

Recovery Support Service Manual

Terms and Definitions:

Agency - An agency is an entity that provides Recovery Support Services (RSS).

Case Management - Case Management services are assessing, planning, linking, coordinating, monitoring, and advocating for clients to ensure recovery support services are designed to meet their needs for care and are delivered in a coordinated and therapeutic manner.

Client - A person/consumer/client receiving services from a program for behavioral health conditions.

Coordinated Care - Integrating the efforts of medical, behavioral health and social service providers while addressing an individual's health and wellness.

Dimensions - Dimensions are specific bio-psycho-social assessment areas defined by the American Society of Addiction Medicine Patient Placement Criteria Third Edition-Revised (ASAM PPC-3R) as the six (6) dimensional criteria: acute intoxication and/or withdrawal potential; biomedical conditions and complications; emotional, behavioral, or cognitive conditions and complications; readiness to change; relapse, continued use or continued problem potential; and, recovery/living environment.

Electronic Healthcare Record (EHR)- System operated by the Local Authorities for electronically authorizing, distributing, reporting on and billing for services.

Eligible client - A client who qualifies to receive Recovery Support Services (RSS) services as defined below.

HIPAA - Health Insurance Portability and Accountability Act of 1996. Requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health information data.

Local Substance Abuse Authority (LSAA)—As Defined in 17-43-201. In each county operating under a county executive-council form of government under Section 17-52a-203, the county legislative body is the local substance abuse authority, provided however that any contract for plan services shall be administered by the county executive. (ii) In each county operating under a council-manager form of government under Section 17-52a-204, the county manager is the local substance abuse authority. (iii) In each county other than a county described in Subsection (1)(a)(i) or (ii), the county legislative body is the local substance abuse authority.

Peer - Through shared understanding, respect, and mutual empowerment, peers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer led services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.

Recovery Support Services (RSS) - Approved non-clinical substance abuse services designed to engage and maximize the ability of eligible recipients to be successful in their recovery, and to live productively in the community.

Voucher—Provided to eligible clients to pay for recovery support services from a broad network of approved providers. Vouchers are provider, client, and service specific and are used to define the service and funding amount. Vouchers may be electronic or paper documents.

Revised 05/2024

42 CFR, Part 2—Federal confidentiality rules that prohibit the redisclosure of information concerning a client in alcohol or drug treatment unless further disclosure is expressly permitted by the written consent of the person who it pertains or otherwise permitted by 42 CFR, Part 2.

Introduction

Purpose of the Recovery Support Services (RSS) Policy and Procedure Manual

RSS assists clients to initiate and sustain recovery. This manual defines client eligibility, the array of services and the standards for providing those services. This manual also provides information about reimbursement rates and data specifications.

Utah Division of Substance Abuse and Mental Health:

The Utah Division of Substance Abuse and Mental Health (DSAMH) is Utah's single state authority for substance abuse and mental health treatment in Utah. DSAMH is responsible for monitoring the quality of public services. DSAMH also allocates and oversees resources provided to communities for an essential safety net to ensure critical care to individuals with the most severe illnesses and those without insurance coverage or other support for their treatments. DSAMH responsibilities are identified in Utah statute §62A-15-103. The DSAMH Recovery Program Manager is responsible for program development, oversight and monitoring. The Local Substance Abuse Authorities (LSAAs) also have care coordinators or case managers that oversee the LSAA programs located in each of the counties.

LSAAs may use Block Grant Funds for Recovery Support Services. Restrictions on the use of block grant funds are outlined in 42 U.S.C. §§ 300x-5 and 300x-31. Block grant funds cannot be used for cash payments to recipients of health services and may not be used to provide financial assistance to any entity other than a public or nonprofit private entity. SAMHSA guidance on the use of block grant funding for co-pays, deductibles, and premiums can be found at: <https://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title42-section300x-31&num=0&saved=%7CZ3JhbnVsZWlkOIVTQy1wcmVsaW0tdGl0bGU0Mi1zZWNoaW9uMzAwZAwC0yMw%3D%3D%7C%7C%7C0%7Cfalse%7Cprelim>

Funds shall not be expended by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine).

- a. Clients shall be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder.
- b. Medications available by prescription or office-based implantation shall be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider.
- c. In all cases, medications shall be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial.
- d. Entities in receipt of funds shall assure that clients will not be compelled to taper or abstain from medications as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

Revised 05/2024

Recovery Support Services (RSS): RSS services are designed to support clients in initiating and/or maintaining recovery. Recovery support services can be provided prior to treatment, during treatment, after treatment, and in lieu of treatment for those clients who choose not to engage in formal treatment services. Recovery support services are designed to assist clients in building stability in their recovery and improving their overall wellness. As there are many pathways to recovery, recovery data shows that many clients will be able to initiate and maintain recovery with recovery support services alone.

In addition to the standards outlined in this document, LSAA's may establish additional standards for RSS providers. To become an RSS provider, an agency must meet the standards defined in this manual and any additional requirements outlined by the appropriate LSAA.

Applications to be an RSS provider:

To become a provider, an agency must contact the LSAA with whom they would like to conduct business with and follow their application and contracting requirements.

RSS Client Support:

RSS Client support are LSAA employees (or employees of agencies contracted with the LSAA), and are the main point of contact for agencies wishing to become a network provider. Roles of the Case Managers should be defined within their own LSAA. In general, RSS case managers are responsible to ensure the following:

- Assess gaps in treatment, prevention and recovery support services in the county
- Identify providers for service delivery along the continuum in the county
- Train providers on the requirements of the RSS manual
- Train providers on the use of their EHR systems or other systems as required by the LA.
- Provide technical assistance to providers to ensure implementation of RSS in their agency
- Coordinate referrals from identified entities
- Provide technical assistance to referring agencies to ensure smooth transition of clients between agencies
- Ensure RSS funds are used to enhance current service availability rather than duplicate service availability
- Monitor provider networks for compliance to the RSS standards
- Assist providers in applying for entry into the provider network
- Assist in the development of standards for newly identified recovery support services
- Monitor data collection reporting requirements and ensure follow up targets are met
- Ensure program eligibility is determined prior to program enrollment.
- Ensure RSS intake and follow-up

Local Substance Abuse Authorities:

The responsibilities of the LSAA are identified in Utah Code (17-43-201). Within Legislative appropriations and county matching funds, required by this section and under the Division Directives, each LSAA shall:

- A. Develop substance use disorder prevention and treatment plans
- B. Provide substance use disorder services to residents of the county
- C. Cooperate with the efforts of the Division of Substance Abuse and Mental Health to promote integrated programs to address a client's substance abuse, mental health, and physical healthcare needs, as described in Section 62A-15-103

LSAA's are responsible to provide or contract with providers for RSS. LSAA's determine client eligibility, authorize vouchers, and conduct regular monitoring visits of their providers to ensure compliance with the RSS manual and Division Directives.

Revised 05/2024

If a contracted provider is placed on corrective action or if their license with the Office of Licensing is revoked or suspended the following shall take place;

- A. All Recovery Support Service referrals she be suspended***
- B. DSAMH must be notified immediately of the corrective action, or the suspended or revoked license***
- C. Suspension of all current Recovery Support services being provided to clients***
- D. No State funds shall be expended without written permission from DSAMH.***

Client Eligibility for RSS:

All recovery support services shall be documented. Clients shall be given a choice of services and providers if possible.

Eligible clients may participate in recovery support services:

- A. Prior to participating in a treatment episode,
- B. While engaged in formal treatment,
- C. Following treatment

Eligibility Criteria shall include:

- A. Reside within the county local substance abuse authority catchment area;
- B. Express or identify a need for some form of social support to help initiate or sustain recovery from a substance use disorder, or;

Salt Lake County Operation Rio Grande (ORG) Sober Living Voucher Eligibility:

Client eligibility is determined based on the client being homeless or at risk of homelessness, and shall include one of the following requirements:

1. Individuals in a residential level of care who are ready to step down to an Intensive Outpatient (IOP), day treatment, or general outpatient level of care;
2. Individuals who are currently in Intensive Outpatient (IOP), day treatment or general outpatient treatment;
3. Participants of any Salt Lake County drug court who can maintain an outpatient level of care;
4. Individuals who have substantially completed the Correctional Addiction Treatment Services (CATS) program while housed in the Salt Lake County jail;
5. Participant in Utah Highway Patrol (UHP) Frequent Utilizer Program;
6. Participant in VOA, UT Journey Program;
7. On an as-needed basis, placement following a team meeting discussion and approval from the local authority director.

Eligible funding sources:

Local Authorities may allocate other funding for RSS. Funding for RSS shall be identified in the Area Plan submitted to DSAMH annually. The following funding sources have been approved by DSAMH: SA Block Grant, State General Funds, county funds, and other discretionary grants, as approved by DSAMH.

Documentation Requirements:

The provider must develop and maintain sufficient written documentation for each service or session for which billing is made to support the procedure and the time billed. Scope of Services, for documentation requirements specific to each service. Documentation shall include the start and stop time of the service. To ensure accurate documentation and high quality of care, services should be documented at the time of service. The clinical record must be maintained on file in accordance with any federal or state law or state administrative rule, and made available for state or federal review, upon request.

Revised 05/2024

Data Submission Requirements:

When State funds are used for RSS services, the individual state-paid services must also be reported in the Recovery Support File Specification found at <https://dsamh.utah.gov/reports/data-specs>.

Data Reporting Deadlines:

- A. Providers shall submit the RSS data monthly for the prior month (on or before the last day of every month).
- B. RSS data shall be submitted through the SAMHIS file utility app, or other method as instructed by DSAMH staff.

Voucher Management System or other DSAMH approved Electronic Management System:

The Local authority is responsible to record client level data, authorize vouchers or services, record service delivery, document approval, and justification for services. Local Authorities are also responsible to train their contracted service providers on their voucher system and accepted billing processes. Local authorities also submit data in the DSAMH limited data set for all RSS.

Funds of Last Resort: RSS funds will only pay for those services for which the client has no other source of funding.

Discharge:

There is no prescribed standard for the length a client receives RSS. Client cases will be closed under the following circumstances:

- 1) The client's benefit has been fully expended, or
- 2) The client chooses to be released from services.

Billing Services:

All services delivered must be billed within 45 calendar days from the date of service. Services billed 46 days or more after the date of service may be denied. All billing must be submitted according to the local authorities billing policy and procedures. Providers shall be reimbursed for approved claims within 45 days of the claim submission. Invoices submitted to the State by the contracted LSAA must be submitted in accordance to the contract and must be submitted to the States Kissflow system monthly. All RSS Kissflow billing submissions must include a completed RSS Claim Form. RSS Claim Form must contain: Local Authority Name, the funding source code, date of service, service code, number of units, verification signature stating all rss service data for this submission have been uploaded and submitted to SAMHIS as required, and a Financial Director or authorized approver signature.

06/2Service Description and Program Requirements

Screening: means a preliminary appraisal of an individual to determine if further assessment of mental health, and/or substance use risk and needs is warranted.

Service code (H0001)

Assessment : An in-depth clinical interview with a licensed mental health therapist, used to:

- (1) Determine if an individual is in need of:
 - (i) Mental health or substance use disorder treatment services;
 - (ii) Educational or Prevention series;
 - (iii) Recovery support services.

An assessment is the systematic process of interaction with a client to observe, elicit, and subsequently assemble the relevant information required to manage his or her problems, both immediately and for the foreseeable future. An

Revised 05/2024

assessment gauges which of the available clinical treatment and recovery services options are likely to be most appropriate for the client being assessed.

Assessments for substance use and mental health disorders, assessments must meet the requirements specified in the Utah Recovery Oriented System of Care Practice Guidelines. For mental health disorders the assessment must also meet the requirements specified in the current Medicaid manual.

Psychiatric diagnostic evaluation: A face-to-face evaluation with the individual for the purpose of identifying the need for behavioral health services. The evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations, with interpretation and report. Psychiatric Diagnostic Evaluation may be performed by a licensed mental health or substance use therapist, an individual working within the scope of his or her certificate or license or an individual exempted from licensure as a mental health therapist as indicated in the Utah Medicaid Provider Manual found at the following link:

<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Rehabilitative%20Mental%20Health%20And%20Substance%20Use%20Disorder%20Services/RehabMentalHealthSubAbuse10-19.pdf>.

Service Code (90791)

Urinalysis Testing: As defined in Administrative Rule R523-15, Drug testing is the “scientific analysis for the presence of drugs or their metabolites in the human body in accordance with the definitions and terms of this chapter.” Drug Testing may be conducted by any one of the following:

1. An approved substance abuse treatment agency holding a current license with the Utah Department of Human Services Office of Licensing (OL) for Social Detoxification, Residential Treatment or Outpatient Treatment.
2. An approved Case Management agency.
3. An agency certified by either the Substance Abuse and Mental Health Services Administration (SAMHSA) or the College of American Pathology, or Clinical Laboratory Amendments Act (CLIA).

Drug Testing must follow the standards set forth in the Substance Abuse Administrative rule, which can be found in Rule R523-15.

Urinalysis Testing service code (H0003)

Urinalysis Testing collection and handling only service code (H0048)

Individual - Continuing Care/Recovery Management: Continuing Care or Recovery Management in an Individual setting is appropriate for clients who require professional support to maintain stability but who do not require the intensive services of outpatient treatment or higher, or who are awaiting entry into a higher level of care, or who have concluded a higher level of care but require services to maintain the gains made at that level. Services provided in Recovery Management include peer support groups, life skills education, identification of relapse triggers, and development of prosocial support systems.

Service code: IRM

Group - Continuing Care/Recovery Management: Continuing Care or Recovery Management Group is appropriate for clients who require professional support to maintain stability but who do not require the intensive services of outpatient treatment or higher, or who are awaiting entry into a higher level of care, or who have concluded a higher level of care but require services to maintain the gains made at that level. Services provided in Recovery Management include peer support groups, life skills education, identification of relapse triggers, and development of prosocial support systems.

Service code: CRM

Case Management: Case management is a set of social service functions that helps clients access the resources they need to recover from a substance abuse problem. The functions that comprise case management—assessment, planning, linkage, monitoring, and advocacy—must always be adapted to fit the particular needs of a treatment or agency setting. The resources an individual seeks may be external in nature (e.g., housing and education) or internal (e.g., identifying and developing skills).

Case management is provided to clients to assist with engagement and retention in their recovery. Case Managers coordinate care of medical, behavioral health and social service providers while addressing an individual's health and wellness. Case Managers will facilitate access to needed services, ensure client data is accurately maintained and reported, closely monitor expenditure of funds for vouchered services, refer to community partners or agencies, assist with insurance or financial eligibility applications, and/or coordinate care.

Service code (3080)

Peer Support Services: Peer support services means face-to-face services for the primary purpose of assisting in the rehabilitation and recovery of patients with mental health disorders and/or SUDs. Peer support services are provided to an individual or group of patients, or parents/legal guardians.

Peer support specialists also provide symptom monitoring, assist with symptom management, providing crisis prevention, and assist patients with recognition of health issues impacting them. Peer support services must be prescribed by a licensed mental health therapist and are delivered in accordance with a written treatment/recovery plan that is a comprehensive, holistic, individualized plan of care developed through a person-centered planning process. Patients lead and direct the design of their plans by identifying their own preferences and individualized measurable recovery goals.

Service code (PSFG)

Transportation Services: (Bus Pass per Trip, Bus Pass per Month, Gas Vouchers, Fare Pay Card) Transportation services are available for clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of obtaining or paying for the cost of transportation. Case Managers may voucher bus passes or gas vouchers depending on the client's resources and needs. Bus passes, bus tokens, fare pay cards, and gas vouchers must be provided by participating RSS providers. Documentation of providing the voucher to the client must be in the client file for reimbursement. Bus passes, fare pay cards, or bus tokens may be vouched per ride or per month depending on the needs of the client. Gas vouchers may be issued for clients who have the means of transportation but need assistance with the cost of gas. Monthly cap of \$160.

Service codes:

Bus pass per trip (BPT)

Bus pass per month (BPM)

Bus pass fare pay card (FPC)

Gas Voucher (GAS)

Bus pass per day (BPD)

Other Transportation Services: Miscellaneous transportation services are available for clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of obtaining or paying for the cost of transportation. Case Managers may only issue a voucher one time for a bicycle or a one time car repair for clients choosing not to utilize above transportation services. Documentation of providing the voucher to the client and a receipt documenting the purchase shall be included in the client's file. Car repairs are approved on a case by case basis, and must be approved by the case manager. The LA shall work with a reputable and licensed mechanic or repair shop with an estimate provided to the case manager prior to any work being performed. Estimate and final bill shall be required in the client file. This will be a one time only provided service. Car repair can include; tires, registration, or any repair needed to make a car legal and/or operable.

*A cap of \$350 per bicycle under miscellaneous transportation services **Service code (MISC_TSP)***

*A cap of \$500 per car repair, per client is approved **Service code (MISC_CR)***

Revised 05/2024

Medical Prescription services (including MAT):

Prescription services include prescribed medications that are deemed medically necessary. Prescription coverage shall be used to assist clients with the cost associated with obtaining such needed medications during time of reintegration from the criminal justice system or for a limited time until other methods of payment can be utilized. MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. MAT must be administered and/or prescribed (as appropriate) by an appropriately licensed client approved to prescribe the medication for the purpose of substance use disorders.

MAT includes Buprenorphine, Methadone, Naltrexone, Disulfiram, Acamprosate Calcium, Vivitrol and Suboxone.

Regardless of type, MAT services may not exceed the currently set lifetime cap of the client.

Staff shall verify medical prescriptions and utilize prescription cost reductions if applicable.

Service code (S5000)

Physical Healthcare: Medical and Dental Services: Physical healthcare services include preventive care, medication management, primary care for health, eye-care, and dental services. RSS will not reimburse for hospitalization. Justification must detail how the client will be unable to enter into, or maintain recovery without the services being requested. Equipment and services related to medical care may also be approved. Examples include: hearing aids, eyeglasses, or dental services. Regardless of services approved, RSS will reimburse only up to \$1000 of the cost of all approved physical care services. The client will be responsible for all remaining costs once the \$1000 limit has been met. Approved cap of \$1500 per client for denture services.

Service code (4020)

Health and Wellness Services:

Health and Wellness services include services that benefit one's health, wellness and wellbeing. Examples of services include physical wellness programs, clinics or classes. Examples include yoga, pilates, physical fitness classes, etc. Each health and wellness service must be documented in the client file. Documentation must include, at a minimum: service description, frequency of service, brief summary of the activity/service delivered, justification for the service being provided. There will be a \$600 lifetime cap on this service.

Service code (MISC_HWS)

Educational Assistance Services:

Educational services are those services provided to an individual or groups of clients in a didactic setting. Educational services focus on providing clients or family members with information on specific topics designed to reduce the likelihood that the client will return to use or have decreased life functioning related to increased mental health symptoms. Examples of educational services include: GED or assistance with obtaining books needed for school. Each educational service must be documented in the client file. Documentation must include, at a minimum: date of service, length of service, client attendance, brief summary of the activity/service delivered, signature and credentials or role of the client who provided the service. There is a \$500 cap on this service, unless approved through DSAMH Program Manager.

Service code (MISC_ED)

Life Skills Services: Life skills are services provided to clients to assist them in learning skills to ensure Life skills services address activities of daily living such as; budgeting, time management, interpersonal relations, household management, anger management, communication skills, and other issues.

Service Code (LSS)

Employment assistance: Employment Services and Job Training oriented vocational services are directed toward improving and maintaining employment and include: training in a specific skill or trade to assist clients to prepare for, find, and obtain competitive employment. Additionally, employment services include the acquisition of those supports one's needs in order to secure employment such as obtaining a valid identification document, birth certificate, job appropriate tools or clothing, permits, certification fees, or State Identification. Employment Assistance must be

Revised 05/2024

approved by the client's RSS case manager and the case management record must include proof of employment and documentation to support purchases made for reimbursement. Employment services may include but are not limited to purchasing phone cards to assist clients in their job search.

*There is a lifetime cap of \$500 for this service. **Service Code (MISC_EMP)***

Recovery Residence Housing:

The Substance Abuse and Mental Health Services Administration (SAMHSA) official definition of recovery housing is: Safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for the treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders. Entry into Recovery Residence housing must be approved by the client's RSS case manager.

Utah Rule 501-18 defines Recovery residence as a home, residence, or facility that meets at least two of the following requirements:

- (A) Provide a supervised living environment for individuals recovering from a substance use disorder;
- (B) Provide a living environment in which more than half of the individuals in the residence are recovering from a substance use disorder;
- (C) Provide or arrange for residents to receive services related to their recovery from a substance use disorder, either on or off site;
- (D) Is held out as a living environment in which individuals recovering from substance abuse disorders live together to encourage continued sobriety; or
- (E) Receives public funding; or
- (F) Is run as a business venture, either for-profit or not-for-profit.

All Recovery Residence housing providers must be licensed by the Department of Human Services, Office of Licensing as a Recovery Residence and is defined in Rule R501-18. Rule R501-18 can be found at <https://rules.utah.gov/publicat/code/r501/r501-18.htm>

If a Recovery Residence is accepting State or Federal funds, the use of Federally approved MAT must be accepted as a form of the client's treatment. Federal approved MAT can be found at: <https://www.samhsa.gov/medication-assisted-treatment>

*First month voucher cap of \$1,200 (first month's rent with deposit) with following months cap of \$1,200 may be authorized for this service per client/per month up to 6 months maximum benefit. Recovery Residence vouchers must be reviewed every month. **Service code (SSH)***

Rental Assistance: Rental Assistance is appropriate for clients who are needing assistance with monthly rental payment. Rental Assistance must be approved by the client's RSS case manager. The case management record *MUST* include proof of housing costs for reimbursement. The client must be named on the lease agreement or mortgage paperwork as a renter/owner of the identified property for the time frame in which reimbursement is provided. A copy of the lease agreement and/or mortgage verification must be included in the client's case management file. Rental assistance does not include utility assistance.

*Total cap of \$1,200 may be authorized for this service. **Service code (MISC_HSG)***

Revised 05/2024

Emergency Housing Assistance: Emergency Housing is appropriate for clients who are homeless, at imminent risk of losing their current housing situation without assistance, or who require assistance to help them acquire stable housing and for whom loss of this housing situation will create an imminent risk of increased substance use disorder symptoms and a high likelihood of relapse. Emergency housing is based on notification of eviction notice. A copy of eviction notice must be retained for records or short term stay at a hotel until other services can be obtained.

Entry into emergency housing must be approved by the client's RSS case manager and the PO. The case management record must include proof of housing costs and reimbursement. The client must be named on the lease agreement or mortgage paperwork as a renter/owner of the identified property for the time frame in which reimbursement is provided. A copy of the lease agreement and/or mortgage verification must be included in the client's case management file. Copies of eviction notices must be obtained and documented.

*Total cap of \$1,200 may be authorized for this service per client. **Service Code (7020)***

If any contracted vendor is on corrective action, funds cannot be expended without written permission from DSAMH.

Local Authorities ARE authorized to charge clients a "no-show" fee in the event they do not attend a scheduled meeting. This fee will be as follows:

No-show to scheduled case manager meeting: 2 units of case management

No-show to scheduled Dr/Dentist visits: \$50 to Dr/Dentist and 1 unit of case management

Health	Service Description	Rate	Time Period/Unit	Service Code
	Psychiatric Diagnostic Interview Examination	\$36.48	per 15 minute	90791
	Screening/Alcohol and Drug info collection by Non-Mental Health Therapist	\$ 11.70	per 15 minute	H0001
	Medical RX (including MAT medications)	\$1.00	1unit =\$1.00 service cost (\$1500 cap)	S5000
	Physical Care (Medical/Dental/labs)	\$1.00	1unit =\$1.00 service cost (\$1500 cap)	4020
	Health and Wellness Services	\$1.00	1unit =\$1.00 service cost (\$600 cap)	MISC_HWS

	Individual - Continuing Care/Recovery Management	\$ 17.02	per 15 minute	IRM
	Group - Continuing Care/Recovery Management	\$ 6.33	per 15 minute	CRM
	Urinalysis Testing	\$1.00	1unit =\$1.00 service cost (up to \$35.00 cap per test)	H0003

Revised 05/2024

	Urinalysis collection and handling only	\$ 1.00	1 unit =\$1.00 service cost (up to \$20.00 cap per test)	H0048
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Home	Service Description	Rate	Time Period/Unit	Service Code
	Emergency Housing	\$1.00	1 unit =\$1.00 service cost (\$1,200 cap)	7020
	Recovery Residence Housing	\$1.00	1 unit =\$1.00 service cost (Cap \$1,200 for 1st month rent w/deposit) (\$1,200 cap per month thereafter)	SSH
	Rental Assistance	\$1.00	1 unit =\$1.00 service cost (\$1,200 cap)	MISC_HSG
Community	Service Description	Rate	Time Period/Unit	Service Code
	Bus Pass per trip	\$2.50	per trip	BPT
	Bus Pass per month	\$83.75	per month pass	BPM
	Bus Pass Fare Pay Card	\$1.00	1 unit =\$1.00 service cost (\$160 cap)	FPC
	Gas Voucher	\$1.00	1 unit =\$1.00 service cost (\$160 cap)	GAS
	Educational Assistance	\$1.00	1 unit =\$1.00 service cost (\$500 cap)	MISC_ED
	Southwest Monthly Bus pass	\$20.00	per month	SWBP
Purpose	Service Description	Rate	Time Period/Unit	Service Code
	RSS Case Management	\$ 16.83	per 15 minute	3080
	Life skills services	\$13.64	per 15 minute	LSS
	State Identification	\$1.00	1 unit =\$1.00 service cost (\$60 cap)	MISC_ID

Revised 05/2024

	Birth Certificate	\$1.00	1unit =\$1.00 service cost (\$120 cap)	MISC_BC
	Other-Transportation/BIKE	\$1.00	1unit =\$1.00 service cost (\$350 cap)	MISC_TSP
	Other Transportation/CAR REPAIR	\$1.00	1unit =\$1.00 service cost (\$500 cap)	MISC_CR
	Employment assistance	\$1.00	1unit =\$1.00 service cost (\$500 cap)	MISC_EMP
	Certified Peer Support Specialist	\$13.64	per 15 minute	CPSS
	Peer Support Facilitated Group	\$2.49	per 15 minute	PSFG

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