

# Chapter 504

## Substance Use Disorder Services

### Appendix D

## Residential Level 3.7 Application

## Application for Residential Adult Services (RAS) Level 3.7

The West Virginia Department of Human Services (DoHS) through the Bureau for Medical Services (BMS) is required to designate the ASAM® level of care for all licensed residential treatment facilities. To make this determination, the following application is for a residential ASAM® level 3.7.

**Provider Name:** \_\_\_\_\_

**Provider's Address/Zip Code:** \_\_\_\_\_

**Name of RAS Program:** \_\_\_\_\_

**RAS Program Physical Address/Zip Code:** \_\_\_\_\_

**RAS Program County:** \_\_\_\_\_

**NPI#:** \_\_\_\_\_ **LBHC Certificate# /Bed Count on license:** \_\_\_\_\_ / \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Medical Director/Physician:** \_\_\_\_\_

**Member Bed Capacity In your 3.7 program:** \_\_\_\_\_

For RAS 2-year application renewal, provide the average daily client census for the most recent six calendar months prior to application date: \_\_\_\_\_

Please check if your program is for:     Only Males     Only Females     Coed

Please note any specialized populations such as mothers and infants, pregnant women, traumatic brain injury (TBI) or others (note NA if none apply): \_\_\_\_\_

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### ATTESTATION

Please attest to the following by checking each component for SUD residential services.

*By checking the boxes below, you attest that you have read and understand the policies, guidelines, and criteria listed below, and that your facility delivers and documents RAS services in accordance with the following West Virginia BMS policies:*

- Chapter 504, Substance Use Disorder (SUD) Services**
  - [bms.wv.gov/page/chapter-504-substance-use-disorder-services](https://bms.wv.gov/page/chapter-504-substance-use-disorder-services)
  
- Chapter 503, Licensed Behavioral Health Centers (if you are applying as an LBHC/CCBHC)**
  - [bms.wv.gov/page/chapter-503-licensed-behavioral-health-centers](https://bms.wv.gov/page/chapter-503-licensed-behavioral-health-centers)
  
- Chapter 510, Hospital Services (if you are applying for 3.7 as a hospital)**
  - [bms.wv.gov/page/chapter-510-hospital-services](https://bms.wv.gov/page/chapter-510-hospital-services)
  
- Chapter 519.22, Mental Health Counseling and Substance Abuse Treatment**
  - [bms.wv.gov/page/chapter-519-practitioner-services](https://bms.wv.gov/page/chapter-519-practitioner-services)
  
- Chapter 521, Behavioral Health Outpatient Services**
  - [bms.wv.gov/page/chapter-521-behavioral-health-outpatient-services](https://bms.wv.gov/page/chapter-521-behavioral-health-outpatient-services)
  - Section 521.11 through 521.13 describes the Current Procedural Terminology (CPT) codes services definitions, and staffing credentials for codes that can be used within the array of SUD treatment services. These include:
    - Family Psychotherapy without patient present (90846)
    - Family Psychotherapy with patient present (90847)
    - Psychotherapy Patient and Family (90832, 90834, and 90837)
    - Group Psychotherapy (90853)
    - Psychotherapy for Crisis (90839 and 90840) Note: Crisis services cannot be used as scheduled clinical hours.
  
- Chapter 523, Targeted Case Management**
  - [bms.wv.gov/page/chapter-523-targeted-case-management](https://bms.wv.gov/page/chapter-523-targeted-case-management)
  
- I attest that the applicant facility is appropriately licensed as an LBHC or hospital through the West Virginia of Health Facility Licensure and Certification (OHFLAC) prior to completing this application. A copy of your OHFLAC license with bed count must accompany this application. A Certificate of Occupancy cannot be substituted for your OHFLAC license.
  - [ohflac.wvdhhr.org/](https://ohflac.wvdhhr.org/)
  
- I attest the applicant facility will use current ASAM® criteria including the difference between each level of residential care, withdrawal management, dimensional concepts for assessment, support systems, staff credentials, co-occurring disorders, and clinical/therapy services.

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### **For new facilities or a facility that has had a change of ownership since last application approval:**

- I attest that this facility has or will have, within one year from the start date of operations, received accreditation by the Commission on Accreditation of Rehabilitation Facilities International (CARF), the Joint Commission, or Det Norske Veritas (DNV) to operate an inpatient facility that provides behavioral health services.

### **For RAS two-year application renewal:**

- I attest that this facility is currently accredited by the Commission on Accreditation of Rehabilitation Facilities International (CARF), the Joint Commission, or Det Norske Veritas (DNV) to operate an inpatient facility that provides behavioral health services.
- I understand that the facility will be responsible for collecting and reporting on specific SUD performance outcome measures, as directed by the BMS incompliance with West Virginia Code [§9-5-29](#).

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## SUPPORT SYSTEM

- There are direct affiliations with other levels of care and/or close coordination for referrals to other services. If an individual is assessed for your residential level and does not meet the criteria for your level of care, or if ongoing assessments indicate a need for a different level of care, please list other facilities (and their level of care) with whom you have referral potential, Memorandums of Understanding (MOUs), or care coordination agreements.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

All forms of MAT must be made available in all residential services. Check all that apply:

- Applicant facility provides medicated assisted treatment (MAT) on site.
- Applicant facility has partnerships with the following Opioid Treatment Program (OTP) sites:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- Applicant facility has partnerships with the following MAT providers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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**STAFF**

<p><b>Program Staff</b>  <b>For new applicants:</b> <i>Please list the number of full-time employees (at the applicant facility, Include part-time staff as a percentage of full-time employees. For RAS renewals, provide average monthly staffing for most recent six calendar months.</i></p>	<p><b>Number of full-time employees employed for this ASAM® 3.7 level of care</b></p>	<p><b>Please check if staff are *AADC or ADC certified*</b></p>
<p><b>Doctor of Medicine (MD) / Osteopathic Medicine (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA)</b></p>		
<p><b>Licensed Psychologist (LP), Supervised Psychologist (SP)</b></p>		
<p><b>Registered Nurse (RN), Licensed Practical Nurse (LPN)</b></p>		
<p><b>Licensed Independent Clinical Social Worker (LICSW)</b></p>		
<p><b>Licensed Certified Social Worker (LCSW)</b></p>		
<p><b>Licensed Graduate Social Worker (LGSW)</b></p>		
<p><b>Licensed Social Worker (LSW)</b></p>		
<p><b>Licensed Professional Counselor (LPC)</b></p>		
<p><b>Master's level non-licensed</b></p>		
<p><b>Bachelor's level non-licensed</b></p>		
<p><b>Behavioral Health Technician (BHT)</b></p>		
<p><b>Peer Recovery Support Specialist (PRSS)</b></p>		

**\*AADC – Advanced Alcohol & Drug Counselor, ADC – Alcohol & Drug Counselor**

**Note:** Chapter 503, Licensed Behavioral Health Centers and Chapter 521, Behavioral Health Outpatient Services describe service definitions, staff credentialing, and documentation that must be followed for each service rendered in the SUD array. You must have enough staff to provide the services listed on your schedule if your program is at full capacity.

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**CLINICAL HOUR WEEK CURRICULUM**

List of planned clinical services per week. Clinical services are defined as evidenced-based, active treatment to directly assist with an individual’s SUD treatment and/or any related co-occurring mental health issue(s.) Clinical services and their corresponding BMS codes are listed below.

- **Note:** Skills Training and Development is a service provided after a member who has been assessed to have a skills deficit due to a SUD or mental health difficulty. Not all members receiving RAS will need Skills Training and Development and although these are considered clinical hours, they cannot be added to the cumulated clinical hours needed for each ASAM® level.
- Confirm that the clinical hours (and their corresponding codes) listed reflect the same clinical hours in your weekly schedule.

Service Codes for Clinical Hours	Per Member/Per Week
Group Supportive Counseling ( <b>H0004HQ</b> - Behavioral Health Counseling Supportive - Group)	
Individual Supportive Counseling ( <b>H0004</b> - Behavioral Health Counseling Support - Individual)	
Group Professional Therapy ( <b>H0004HOHQ</b> - Behavioral Health Counseling Professional - Group)	
Individual Professional Therapy ( <b>H0004HO</b> - Behavioral Health Counseling Professional - Individual)	
Mental Health Service Plan Development by a Non-Physician ( <b>H0032</b> )	
Peer Recovery Support Services (PRSS) ( <b>H0038</b> ). Only individual PRSS services are available. PRSS services can only account for no more than 20% of the clinical services offered.	
Skills Training and Development by a Professional ( <b>H2014HNU1/H2014HNU4</b> )	
Skills Training and Development by a Paraprofessional ( <b>H2014U1/H2014U4</b> )*	
Therapeutic Behavioral Services Development Implementation ( <b>H2019HO/H2019</b> )	
Total Hours Per Week: <b>Note:</b> The total clinical hours must match the hours provided in the weekly schedule.	

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**Note: CPT Codes: 90846, 90847, 90832, 90834, 90837 and 90853, cannot be billed from an outside agency while receiving residential services. If crisis intervention services are needed, they can be considered part of the weekly clinical hours**

**Please include the following with your application, or your application cannot be processed:**

- Please attach with your application a weekly schedule of services (per member), please make sure your schedule includes the following:
  - Clinical services and their corresponding BMS code (listed on page 7)
  - Non-clinical or group recovery services
  - Any other structured activities
  - Please make sure the total number of clinical hours matches the total clinical hours listed on page 7.
  
- Please attach the facility's multidisciplinary team approach, the 24/7-structured, therapeutic environment, specific evidence-based treatment models used at the facility and how these models are supported, and incorporation of trauma-informed care into service delivery and training RAS operations policies, including:
  - Safety procedures
  - Daily operations, including a written schedule of daily events
  - Visitation guidelines and/or restrictions
  - Standards for provision of room and board
  - Contraband guidelines and restrictions
  
- Please include a valid, up-to-date license from the OHFLAC and Certification which includes bed count on the license. A Certificate of Occupancy cannot be substituted for your OHFLAC license.
  
- For RAS two-year renewal applications, please include a copy of accreditation from CARF, the Joint Commission, or DNV.

After your application is submitted, it is reviewed by a committee. If there are mistakes or issues with your application, you'll receive an email listing the corrections that need to be made, and you'll need to resubmit a new application. If your application is approved, the BMS utilization management contractor (UMC) has 30 days to contact your agency to facilitate an interview and an on-site review. After their approval, you'll be given an effective date to start billing. The effective date cannot be retroactive.

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I certify that to the best of my knowledge the information provided on this application is accurate and complete. I certify that the RAS site currently meets all requirements of *Chapter 504 Substance Use Disorder Services, Section 504.18, RAS* in addition to all state and federal rules applicable to the delivery of this Medicaid service. I acknowledge the right of the BMS or its agents to conduct an on-site survey at any time to validate the facility's compliance with RAS requirements, to investigate complaints, and/or to investigate serious events (electronic signatures are acceptable).

Authorized Individuals	Title

Signature	Date

List the contact information of the person that can be reached for follow-up, if needed.

Name	Title

Email	Phone