

## **DBHR Guidance Document**

### **SUD Residential and Outpatient Services Overlap**

With the transition of SUD Services into the BHO managed care environment, whether or not a BHO could have an open SUD outpatient benefit/authorization while a client is in Residential Treatment would be entirely up to the BHO and how they contract with their provider network. We recognize that closing and re-opening an outpatient episode could pose a barrier to smooth and timely transition between residential and outpatient treatment.

On the mental health side, as you noted, this is frequently tracked as Rehab Case Management. Other RSNs also provide this service through the Individual Services modality as described in the mental health SPA. While the Rehab Case Management service is not available under the SUD SPA, there are several options for providing outpatient services to an individual receiving residential treatment:

1. The service could be tracked as a Case Management Encounter, under the SUD SPA, if the individual meets the requirements enumerated in the SPA:
  - a. Section D of Case Management Description states: “Description of Services: Case management will be used to either involve eligible clients in chemical dependency treatment to support them as they move through stages of chemical dependency treatment within or between separate treatment agencies.”
  - b. Since this is Targeted Case Management, the service recipient could not be receiving any other type of case management service. As per the State Plan: “Payment for case management services under the plan will not duplicate payments made to public agencies or private entities under other program authorities [for] this same purpose.”
  - c. The service should be ordered on the Individual’s OP treatment plan.
  - d. The service could only be provided by a CDP or CDPT employed by the OP SUD Behavioral Health Agency.
  
2. The service could be tracked as an individual outpatient service provided out of facility. This service could be Medicaid for Medicaid enrollees or also funded with SABG or state funds.
  - a. The service would need to be ordered on the OP treatment plan.
  - b. The service could only be provided by a CDP or CDPT.
  
3. The service could be provided as a Recovery Support Service funded the SABG or State only funds.
  - a. The Recovery Support Service would need to be identified on the Individual’s Service Plan.
  - b. The Recovery Support Service could be provided by a range of providers, beyond CDPs or CDPTs.

Guidance in SERI will provided explaining that these services mentioned above can be provided when an individual is receiving residential chemical dependency treatment. SERI will be updated to reflect these changes at the time of the next regular SERI update.