCMI
BHCMI (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 min	DMH

Crisis Intervention Services

CRISIS INTERVENTION SERVICES

Crisis Intervention Services are unanticipated, unscheduled emergency interventions, face-to-face or telephone, to resolve immediate, overwhelming problems that severely impair the individual's ability to function or maintain in the community. Crisis Intervention Services must include but are not limited to:

- A. 24 hours/7 days per week triage

- B. Evaluation and stabilization
- C. Access to inpatient treatment
- D. 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 min	DMH
				\$22.00/ 15 min	MCD
	Licensure Candidate		H2011 HE, GT	\$25.07/ 15 min	DMH
	Telemed	LBHP		\$19.80/ 15 min	MCD
				Licensure Candidate	\$27.86/ 15 min
			\$22.00/ 15 min		MCD
		\$25.07/ 15 min	DMH		
		\$19.80/ 15 min	MCD		
	Telephone		H0030 HE	\$19.59/ 15 min	DMH
MH-Community Support Services PA Group Only	Face-to-face		H2011 HE, U1	\$27.86/ 15 min	DMH
	Telephone		H0030 HE, U1	\$19.50/ 15 min	DMH
	Telemed		H2011 HE, GT, U1	\$27.86/ 15 min	DMH
SA	LBHP		H2011 HF	\$27.86/ 15 min	DMH
				\$22.00/ 15 min	MCD
	Licensure Candidate		H2011 HF, GT	\$25.07/ 15 min	DMH
	Telemed	LBHP		\$19.80/ 15 min	MCD
				Licensure Candidate	\$27.86/ 15 min
			\$22.00/ 15 min		MCD
		\$25.07/ 15 min	DMH		
		\$19.80/ 15 min	MCD		
	Telephone		H0030 HF	\$19.50/ 15 min	DMH
GA	LBHP		H2011 HV	\$27.86/ 15 min	DMH
				\$22.00/ 15 min	MCD
	Licensure Candidate		H2011 HV, GT	\$25.07/ 15 min	DMH
Telemed	LBHP	\$19.80/ 15 min		MCD	
				\$27.86/ 15 min	DMH

				\$22.00/ 15 min	MCD
		Licensure Candidate		\$25.07/ 15 min	DMH
				\$19.80/ 15 min	MCD
	Telephone		H0030 HV	\$19.50/ 15 min	DMH

MOBILE CRISIS SERVICES

Mobile Crisis Services are face-to-face services delivered in community settings 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 Alcohol and Other Drug (AOD) relapse. Either a team consisting of an LBHP/Licensure Candidate and a Case Manager, or just a LBHP/Licensure Candidate can provide/bill 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 on 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, the clinician would bill that as Case Management under their existing outpatient authorization or a PG038 if not an existing consumer.

Staff Requirement:

[MH] LBHP or Licensure Candidate

			Billing Code	Rate/Unit	Coverage
MH	LBHP	First Hour of Service	90839 HE	\$131.02/60 min	DMH
				\$131.02/60 min	MCD
	Candidate			\$117.92/60 min	DMH
				\$117.92/60 min	MCD
	LBHP	Each Additional 30 Min of Service	90840 HE	\$62.86/30 min	DMH
				\$62.86/30 min	MCD
	Candidate			\$56.57/30 min	DMH
				\$56.57/30 min	MCD
	LBHP-Telemed	First Hour of Service	90839 HE, GT	\$131.02/60 min	DMH
				\$131.02/60 min	MCD
	Candidate-Telemed			\$117.92/60 min	DMH
				\$117.92/60 min	MCD
	LBHP-Telemed	Each Additional 30 Min of Service	90840 HE GT	\$62.86/30 min	DMH
				\$62.86/30 min	MCD
	Candidate-Telemed			\$56.57/30 min	DMH
				\$56.57/30 min	MCD

SA	LBHP	First Hour of Service	90839 HF	\$131.02/60 min	DMH
	Candidate			\$131.02/60 min	MCD
				\$117.92/60 min	DMH
	LBHP	Each Additional 30 Min of Service	90840 HF	\$117.92/60 min	MCD
	Candidate			\$62.86/30 min	DMH
				\$62.86/30 min	MCD
	LBHP-Telemed	First Hour of Service	90839 HF, GT	\$56.57/30 min	DMH
	Candidate-Telemed			\$56.57/30 min	MCD
			\$131.02/60 min	DMH	
			\$131.02/60 min	MCD	
	LBHP-Telemed	Each Additional 30 Min of Service	90840 HF, GT	\$117.92/60 min	DMH
	Candidate-Telemed			\$117.92/60 min	MCD
				\$62.86/30 min	DMH
				\$62.86/30 min	MCD
				\$56.57/30 min	DMH
				\$56.57/30 min	MCD
Enhanced Match**	LBHP	First Hour of Service	90839 HE/HF, TG	\$131.02/60 min	DMH
	Candidate			\$131.02/60 min	MCD
				\$117.92/60 min	DMH
	LBHP	Each Additional 30 Min of Service	90840 HE/HF, TG	\$117.92/60 min	MCD
	Candidate			\$62.86/30 min	DMH
				\$62.86/30 min	MCD
	LBHP-Telemed	First Hour of Service	90839 HE/HF, GT, TG	\$56.57/30 min	DMH
	Candidate-Telemed			\$56.57/30 min	MCD
			\$131.02/60min	DMH	
			\$131.02/60 min	MCD	
	LBHP-Telemed	Each Additional 30 Min of Service	90840 HE/HF, GT, TG	\$117.92/60 min	DMH
	Candidate-Telemed			\$117.92/60 min	MCD
				\$62.86/30 min	DMH
				\$62.86/30 min	MCD
				\$56.57/30 min	DMH
				\$56.57/30 min	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 a 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 min if necessary to appropriately serve the consumer. However, you may still only bill for one (1) encounter if the encounter exceeds twenty-four (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

Employment Training Service includes: the time actually spent on-the-jobsite, working with the individual, managers, supervisors, co-workers, business consumers, and including active observation. It 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 for 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 to provide/bill IPS Model services).

		Billing Code	Rate/Unit	Coverage
MH		H2025	\$4.22/15 min	DMH
SA		H2025	\$4.22/15 min	DMH
	Community Support Services PA Group Only	H2025	\$4.22/15 min	DMH
IPS	MH	H2025	\$4.22/15 min	DMH
	SA	H2025	\$4.22/15 min	DMH
	Community Support Services PA Group Only	H2025	\$4.22/15 min	DMH

JOB RETENTION SUPPORT

This service requires a minimum of two (2) contacts per month for a three (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:

- A. Work adjustment counseling

- B. Job accommodation negotiation
- C. After work support group, or other specifically described work-related supports.

Contact can be in an individual or group setting.

Note: The “Per Diem” code can only be billed once every three (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 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 HE	\$420.00/Per Diem (Once every 3 Months)	DMH
Community Support Services PA Group Only		H2026 HE	\$420.00/Per Diem (Once every 3 Months)	DMH
IPS	MH	H2026 HE	\$420.00/Per Diem (Once every 3 Months)	DMH
	SA	H2026 HE	\$420.00/Per Diem (Once every 3 Months)	DMH
	Community Support Services PA Group Only	H2026 HE	\$420.00/Per Diem (Once every 3 Months)	DMH

PRE-VOCATIONAL SERVICES

Pre-Vocational Services are services that focus on the development of general work behavior. The purpose of pre-vocational services is

- A. To utilize individual and group work-related activities to assist individuals with developing positive work attitudes, personal characteristics, and work behaviors
- B. To develop functional capacities, and
- C. 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 to provide/bill IPS Model services).

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

VOCATIONAL SERVICES

This service includes 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:

- A. The identification of employment positions
- B. Conducting job analysis
- C. Matching individuals to specific jobs
- D. 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 to provide/bill IPS Model services).

		Billing Code	Rate/Unit	Coverage
MH		H2014 HE	\$4.22/15 min	DMH
SA		H2014 HF	\$4.22/15 min	DMH
Community Support Services PA Group Only		H2014 HE, U1	\$4.22/15 min	DMH

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

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 consumer's response to medication and compliance with the medication regimen. The consumer 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 consultation, if necessary. The service is designed to maintain the consumer on the lowest level of the least intrusive medications, encourage normalization and prevent hospitalization.

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

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

Staff Requirement: 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 min \$27.49/15 min	DMH MCD
	Telemed	H0034 HE, GT	\$23.64/15 min \$27.49/15 min	DMH MCD
SA		H0034 HF	\$23.64/15 min \$27.49/15 min	DMH MCD
	Telemed	H0034 HF, GT	\$23.64/15 min \$27.49/15 min	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: <https://www.cms.gov>.

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 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		
			99214 HE, GT	\$95.18/visit	DMH		
			99215 HE, GT	\$127.78/visit	DMH		
			Therapy Add On		90833 HE	\$38.36/30 min	DMH
					90836 HE	\$60.13/45 min	DMH
	90838 HE	\$101.90/60 min			DMH		
	Telemed	90833 HE, GT		\$38.36/30 min	DMH		
		90836 HE, GT		\$60.13/45 min	DMH		
		90838 HE, GT		\$101.90/60 Min	DMH		
SA	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		
	Established Patient		99211 HF	\$17.72/visit	DMH		
			99212 HF	\$38.46/visit	DMH		
			99213 HF	\$64.62/visit	DMH		

		Telemed	99214 HF	\$95.18/visit	DMH
			99215 HF	\$127.78/visit	DMH
			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 min	DMH
			90836 HF	\$60.13/45 min	DMH
			90838 HF	\$101.90/60 min	DMH
		Telemed	90833 HF, GT	\$38.36/30 min	DMH
			90836 HF, GT	\$60.13/45 min	DMH
			90838 HF, GT	\$101.90/60 min	DMH
GA	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
			99215 HV, GT	\$127.78 / visit	DMH
	Therapy Add On		90833 HV	\$38.36 / 30 min	DMH
		Telemed	90833 HV	\$38.36 / 30 min	DMH
CO	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

	Established Patient		99204 HH, GT	\$146.97 / visit	DMH
			99205 HH, GT	\$182.72 / visit	DMH
			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/Sooner Care 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.

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. This service may include communication with family, others, prescription medication, 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 (6) months, and it has been more than one (1) 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 thirteen (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 separate progress notes 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 min	99406 HE	\$12.47/ event \$12.47/ event	DMH MCD
	Telephone	99406 HE, 93	\$12.47/ event \$12.47/ event	DMH MCD
	Over 10 min	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 min	99406 HF	\$12.47/ event \$12.47/ event	DMH MCD
	Telephone	99406 HE, 93	\$12.47/ event \$12.47/ event	DMH MCD
	Over 10 min	99407 HF	\$24.03/ event \$24.03/ event	DMH MCD
	Telephone	99407 HE, 93	\$24.03/ event \$24.03/ event	DMH MCD

Outreach and Prevention Services

COMMUNITY OUTREACH

Community Outreach services include 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 behavioral health facilities, in the community. This service can only be reported with a generic Customer ID (999999992).

Staff Requirement:

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

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

INTENSIVE OUTREACH

This service includes activities directed toward a potential consumer or a person who is 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 consumer.

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 Requirements:

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

		Billing Code	Rate/Unit	Coverage
MH		H0023 HE, TF	\$10.00/ 15 min	DMH
	Telephone	H0023 HE, TF, FQ	\$10.00/ 15 min	DMH
Community Support Services PA Group Only		H0023 HE, TF, U1	\$10.00/ 15 min	DMH
	Telephone	H0023 HE, TF, U1, FQ	\$10.00/ 15 min	DMH
SA		H0023 HF, TF	\$10.00/ 15 min	DMH
	Telephone	H0023 HF, TF, FQ	\$10.00/ 15 min	DMH
GA		H0023 HV, TF, FQ	\$10.00/ 15 min	DMH
	Telephone	H0023 HV, TF, FQ	\$10.00/ 15 min	DMH
PATH (Unique ID)		H0023 HE, TF, U5	\$10.00/ 15 min	DMH
	Telephone	H0023 HE, TF, U5, FQ	\$10.00/ 15 min	DMH

PREVENTION/SUPPORT TYPE ACTIVITIES

A minimum group size of three (3) is required for this service. Participants do not have to be admitted into the system as ODMHSAS 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 include parenting groups, support groups for children or caretakers, support groups for adults and/or identified natural supports and focus 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, SA, and GA] Any level of ODMHSAS service provider can provide this service.

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

SUBSTANCE ABUSE EARLY INTERVENTION

This service is 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 Requirements:

[SA] LBHP or Licensure Candidate
CADC or CADC-U
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 min	DMH

Partial Hospitalization Program

A Partial Hospitalization Program (PHP) is an intensive nonresidential, structured therapeutic treatment for individuals with substance use disorders, 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 (3) hours a day, five (5) 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 Requirements: Program services must be overseen by a psychiatrist as the Medical Director. A physician/psychiatrist must be available twenty-four (24) hours a day, seven (7) 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. See administrative rules for more detail.

ACT (FACE-TO-FACE)

Staff Requirements: PACT Team (Tx Team)

		Billing Code	Rate/Unit	Coverage
MH		H0039 HE	\$38.53 / 15 min \$38.53 / 15 min	DMH MCD
	Telemed	H0039 HE, GT	\$38.53 / 15 min \$38.53 / 15 min	DMH MCD
	Telephone	H0039 HE, FQ	\$38.53 / 15 min	
SA		H0039 HF	\$38.53 /15min \$38.53 / 15 min	DMH MCD
	Telemed	H0039, HF, GT	\$38.53 / 15 min \$38.53 / 15 min	DMH MCD
	Telephone	H0039 HF, FQ	\$38.53 / 15 min	

CO		H0039 HH	\$38.53 / 15 min \$38.53 / 15 min	DMH MCD
	Telemed	H0039 HH, GT	\$38.53 / 15 min \$38.53 / 15 min	DMH MCD
	Telephone	H0039 HH, FQ	\$38.53 / 15 min	
GA		H0039 HV	\$38.53 / 15 min \$38.53 / 15 min	DMH MCD
	Telemed	H0039 HV, GT	\$38.53 / 15 min \$38.53 / 15 min	DMH MCD
	Telephone	H0039 HV, FQ	\$38.53 / 15 min	

ACT (FACE-TO-FACE)-GROUP

Staff Requirements: PACT Team (Tx Team)

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

TARGETED CASE MANAGEMENT-INTENSIVE (ACT)

Staff Requirements: BHCMI (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 min \$15.23 / 15 min	DMH MCD
Transitional	T1016 HE, TG	\$15.23 / 15 min \$15.23 / 15 min	DMH MCD

MEDICATION REMINDER SERVICE (ACT) (NON-FACE-TO-FACE)

Staff Requirements: 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 Requirements: 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 Requirements: 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/min	DMH

Psychotherapy Services

FAMILY PSYCHOTHERAPY

Family Psychotherapy is a face-to-face therapeutic session conducted by a Clinician with family members/couples in accordance with a documented service plan focusing on treating family/marital problems and goals. The service must be provided to specifically benefit an ODMHSAS 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	With Consumer present	H0004 HE, HR	\$22.00/15 min	DMH
	Licensure Candidate			\$19.03/15 min	MCD
	LBHP	With Consumer present-Telemed	H0004 HE, HR, GT	\$19.80/15 min	DMH
	Licensure Candidate			\$17.13/15 min	MCD
	LBHP	W/out consumer present	H0004 HE, HS	\$22.00/15 min	DMH
	Licensure Candidate			\$19.03/15 min	MCD
	LBHP	W/out consumer present-Telemed	H0004 HE, HS, GT	\$19.80/15 min	DMH
	Licensure Candidate			\$17.13/15 min	MCD
SA	LBHP	With consumer present	H0004 HF, HR	\$22.00/15 min	DMH
	Licensure Candidate			\$19.03/15 min	MCD
				\$19.80/15 min	DMH
				\$17.13/15 min	MCD

	LBHP	With consumer present- Telemed	H0004 HF, HR, GT	\$22.00/15 min	DMH	
	Licensure Candidate			\$19.03/15 min	MCD	
	LBHP	W/out consumer present	H0004 HF, HS	\$22.00/15 min	DMH	
	Licensure Candidate			\$19.03/15 min	MCD	
LBHP	W/out consumer present- Telemed	H0004 HF, HS, GT	\$22.00/15 min	DMH		
Licensure Candidate			\$19.03/15 min	MCD		
				\$19.80/15 min	DMH	
				\$17.13/15 min	MCD	
GA	LBHP	With consumer present	H0004 HV, HR	\$22.00/15 min	DMH	
	Licensure Candidate			\$19.03/15 min	MCD	
	LBHP	With consumer present- Telemed	H0004 HV, HR, GT	\$22.00/15 min	DMH	
	Licensure Candidate			\$19.03/15 min	MCD	
	LBHP	W/out consumer present	H0004 HV, HS	\$22.00/15 min	DMH	
	Licensure Candidate			\$19.03/15 min	MCD	
LBHP	W/out consumer present- Telemed	H0004 HV, HS, GT	\$22.00/15 min	DMH		
Licensure Candidate			\$19.03/15 min	MCD		
				\$19.80/15 min	DMH	
				\$17.13/15 min	MCD	
CO	LBHP	With consumer present	H0004 HH, HR	\$22.00/15 min	DMH	
	Licensure Candidate			\$19.03/15 min	MCD	
	LBHP	W/out consumer present	H0004 HH, HS	\$22.00/15 min	DMH	
	Licensure Candidate			\$19.03/15 min	MCD	
LBHP	With consumer present- Telemed	H0004 HH, HR, GT	\$22.00/15 min	DMH		
Licensure Candidate			\$19.03/15 min	MCD		
				\$19.80/15 min	DMH	
				\$17.13/15 min	MCD	
	LBHP	W/out consumer present- Telemed	H0004 HH, HS, GT	\$22.00/15 min	DMH	
				\$19.03/15 min	MCD	

	Licensure Candidate			\$19.80/15 min \$17.13/15 min	DMH MCD
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GROUP PSYCHOTHERAPY

Group Psychotherapy is a face-to-face therapeutic session with a group of individuals using the interaction of the clinician and two (2) or more consumers to promote positive emotional or behavioral change. The focus of the group must be directly related to the goals and objectives of the individual consumer 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 a total of eight (8) consumers, 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) consumers 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 consumers and their families meet regarding similar issues. The service is billed once per family unit present and is billed under the designated consumer. Sessions are limited to a maximum of eight (8) families.

Staff Requirements:

[MH, SA, and GA] LBHP or Licensure Candidate

		Billing Code	Rate/Unit	Coverage
MH	LBHP	H0004 HE, HQ	\$9.56/ 15 min \$5.97/ 15 min	DMH MCD
	Licensure Candidate		\$8.60/ 15 min \$5.83/ 15 min	DMH MCD
	Telemed- LBHP	H0004 HE, HQ, GT	\$9.56/ 15 min \$5.97/ 15 min	DMH MCD
	Telemed- Candidate		\$8.60/ 15 min \$5.83/ 15 min	DMH MCD
SA	LBHP	H0004 HF, HQ	\$9.56/ 15 min \$5.97/ 15 min	DMH MCD
	Licensure Candidate		\$8.60/ 15 min \$5.83/ 15 min	DMH MCD
	Telemed- LBHP	H0004 HF, HQ, GT	\$9.56/ 15 min \$5.97/ 15 min	DMH MCD
	Telemed- Candidate		\$8.60/ 15 min \$5.83/ 15 min	DMH MCD
GA	LBHP	H0004 HV, HQ	\$9.56/ 15 min \$5.97/ 15 min	DMH MCD
	Licensure Candidate		\$8.60/ 15 min \$5.83/ 15 min	DMH MCD
	Telemed- LBHP	H0004 HV, HQ, GT	\$9.56/ 15 min	DMH

			\$5.97/ 15 min	MCD
	Telemed- Candidate		\$8.60/ 15 min	DMH
			\$5.83/ 15 min	MCD
CO	LBHP	H0004 HH, HQ	\$9.56/15 min	DMH
			\$5.97/15 min	MCD
	Licensure Candidate		\$8.60/15 min	DMH
			\$5.83/ 15min	MCD
	Telemed-LBHP	H0004 HH, HQ, GT	\$9.56/15 min	DMH
			\$5.97/15 min	MCD
	Telemed-Candidate		\$8.60/15 min	DMH
			\$5.83/15 min	MCD

INDIVIDUAL PSYCHOTHERAPY

Individual Psychotherapy is a therapeutic session with one-on-one interaction between a clinician and a consumer 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. Individual Psychotherapy 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:

- A. Members who have other individuals legally responsible for their care (i.e., minors or adults with guardians)
- B. Members who request others to be involved in their care during the session (i.e., adults accompanied by one or more participating family member or interpreter or language translator), or
- C. 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 (1) 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/behaviors 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 min	DMH
				\$19.03/ 15 min	MCD
	Licensure Candidate		H0004 HE, GT	\$17.21/ 15 min	DMH
				\$17.13/ 15 min	MCD
	Telemed- LBHP		H0004 HE, GT	\$19.13/ 15 min	DMH
				\$19.03/ 15 min	MCD
	Telemed- Candidate		H0004 HE, GT	\$17.21/ 15 min	DMH
				\$17.13/ 15 min	MCD
Telephone- LBHP		H0004 HE, FQ	\$19.13/ 15 min	DMH	
			\$19.03/ 15 min	MCD	
Telephone Candidate		H0004 HE, FQ	\$17.21/ 15 min	DMH	
			\$17.13/ 15 min	MCD	
Interactive Psycho-therapy Add-on	LBHP	90785 HE	\$4.43/ visit	DMH	
	Licensure Candidate		\$4.43/ visit	MCD	
			\$3.99/ visit	DMH	
			\$4.43/ visit	MCD	
SA	LBHP		H0004 HF	\$19.13/ 15 min	DMH
				\$19.03/ 15 min	MCD
	Licensure Candidate		H0004 HF, GT	\$17.21/ 15 min	DMH
				\$17.13/ 15 min	MCD
	Telemed- LBHP		H0004 HF, GT	\$19.13/ 15 min	DMH
				\$19.03/ 15 min	MCD
	Telemed- Candidate		H0004 HF, GT	\$17.21/ 15 min	DMH
		\$17.13/ 15 min		MCD	
Telephone- LBHP		H0004 HF, FQ	\$19.13/ 15 min	DMH	
			\$19.03/ 15 min	MCD	
Telephone- Candidate		H0004 HF, FQ	\$17.21/ 15 min	DMH	
			\$17.13/ 15 min	MCD	
GA	LBHP		H0004 HV	\$19.13/ 15 min	DMH
				\$19.03/ 15 min	MCD
	Licensure Candidate		H0004 HV, GT	\$17.21/ 15 min	DMH
				\$17.13/ 15 min	MCD
	Telemed- LBHP		H0004 HV, GT	\$19.13/ 15 min	DMH
				\$19.03/ 15 min	MCD
	Telemed- Candidate		H0004 HV, GT	\$17.21/ 15 min	DMH
		\$17.13/ 15 min		MCD	
Telephone- LBHP		H0004 HV, FQ	\$19.13/ 15 min	DMH	
			\$19.03/ 15 min	MCD	
Telephone Candidate		H0004 HV, FQ	\$17.21/ 15 min	DMH	
			\$17.13/ 15 min	MCD	
CO	LBHP		H0004 HH	\$19.13/15 min	DMH

			\$19.03/15 min	MCD
	Licensure Candidate		\$17.21/15 min \$17.13/15 min	DMH MCD
	Telemed-LBHP	H0004 HH, GT	\$19.13/15 min \$19.03/15 min	DMH MCD
	Telemed-Candidate		\$17.21/15 min \$17.13/15 min	DMH MCD
	Telephone-LBHP	H0004 HH, 95	\$19.13/15 min \$19.03/15 min	DMH MCD
	Telephone-Candidate		\$17.21/15 min \$17.13/15 min	DMH MCD

Rehabilitation and Skill Development Services

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

CLUBHOUSE

A Clubhouse is 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 Requirements:

[MH] Completion of orientation in the ICCD Clubhouse model

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

GROUP REHABILITATIVE TREATMENT

Group Rehabilitative Treatment is a face-to-face 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, and 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]

BHCMII (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, HQ	\$5.71/ 15 min \$5.71/ 15 min	DMH MCD
Telemed	H2017 HE, HQ, HW, GT	\$5.71/ 15 min \$5.71/ 15 min	DMH MCD
SA (Adults 18+)	H2017 HF, HQ, HQ	\$5.71/ 15 min \$5.71/ 15 min	DMH MCD
Telemed	H2017 HF, HQ, HW, GT	\$5.71/ 15 min \$5.71/ 15 min	DMH MCD
GA (Adults 18+)	H2017 HV, HQ, HW	\$5.71/ 15 min \$5.71/ 15 min	DMH MCD
Telemed	H2017 HV, HQ, HW, GT	\$5.71/ 15 min \$5.71/ 15 min	DMH MCD
MH (Children 17 and under)	H2017 HE, HQ	\$5.45/ 15 min \$5.45/ 15 min	DMH MCD
Telemed	H2017 HE, HQ, GT	\$5.45/ 15 min \$5.45/ 15 min	DMH MCD
SA (Children 17 and under)	H2017 HF, HQ	\$5.45/ 15 min \$5.45/ 15 min	DMH MCD
Telemed	H2017 HF, HQ, GT	\$5.45/ 15 min \$5.45/ 15 min	DMH MCD
GA (Children 17 and under)	H2017 HV, HQ	\$5.45/ 15 min \$5.45/ 15 min	DMH MCD
Telemed	H2017 HV, HQ, GT	\$5.45/ 15 min \$5.45/ 15 min	DMH MCD
PATH	H2017 HE, HQ, HW, U5	\$5.71/ 15 min	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 Requirements:

[MH]

BHCMII (Certification issued July 1, 2013, or after), or
 CADC, or
 LBHP or Licensure Candidate, and
 Completion of ODMHSAS facilitated training on Illness Management and Recovery (IMR) for PSR

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

INDIVIDUAL REHABILITATIVE TREATMENT

Individual Rehabilitative Treatment is 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 consumer and the consumer's family/support system during a service 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] BHCMI (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 min \$11.79/ 15 min	DMH MCD
	Telemed	H2017 HE, GT	\$15.20/ 15 min \$11.79/ 15 min	DMH MCD
SA		H2017 HF	\$15.20/ 15 min \$11.79/ 15 min	DMH MCD
	Telemed	H2017 HF, GT	\$15.20/ 15 min \$11.79/ 15 min	DMH MCD
GA		H2017 HV	\$15.20/ 15 min \$11.79/ 15 min	DMH MCD
	Telemed	H2017 HV, GT	\$15.20/ 15 min \$11.79/ 15 min	DMH MCD
PATH		H2017 HE, U5	\$15.20/ 15 min	DMH

PSYCHIATRIC REHABILITATION SERVICES

Psychiatric Rehabilitation Service is a 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. The 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 support component that provides on-going in home or community-based support services, based on consumer 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 DH520 PATH Prior Authorization.

Staff Requirements:

[MH] BHCMI (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 min \$5.71/15 min	DMH MCD
PATH	H2017 HE, HQ, TF, U5	\$5.71/15 min	DMH

WELLNES RESOURCE SKILLS DEVELOPMENT

Wellness Resource Skills Development is 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 provisions 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 Requirements: 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 min	DMH
	Telemed	T1012 HE, GT	\$4.50/15 min	DMH

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

Screening and Assessment Services

BEHAVIORAL HEALTH ASSESSMENT (NON-MD)

This service is a face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression.

An evaluation shall include:

- A. An interview with the consumer (and family, if deemed appropriate)
- B. May also include psychological testing, scaling of the severity of each problem identified for treatment, and/or
- C. 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 consumer, parent/guardian (if applicable), and the LBHP or licensure candidate. For inpatient services, licensure candidate signatures must be co-signed by a fully licensed LBHP. See section on guidelines for clinical documentation for more information. 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.

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 Requirements:

[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
	Telemed-LBHP	H0031 HE, GT	\$103.33/ event	DMH
			\$103.33/ event	MCD
	Telemed-Candidate		\$90.41/ event	DMH
			\$90.41/ event	MCD
SA	LBHP	H0031 HF	\$103.33/ event	DMH
			\$103.33/ event	MCD
	Licensure Candidate	H0031 HF, GT	\$90.41/ event	DMH
			\$90.41/ event	MCD
	Telemed-LBHP	H0031 HF, GT	\$103.33/ event	DMH
			\$103.33/ event	MCD
	Telemed-Candidate		\$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

This service is a face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include:

- A. An interview with consumer's care givers, and family, if deemed appropriate,
- B. An observation of child (children) in interaction with other children and care givers.

It may also include:

- A. Psychological testing,
- B. Scaling of the severity of each problem identified for treatment, and/or
- C. 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. This 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 (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:

- A. Strengths, needs and cultural discovery
- B. Crisis plan
- C. Safety plan, and
- D. Functional assessment.

It can include up to six (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 min	DMH
SOC	S9482 HE, TF	\$16.38/15 min	

DUI ADSAC ASSESSMENT

This service is for a face-to-face clinical interview evaluating an individual's need and receptivity to substance abuse treatment and his or her prognosis.

Staff Requirements: 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

This service includes 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:

- A. The time spent on screening (face-to-face and by telephone)
- B. Time spent on assisting with intake documentation, and/or
- C. 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 is 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, staff will need to adhere to the requirements of the screening tool, such as the 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: Clinicians 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 Requirements: 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:

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

[Urgent Recovery Center-URC] LPN and RN can do health screenings

	Billing Code	Rate/Unit	Coverage
MH GPRA Survey	H0002 HE, HN	\$25.32/ event \$25.32/ event	DMH MCD
	H0001 HE, U1, HW	\$25.00/ event	DMH
SA GPRA Survey	H0002 HF, HN	\$25.32/ event \$25.32/ event	DMH MCD
	H0001 HF, U1, HW	\$25.00/ event	DMH
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, GT, 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

SCREENING AND REFERRAL, COMPLEX

This service is 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:

- A. The time spent on screening (face-to-face and by telephone)
- B. Time spent on assisting with intake documentation, and/or
- C. 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 (1) 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, staff 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:

- A. American Society of Addiction Medicine (ASAM) Screening Tool:
 - a. Providers must utilize the ODMHSAS electronic ASAM tool and follow contract requirements for service provision The ASAM will only be available to print for 30 days. After 30 days, a provider may access the list of consumers who have completed the ASAM through the Reports section of PICIS.
 - b. Staff are required to have specialized training to administer the screening and be a licensed LBHP or candidate under supervision
- B. Specialty Court Related:
 - a. For Specialty Court related screening, providers will need to follow contract requirements for service provision
 - b. Applicable screenings include criminogenic risk assessment tools such as:
 - i. ORAS
 - ii. LSI, or
 - iii. LSCMI
 - c. Staff are required to have specialized training to administer the screening

Staff Requirements: 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:

[MH, SA, and GA] BHCMI (Certificate issued July 1, 2013, or after)
 CADC
 LBHP or Licensure Candidate

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

This service includes 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. Consumer involvement must be clearly documented if the consumer is 14 years of age or older. If the consumer 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 the 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 the required signatures are present, including a co-signature if required. A co-signature is required if the LBHP is under supervision or is a LBHP candidate). One (1) unit of Behavioral Health Service Plan Development Moderate Complexity per consumer per provider is allowed without prior authorization. If determined by ODMHSAS or its designated agent, one (1) additional unit per year may be authorized

Required: Face-to-face; written documentation which must include consumer 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 (4) days of admission.

Staff Requirements:

[MH, SA, and GA] LBHP or licensure candidate.

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

GA	LBHP		H0032 HV	\$135.08/ event	DMH
				\$87.07 - \$91.44/ event	MCD
	Licensure Candidate			\$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

This service includes a comprehensive review and evaluation of the current treatment of the consumer. This includes a review of the service plan with the consumer and the update of the plan as required. For mental health it includes the CAR assessment, 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 the consumer. All compensable service plan reviews must include an update to the individual service plan. Consumer involvement must be clearly documented if the consumer is fourteen (14) years of age or older. If the consumer is under eighteen (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 the 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 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 consumer; however, they can only be billed/reimbursed once every six (6) months.

Required: Face-to-face; written documentation which must include consumer participation and signature.

Staff Requirements:

[MH, SA, and GA] LBHP or licensure candidate.

			Billing Code	Rate/Unit	Coverage
MH	LBHP		H0032 HE, TF	\$84.48/ event \$54.42 - \$57.16/ event	DMH MCD
	Licensure Candidate			\$76.03/ event \$48.98 - \$51.44/ event	DMH MCD
	Telemed	LBHP	H0032 HE, TF, GT	\$84.48/ event \$54.42 - \$57.16/ event	DMH MCD
		Licensure Candidate		\$76.03/ event \$48.98 - \$51.44/ event	DMH MCD

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

Service-Related Travel

TRAVEL

This service must report the number of miles traveled. Travel can be to the individuals' home, to various locations within the community or to facilities where the consumer is receiving other related services.

Report 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 Requirements:

[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

Community Support Services PA Group Only	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 consumers in substance abuse treatment. It must be qualitative and test for multiple drug classes and will include a Urine Analysis (U.A.). U.A.'s should be administered if indicated by the clinical interview or assessments to the consumer. 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 Requirements:

[SA] Any level of ODMSHAS 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 MEMBER

This service includes the therapeutic education of family members regarding consumer'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 Families/Celebrating Families programs. All other programs will use the generic Customer ID only.

Staff Requirements:

[SA] BHCMI (Certification issued July 1, 2013, or after), or
CADC, or
LBHP or Licensure Candidate

		Billing Code	Rate/Unit	Coverage
SA	With consumer present	T1012 HF, HR	\$15.00/ 30 min	DMH
	W/out consumer present	T1012 HF, HS	\$15.00/ 30 min	DMH
GA	With consumer present	T1012 HV, HR	\$15.00/ 30 min	DMH
	W/out consumer present	T1012 HV, HS	\$15.00/ 30 min	DMH
CO	With consumer present	T1012 HH, HR	\$15.00/ 30 min	DMH
	W/out consumer present	T1012 HH, HS	\$15.00/ 30 min	DMH

DIAGNOSIS (OR PRESENTING PROBLEM) RELATED EDUCATION-GROUP

This service includes the therapeutic education of consumers 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 consumer. Groups will be limited to a maximum of twelve (12) families and can be done with or without the consumer present. This service is only reimbursable for ODMHSAS consumers.

Staff Requirements:

[SA] BHCMI (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 Min	DMH

Therapeutic Behavioral Services

BEHAVIORAL HEALTH AIDE

This service provides the training and the support necessary to ensure active participation of the consumer (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:

- A. Assisting the consumer and/or family in the acquisition of knowledge and skills necessary to understand and address specific needs relating to mental health and treatment
- B. Development and enhancement of specific problem-solving skills, coping mechanisms, and strategies for symptom/behavior management
- C. Assistance in understanding crisis plans and plan of care process
- D. Training on medications or diagnoses
- E. Interpreting choices offered by service providers, and
- F. Assisting with understanding policies, procedures, and regulations that impact those with mental health disorders 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 Requirements:
[MH and SA] BHA

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

PEER RECOVERY SUPPORT SERVICES

This service provides the training and the support necessary to ensure active participation of the consumer (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 consumer to assist with their recovery process.

This may involve:

- A. Assisting the consumer in the acquisition of knowledge and skills necessary to understand and address specific needs in relation to their mental health issues and treatment
- B. Development and enhancement of problem-solving skills, coping mechanisms, and strategies for symptom/behavior management
- C. Assistance in understanding crisis plans and plan of care process
- D. Training on medication or diagnoses
- E. Development and enhancement of communication and socialization skills
- F. Interpreting choices offered by service providers, and
- G. Assisting with understanding policies, procedures, and regulations that impact those with mental health issues while living in the community

Note: This service can be provided face-to-face or by phone contact and is an individual service. The service is provided to children aged sixteen (16) or over with Serious Emotional Disturbance (SED) and/or substance use disorder(s) and adults aged eighteen (18) and over with Serious Mental Illness (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 (such as providing referrals or monitoring treatment plan goals/objectives), and the PRSS providing the service is Case Management Certified, the service should be billed as Case Management.

Staff Requirements:
[MH, SA, and GA]

PRSS

		Billing Code	Rate/Unit	Coverage
MH	Outpatient	H2015 HE	\$11.70/ 15 min \$11.70/ 15 min	DMH MCD
	Telemed	H2015 HE, GT	\$11.70/ 15 min \$11.70/ 15 min	DMH MCD

	Outpatient in Inpatient Setting	H2015 HE, HK	\$11.70/ 15 min	DMH
	Telephone	H2015 HE, FQ	\$0.65/ 1 min	DMH
Community Support Services PA Group Only	Outpatient	H2015 HE, U1	\$11.70/ 15 min	DMH
	Outpatient in Inpatient Setting	H2015 HE, HK, U1	\$11.70/ 15 min	DMH
	Telephone	H2015 HE, U1, FQ	\$0.65/ 1 minute	DMH
SA	Outpatient	H2015 HF	\$11.70/ 15 min \$11.70/ 15 min	DMH MCD
	Telemed	H2015 HF, GT	\$11.70/ 15 min \$11.70/ 15 min	DMH MCD
	Outpatient in Inpatient Setting	H2015 HF, HK	\$11.70/ 15 min	DMH
	Telephone	H2015 HF, FQ	\$0.65/ 1 minute	DMH
GA	Outpatient	H2015 HV	\$11.70/ 15 min \$11.70/ 15 min	DMH MCD
	Telemed	H2015 HV, GT	\$11.70/ 15 min \$11.70/ 15 min	DMH MCD
	Telephone	H2015 HV, FQ	\$0.65/ 1 minute	DMH

F-PRSS Codes

		Billing Code	Rate/Unit	Coverage
MH	Outpatient	H2015 HE, HA	\$11.70/ 15 min	DMH MCD
	Telemed	H2015 HE, HA, GT	\$11.70/ 15 min	DMH MCD
	Telephone	H2015 HE, HA, 95	\$0.65/ 1 min	DMH
	Outpatient in Inpatient setting	H2015 HE, HA, HK	\$11.70/ 15 min	DMH
	Outpatient in Inpatient Setting- Telephone	H2015 HE, HA, HK, 95	\$0.65/ 1 min	DMH
SA	Outpatient	H2015 HF, HA	\$11.70/ 15 min	DMH MCD
	Telemed	H2015 HF, HA, GT	\$11.70/ 15 min	DMH MCD
	Outpatient in Inpatient Setting	H2015 HF, HA, HK	\$11.70/ 15 min	DMH
	Outpatient in Inpatient Setting- Telephone	H2015 HF, HA, HK, 95	\$0.65/ 1 min	DMH
	Telephone	H2015 HF, HA, 95	\$0.65/ 1 min	DMH
CO	Outpatient	H2015 HH, HA	\$11.70/ 15 min	DMH MCD

	Telemed	H2015 HH, HA, GT	\$11.70/ 15 min	DMH MCD
GA	Outpatient	H2015 HV, HA	\$11.70/ 15 min	DMH MCD
	Telemed	H2015 HV, HA, GT	\$11.70/ 15 min	DMH MCD

PEER RECOVERY SUPPORT SERVICES -GROUP

Peer Recovery Support Services Group is a face-to-face service that is 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 sixteen (16) or over with SED and/or substance use disorder(s) and adults aged eighteen (18) and over with SMI and/or substance use disorder(s).

Staff Requirements:

[MH, SA, and GA]

PRSS

		Billing Code	Rate/Unit	Coverage
MH	Outpatient	H2015 HE, HQ	\$2.90/ 15 min \$2.90/ 15 min	DMH MCD
	Outpatient in Inpatient Setting	H2015 HE, HQ, HK	\$2.90/ 15 min	DMH
Community Support Services PA Group Only	Outpatient	H2015 HE, HQ, U1	\$2.90/ 15 min	DMH
SA	Outpatient	H2015 HF, HQ	\$2.90/ 15 min \$2.90/ 15 min	DMH MCD
GA	Outpatient	H2015 HV, HQ	\$2.90/ 15 min \$2.90/ 15 min	DMH MCD

F-PRSS Group Codes

		Billing Code	Rate/Unit	Coverage
MH		H2015 HE, HA, HQ	\$2.90/ 15 min	DMH MCD
SA		H2015 HF, HA, HQ	\$2.90/ 15 min	DMH MCD
CO		H2015 HH, HA, HQ	\$2.90/ 15 min	DMH MCD
GA		H2015 HV, HA, HQ	\$2.90/ 15 min	DMH MCD

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 consumer, as well as all hourly services provided to that consumer within the day.

FAMILY SELF SUFFICIENCY PROGRAM

This program is a time limited (12 months or less) housing program for families of children with Serious Emotional Disturbance (SED). The service is for:

- A. Unhoused families
- B. Families at risk of losing housing, or
- C. 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

Permanent Supported Housing 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 the 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:

- A. Offering social/recreational opportunities two (2) times weekly
- B. Offering independent living skills training, and
- C. 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 services 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	H00043 HE, TF	\$12.50/ day	DMH

SAFE HAVEN

This is a temporary shelter for an unhoused person with mental health issues. Each individual has a private room. The length of stay is not defined and can be long term. Safe Haven services assist unhoused 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

This program provides places of permanent residence for unhoused persons with mental health issues 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

Supervised Transitional Living 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 (20) hours of meaningful activity offered each week, with at least

ten (10) hours provided on-site and with at least eight (8) of those ten (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/recreational activities, independent living skills training, etc.), with at least ten (10) hours provided on-site and with at least eight (8) of those ten (10) hours 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

Supported Transitional Housing Programs are group apartment living or other residential settings with staff available as needed. These Programs offer or make available to residents:

- A. Psychosocial rehabilitation services
- B. One (1) evening or weekend socialization and recreational activity per week
- C. Eight (8) hours of meaningful activity per week with at least five (5) 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:

- A. The provision of one (1) evening or weekend social/recreational activity per week
- B. Offering eight (8) hours of meaningful activity each week (ex. Housing support groups, social/recreational activities, independent living skills training, etc.), with at least five (5) 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 consumer, as well as all hourly services provided to that consumer 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 (24) hour supportive assistance to include physical exercise, independent living skills, and socialization activities to those consumers 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 health 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:

- A. Assistance with locating housing
- B. Transportation to doctor/treatment and grocery store
- C. Opportunities for socialization including evening and weekend opportunities
- D. Assistance with housing related deposits
- E. Assistance with independent living skills (ex: budgeting, meal planning, housekeeping skills, etc.).

In addition, 24-hour access to support will be provided, with at least one (1) face-to-face contact provided per week. 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 ninety (90) days per person. Up to ten (10) of those days can be billed while the 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

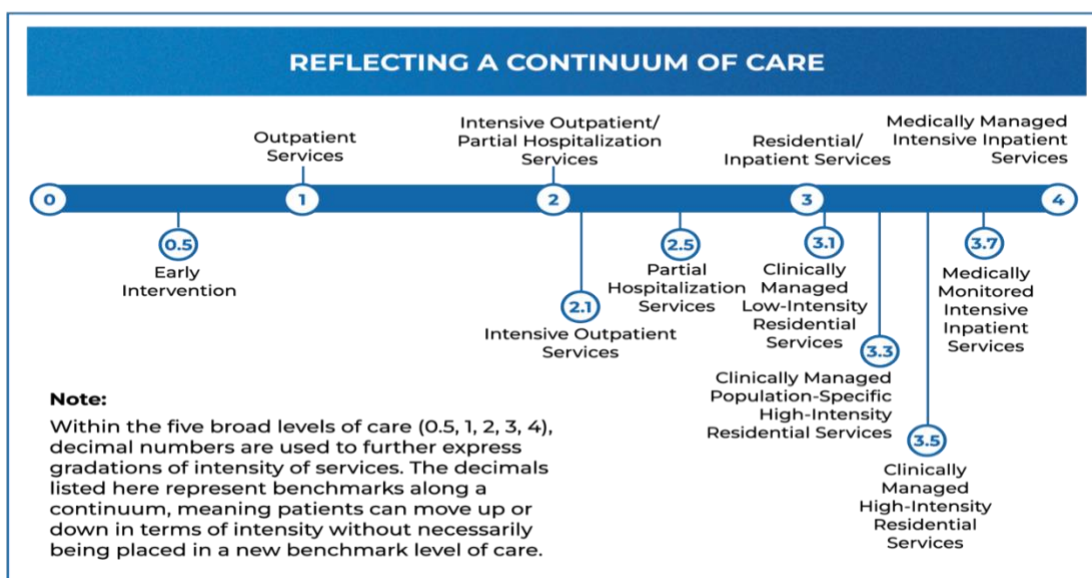
Services to assist people with mental health or co-occurring disorders who request assistance with transition from a residential care home into community based permanent housing and require a longer period of transition support. The term of transition assistance for each program participant is 120 days. If necessary, for consumer success, an extended period of assistance may be requested from ODMHSAS. Service recipients cannot be charged for this service.

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

LEVELS OF CARE AND SERVICES

ASAM LEVELS OF CARE

The American Society of Addiction Medicine (ASAM) categorizes services for substance use disorders into five (5) 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.



ASAM LEVEL OF CARE DESCRIPTIONS

ASAM LEVEL 0.5-EARLY INTERVENTION

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-OUTPATIENT SERVICES

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-IOP & PARTIAL HOSPITALIZATION

ASAM level 2 is the broad level of care that refers to intensive outpatient and partial hospitalization services.

ASAM LEVEL 2.1-INTENSIVE OUTPATIENT 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-PARTIAL HOSPITALIZATION

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-RESIDENTIAL & INPATIENT 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-CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES

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-CLINICALLY MANAGED POPULATION-SPECIFIC HIGH INTENSITY RESIDENTIAL 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-CLINICALLY MANAGED MEDIUM/HIGH INTENSITY RESIDENTIAL SERVICES

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-MEDICALLY MONITORED HIGH-INTENSITY/INTENSIVE INPATIENT WITHDRAWAL MANAGEMENT SERVICES

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-MEDICALLY MANAGED INTENSIVE INPATIENT SERVICE

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).**

RESIDENTIAL TREATMENT (CI)

LEVELS OF SERVICE PROVIDERS

While 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

Halfway House Services is 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

This service is 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
SA	H2034 HF, HA	\$75.00/ day \$75.00/ day	DMH MCD

HALFWAY HOUSE SERVICES FOR PREGNANT WOMEN

Halfway House Services for Pregnant Women is 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 consumers 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

Halfway House Services for Women with Dependent Children are designed to aid the 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
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.

	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

Residential Treatment for Adults with Co-Occurring Disorders is 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. Consumers shall:

- A. 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.
- B. Participate in a minimum of one (1) hour of therapy and seven (7) hours of rehabilitation services per week.
- C. Participate in a maximum of seven (7) hours of peer recovery support services that 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

Residential Treatment for Adults is a substance use disorder treatment service in a residential (live-in) setting which provides a twenty-four (24) hour per day, seven (7) day a week, professionally directed therapeutic regimen. Treatment offers:

- A. Intensive primary treatment and consumers 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.
- B. A minimum of one (1) hour of therapy and seven (7) hours of rehabilitation services per week shall be provided.
- C. 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

This service is 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.

- A. Adolescents not attending academic training shall participate in at least twenty-one (21) hours of substance use treatment.
- B. Consumers attending academic training shall participate in fifteen (15) or more hours of substance use disorder related treatment per week.
- C. A minimum of one (1) hour of therapy and seven (7) hours of rehabilitation services per week shall be provided.
- D. A maximum of seven (7) hours of peer recovery support services may count toward the required weekly treatment hours.

Note: For those in academic training, school breaks of one (1) week or more will require twenty-one (21) hours of service be provided during the break.

	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

Intensive Residential Substance Use Disorder Treatment for Adults is treatment for severe substance use disorders in a residential (live-in) setting, which provides a twenty-four (24) hour per day, seven (7) day per week, professionally directed therapeutic regimen. This service offers intensive, individualized, primary treatment adhering to ASAM guidelines. Consumers must:

- A. Participate in at least thirty-seven (37) hours of services designated to support recovery from severe substance use disorders each week in addition to life skills, recreation, and mutual support group involvement.
- B. Minimum of four (4) hours of therapy and seven (7) hours of rehabilitation services per week shall be provided.
- C. 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 (24) 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

This service is treatment for severe substance use disorders in a residential (live-in) setting, which provides a twenty-four (24) hour per day, seven (7) day per week, professionally directed therapeutic regimen. This service offers intensive, individualized, primary treatment adhering to ASAM guidelines. Consumers must participate in:

- A. 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.

- B. A minimum of four (4) hours of therapy and seven (7) hours of rehabilitation services per week shall be provided.
- C. A maximum of eleven (11) hours of peer recovery support services may count toward the required weekly treatment hours, and
- D. Physician services must be available twenty-four (24) 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

Residential Treatment for Women with Dependent Children/Pregnant Women is substance use disorder treatment in a residential setting providing a planned regimen of twenty-four (24) hours of professionally directed evaluation, care, and treatment.

Consumers shall participate in:

- A. At least twenty-four (24) treatment hours, seven (7) days a week, of substance use disorder treatment, parenting, and child development services per week for adults.
- B. A minimum of one (1) hour of therapy and seven (7) hours of rehabilitation services per week shall be provided.
- C. A maximum of seven (7) hours of peer recovery support services may count toward the required weekly treatment hours.

Exception: TANF recipients with Oklahoma Department of Human Services approved documentation shall participate in at least 21 hours of treatment; documentation should be reflected in consumer record.

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

Intensive Residential Treatment for Women with Dependent Children/Pregnant Women is treatment that offers intensive primary treatment and consumers 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. A minimum of four (4) hours of therapy and seven (7) hours of rehabilitation services per week shall be provided.
- B. 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

Residential Treatment for dependent children is twenty-four (24) hour supportive care in a residential setting for dependent children of individuals with substance use disorders receiving residential care. It 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

Intensive Residential Treatment for Dependent Children is twenty-four-hour (24) supportive care in a residential setting for dependent children of individuals with substance use disorders receiving intensive residential care. It 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

Medically Supervised Withdrawal Management Services for Adults is 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

Medically Supervised Withdrawal Management Services for Adolescents is 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

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 (1) 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 DEFINITION

Note: For reporting purposes only.

ACUTE INPATIENT

Acute Inpatient Hospitalization is 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
	Modern Complexity	99222 HE, HA	\$0.00/day

INTERMEDIATE INPATIENT TREATMENT

Intermediate Inpatient Treatment Hospitalization is inpatient psychiatric treatment on a specialized psychiatric treatment unit for persons who require twenty-four (24) hour medical supervision and are in need of an active rehabilitation program as a result of a mental health diagnosis. 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.

NOTE: Prior to administering this instrument, clinicians must complete the CAR training offered by the ODMHSAS Training Institute.

The clinician must have knowledge of the consumer'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 a systematic review of the consumer's functioning with individuals who have observed and are acquainted with the consumer.

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:

- A. The frequency of the behavior (How often does the behavior occur?)
- B. The intensity of the behavior (How severe is the behavior?)
- C. The duration of the behavior (How long does the behavior last?), and
- D. The impact the symptoms/behaviors have on daily functioning, to establish the severity of the consumer'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 consumer 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 consumer 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 consumer 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.
- **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. Severe 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 recognized and viewed as being 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. A person does not feel capable of exerting consistent and effective control of 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 a 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 a 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. A 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 hallucinations 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 the 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 consumer'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 overall 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 a 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. An 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 are endemic in the community. No sensory aids are required. No medications.

CHILD: Occasional common ailments. Rapid recovery with no long-term effects. No sensory aids are 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. A 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 an eating disorder. Cannot 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 consumer's day-to-day function for score of 20 and above.

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 “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. do not automatically equate a score in this range. In addition, symptoms/condition “definitely limit 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 consumer 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). The 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, Interpersona

INTERPERSONAL

1-9 (Above Average): Relationships are smooth and mutually satisfying. Conflicts that develop are easily resolved. A 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: Consumer 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-appropriate 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 (Extreme): 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 a 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 motivations.

ADULT: Unstable work history. Home chores are 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. Consumer 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: Consumer not employable. Is unable to comply with rules and regulations or fulfill ANY of the expectations of the consumer'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 this time of rating.

NOTE: Identify and assess only the consumer'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 rare 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 the safety of others.

CHILD: Unable to consider the 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.

ADULTS: 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 consumer’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): Consumer 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 development 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 development 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 you been told that you seem depressed, anxious, or overly sad during the past month?
- Have you felt like hurting yourself or others 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 judgement in any of your decision making over the past month or has anyone told you that you were not using good judgement 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 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 substances 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 reason? 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 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.
 - 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 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 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 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 past 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 past month (at home, work, school, treatment, etc.)? If yes, please give 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 past 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 consumer 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)

Note: Starting July 1, 2025: Exclusive use of the CAR assessment will be required. ODMHSAS will no longer allow the T-ASI to be utilized for level of care in our system. Any agency who chooses to use the T-ASI for your own internal purposes will be required to contract individually with Dr. Kaminer.

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 (6) 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): 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: 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): 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: a. Principal (Reason for Visit) Substance-Related disorder	
CAR Scores (a minimum of the following): a. 20-29 in 4 domains (Domains 1-9); or b. 30-39 in 2 domains (Domains 1-9); or		<u>ASI Scores:</u> a. 4 or above in 2 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u>	

c. 20-20 in 3 domains and 30-39 in 1 or more domains (Domains 1-9)	a. 2 or above in 3 areas, must include at least a 2 in Chemical Use Problem Area <u>CAR Scores</u> (if Integrated): 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).
LEVEL TWO	MONTHLY CAPS: Adult-\$665.00 Child-\$815.00
MH	SA
<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis (a OR both a AND b): 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: a. Principal (Reason for Visit) Substance-Related disorder
CAR Scores (a minimum of the following): a. 30-39 in 3 domains (Domains 1-9); or b. 40-49 in 1 domain (Domains 1-9).	<u>ASI Scores:</u> a. 5 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u> 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	MONTHLY CAPS: Adult-\$867.00 Child-\$867.00
MH	SA
<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis (a OR both a AND b): a. Principal (Reason for Visit) Mental Health disorder: any diagnosis is allowable including V codes and 900 codes except a	<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis: a. Principal (Reason for Visit) Substance-Related disorder

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)	
CAR Scores (a minimum of the following): 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	<u>ASI Scores:</u> a. 6 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u> 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 <u>CAR Scores</u> (if Integrated): Same as MH requirements
LEVEL FOUR	MONTHLY CAPS: Adult-\$1,171.00 Child-\$1,171.00
MH	SA
<u>Diagnostic Requirements</u> DSM 5 (in ICD Format) Diagnosis (a OR both a AND b): 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: a. Principal (Reason for Visit) Substance-Related disorder
CAR Scores (a minimum of the following): <u>Adult-</u> a. 40 in 4 domains, with 1 being 1, 6, 7, or 9 <u>Child-</u> a. 40 in 3 domains, with 1 being in 1, 6, 7, or 9	<u>ASI Scores:</u> a. 7 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u> a. 4 in 3 areas, must include at least a 2 in Chemical Use Problem Area <u>CAR Scores</u> (if Integrated): Same as MH requirements

DOCUMENTATION

GUIDELINES FOR CLINICAL DOCUMENTATION

ASSESSMENT

Participation

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

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

- Assessments are not valid until all signatures are completed and dated, including the co-signature if required.
- All signatures must be dated and hand-written. An electronic signature may be used as an alternative if date stamped.
- **Outpatient**
 - The assessment must be signed by the consumer, parent/guardian (if applicable), and the LBHP or licensure candidate.
 - The signatures may be included on a signature page applicable to both the assessment and the service plan if the signature page clearly indicates that all signatories consent to and approve of both the assessment and service plan.
 - If a signature page is utilized for both the assessment and the service plan, a co-signature must be present when completed by a licensure candidate. All signatures must include the date of the signature.
 - If the assessment and service plan are completed on different dates, each document must have a separate dated signature/acknowledgement for the consumer, parent/guardian (if applicable), the LBHP/candidate and co-signer (if applicable). It also must designate acknowledgement of participation for the corresponding document.
- **Inpatient or Residential**
 - The assessment 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 on a signature page applicable to both the assessment and service plan if the signature page clearly indicates that all signatories consent to and approve of both the assessment and service plan.
 - If the assessment and service plan are completed on different dates, each document must have a separate dated signature/acknowledgement for the consumer, parent/guardian (if applicable), the LBHP/candidate and co-signer (if applicable). It also must designate acknowledgement of participation for the corresponding document.
- If not signed separately, 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.

Content

• **Mental Health Providers**

- The assessment shall include, but not be limited to, information regarding the following elements:
 - Behavioral, including mental health and addictive disorders,
 - Emotional, including issues related to past or current trauma and domestic violence,
 - Physical/medical
 - Social and recreational; and
 - 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 (6) dimensions and each level of care. The ASAM must be administered by an LBHP/candidate. The ASAM will only be available to print for 30 days. After 30 days, a provider may access the list of consumers who have completed the ASAM through the Reports section of PICIS.
- All programs shall complete a biopsychosocial assessment using Addiction Severity Index (ASI) for adults or the Client Assessment Record (CAR) for youth seventeen (17) and under, which gathers sufficient information to assist the consumer's past and current psychiatric medications.
- Upon determination of appropriate admission, consumer assessment demographic information should contain but not be limited to the following:
 - Date of initial contact requesting services,
 - Date of the screening and/or assessment,
 - Consumer's name,
 - Gender,
 - Birth date,
 - Home address,
 - Telephone number,
 - Referral source,
 - Reason for referral,
 - Emergency contact, and
 - PICIS intake data core content if the facility reports on PICIS.
- 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:
 - Parent-child relationship
 - Physical and psychological development
 - Educational needs
 - Parent related issues
 - Family issues related to the child

- Assessments of the parent bringing their children into treatment shall include the following items:
 - Parent skills (especially in consideration of the child's issues)
 - Knowledge of age-appropriate behaviors
 - Parental coping skills
 - Personal issues related to parenting
 - Family issues as related to the child
- **Gambling Treatment Providers**
 - Each consumer for gambling disorder treatment shall be assessed using the CAR/ASI and the PGSI (Problem Gambling Severity Index)
 - The CAR should be used for consumers without substance use issues
 - The ASI (for adults) or CAR (for youth seventeen and under) should be used for consumers with substance use issues

Timeframes

- The facility shall have policy and procedure 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.

STRENGTHS-BASED CASE MANAGEMENT ASSESSMENT

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

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

Service Plan

The consumer and family, as appropriate, shall be an active participant(s) in the treatment plan process.

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 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 signature must be co-signed by a fully licensed LBHP.
- The signature page clearly indicates that the signatories' consent and approve of both the assessment and service plan.
 - If the assessment and service plan are completed on different dates, each document must have a separate dated signature/acknowledgment of the consumer, parent/guardian (if applicable), the LBHP/candidate and co-signer (if applicable). It also must designate acknowledgment 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.
- The service plan and/or service plan addendum is not considered valid until all of the required signatures/dates are on the service plan/addendum.

Content:

- Initial Comprehensive service plan should address the following:
 - Consumer strengths, abilities, and preferences,
 - Identified presenting challenges, needs, and diagnosis,
 - Goal for treatment with specific, measurable, attainable, realistic, and time-limited objectives,
 - Type and frequency of services to be provided,
 - Description of consumer's involvement in, and response to, the service plan,
 - The practitioner(s) name and credentials who will be providing the services identified in the service plan,
 - Specific discharge criteria, and
 - Dated signature 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:
 - Progress on previous service plan goals and/or objectives,
 - A statement documenting a review of the current service plan and an explanation if no changes are to be made to the service plan,
 - Change in goals and/or objectives based upon consumer's progress or identification of new needs, and challenges,
 - Description of consumer's involvement in, and response to, the service plan update,
 - Change in practitioner(s) who will be responsible for providing services on the plan and credentials,

- Change in discharge criteria, and
- Dated signatures of the consumer, parent/guardian (if applicable), and the LBHP or licensure candidate. Licensure candidate signature must be co-signed by a fully licensed LBHP.

Signatures:

- If a licensure candidate completes a service plan or service plan update, a fully licensed LBHP must co-sign the plan.
- 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.

Note:

- 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.

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 (non PSR program):**
 - Date
 - Person(s) to whom services were rendered
 - Start and stop time for each timed treatment session or service
 - Signature of the service provider
 - Specific service plan need(s), goals and/or objectives addressed
 - Services provided, including evidence-based treatment modalities, to address need(s), goals and/or objectives.
 - This refers 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 consumer toward achieving the identified service plan goal(s)/objective(s) focused on during the service session.
 - Progress or barriers to progress made in treatment as it relates to the goals and/or objectives
 - Any new need(s), goals and/or objectives identified during the session or service
 - Group progress notes must include the number of consumers attending the group.
- **PRS program progress notes:**
 - Date attended, or date(s) attended during the week for a weekly summary note
 - Start and stop time(s)
 - Specific goal(s) for each day attended
 - Specific goal(s) and/or objectives addressed during the day or during the week
 - Type of skills training provided during the day or during the week (including the educational curriculum used)
 - Progress, or barriers to progress, made toward goals and objectives
 - Any new goal(s) or objective(s) identified during the day or during the week
 - Signature of the lead psychiatric rehabilitation practitioner
 - Credentials of the lead psychiatric rehabilitation practitioner.

Time Frames:

- Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments
- 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
- 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

- 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
- 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.

Notes:

- Crisis Intervention Service notes must also include a detailed description of the crisis and level of functioning assessment
- A list/log/sign-in sheet of participants for each group (rehab, PRSS, wellness, psychotherapy, etc.) session and the total number of consumers attending the group session and facilitating staff must be maintained
- For medication training and support, vital signs must be recorded in the medical record but are not required on the behavioral health services plan
- Concurrent documentation between the clinician and consumer (progress notes are completed together with the consumer) 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 the 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 setting.

PRIOR AUTHORIZATION PROCEDURES

The procedural manual for Prior Authorization (PA) of services can be located at: <http://www.odmhsas.org/arc.htm>

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

Oklahoma Health Care Authority

www.oklahoma.gov/ohca

Provider Billing and Procedures Manual.pdf (Oklahoma.gov)

- Medicaid on the Web is the OHCA's secure web site, offering providers (both Sooner Care 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.okhaca.org
 - Click on the PROVIDER tab and choose Provider Portal
 - 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 anytime.
- Available Services on the OHCA secure web site-Medicaid on the Web (Sooner Care Provider Portal)
 - 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 ODMHSAS eligibility for ODMHSAS consumers
 - Add/remove agency rendering providers
 - Change agency demographic information
 - Prior authorization inquiry.

Contact Us

Providers may contact SoonerCareEducation@okhca.org to request training with a Provider Education specialist. Requests should include the provider's name and ID, contact information, and a brief description of the training need. For claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.

ODMHSAS Generic Services

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

Note

- For Sooner Care or ODMHSAS claim research, contact the OHCA Provider Helpline at 800-522-6205.

PROVIDER ENROLLMENT

For Assistance:

The Oklahoma Health Care Authority (OHCA) manages the provider enrollment system for both ODMHSAS contracted providers and Medicaid/Sooner Care providers. For questions or assistance with provider enrollment, please contact Providerenrollment@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
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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/Sooner Care 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	\$16.38/15min
			BHCM II or CADC	T1017 HE, HN	\$16.38/15min
			BHCM I	T1017 HE, HM	\$16.38/15 min
		Outpatient in inpatient setting	LBHP/Candidate	T1017 HE, HO, HK	\$16.38/15 min
			BHCM II or CADC	T1017 HE, HN, HK	\$16.38/15 min
			BHCM I	T1017 HE, HM, HK	\$16.38/15 min
		Wraparound Facilitation (SOC)	LBHP/Candidate Wraparound Facilitator	T1016 HE, HO	\$21.61/15 min
			BHCM II or CADC Wraparound Facilitator	T1016 HE, HN	\$16.21/15min
		Custody Kids (SOC)	LBHP/Candidate	T2022 HE, HO	\$21.61/15 min
			BHCM II or CADC	T2022 HE, HN	\$16.21/15 min
		Transitional	LBHP/Candidate	T1017 HE, HO, TG	\$16.38/15 min
			BHCM II or CADC	T1017 HE, HN, TG	\$16.38/15 min
			BHCM I	T1017 HE, HM, TG	\$16.38/15 min
		Transitional Wraparound Facilitation (SOC)	LBHP/Candidate Wraparound Facilitator	T1016 HE, HO, TG	\$21.61/15 min
			BHCM II or CADC, Wraparound Facilitator	T1016 HE, HN, TG	\$16.21/15 min
	Community Support Services PA Group Only	Outpatient	LBHP/Candidate	T1017 HE, HO, U1	\$16.38/15 min
			BHCM II or CADC	T1017 HE, HN, U1	\$16.38/15 min

			BHCM I	T1017 HE, HM, U1	\$16.38/15 min
Case Management Travel Component	MH		S0215 HE	\$16.38/15 min	
		Community Support Services PA Group Only	S0215 HE, U1	\$16.38/15 min	
	SA		S0215 HF	\$16.38/15 min	
	GA		S0215 HV	\$16.38/15 min	
	SOC		S0215 HE, HA	\$16.38/15 min	
	PATH		S0215 HE, U5	\$16.38/15 min	
Customer Advocacy	MH		H0006 HE, TF	\$12.50/15 min	
	SA		H0006 HF, TF	\$12.50/15 min	
	GA		H0006 HV, TF	\$12.50/15 min	
	IPS		H0006 HE, HB	\$12.50/15 min	
	MH	Telephone	H0006 HE, TF, 95	\$12.50/15 min	
	MH	Telemed	H0006 HE, TF, GT	\$12.50/15 min	
	SA	Telephone	H0006, HF, TF, 95	\$12.50/15 min	
	SA	Telemed	H0006 HF, TF, GT	\$12.50/15 min	
	GA	Telephone	H0006 HV, TF, 95	\$12.50/15 min	
	GA	Telemed	H0006 HV, TF, GT	\$12.50/15 min	
	IPS	Telephone	H0006 HE, HB, 95	\$12.50/15 min	
	IPS	Telemed	H0006 HE, HB, GT	\$12.50/15 min	
Customer Follow-Up Services	MH	A & B	H0006 HE	\$0.83/1 min	
		A & B Community Support Services PA Group Only	H0006 HE, U1	\$0.83/1 min	
		C	H0006 HE, TG	\$0.83/1 min	
		C Community Support Services PA Group Only	H0006 HE, TG, U1	\$0.83/1 min	
	SA	A & B	H0006 HF	\$0.83 / 1 min	
		C	H0006 HF, TG	\$0.83 / 1 min	
		D	H0006 HF, TD	\$0.00 / 1 min	
	GA		H0006 HV	\$0.83 / 1 min	
	PATH	A & B	H0006 HE, U5	\$0.83 / 1 min	

		C		H0006 HE, TG, U5	\$0.83 / 1 min
Home and Community Based Travel	MH			S0215 HE, TG	\$16.38 /15 min
	SA			S0215 HF, TG	\$10.00/ 15 min
	GA			S0215 HV, TG	\$16.38 /15 min
	SOC	FT & S		S0215 HE, HA, TG	\$9.75 / 15 min
		BHA		S0215 HE, HA, TF	\$7.77 / 15 min
	PATH			S0215 HE, TG, U5	\$16.38 /15 min
	IPS	MH		S0215 HE, HB	\$4.22/15 min
		SA		S0215 HF, HB	
Clinical Testing Services					
Clinical Testing	MH	Psychologist (First Hour)		96130 HE, HP	\$104.15 / 1 hour
	SA	Psychologist (First Hour)		96130 HF, HP	\$104.15 / 1 hour
	MH	MH Psychologist (Each Add'l Hour)		96131 HE, HP	\$79.25 / 1 hour
	SA	SA Psychologist (Each Add'l Hour		96131 HF, HP	\$79.25 / 1 hour
Psychological Test. Admin. & Scoring	MH	Psychologist (First 30 min)		96136 HE, HP	\$40.26 / 30 min
	SA	Psychologist (First 30 min)		96136 HF, HP	\$40.26 / 30 min
	MH	Psychologist (Each Add'l 30 min)		96137 HE, HP	\$37.05 / 30 min
	SA	Psychologist (Each Add'l 30 min)		96137 HF, HP	\$37.05 / 30 min
Consultation, Education, Training, and System Support Services					
Consultation	MH			99368 HE, TG	\$0.00 / 15 min
	SA			99368 HF, TG	\$7.00 / 15 min
	GA			99368 HV, TG	\$7.00 / 15 min
Education	MH			97537 HE, TF	\$0.00 / 15 min
Intra-Agency Clinical Consultation	MH			99368 HE	\$5.00 / 15 min
	IPS			99368 HE, HB	\$5.00 / 15 min
System Support	MH			99368 HE, TF	\$0.00 / 15 min
Training	MH			97537 HE	\$0.00 / 15 min
	SA			97537 HF	\$7.00 / 15 min

Treatment Team Meeting	SA		99368 HF	\$7.00 / 15 min	
	GA		99368 HV	\$7.00 / 15 min	
	IPS	MH	99368 HE, HB	\$7.00 / 15 min	
		SA	99368 HF, HB		
Court Related Services					
Competency Evaluation	MH		H2000 HE, H9	\$33.77 / 30 min	
		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	\$13.75/15min	
Court Related Services	MH		H0006 HE, H9	\$13.75 / 15 min	
	SA		H0006 HF, H9	\$13.75/15 min	
	MH	Telemed	H0006 HE, H9, GT	\$13.75/15 min	
	MH	Telephone	H0006 HE, H9, 95	\$13.75/15 min	
	SA	Telemed	H0006, HF, H9, GT	\$13.75/15 min	
	SA	Telephone	H0006, HF, H9, 95	\$13.75/15 min	
Divorce Visitation Arbitration Services	MH		H0022 HE	\$8.25/15 min	
Crisis Intervention Services					
Crisis Intervention Counseling	MH	Face-to-face	LBHP	H2011 HE	\$27.86 /15min
			Licensure Candidate		\$25.07/ 15min
		Telephone		H0030 HE	\$19.50/ 15min
		Telemed	LBHP	H2011 HE, GT	\$27.86 /15min
			Licensure Candidate		\$25.07 /15min
	Community Support Services PA Group Only	Face-to-face		H2011 HE, U1	\$27.86 /15min
		Telephone		H0030 HE, U1	\$19.50 /15min
		Telemed		H2011 HE, GT, U1	\$27.86 /15min
	SA	Face-to-face	LBHP	H2011 HF	\$27.86 /15min
			Licensure Candidate		\$25.07 /15min
		Telephone		H0030 HF	\$19.50 /15min

	GA	Telemed	LBHP	H2011 HF, GT	\$27.86 /15min
			Licensure Candidate		\$25.07/15min
		Face-to-face	LBHP	H2011 HV	\$27.86 /15min
			Licensure Candidate		\$25.07 /15min
		Telephone		H0030 HV	\$19.50 /15min
		Telemed	LBHP	H2011 HV, GT	\$27.86 /15min
Licensure Candidate	\$25.07 /15min				
Mobile Crisis Services	MH		First 60 Min	90839 HE	\$131.02 / hour
			Each Additional 30 Min	90840 HE	\$62.86 / additional 30 min
		Telemed	First 60 Min	90839 HE, GT	\$131.02 / hour
		Telemed	Each Additional 30 Min	90840 HE, GT	\$62.86 / additional 30 min
	SA		First 60 Min	90839 HF	\$131.02 / hour
			Each Additional 30 Min	90840 HF	\$62.86 / additional 30 min
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 min
		Community Support Services PA Group Only		H2025 HE, U1	\$4.22 /15 min
	SA		H2025 HF	\$4.22 / 15 min	
	IPS	MH	H2025 HE, HB	\$4.22 / 15 min	
		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 min	
		Community Support Services PA Group Only	H2014 HE, TF, U1	\$4.22 / 15 min	
	SA		H2014 HF, TF	\$4.22 / 15 min	
	PATH		H2014 HE, TF, U5	\$4.22 / 15 min	
	IPS	MH	H2014 HE, TF, HB	\$4.22 / 15 min	
		SA	H2014 HF, TF, HB	\$4.22 / 15 min	
		Community Support Services PA Group Only	H2014 HE, TF, U1, HB	\$4.22 / 15 min	
Vocational Services	MH		H2014 HE	\$4.22 / 15 min	
		Community Support Services PA Group Only	H2014 HE, U1	\$4.22 / 15 min	
	SA		H2014 HF	\$4.22 / 15 min	
	PATH		H2014 HE, US	\$4.22 / 15 min	
	IPS	MH	H2014 HE, TF, HB	\$4.22 / 15 min	
		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 /15min
		Telemed		H0034 HE, GT	\$23.64 /15min
	SA			H0034 HF	\$23.64 /15min
		Telemed		H0034 HF, GT	\$23.64 /15min
				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	
		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 min	
			90836 HE	\$63.13/45 min	
			90838 HE	\$101.90/ 60 min	
				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 min	
			90836 HF	\$63.13/45 min	
			90838 HF	\$101.90/60 min	
				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
				99211 HV	\$17.72 / visit

		Established Patient		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 min
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 min	99406 HE	\$12.47/event	
		Over 10 min	99407 HE	\$24.03/event	
	SA	3-10 min	99406 HF	\$12.47/event	
		Over 10 min	99407 HF	\$24.03/event	
Outreach and Prevention Services					
Community Outreach	MH		H0023 HE	\$20.00/30 min	
		Community Support Services PA Group Only	H0023 HE, U1	\$20.00/30 min	
	SA		H0023 HF	\$20.00/30 min	
	GA		H0023 HV	\$20.00/30 min	
Intensive Outreach	MH		H0023 HE, TF	\$10.00 /15 min	
		Community Support Services PA Group Only	H0023 HE, TF, U1	\$10.00 /15 min	
	SA		H0023 HF, TF	\$10.00 /15 min	
	GA		H0023 HV, TF	\$10.00 /15 min	
	PATH		H0023 HE, TF, U5	\$10.00 /15 min	
Prevention/	MH		H0024 HE	\$18.50 / 30 min	
	SA		H0024 HF	\$18.50 / 30 min	

Support Type Activities	PATH (Unique ID)		H0024 HE, U5	\$18.50 / 30 min
	CFP-SFP		H0024 HF, TF	\$12.50 / 30 min
Substance Abuse Early Intervention	SA		H0022 HF	\$11.00 / 15 min
PACT Services				
ACT (Face-to-face)	MH		H0039 HE	\$38.53 / 15 min
		Telemed	H0039 HE, GT	\$38.53 / 15 min
	SA		H0039 HF	\$38.53 / 15 min
		Telemed	H0039 HF, GT	\$38.53 / 15 min
	CO		H0039 HH	\$38.53 / 15 min
		Telemed	H0039 HH, GT	\$38.53 / 15 min
	GA		H0039 HV	\$38.53 / 15 min
		Telemed	H0039 HV, GT	\$38.53 / 15 min
ACT (Face-to-face)-Group	MH		H0039 HE, HQ, HK	\$5.99 / 15 min
	SA		H0039 HF, HQ, HK	\$5.99 / 15 min
	CO		H0039 HH, HQ, HK	\$5.99 / 15 min
	GA		H0039 HV, HQ, HK	\$5.99 / 15 min
Targeted Case Management, Intensive (ACT)			T1016 HE	\$15.23/15 min
	Transitional		T1016 HE, TG	\$15.23 / 15 min
Medication Reminder Service (ACT-Non-Face-to-face)	MH		S5185 HE	\$18.00 / Month
	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
	MH		T1502 HE	\$20.24 / visit

Oral/Injection Medication Administration (ACT-RN)	SA			T1502 HF	\$20.24 / visit
	CO			T1502 HH	\$20.24 / visit
Travel (ACT)				S0215 HE, TF	\$0.51 / mile
Psychotherapy Services					
Family Psychotherapy	MH	LBHP	w/consumer present	H0004 HE, HR	\$22.00 / 15 min
			w/out consumer present	H0004 HE, HS	\$22.00 / 15 min
		Licensure Candidate	w/consumer present	H0004 HE, HR	\$19.80 / 15 min
			w/out consumer present	H0004 HE, HS	\$19.80 / 15 min
	SA	LBHP	w/consumer present	H0004 HF, HR	\$22.00 / 15 min
			w/out consumer present	H0004 HF, HS	\$22.00 / 15 min
		Licensure Candidate	w/consumer present	H0004 HF, HR	\$19.80 / 15 min
			w/out consumer present	H0004 HF, HS	\$19.80 / 15 min
	GA	LBHP	w/consumer present	H0004 HV, HR	\$22.00 / 15 min
			w/out consumer present	H0004 HV, HS	\$22.00 / 15 min
		Licensure Candidate	w/consumer present	H0004 HV, HR	\$19.80 / 15 min
			w/out consumer present	H0004 HV, HS	\$19.80 / 15 min
	CO	LBHP	w/consumer present	H0004 HH, HR	\$22.00/15 min
			w/out consumer present	H0004 HH, HS	\$22.00/15 min
		Licensure Candidate	w/consumer present	H0004 HH, HR	\$19.80/15 min
			w/out consumer present	H0004 HH, HS	\$19.80/15min
Group Psychotherapy	MH	LBHP		H0004 HE, HQ	\$9.56 / 15 min
		Licensure Candidate			\$8.60 / 15 min
	SA	LBHP		H0004 HF, HQ	\$9.56 / 15 min
		Licensure Candidate			\$8.60 / 15 min
	GA	LBHP		H0004 HV, HQ	\$9.56 / 15 min
		Licensure Candidate			\$8.60 / 15 min

	CO	LBHP		H0004 HH, HQ	\$9.56/15 min \$8.60/15 min
		Licensure Candidate			\$9.56/15 min \$8.60/15 min
Individual Psychotherapy	MH	LBHP		H0004 HE	\$19.13 / 15 min
		Licensure Candidate			\$17.21 / 15 min
		Interactive Psychotherapy add-on	LBHP	90785 HE	\$4.43 / visit
			Licensure Candidate		\$3.99 / visit
		Telemed	LBHP	H0004 HE, GT	\$19.13 / 15 min
			Licensure Candidate		\$17.21 / 15 min
	SA	LBHP		H0004 HF	\$19.13 / 15 min
		Licensure Candidate			\$17.21 / 15 min
		Telemed	LBHP	H0004 HF, GT	\$19.13 / 15 min
			Licensure Candidate		\$17.21 / 15 min
	GA	LBHP		H0004 HV	\$19.13 / 15 min
		Licensure Candidate			\$17.21 / 15 min
		Telemed	LBHP	H0004 HV, GT	\$19.13 / 15 min
			Licensure Candidate		\$17.21 / 15 min
	CO	LBHP		H0004 HH	\$19.13/15 min
		Licensure Candidate			\$17.21/15 min
		Telemed	LBHP	H0004 HH, GT	\$19.13/15min
			Licensure Candidate		\$17.21/15 min
Rehabilitation and Skills Development Services					
Clubhouse	MH			H2030 HE	\$4.22 / 15 min
Group Rehabilitative Treatment	MH (Adults 18+)			H2017 HE, HQ, HW	\$5.71 / 15 min
	SA (Adults 18+)			H2017 HF, HQ, HW	\$5.71 / 15 min
	GA (Adults 18+)			H2017 HV, HQ, HW	\$5.71 / 15 min
	MH (Children 17 and under)			H2017 HE, HQ	\$5.45 / 15 min
	SA (Children 17 and under)			H2017 HF, HQ	\$5.45 / 15 min
	GA (Children 17 and under)			H2017 HV, HQ	\$5.45 / 15 min
	PATH			H2017 HE, HQ, HW, U5	\$5.71 / 15 min

Illness Management and Recovery	MH		H2017 HE, HQ, TF, TG	\$5.45 / 15 min	
Individual Rehabilitative Treatment	MH		H2017 HE	\$15.20 / 15 min	
		Telemed	H2017 HE, GT	\$15.20 / 15 min	
	SA		H2017 HF	\$15.20 / 15 min	
		Telemed	H2017 HF, GT	\$15.20 / 15 min	
	GA		H2017 HV	\$15.20 / 15 min	
		Telemed	H2017 HV, GT	\$15.20 / 15 min	
	PATH		H2017 HE, U5	\$15.20 / 15 min	
Psychiatric Rehabilitation Services	MH		H2017 HE, HQ, TF	\$5.45-\$5.71 / 15 min	
	PATH		H2017 HE, HQ, TF, U5	\$5.71 / 15 min	
Wellness Resource Skills Development	MH		T1012 HE	\$4.50 / 15 min	
		Telemed	T1012 HE, GT	\$4.50 / 15 min	
		Tobacco Cessation		T1012 HE, SE	\$4.50 / 15 min
		Community Support Services PA Group Only		T1012 HE, U1	\$4.50 / 15 min
			Tobacco Cessation	T1012 HE, SE, U1	\$4.50 / 15 min
	SA		T1012 HF	\$4.50 / 15 min	
		Telemed	T1012 HF, GT	\$4.50 / 15 min	
		Tobacco Cessation	T1012 HF, SE	\$4.50 / 15 min	
	PATH		T1012 HE, U5	\$4.50 / 15 min	
		Tobacco Cessation	T1012 HE, SE, U5	\$4.50 / 15 min	
Screening and Assessment Services					
Behavioral Health Assessment (Non- MD)	MH	LBHP	H0031 HE	\$103.33/ event	
		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 min	
	SOC		S9482 HE, TF	\$16.38/ 15 min	
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, TG	\$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	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 HE, TF	\$135.08/ event
		Licensure Candidate			\$121.57/ event
		Telemed	LBHP	H0032 HE, TF, GT	\$135.08/ event
			Licensure Candidate		\$121.57/ event
Behavioral Health	MH	LBHP		H0032 HE, TF	\$84.48/ event
		Licensure Candidate			\$76.03/ event

Service Plan Development Low Complexity		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	SA	With consumer present		T1012 HF, HR	\$15.00/ 30 min
		W/out consumer present		T1012 HF, HS	\$15.00/ 30 min
	GA	With consumer present		T1012 HV, HR	\$15.00/ 30 min
		W/out consumer present		T1012 HV, HS	\$15.00/ 30 min
	CO	With consumer present		T1012 HH, HR	\$15.00/ 30 min
		W/out consumer present		T1012 HH, HS	\$15.00/ 30 min
Diagnosis (or Presenting Problem) Related Education-Group	SA			T1012 HF, HQ	\$8.44/ 30 min
Therapeutic Behavioral Services					
Behavioral Health Aide	MH	Outpatient		H2019 HE	\$7.77/ 15 min
		Outpatient in inpatient setting		H2019 HE, HK	\$7.77/ 15 min
	SA	Outpatient		H2019 HF	\$7.77/ 15 min
		Outpatient in inpatient setting		H2019 HF, HK	\$7.77/ 15 min

Peer Recovery Support Services	MH	Outpatient	H2015 HE	\$11.70/ 15 min
		Telemed	H2015 HE, GT	\$11.70 / 15 min
		Outpatient in inpatient setting	H2015 HE, HK	\$11.70 / 15 min
		Telephone	H2015 HE, TF	\$0.65 / 1 min
	Community Support Services PA Group Only	Outpatient	H2015 HE, U1	\$11.70 / 15 min
		Outpatient in inpatient setting	H2015 HE, HK, U1	\$11.70 / 15 min
		Telephone	H2015 HE, TF, U1	\$0.65 / 1 min
	SA	Outpatient	H2015 HF	\$11.70/15 min
		Telemed	H2015 HF, GT	\$11.70 / 15 min
		Outpatient in inpatient setting	H2015 HF, HK	\$11.70 / 15 min
		Telephone	H2015 HF, TF	\$0.65 / 1 min
	GA	Outpatient	H2015 HV	\$11.70 / 15 min
		Telemed	H2015 HV, GT	\$11.70 / 15 min
Telephone		H2015 HV, TF	\$0.65 / 1 min	
Peer Recovery Support Services - Group	MH	Outpatient	H2015 HE, HQ	\$2.90 / 15 min
		Outpatient in inpatient setting	H2015 HE, HQ, HK	\$2.90 / 15 min
		Community Support Services PA Group Only	H2015 HE, HQ, U1	\$2.90 / 15 min
	SA		H2015 HF, HQ	\$2.90 / 15 min
	GA		H2015 HV, HQ	\$2.90 / 15 min
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 Disorders			
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/Sooner Care 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 min	
		Telemed	H0039 HE, GT		\$38.53/15 min	
	SA		H0039 HF		\$38.53/15 min	
		Telemed	H0039 HF, GT		\$38.53/15 min	
	CO		H0039 HH		\$38.53 /15 min	
		Telemed	H0039 HH, GT		\$38.53 /15 min	
	GA		H0039 HV		\$38.53 /15 min	
		Telemed	H0039 HV, GT		\$38.53 /15 min	
ACT (Face-to-face)-Group	MH		H0039 HE, HQ, HK		\$5.99 / 15 min	
	SA		H0039 HF, HQ, HK		\$5.99 / 15 min	
	CO		H0039 HH, HQ, HK		\$5.99 / 15 min	
	GA		H0039 HV, HQ, HK		\$5.99 / 15 min	
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 min	141
		Outpatient in an inpatient setting	H2019 HE, HK		\$7.77 / 15 min	
	SA	Outpatient	H2019 HF		\$7.77 / 15 min	
		Outpatient in an	H2019 HF, HK		\$7.77 / 15 min	

		inpatient setting				
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	
		Telemed - 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	
		Telemed - 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	
		Telemed - 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	
		Telemed - Candidate			\$121.57 / event	
	SA	LBHP	H0032 HF		\$135.08 / event	
		Licensure Candidate			\$121.57 / event	
		Telemed - LBHP	H0032 HF, GT		\$135.08 / event	
		Telemed - Candidate			\$121.57 / event	
	GA	LBHP	H0032 HV		\$135.08 / event	
		Licensure Candidate			\$121.57 / event	
		Telemed - LBHP	H0032 HV, GT		\$135.08 / event	
		Telemed - Candidate			\$121.57 / event	
Case Management Services	MH	Outpatient	LBHP/ Candidate	T1017 HE, HO	\$16.38 / 15 min	225
			BHCM II or CADC	T1017 HE, HN	\$16.38 / 15 min	
			BHCM I	T1017 HE, HM	\$16.38 / 15 min	
		Outpatient in inpatient setting	LBHP/ Candidate	T1017 HE, HO, HK	\$16.38 / 15 min	
			BHCM II or CADC	T1017 HE, HN, HK	\$16.38 / 15 min	
			BHCM I	T1017 HE, HM, HK	\$16.38 / 15 min	
		Wraparound Facilitation (SOC)	LBHP/ Candidate Wraparound Facilitator	T1016 HE, HO	\$21.61 / 15 min	
			BHCM II or CADC Wraparound Facilitator	T1016 HE, HN	\$16.21 / 15 min	
		Custody Kids (SOC)	LBHP/ Candidate	T2022 HE, HO	\$21.61 / 15 min	

			BHCM II or CADC	T2022 HE, HN	\$16.21 / 15 min	
		Transitional	LBHP/ Candidate	T1017 HE, HO, TG	\$16.38 / 15 min	
			BHCM II or CADC	T1017 HE, HN, TG	\$16.38 / 15 min	
			BHCM I	T1017 HE, HM, TG	\$16.38 / 15 min	
		Transitional Wraparound Facilitation (SOC)	LBHP/ Candidate Wraparound Facilitator	T1016 HE, HO, TG	\$21.61 / 15 Min	
			BHCM II or CADC, Wraparound Facilitator	T1016 HE, HN, TG	\$16.21 / 15 Min	
	Comm- community Support Services PA Group Only	Outpatient	LBHP/ Candidate	T1017 HE, HO, U1	\$16.38 / 15 min	
			BHCM II or CADC	T1017 HE, HN, U1	\$16.38 / 15 min	
			BHCM I	T1017 HE, HM, U1	\$16.38 / 15 min	
		Outpatient in inpatient setting	LBHP/ Candidate	T1017 HE, HO, HK, U1	\$16.38 / 15 min	
			BHCM II or CADC	T1017 HE, HN, HK, U1	\$16.38 / 15 min	
			BHCM I	T1017 HE, HM, HK, U1	\$16.38 / 15 min	
	SA	Outpatient	LBHP/ Candidate	T1017 HF, HO	\$16.38 / 15 min	
			BHCM II or CADC	T1017 HF, HN	\$16.38 / 15 min	
			BHCM I	T1017 HF, HM	\$16.38 / 15 min	
		Outpatient in inpatient setting	LBHP/ Candidate	T1017 HF, HO, HK	\$16.38 / 15 min	
			BHCM II or CADC	T1017 HF, HN, HK	\$16.38 / 15 min	
			BHCM I	T1017 HF, HM, HK	\$16.38 / 15 min	
		Wraparound Facilitation (SOC)	LBHP/ Candidate Wraparound Facilitator	T1016 HF, HO	\$21.61 / 15 min	
			BHCM II or CADC,	T1016 HF, HN	\$16.21 / 15 min	

			Wraparound Facilitator		
		Custody Kids (SOC)	LBHP/ Candidate	T2022 HF, HO	\$21.61 / 15 min
			BHCM II or CADC	T2022 HF, HN	\$16.21 / 15 min
		Transitional	LBHP/ Candidate	T1017 HF, HO, TG	\$16.38 / 15 min
			BHCM II or CADC	T1017 HF, HN, TG	\$16.38 / 15 min
			BHCM I	T1017 HF, HM, TG	\$16.38 / 15 min
		Transitional Wraparound Facilitation (SOC)	LBHP/ Candidate Wraparound Facilitator	T1016 HF, HO, TG	\$21.61 / 15 min
			BHCM II or CADC, Wraparound Facilitator	T1016 HF, HN, TG	\$16.21 / 15 min
	GA	Outpatient	LBHP/ Candidate	T1017 HV, HO	\$16.38 / 15 min
			BHCM II or CADC	T1017 HV, HN	\$16.38 / 15 min
			BHCM I	T1017 HV, HM	\$16.38 / 15 min
		Outpatient in inpatient setting	LBHP/ Candidate	T1017 HV, HO, HK	\$16.38 / 15 min
			BHCM II or CADC	T1017 HV, HN, HK	\$16.38 / 15 min
			BHCM I	T1017 HV, HM, HK	\$16.38 / 15 min
	PATH	Outpatient	LBHP/ Candidate	T2022 HE, HO, U5	\$16.38 / 15 min
			BHCM II, CADC	T2022 HE, HN, U5	\$16.38 / 15 min
			BHCM I	T2022 HE, HM, U5	\$16.38 / 15 min
		Transitional	LBHP/ Candidate	T2022 HE, HO, TG, U5	\$16.38 / 15 min
			BHCM II, CADC	T2022 HE, HN, TG, U5	\$16.38 / 15 min
			BHCM I	T2022 HE, HM, TG, U5	\$16.38 / 15 min
			LBHP/ Candidate	T2022 HE, HO, HK, U5	\$16.38 / 15 min

		Outpatient in inpatient setting	BHCM II, CADC	T2022 HE, HN, HK, U5	\$16.38 / 15 min	
			BHCM I	T2022 HE, HM, HK, U5	\$16.38 / 15 min	
Case Management Travel Component	MH			S2015 HE	\$16.38/ 15 min	852
		Community Support Services PA Group Only		S2015 HE, U1	\$16.38/ 15 min	
	SA			S2015 HF	\$16.38/ 15 min	
	GA			S2015 HV	\$16.38/ 15 min	
	SOC			S2015 HE, HA	\$16.38/ 15 min	
	PATH			S2015 HE, U5	\$16.38/ 15 min	
Clinical Evaluation and Assessment for Children in Specialty Settings	MH			S9482 HE	\$40.87/ 30 min	110
	SOC			S9482 HE, TF	\$16.38/ 15 min	
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 min	435
	MH			S9484 HE	\$19.50/ hour	002E

Community Based Structured Emergency Care		> 16 beds	S9484 HE, TG		
Community Outreach	MH		H0023 HE	\$20.00/ 30 min	551
		Community Support Services PA Group Only	H0023 HE U1	\$20.00/ 30 min	
	SA	H0023 HF	\$20.00/ 30 min		
	GA	H0023 HV	\$20.00/ 30 min		
Peer Recovery Support Services	MH	Outpatient	H2015 HE	\$11.70/ 15 min	141
		Telemed	H2015 HE, GT	\$11.70/ 15 min	
		Outpatient in inpatient setting	H2015 HE, HK	\$11.70/ 15 min	
		Telephone	H2015 HE, TF	\$0.65/ 1 min	
	Comm. Support Services PA Group Only	Outpatient	H2015 HE, U1	\$11.70/ 15 min	
		Outpatient in inpatient setting	H2015 HE, HK, U1	\$11.70/ 15 min	
		Telephone	H2015 HE, TF, U1	\$0.65/ 1 min	
	SA	Outpatient	H2015 HF	\$11.70/ 15 min	
		Telemed	H2015 HF, GT	\$11.70/ 15 min	
		Outpatient in inpatient setting	H2015 HF, HK	\$11.70/ 15 min	
		Telephone	H2015 HF, TF	\$0.65/ 1 min	
	GA	Outpatient	H2015 HV	\$11.70/ 15 min	
		Telemed	H2015 HV, GT	\$11.70/ 15 min	
		Telephone	H2015 HV, TF	\$0.65/ 1 min	
Peer Recovery Support Services-Group	MH	Outpatient	H2015 HE, HQ	\$2.90/ 15 min	241
		Outpatient in inpatient setting	H2015 HE, HQ, HK	\$2.90/ 15 min	
		Community Support Services PA Group Only	H2015 HE, HQ, U1	\$2.90/ 15 min	

	SA			H2015 HF, HQ	\$2.90/ 15 min	
	GA			H2015 HV, HQ	\$2.90/ 15 min	
Competency Evaluation	MH			H2000 HE, H9	\$33.77/ 30 min	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 min	
Consultation	MH			99368 HE, TG	\$0.00	500
	SA			99368 HF, TG	\$7.00/ 15 min	
	GA			99368 HV, TG	\$7.00/ 15 min	
Court Related Services	MH			H0006 HE, H9	\$13.75/ 15 min	109
	SA			H0006 HF, H9	\$13.75/ 15 min	
	MH	Telemed		H0006 HE, H9, GT	\$13.75/ 15 min	
	MH	Telephone		H0006 HE, H9, 95	\$13.75/ 15 min	
	SA	Telemed		H0006 HF, H9, GT	\$13.75/ 15 min	
	SA	Telephone		H0006 HF, H9, 95	\$13.75/ 15 min	
Crisis Intervention Counseling	MH	Face-to-face	LBHP	H2011 HE	\$27.86/ 15 min	
			Licensure Candidate		\$25.07/ 15 min	
		Telephone		H0030 HE	\$19.50/15 min	
		Telemed	LBHP	H2011 HE, GT	\$27.86/ 15 min	
			Licensure Candidate		\$25.07/ 15 min	
	MH-Comm. Support Services	Face-to-face		H2011 HE, U1	\$27.86/ 15 min	
		Telephone		H0030 HE, U1	\$19.50/ 15 min	

	PA Group Only	Telemed		H2011 HE, GT, U1	\$27.86/ 15 min			
	SA	Face-to-face	LBHP	H2011 HF	\$27.86/ 15 min			
			Licensure Candidate		\$25.07/ 15 min			
		Telephone		H0030 HF	\$19.50/ 15 min			
		Telemed	LBHP	H2011 HF GT	\$27.86/ 15 min			
			Licensure Candidate		\$25.07/ 15 min			
		GA	Face-to-face	LBHP	H2011 HV	\$27.86/ 15 min		
	Licensure Candidate			\$25.07/ 15 min				
	Telephone		H0030 HV	\$19.50/ 15 min				
	Telemed		LBHP	H2011 HV, GT	\$27.86/ 15 min			
			Licensure Candidate		\$25.07/ 15 min			
Customer Advocacy	MH			H0006 HE, TF	\$12.50/ 15 min	204		
		Telephone		H0006 HE, TF, 95	\$12.50/ 15 min			
		Telemed		H0006 HE, TF, GT	\$12.50/ 15 min			
	SA			H0006 HF, TF	\$12.50/ 15 min			
		Telephone		H0006 HF, TF, 95	\$12.50/ 15 min			
		Telemed		H0006 HF, TF, GT	\$12.50/ 15 min			
	GA			H0006 HV, TF	\$12.50/ 15 min			
		Telephone		H0006 HV, TF, 95	\$12.50/ 15 min			
		Telemed		H0006 HV, TF, GT	\$12.50/ 15 min			
	IPS			H0006 HE, HB	\$12.50/ 15 min			
		Telephone		H0006 HE, HB, 95	\$12.50/ 15 min			
		Telemed		H0006 HE, HB, GT	\$12.50/ 15 min			
	Customer Follow-Up Services	MH	A & B		H0006 HE		\$0.83 /1 min	204
			A & B -Community Support Services PA Group Only		H0006 HE, U1		\$0.83 /1 min	

		C	H0006 HE, TG,	\$0.83 /1 min	
		C - Community Support Services PA Group Only	H0006 HE, TG, U1	\$0.83 /1 min	
	SA	A & B	H0006 HF	\$0.83 /1 min	
		C	H0006 HF, TG	\$0.83 /1 min	
		D	H0006 HF, TD	\$0.00 /1 min	
	GA		H0006 HV	\$0.83 / 1 min	
	PATH	A & B	H0006 HE, U5	\$0.83 / 1 min	
		C	H0006 HF, TG, U5	\$0.83 / 1 min	
Day School	SA		T1018 HF	\$5.00/1 hour	004E
Diagnosis (or Presenting Problem) Related Education-Family Members	SA	With consumer present	T1012 HF, HR	\$15.00 / 30 min	224
		W/out consumer present	T1012 HF, HS	\$15.00 / 30 min	
	GA	With consumer present	T1012 HV, HR	\$15.00 / 30 min	
		W/out consumer present	T1012 HV, HS	\$15.00 / 30 min	
	CO	With consumer present	T1012 HH, HR	\$15.00 / 30 min	
		W/out consumer present	T1012 HH, HS	\$15.00 / 30 min	
Diagnosis (or Presenting Problem) Related Education – Group	SA		T1012 HF, HQ	\$8.44 /30 min	219
Divorce Visitation Arbitration Services	MH		H0022 HE	\$8.25/15 min	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 min	501
Employment Training	MH		H2025 HE	\$4.22 / 15 min	243	
		Community Support Services PA Group Only	H2025 HE, U1	\$4.22 / 15 min		
	SA		H2025 HF	\$4.22 / 15 min		
	IPS	MH	H2025 HE, HB	\$4.22 /15 min		
		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	
		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 min	
				90836 HE	\$63.13 / 45 min	
				90838 HE	\$101.90/ 60 min	
		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 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	
Family Psychotherapy	MH	LBHP	w/consumer present	H0004 HE, HR	\$22.00 / 15 min	137
			w/out consumer present	H0004 HE, HS	\$22.00 / 15 min	
		Licensure Candidate	w/consumer present	H0004 HE, HR	\$19.80 / 15 min	
			w/out consumer present	H0004 HE, HS	\$19.80 / 15 min	

	SA	LBHP	w/consumer present	H0004 HF, HR	\$22.00 / 15 min		
			w/out consumer present	H0004 HF, HS	\$22.00 / 15 min		
		Licensure Candidate	w/consumer present	H0004 HF, HR	\$19.80 / 15 min		
			w/out consumer present	H0004 HF, HS	\$19.80 / 15 min		
	GA	LBHP	w/consumer present	H0004 HV, HR	\$22.00 / 15 min		
			w/out consumer present	H0004 HV, HS	\$22.00 / 15 min		
		Licensure Candidate	w/consumer present	H0004 HV, HR	\$19.80 / 15 min		
			w/out consumer present	H0004 HV, HS	\$19.80 / 15 min		
Family Self Sufficiency Program	MH			H0043 HE, HA	\$55.00 /day	004E	
Group Psychotherapy	MH	LBHP		H0004 HE, HQ	\$9.56 / 15 min	136	
		Licensure Candidate			\$8.60 / 15 min		
	SA	LBHP		H0004 HF, HQ	\$9.56 / 15 min		
		Licensure Candidate			\$8.60 / 15 min		
	GA	LBHP		H0004 HV, HQ	\$9.28 / 15 min		
		Licensure Candidate			\$8.35 / 15 min		
Group Rehabilitative Treatment	MH (Adults 18+)			H2017 HE, HQ, HW	\$5.71 / 15 min	217	
	SA (Adults 18+)			H2017 HF, HQ, HW	\$5.71 / 15 min		
	GA (Adults 18+)			H2017 HV, HQ, HW	\$5.71 / 15 min		
	MH (Children 17 and under)			H2017 HE, HQ	\$5.45 / 15 min		
	SA (Children 17 and under)			H2017 HF, HQ	\$5.45 / 15 min		
	GA (Children 17 and under)			H2017 HV, HQ	\$5.45 / 15 min		

	PATH		H2017 HE, HQ, HW, U5	\$5.71 / 15 min		
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 min	852	
	SA		S0215 HF, TG	\$10.00 / 15 min		
	GA		S0215 HV, TG	\$16.38 / 15 min		
	SOC	FT&S	S0215 HE, HA, TG	\$9.75 / 15 min		
		BHA	S0215 HE, HA, TF	\$7.77 / 15 min		
	IPS	MH	S0215 HE, HB	\$4.22 / 15 min		
		SA	S0215 HF, HB			
	PATH		S0215 HE, TG, U5	\$16.38 / 15 min		
Illness Management and Recovery	MH		H2017 HE, HQ, TF, TG	\$5.45/ 15 min	436	
Individual Psychotherapy	MH	LBHP		H0004 HE	\$19.13/ 15 min	135
		Licensure Candidate			\$17.21/ 15 min	
			LBHP	90785 HE	\$4.43/ visit	

		Interactive Therapy Add-on	Licensure Candidate		\$3.99/ visit		
		Telemed	LBHP		H0004 HE, GT		\$19.13/ 15 min
			Licensure Candidate				\$17.21/ 15 min
		SA	LBHP		H0004 HF		\$19.13/ 15 min
	Licensure Candidate		\$17.21/ 15 min				
	Telemed		LBHP	H0004 HF, GT	\$19.13/ 15 min		
			Licensure Candidate		\$17.21/ 15 min		
	GA	LBHP		H0004 HV	\$19.13/ 15 min		
		Licensure Candidate			\$17.21/ 15 min		
		Telemed	LBHP	H0004 HV, GT	\$19.13/ 15 min		
			Licensure Candidate		\$17.21/ 15 min		
Individual Rehabilitative Treatment	MH			H2017 HE	\$15.20/ 15 min	216	
		Telemed		H2017 HE, GT	\$15.20/ 15 min		
	SA			H2017 HF	\$15.20/ 15 min		
		Telemed		H2017 HF, GT	\$15.20/ 15 min		
	GA			H2017 HV	\$15.20/ 15 min		
		Telemed		H2017 HV, GT	\$15.20/ 15 min		
	PATH				H2017 HE, U5		\$15.20/ 15 min
Intensive Outreach	MH			H0023 HE, TF	\$10.00/ 15 min	550	
		Community Support Services PA Group Only		H0023 HE, TF, U1	\$10.00/ 15 min		
	SA		H0023 HF, TF	\$10.00/ 15 min			
	GA		H0023 HV, TF	\$10.00/ 15 min			
	PATH (unique ID)		H0023 HE, TF, U5	\$10.00/ 15 min			
Intensive Residential Substance Abuse Treatment	SA			H0019 HF, TF	\$180.00/ day	002N	

Intensive Residential Substance Abuse 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 min	505
	IPS		99368 HE, HB	\$5.00/ 15 min	
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	MH		S5185 HE	\$18.00/ month	
	SA		S5185 HF	\$18.00/ month	

Service (Non-Face-to-face) (ACT)	CO			S5185 HH	\$18.00/ month	
Mobile Crisis Services	MH		First 60 min	90839 HE	\$131.02/ hour	
			Each add'l 30 min	90840 HE	\$62.86/ add'l 30 min	
		Telemed	First 60 min	90839 HE, GT	\$131.02/ hour	
		Telemed	Each add'l 30 min	90840 HE, GT	\$62.86/ add'l 30 min	
	SA		First 30 min	90839 HF	\$131.02/ hour	
			Each add'l 30 min	90840 HF	\$62.86/ add'l 30 min	
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 Support Housing Programs	MH			H0043 HE, TF	\$12.50/ day	003Z
Prevention/ Support Type Activities	MH			H0024 HE	\$18.50/ 30 min	561
	SA			H0024 HF	\$18.50/ 30 min	
	PATH (Unique ID)			H0024 HE, U5	\$18.50/ 30 min	
	CFP-SFP			H0024 HF, TF	\$12.50/ 30 min	
Prevocational Services	MH				\$4.22/ 15 min	245
		Community Support Services PA Group Only			\$4.22/ 15 min	
	SA				\$4.22/ 15 min	
	PATH				\$4.22/ 15 min	
	IPS	MH			\$4.22/ 15 min	
		SA				
		Community Support Services PA Group Only				
Psychiatric Diagnosis 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 HE	\$137.66/ event	
Psychiatric Rehabilitation Services	MH			H2017 HE, HQ, TF	\$5.45- \$5.71/ 15 min	431
	PATH			H2017 HE, HQ, TF, U5	\$5.71/ 15 min	
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	02AH

Residential Treatment-Substance Abuse	SA		H0019 HF, U1	\$140.00/ day	002A
Safe Haven	MH		H0043 HE	\$30.00/ day	003Q
Safe Haven-Permanent Support 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 min	560

Supervised Transitional Living Program	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 min	504
Targeted Case Management, Intensive (ACT)			T1016 HE	\$15.23/ 15 min	
	Transitional		T1016 HE, TG	\$15.23/ 15 min	
Tobacco Cessation Counseling-Physician	MH	3- 10 min	99406 HE	\$12.47/ event	
		Over 10 min	99407 HE	\$24.03/ event	
	SA	3- 10 min	99406 HF	\$12.47/ event	
		Over 10 min	99407 HF	\$24.03/ event	
Training	MH		97537 HE	\$0.00/ 15 min	503
	SA		97537 HF	\$7.00/ 15 min	
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/ min	845
Treatment Team Meeting	SA		99368 HF	\$7.00/ 15 min	505
	GA		99368 HV	\$7.00/ 15 min	
	IPS	MH	99368 HE, HB	\$7.00/ 15 min	
		SA	99368 HF, HB		
	Urgent Recovery Care		S9485 HE		

Urgent Recovery Care	Urgent Recovery Care- Telemed			S9485 HE, GT	\$204.14/ encounter	
Vocational Services	MH			H2014 HE	\$4.22/ 15 min	244
		Community Support Services PA Group Only		H2014 HE, U1	\$4.22/ 15 min	
	SA		H2014 HF	\$4.22/ 15 min		
	PATH		H2014 HE, U5	\$4.22/ 15 min		
	IPS	MH		H2014 HE, HB	\$4.22/ 15 min	
		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 min	205
		Telemed		T1012 HE, GT	\$4.50/ 15 min	
		Tobacco Cessation		T1012 HE, SE	\$4.50/ 15 min	
		Community Support Services PA Group Only		T1012 HE, U1	\$4.50/ 15 min	
			Tobacco Cessation	T1012 HE, SE, U1	\$4.50/ 15 min	
	SA			T1012 HF	\$4.50/ 15 min	
		Telemed		T1012 HF, GT	\$4.50/ 15 min	
		Tobacco Cessation		T1012 HF, SE	\$4.50/ 15 min	
	PATH			T1012 HE, U5	\$4.50/ 15 min	
		Tobacco Cessation		T1012 HE, SE, U5	\$4.50/ 15 min	

ODMHSAS SERVICES ONLY

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 min
	SA	Outpatient in an inpatient setting		H2019 HF, HK	\$7.77/15 min
Case Management Services	MH	Outpatient in inpatient setting	LBHP/ Candidate	T1017 HE, HO, HK	\$16.38 /15 min
			BHCM II or CADC	T1017 HE, HO, HK	\$16.38 / 15 min
			BHCMI	T1017 HE, HM, HK	\$16.38 / 15 min
	SA	Outpatient in inpatient setting	LBHP/ Candidate	T1017 HF, HO, HK	\$16.38 / 15 min
			BHCM II or CADC	T1017 HF, HN, HK	\$16.38 / 15 min
			BHCMI	T1017 HF, HM, HK	\$16.38 / 15 min
	GA	Outpatient in inpatient setting	LBHP/ Candidate	T1017 HV, HO, HK	\$16.38 / 15 min
			BHCM II or CADC	T1017 HV, HN, HK	\$16.38 / 15 min
			BHCMI	T1017 HV, HM, HK	\$16.38 / 15 min
Case Management Travel Component	MH			S0215 HE	\$16.38 / 15 min
	SA			S0215 HF	\$16.38 / 15 min
	GA			S0215 HV	\$16.38 / 15 min
Peer Recovery Support Services	MH	Outpatient in inpatient setting		H2015 HF, HK	\$11.70 / 15 min
	SA	Outpatient in inpatient setting		H2015 HE, HQ, HK	\$2.90 / 15 min
Peer Recovery Support Services-Group	MH	Outpatient in inpatient setting		H2015 HE, HQ, HK	\$2.90 / 15 min
Competency Evaluation	MH			H2000 HE H9	\$33.77/30min
DUI ADSAC Assessment	SA			H0001 HF, U5	\$160.00/event

Home and Community Based Travel	MH	S0215 HE, TG	\$16.38 / 15 min
	SA	S0215 HF, TG	\$10.00 / 15 min
	GA	S0215 HV, TG	\$16.38 / 15 min

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.

Any Level of Service Provider Can Provide These Services (Levels listed below):		
Customer Follow Up Services (functions A & B)	Employment Training	Wellness Resource Skill Development (only staff with ODMHSAS credential as Wellness Coach)
Consultation	Job Retention Support	Travel
Education	Pre-Vocational Services	Drug Screen
Intra-agency Clinical Consultation	Vocational Services	Court Related Services (only for staff working in Specialty Courts & Jail Diversion Programs)
System Support	Community Outreach	
Training	Intensive Outreach	
Treatment Team Meeting	Prevention/Support Type Activities	

Behavioral Health Aide (BHA)
Behavioral Health Aide Home and Community Based Travel (for behavioral health aide service only) Screening and Referral

Peer Recovery Support Specialist (PRSS)
Peer Recovery Support Services
Peer Recovery Support Services- Group
Home and Community Based Travel (for peer recovery support services only)
Screening and Referral

Certified Alcohol & Drug Counselor (CADC)	
Case Management Services	Group Rehabilitative Treatment
Case Management Travel Component	Home and Community Based Travel (for Ind Rehab travel only)
Day School	Illness Management & Recovery (must have completed ODMHSAS IMR training)
Customer Follow-Up Services (function C)	Individual Rehabilitative Treatment
Diagnosis (or presenting problem) Related Education-Family Members	Psychiatric Rehabilitation Services (with completion of orientation in PSR model)
Diagnosis (or presenting problem) Related Education-Group (only preadmission)	Screening and Referral
Divorce Visitation Arbitration Services	Substance Abuse Early Intervention (only an LBHP/candidate can provide the brief family counseling component of this service)
CADC- US	
Day School	
Substance Abuse Early Intervention (only an LBHP/candidate can provide the brief family counseling component of this service)	

Behavioral Health Case Manager	
CM I & CM II (certification issued prior to July 1, 2013)	
Case Management Services	Divorce Arbitration Services
Case Management Travel Component	Screening and Referral
Customer Follow-Up Services (function 3)	
CM II (certification issued July 1, 2013, or after)	
Case Management Services	Group Rehabilitative Treatment
Case Management Travel Component	Home and Community Based Travel (for Ind Rehab travel only)
Customer Follow-Up Services (function C)	Illness Mgmt. & Recovery (must have completed ODMHSAS IMR training)
Diagnosis (or Presenting Problem) Related Education-Family Members	Individual Rehabilitative Treatment
Diagnosis (or Presenting Problem) Related Education-Group (only pre-admission)	Psychiatric Rehabilitative Services (with completion of orientation in PSR model)
Divorce Visitation Arbitration Services	Screening and Referral

Employment Consultant	
Employment Training	Pre-Vocational Services
Job Retention Support	Vocational Services

LBHP/Licensure Candidate		
Behavioral Health Assessment (Non-MD)	Crisis Intervention Services	Group Rehabilitative Treatment
Behavioral Health Service Plan Development- Moderate Complexity	Customer Follow-Up Services (function C)	Group Psychotherapy
Behavioral Health Service Plan Development- Low Complexity	Day School	Illness Mgmt. & Recovery (must have completed ODMHSAS IMR training)
Case Management	Diagnosis (or Presenting Problem) Related Education- Family Members	Individual Rehabilitative Treatment
Case Management Travel Component	Diagnosis (or Presenting Problem) Related Education- Group (only pre-admission)	Individual Psychotherapy
Clinical Evaluation and Assessment for Children in Specialty Settings	Divorce Visitation Arbitration Services	Psychiatric Rehabilitation Services (with completion of orientation in PSR model)
Clinical Testing (as allowed by License regulations)	Home and Community Based Travel	Screening and Referral
Competency Evaluation (must meet designation of ODMHSAS to be a competency Evaluator)	Family Psychotherapy	Substance Abuse Early Intervention

ACTUAL SERVICES ELIGIBLE FOR REIMBURSEMENT MAY VARY BY PROVIDER AGENCY (BASED ON INDIVIDUAL CONTRACTS)

ODMHSAS Service Manual Revisions

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

- Addition of F-PRSS billing codes
- Clarified co-signature requirements for assessments in residential & inpatient facilities
- Updated requirements for youth substance use assessments (CAR)
- Updated information regarding discontinued use of the T-ASI
- Updated contact information for OHCA under billing procedures information
- Updated Court Related Service
- Updated Community Recovery Support/Recovery Support Specialist service to Peer Recovery Support Services.
- Removed Family Support Provider definition & Family Training and Support service.
- Court-Related Services – Diversion Supports.

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

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

To become certified as an F-PRSS, applicants will need to attend the 5-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.

<https://oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-providers-fee-for-service/individual-providers-and-specialties/outpatient-behavioral-health-services/support-services.html>

What is a Family Peer?

A Family Peer is an individual who has lived experiences 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 III/IV.

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

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 consumers 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 page 58 & 59 for billing codes specific to the F-PRSS.

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.

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