

Substance Use Disorder Voucher Program Guidance

Legislative History

Senate Bill 2048:

During the 64th Legislative Session the Department of Human Services (DHS) was appropriated funding to administer a voucher system to pay for substance use disorder treatment services. The Department’s Behavioral Health Division (BHD) was assigned the responsibility to develop administrative rules and implement the voucher system.

House Bill 1012:

During the 67th Legislative Session DHS shall deny a licensed substance abuse treatment program’s substance use disorder treatment voucher system application and deny reimbursement if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020.

DHS shall allocate no more than forty-five percent of the appropriated amount for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

SUD Voucher Goals

Problem	Intervening Variable	Strategy	Short Term Goals	Long Term Goals
Individuals in need of Substance Use Disorder services	Individuals have barriers to accessing needed services to achieve recovery	SUD Voucher Program	Improve access to quality services Allow individual to choose provider	Lives are improved and individuals recover

GOAL 1

Allow individual to choose provider

Objective 1.1

Increase number of providers and service options.

Objective 1.2

Service options are communicated to individuals.

GOAL 2

Improve access to quality services

Objective 2.1

SUD Voucher providers provide evidence-based services based on individual need.

Objective 2.2

Reduce financial barriers for individuals accessing needed services.

Becoming a SUD Voucher Provider

Programs must be a licensed Substance Abuse Treatment Program in North Dakota.

How to Apply:

Complete Program Application and Agreement <https://www.nd.gov/eforms/Doc/sfn00859.pdf>

- The department shall approve or deny a program's application within twenty working days of receipt of a complete application. The department may declare an application withdrawn if an applicant fails to submit all required documentation within sixty days of the department's notification to the applicant that the application is incomplete.

<https://www.legis.nd.gov/information/acdata/pdf/75-09.1-11.pdf>

- **CAUSE FOR SUSPENSION OR REVOCATION OF VOUCHER SERVICES:**
 - 1st occurrence - reimbursement suspended for 30 days
 - 2nd occurrence - reimbursement suspended for 60 days
 - 3rd occurrence - provider agreement revoked

Provider Portal System (PPS)

The PPS is utilized to submit and track all aspects of individual's voucher activity, including individual applications, prior authorization requests, invoices, and outcome measures. Each program will need an ND Login account to access the PPS. Your program should already have a ND Login account if you are registered with the North Dakota Secretary of State (ND SOS). You may use the same ND SOS account or create a unique login to access the PPS.

Review the [Portal Payment System PowerPoint](#)

- * *PowerPoint will be updated upon completion of ITD development this upcoming Biennium*

Direct link to access the PPS <https://portalapps.nd.gov/sud-voucher/provider-portal/> with program ND Login account

Individual Eligibility

The SUD Voucher was implemented to reduce financial barriers to SUD Treatment access. General eligibility parameters for program participation include the following:

- Individual is a citizen in ND
- Individual is 14 years of age or older
- Individual’s income is less than or equal to 200% Federal Poverty Guidelines (FPG)
- Individual does not have other means for payment of SUD treatment

In certain circumstances, the SUD Voucher Program may allow an exception to the income requirements when the individual can exhibit that their discretionary income is less than or equal to 50% FPG. The SUD Voucher program defines discretionary income as gross income minus eligible expenses, which may be subject to deduction caps.

Eligibility Documentation Requirements

When assisting a potential SUD Voucher participant with application submission, a provider is required to obtain and retain copies of all eligibility data submitted to BHD for a period of no less than two years. In addition, certain documents must be submitted with each application, as outlined below. When applicable, it is expected that the most recent documentation be used to determine eligibility.

A provider should be aware that the SUD Voucher Program will conduct both routine and targeted audits to verify income and expense figures submitted with an application.

<i>Eligibility Criteria</i>	<i>Acceptable Verification Documents</i>	<i>Required with Application?*</i>
<i>Citizenship</i>	One or more of the following: <ul style="list-style-type: none"> - State-issued ID - Passport - Birth certificate - Utility bill - Mortgage statement or lease agreement - Statement from shelter - Signed affidavit from individual attesting to residency in North Dakota (only permitted if no other options exist) 	No
<i>Age</i>	One or more of the following: <ul style="list-style-type: none"> - State-issued ID - Passport - Birth certificate 	No
<i>Earned Income</i>	One or more of the following: <ul style="list-style-type: none"> - Most recent paystub - Unemployment records 	Yes

<p>Other Income</p>	<ul style="list-style-type: none"> - Signed affidavit from individual attesting no income (only permitted if no other options exist) 	
	<p>One or more of the following:</p> <ul style="list-style-type: none"> - Workers Compensation - Child Support received - Etc 	<p>Yes</p>
<p>Additional Requirements for Income Exception Requests Only</p>		
<p>Core Expenses (Only required when submitting an income exception request)</p>	<p>Rent or Mortgage Renters or homeowners insurance Property taxes Child Support Medical Insurance Deductible*** Copays**</p>	<p>Yes</p>
<p>Other Expenses</p>	<p>Water Utilities Phone Internet Student Loans Credit Cards Childcare Legal Fees Auto loans Auto Insurance Medical Bills</p>	<p>No</p>

***Individuals who submit an application without the assistance of a provider will be required to submit all verification documents, which may delay application processing. It is therefore recommended that a provider work with potential applicants to expedite application processing.*

**** For deductible and copay expenses, policy documents outlining the insured's financial responsibility are required.*

Prior Authorization Parameters

SUD Voucher Admins will utilize the Authorization Parameters to determine the limitations for Authorization approvals.

Level of Care	Initial & Change of Care Requests			Continuation of Care Requests			Comments
	Max Units	Max Days	Total Auth Limit	Max Units	Max Days	Total Auth Limit	
ASAM 1.0	120	120	\$1,740	120	120	\$1,740	SUD Voucher Admins may approve up to 2 continuation of care requests without LAC staffing.
ASAM 2.1	50	120	\$10,8775	12	30	\$2,610	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
ASAM 2.1 W R&B	50	120	\$13,949	12	30	\$3,348	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adult ASAM 2.5	30	45	\$9,353	30	45	\$9,353	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adolescent ASAM 2.5	30	45	\$11,411	30	45	\$11,411	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adult ASAM 2.5 w R&B	30	45	\$11,1975	30	45	\$11,197	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adolescent ASAM 2.5 w R&B	30	45	\$13,660	30	45	\$13,660	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adult ASAM 3.5	30	30	\$9,353	30	30	\$9,353	All requests for continuation of care must be staffed with an LAC.
Adolescent ASAM 3.5	30	30	\$11,411	30	30	\$11,411	All requests for continuation of care must be staffed with an LAC.
Adult R&B	30	30	\$1,844	30	30	\$1,844	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Adolescent R&B	30	30	\$2,249	30	30	\$2,249	SUD Voucher Admins may approve 1 continuation of care requests without LAC staffing.
Transport	Per google map	180	Per google map	Per google map	180	Per google map	SUD Voucher Admins may approve 1 continuation of care requests without Utilization review

MAT Daily	365	365	\$3,256	365	365	\$3,256	MAT authorization requests and approvals encompass daily, weekly, and take-home needs.
MAT Weekly	104	365	\$2,024	104	365	\$2,024	
MAT Take Home	353	365	\$353	353	365	\$353	All MAT requests have a total maximum authorization limit of \$3,256

Prior Authorization form in the PPS

Prior Authorization (PA) requests are submitted by a provider utilizing the Provider Portal System (PPS).

1. Type of Service Request
 - a) Options include: Initial Request for Treatment, Continuation of Treatment Plan, Change in Treatment Plan and Transportation.
2. For each service line item, enter Anticipated Start Date and Anticipated End Date
 - a) Select from a date picker
 - b) End date cannot precede start date, Start date cannot exceed end date.

Initial Request for Treatment

- ❖ Initial request can only be selected once per application.
- ❖ SUD Voucher Admins will verify service requests fall within the Initial Authorization Parameters listed in table above.
 - For services that fall within the parameters, PA will be approved
 - For services that exceed the parameters, the SUD Voucher Admin will reduce the units and/or dates of service range to align with parameters and select 'Partially Approved'. The PPS will auto-generate the approved amount based on the approved units.

Change or Continuation of Care (COC) Request

- ❖ SUD Voucher Admins will verify the change/continuation falls within their authority in accordance with Authorization Parameters.
 - For services that fall within the parameters, the COC request will be approved.
 - For services that exceed the parameters, the SUD Voucher Admin will reduce the units and/or dates of service range to align with parameters and select 'Partially Approved'. The PPS will auto-generate the approved amount based on the approved units.
 - For requests that exceed their authority, Voucher admins will schedule a staffing with an LAC no later than 3 business days from the request date. LAC decision will be made no later than 10 working days from the request date.
 - If the individual is no longer eligible, the prior authorization request will be denied, and the application will be closed.

****Supporting documentation (treatment plan/updated treatment plan, google map and/or travel reimbursement plan) is required for each request for the provider to submit the request. *DO NOT include treatment notes for every date of service unless requested by SUD Voucher team member.**

Service Reimbursement Rates and Requirements

Services must meet medical necessity: an accepted health care service provided by health care entities that is appropriate to the evaluation and treatment of a disease, condition, illness, or injury and is consistent with the applicable standard of care.

Providers shall only submit one invoice per month per participant to ensure timely reimbursements can be made.

Billing for services must be submitted within 180 days from when services are provided. If it is past 180 days from when services are provided, reimbursement will be forfeited.

Provider reimbursements will be paid in the PPS once per calendar month between the first and the fifth working day.

Service	Rate	Specification
Screening	\$34.81	Per Screening
Assessment	\$130.28	Per Assessment
Individual Therapy	\$63.53	30 minutes
	\$84.34	45 minutes
	\$126.33	60 minutes
Group Therapy	Adult \$311.77 Adolescent \$380.36	Daily Rate for ASAM Level 3.5
	Adult \$311.77 Adolescent \$380.36	Daily Rate for ASAM Level 2.5 (20 hours minimum per week)
	\$217.53	Daily Rate for ASAM Level 2.1 (9 or more hours per week)
	\$14.50	15 minutes (1 unit) for ASAM Level 1
Family Therapy	\$101.93	Per Session without patient
	\$105.88	Per Session with patient
Room & Board (R&B)	Adult \$61.45 Adolescent \$74.97	Per service day (individual occupancy at 12:00AM)
	\$7.25	15 minutes (1 unit)
Recovery Coach/Peer Support	\$7.25	15 minutes (1 unit)
Urine Analysis	\$14.86	Limit 1 per day

Methadone Maintenance	\$19.46	Weekly (face to face visit two or less times)
	\$8.92	Daily (face to face visit three or more times)
	\$1.00	Take home medication per day
Transportation	\$0.56 per mile	This rate applies to dates of services prior to 9/30/21
	\$0.45 per mile	This rate applies to dates of services on or after 10/1/21 Provider administrative costs cannot exceed individual reimbursement

Screening

- Screening tools require pre-approval by the Behavioral Health Division (BHD)
- No prior authorization required

Assessment

- An assessment must be completed indicating a need for further SUD assessment
- No prior authorization required

Individual, Group, and Family Therapy

- ASAM services of Individual, Group, and Family Therapy are reimbursable services if the program identifies using best practices previously approved by the BHD
- The purpose of the Individual, Group, and/or Family Therapy must be identified in treatment planning
- All progress notes must include the date of service and duration of service and identify the medical necessity of the intervention
- No prior authorization required

Room & Board

- Room & Board service day is identified as the day an individual occupies a bed up to midnight of the same day
- The purpose of utilizing Room & Board must be identified in treatment planning
- Prior authorization required

Recovery Coach/Peer Support

- Service must be provided by a Certified Recovery Coach through a program approved by the BHD
- The purpose of the intervention must be identified in treatment planning
- Progress notes must include the date of service and duration of service and purpose of contact
- No prior authorization required

Urine Analysis (UA)

- UAs are reimbursed once per day
- The purpose of the intervention must be identified in treatment planning
- No prior authorization required

Transportation

- The purpose of the intervention must be identified in treatment planning
- Provider is required to submit transportation policy to BHD for approval

- Prior Authorization is required along with address verification documentation such as google maps or travel reimbursement plan
- There will be no mileage cap per round trip to ensure access to care for those who travel extensive distance to receive treatment services
- Provider will supply individual with payment as they deem appropriate. Reimbursement details must be outlined in provider policy
- Reimbursement calculated from individual home address to provider address
- Proof of payment to individual will be required. Providers will be subject to random audits of these records
- Provider will provide repayment to the SUD Voucher if an audit finds discrepancy in reimbursement history
- Per recertification practices, an individual's place of residence will need to be confirmed or updated monthly. If a residential move has occurred, proof of address must be submitted
- Reimbursement may be partially approved or denied based on address verification and actual dates of service discrepancies

Methadone Maintenance

- **Weekly**
 - The purpose of the intervention must be identified in treatment planning
 - If an individual receives services two or less times, this weekly rate can be applied
 - The reimbursement is for the cost of methadone and dispensing fee
 - This weekly rate must be accepted as full and final payment for the service
 - Prior authorization required
- **Daily**
 - The purpose of the intervention must be identified in treatment planning
 - If an individual receives services three or more times, this daily rate can be applied
 - The reimbursement is for the cost of medication, medication dispensing and a brief assessment
 - This daily rate must be accepted as full and final payment for the service
 - Prior authorization required
- **Take Home Medication**
 - The purpose of the intervention must be identified in treatment planning
 - The reimbursement is for the cost of methadone medication for take home doses
 - Prior authorization required

Out-of-Pocket (OOP) Expenses

- The purpose is to reduce barriers such as high insurance deductibles, out of pocket costs, co-insurance, etc. for individuals to access services
- Supporting insurance documentation must be submitted with all prior authorization requests in the PPS
- Exception request must be submitted with the individual application in the PPS
- Allowable services are listed above under Service Reimbursement Rates and Requirements

***The Voucher is unable to cover services that are denied by an insurance company due to not meeting medical necessity. Medical Necessity: An accepted health care service provided by health care entities that is appropriate to the evaluation and treatment of a disease, condition, illness, or injury, and is consistent with the applicable standard or care.**

Process and Outcome Measures

Programs utilizing the SUD Voucher are required to assess each individual at the beginning and again when completing services. Ultimately, process and outcome measures will assist with future planning and funding efforts, identify where targeted training and technical assistance is needed, and to provide information to the ND Legislature and Stakeholders.

All outcome measures are completed within the PPS. Before billing can be initiated, baseline measure must be completed for each individual. Discharge outcomes are required when an individual has been discharged from the program. Annual updates are required if no discharge outcomes have been submitted.

Program Overview and Outcomes Measures can be viewed here

<https://www.behavioralhealth.nd.gov/sites/www/files/documents/SUD%20Voucher.pdf>

	Process Measures	Outcome Measures
What is it?	Describes what was DONE	Identifies RESULTS
What is an Example?	How many individuals were served or how many individuals completed treatment	What percentage of individuals experienced improvement in health, home, community, and purpose
How is it captured?	Questions are submitted within the Portal Payment System (PPS)	Providers complete Baseline Measures, Discharge Outcomes and Annual Update within the PPS.
Why is this important?	Process Measures will assist with identifying what services were provided across ND and who accessed the SUD Voucher	Outcome measures will identify the effectiveness of the services provided under the SUD Voucher
Is this information kept confidential?	BHD is required to maintain confidentiality consistent with 42 CFR Part 2 and 45 CFR Part 164 requirements	