DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

State Demonstrations Group

May 21, 2019

Nicole Comeaux
Director, Medical Assistance Division
New Mexico Human Services Department
State Capitol
Room 400
Santa Fe, NM 87501

Dear Ms. Comeaux:

The state of New Mexico submitted its Substance Use Disorder (SUD) Implementation Protocol as required by special terms and condition (STC) 51 of the state's section 1115(a) demonstration (11W-00285/6) entitled "Centennial Care 2.0 1115 Medicaid Demonstration." The Centers for Medicare & Medicaid Services has reviewed the SUD Implementation Protocol and determined it is consistent with the requirements outlined in the STCs; therefore, with this letter, the state may begin receiving Federal Financial Participation for New Mexico Medicaid recipients residing in the Institutions for Mental Disease setting under the terms of this demonstration for the period starting with the date of this approval letter through December 31, 2023. A copy of this approved protocol is enclosed and is also hereby incorporated into the STCs as Attachment M.

If you have any questions, please contact your project officer, Ms. Sandra Phelps, at (410) 786-1968 or by email at Sandra.Phelps@cms.hhs.gov.

We appreciate your cooperation throughout the review process.

Sincerely,

/s/

Angela D. Garner
Director
Division of System Reform Demonstration

Enclosure

cc: Bill Brooks, Director DMFO CMCS – South
Shantrina Roberts, Deputy Director DMFO CMCS – South

Centennial Care 2.0 Medicaid 1115 Demonstration
Appendix M
SUD Implementation Plan Protocol

Introduction

The prevalence of Substance Use Disorders (SUDs) in the United States occurs in 5-6 percent of the population (Ritchie, H. & Roser M, (2018), Substance Use, *Institute of Health Metrics and Evaluation*), with alcohol substantially outweighing other substances. In New Mexico, the statistics exceed those of the nation:

- Alcohol related injury deaths are 1.6 times the national average;
- In the reporting period 2012-2016, drug overdoses surpassed alcohol related motor vehicle traffic crashes;
- Unintentional drug overdoses account for almost 86% of drug overdose deaths with the most common drugs accounting for deaths in descending order being prescription opioids, benzodiazepines, cocaine, and methamphetamines;
- New Mexico records 1.9 times the national average for deaths from suicide;
- The negative consequences of excessive alcohol use in New Mexico are not limited to death but also include domestic violence, crime, poverty, and unemployment as well as chronic liver disease, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems.

New Mexico has made significant advances in recent years in our services to both combat and treat OUD and SUD. We halted the increasing overdose trend from the highest rate among states to 13th. We must consider, however, that the upward trends of other states also impact this. However, New Mexico continues to be the top state in alcohol-related deaths and 3rd in suicides. We still have much work to do. The following link represents NM OUD/SUD statistics: https://www.nmpharmacy.org/resources/2018%2006%2023%20-%20NMPhA%20Law%20Update.pdf.

Research reported by Ritchie and Roser suggests that "the transition from intermittent or regular use toward addiction and relapse are most strongly influenced by a mixture of stress response, environmental factors, genetic predisposition to addiction and importantly the drug-induced effects which often create a cycle of addiction and relapse." The Ritchie/Rose article also relates mental health as a risk factor for SUD postulating that a person with a mental health condition is 1.1 to 6.3 times more likely to develop a SUD. ADHD, bipolar disorder, intermittent explosive disorder, and PTSD are among the top diagnoses signaling risk.

For these reasons New Mexico's continuum of SUD services and its implementation plan also includes:

- Treatment of co-occurring mental health conditions with a primary diagnosis of SUD;
- A focus on the integration of SUD screening in physical health provider locations;
- The introduction of behavioral health counselors in primary care agencies, and primary care practitioners in behavioral health agencies; and
- Interdisciplinary teaming with the Medicaid beneficiary and his/her natural supports to treat not only the person with the SUD, but also the family or natural support system.

New Mexico's 1115 waiver application supports and focuses its SUD evaluation on the six goals developed by CMS:

1. Increased rates of identification, initiation and engagement in treatment for OUD and other SUDs;
2. Increased adherence to and retention in treatment for OUD and other SUD;
3. Reductions in overdose deaths, particularly those due to opioids;
4. Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;
5. Fewer readmissions to the same or higher level of care where readmission is preventable or medically inappropriate for OUD and other SUD; and
6. Improved access to care for physical health conditions among beneficiaries with OUD or other SUDs.

This implementation plan will describe services currently in place, and put forward our plans to implement new services, i.e. our gaps in service options. It is based upon American Society of Addiction Medicine (ASAM) levels of care for the continuum of care, and is organized by CMS's SUD milestones:

1. Access to critical levels of care for OUD and other SUDs
2. Widespread use of evidence-based, SUD-specific patient placement criteria;
3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications;
4. Sufficient provider capacity at each level of care, including Medication Assisted Treatment (MAT);
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
6. Improved care coordination and transitions between levels of care.

Milestone 1: Access to critical levels of care for OUD and other SUDs

0.5 – Early Intervention: Screening & prevention

Current State:
Screening, Brief Intervention, and Referral for Treatment*:* New Mexico is in the final year of a SAMHSA grant to promulgate Screening, Brief Intervention and Referral for Treatment (SBIRT) for adults. NM SBIRT services are intended to identify individuals with risky alcohol and drug behavior and provide a brief intervention or a referral to treatment, if necessary. NM SBIRT has provided services to emergency rooms, health clinics, and primary care offices in targeted areas, and in an Indian Health clinic.

Both the NM Managed Care organizations and the CareLink New Mexico Health Homes (CLNM) promote prevention through their disease management programs to manage chronic illnesses and prevent risk factors such as SUD.

NM State Plan does not support all screening and prevention activities in the categorically needy:

Screening & prevention	3.1-A	Pg 5

Future State Implementation Plan:

Strategic importance: Early detection of SUD and concomitant behavioral health conditions in a physical health environment at which an individual is more likely to visit has not been a focus. Moving this service and a behavioral health practitioner into an environment that is more natural for an individual can offset what may be an escalating behavioral health condition.

1) Expand SBIRT to include adolescents.
2) Include SBIRT in other physical health settings beyond the targeted areas identified in the discretionary grant. This will include eligible providers and practitioners.
   A) Providers:
      - Primary care offices including FQHCs, IHS and 638 tribal facilities;
      - Patient centered medical homes;
      - Urgent care centers;
      - Hospital outpatient facilities;
      - Emergency departments;
      - Rural health clinics;
      - Specialty physical health clinics; and
      - School based health centers.
   B) Practitioners, who must be trained in SBIRT, may include:
      - Licensed nurse;
      - Licensed certified nurse practitioner or licensed clinical nurse specialist;
      - Behavioral health practitioner;
      - Certified peer support worker;
      - Certified family peer support worker;
      - Certified community health worker;
      - Licensed physician assistant;
      - Physician;
      - Medical assistant; and
      - Community health representative in tribal clinics.
3) Staff training and/or certification requirements for SBIRT approved practitioners:
   A) General requirements (can be in person or webinar based):
      - Attest to all agency/clinic mandatory trainings and clearances;
      - Evidence of current professional licensure;
      - Peer and family Peer Support Workers - evidence of current CPSW/CFPSW certification or enrollment in classes to receive certification; and
      - Evidence of annual HIPAA training.
      - Harm Reduction 101;
      - SBIRT 101 including a warm handoff process;
      - Training in the scoring of the screening tools utilized;
      - 42 CFR part 2; and
      - Naloxone/Overdose prevention.
   B) Specific training for the clinician delivering the BI (all required):
      - Motivational Interviewing (by a MINT trainer);
      - QPR (Suicide Prevention);
      - Community Reinforcement Approach (CRA); and
      - Reviews of Audit-10; GAD-7; PCL-C; PHQ-9 and DAST-10
   C) Suggested for Behavioral Health Counselors/Therapists

- Seeking Safety
- IMPACT

Subject to Approval of 1115 Demonstration and State Plan Amendment Summary of Actions Needed – Early Intervention

Action	Timeline	Responsible entity
Submit to CMS the SUD State Plan Amendment including screening, prevention, and SBIRT services	3/1/19 – 3/31/19	MAD
Solicitation of interested providers for SBIRT	1/01/19 – 3/31/19 (ongoing)	BHSD
Provider Staff Training and University clinical student training for SBIRT	1/01/19 – 12/31/20 by groups	BHSD, LifeLink, UNM
Implementation of SBIRT in provider agencies	4/01/19 – 12/31/20 by groups	BHSD, UNM, LifeLink
Complete BH rule promulgation	1/01/19 – 12/31/19	Program Policy Bureau
Add SUD to beneficiary eligibility criteria for CLNM health homes through SPA and rule - which includes all OUD/ SUD screening	6/31/19 – 12/31/19	Medicaid BH Manager & BHSD HH Program Manager
Update and Publish CLNM policy Manual	7/01/19 – 12/31/19	HH Program Manager
Continue the statewide education of naloxone use and availability of the kits	1/01/19 – 12/31/20	HSD

1.0 – Outpatient Services: Less than 9 hours of services/week for adults, and less than 6 hours of services/week for youth.

Current State:
Outpatient Treatment: Medicaid enrolled providers currently deliver outpatient services to New Mexicans throughout each region of the State. Outpatient programs include individual, group and family counseling and provide services specific to elders, adolescents, youth, men and women both within managed care and fee-for-service which is primarily our Native American population. Tele-medicine is also available for many services to accommodate frontier regions with few resident practitioners.

Specialized OP services targeting SUD are available in some areas and are inclusive ~~comprised~~ of:

- Comprehensive Community Support Services to promote recovery, rehabilitation and resiliency for SUD, SED and SMI – all ages. This culturally sensitive service coordinates and provides services and resources to an eligible recipient and his or her family necessary to promote recovery, rehabilitation and resiliency. CCSS identifies and addresses the barriers that impede the development of skills necessary for independent functioning in the eligible recipient's community, as well as strengths that may aid the eligible recipient and family in the recovery or resiliency process
- Crisis intervention services for BH crises – all ages, beneficiaries

- Family Support Services to enhance the family's strengths, capacities and resources to promote recovery and resiliency, and the behavioral health goals of the beneficiary – all ages
- Medication assisted treatment (MAT) for opioid use disorders – any age with OUD: MAD pays for coverage for medication assisted treatment (MAT) for opioid use disorder to an eligible recipient as defined in the Drug Addiction Treatment Act of 2000 (DATA 2000) and subsequent Comprehensive Addiction and Recovery Act (CARA) 114-198. Services include 1) an assessment and diagnosis by the prescribing practitioner as to whether the recipient has an opioid abuse diagnosis and their readiness for change; 2) an assessment for concurrent medical or behavioral health illnesses; 3) an assessment for co-occurring substance abuse disorders; 4) educating the recipient as to differing treatment options prior to starting treatment; 5) a service plan that prescribes either in house counseling or therapy, or referral to outside services; and 6) skills building and recovery and resiliency support. Multi-systemic therapy for SED, SUD, justice involved, and at risk for out of home placement – 10 to 18 years of age
- Opioid Treatment Program in methadone clinics for withdrawal treatment - adults
- Recovery Services with peer-to-peer support to develop and enhance wellness and health care practices for chronic SUD, SMI and SED – all ages
- Legislation is in place to facilitate the use of telehealth to expand access to clinical services and telehealth is a reimbursable service through NM Medicaid.

<u>Recent initiatives currently in place:</u>

- Expanded access to counseling and therapy beyond normal business hours to include evening and weekend hours through rate differential
- Expanded access to recovery services, peer and family support services through additional training and reimbursable codes
- Updated NMAC regulation to cover peer support workers for individual and group skill building work, particularly for SUD beneficiaries;
- Added community-based crisis stabilization centers for less than 24 hours of triage, de-escalation, and stabilization services with trained behavioral health and physical health practitioners. This is available for ages 14 and over. It serves as an alternative to emergency department use, or incarceration, and will target overdose and threatened suicidal events.
- Added family peer support workers to the workforce to emphasize not only "person centered" service, but "family-centered" service, as recovery and resiliency rests on not only individual efficacy, but on a strong and educated support system.
- Increased rate for mobile crisis teams to incentivize more teams; particularly in frontier areas where there is limited access to services

<u>Opiate Treatment Program (OTP)</u>: Daily or several times weekly opioid agonist medication and counseling to maintain multidimensional stability for those with severe opioid use.

New Mexico has a system for development of OTPs and process for expanding throughout the state. The OTPs offer medication assisted treatment using methadone or buprenorphine and counseling. They are regulated and approved through the state opioid treatment authority (SOTA). Appendix M, Attachment A outlines the process for adding new OTPs.

NM State Plan supports OP and OTP services:

Crisis services	State Supplement A to attachment 3.1A	Page 21
Medication Assisted Treatment	State Supplement A to attachment 3.1A	Page 21d
CCSS	State Supplement A to attachment 3.1A	Page 21b
MST	State Supplement A to attachment 3.1A	Page 21c
OP hospital	State Supplement A to attachment 3.1A	Pages 1,2
FQHC, CMHC	State Supplement A to attachment 3.1A	Pages 5b, 5c
Behavioral Health	State Supplement A to attachment 3.1A	Pages 9 – 10a
EPSDT	State Supplement A to attachment 3.1A	Pages 5a – 5g

Implementation Plan for Future State of 1.0 Outpatient Medicaid covered services:

1) Include the ability to expand treatment services for OTPs. Previously, our methadone clinics did not provide many outpatient services except for the mandated one hour of counseling per month, and the initial physical exam and prescribing and administering methadone. We are now adding other forms of MAT, additional counseling and therapy, intensive outpatient services, recovery support services, and comprehensive community support services. This will facilitate a recipient receiving services in one location, particularly the one within which they are most comfortable. Additional medical treatments may also be added to serve the individuals in an integrated care model

2) Add Behavioral Health Agencies to the provider types that can deliver Comprehensive Community Support Services (CCSS) to expand this highly needed service for SUD beneficiaries in more areas of the state. CCSS builds the skills necessary for an individual to live more successfully in the community, offers recovery and resiliency support, and links the recipient with other services to meet their needs such as housing, nutrition and employment supports. Most of the work is accomplished in the community rather than in a clinic with the certified peer support worker often accompanying the recipient until the recipient becomes more self-sufficient. Because the providers are most often peer support workers under supervision, they have demonstrated maximum effectiveness.

3) Add SUD as admission criteria for CCSS; it was previously restricted to those with a serious mental illness (adults) or severe emotional disturbance for children/adolescents. This service is focused on surrounding individuals/families with the services and resources necessary to promote recovery, rehabilitation and resiliency. Community support activities address goals specifically in the following functional domains: independent living, learning, working, socializing and recreation.

4) Further the “Treat First Clinical Model” which allows treatment of presenting conditions without requiring a full comprehensive assessment or diagnostic evaluation before attending to the reason for which the recipient presented. A provisional diagnosis is utilized for billing purposes. It also allows for immediate referral to CCSS services often rendered by a peer. This has already been shown to decrease the “no show” rate, particularly in the SUD and homeless population. Providers already certified in Treat First, have also significantly increased their open access hours to immediately capture

individuals when their need presents without being placed on a “wait list” for an appointment.

5) Add coverage for interdisciplinary teaming to incentivize the collaboration of physical health, mental health, and social determinants of health, as many of the NM population with substance use disorders also have significant mental health and physical health disorders and navigating all concerns is difficult for these beneficiaries. Interdisciplinary teaming requires the recipient be present with the differing practitioner disciplines at significant times in their rehabilitative journey.

6) Expand training in best practices for substance use detoxification by UNM/CBHTR (see Appendix M, Attachment B)

7) Ambulatory withdrawal management: via administrative code add as a service in crisis stabilization centers

8) Add crisis intervention services that are community-based crisis intervention services which are immediate, crisis-oriented services designed to ameliorate or minimize an acute crisis episode or to prevent inpatient psychiatric hospitalization or medical detoxification. Services include four types of crisis services: telephone crisis services; face-to-face crisis intervention in a clinic setting; mobile crisis services; and outpatient crisis stabilization services. Crisis stabilization services are outpatient services for up to 24-hour stabilization of crisis conditions which may, but do not necessarily, include ASAM level two withdrawal management, and can also serve as an alternative to the emergency department or police department. Eligible population is 14 years and older or adult only.

9) BHSD has disseminated the HHS guidance for prescribing MAT via telehealth to all opioid treatment programs which is attached. This guidance is included in the NM Medicaid Behavioral Health Policy Manual.

   All STR and SOR funded trainings related to Medication Assisted Treatment include specific information and guidance to attendees about the use of telehealth when setting up buprenorphine initiatives. This new guidance provides a hands on mentorship experience for providers in rural areas who are considering applying their own DEA waiver to prescribe buprenorphine and is consistent with New Mexico’s goal of increasing capacity for Medication Assisted Treatment throughout the state.

Summary of Actions Needed – LOC 1.0

Action	Timeline	Responsible entity
Schedule further trainings such as MAT, DATA waiver 2000, to expand access to buprenorphine.	Ongoing	HSD, UNM
Alert Behavioral Health providers to the additional benefits effective 1/01/19: additional counseling in an OTP, MAT through telehealth, crisis stabilization, additional access after-	1/01/19 – 6/31/19	HSD, CYFD, Primary Care Assoc., NM Hospital Assoc., NM BH Provider Association

hours and week-ends, reimbursable interdisciplinary teaming with the recipient; peer support; family peer support the use of non-independent practitioners in more agency types; and CADCs which are now reimbursable.		
Complete promulgation of BH rule which adds the above listed benefits	1/01/19 – 12/31/19	MAD
Complete the publication of the BH Billing and Policy manual which clarifies many benefits intended to encourage provider participation: the reimbursement of masters level behavioral health interns, the addition of agency types that can utilize non-independent licensed practitioners and peer support workers, i.e. opioid treatment programs, behavioral health agencies, political subdivision of the state such as court systems, counties, cities once they are enrolled in Medicaid, and crisis stabilization and triage centers.	1/01/19 – 3/31/19	MAD
Expand the learning communities for the treat first model, and the Treat First University to continue exploring new initiatives to expand access to BH services;	On-going	BHSD
Explore collaborative opportunities with County organizations for crisis services.	4/01/19 – 12/31/22	HSD, NM Assoc. of Counties
Work with opioid treatment programs to expand services with additional counseling, peer support, and buprenorphine in addition to methadone.	4/01/19 – 12/31/19	BHSD
Process and add 2 new OTPs that have applied and are pending	1/01/19 – 6/31/19	BHSD
Process and add 4 new OTPs that are in process	7/01/19 – 12/31/19	BHSD
Process and add new OTPs as they apply	Ongoing	BHSD
Conduct an analysis for results on CY 1 activities related to availability of providers for OP services in all	10/01/19 – 12/31/19	HSD

regions of the state, including MAT, tele-medicine, and after-hours access		

2.1– Intensive Outpatient Services: Adult: 9 or more hours of services/week; youth: 6 or more hours of services per week to treat multi-dimensional instability

Current State:
Certified Medicaid enrolled providers offer intensive outpatient (IOP) services for SUD to New Mexicans throughout each region of the State. IOP programs offer treatment activities weekly based on individual needs and the evidence-based practice that the providers use. These activities consist of a combination of psycho-educational groups, individual, group, and/or family therapy sessions.

NM State Plan supports intensive outpatient services:

Behavioral Health	State Supplement A to attachment 3.1A	Pages 9 – 10a

Future State Implementation:

Strategic importance: IOP, through the weekly hours of engagement, offers the support for both recovery and developing the resiliency necessary to change the habits that have adversely affected an individual's life. Both through education based on the reasons why, and the effects on the brain, body and behaviors, and the support of group activities with individuals with similar struggles, positive changes are more likely to occur. In offering evidence-based models and groups specific to the range of ages of enrollees, success is more likely.

Expand this level of service to Opioid Treatment Programs. This will enhance the continuity of care and provide more access to this service in an environment in which the individuals are comfortable.

Continue to add more evidence-based models for specific ages or distinct groups, for example drug court individuals through moral reconation therapy to decrease recidivism.

There is no waiver request

Summary of Actions Needed:

Action	Timetable	Responsible entity
Complete the promulgation of the BH rule	1/01/19 -12/31/19	MAD
Support the OTPs in the application and training process for adding IOP as a service.	4/01/19 – 12/31/19	BHSD
Complete the publication of the BH Billing and Policy manual which clarifies many benefits intended to encourage provider participation: the reimbursement of licensed substance abuse associates for some services; the use of interns, the addition of agency types that can utilize	1/01/19 – 3/31/19	HSD

non-independent licensed practitioners and peer support workers, i.e. for 2.1 level of care such as behavioral health agencies, political subdivision of the state such as court systems, counties, and cities once they are enrolled in Medicaid.		
Continue to investigate and add more EBPs to the approved list of proven models for recovery	1/01/19 - ongoing	HSD
Conduct an analysis of available programs for all applicable age levels across the state.	10/01/19 – 12/31/19	HSD & CYFD

2.5 - Partial Hospitalization: 20 hours or more per week of clinically intensive programming with direct access to psychiatric, medical and lab services.

Current State:
Partial hospitalization is a covered service for youth as part of EPSTD in a psychiatric hospital.

NM State Plan supports partial hospitalization services:

OP hospital	State Supplement A to attachment 3.1A	Pages 1,2
EPSDT services	State Supplement A to attachment 3.1A	Page 5a

Future State Implementation:
No waiver request; through SPA and administrative code

Strategic importance: This service is particularly important because it is designed to stabilize deteriorating conditions in a supportive medical and behavioral environment and avert inpatient hospitalization. It can also be a step-down strategy for supportive transitions for individuals with SUD, SMI, or SED who have required inpatient hospitalization, and are not yet ready for complete community existence. It keeps them in a structured environment with intensive services, while preparing for community living by having them return home in the evening. The program works with the family as well as the individual to enhance success at home and avert additional hospitalizations.

1) Expand partial hospitalization to cover adults, youth and children with SMI/SED/SUD, and
2) Expand partial hospitalizations to acute care hospitals with a psychiatric unit.
3) Increase reimbursement rate for partial hospitalization to encourage greater service delivery.

Summary of Actions Needed:

Action	Timetable	Responsible entity
Complete the promulgation of the BH rule which re-drafts regulation and reimbursement for partial hospitalization to encourage hospitals to add this service.	1/01/19 - 12/31/19	MAD
Include in State Plan Amendment for SUD continuum of care	1/01/19 – 3/31/19	MAD
Work with hospitals to add this service	1/01/19 – 12/31/19	HSD

2.0 withdrawal management: Ambulatory withdrawal management with exended on-site monitoring

3.1 Clinically managed low-intensity residential services: 24 hour structure; at least 5 hours of clinical service/week

3.2 withdrawal management (WM) – clinically managed residential withdrawal management: 24 hour structure

3.3 – Clinically managed population specific residential services: 24-hour structure, high intensity clinical services with a less intense milieu and group treatment for those with cognitive or other impairments

3.5 – Clinically managed high intensity residential services: 24 hour care, high intensity services for persons who cannot be treated in less intensive levels to stabilize mult-dimensional needs and/or safety issues

3.7 – Medically Monitored intensive residential services: 24 hour nursing care with physician availability for significant problems with acute intoxication and/or withdrawal potential, biomedical conditions and complications, or emotional, behavioral, or cognitive conditions and complications with 16 hour/day counselor availability.

3.7 withdrawal management (WM) – medically monitored residential withdrawal management with 24 hour care with physician availability

Current State:
Not currently available for adult Medicaid population

NM State Plan supports hospitalization and residential treatment for youth through EPSDT services:

EPSDT Services not otherwise in the State Plan	State Supplement A to attachment 3.1A	Page 5a

Future State Implementation subject to 1115 waiver and State Plan Amendment approval:

Strategic importance: When a less restrictive setting is not sufficient to engender change, residential care is often medically necessary.

1) Include 2 WM, 3.2, 3.5, and 3.7 WM in crisis triage centers for adults and adolescents;
2) Include 3.1 in step down accredited residential treatment centers for SUD and co-occurring conditions to prepare beneficiaries for community-based services and living;
3) Include 3.2, 3.3, and 3.5 in adult accredited residential settings for individuals with SUD and co-occurring conditions; and
4) Include 3.7 and 3.7 WM in shorter term accredited residential settings with enhanced clinical support for beneficiaries with SUD

Summary of Actions Needed:

Action	Timetable	Responsible entity
Develop & submit State Plan Amendment which delineates new services at every level of care for both MCO members and fee-for-service recipients. The new services are SBIRT and other screening tools (ASAM 0.5); peer support and family peer support services, ambulatory withdrawal management in crisis stabilization centers (ASAM 1.0); IOP for SUD in an OTP (ASAM 2.1); partial hospitalization for SUD from ages 14 and over (ASAM 2.5); accredited residential treatment centers for adults with SUD (ASAM 3), and SUD treatment in an inpatient IMD (ASAM 3.7 & 4.0).	1/01/19 – 4/01/19	HSD
Align Department of Health standards for crisis triage centers with behavioral health certification and with BH rule;	1/01/19 – 6/31/19	HSD
Complete promulgation of the behavioral health rule that includes crisis triage centers;	1/01/19 – 12/31/19	HSD
Provide technical support to residential providers to become accredited;	1/01/19 – ongoing	HSD
Schedule trainings on best practices for withdrawal management through UNM/CBHTR;	1/01/19 – 12/31/19	UNM

3.7 - Medically Monitored Inpatient Withdrawal Management: 24-hour nursing care with physician availability for significant problems with acute intoxication and/or withdrawal potential, biomedical conditions and complications, or emotional, behavioral, or cognitive conditions and complications. 16 hour/day counselor availability

4.0 - Medically Managed Intensive Inpatient: 24-hour nursing care and daily physician care for severe unstable problems with acute intoxication and/or withdrawal potential, biomedical conditions and complications, or emotional, behavioral, or cognitive conditions and complications. Counseling available to engage patient in detox treatment.

Current State:

New Mexico funds inpatient services through acute care hospitals. At present this service is underutilized for withdrawal management (de-toxification).

IMDs currently have a 15-day limit for ages 21 through 64 for MCO coverage only as an “in lieu of service” and restricts services to withdrawal management. There is no coverage for the over 65 age range.

NM State Plan supports IP services in acute care and limited IMD services:

Inpatient	Supplement A to attachment 3.1A	Page 1
EPSDT IP and residential for psychiatric/SUD	Supplement A to attachment 3.1A	Page 5a
IMD – over 65	Attachment 3.1A	Page 6
IMD – under 22	Attachment 3.1A	Page 7

Future State Implementation subject to 1115 demonstration and SPA approval:

Strategic importance: Emergency rescue education for overdose through naloxone must be made increasingly pervasive, and then follow-up de-toxification in a hospital if medically necessary must be available. There is much encouragement to hospitals still needed.

1) No regulatory changes are expected for acute care hospitals; continue educational opportunities.
2) Delete the 15-day time restriction in IMDs, and add coverage for over 65 age range, but continue SUD specificity.

Summary of Actions Needed:

Action	Date	Responsible entity
Schedule trainings for acute care hospitals on best practices for withdrawal management	10/01/19 – 12/31/19	UNM
Complete the promulgation of NM Administrative code for behavioral health;	1/01/19 – 12/31/19	MAD
Offer directive to MCOs and IMDs to re-negotiate contracts related to reimbursement for IMDs;	1/01/19 – 6/31/19	MAD
Develop and submit to CMS the State Plan Amendment for SUD which includes coverage for adults with SUD from ages 18 and above, and adults over 65 for SUD and mental illness.	1/01/19 – 4/01/19	MAD
Develop a report that shows the average length of stay for adult ARTCs across the state. LOS will be specific for each of the 3 levels of care within an ARTC.	7/01/19 – 12/31/19	HSD

Milestone 2: Widespread use of evidence-based, SUD-specific patient placement criteria

Strategic importance: One size does not fit all. The medical necessity for residential care is very specific for differing stages and intensity of illness, and for different age groups, and for individuals with different cognitive abilities and readiness for change and are perfectly articulated through the ASAM placement criteria. That is why New Mexico's placement criteria will be based on ASAM criteria, and why we will require all accredited residential centers and MCOs that will be providing prior approval to have the same training so that consistency across all entities can be the expectation. To assure the most effective placement for the individual, we will also not require authorization until five days into a stay so that appropriate assessment as to

level of care needed has been determined. Prior authorization will also be required between transitioning to a different level of residency and care.

Current state:
New Mexico relies on evidence-based practices and clinical practice guidelines for all aspects of provider development, treatment authorization and recovery. The State developed level of care guidelines for some services and will utilize ASAM level of care guidelines for SUD services. . The NM Human Services Department has created a BH policy manual that informs providers of expectations for specific placement, staffing and treatment guidelines for SUD treatment services.

Future State Implementation:

Schedule trainings on ASAM	1/01/19 – 12/31/19	CYFD, HSD
The state is developing the standards for prior authorization for the MCO and the review tools for appropriate placement and utilization, together the instruments will ensure proper placement aligned with ASAM criteria.	1/01/19 – 6/31/19	
Edit current report #41 (attached as C: Utilization Mgmt Review Tool) to specify each ASAM level of care	7/01/19 – 9/30/19	HSD
Train and standardize prior authorization procedures for all MCO and FFS authorization staff in ASAM placement criteria to assure beneficiaries are placed in the correct LOC, i.e. extended partial hospitalization, accredited residential treatment centers, and inpatient admissions.	1/01/19 – 6/31/19	BHSD
Conduct an independent evaluation of placement criteria and utilization management for all levels of ARTCs	10/01/21 – 12/31/21	HSD

Milestone 3: Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications

Current State: NM Medicaid does not cover adult residential treatment centers

Future State Implementation subject to 1115 waiver and State Plan Amendment CMS approval:

- Standards: Because all residential treatment centers must be accredited by Joint Commission (JC), or Commission on Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation (COA) our regulation states that “all MAD services are subject to utilization review for medical necessity, inspection of care, and program compliance. Follow up auditing is done by the accrediting agency per their standards”. A composite of their standards includes:

- Leadership
- Governance
- Workforce Development and Management
- Financial Planning and Management
- Information Management
- Legal Requirements
- Rights of Persons Served
- National Patient Safety Goals
- Infection Prevention and Control
- Care, Treatment and Services including record keeping of same
- Screening and Access to Services
- Assessment
- Service Planning and Monitoring
- Emergency Management
- Risk Management
- Medication Management
- Medical Care and Clinical Support Team
- Detoxification Treatment
- Promoting Non-Violent Practices
- Transition/Discharge
- After Care and Follow-Up
- Performance Improvement

In addition, HSD will certify each ARTC before they are enrolled in Medicaid to assure compliance with ASAM standards of care for each level, staffing plans, and hours of service, and types of service. Below are the proposed sections of the HSD ARTC certification, to be completed in the first quarter.
Recommended requirements:

- Review of Policies and Procedures
    - Listing of specific policies and procedures to be submitted are in development.
- Documentation of staff ASAM training
- Copies of clinical staff licensure, also DEA# (for physician)
- Table of Organization demonstrating staffing appropriate to ASAM Level(s) of Care and appropriate oversight
- Copy of service schedule
- Attestation showing that required clinical staff are available at the required times per ASAM Level(s) of Care (attest to understanding of requirements and standards, bullet pointing the requirements for the specific ASAM Level of Care). Attestations shall be signed by the CEO/ED or designee and notarized.
- Copy of Assessment Template (including ASAM assessment for each domain, summary, and placement recommendations)
- Copy of Treatment Plan Template (to include ASAM
- Copy of Current Accreditation Certificate (JC, CARF, COA)
- Electronic submission of application materials is acceptable.
- Site visit: Chart review ASAM Risk matches ASAM Level of Care Provided, services provided match schedule provided and meet agencies chosen ASAM Level(s) of Care

- Review Tool in development.
- Review all ARTCs for inclusion of MAT either on-site or through referral relationships;

Notes:

- No provisional certification.
- Cost Analysis/Rate Setting application submitted, reviewed, approved, and sent to MCO's (rate for each of the Levels of Care). Cost Analysis based on state fiscal year.
- Interim rate might be available through Myers and Stauffer through January 2019.
- If nationally recognized accreditation body (JC, CARF, COA) and ASAM develop a Level Three specific certification that exceeds these proposed review standards, BHSD may reconsider state deemed status for certified programs

1) Train all current residential treatment centers that are not covered by Medicaid and not accredited in ASAM placement and treatment standards to prepare them for becoming accredited and, therefore, covered by Medicaid.
2) Train all potential crisis triage centers in ASAM standards of care
3) Assure JC or CARF or COA service and quality standards are incorporated into ARTC policy and procedures for NM tiered ARTCs: a) 3.1 in step down accredited residential treatment centers for SUD and co-occurring conditions; b) 3.2, 3.3, and 3.5 in adult accredited residential settings mid-level services, and c) 3.7 and 3.7 WM in shorter term accredited residential settings with enhanced clinical support for beneficiaries with SUD.

Summary of Actions Needed:

Action	Timetable	Responsible entity
Complete promulgation of the behavioral health rule that includes accredited residential treatment centers	1/01/19 – 12/31/19	HSD
Provide technical support to residential providers to become accredited;	1/01/19 – ongoing	HSD
Notify and educate providers and authorization centers on ASAM requirements;	1/01/19 – 6/31/19	HSD,
Schedule trainings on ASAM criteria	1/01/19 – 12/31/19	CYFD HSD
Research state and national staffing ratios and provider types; and include in BHSD's certification process for ARTCs	4/01/19 – 6/31/19	HSD
Compare to The Joint Commission, CARF and COA standards.	7/01/19 – 9/30/19	HSD
Set standards for NM ARTCs	10/01/19 – 12/31/19	HSD, CYFD, DOH
Work with accrediting agencies and ARTCs to access evaluation results of standards of care at each ASAM level, and institute corrective action if needed	4/01/20 – 6/30/20	HSD
Develop certification criteria for new ARTCs	1/01/19 – 6/31/19	BHSD

Develop on-site audit tool for ARTCs to assure placement, staffing, service standards, and placement criteria meet ASAM criteria. This will be conducted every two years	1/01/19 – 9/31/19	BHSD
Review all ARTCs for inclusion of MAT either on-site or through referral relationships;	annually	HSD

Milestone 4: Sufficient provider capacity at each level of care, including Medication Assisted Treatment

Strategic importance: Adequate workforce is the precursor to access of care throughout the state. Workforce is the primary issue within New Mexico as this is a frontier state where areas of the state are without behavioral health providers, and access is a problem. Also, the majority of the population are enrolled in Medicaid where reimbursement isn't adequate to afford competitive salaries.

Rates have been increased in several areas to assist providers in these efforts. Below is a summary of rate increases:

- Treatment foster care – 20% increase
- ARTC for youth from $270/day to $350/day
- Supportive housing - $450/month
- Preventive education in an OTP - $40.05/30 min or $32.50 for groups
- Interdisciplinary teaming from $70,00 to $280 dependent on # of participants
- SBIRT - $27.00 for screen; $54.00 for brief intervention
- BH screening $16.36
- BH brief intervention $22.79
- Partial hospitalization - $875 for full day
- Group homes for youth - $112/day to $150/day
- Peer support individual - $12.00/15 min – group $7.20

The New Mexico Behavioral Health Collaborative, which includes all State Departments, developed a strategic plan with one arm of it being devoted to workforce. The work of this group continues with the second CY summit having just occurred. It included students interested in health-related careers and accentuated the need to reach out to students through internship programs and relationships with existing providers.

The new Behavioral Health Gaps Analysis is attached as Appendix M, Attachment D Behavioral health system barriers begin on page 19 of the New Mexico Health Gaps Analysis. The conclusion and recommendations begin on page 30.

- A range of behavioral health evidence-based practices (EBPs) are available in agencies throughout New Mexico. These EBPs include Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI). However, counties are also lacking important services, such as detox services and crisis mobile outreach services. With the high rates of overdose related to substance use in New Mexico, funding for these types of services should be prioritized.
    - Through the STR and SOR grants the state has been able to increase provider training on EBPs such as Motivational Interviewing, Seeking Safety Community

Reinforcement Approach, American Society of Addiction Medicine criteria, Nurtured Heart, Medication Assisted Treatment, multiple trainings regarding opioid use disorder through the ECHO model,

- Given the racial and ethnic diversity of our state, it was encouraging to learn that many behavioral health agencies in NM have adapted or created behavioral health services for Hispanic and Native American populations. However, with this being the case for less than 50% of the agencies, more work needs to be done with respect to developing culturally appropriate services. Noteworthy is the need to extend this work to other cultures, including LGBTQ and people with developmental disabilities.
    - The state is currently offering LGBTQ 101 to all community BH providers (8-10) trainings across the state and delivered the same amount last FY.
- Less than 30% of behavioral health agencies consistently develop psychiatric advance directives. Psychiatric advance directives promote autonomy and empowerment, enhance communications between providers and consumers, and help prevent crisis situations. Training should be provided to agencies to encourage the use of this recovery-oriented practice.
    - BHSD has been in on-going communications to develop an electronic platform for Advanced Directives with Trilogy. Trilogy designs the state's Network of Care on-line resource and information site for BHSD.
- More agencies in urban counties (33%), compared to those in rural counties (22%) utilize telehealth/telemedicine to ensure consumers have access to treatment services. While this is a growth area for agencies throughout NM, this is especially true for those in rural counties.
    - BHSD has disseminated the HHS guidance for prescribing MAT via telehealth to all opioid treatment programs which is attached. This guidance is included in the NM Medicaid Behavioral Health Policy Manual.
    - All STR and SOR funded trainings related to Medication Assisted Treatment include specific information and guidance to attendees about the use of telehealth when setting up buprenorphine initiatives. This new guidance provides a hands-on mentorship experience for providers in rural areas who are considering applying their own DEA waiver to prescribe buprenorphine and is consistent with New Mexico's goal of increasing capacity for Medication Assisted Treatment throughout the state. Current research from UNM led by Dr. Salvador confirms that clinicians are looking for opportunities to observe experienced clinicians when prescribing buprenorphine including induction. The presence of a clinician at the originating site with a patient who is receiving buprenorphine by telehealth is an important component of learning new skills.
    - New Mexico already legislation in place to facilitate the use of telehealth to expand access to clinical services and telehealth is a reimbursable service through NM Medicaid.
- Another area of growth is the integration of electronic health systems into an information exchange to increase the sharing of information between providers. This integration of information is only available in about 26% of agencies in urban counties and 20% of agencies in rural counties.
- With only 50% of agencies having a process for using data to impact services, training and possibly even incentives need to be provided to agencies to make this a standard practice.

- While we know access to medication assisted treatment (MAT) has increased throughout NM since these data were collected, especially through initiatives such as the SAMHSA-funded State Targeted Response (STR) grants, the number of MAT providers needs to increase throughout NM. At the time these data were collected approximately 30% of agencies had providers who could prescribe and manage medications used to treat substance use disorders. For agencies where this is not possible, agreements or relationships with agencies who can provide these necessary services need to be developed.
    - Through efforts established in NM's Hub and Spoke model and the use of ECHO.
    - In addition the State's Opioid Treatment Authority works to expand the opioid treatment programs (OTP). Currently there are three new providers working on completing the numerous licensing steps through SAMHSA, accreditation, the Drug Enforcement agency and the Board of Pharmacy. The state will offer CARF 101 training and ASAM training open to all potential OTPs. In addition there are monies in the SOR to give OTP financial assistance for accreditation.
- Lack of reimbursement for trainees/interns was the most commonly cited barrier to independent licensure for both rural and urban clinical directors. In order to alleviate this barrier, funds should be made available to compensate a higher number of supervised trainees in NM. Funds should also be made available to compensate the clinical supervision of master's level social work and counseling professionals to facilitate independent licensure either through stipends/salaries or changes to existing Medicaid reimbursement laws. In response to this feedback from providers,
    - NM Medicaid issued a new proposed rule change that allows community behavioral health agencies to bill Medicaid for services provided by trainees as long as supervisory requirements are met. This new rule change takes effect January 1, 2019.

Summary of Actions Needed:

Action	Date	Responsible entity
Expand allowable agencies to include political subdivisions and other behavioral health agencies	1/01/19 – 3/31/19	HSD
Expand practitioners who can deliver SUD services, e.g. trainees under supervision, certified peer support workers, certified family support workers, and other qualified paraprofessionals	1/01/19 – 3/31/19	HSD, CYFD
Develop trainings focused on SUD for certified peer support workers, licensed clinicians, and prescribers	10/01/19 – 12/31/19	HSD, UNM and CYFD
Schedule further trainings such as MAT, DATA waiver 2000, to expand access to buprenorphine.	On-going	HSD, UNM
Expand statewide behavioral health workforce coalition	On-going	HSD, UNM, CYFD
Collaborate with professional licensing boards to review scopes of practice for all licensed professionals	1/01/2021 – 3/31/2021	HSD, CYFD

Edit the HSD network adequacy report to include BH services for all ASAM levels and incorporate composite into annual CMS reporting - identifying the types of services that are challenging to access and also identifying where in the state there are access challenges for those types of services.	4/01/19 – 6/31/19	HSD

Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD

Current State:

Recovery Supports:
New Mexico's Office of Peer Recovery and Engagement (OPRE) is developing and delivering trainings with a special focus on OUD for certified peer support specialists who can work in regional hubs to provide recovery services. One of our peer-run recovery agencies will have dedicated staff trained to support local agencies and providers in implementing MAT for OUD.

In addition, Medicaid covers the following recovery services:
- Comprehensive Community Support Services;
- Behavioral Management Skills Development;
- Adaptive Skills Building;
- Psychosocial Rehabilitation;
- Family Support Services;
- Recovery Services; and
- BH Respite Services.

PAX Good Behavior Game
PAX Good Behavior Game® is a powerful evidence-based practice, consisting of proven instructional and behavioral health strategies used daily by teachers and students in the classroom. This universal preventive approach provides lifetime of benefits for every child by improving self-regulation and co-regulation with peers.

Prescription Monitoring Program (PMP):
16.19.29 NMAC, the rule regulating the PMP recently underwent a major rewrite addressing issues such as registration requirements to the PMP, restrictions on the disclosure of PMP information and mandatory reporting to one (1) business day.

State legislation and each healthcare professional licensing board enacted legislation/rules that mandate PMP utilization. The NM Board of Pharmacy has partnered with the NM Department of Health to analyze practitioner utilization compared to the controlled substances that were dispensed using their credentials. This analysis is then disseminated by the NM Board of Pharmacy to each of those healthcare licensing boards who have oversight of their licensees, and the licensing board can use this information to develop communication or initiate an investigation.

To help practitioners and pharmacists query PMP patient reports, medical staff (licensed and unlicensed) have the ability to query PMP patient reports for their supervising practitioners, and licensed pharmacy technicians and pharmacy interns also have the ability to query PMP patient reports on behalf of their pharmacists. Although a practitioner or pharmacist can only have four (4) delegates, a delegate can act in this role for an unlimited number of practitioners and pharmacists. As previously mentioned, the delegate usage and association to the practitioner's profile allows for the data analysis to link the delegate's query to the practitioner's PMP utilization.

The NM Board of Pharmacy is now requiring dispensers (i.e. pharmacies and dispensing physicians) to report both prescription records or zero reports (i.e. no prescription-controlled substances dispensed during the reporting period) within one business day. While the PMP Director sends courtesy reminders and will work with data submitters experiencing temporary issues with reporting, 16.19.29 NMAC states very clearly that this is a requirement of dispensers dispensing controlled substances. If necessary, the NM Board of Pharmacy will open a case on those pharmacies who do not meet compliance needs. Ensuring that dispensers report daily ensures that the PMP is a valuable clinical tool to all authorized users with the most up-to-date prescription record data.

The NM Board of Pharmacy and the NM Department of Health developed a feature called a Prescriber Feedback Report (PFR), which provides a summary to the individual practitioner regarding the controlled substance dispensed using their credentials as reflected in the PMP. This report is informational which includes a comparison of prescribing measures to the average prescriber in the practitioner's specialty and graphical representation. It also includes information on several factors shown to increase the risk of overdose death involving prescription-controlled substances.

This link shows the NM statistics published at the 2018 Pharmacy Convention:
https://www.nmpharmacy.org/resources/2018%2006%2023%20-%20NMPhA%20Law%20Update.pdf

Future State Implementation:

Strategic importance: Treatment of existing SUD has been part of New Mexico's array of services, however, prevention has not had enough focus. SUD is often a means of self-medication for those with serious mental illness (SMI) or severe emotional disturbances (SED) for adolescents. If this risk factor becomes part of the consciousness of all providers, the individual, and the natural support systems for individuals with a SMI or SED, and psycho-education and other preventive measures become common practice we can, hopefully, diminish the on-set of SUD.

There are no planned enhancements to the PMP at this time.

Opioid Prescribing Guidelines

The state has developed best practice protocols for opioid prescribing that are in keeping with the CDC guidelines. DOH and STR have contracted with Dr. Robert Rhyne to deliver trainings and follow up on these guidelines.

NM Medicaid ensures that best practices are followed by limiting the following opioid prescriptions through a soft edit process within the MCOs and FFS:

- Total daily doses above 90 MME of opioids
- Maximum of 7 days for all new opioid prescriptions for all patients who are new to opioids
- Refill threshold of 90% before opioid prescriptions can be filled

1) Centennial Care MCOs will monitor the use of controlled substances retrospectively to detect potential abuse or overuse and to assure the appropriate use of the drugs items with diversion potential. In addition, the Centennial Care MCOs will work together on the drug utilization review committee (DUR) to develop a standard monitoring program for controlled substance utilization. The program, at a minimum, must include how monitoring will be conducted; the frequency of monitoring; indicators and thresholds for suspicious utilization and suspicious prescribing patterns; actions that will be taken when suspicious utilization and prescribing patterns are identified; and plans for the DUR oversight group to report regularly to HSD and the Behavioral Health Collaborative, as requested. The MCOs shall notify the appropriate providers in their networks regarding this initiative and shall inform providers that utilization and prescribing patterns will be monitored.

2) Continue and expand PAX Good Behavior Games in early childhood education through the New Mexico public school system for early development of self-regulation and co-regulation with peers.

3) Add SUD to the admission criteria for individuals with SMI or SED in the NM CareLink health home program and enhance the risk factor education for SUD with all SMI/SED participants. The Health Home Steering committee will oversee the CLNM community providers in creating and implementing a health education program that informs participants with SMI/SED about the increased risk factors for SUD

4) Overdose Prevention Education Coordinator (OPEC) whose task is to implement and coordinate trainings, technical assistance, and distribution of naloxone. The OPEC implements a Train the Trainer model, prioritized based on local need, local capacity, and overdose data, focused on increasing training access throughout 29 of the 33 New Mexico counties. This model focuses on providing overdose education and naloxone distribution (OEND) training to local individuals to serve as a county-based trainer for all OEND training needs. In addition, the SOR OPEC utilizes stipends as a mechanism to support the establishment of local trainers within the community. This will increase the ability of local providers to allot the necessary time needed to become trainers within their counties. The SOR OPEC also provides training and naloxone to special populations who are often underserved and at high risk of overdosing. These populations include adults age 55 and older, lesbian, gay, bisexual, and transgender community members, and youth under age 18. To assist with statewide capacity building, special population trainings, and fidelity checks with new trainers, the OPEC subcontracts with two statewide Overdose Prevention Educators and one Tribal Liaison. These individuals work regionally to orchestrate trainings, fidelity checks, and other local community needs identified by the SOR OPEC.

   A continued commitment must be established in order to effectively serve special and high need populations and the agencies that serve these populations. For example, law enforcement often serves as the first professional on the scene of an overdose. Due to

turnover with law enforcement officers, there must be a continued emphasis on training and educating law enforcement agencies to be best equipped to recognize and respond in cases of an overdose. For entities like corrections and treatment programs or homeless shelters, these individuals also experience turnover at the staff level as well as turnover with clientele. This requires a focus on a continuous relationship around training and distribution to these populations and encourages OSAP to coordinate activities across grants.

- To date, the STR OPEC has distributed 6,009 kits with 1,975 people being trained.
- To date, the Community-based Organizations funded through STR have distributed 953 kits with 814 people being trained.
- The Santa Fe Mountain Center (SFMC), who will expand opioid overdose prevention education/outreach and naloxone distribution specifically targeting youth, outpatient programs, LGBT, and community agencies, is anticipated to conduct 15 trainings reaching approximately 225 people.
- 32 reversals have been reported to date.
- An upcoming February 2019 purchase of Narcan will provide approximately 5,300 additional kits for distribution.
- The SOR OPEC is anticipated to conduct 120 trainings over the next 12 month period.
- The Law Enforcement Training Institute (LETI), who trains law enforcement agencies throughout the state, is anticipated to conduct 150 trainings to approximately 3000-5000 law enforcement officers over the next 12 month period.
- OSAP will purchase approximately 6,000 additional kits for distribution in 2020.

5) New Mexico has invested a great deal to implement and sustain a health IT infrastructure that supports Medicaid recipients. Like many states, substance use disorders (SUD) plague the health care system in New Mexico. The state will pull together stakeholders across the health care system to refine existing health IT plans or to develop a new plan that will detail the necessary health IT capabilities that will be implemented to support Medicaid recipient health outcomes to address the SUD goals of the demonstration. Stakeholder engagement and plan development will occur in first year of the demonstration. Applicable standards and best practices will be incorporated into the plan. During the first year of the demonstration, New Mexico will look for opportunities to leverage the Medicaid Management Information System (MMIS) replacement project to achieve the goals that will be developed in the plan.

In years 2 and 3 of the demonstration, New Mexico will enhance its existing master client index (MCI) to support the state's MMIS replacement. The enhanced MCI is part of a broader master data management strategy and will function as a shared service to a variety of stakeholders within the health care system in New Mexico.

Years two through five of the demonstration will see execution and monitoring of the plan. New Mexico will utilize existing governance structures and processes in place to monitor the execution and success of the plan.

Summary of Actions Needed:

Action	Timetable	Responsible Entity
Expand reimbursable services under home visiting initiatives to improve	4/01/19 - ongoing	HSD, DOH, CYFD, UNM

early identification and engagement in treatment for parents with SUD		
Continue and expand PAX Good Behavior Game	ongoing	HSD
Add SUD to CLNM admission criteria and expand risk factor education for members with SMI, SED	1/01/21 – 4/01/21	HSD
Drug utilization review committee to continually adjust monitoring guidelines (see IT Plan – Appendix M, Attachment F)	Ongoing	HSD & MCOs
Leverage the Medicaid Management Information System (MMIS) replacement project to achieve the SUD goals that will be developed in the plan.	1/01/19 – 12/31/19	HSD
Enhance the existing master client index (MCI) to support the state's MMIS replacement.	1/01/20 – 12/31/22	HSD
Execution and monitoring of the MMIS replacement plan	1/01/20 – 12/31/24	HSD

Milestone 6: Improved care coordination and transitions between levels of care

Current state:

Care coordination is currently provided by the four MCOs and is inclusive of transitions between levels of care, including a new transition between correctional facilities and the community. Care Coordination can include face to face contact during transitions, warm hand-offs to appropriate community providers such as the CLNM health homes, and/or information and referral to community resources.

In addition, they have delegated care coordination to the existing 9 health homes for our highest need chronically ill recipients with behavioral health conditions categorized as serious mental illness (SMI) or severe emotional disturbances (SED for children. These recipients most often have multiple co-morbidities. They must agree to becoming a CLNM health home member (opt-in). The 9 health homes, in 11 counties, are providing services to individuals with SMI/SED and all co-occurring conditions. There will be 13 counties targeted across the state for expansion. Approximately 1/3 of the counties are currently open for health homes, and the rest will be implemented in 2 future phases. In Appendix M, Attachment E on page 3 the potential population is calculated. However, it should be understood that these numbers are not unique to the diagnosis, meaning that a person that has an SMI diagnosis and an SUD could potentially be counted in both.

Six services include:

1) Comprehensive care management

2) Care coordination
3) Health promotion
4) Comprehensive transitional care and follow-up
5) Individual and family support
6) Referral to community and social support services

NM State Plan supports CLNM Health Homes and transitions between levels of care:

CareLink NM Health Home	NM-15-0014 Attachment 3.1 - H	
CareLink NM Health Home	NM-18-0002 6A.1	
Discharge Planning & QA Review	Attachment 3.1-C	Page 1F

Future state implementation:

Strategic importance: For this high need population, comprehensive care coordination has proven to be more effective in the community in which the recipient lives, and in the behavioral health agency where he or she can receive multiple behavioral health or integrated services. Support of an individual between levels of care, which is one of the six core services, particularly from IP or residential or correctional facilities to the community, is most frequently the time for relapse and eventual recidivism. This is a crucial time for support to ensure the individual is well situated with the care and social determinants needed for a successful life.

1) Move some care coordination services to the beneficiaries' community through:
   a. The expansion of health homes into more counties;
   b. Expansion of delegated or partially delegated care coordination to other providers such as: PCMHs, FQHCs, etc. These will usually operate under value-based purchasing agreements with targeted populations.
2) Develop transition protocols for most at-risk populations;
3) Under State Plan Amendment authority, CLNM expansion for health homes will incorporate the addition of SUD to the eligible population. It has been the intention to add moderate to severe substance use disorder to the qualifying conditions for Health Homes, and this intention was included in the first SPA. SUD can be added to the existing HHs and will be included in the new SPA for the 2020 roll out. Table one of Appendix M, Attachment E identifies the number of Medicaid beneficiaries with this diagnosis. In addition to having the highest numbers of beneficiaries with SMI, SED, and SUD claims, the recommended counties also have several providers that could serve as Health Homes or participate as part of the provider network. Please see Appendix M, Attachment E for an executive summary of plans.

Summary of actions needed:

Action	Date	Responsible entity
MCOs delegate care coordination to community agencies	1/01/19 - ongoing	HSD, MCOs
CLNM Steering committee to establish new requirements for SUD addition to CLNM HHs	1/01/19 – 6/31/19	HSD, CYFD, MCOs

Submit health home SPA to CMS	7/01/19 – 7/01/20	HSD
Solicit potential providers in 13 targeted counties (see Appendix M, Attachment E for the targeted expansion counties)	TBD	HSD
Evaluate potential health home applications	TBD	HSD, CYFD, MCOs,
Educate applicants on health home requirements and provision of additional services expected.	TBD	HSD, CYFD, MCOs
Develop reimbursement per facility	TBD	HSD
Activate HH in 13 counties	1/01/2021	HSD, CYFD
Repeat above steps and activate all remaining counties for Health Homes	1/01/2022	HSD, CYFD

Attachment A: Opioid Treatment Program Initiation Process

Attachment B: Best practices for substance use detoxification by UNM/CBHTR

Attachment C: Utilization Management Review Tool

Attachment D: New Mexico Gaps Analysis

Attachment E: CareLink New Mexico Health Home Expansion Plan

Attachment F: Information Technology Plan

Opioid Treatment Program (OTP)

Application Process

1. Send interested provider the following:
   - OTP application (attached);
   - 7.32.8 NMAC (attached); and
   - Crosswalk for NMACs (attached).
2. Have interested provider review NMACs so they familiarize themselves with what is required to operate an OTP.
3. Have them submit application and their Policy and Procedure (P&P) manual for review.
4. Have then fill out the crosswalk for NMACs and reference by page number and section as to where each policy can be located by so that the review team knows where to find it.
5. Once the SOTA has received this information, they can review the application using the Review Tool for OTP Applications (attached).
6. Pertinent information should be recorded in the "discovered" section of the review tool.
7. Questions, requests for clarification, or missing documentation should be recorded in the "incomplete" section of the review tool.
8. Once the application has been reviewed by the SOTA, the SOTA should ask Staff Manager whom from the Clinical Review Team (CIR) will also review the document.
9. Once Staff Manager has identified the proper personnel, the SOTA should send the application along with their review tool to the appropriate person so they can add their comments/questions.
10. Once the application has been reviewed by the CIR staff and they have submitted their response to the SOTA, the SOTA shall save the review tool as a separate document and re-name it. The SOTA shall transfer the questions/clarification to the middle column and re-name it "Incomplete" and rename the last column "Program Response" so the program can answer questions or indicate where BHSD can locate.
11. The SOTA shall send the new document back to the program that submitted the application and ask for clarification.
12. Once the program has clarified items in need, the application can be approved pending the approval of their P&P manual.
13. While waiting for the CIR staff to review the application, the SOTA can begin reviewing the program's P&P manual using the Review Tool for Policy & Procedure Manuals (attached).
14. SOTA shall transfer information from the Crosswalk for NMACs to this document and list the location where the policy can be found in the middle column named "location".
15. SOTA shall review P&P manual and questions or requests for clarification should be documented in the "incomplete column.
16. Once the P&P manual has been reviewed by the SOTA, the SOTA should ask Staff Manager whom from the Clinical Review Team (CIR) will also review the manual.
17. Once Staff Manager has identified the proper personnel, the SOTA should send the P&P manual along with their review tool to the appropriate person so they can add their comments/questions.
18. Once the P&P manual has been reviewed by the CIR staff and they have submitted their response to the SOTA, the SOTA shall save the review tool as a separate document and re-name it. The SOTA shall transfer the questions/clarification to the middle column and re-

name it “Incomplete” and rename the last column “Program Response” so the program can answer questions or indicate where BHSD can locate.

19. The SOTA shall send the new document back to the program that submitted the P&P manual and ask for clarification.
20. Once the program has clarified items in need, the application can be approved.
21. The SOTA shall send an approval letter to the interested provider so they can move forward with the process.

OTP Process outside of SOTA

1. The provider shall obtain pertinent permits for site (city, county, etc.)
2. The provider shall contact the following entities and inform them that they are interested in opening and OTP:

- SAMHSA/Center for Substance Abuse and Treatment (CSAT);
- Accreditation Body (CARF, TJC, COA)
- New Mexico Board of Pharmacy
- Drug Enforcement Association

Each organization will direct the provider on their own application process.

3. Once the provider has completed all applications and the site has been approved by the DEA and the New Mexico Board of Pharmacy, the provider will send all completed paperwork to CSAT for final approval.
4. CSAT will submit a request for approval to the SOTA.
5. The SOTA should visit the site to ensure it is ready to operate. Once this is completed, the SOTA shall fill out the form they received from CSAT, sign, date and submit to CSAT.
6. Once the clinic has been open for six months, the SOTA shall conduct a site review to ensure the OTP is compliant with the NMACs.

Welcome

Demystifying Ambulatory and Hospital Detoxification and Withdrawal

Monday, June 19, 2017

9:00 am – 1:30 pm

Lunch served at noon

4 CME credit hours provided by Health Insight

Introduction

Presenters:

Jeanne Bereiter, M.D.C.M.

Adan Carriaga, LADAC

Donald Hume, Peer Support Specialist

Larissa Maley, Ph.D.

Marcello Maviglia, MD, MPH

Coordinators:

Hannah Jones, P-LMSW

Pari Noskin, P-LMSW

Continuing Medical Education (CME) Faculty/Speaker Disclosure

In compliance with the ACCME/NMMS Standards for Commercial Support of CME,

Jeanne Bereiter, M.D.C.M.
Adan Carriaga, LADAC
Donald Hume, Peer Support Specialist
Larissa Maley, Ph.D.
Marcello Maviglia, MD, MPH

has asked to advise the audience that he/she has or has no relevant financial relationships to disclose.

This activity has been planned and implemented in accordance with the Essential Areas and polices of the New Mexico Medical Society (NMMS) through the joint sponsorship of HealthInsight New Mexico and [name of organization(s)]. HealthInsight New Mexico is accredited by the NMMS to provide Continuing Medical Education for physicians.

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SCREENING AND REFERRAL FOR TREATMENT

Larissa Maley, PhD
Chief of Clinical Programming, Addictions and Substance Abuse Programming,
University of New Mexico Hospital
lmaley@salud.unm.edu

Acknowledgements

This lecture was adapted from presentations previously created by T. Pendleton, DO; K. Lenberg, PhD; D. Turpin, MA; C. Chavkin & the University of Washington

Agenda:

- Purpose and use of SUD screenings
- Referral to treatment - SBIRT
- Review of DSM-5 diagnostic criteria
- Review of screening tools:
  - CAGE Questionnaire
  - CRAFFT (adolescent)
  - AUDIT/AUDIT-C
  - NM-ASSIST
  - UDM

The Purpose of Screenings:

- Detect *<u>ANY</u>* unhealthy/problematic substance use
  - Unhealthy substance use = any use that increases risk of/or leads to health consequences
- Provide brief intervention
- Provide appropriate referral to treatment

SBIRT

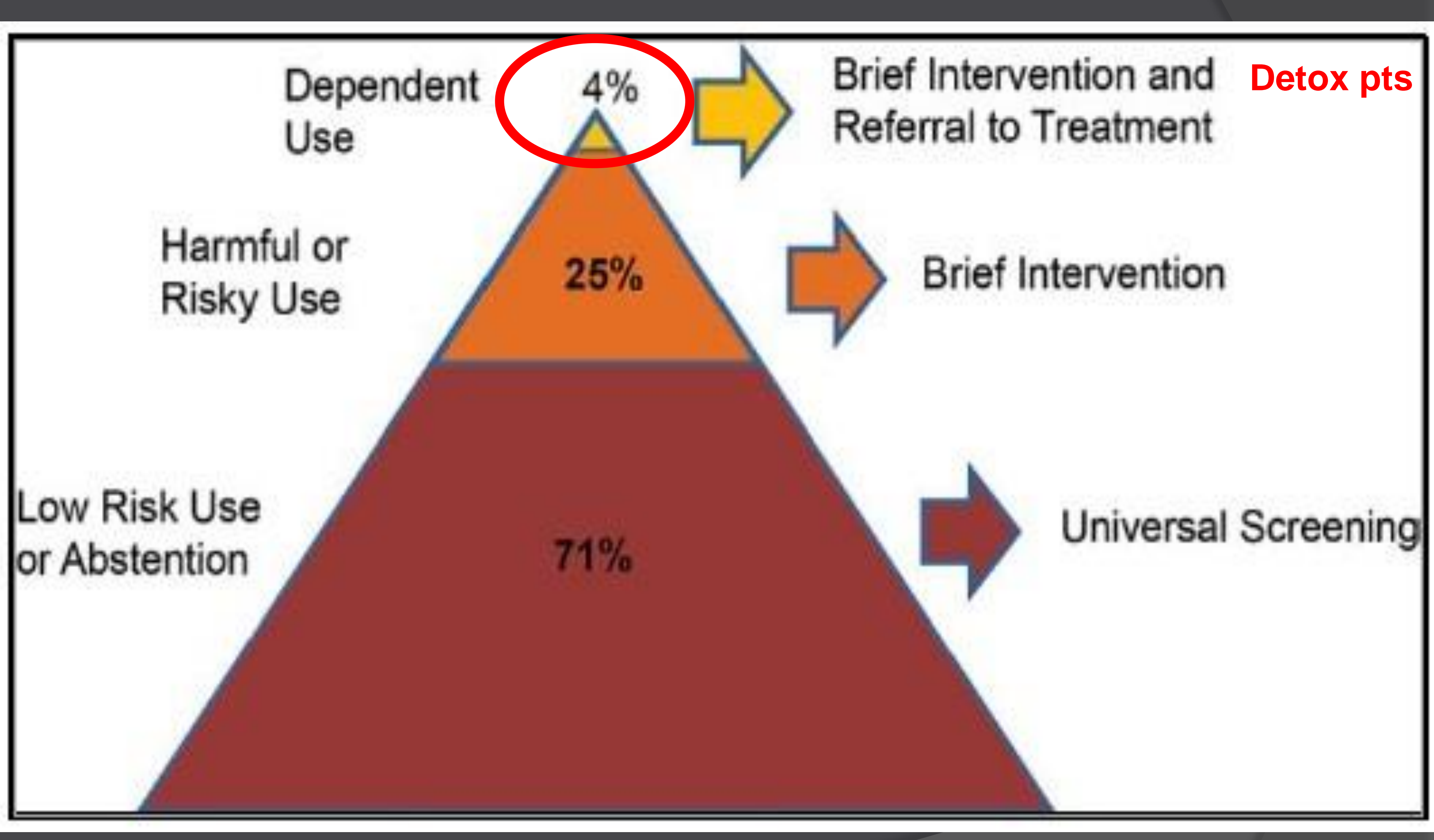
- **Screening** — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting

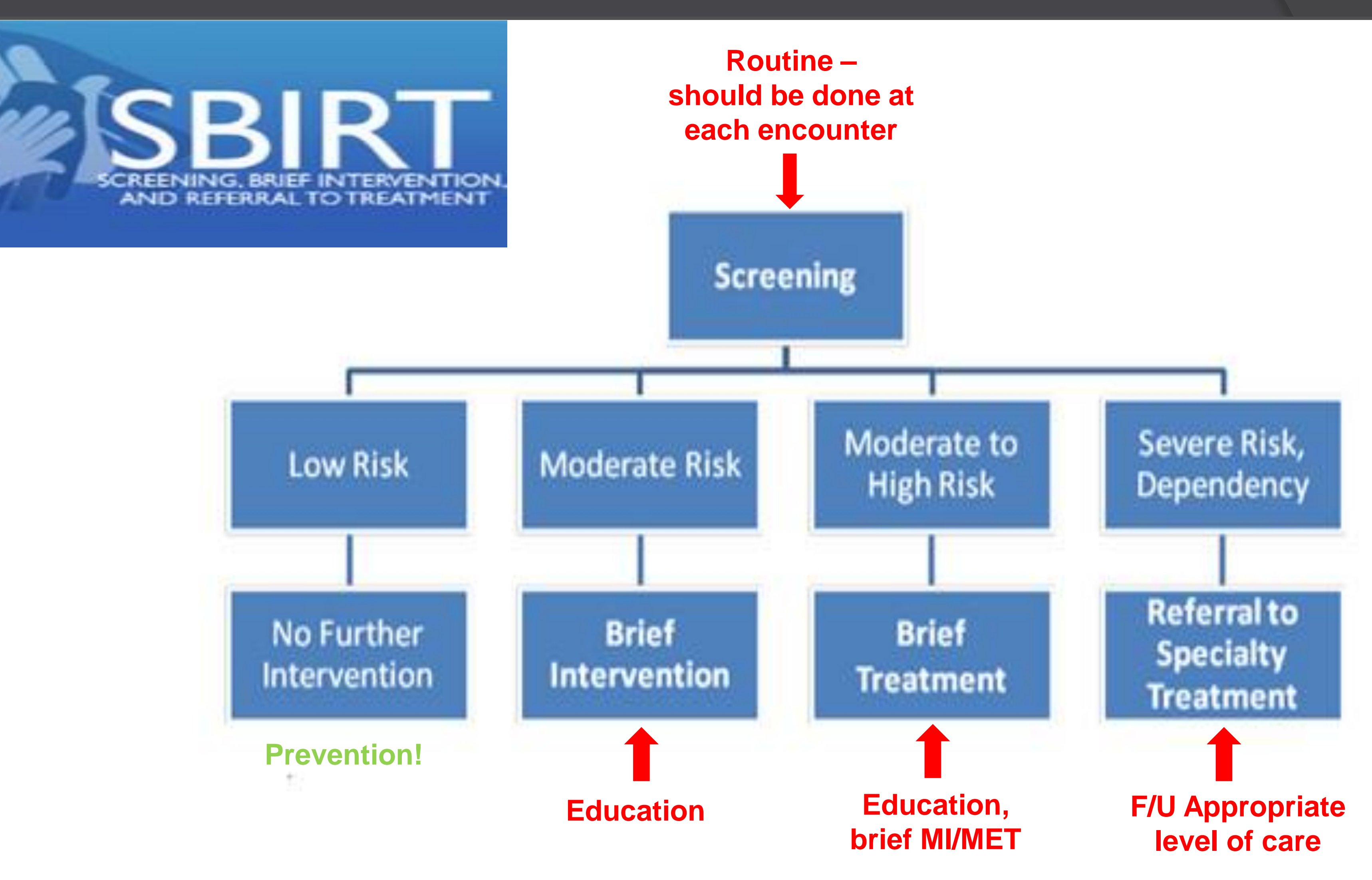
- **Brief Intervention** — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice

- **Referral to Treatment** — a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services

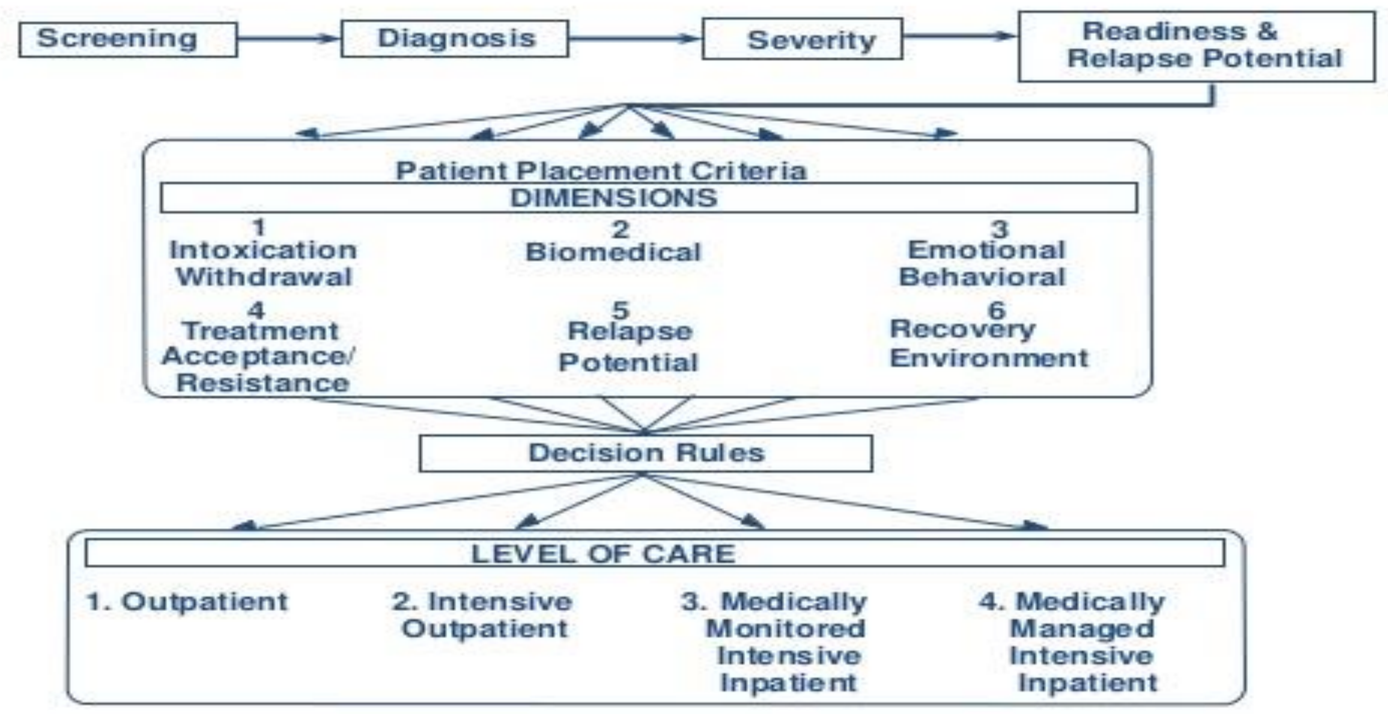
- **SBIRT app**:
- https://itunes.apple.com/us/app/sbirt/id877624835?mt=8
- **SBIRT tool kits:**
- http://www.integration.samhsa.gov/clinical-practice/reducing_patient_at_risk_drinking.pdf

- http://www.integration.samhsa.gov/clinical-practice/SBIRT.pdf

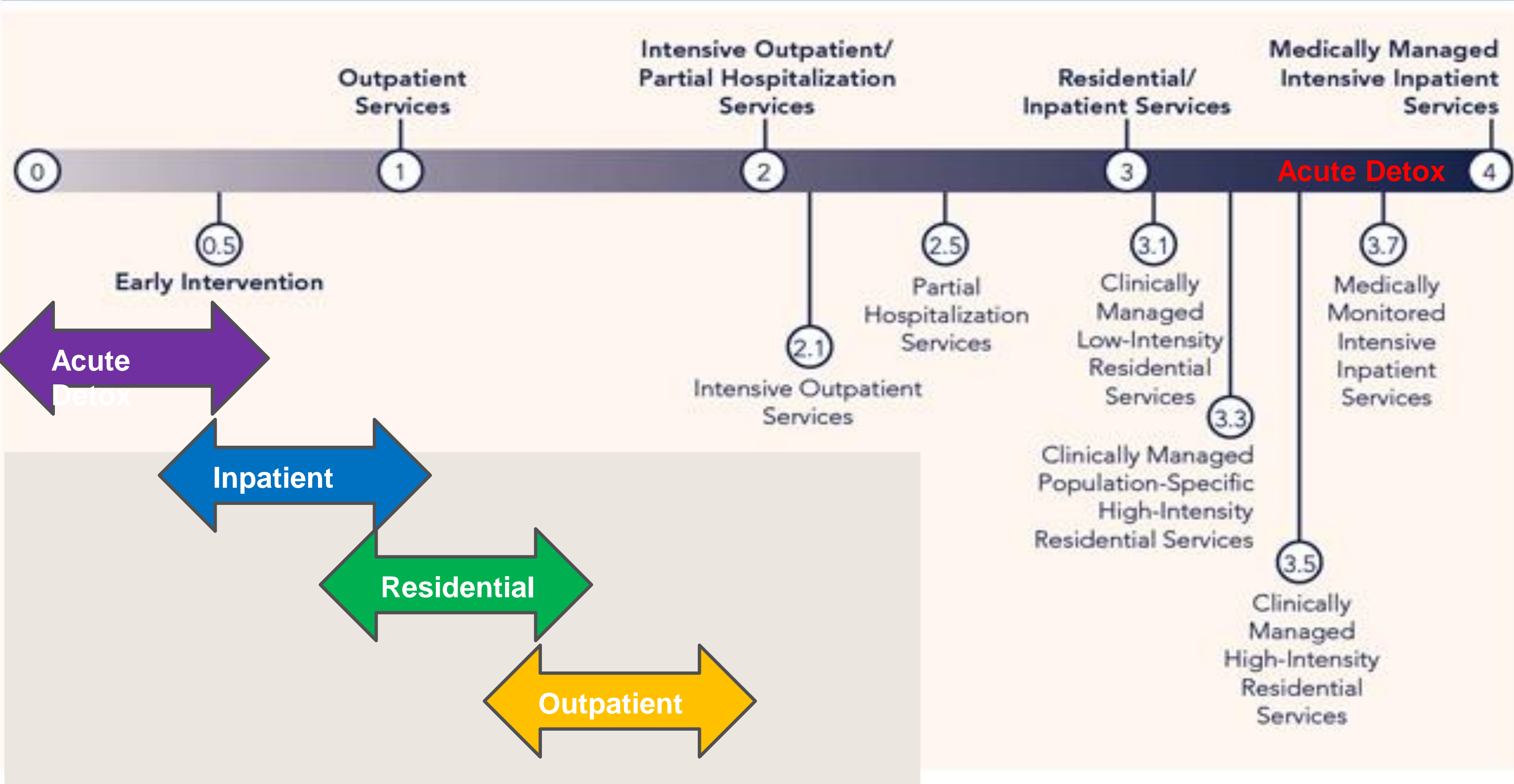

Dependent Use
4%
Brief Intervention and Referral to Treatment
Detox pts
Harmful or Risky Use
25%
Brief Intervention
Low Risk Use or Abstention
71%
Universal Screening


SBIRT
SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT
Routine –
should be done at
each encounter
Screening
Low Risk
Moderate Risk
Moderate to High Risk
Severe Risk, Dependency
No Further Intervention
Brief Intervention
Brief Treatment
Referral to Specialty Treatment
Prevention!
Education
Education, brief MI/MET
F/U Appropriate level of care

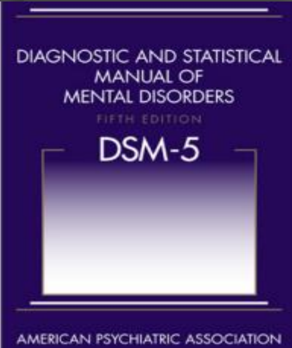
ASAM Patient Placement Criteria



American Society of Addiction Medicine


ASAM - REFLECTING A CONTINUUM OF CARE
Outpatient Services
Intensive Outpatient/ Partial Hospitalization Services
Residential/ Inpatient Services
Medically Managed Intensive Inpatient Services
0
1
2
3
Acute Detox
4
0.5
Early Intervention
2.1
Intensive Outpatient Services
2.5
Partial Hospitalization Services
3.1
Clinically Managed Low-Intensity Residential Services
3.3
Clinically Managed Population-Specific High-Intensity Residential Services
3.5
Clinically Managed High-Intensity Residential Services
3.7
Medically Monitored Intensive Inpatient Services
Acute Detox
Inpatient
Residential
Outpatient

DSM-5 Criteria for SUD:



- Criterion A: A problematic pattern of (substance) use leading to clinically significant impairment or distress, as manifested by at least 2 of the following, occurring within a 12-month period:
  1. (Substance) is often taken in larger amounts or over a longer period than was intended
  2. Persistent desire or unsuccessful efforts to cut down/control use
  3. Great deal of time spent in activities necessary to obtain (substance), use it, or recover from its effects
  4. Craving or strong desire/urge to use
  5. Recurrent (substance) use resulting in failure to fulfill major role obligations at work, school, or home
  6. Continued (substance) use despite persistent/recurrent social or interpersonal problems caused/exacerbated by substance's effects
  7. Important social, occupational, or recreational activities are given up/reduced due to use
  8. Recurrent (substance) use in situations in which it is physically hazardous
  9. Use is continued despite knowledge of having a persistent or recurrent physical or psychological problem likely due to/exacerbated by (substance)
  10. Tolerance (need increased amounts or diminished effects w/same amount)
  11. Withdrawal (characteristic w/d syndrome or (substance) taken to relieve w/d)

Diagnostic & Statistical Manual of Mental Disorders, 5th edition

DSM-5 Criteria for SUD:

1) Severity based on number of symptoms
   - Mild: 2-3 symptoms
   - Moderate: 4-5 symptoms
   - Severe: 6+ symptoms
2) Remission: early= 3-12 months; sustained= > 12 months
3) Controlled environment
4) On maintenance therapy- opioids

Diagnostic & Statistical Manual of Mental Disorders, 5th edition

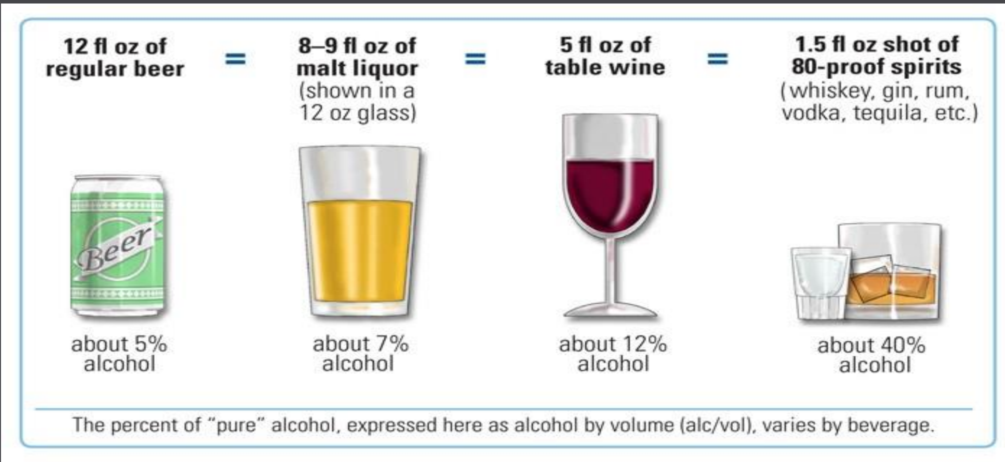
Commonly Used Screening Tools:

- CAGE Questionnaire (Etoh specific)
- AUDIT/AUDIT-C (Etoh specific)
- CRAFFT (General / <21yrs)
- NM-ASSIST (General / >21yrs)

The American Psychiatric Publishing Textbook of Substance Abuse Treatment 5th Ed

CAGE:

- Consists of 4 screening questions
- Score of 2+ suggestive of SUD dx
- Limitations:
  - Can identify possible substance use disorder but not the spectrum of unhealthy use
  - Not helpful for ASAM level referral
    - **Men**> 4 per day or > 14 per week
    - **Women**> 3 per day or > 7 per week



CAGE Questionnaire for Detecting Alcoholism		
Question	**Yes**	**No**
C: Have you ever felt you should **C**ut down on your drinking?	1	0
A: Have people **A**nnoyed you by criticizing your drinking?	1	0
G: Have you ever felt **G**uilty about your drinking?	1	0
E: Have you ever had a drink first thing in the morning (**E**ye opener)?	1	0
A total score of 0 or 1 suggests low risk of problem drinking A total score of 2 or 3 indicates high suspicion for alcoholism A total score of 4 is virtually diagnostic for alcoholism		

AUDIT & AUDIT-C:

- Alcohol Use Disorder Identification Test
- Developed by the WHO to collect more information than the CAGE
- AUDIT-C (3 questions): > 3 for women / > 4 for men = + screen
- AUDIT (10 Questions): > 8 = + screen
- Will indicate whether an individual is drinking at increasing or higher risk levels
  - Pros: connected to ASAM level of care criteria for referral to treatment

AUDIT ALCOHOL SCREENING TOOL

UNIT GUIDE

1 unit is typically:

Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

The following drinks have more than one unit:

A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 175ml glass of wine (12%)

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

CRAFFT Screening Test

- **C**ar, **R**elax, **A**lone, **F**orget, **F**riends, **T**rouble
- Self report and clinician administered versions for under 21yrs
- 9 Questions in yes/no format
- **>2 indicated HIGH RISK for substance use issues**

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

A

During the PAST 12 MONTHS, did you:	No	Yes
1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	☐	☐
2. Smoke any marijuana or hashish?	☐	☐
3. Use anything else to get high? ("anything else" includes illegal drugs, over-the-counter and prescription drugs, and things that you sniff or "huff")	☐	☐

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No ☐ → **Ask CAR question only, then stop**

Yes ☐ → **Ask all 6 CRAFFT questions**

B

	No	Yes
1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	☐	☐
4. Do you ever FORGET things you did while using alcohol or drugs?	☐	☐
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	☐	☐

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NM-ASSIST:

- NIDA-Modified Alcohol, Smoking, and Substance Involvement Screening Test
- Web-based interactive tool
- Screens for 10 different substance classes
  - >27 = High risk / 4-26 = Moderate risk / 0-3 = Low risk
- Can be completed by clinician or patient using an online or a printed version
- Pros:
  - Provides links to resources for brief intervention and treatment referral (SBIRT Model)

- https://www.drugabuse.gov/nmassist/

Hide Instructions | Print this Page

NIDA QUICK SCREEN

Clinician's Screening Tool for Drug Use in General Medical Settings*

Note: This website collects no personally identifiable information and does not store your responses to any of the following questions.

Instructions: Ask your patient each question, then mark answers affirmative when appropriate (the default setting is a negative response). At the end of the survey, the screening tool will tally the responses to generate a substance involvement score, determine risk and recommended level of intervention, and provide additional resources.

Quick Screen

Start | Quick Results | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Results

In the ***past year***, how many times have you used the following?

Drug Type	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol For Men, 5 or more drinks in a day	◉	○	○	○	○
Tobacco products	◉	○	○	○	○
Prescription Drugs for Nonmedical Reasons	◉	○	○	○	○
Illegal drugs	◉	○	○	○	○

Give Feedback

Next

UDM:

	Mechanism	Pros	Cons
Presumptive (Screening)	ELISA	Cheaper Faster	False positives False negatives General results
Definitive (Confirmatory)	GC/MS or LC/MS	Accurate Specific	Expensive Longer processing time

The American Psychiatric Publishing Textbook of Substance Abuse Treatment 5th Edition

UDM- Detection Windows by Sample Type

Drug	Detection time in blood (H)	Detection time in saliva (H)	**Detection time in urine (H)**
Amphetamine/methamphetamine	46/48	40/24	**72/72**
MDMA	24	24	**48**
THC	5	34	**87 h episodic use** **4 weeks chronic use**
Cocaine/benzoylecognine	12/48	12/24	**72**
Heroin/morphine	20	8/24	**11-54**

Verstraete A, Therapeutic drug monitoring, 2004;26(2):200-205

Take Homes:

- Screenings are easy to administer and *VERY* important for prevention and referral to treatment
- Screenings should be done with *ALL* patients
- Screening is the first link in the chain for SBIRT or ASAM referral to treatment models
- Acute detox is only the first step in the treatment process and screenings can help with follow-up treatment plans (level of care)

References:

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA, American Psychiatric Association, 2013.
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- Ries RK, Fiellin DA, Miller SC, Saitz R. *The ASAM Principles of Addiction Medicine*. Wolters Kluwer Health, 2014.
- UpToDate.com. Testing for drugs of abuse (DOA) ; Retrieved from https://www-uptodate-com.libproxy.unm.edu/contents/testing-for-drugs-of-abuse-doa?

Types of Withdrawal & How to Triage

Jeanne Bereiter, MD

Department of Psychiatry

University of New Mexico School of Medicine

Adapted from slides created by Dan Duhigg, DO

Goals and Objectives

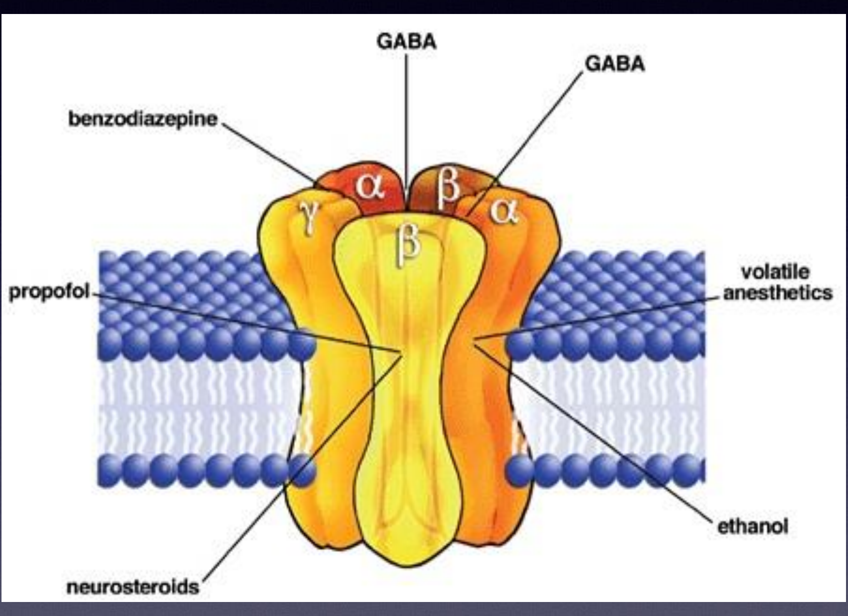
- Identify common withdrawal symptoms and how to triage patients based upon severity

It's Easy, You Can Do It

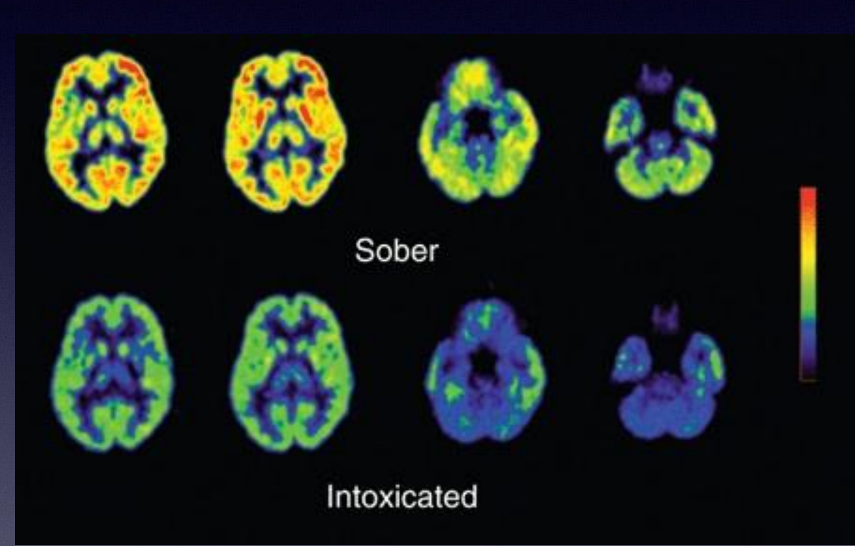
- Simple protocols
- Takes little extra time
- Uses the unique relationship you have with your patients
- You can bill for it
- You can save lives
- Resources are available for help with complex patients and situations

Alcohol & Benzodiazepines

Alcohol & Benzodiazepines



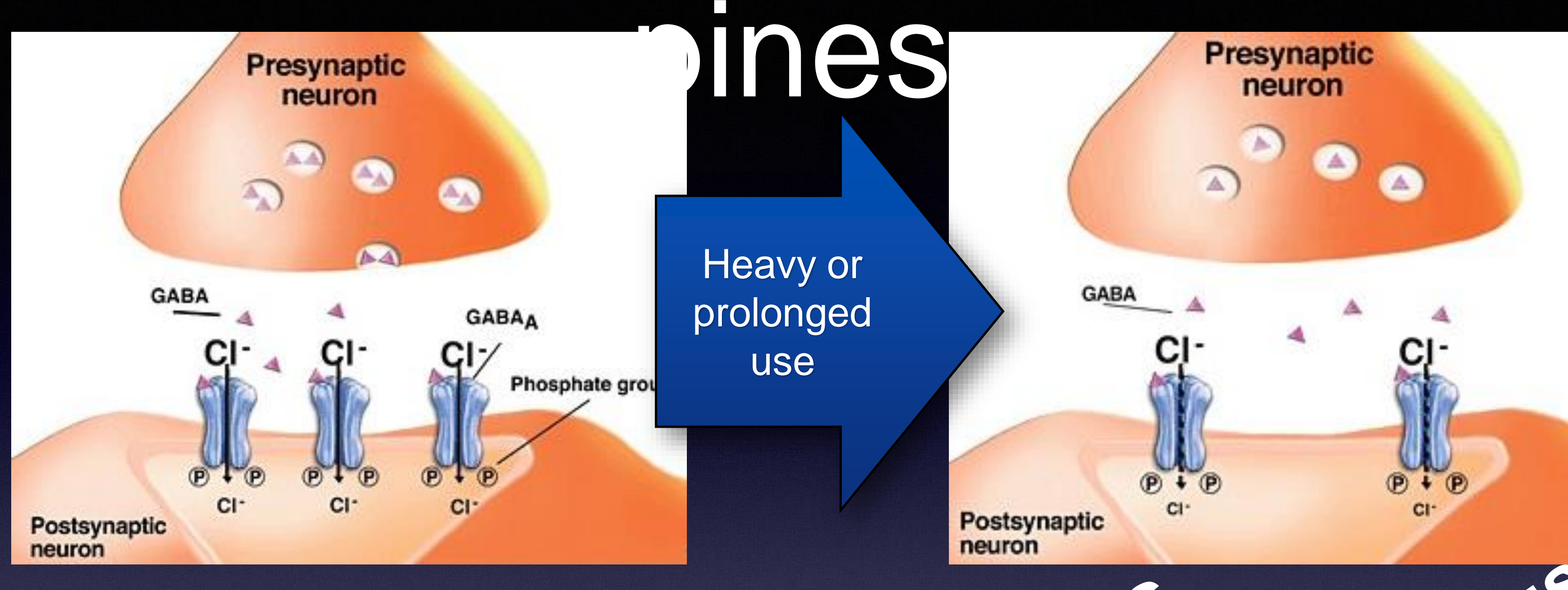
Intoxicating mechanism of action is via activation of the GABA-A receptor



Global reduction in metabolism is seen with acute alcohol intoxication on fMRI

Images from: NIAAA

Alcohol/Benzodiazepines



Endogenous Glutamate

Endogenous GABA

Endogenous Glutamate

Exogenous GABA

Images from: NIAAA

While Using Alcohol

Endogenous Glutamate

Exogenous GABA

Withdrawal

Endogenous Glutamate

Alcohol Intoxication

- We often evaluate patients while they are still intoxicated on alcohol
- Alcohol intoxication can also be lethal
- Blood alcohol levels for men and women differ

BAC Chart for Men

Drinks	Approximate Blood Alcohol Percentage								
	Body Weight in Pounds								Notes
	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.04	.03	.03	.02	.02	.02	.02	.02	Driving Skills Significantly Affected Possible Criminal Penalties
2	.08	.06	.05	.05	.04	.04	.03	.03	
3	.11	.09	.08	.07	.06	.06	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	
5	.19	.16	.13	.12	.11	.09	.09	.08	Legally Intoxicated Criminal Penalties
6	.23	.19	.16	.14	.13	.11	.10	.09	
7	.26	.22	.19	.16	.15	.13	.12	.11	
8	.30	.25	.21	.19	.17	.15	.14	.13	
9	.34	.28	.24	.21	.19	.17	.15	.14	
10	.38	.31	.27	.23	.21	.19	.17	.16	Death Possible

Subtract .01% for each 60 minutes of drinking.
One drink is 1.5 oz. of 80 proof liquor, 5 oz. of wine, or 12 oz. of beer.

BAC Chart for Women

Drinks	Approximate Blood Alcohol Percentage									
	Body Weight in Pounds									Notes
	90	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.05	.05	.04	.03	.03	.03	.02	.02	.02	Driving Skills Significantly Affected
2	.10	.09	.08	.07	.06	.05	.05	.04	.04	
3	.15	.14	.11	.10	.09	.08	.07	.06	.06	Possible Criminal Penalties
4	.20	.18	.15	.13	.11	.10	.09	.08	.08	
5	.25	.23	.19	.16	.14	.13	.11	.10	.09	
6	.30	.27	.23	.19	.17	.15	.14	.12	.11	Legally Intoxicated
7	.35	.32	.27	.23	.20	.18	.16	.14	.13	Criminal Penalties
8	.40	.36	.30	.26	.23	.20	.18	.17	.15	
9	.45	.41	.34	.29	.26	.23	.20	.19	.17	
10	.51	.45	.38	.32	.28	.25	.23	.21	.19	Death Possible

Subtract .01% for each 60 minutes of drinking.
One drink is 1.5 oz. of 80 proof liquor, 5 oz. of wine, or 12 oz. of beer.

Acute Alcohol Withdrawal

Alcohol Withdrawal

A. Cessation of (or reduction in) alcohol use that has been heavy and prolonged.

B. Two (or more) of the following, developing within several hours to a few days after the cessation of (or reduction in) alcohol use described in Criterion A:
   1. Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm)
   2. Increased hand tremor
   3. Insomnia
   4. Nausea or vomiting
   5. Transient visual, tactile, or auditory hallucinations or illusions
   6. Psychomotor agitation
   7. Anxiety
   8. Generalized tonic-clonic seizures

C. The signs or symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

DSM V, American Psychiatric Association, 2013

Alcohol Withdrawal

- B.A.L. changes +/- 0.02 mg/dL per drink, per hour
- Withdrawal RELIABLY occurs in this order:

Time since last drink	Symptom
0 - 24 Hours	Autonomic Dysregulation
24 - 48 Hours	Seizure
48 - 72 Hours	Delirium Tremens
	Death

Intervene Early

Uncomplicated vs. Complicated Withdrawal

- **Uncomplicated**: Usually not life threatening

diaphoresis, tremor, hypertension, anxiety, tachycardia

- **Complicated**: Life threatening

withdrawal seizures, delirium tremens, Werinke-Korsakoff Syndrome

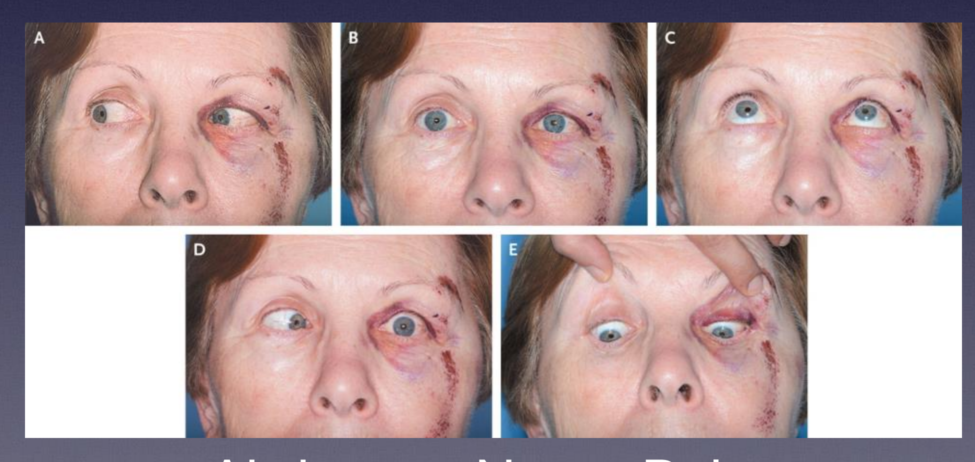
Complicated Withdrawal Part 1

- **Withdrawal Seizure**:
    - Tonic-clonic seizure (full body symmetric convulsions with limited/lost consciousness)
- **Delirium Tremens**:
    - Disturbance in attention (can't maintain consciousness, attention)
    - Disturbance in cognition (memory, disorientation, language, perception)
    - Change from baseline, fluctuates in severity

Complicated Withdrawal

Part 2

- **Wernike-Korsakoff Syndrome:**
  1. Wernike's Encephalopathy: abducens palsy (usually bilateral), ataxia (can't keep balance or coordinate muscles), confusion, weakness, anterograde amnesia



Abducens Nerve Palsy

NEJM, 2012;367:e5

2. Korsakoff Psychosis: anterograde & retrograde amnesia (can't make new memories or recall past memories), confabulation (makes up new memories without knowing it)

Predictors of Complicated Withdrawal

- Medical illness
- Recent surgery
- Older age
- History of complicated withdrawal
- History of seizures
- Elevated liver enzymes
- High blood alcohol at start of withdrawal
- Longer duration of alcohol misuse (75% with 6 years of use)
- Presence of alcohol associated gastrointestinal illness

Saitz & O'Malley, Medical Clinics of North America, 1997;81(4):881-907

Triage: Inpatient vs. Outpatient

- Relative indications for inpatient alcohol detoxification
  A. History of complicated withdrawal
  B. Lack of reliable support network
  C. Multiple past alcohol detoxifications
  D. Recent high level of alcohol consumption
  E. Pregnancy
  F. Severe withdrawal (CIWA-Ar > 15)

Myrick & Anton, Alcohol health and research world, 1998;22(1):38-43

Opioids

Opioid Withdrawal

- Discontinuation of opioids or use of an opioid antagonist resulting in:
- 3 or more of the following:

1. Dysphoric mood
2. Nausea or vomiting
3. Muscle aches
4. Lacrimation or rhinorrhea
5. Pupillary dilation, piloerection, or sweating
6. Diarrhea
7. Yawning
8. Fever
9. Insomnia

DSM V, American Psychiatric Association, 2013

Triage: Inpatient vs. Outpatient

- Relative indications for inpatient supervision of opioid withdrawal

  A. Pregnancy*

  B. Unstable cardiac status

Mixed Opioid & Alcohol/Benzodiazepine Withdrawal

Mixed Withdrawal

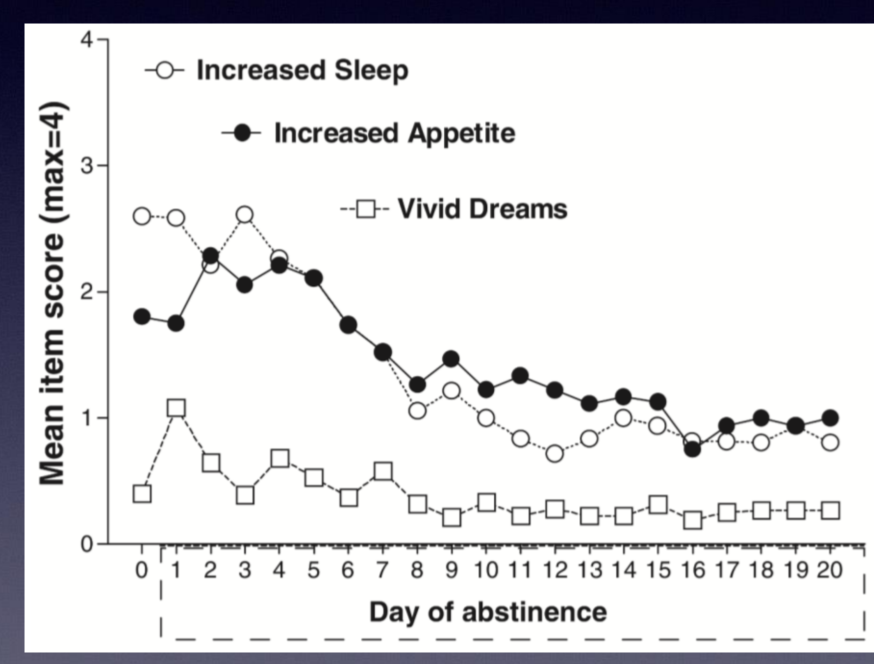
- Two options:
  1. Treat the withdrawal with lethal potential
  2. Treat both concurrently

Stimulant Withdrawal

Stimulant Withdrawal

1. Hyperphagia
2. Hypersomnia
3. Depressed mood

Time limited.



McGregor, et al. Addiction, 2005;100:1320-1329

Cannabis Withdrawal

Cannabis Withdrawal

A. Cessation of cannabis use that has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months).

B. Three (or more) of the following signs and symptoms develop within approximately 1 week after Criterion A:

1. Irritability, anger, or aggression.
2. Nervousness or anxiety.
3. Sleep difficulty (e.g., insomnia, disturbing dreams).
4. Decreased appetite or weight loss.
5. Restlessness.
6. Depressed mood.
7. At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache.

C. The signs or symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

DSM V, American Psychiatric Association, 2013

Inpatient and Outpatient Detoxification

Jeanne Bereiter, MD
Department of Psychiatry, University of New Mexico School of Medicine

Adapted from slides created by Dan Duhigg, DO and Steven Jenkusky, MD

Goals of this Presentation

- Provide guidance on how to provide safe inpatient and outpatient detox from alcohol, benzodiazepines opiates, and stimulants
- Provide guidance on proper patient selection for inpatient and outpatient detox

What is Detox?

- A set of medical interventions (detoxification)
- Designed to safely manage a person through:
  - Intoxication with alcohol and/or drugs
  - Acute withdrawal from alcohol and/or drugs
- Involves evaluation, stabilization, and introduction to and initiation of substance abuse treatment

  - Adapted from SAMHSA Tip 45 (Detoxification and Substance Abuse Treatment)

Detox is Not…

- Detox is NOT substance abuse treatment
- It is not designed to resolve psychological, social, and behavioral problems associated with substance abuse

3 Components of Substance Abuse Treatment

- Evaluation
    - Screening and assessment
- Stabilization
    - Assist through acute intoxication and withdrawal (may include detox)
- Treatment or rehabilitation
- Maintenance
    - Adapted from SAMHSA Tip 45 (Detoxification and Substance Abuse Treatment)

7 Key Assumptions and Principles for Detox and Substance Abuse Treatment (SAMHSA Tip 45)

- Detox is not complete treatment
- Detox includes evaluation, stabilization, and fostering treatment readiness
- Detox takes place in a wide variety of settings
- All treatment must be of the same quality and thoroughness
- Insurance coverage for complete detox is cost-effective
- Detox programs must be culturally competent
- Success depends on continuation of treatment after detox

Medical and Psychiatric Issues

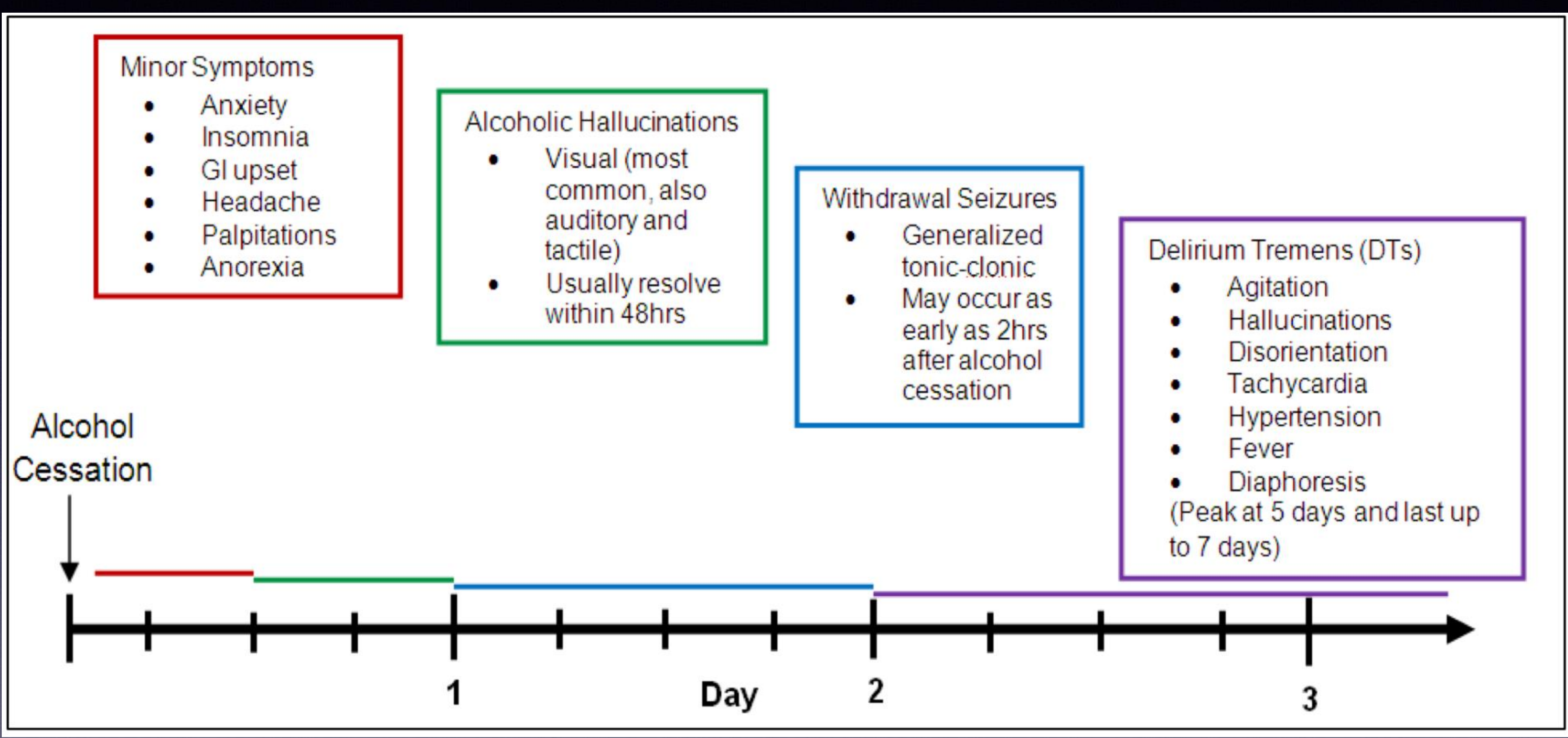
- Substance use affects all body systems
- Medical problems are likely to co-occur
- Mental health problems are common
  - As a result of substance use
  - Pre-existing, leading to substance use

Alcohol Detoxification & Withdrawal

Alcohol Withdrawal Syndrome: Definition

- Symptoms that occur when a heavy drinker suddenly stops or significantly reduces their alcohol intake

Alcohol withdrawal



The Ohio State University Wexner Medical Center, Alcohol Withdrawal Protocol

Alcohol Withdrawal and Delirium Tremens (DTs)

Alcohol Withdrawal	Alcohol Withdrawal Delirium (Delirium Tremens/DTs)
A. Cessation of (or reduction in) alcohol use that has been heavy and prolonged. B. Two (or more) of the following, developing within several hours to a few days after the cessation of (or reduction in) alcohol use described in Criterion A: 1. Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm) 2. Increased hand tremor 3. Insomnia 4. Nausea or vomiting 5. Transient visual, tactile, or auditory hallucinations or illusions 6. Psychomotor agitation 7. Anxiety 8. Generalized tonic-clonic seizures C. The signs or symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. D. The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.	A. A disturbance in attention (i.e., reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment). B. The disturbance develops over a short period of time (usually hours to a few days), represents a change from baseline attention and awareness, and tends to fluctuate in severity during the course of a day. C. An additional disturbance in cognition (e.g., memory deficit, disorientation, language, visuospatial ability, or perception). D. The disturbances in Criteria A and C are not better explained by another preexisting, established, or evolving neurocognitive disorder and do not occur in the context of a severely reduced level of arousal, such as coma. E. There is evidence from the history, physical examination, or laboratory findings that the disturbance is a direct physiological consequence of another medical condition, substance intoxication or withdrawal (i.e., due to a drug of abuse or to a medication), or exposure to a toxin, or is due to multiple etiologies.

DSM-5th Edition, APA, 2013

Alcohol Withdrawal Syndrome (AWS)

- Increases acute medical and surgical complications
  - Increased number of ventilator days
  - Increased rates of infections and sepsis
  - Increased hospital mortality
- Increases length of hospital stay
- Increases hospital costs

Genther & Gourin, The laryngoscope, 2012;122:1739-1747
de Wit, et al. Chest, 2010;138:994-1003

Alcohol Withdrawal Syndrome (AWS)

- Each episode of AWS worsens the severity and consequences of subsequent episodes

Babor & Higgins-Biddle, Addiction, 2000;95:677-686
Duka, et al. Alcoholism: clinical and experimental research, 2004;28:233-246

- There is no doubt that AWS-prophylaxis is the key to the prevention of complications and progression to seizures and frank delirium tremens

Maldonado, et al. Alcohol, 2014;48:375-390

Risk factors for AWS

- Personal or family history of alcohol withdrawal or Delirium Tremens (DTs)
  - Strongest predictor of developing AWS
- History alcohol withdrawal seizures
  - Associated with a doubling of risk of AWS
- History of delirium tremens
  - Duration of delirium tremens is correlated with number of previous episodes of DTs
- History of multiple detoxifications from alcohol
- Previous episodes of blackouts
  - Suggests heavy drinking and the development of tolerance
- Concomitant use of CNS depressants (benzodiazepines/barbiturates)
- Concomitant use of other illicit substances
- Recent episode of alcohol intoxication
- BAL on admission
  - BAL > 200 mg/dL increases risk of AWS 30-fold
- Evidence of increased autonomic activity
  - Systolic BP > 150 mmHg and temperature > 38 C both independently associated with increased risk of DTs

Maldonado, et al. Alcohol, 2014;48:375-390

Prediction of Alcohol Withdrawal Severity Scale (PAWSS)

Part A: Threshold Criterion	Score *(1 point)*
1. Have you consumed any amount of alcohol (i.e. been drinking) within the last 30 days?	
OR did the patient have a positive blood alcohol level (BAL) on admission?	
If the answer is Yes to either question, proceed with test:	
Part B: Patient Interview	
2. Have you ever experienced previous episodes of alcohol withdrawal?	
3. Have you ever experienced an alcohol withdrawal seizure?	
4. Have you ever experienced delirium tremens or DT's?	
5. Have you ever undergone alcohol rehabilitation treatment? (i.e., inpatient, outpatient treatment programs or alcoholic anonymous attendance)	
6. Have you ever experienced blackouts?	
7. Have you combined alcohol with other "downers" like benzodiazepines or barbiturates during the last 90 days?	
8. Have you combined alcohol with any other substance of abuse during the 90 days?	
Part C: Clinical Evidence	
9. Was the patient's blood alcohol level (BAL) on presentation > 200 mg/dL?	
10. Is there evidence of increased autonomic activity? (i.e., HR > 120 bpm, tremor, sweating, agitation, nausea)	
Total Score	

Notes: Maximum score = 10. This instrument is intended as a **screening tool**. The greater the number of positive findings, the higher the risk for development of alcohol withdrawal syndromes. A score of ≥ 4 suggests HIGH RISK for moderate to severe AWS; prophylaxis and/or treatment may be indicated.

Number of items	Specificity (%)
1	90.6
2	98.4
3 +	100

Maldonado, et al. Alcohol, 2014;48:375-390

Risk-based intervention

If no delirium

CIWA-Ar Assessment Parameters CIWA-Ar Score	VS and CIWA-Ar Frequency	Medication (IVP / PO / NG)
< 8	Q4H x 6 – If CIWA-AR score < 8, stop	None
8−14	Q2H	Lorazepam (Ativan) 1 mg
15−20*	Q1H	Lorazepam (Ativan) 2 mg
21−30*	Q1H	Lorazepam (Ativan) 3 mg
31−45*	Q1H	Lorazepam (Ativan) 4 mg
For breakthrough	Q30 Minutes	Lorazepam (Ativan) 1−2 mg

* For persistent CIWAA score > 15, patient is at moderate risk. Use fixed-dose benzodiazepine taper.

Medications**

Medication	Dose / Frequency	Comments
Lorazepam (Ativan)***	1−4 mg	Based on CIWA-Ar score
Lorazepam (Ativan)***	1−2 mg Q30Min	PRN breakthrough symptoms
Thiamine (Vitamin B1)	100 mg PO/IVP STAT and then 100 mg PO/IVP QAM X 2 doses	Before IV dextrose to prevent Wernicke's encephalopathy (give PO if feasible)
Magnesium oxide (Mag Ox)	As needed	For low serum magnesium

Maldonado, et al. Alcohol, 2014;48:375-390

Treatment of Delirium Tremens (DTs)

- **Guideline**: Mayo-Smith, et al. Arch Int Med, 2004;164:1405-1412
- When alcohol withdrawal delirium is present: maintain light somnolence for duration of delirium with benzodiazepines (or barbiturates)
- RR of mortality when DTs treated with antipsychotic versus sedative-hypnotic: 6.6 (95% CI, 1.2-34.7)

Example regimen:

Diazepam

- Initial dose: 5mg IV over 2 minutes
- If not effective: repeat in 5-10 minutes
- If second dose not effective: use 10mg for third and fourth doses every 5-10 minutes
- If not effective: use 20mg for each subsequent doses until sedated
- Then use 5-20mg q Hour to maintain sedation

Adjunctive Antipsychotic for severe agitation:

- haloperidol 0.5-5mg q 30-60 min IV/IM PRN

Mayo-Smith, et al. Arch Int Med, 2004;164:1405-1412

Adjuvant medications in AWS

Medication	Dose & Frequency	Comments
Folic Acid	1mg PO/IV daily	Folate deficient anemia associated with heavy alcohol use
Magnesium	Replete IV/PO	
Multivitamin	1 dose PO/IV daily	Not needed if tube-fed
Thiamine*	To prevent Wernicke's encephalopathy: 250 mg IV/IM daily x 3-5 days For suspected Wernicke's: 500 mg IV STATx1 then 500mg IV/IM daily x 2 days (3 doses) then 100 mg PO/IV/IM thereafterx 2 weeks	Give BEFORE IV dextrose/glucose to prevent Wernike's Encephalopathy

NEJM, 2012;367:e5

Outpatient Detox

Assessment

- Preliminary assessment:
  - Thorough history of recent substance use, including time since last use
  - Assess patient’s motivation for sobriety.
  - Assess for contraindications including history of withdrawal attempts and symptoms.
  - Confirm availability of home support to monitor withdrawal.
  - Confirm patient’s commitment to follow up with psychosocial treatments (AA, intensive outpatient treatment, church groups, etc).
  - Routine physical exam and labs (LFT’s, CBC, BMP, Urine tox screen, as indicated).
  - Withdrawal security assessment tool:
    - CIWA-Ar: alcohol withdrawal
    - COWS: opioid withdrawal
    - CIWA-B: benzodiazepine withdrawal

Contraindications for Outpatient Alcohol Detox

- Coexisting acute or chronic illness requiring inpatient treatment.
- Severe liver disease including cirrhosis.
- Current severe alcohol withdrawal, especially with delirium.
- Pregnancy.
- Seizure disorder or history of alcohol withdrawal seizures.
- No possibility for follow up.
- No reliable contact person to monitor patient.
- Suicide risk, psychiatric instability

Supportive Treatment

- Educate the patient and support person as to what to expect in withdrawal
- Recommend a quiet, evenly lit place
- . Caregivers should offer frequent re-assurance and non-caffeinated beverages to prevent dehydration.
- Explain withdrawal time-course
- Explain circumstances for seeking emergency care:
  - Seizures
  - Psychosis
  - Chest pain

Alcohol Detox Pharmacotherapy

- Thiamine 100mg po daily x 7
- Multivitamin one daily
- Withdrawal seizure prevention:
  - Long acting benzodiazepines or
  - Anti-epileptic drugs

One example of an alcohol withdrawal treatment protocol for fixed benzodiazepine dosing in the outpatient setting.

Note: benzodiazepines have a high abuse potential, and can be lethal if combined with alcohol. Optimal treatment should include a family member to dispense medications and frequent (e.g. Daily) contact.

If hepatic disease is present, lorazepam should be used.

Muncie, et al. American Family Physician, 2013;88(9):589-595

Table 4. Fixed and Symptom-Triggered Dosing for Oral Alcohol Withdrawal Medications

Medication	*Fixed schedule*	*Symptom-triggered schedule**
Day 1		
Diazepam (Valium)	10 mg every 6 hours	10 mg every 4 hours
Chlordiazepoxide (Librium)	25 to 50 mg every 6 hours	25 to 50 mg every 4 hours
Lorazepam (Ativan)	2 mg every 8 hours	2 mg every 6 hours
Day 2		
Diazepam	10 mg every 8 hours	10 mg every 6 hours
Chlordiazepoxide	25 to 50 mg every 8 hours	25 to 50 mg every 6 hours
Lorazepam	2 mg every 8 hours	2 mg every 6 hours
Day 3		
Diazepam	10 mg every 12 hours	10 mg every 6 hours
Chlordiazepoxide	25 to 50 mg every 12 hours	25 to 50 mg every 6 hours
Lorazepam	1 mg every 8 hours	1 mg every 8 hours
Day 4		
Diazepam	10 mg at bedtime	10 mg every 12 hours
Chlordiazepoxide	25 to 50 mg at bedtime	25 to 50 mg every 12 hours
Lorazepam	1 mg every 12 hours	1 mg every 12 hours
Day 5		
Diazepam	10 mg at bedtime	10 mg every 12 hours
Chlordiazepoxide	25 to 50 mg at bedtime	25 to 50 mg every 6 hours
Lorazepam	1 mg at bedtime	1 mg every 12 hours

**—For patients with a SAWS (Short Alcohol Withdrawal Scale) score ≥ 12, or CIWA-Ar (Clinical Institute Withdrawal Assessment for Alcohol, Revised) score > 9.*

Carbamazepine

CARBAMAZEPINE

- Equal efficacy with oxazepam and lorazepam in outpatient double-blind trials in reducing withdrawal symptoms

Malcolm, et al. American Journal of Psychiatry, 1989;146:617-621

Malcolm, et al. Journal of General Internal Medicine, 2002;17:349-355

Day	Dose schedule A	Dose schedule B
1	800mg	200mg QID
2	700mg	200mg QID
3	600mg	200mg TID
4	500mg	200mg TID
5	400mg	200mg BID
6	300mg	200mg BID
7	200mg	200mg

Additional Considerations

- A responsible person should monitor the patient during detox
  - for worsening of withdrawal symptoms
  - to ensure proper use of prescribed meds.
- No driving or operating machinery during detox period.
- Full detox usually takes about five days.

Detox is Only the First Stage of Treatment

- Detox is not sufficient treatment for alcohol dependence!
- Treatment and recovery occur through participation in a treatment program once detoxed.
- Best to arrange treatment program before detoxing.

Medications for Follow Up Care

- Monitor for mood and anxiety symptoms
  - commonly occur early in recovery.
- Addicting medications like benzodiazepines should not be used to treat anxiety in this population.
- Antidepressants such as SSRIs may be used
  - especially if pre-existing anxiety or depression
- Consider prescribing medications that help maintain sobriety such as naltrexone or acamprosate

Key Points:

- Continuous treatment with benzodiazepines will not prevent problematic use of alcohol!
- Prescribe benzo's ONLY for detox and no more than once (subsequent detox should be treated with AEDs)
- Detox is not treatment for addictions!
- It is only a first step to allow engagement in therapy.

Benzodiazepine Detoxification & Withdrawal

Benzodiazepine (BZD) Withdrawal

- Symptoms similar to alcohol withdrawal:
    - Anxiety, tremors, nightmares, insomnia, anorexia, nausea, vomiting, orthostatic hypotension, seizures, delirium and hyperpyrexia.
    - More rarely, confusion, visual and auditory hallucinations.
- Onset and duration of symptoms influenced by pharmacokinetics of the BZD used and medical status of the patient.

Benzodiazepine Conversion

Name	Time to peak concentration	Equivalent doses
Diazepam	30-90 min	5 mg
Alprazolam	60 min	0.5 mg
Clonazepam	2-3 hours	0.5 mg
Lorazepam	2 hours	1 mg
Oxazepam	2-3 hours	20 mg
Temazepam	30-60 min	20 mg

Weaning (detox) Strategy

- Like alcohol, abruptly stopping high-dose benzodiazepines (BZD) carries a risk of death.
- Can wean rapidly (days to weeks) or slowly (months)
- Pace of weaning depends upon duration of BZD use, safety concerns, patient preference
- Evidence favors:
  - Gradual reduction of the prescribed BZD.
  - If the patient was on a high-potency, short-acting BZD, eg, alprazolam (Xanax), switch to a long-acting BZD such as clonazepam or diazepam,
  - Then taper the long-acting BZD for a smoother withdrawal.

Convert & Wean-Rapid

If the dose of benzodiazepines taken is known:

1. Convert the dose to diazepam equivalents
2. If under 50mg daily: wean by 25% daily, using QID dosing
3. If over 50mg daily: follow this schedule:

Patients using more than 50mg/day diazepam equivalent					
	Time of dose				Total daily dose
	08:00	12:00	17:00	21:00	
Starting dose	10mg	10mg	10mg	10mg	40mg
1st reduction	10mg	5 mg	5mg	10mg	30mg
2nd reduction	5mg	-	5mg	10mg	20mg
3rd reduction	-	-	-	10mg	10mg
4th reduction	-	-	-	5mg	5mg

World Health Organization Clinical Guidelines for Withdrawal

Convert & Wean-Rapid

If the dose of benzodiazepines taken is NOT known:

OPTION 1:

1. Load with diazepam 20mg q 2 hours until sedated

1. Wean by 25% daily with QID split dosing

OPTION 2:

1. Phenobarbital 200mg x1 dose
2. Phenobarbital 100mg q 4 hours x5 doses
3. Phenobarbital 60mg q 4 hours x4 doses
4. Phenobarbital 60mg q 8 hours X 3 doses

Kawasaki, et al. Journal of substance abuse treatment, 2012;43:331-334

Convert & Wean-Gradual

patient on 3 mg/day of alprazolam (Xanax)

Rapid

- Switch to 3 mg of Clonazepam
- Decrease by 0.5 mg per week first two weeks
- Then decrease by 0.25 mg per week

Slightly Less Rapid

- Alternatively, use diazepam, 60 mg/day
- Decrease by 10 mg per week for first two weeks
- Then decrease by 5 mg a week (10 weeks total)
- If needed can slow down to 2.5 mg a week (18 weeks total)

Slow

- Switch to 3 mg of Clonazepam
- Decrease by 0.125 mg weekly for 6 months

Opioid Detoxification & Withdrawal

Opioid Withdrawal

- All opioids can produce similar withdrawal symptoms, but the time of onset and duration of withdrawal can vary.
- Not fatal “but you feel like you are going to die”
- Symptoms can begin 8-12 hours after last use, last 5-7 days (up to 1 month for methadone)
- Severity of withdrawal is based on:
  - drug used
  - total daily dose
  - interval between doses
  - duration of use
  - health and personality of the patient

Opioid Withdrawal Symptoms

Early:

- Anxiety
- Diaphoresis
- Lacrimation/rhinorrhea
- Yawning
- Piloerection
- Restlessness
- Anorexia
- Irritability
- Dilated pupils

Advanced:

- Insomnia
- Nausea and vomiting
- Diarrhea
- Weakness
- Abdominal cramps
- Tachycardia
- Muscle spasms
- Muscle and bone pain

Measuring Opioid Withdrawal

Clinical Opioid Withdrawal Scale (COWS)

Resting Pulse Rate: _________beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset**: *over last 1/2 hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score ________ The total score is the sum of all 11 items Initials of person completing assessment: ____________

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

Wesson & Ling, Journal of psychoactive drugs, 2003;35(2):253-259

Opioid Replacement

- Drug Addiction Treatment Act 2000
- Updates the Narcotic Addiction Treatment Act 1974
  - Methadone can be started ONLY by a federally approved methadone treatment center
  - Schedule III, IV,V drugs to treat addiction require a special DEA waiver (E.g. Buprenorphine)
  - Only those drugs with an FDA indication for opioid dependence
  - Can continue opioid-agonist if started prior to admission
  - **Can Administer 3 Days Worth Without Waiver**
    - Title 21, Code of Federal Regulations, Part 1306.07(b)

Symptomatic Detox, Adults

- Study of 344 adults with Acute Opioid Withdrawal treated with clonidine (n=110) or buprenorphine (n=234)
- Bupe: flexible dosing up to 8/2mg on day 1, up to 16/4 on day 3, taper to 2/0.5 on day 13
- Clonidine: flexible dosing of 0.05-0.1mg q4h on day 1, then 1-6 0.1mg transdermal patches (based on weight), replaced on day 7 and removed on day 13

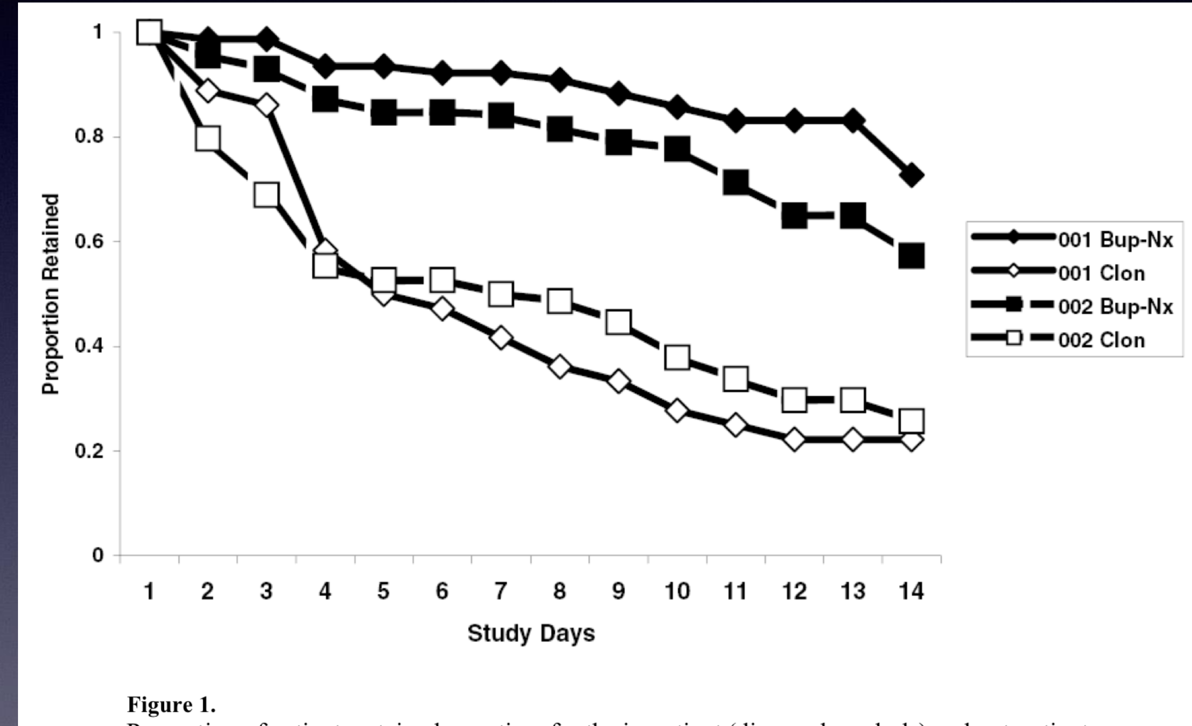


Figure 1.
Proportion of patients retained over time for the in-patient (diamond symbols) and out-patient (square symbols) protocols as a function of assignment to bup-nx (closed symbols) or clonidine (open symbols)

Ling, et al. Addiction, 2005;100(8):1090-1100

Inpatient versus Outpatient Opioid Detox?

- Consider inpatient detox if:
  - Medically fragile
  - Comorbid psychiatric illness
  - Lack of clean & sober social support
  - Need to get away from their environment in order to be successful

Inpatient Opioid Detox

- **Ultra-rapid detox not recommended**
- **Opioid replacement IS recommended**

Buprenorphine:

- Patient must be in withdrawal
- Give 8mg subutex or 8/2mg suboxone
- Repeat in 1 hour if still symptomatic
- *Decrease dose by 1/3 daily
- **Decrease dose by 2mg daily

*without DATA2000 waiver
**with DATA2000 waiver

Methadone:

- Patient need not be in withdrawal
- If not on Methadone Maintenance, or if dose of opioids is unknown, can generally give 30mg on day 1 without respiratory compromise
- Decrease dose by 1/3 daily
- No PRN dosing!

Outpatient Opioid Detox

- Options:
  - “cold-turkey”
  - Comfort medications
  - Opioid assisted (methadone or buprenorphine)

Comfort Medications

- Usually needed for 4-5 days, longer for insomnia
- 1. Clonidine 0.1 mg q 4-6 hrs, may increase to 0.2 mg if tolerated (BP>90/60) for sx of noradrenergic rebound
  - Transdermal patch may also be used (0.1, 0.2, 0.3mg patches, may double up, good for one week)
- 2. Ibuprofen 600-800mg qid for bone pain, muscle aches
- 3. Hyoscyamine (Levsinex) 0.125-0.25mg q 4 hr prn GI spasms, or Dicyclomine (Bentyl) 10mg q 8 hrs
- 4. Methocarbamol (Robaxin) 1000mg qid for muscle spasms
- 5. Loperamide 2-4mg, up to 16mg daily
- 6. Hydroxyzine (Vistaril) 25-50 mg QID prn anxiety or insomnia
- 7. Trazodone 50-200 mg qhs prn insomnia

AVOID BENZODIAZEPINES

Methadone

- Can be prescribed outpatient only by a licensed methadone clinic
- Used outpatient for methadone maintenance

Buprenorphine

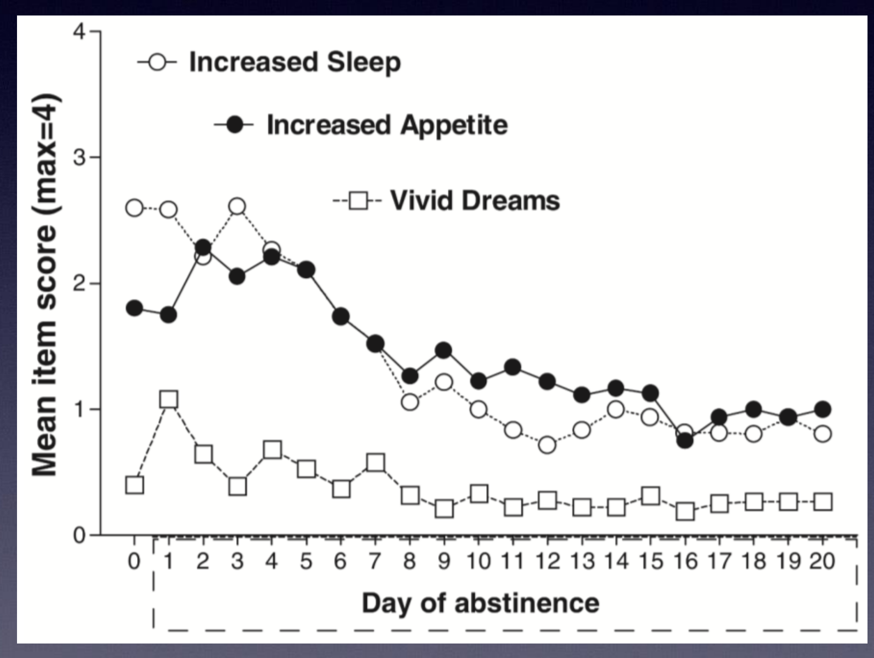
- Need a DEA “X” license to prescribe for opioid use disorder (provider needs waiver training)
- Consider buprenorphine maintenance
- For buprenorphine detox, begin with 12-16 mg/day, decreasing 2 mg/day, for a 5-7 day taper
- Add comfort medications as needed, especially sleep medication

Methamphetamine/Cocaine Detoxification & Withdrawal

Stimulant withdrawal

1. Hyperphagia
2. Hypersomnia
3. Depressed mood

Time limited.
Treatment often not required.



McGregor, et al. Addiction, 2005;100:1320-1329

Intoxication/Withdrawal Management

- Symptomatic treatment for prominent symptoms:
    - **Agitation:**
        - Lorazepam 1-2mg IM/PO PRN
        - Diazepam 10mg IV q 5 minutes until sedated
        - AVOID succinylcholine due to interactions with cocaine, hyperthermia prolonging MOA
    - Psychosis: Haldol 5mg IM/PO PRN
        - Evaluate for hyperthermia
- Evaluate for hypertensive emergency
    - Phentolamine is preferred agent: 1mg q 3 min
- Evaluate for dysrhythmias
    - Calcium channel blockers preferred in cocaine toxicity (avoid beta-blockers)
    - Evaluate for hyponatremia (MDMA)

Rao & Hoffman, Rosen's Emergency Medicine, 2006
American psychiatric publishing textbook of substance abuse treatment, 5th Edition, 2015

Detoxification: Unique Populations

Larissa Maley, PhD
Chief of clinical Programming, ASAP,UNMH
lmaley@salud.unm.edu

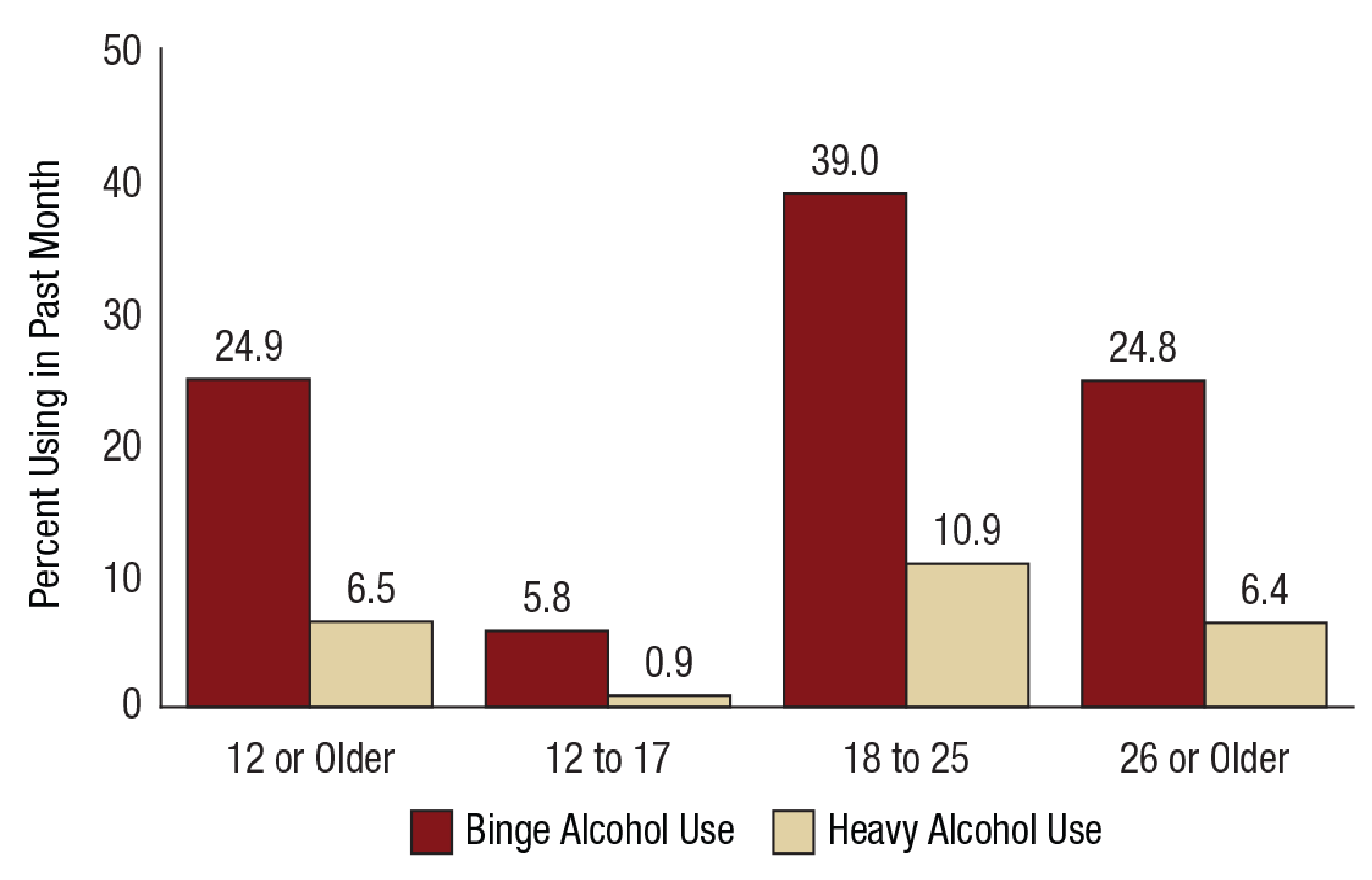
Acknowledgements

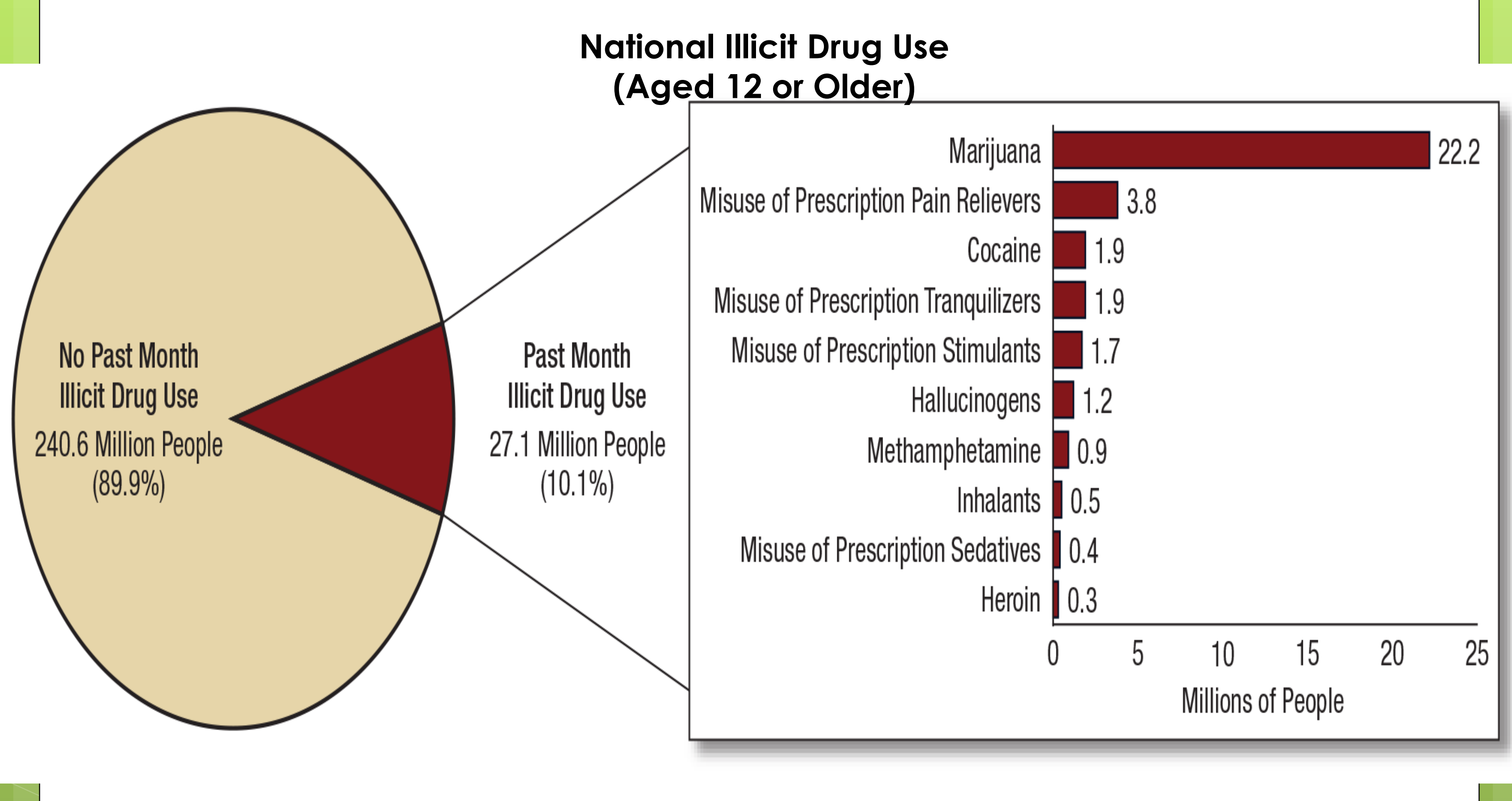
This lecture was adapted from presentations previously created by P. Romo, M.D., K. Lenberg, PhD, D. Turpin, MA, C. Chavkin

Agenda

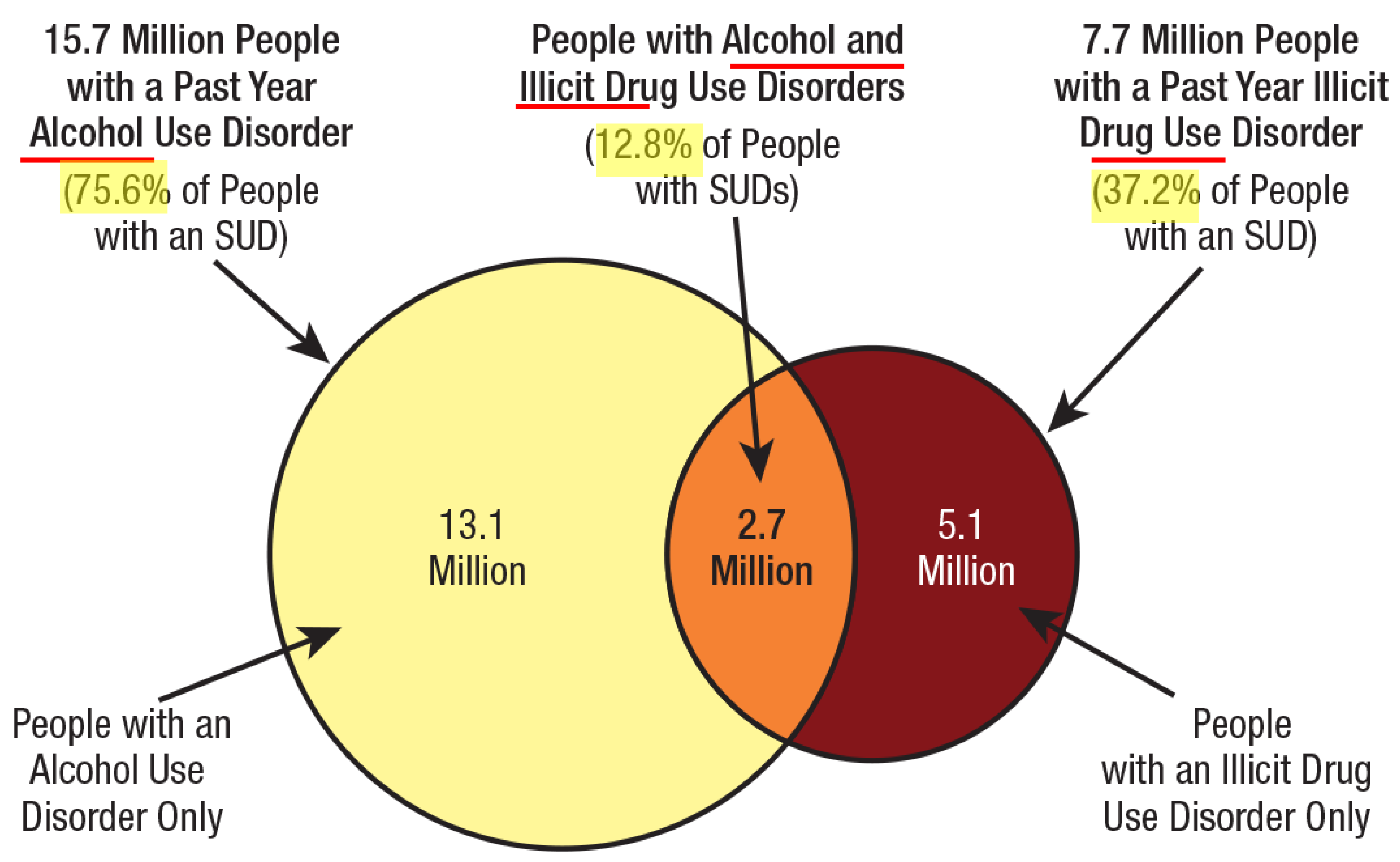
- Briefly review epidemiological data on use
- Briefly review considerations for conducting detox with the following special populations:
  - Pregnant
  - Medically Fragile/Geriatric
  - Adolescent
  - Comorbid/Severe Mental Illness (SMI)

NSDUH Data, 2012




National Illicit Drug Use
(Aged 12 or Older)
No Past Month
Illicit Drug Use
240.6 Million People
(89.9%)
Past Month
Illicit Drug Use
27.1 Million People
(10.1%)
Marijuana
22.2
Misuse of Prescription Pain Relievers
3.8
Cocaine
1.9
Misuse of Prescription Tranquilizers
1.9
Misuse of Prescription Stimulants
1.7
Hallucinogens
1.2
Methamphetamine
0.9
Inhalants
0.5
Misuse of Prescription Sedatives
0.4
Heroin
0.3
0
5
10
15
20
25
Millions of People

NSDUH Data, 2012



NSDUH Data, 2013-14

Drug Use, Past Year Substance Dependence or Abuse, Past Year Mental Health Measures in *New Mexico*: (in Thousands)

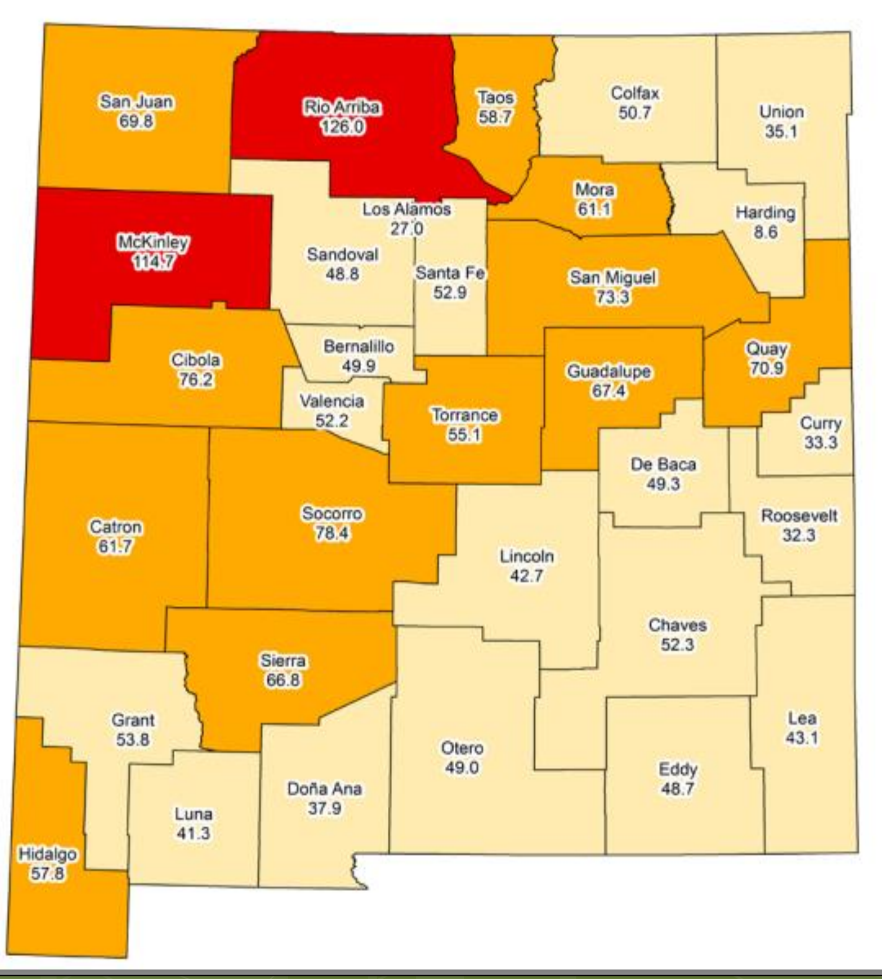
Measure	12+	12-17	18-25	26+	18+
ILLICIT DRUGS					
Past Month Illicit Drug Use[1]	189	17	49	122	172
Past Year Marijuana Use	267	27	72	168	240
Past Month Marijuana Use	163	13	44	106	150
Past Month Use of Illicit Drugs Other Than Marijuana[1]	59	6	14	39	54
Past Year Cocaine Use	37	1	14	22	36
Past Year Nonmedical Pain Reliever Use	76	9	18	49	67
Perception of Great Risk from Smoking Marijuana Once a Month	462	36	34	391	425
Average Annual Number of Marijuana Initiates[2,3]	18	9	7	2	8
ALCOHOL					
Past Month Alcohol Use	830	16	128	686	814
Past Month Binge Alcohol Use[4]	417	10	85	321	407
Perception of Great Risk from Drinking Five or More Drinks Once or Twice a Week	766	66	90	610	700
Past Month Alcohol Use (Individuals Aged 12 to 20)	48[5]	--	--	--	--
Past Month Binge Alcohol Use (Individuals Aged 12 to 20)[4]	33[5]	--	--	--	--
TOBACCO PRODUCTS					
Past Month Tobacco Product Use[6]	450	13	91	346	437
Past Month Cigarette Use	376	9	78	289	367
Perception of Great Risk from Smoking One or More Packs of Cigarettes per Day	1,201	99	145	957	1,103
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT[7]					
Illicit Drug Dependence[1]	32	3	9	20	29
Illicit Drug Dependence or Abuse[1]	51	7	14	31	45
Alcohol Dependence	58	2	13	43	57
Alcohol Dependence or Abuse	118	4	30	84	114
Alcohol or Illicit Drug Dependence or Abuse[1]	149	9	37	104	141
Needing But Not Receiving Treatment for Illicit Drug Use[1,8]	44	6	13	25	38
Needing But Not Receiving Treatment for Alcohol Use[8]	113	4	28	80	109
PAST YEAR MENTAL HEALTH ISSUES					
Major Depressive Episode[3,9]	--	16	20	77	96
Serious Mental Illness[3,10]	--	--	10	57	67
Any Mental Illness[3,10]	--	--	47	262	309
Had Serious Thoughts of Suicide[11]	--	--	16	45	61

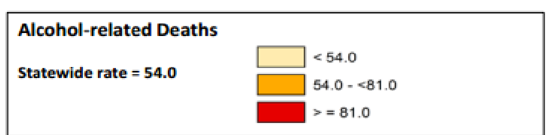
Alcohol-Related Deaths and Rates (per 100,000), New Mexico

Sex	Race/Ethnicity	Deaths: Ages 0-24	Deaths: Ages 25-64	Deaths: Ages 65+	Deaths: All Ages	Rates*: Ages 0-24	Rates*: Ages 25-64	Rates*: Ages 65+	Rates*: All Ages*
Male	American Indian	57	559	88	704	28.4	266.8	283.9	185.0
	Asian/Pacific Islander	1	12	3	16	4.2	30.5	57.6	26.0
	Black	7	51	13	71	15.2	82.4	136.6	63.8
	Hispanic	153	1,311	318	1,782	15.2	110.3	157.1	82.9
	White	71	929	447	1,446	12.5	80.6	110.9	57.5
	Total	289	2,887	875	4,051	15.6	108.9	134.3	77.9
Female	American Indian	22	267	54	343	11.3	116.2	120.5	80.0
	Asian/Pacific Islander	1	5	1	8	5.6	9.7	16.4	9.7
	Black	1	12	4	17	2.7	24.7	42.8	18.4
	Hispanic	46	433	174	653	4.7	35.9	68.2	29.1
	White	23	401	302	726	4.3	34.1	63.3	25.8
	Total	94	1,122	536	1,753	5.3	41.4	67.4	31.4
Total	American Indian	79	827	141	1,047	19.9	187.9	187.4	128.8
	Asian/Pacific Islander	3	17	5	24	4.9	18.9	32.6	16.5
	Black	8	62	18	88	9.6	57.4	87.7	43.1
	Hispanic	200	1,744	492	2,435	10.0	72.8	107.6	55.1
	White	94	1,330	749	2,172	8.5	57.1	85.0	41.2
	Total	384	4,008	1,411	5,804	10.6	74.8	97.5	54.0

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

Alcohol-related Death Rates by County, New Mexico, 2010-2014



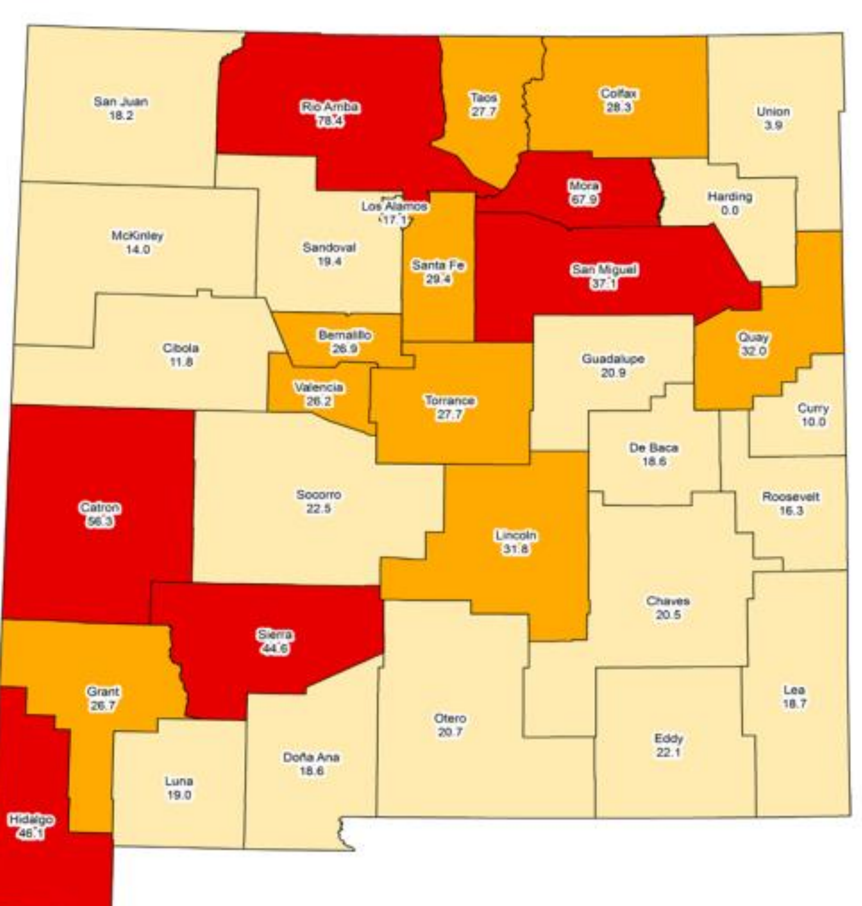


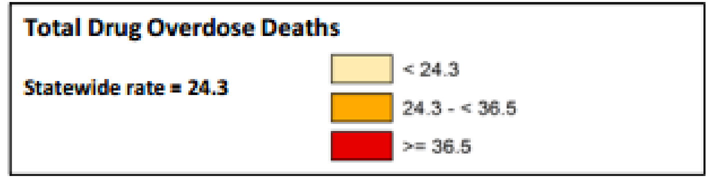
Total Drug Overdose Deaths and Rates (per 100,000) New Mexico, 2010 – 2014

Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	American Indian	7	66	0	73	3.5	31.5	0.0	18.6
	Asian/Pacific Islander	0	7	0	7	0.0	17.8	0.0	8.8
	Black	3	31	1	35	6.3	50.3	10.4	29.0
	Hispanic	82	684	16	782	8.1	57.6	7.9	34.7
	White	49	471	28	548	8.6	40.8	7.0	25.8
	Total	141	1,277	48	1,466	7.6	48.2	7.4	29.4
Female	American Indian	4	39	1	44	2.0	16.9	2.2	9.9
	Asian/Pacific Islander	0	4	0	4	0.0	8.0	0.0	4.0
	Black	3	11	0	14	7.7	23.4	0.0	14.5
	Hispanic	38	344	13	395	3.9	28.5	5.1	17.3
	White	25	453	54	532	4.7	38.6	11.3	23.5
	Total	70	859	69	998	3.9	31.7	8.7	19.2
Total	American Indian	11	105	1	117	2.8	23.9	1.3	14.1
	Asian/Pacific Islander	0	11	0	11	0.0	12.3	0.0	6.2
	Black	6	42	1	49	6.9	38.7	5.0	22.7
	Hispanic	120	1,028	29	1,177	6.0	42.9	6.3	26.0
	White	74	924	82	1,080	6.7	39.7	9.3	24.7
	Total	211	2,136	117	2,464	5.8	39.8	8.1	24.3

* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

Drug-Overdose Death Rates by County, New Mexico, 2010-2014





Pregnant patients

- 4-6% patients use substances during pregnancy
- 16% of teens use substances while pregnant
  - screening is VERY important (pregnancy and SUD)
- First Trimester is the *most* sensitive time period for fetal development and the impact of tetrogens
- The telescoping effect of gender
  - SBIRT model or other interventions should be used

Pregnant patients and alcohol

- Alcohol is one of the most debilitating teratogenetic substances
  - FASD – Fetal Alcohol Syndromes
  - Increased risk of miscarriage, stillbirth and preterm birth
- Women drinking >2 standardized drinks per week have 2x greater chance of negative outcomes for fetus
- Inpatient detoxification is recommended due to medically complicated issues associated with treating mother and fetus

Considerations for detox:

Pregnant patients and opiate use

ACOG recommends against opiate detox during pregnancy

Mother
Resp. depression
Aspiration
Overdose

Fetus
Hypoxemia
Acidosis
IUGR
IUFD

Intoxication

Withdrawal

Mother
Tachycardia
Hypertension
Nausea/vomiting
Metabolic demand

Fetus
Miscarriage
Preterm labor
PPROM
IUGR
IUFD

Legend: IUGR=Intrauterine growth restriction; IUFD=Intrauterine fetal demise; PPROM=Premature preterm rupture of membranes

Pregnant patients and stimulant use

- Limited evidence that prenatal cocaine or methamphetamine exposure is associated with developmental toxic effects compared to other factors: tobacco, thc, etoh, *poor environment and prenatal care*, etc.

- Some limited studies on prenatal exposure to methamphetamine have found:
  - an increase risk of defects of the fetal central nervous system, cardiovascular system, gastrointestinal system, as well as oral cleft and limb defects

Medically Fragile patients

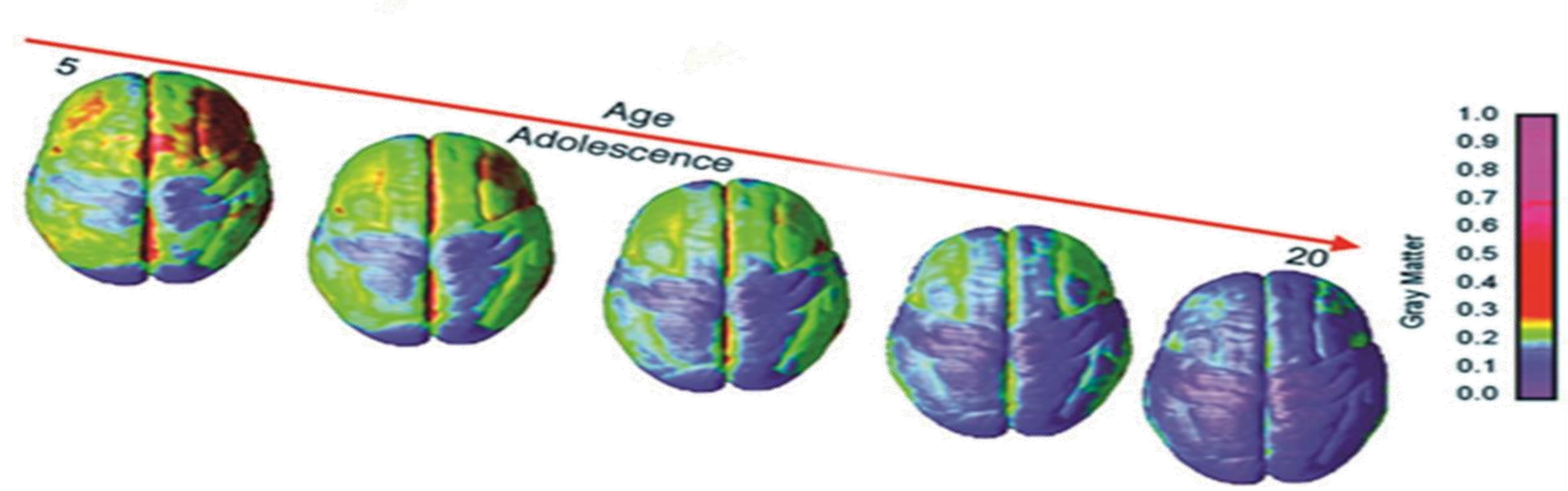
- Risk of complicated withdrawal markedly increases with number of complicating medical illnesses
- ***Patients with SUD often have neglected medical issues and avoid routine medical care
  - Screening for medical issues should be routine when treating a SUD pt to evaluate for possible complicating and undiagnosed medical issues
    - Cardiovascular issues
    - Electrolyte derangements
    - CVA
    - Acute coronary syndromes
    - Respiratory tract diseases
    - Upper gastrointestinal bleeds
    - Liver disease
    - Toxic syndromes
    - Infectious diseases (pericarditis)

Geriatric patients

- Providers often fail to detect SUD in older adults – increased need for screening in this population
  - SI and completed suicide is highest in male >65 (SUD involvement common)
- Higher rates of chronic illnesses in addition to SUD (evaluation similar to medically fragile), as well as more complicated medication regimes (interaction potential with detox medications)
- Older adults have lower lean body mass, body water, decreased metabolism, and impaired ability to develop tolerance
- ***Due to higher risk of morbidity and mortality with complicated detox, there should be a lower threshold for referral to inpatient detox with this population

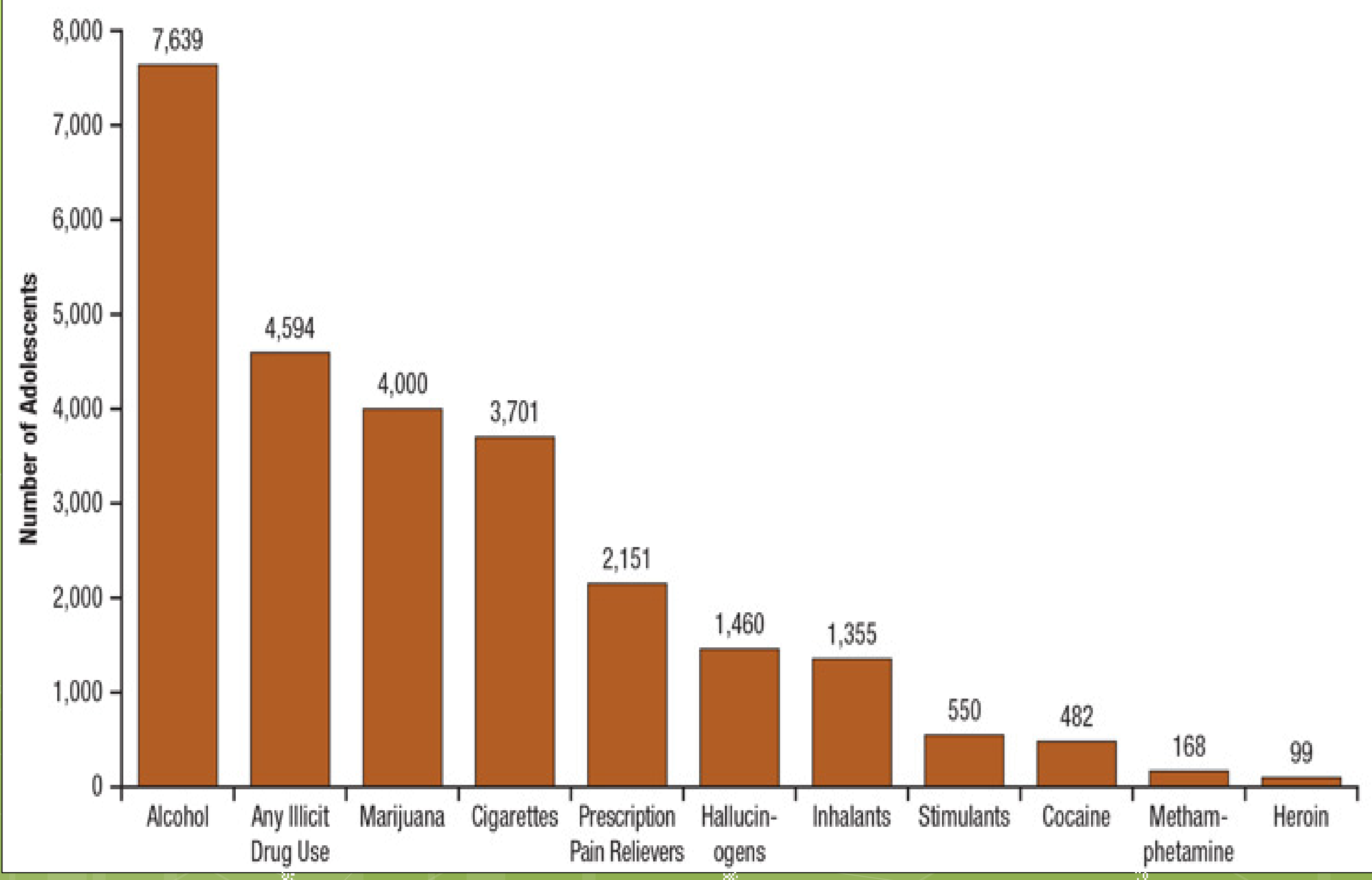
Adolescent patients

- Adolescents are *not* smaller versions of adults
- Adolescence is a major risk period for the onset of SUD
  - The earlier the initiation, the worse the prognosis and more rapid the progression of SUD
- Inpatient detoxification is recommended, however the majority of



NSDUH Data, 2010-11

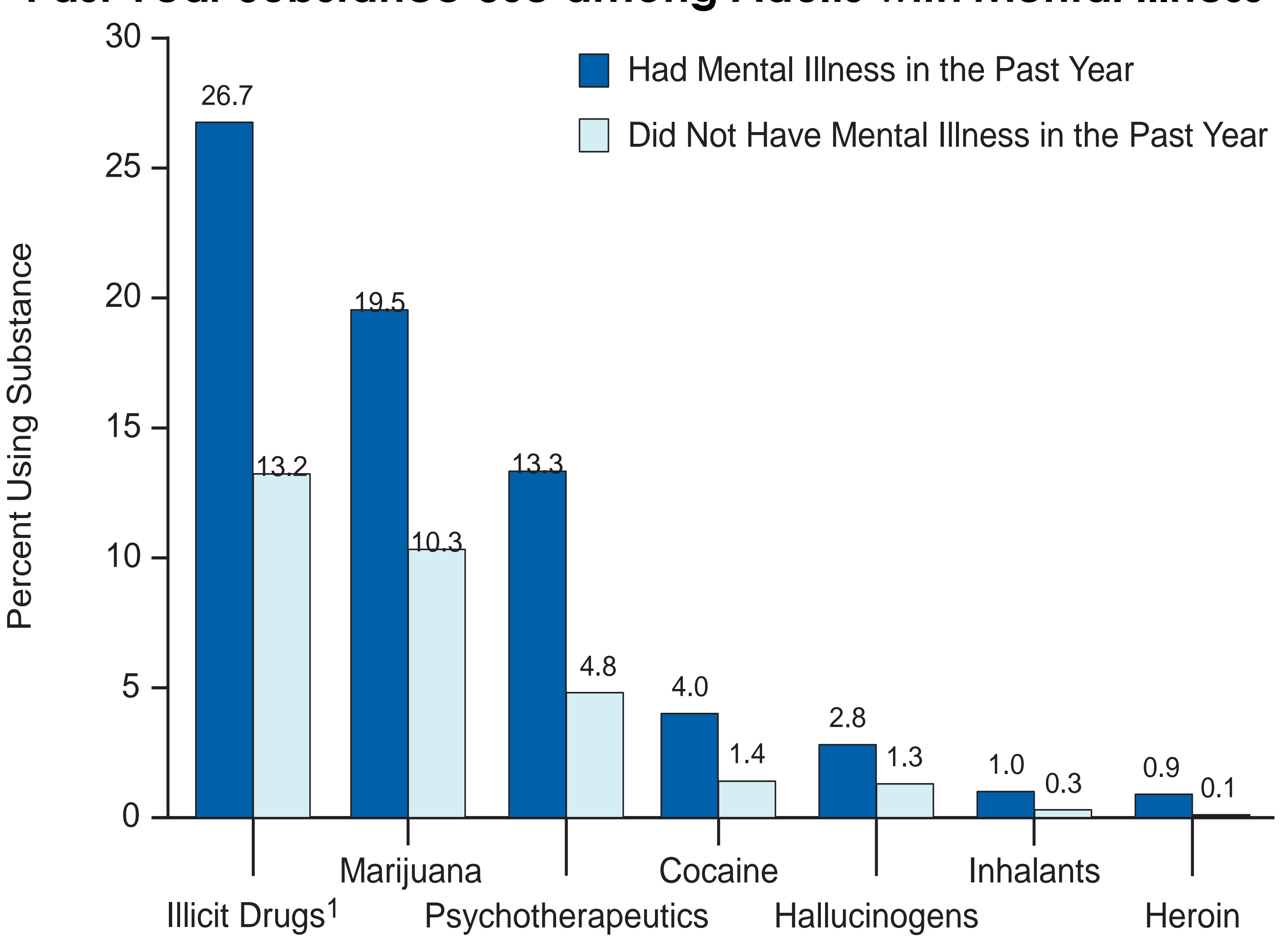
Adolescent first time use pattern



Dually diagnosed

- SUD and mental illness co-occur at high rates (33-75% of SUD pts depending on dx)
- Serious mental illness includes major depression, schizophrenia, and bipolar disorder, PTSD, etc.
- Co-occurring mental illness and SUD, or Dual Diagnosis, have poorer prognosis with more severity in presentation for both conditions
- Best practice = simultaneous treatment
  - Treating in sequence leads to poorer outcomes

NSDUH Data, 2012



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Insurance Coverage and Billing for Detox Services

With contributed content from Dan Duhigg, DO, MBA

Continuum of Care

Outpatient

Intensive Outpatient

Partial Hospitalization

Residential

Hospitalization

Benefit Coverage

Inpatient and outpatient detoxification are covered benefits!

- Inpatient detox settings
  - Medical hospital
    - Ability of facility to manage acute co-morbid psychiatric (mental health) symptoms
  - Psychiatric hospital
    - When co-morbid acute psychiatric symptoms present an imminent risk of harm to patient or others
    - Ability of facility to provide appropriate medical care

Medical (Inpatient) Detoxification

- Medical Detoxification is a covered benefit for hospital and acute care inpatient settings by: Medicaid, Medicare, commercial plans

- Includes ASAM Patient Placement Criteria Levels
  - Level 3.7 - “Medically Monitored Inpatient Withdrawal Management” and

  - Level 4 - “Medically Managed Intensive Inpatient Withdrawal Management”

Billing for Detox Services

- Your contract may have stipulations or guidance about what services you should/will/want to bill for
- There are standard services and associated billing codes
- There is some overlap in codes
- Check with your payer for guidance as needed

Inpatient Detoxification Services

- Nursing and physician assessments
- Physician consultations
- Access to hourly nursing assessment of patient's progress and medication administration
- Lab testing and toxicology testing
- Group or individual interventions as clinically indicated to enhance patient's understanding of addiction, completion of withdrawal process and referral to the next level of care
- Health education
- Multidisciplinary assessment and treatment planning
- Access to ICU if needed (ASAM level 4)

Clinical Indications for Inpatient Care
(excerpted from MCG)

- Outpatient or lower level of care is inappropriate/unavailable
- Inadequate response to pharmacotherapy (e.g. benzodiazepines)
- Need for psychiatric hospitalization (imminent risk to self/others)
- Delirium due to sedative withdrawal
- Serious electrolyte disturbance = correction requires inpatient setting
- Marked signs of withdrawal
  - Heart rate > 120
  - Temp > 101F (38.3 C)
  - Severe vomiting
  - Grossly visible tremor
  - Profuse perspiration
  - Severe withdrawal per CIWA (e.g. CIWA-Ar > 20)
- Signs of withdrawal plus comorbid or historical factors
  - History of seizures
  - History of delirium
  - other conditions assessed to be at risk for destabilization due to withdrawal (i.e. severe cardiac disease)

Hospital Care Associated with Inpatient Service

(excerpted from MCG)

- Frequent clinical assessment
- IV hydration, glucose, electrolyte repletion
- Micronutrient supplement (e.g. thiamine)
- Symptom-triggered benzodiazepines for alcohol withdrawal (for both PRN and scheduled medication regimens)

Example Billing – Professional Services for Medical Detoxification

- Service Code
  - Initial Hospital Care: CPT codes 9922x series
  - Subsequent Hospital Care: CPT codes 9923x series
  - Discharge Day Management: CPT codes 99238, 99239
- Diagnosis Codes (examples)

- Alcohol withdrawal
  - F10.232 with perceptual disturbances (hallucinations)
  - F10.239 without perceptual disturbances
  - F10.231 withdrawal delirium
- Benzodiazepine withdrawal
  - F13.230 uncomplicated withdrawal
  - F13.231 withdrawal delirium
- Cocaine dependence with withdrawal
  - F14.23
- Other stimulant dependence with withdrawal
  - F15.23
- Cocaine dependence with withdrawal
  - F14.23
- Other stimulant dependence with withdrawal
  - F15.23
- Nicotine withdrawal
  - Cigarettes F17.213
  - Oral tobacco F17.223
  - Other forms F17.293
- Opioid withdrawal
  - F11.23
- Other psychoactive substance withdrawal
  - Uncomplicated F19.230
  - Withdrawal delirium F19.231
  - With perceptual disturbance F19.232

Billing for Medical Detox – Facility Fees

- Per diem versus via DRG (diagnosis related group) methodology
- Check your contracts with payers

Per Diem Reimbursement - Detox

Per diem reimbursement is based on bed type in accordance with the following rev codes for detoxification

Revenue Code	Description
•126	Room & Board – Semi-Private (Two Beds) Detoxification
•136	Room & Board – Semi-Private (Three and Four Beds) Detoxification
•156	Room & Board – Ward
•Detoxification	
•250	Pharmacy
•260	IV Therapy
•270	Medical/Surgical Supplies & Devices
•300	Laboratory
•320	Radiology – Diagnostic
•450	Emergency Room
•730	EKG/ECG (Electrocardiogram)
•740	EEG (Electroencephalogram)

Diagnostic Related Group (DRG) - Detox

895: Alcohol/ Drug abuse or dependence with rehabilitation therapy
896: Alcohol/ Drug abuse or dependence without rehabilitation therapy with major complications or comorbidities
897: Alcohol/ Drug abuse or dependence without rehabilitative therapy without major complications or comorbidities

Rehabilitation services can include:

- Individual counselling or psychotherapy using modalities such as CBT, MI, spiritual, 12 step, family therapy etc.

- Medication Assisted Treatment (MAT) for ongoing care to include initiation of buprenorphine, acamprosate, naloxone, Antabuse, etc.

Lower Levels of Care and "Ambulatory" Detoxification - Examples

- IOP – HCPCS Code H0015 or Revenue Code 0906
- Outpatient
  - CPT codes for professional services alone
  - Methadone, MAT, detox, clinic services H0020 or Rev 0944 (detox) or 0529

Resources

- Medicare:
- https://www.cms.gov/medicare-coverage-database/
- Medicaid: http://www.hsd.state.nm.us/providers/fee-for-service.aspx
- Commercial: MCO websites and provider liaisons

Beyond Psychiatry Into Recovery

Marcello Maviglia, MD, MPH

December 3, 2016

Presentation Goals & Data Sources

Goals

- To share knowledge on educating health care workers and trainees in Recovery-Oriented Systems of Care and Principles of Recovery.
- To promote healthcare professionals beyond Psychiatry into Recovery.

Data Sources

- My part of presentation is based on my professional experience, the mentoring received by Peer Support Specialists and individuals in Recovery, dialogues with colleagues about Recovery, and an extended review of the Recovery literature.

Content Overview

- Defining Recovery
- Myth of Recovery & The Lived Experience
- Recovery Oriented Systems of Care
- Community Resources to enhance Recovery
- References

Defining Recovery

- One of the problems for psychiatrists and BH professionals is to come to terms with a non-medical definition of Recovery.
- The Recovery Movement focuses on rebuilding a rewarding and meaningful life, something that has been overlooked by psychiatric /substance use research and clinical work.
- Recovery is a personal journey rather than a set outcome, and involve developing hope, supportive relationships, empowerment, social inclusion, coping skills, and meaning.

The Myth of Recovery From Mental Illness
(Whitwell, 1999)

- Identification of a group of people “who had recovered from mental illness and learned about their Recovery”.
- Over nine months only a small number of people could potentially fit the definition of Medical Recovery.
- Almost all the subjects took issue with the concept of medical Recovery:
  - They had 'not really recovered'.
  - They were strongly aware of “not being the same as they had been”.
  - Subjects described continuing psychological sequelae of their illness including reduced tolerance of stress, loss of self-confidence and recurring unpleasant memories.
  - They described unemployment, divorce, housing problems, lack of money and social isolation.

The Myth of Recovery (cont'd.)

- If Recovery is framed as absence of symptoms and we believe that evidence-based treatment will result in Recovery, then the majority of individuals may feel that recovery has not been attained and may not be even possible.

- An additional risk with the medical model is that it leads to framing Recovery as an end state instead of a process in which the individual may attain their full potentials as a human being.

Lived Experience

- Many people's lives are battered and altered by experience.
- The strength to carry on and survive personal damage is one of the recurrent themes in real life, literature, and art forms endeavoring to represent life.
- Teachers, healers and leaders are not "fresh and untouched by the world". They derive strength from the damage that they have sustained and overcome.
- These themes seem to be insufficiently recognized in psychological/psychiatric theories and modalities that continue to offer quantifiable outcome based on presence or absence of symptoms.

Principles of the Evidence-based Recovery Model

- When people are in the greatest distress they need hope, social connection, and a belief that they can regain control of their life.
- Use of approaches based on the Recovery model is crucial at the beginning of the recovery process and throughout it.
- To wait and apply these principles only later in people's treatment may rob them of their chance to recover.

Evidence-based Recovery Model:

Research indicates that the principles underlying the Recovery model are evidenced-based.

VERMONT

- Practices based on the **principles of hope, social connection, and self-determination**—those of the *recovery model*—were essential ingredients in the high rate of recovery among seriously disabled persons, consumers of mental health services.

MAINE

- A much lower rate of Recovery was found **where treatment was based on maintenance and medication compliance,** the essence of the *medical model* .

Evidence-based Recovery Model:

- Currently, the medical model benchmark for evidence-based practice is symptom reduction and medication compliance.

- When **community integration** is used as the outcome measure, the **Recovery model is clearly more evidence-based than the medical model.**

Evidence-based Recovery Model

- Soteria House study: Persons in their first episode of schizophrenia had more significant Recovery when their treatment was provided in the context of relationships characterized by **hope, trust, and self-determination rather than in accordance with the principles of the medical model**.
- In Falum, Sweden, persons experiencing psychosis who were treated according to the principles of the **Recovery Model had better outcomes than those whose treatment followed the medical model.**

The Institute of Medicine (IOM) Reports

- The Institute of Medicine (IOM) issued two seminal reports—*Crossing the Quality Chasm* (2001) and *Improving the Quality of Health Care for Mental and Substance-Use Conditions* (2006)—that inform the foundational qualities of recovery-oriented systems of care.
- In these reports IOM highlights that patients’ self-management of their own recovery is central to improving the quality of care.
- The 2006 IOM report on mental and substance-use conditions recognizes the importance of peer support services and calls for reimbursement for peer support services and other recovery support services.

Evidence-based Recovery Model

- A number of studies have been conducted on specific aspects of recovery support services. Several studies indicate that for people with low recovery capital and high disease severity, social supports provided by sober living communities are critically important to long-term recovery (Jason, Davis, Ferrari, & Bishop, 2001; Jason, Davis, & Ferrari, 2007).
- Other studies on recovery support services involving family members and other allies found that providing social supports helps maintain recovery (Gruber & Fleetwood, 2004; Brown & Lewis, 1998).
- Studies have also shown that providing comprehensive services assists recovery (Pringle et al., 2002) and that strong social supports also improve recovery outcomes (Humphreys, Moos, & Finney, 1995).
- Research on peer-recovery support, in addition to the many studies that have been conducted on mutual aid groups, provides evidence for the effectiveness of services in supporting recovery (Humphreys et al., 2004).
- A study randomly assigned 150 individuals to either an Oxford House or usual-care conditions after substance abuse treatment. At 24-month follow-up, those in the Oxford House condition had significantly lower substance use, significantly higher monthly income, and significantly lower incarceration rates that did those in the usual-care condition (Jason, Olson, Ferrari, & Lo Sasso, 2006).
- Additional studies support the benefit of recovery coaches, mutual aid societies, and social and community supports in achieving long-term recovery (Scott, Dennis, & Foss, 2005; Laudet, Savage, & Mahmood, 2002).

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Recovery-Oriented System of Care (ROSC)

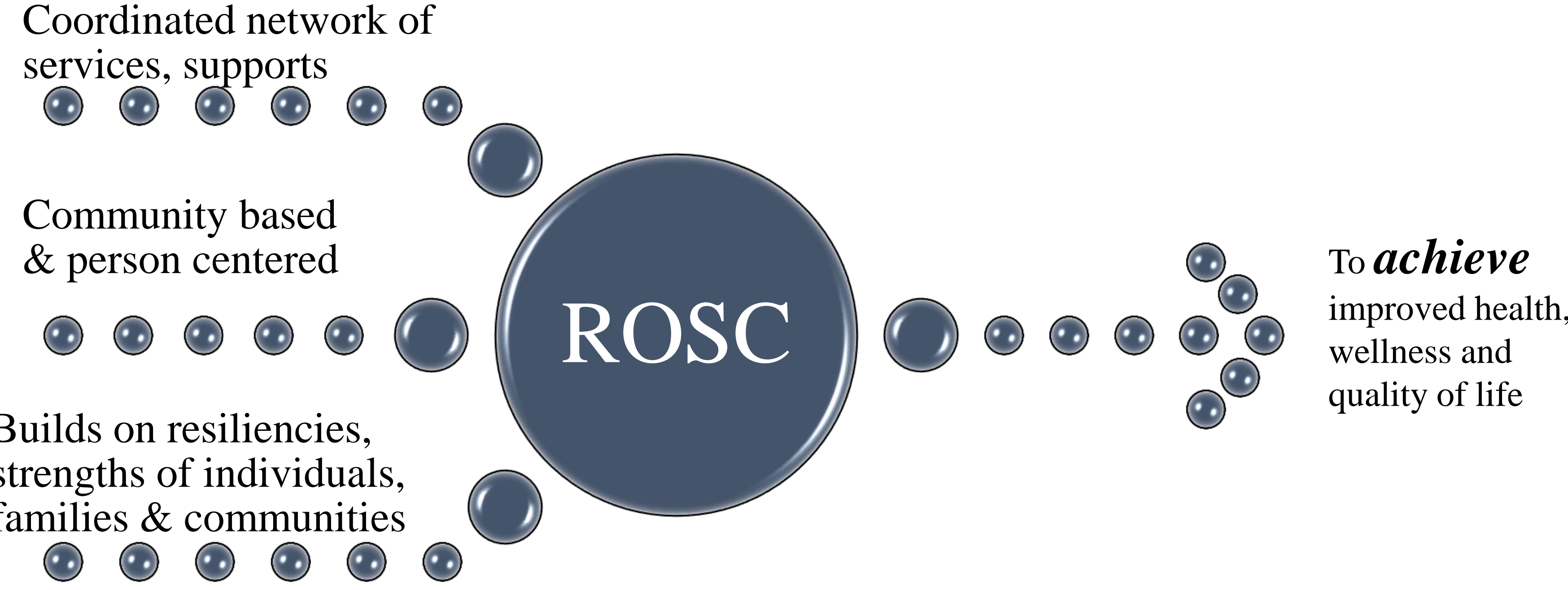
Donald Hume, Lead Support Specialist
Molina Health Care NM

What is ROSC?

Recovery-Oriented System of Care (ROSC) builds framework for a system ***promoting:***

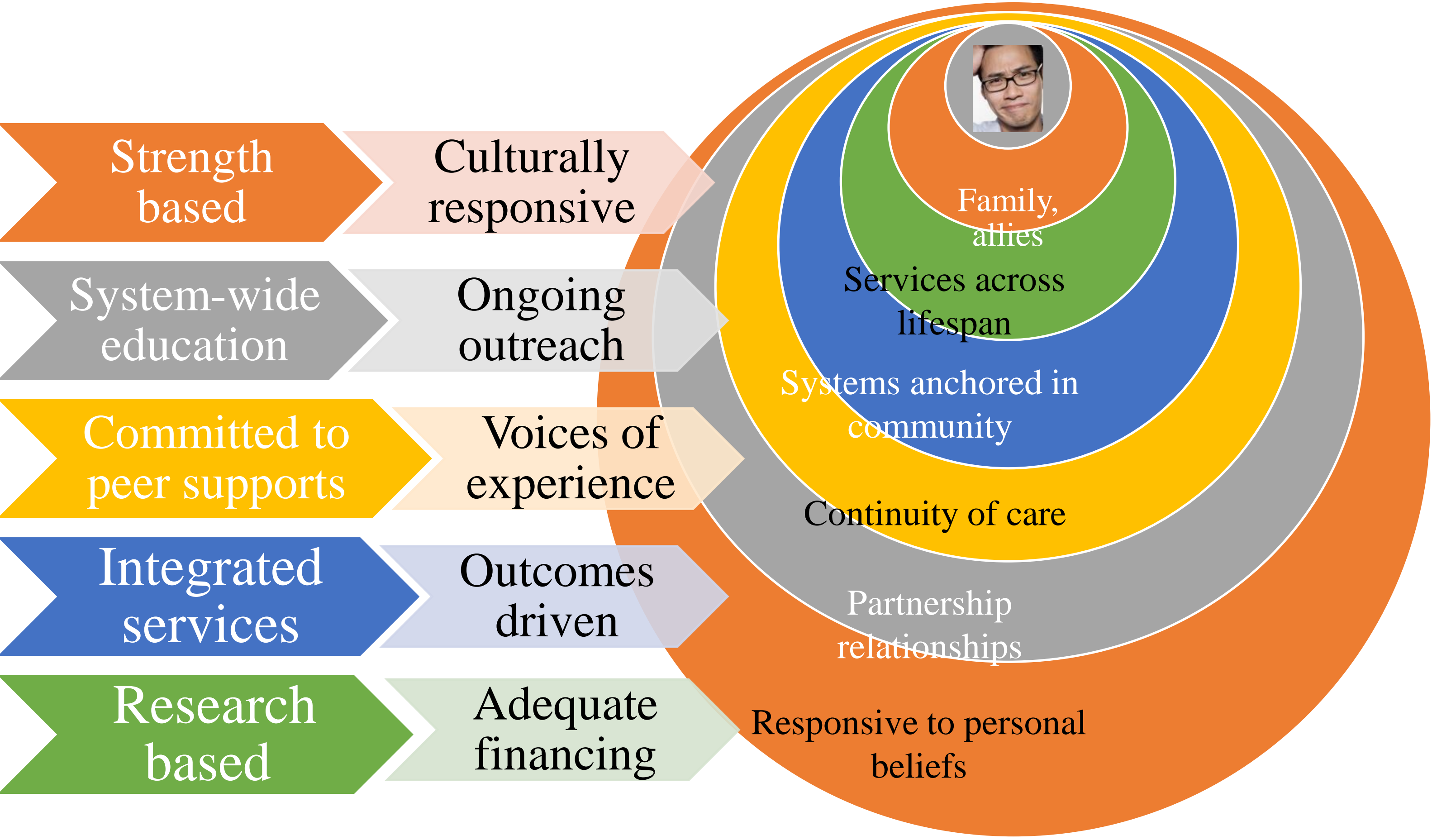
- ✓ recovery
- ✓ improved health, wellness
- ✓ better quality of life

Recovery-Oriented System of Care

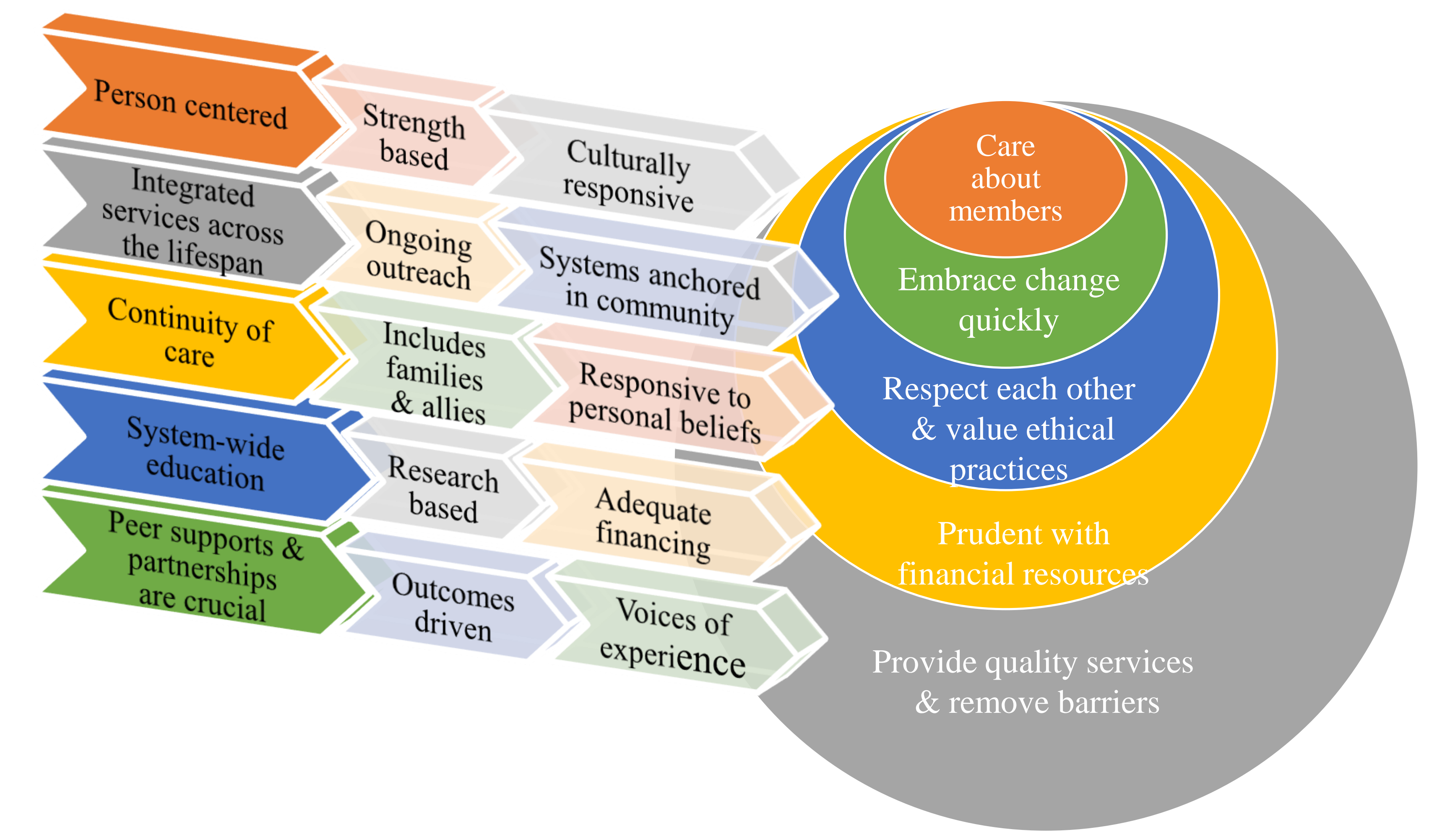


Source: SAMHSA ROSC Guide 2010

17 Elements of ROSC



Core Values, Recovery System Align



Recovery-Oriented System of Care

ROSC INTEGRATED INTO HEALTHCARE

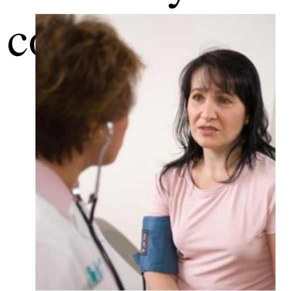
The Consumers

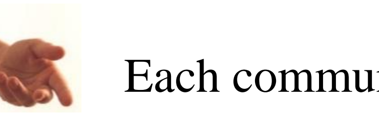
- ✓ Communities
  - ➢ Where consumers live
  - ➢ Of choice: recovery, religious/spiritual, mental health
- ✓ Consumers
- ✓ Families:
  - ➢ Of origin or foster family
  - ➢ Of choice

Meet them where they're at
to *develop trusting* relationship

Services & Supports

Recovery *will happen* with co





Each community is unique in wha .

Services & Support

Peer Support

Traditional Healing

Housing / Transportation

Child Care

Financial

Educational

Spiritual

Self Help

12 Step

Alcohol / Drug

In / Out Patient

Mental Health

Health care

Vocational Rehab.

Community Support

Core Services Agency

Care Coordination

Helps Consumers:

- ✓ Get lives on track
- ✓ Slowly rejoin community
- ✓ Sustain long-term recovery
- ✓ Take responsibility for lives

Services and supports obtained in timely, efficient manner

Improved Quality of Life

There are many paths to recovery.

Recovery is self-directed and Person-centered.

Consumer recovers.

ROSC's 12 Guiding Principles

Recovery Is:

Many Paths

Self-Directed & Empowering

Recognizing Need for Change

Holistic

Cultural Dimensions

Health & Wellness

ROSC's 12 Guiding Principles

Recovery Is:

Hope & Gratitude

Healing & Self-Redefinition

Transcending Shame

Support by Peers, Allies

Rejoining Community

Reality

ROSC Path to Recovery

✓ Person-centered

to

➢ health

➢ quality of life

➢ wellness

What's in it for Consumers?

CENTENNIALCARE

Improved Quality of Life

Recovery:

Journey of healing, transformation enabling person to live meaningful life in a community & strive to achieve his or her fullest potential

Resilience:

Ability to face life with a sense of mastery, competency & engagement after adversity

Health & Wellness

The ability to maintain a quality of life worth living

Conclusions

Consumers improve their *quality of life*

Reduced utilization of high-cost services

We see our communities *thrive*

Recovery Oriented System of Care (ROSC) on the ground for the people we serve

Adán Carriaga, LADAC, Molina Healthcare

Recovery Resources

Know the NM Populations: This knowledge is pivotal to understand how culture affects the Recovery Process, as shown by the literature on the subject.

U.S. Census	Colfax County	12,997	*(Population Estimates July 1, 2015)*
Male	50.1%		
Female	49.9%		
Median age	47.6	$32,380	*(Medium Household Income)*
Hispanic immigrants	48.6%	NM old families (1600's +)1st generation – 2nd generation - new	
	Traditional Healing	Mexika medicine; promatora, curandera	
	Treatments	Mainstream treatment modalities; 12 step programs	
	Faith Based	Counseling, Catholic, Christian, Muslim etc…	
White (non-Hispanic/latino)	47.9%	Born in NM or New to the State	
	Treatments	Mainstream treatment modalities	
	Faith Based	Counseling, Christian, Catholic etc…	
African Americans	0.3%	New Mexico - City, Rural	
	Treatments	Mainstream Treatment Modalities; 12 step programs	
	Faith Based	Counseling, Catholic, Christian, Muslim, etc…	
Native American	0.8%	Diné, Cherokee, Sioux	
	Traditional Healing	Based on preference, Medicine Man, faith based, – traditional	
	Treatments	Mainstream treatment modalities; 12 step programs	
	Faith-Based	Counseling, Catholic, Christian, Muslim etc…	

Colfax County Recovery Resources

STAY INVOLVED WITH, TRENDS AND REASEARCH IN YOUR COMMUNITIES AND STATE:

- Colfax County Health Council

Out of County Long Term Programs

Program	Location	Phone
Precious Gifts	Albuquerque (women)	
Oxford House	Albuquerque (men and women)	
NM Men Recovery Academy	Los Lunas (corrections P&P)	
NM Women's Recovery Academy (corrections P&P)	Albuquerque (corrections P&P)	
Step up Sober Living Home	Alamogordo (women)	575-615-9276
Devotions	Alamogordo (women)	575-434-8804
House of Hope	Alamogordo (men &women)	575-439-6585
Opportunity Center	Hobbs	575-391-8873
Villa Esperanza	Carlsbad (men and women)	575-885-1689
NM Men Recovery Academy (corrections P&P)	Los Lunas	
NM Women's Recovery Academy (corrections P&P)	Albuquerque	

Out of County Faith Based Long Term Programs (Statewide Referrals)

Program	Location	Phone
Salvation Army	Albuquerque	505-242-3112
Peaceful Habitation	Albuquerque	505-440-5937
Adult and Teen Challenge	Clayton (48-bed men's facility)	505-280-4920
	Tijeras (25 women)	505-280-4920
Life House	Carlsbad (12 men)	575-725-3245

Behavioral Health, Substance Abuse, Health Services and Social Services Data Links:

- New Mexico Substance Abuse Epidemiology Profile http://www.nmhealth.org/publication/view/data/474/
- Health Highlight Report (Colfax County) https://ibis.health.state.nm.us/community/highlight/profile/DrugOverdoseDth.Cnty/GeoCnty/7.html
- YRRS (Substance Abuse Report by County) http://youthrisk.org/

Recovery Resources

Recovery Resources *(Medicaid and non-Medicaid)*

I will review several treatment modalities in terms of their cultural relevancy and availability, specifically for Colfax county. I will comment on difficulties and gaps in need for SUD intervention. This is the conclusion of our spill on Recovery and we want it to be focused on the issues that consumers/clients/program participants/returning citizens and providers encounter on a daily basis.

<u>State and Locally Government funded– Alcohol and/or Drug Detox and Treatment</u>

• State Government, HSD BHSD, Network of Care	Santa Fe, NM	505-476-9265

<u>Out of County in State DOH Detox and Inpatient Treatment Referrals</u>

• Turquoise Lodge	Albuquerque, Detox and Tx	505-841-8978
• NM Rehabilitation Center	Roswell - IOP	575-347-3400
• Four Winds (self pay/sliding scale)	Farmington, 31 day Tx	575 347-3400
• Fort Bayard	Silver City, 28 day Tx	(575-537-3302

<u>In County Detox</u>

• PMS-Taos Colfax Community Services	Raton	575-445-2754

<u>12 Step Fellowships</u>

• Alcoholics Anonymous (AA)	Raton, First Methodist	575-445-3265
• Narcotics Anonymous (NA)	Raton, Holy Trinity Episcopal	575-445-9884

<u>Medication Management (Medicaid) – OTP</u>

• Tri County Community Services	Taos	575-758-5857
• Inside Out	Taos- Mobile Wellness Unit	505-367-3500

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Resources for Challenging Cases

PCSS-MAT

Providers Clinical Support System for Medication Assisted Treatment

http://pcssmat.org/

ECHO

Integrated Addictions and Psychiatry Clinic

http://echo.unm.edu/nm-teleecho-clinics/integrated-addiction-and-psychiatry-clinic/

Buprenorphine Waiver Training

- Waiver is required for office based treatment of opioid use disorders

- Training is available through:

  - ASAM (American Society of Addiction medicine)
    http://www.asam.org/education/live-online-cme/buprenorphine-course
    8 hour online course ($199) also blended and in person courses

  - PCSS-MAT -blended and in person courses

  - ECHO –in person courses TBA (always holds a course in July)

Thank you to these content contributors
Gray Clarke, MD
Daniel Duhigg, DO, MBA
Steven Jenkusky, MD
Mariam Komaromy, MD, FACP
Tiffany Pendleton, DO
Paul Romo, MD

Thank you to these organizations

Molina Healthcare
New Mexico Behavioral Health Collaborative
Consortium for Behavioral Health Training and Research
New Mexico Hospital Association
Presbyterian Health Services
UNM Hospitals
UNM Project ECHO
UNM Department of Psychiatry and Behavioral Sciences

Utilization Management Report
Section III - BH

Reporting Period		through	
MCO Name			
Report Run Date			

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this report.

PROGRAM AREA LEVEL - TOTAL BH - ALL CATEGORIES - ALL AGES	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
Total Number of Unduplicated Members Receiving Service at Program Level (BH)					
Total Dollar Amount All Service Categories at Program Level (BH)	$ 0	$ 0	$ 0	$ 0	$ 0

PROGRAM AREA LEVEL - TOTAL BH - ALL CATEGORIES - AGE BREAKDOWN	Quarter 1				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service at Program Level (BH)					
Total Dollar Amount All Service Categories at Program Level (BH)	$ 0	$ 0	$ 0	$ 0	$ 0

INPATIENT SERVICES CATEGORY

Inpatient Hospitalization – Psychiatric Free Standing or Psych. Unit–Facility Charges	Quarter 1				
Revenue Code: 0114, 0124, 0134, 0144, 0154, 0204	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Inpatient Hospital Care - PH Services Performed by a BH Practitioner	Quarter 1				
CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Initial Inpatient Consultations - PH Services Performed by a BH Practitioner	Quarter 1				
CPT: 99251, 99252, 99253, 99254, 99255	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Initial Observation Care, Per Day – PH Services Performed by a BH Practitioner	Quarter 1				
CPT: 99217, 99218, 99219, 99220	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Inpatient Professional Services - Nursing Facility PH Services Performed by a BH Practitioner	Quarter 1				
CPT: 99304, 99305, 99306, 99307, 99308, 99309, 99310	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Room and Board - Psych. Awaiting Placement (DAP) - Free Standing or Psych. Unit	Quarter 1				
Revenue Code: 0169	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Hospital Discharge Services - PH Service Performed by BH Provider	Quarter 1				
CPT: 99238, 99239	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Observation Room Free Standing or Psych. Unit	Quarter 1				
Revenue Code: 0762	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Utilization Management Report
Section III - BH

Reporting Period	
MCO Name	
Report Run Date	

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

PROGRAM AREA LEVEL - TOTAL BH - ALL CATEGORIES - ALL AGES	
Total Number of Unduplicated Members Receiving Service at Program Level (BH)	
Total Dollar Amount All Service Categories at Program Level (BH)	

PROGRAM AREA LEVEL - TOTAL BH - ALL CATEGORIES - AGE BREAKDOWN	Quarter 2				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service at Program Level (BH)					
Total Dollar Amount All Service Categories at Program Level (BH)	$ 0	$ 0	$ 0	$ 0	$ 0

INPATIENT SERVICES CATEGORY					
Inpatient Hospitalization – Psychiatric Free Standing or Psych. Unit–Facility Charges	Quarter 2				
Revenue Code: 0114, 0124, 0134, 0144, 0154, 0204	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Inpatient Hospital Care - PH Services Performed by a BH Practitioner	Quarter 2				
CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Initial Inpatient Consultations - PH Services Performed by a BH Practitioner	Quarter 2				
CPT: 99251, 99252, 99253, 99254, 99255	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Initial Observation Care, Per Day – PH Services Performed by a BH Practitioner	Quarter 2				
CPT: 99217, 99218, 99219, 99220	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Inpatient Professional Services - Nursing Facility PH Services Performed by a BH Practitioner	Quarter 2				
CPT: 99304, 99305, 99306, 99307, 99308, 99309, 99310	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Room and Board - Psych. Awaiting Placement (DAP) - Free Standing or Psych. Unit	Quarter 2				
Revenue Code: 0169	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Hospital Discharge Services - PH Service Performed by BH Provider	Quarter 2				
CPT: 99238, 99239	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Observation Room Free Standing or Psych. Unit	Quarter 2				
Revenue Code: 0762	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Utilization Management Report
Section III - BH

Reporting Period	
MCO Name	
Report Run Date	

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

PROGRAM AREA LEVEL - TOTAL BH - ALL CATEGORIES - ALL AGES	
Total Number of Unduplicated Members Receiving Service at Program Level (BH)	
Total Dollar Amount All Service Categories at Program Level (BH)	

PROGRAM AREA LEVEL - TOTAL BH - ALL CATEGORIES - AGE BREAKDOWN	Quarter 3				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service at Program Level (BH)					
Total Dollar Amount All Service Categories at Program Level (BH)	$ 0	$ 0	$ 0	$ 0	$ 0

INPATIENT SERVICES CATEGORY					
Inpatient Hospitalization – Psychiatric Free Standing or Psych. Unit–Facility Charges	Quarter 3				
Revenue Code: 0114, 0124, 0134, 0144, 0154, 0204	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Inpatient Hospital Care - PH Services Performed by a BH Practitioner	Quarter 3				
CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Initial Inpatient Consultations - PH Services Performed by a BH Practitioner	Quarter 3				
CPT: 99251, 99252, 99253, 99254, 99255	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Initial Observation Care, Per Day – PH Services Performed by a BH Practitioner	Quarter 3				
CPT: 99217, 99218, 99219, 99220	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Inpatient Professional Services - Nursing Facility PH Services Performed by a BH Practitioner	Quarter 3				
CPT: 99304, 99305, 99306, 99307, 99308, 99309, 99310	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Room and Board - Psych. Awaiting Placement (DAP) - Free Standing or Psych. Unit	Quarter 3				
Revenue Code: 0169	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Hospital Discharge Services - PH Service Performed by BH Provider	Quarter 3				
CPT: 99238, 99239	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					5
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	0.00
Total Dollar Amount for Service(s)					$ 0

Observation Room Free Standing or Psych. Unit	Quarter 3				
Revenue Code: 0762	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Utilization Management Report
Section III - BH

Reporting Period	
MCO Name	
Report Run Date	

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

PROGRAM AREA LEVEL - TOTAL BH - ALL CATEGORIES - ALL AGES	
Total Number of Unduplicated Members Receiving Service at Program Level (BH)	
Total Dollar Amount All Service Categories at Program Level (BH)	

PROGRAM AREA LEVEL - TOTAL BH - ALL CATEGORIES - AGE BREAKDOWN	Quarter 4				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service at Program Level (BH)					
Total Dollar Amount All Service Categories at Program Level (BH)	$ 0	$ 0	$ 0	$ 0	$ 0

INPATIENT SERVICES CATEGORY					
Inpatient Hospitalization – Psychiatric Free Standing or Psych. Unit–Facility Charges	Quarter 4				
Revenue Code: 0114, 0124, 0134, 0144, 0154, 0204	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Inpatient Hospital Care - PH Services Performed by a BH Practitioner	Quarter 4				
CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Initial Inpatient Consultations - PH Services Performed by a BH Practitioner	Quarter 4				
CPT: 99251, 99252, 99253, 99254, 99255	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Initial Observation Care, Per Day – PH Services Performed by a BH Practitioner	Quarter 4				
CPT: 99217, 99218, 99219, 99220	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Inpatient Professional Services - Nursing Facility PH Services Performed by a BH Practitioner	Quarter 4				
CPT: 99304, 99305, 99306, 99307, 99308, 99309, 99310	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Room and Board - Psych. Awaiting Placement (DAP) - Free Standing or Psych. Unit	Quarter 4				
Revenue Code: 0169	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Hospital Discharge Services - PH Service Performed by BH Provider	Quarter 4				
CPT: 99238, 99239	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Observation Room Free Standing or Psych. Unit	Quarter 4				
Revenue Code: 0762	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Utilization Management Report
Section III - BH

Reporting Period	
MCO Name	
Report Run Date	

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

PROGRAM AREA LEVEL - TOTAL BH - ALL CATEGORIES - ALL AGES	
Total Number of Unduplicated Members Receiving Service at Program Level (BH)	
Total Dollar Amount All Service Categories at Program Level (BH)	

PROGRAM AREA LEVEL - TOTAL BH - ALL CATEGORIES - AGE BREAKDOWN	YTD				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service at Program Level (BH)					
Total Dollar Amount All Service Categories at Program Level (BH)	$ 0	$ 0	$ 0	$ 0	$ 0

INPATIENT SERVICES CATEGORY					
Inpatient Hospitalization – Psychiatric Free Standing or Psych. Unit–Facility Charges	YTD				
Revenue Code: 0114, 0124, 0134, 0144, 0154, 0204	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Inpatient Hospital Care - PH Services Performed by a BH Practitioner	YTD				
CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Initial Inpatient Consultations - PH Services Performed by a BH Practitioner	YTD				
CPT: 99251, 99252, 99253, 99254, 99255	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Initial Observation Care, Per Day – PH Services Performed by a BH Practitioner	YTD				
CPT: 99217, 99218, 99219, 99220	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Inpatient Professional Services - Nursing Facility PH Services Performed by a BH Practitioner	YTD				
CPT: 99304, 99305, 99306, 99307, 99308, 99309, 99310	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Room and Board - Psych. Awaiting Placement (DAP) - Free Standing or Psych. Unit	YTD				
Revenue Code: 0169	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Hospital Discharge Services - PH Service Performed by BH Provider	YTD				
CPT: 99238, 99239	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Observation Room Free Standing or Psych. Unit	YTD				
Revenue Code: 0762	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this report.

Other Behavioral Health Treatment/Services — Indian Health Service (IHS) & Tribal Facility	Quarter 1				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - INPATIENT SERVICES CATEGORY	Quarter 1				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

RESIDENTIAL SERVICES CATEGORY – Services provided to under 21 only

BH Accommodation - Group Home	Quarter 1				
Revenue Code: 1005	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation - Residential Treatment (Accredited RTC)	Quarter 1				
Revenue Code: 1001, 1002, 1000	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation - Residential Treatment (Non-Accredited RTC)	Quarter 1				
Revenue Code: 0190, 0191	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation – Residential Treatment (Sub Acute)	Quarter 1				
Revenue Code: 0194	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Foster Care Therapeutic (TFC I)	Quarter 1				
HCPC: S5145	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Foster Care Therapeutic (TFC II)	Quarter 1				
HCPC: S5145-U1	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - RESIDENTIAL SERVICES CATEGORY	Quarter 1				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

INTENSIVE OUTPATIENT SERVICES CATEGORY

Intensive Outpatient Program Services	Quarter 1				
HCPC: H0015	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Other Behavioral Health Treatment/Services — Indian Health Service (IHS) & Tribal Facility	Quarter 2				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - INPATIENT SERVICES CATEGORY	Quarter 2				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

RESIDENTIAL SERVICES CATEGORY – Services provided to under 21 only

BH Accommodation - Group Home	Quarter 2				
Revenue Code: 1005	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation - Residential Treatment (Accredited RTC)	Quarter 2				
Revenue Code: 1001, 1002, 1000	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation - Residential Treatment (Non-Accredited RTC)	Quarter 2				
Revenue Code: 0190, 0191	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation – Residential Treatment (Sub Acute)	Quarter 2				
Revenue Code: 0194	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Foster Care Therapeutic (TFC I)	Quarter 2				
HCPC: S5145	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Foster Care Therapeutic (TFC II)	Quarter 2				
HCPC: S5145-U1	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - RESIDENTIAL SERVICES CATEGORY	Quarter 2				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

INTENSIVE OUTPATIENT SERVICES CATEGORY

Intensive Outpatient Program Services	Quarter 2				
HCPC: H0015	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Other Behavioral Health Treatment/Services — Indian Health Service (IHS) & Tribal Facility	Quarter 3				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					5
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	0.00
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - INPATIENT SERVICES CATEGORY	Quarter 3				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

RESIDENTIAL SERVICES CATEGORY – Services provided to under 21 only

BH Accommodation - Group Home	Quarter 3				
Revenue Code: 1005	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation - Residential Treatment (Accredited RTC)	Quarter 3				
Revenue Code: 1001, 1002, 1000	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation - Residential Treatment (Non-Accredited RTC)	Quarter 3				
Revenue Code: 0190, 0191	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation – Residential Treatment (Sub Acute)	Quarter 3				
Revenue Code: 0194	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Foster Care Therapeutic (TFC I)	Quarter 3				
HCPC: S5145	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Foster Care Therapeutic (TFC II)	Quarter 3				
HCPC: S5145-U1	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - RESIDENTIAL SERVICES CATEGORY	Quarter 3				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

INTENSIVE OUTPATIENT SERVICES CATEGORY

Intensive Outpatient Program Services	Quarter 3				
HCPC: H0015	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Other Behavioral Health Treatment/Services — Indian Health Service (IHS) & Tribal Facility	Quarter 4				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - INPATIENT SERVICES CATEGORY	Quarter 4				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

RESIDENTIAL SERVICES CATEGORY – Services provided to under 21 only

BH Accommodation - Group Home	Quarter 4				
Revenue Code: 1005	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation - Residential Treatment (Accredited RTC)	Quarter 4				
Revenue Code: 1001, 1002, 1000	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation - Residential Treatment (Non-Accredited RTC)	Quarter 4				
Revenue Code: 0190, 0191	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Accommodation – Residential Treatment (Sub Acute)	Quarter 4				
Revenue Code: 0194	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Foster Care Therapeutic (TFC I)	Quarter 4				
HCPC: S5145	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Foster Care Therapeutic (TFC II)	Quarter 4				
HCPC: S5145-U1	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - RESIDENTIAL SERVICES CATEGORY	Quarter 4				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

INTENSIVE OUTPATIENT SERVICES CATEGORY

Intensive Outpatient Program Services	Quarter 4				
HCPC: H0015	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Other Behavioral Health Treatment/Services — Indian Health Service (IHS) & Tribal Facility	YTD				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

SERVICE CATEGORY LEVEL - TOTAL - INPATIENT SERVICES CATEGORY	YTD				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

RESIDENTIAL SERVICES CATEGORY – Services provided to under 21 only

BH Accommodation - Group Home	YTD				
Revenue Code: 1005	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

BH Accommodation - Residential Treatment (Accredited RTC)	YTD				
Revenue Code: 1001, 1002, 1000	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

BH Accommodation - Residential Treatment (Non-Accredited RTC)	YTD				
Revenue Code: 0190, 0191	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

BH Accommodation – Residential Treatment (Sub Acute)	YTD				
Revenue Code: 0194	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Foster Care Therapeutic (TFC I)	YTD				
HCPC: S5145	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Foster Care Therapeutic (TFC II)	YTD				
HCPC: S5145-U1	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

SERVICE CATEGORY LEVEL - TOTAL - RESIDENTIAL SERVICES CATEGORY	YTD				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

INTENSIVE OUTPATIENT SERVICES CATEGORY

Intensive Outpatient Program Services	YTD				
HCPC: H0015	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this report.

Intensive Outpatient Program Services	Quarter 1				
HCPC: T1007-U6	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Multi-Systemic Therapy	Quarter 1				
HCPC: H2033-HO, H2033-HN	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Partial Hospitalization	Quarter 1				
Revenue Code: 0912	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Hospital Outpatient Psychiatric Services – Outpatient Hospital Professional Component BH Services	Quarter 1				
Revenue Code: 0914, 0915, 0916	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Session)					0
Session Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - INTENSIVE OUTPATIENT SERVICES CATEGORY	Quarter 1				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

RECOVERY SERVICES CATEGORY

Comprehensive Community Support Services	Quarter 1				
HCPC: H2015-HM, H2015-HN, H2015-HO	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Behavior Management Skills Development (BMS)	Quarter 1				
HCPC: H2014	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Adaptive Skills Building	Quarter 1				
HCPC: H2014-U1	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychosocial Rehab SVCS-PSR	Quarter 1				
HCPC: H2017, H2017-HQ	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Support Services	Quarter 1				
HCPC: S5110	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Intensive Outpatient Program Services	Quarter 2				
HCPC: T1007-U6	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Multi-Systemic Therapy	Quarter 2				
HCPC: H2033-HO, H2033-HN	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Partial Hospitalization	Quarter 2				
Revenue Code: 0912	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Hospital Outpatient Psychiatric Services – Outpatient Hospital Professional Component BH Services	Quarter 2				
Revenue Code: 0914, 0915, 0916	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Session)					0
Session Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - INTENSIVE OUTPATIENT SERVICES CATEGORY	Quarter 2				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

RECOVERY SERVICES CATEGORY

Comprehensive Community Support Services	Quarter 2				
HCPC: H2015-HM, H2015-HN, H2015-HO	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Behavior Management Skills Development (BMS)	Quarter 2				
HCPC: H2014	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Adaptive Skills Building	Quarter 2				
HCPC: H2014-U1	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychosocial Rehab SVCS-PSR	Quarter 2				
HCPC: H2017, H2017-HQ	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Support Services	Quarter 2				
HCPC: S5110	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Intensive Outpatient Program Services	Quarter 3				
HCPC: T1007-U6	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Multi-Systemic Therapy	Quarter 3				
HCPC: H2033-HO, H2033-HN	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Partial Hospitalization	Quarter 3				
Revenue Code: 0912	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Hospital Outpatient Psychiatric Services – Outpatient Hospital Professional Component BH Services	Quarter 3				
Revenue Code: 0914, 0915, 0916	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Session)					0
Session Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - INTENSIVE OUTPATIENT SERVICES CATEGORY	Quarter 3				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

RECOVERY SERVICES CATEGORY

Comprehensive Community Support Services	Quarter 3				
HCPC: H2015-HM, H2015-HN, H2015-HO	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Behavior Management Skills Development (BMS)	Quarter 3				
HCPC: H2014	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Adaptive Skills Building	Quarter 3				
HCPC: H2014-U1	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychosocial Rehab SVCS-PSR	Quarter 3				
HCPC: H2017, H2017-HQ	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Support Services	Quarter 3				
HCPC: S5110	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Intensive Outpatient Program Services	Quarter 4				
HCPC: T1007-U6	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Multi-Systemic Therapy	Quarter 4				
HCPC: H2033-HO, H2033-HN	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Partial Hospitalization	Quarter 4				
Revenue Code: 0912	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Hospital Outpatient Psychiatric Services – Outpatient Hospital Professional Component BH Services	Quarter 4				
Revenue Code: 0914, 0915, 0916	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Session)					0
Session Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - INTENSIVE OUTPATIENT SERVICES CATEGORY	Quarter 4				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

RECOVERY SERVICES CATEGORY

Comprehensive Community Support Services	Quarter 4				
HCPC: H2015-HM, H2015-HN, H2015-HO	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Behavior Management Skills Development (BMS)	Quarter 4				
HCPC: H2014	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Adaptive Skills Building	Quarter 4				
HCPC: H2014-U1	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychosocial Rehab SVCS-PSR	Quarter 4				
HCPC: H2017, H2017-HQ	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Support Services	Quarter 4				
HCPC: S5110	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Intensive Outpatient Program Services	YTD				
HCPC: T1007-U6	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Multi-Systemic Therapy	YTD				
HCPC: H2033-HO, H2033-HN	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Partial Hospitalization	YTD				
Revenue Code: 0912	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Hospital Outpatient Psychiatric Services – Outpatient Hospital Professional Component BH Services	YTD				
Revenue Code: 0914, 0915, 0916	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Session)	0	0	0	0	0
Session Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

SERVICE CATEGORY LEVEL - TOTAL - INTENSIVE OUTPATIENT SERVICES CATEGORY	YTD				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

RECOVERY SERVICES CATEGORY					
Comprehensive Community Support Services	YTD				
HCPC: H2015-HM, H2015-HN, H2015-HO	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Behavior Management Skills Development (BMS)	YTD				
HCPC: H2014	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Adaptive Skills Building	YTD				
HCPC: H2014-U1	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Psychosocial Rehab SVCS-PSR	YTD				
HCPC: H2017, H2017-HQ	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Family Support Services	YTD				
HCPC: S5110	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Utilization Management Report
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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this report.

Recovery Services	Quarter 1				
HCPC: H2030	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Respite Care Services	Quarter 1				
HCPC: T1005	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - RECOVERY SERVICES CATEGORY	Quarter 1				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

OUTPATIENT SERVICES CATEGORY – Specialized BH Services

Psychiatric Emergency Services	Quarter 1				
Revenue Code: 0459, 0450	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Visit)					0
Visit Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Assertive Community Treatment	Quarter 1				
HCPC: H0039-U1, H0039-U2, H0039-U3	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Day Treatment	Quarter 1				
HCPC: H2012	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

MH Assessment & Initial Treatment Plan Non Physician	Quarter 1				
HCPC: H0031-U8 (CSA - not PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Treatment Plan Update	Quarter 1				
HCPC: T1007-U8 (CSA - not PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Brief Office Visit for Purpose of Monitoring or Changing Drug	Quarter 1				
HCPC: M0064	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Crisis Intervention	Quarter 1				
HCPC: H2011-U6,H2011-U6&U2, H2011-U6&U3	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Recovery Services	Quarter 2				
HCPC: H2030	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Respite Care Services	Quarter 2				
HCPC: T1005	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - RECOVERY SERVICES CATEGORY	Quarter 2				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

OUTPATIENT SERVICES CATEGORY – Specialized BH Services

Psychiatric Emergency Services	Quarter 2				
Revenue Code: 0459, 0450	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Visit)					0
Visit Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Assertive Community Treatment	Quarter 2				
HCPC: H0039-U1, H0039-U2, H0039-U3	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Day Treatment	Quarter 2				
HCPC: H2012	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

MH Assessment & Initial Treatment Plan Non Physician	Quarter 2				
HCPC: H0031-U8 (CSA - not PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Treatment Plan Update	Quarter 2				
HCPC: T1007-U8 (CSA - not PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Brief Office Visit for Purpose of Monitoring or Changing Drug	Quarter 2				
HCPC: M0064	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Crisis Intervention	Quarter 2				
HCPC: H2011-U6,H2011-U6&U2, H2011-U6&U3	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Recovery Services	Quarter 3				
HCPC: H2030	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Respite Care Services	Quarter 3				
HCPC: T1005	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - RECOVERY SERVICES CATEGORY	Quarter 3				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

OUTPATIENT SERVICES CATEGORY – Specialized BH Services

Psychiatric Emergency Services	Quarter 3				
Revenue Code: 0459, 0450	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Visit)					0
Visit Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Assertive Community Treatment	Quarter 3				
HCPC: H0039-U1, H0039-U2, H0039-U3	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Day Treatment	Quarter 3				
HCPC: H2012	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

MH Assessment & Initial Treatment Plan Non Physician	Quarter 3				
HCPC: H0031-U8 (CSA - not PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Treatment Plan Update	Quarter 3				
HCPC: T1007-U8 (CSA - not PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Brief Office Visit for Purpose of Monitoring or Changing Drug	Quarter 3				
HCPC: M0064	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Crisis Intervention	Quarter 3				
HCPC: H2011-U6,H2011-U6&U2, H2011-U6&U3	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Recovery Services	Quarter 4				
HCPC: H2030	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Respite Care Services	Quarter 4				
HCPC: T1005	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - RECOVERY SERVICES CATEGORY	Quarter 4				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

OUTPATIENT SERVICES CATEGORY – Specialized BH Services

Psychiatric Emergency Services	Quarter 4				
Revenue Code: 0459, 0450	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Visit)					0
Visit Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Assertive Community Treatment	Quarter 4				
HCPC: H0039-U1, H0039-U2, H0039-U3	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Day Treatment	Quarter 4				
HCPC: H2012	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

MH Assessment & Initial Treatment Plan Non Physician	Quarter 4				
HCPC: H0031-U8 (CSA - not PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Treatment Plan Update	Quarter 4				
HCPC: T1007-U8 (CSA - not PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Brief Office Visit for Purpose of Monitoring or Changing Drug	Quarter 4				
HCPC: M0064	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Crisis Intervention	Quarter 4				
HCPC: H2011-U6,H2011-U6&U2, H2011-U6&U3	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Recovery Services	YTD				
HCPC: H2030	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

BH Respite Care Services	YTD				
HCPC: T1005	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

SERVICE CATEGORY LEVEL - TOTAL - RECOVERY SERVICES CATEGORY	YTD				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

OUTPATIENT SERVICES CATEGORY – Specialized BH Services					
Psychiatric Emergency Services	YTD				
Revenue Code: 0459, 0450	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Visit)	0	0	0	0	0
Visit Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Assertive Community Treatment	YTD				
HCPC: H0039-U1, H0039-U2, H0039-U3	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

BH Day Treatment	YTD				
HCPC: H2012	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

MH Assessment & Initial Treatment Plan Non Physician	YTD				
HCPC: H0031-U8 (CSA - not PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

BH Treatment Plan Update	YTD				
HCPC: T1007-U8 (CSA - not PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Brief Office Visit for Purpose of Monitoring or Changing Drug	YTD				
HCPC: M0064	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Crisis Intervention	YTD				
HCPC: H2011-U6,H2011-U6&U2, H2011-U6&U3	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this report.

Suboxone Induction	Quarter 1				
HCPC: H0033	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Other Behavioral Health Treatment/Services- Indian Health Service (IHS) & Tribal Facility	Quarter 1				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Other Behavioral Health Treatment/Service – Federally Qualified Health Centers (FQHC) or Rural Health Clinics	Quarter 1				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Crisis Intervention - PSR	Quarter 1				
HCPC: H2011-U1, H2011-U2, H2011-U3 (with U8 or otherwise known PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy - PSR	Quarter 1				
CPT: 90853-U8, 90785-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - PSR	Quarter 1				
CPT: 90832, 90833, 90834, 90836, 90837, 90838 (all with U8)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

MH Assessment & Initial Treatment Plan Non Physician - PSR	Quarter 1				
HCPC: H0031-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Specialized Consultation – PSR	Quarter 1				
CPT: 90791-U8, 90792-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Specialized Consultation – PSR	Quarter 1				
CPT: 90899-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Treatment Plan Update - PSR	Quarter 1				
Code: T1007-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Suboxone Induction	Quarter 2				
HCPC: H0033	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Other Behavioral Health Treatment/Services- Indian Health Service (IHS) & Tribal Facility	Quarter 2				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Other Behavioral Health Treatment/Service – Federally Qualified Health Centers (FQHC) or Rural Health Clinics	Quarter 2				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Crisis Intervention - PSR	Quarter 2				
HCPC: H2011-U1, H2011-U2, H2011-U3 (with U8 or otherwise known PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy - PSR	Quarter 2				
CPT: 90853-U8, 90785-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - PSR	Quarter 2				
CPT: 90832, 90833, 90834, 90836, 90837, 90838 (all with U8)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

MH Assessment & Initial Treatment Plan Non Physician - PSR	Quarter 2				
HCPC: H0031-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Specialized Consultation – PSR	Quarter 2				
CPT: 90791-U8, 90792-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Specialized Consultation – PSR	Quarter 2				
CPT: 90899-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Treatment Plan Update - PSR	Quarter 2				
Code: T1007-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Suboxone Induction	Quarter 3				
HCPC: H0033	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Other Behavioral Health Treatment/Services- Indian Health Service (IHS) & Tribal Facility	Quarter 3				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Other Behavioral Health Treatment/Service – Federally Qualified Health Centers (FQHC) or Rural Health Clinics	Quarter 3				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Crisis Intervention - PSR	Quarter 3				
HCPC: H2011-U1, H2011-U2, H2011-U3 (with U8 or otherwise known PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy - PSR	Quarter 3				
CPT: 90853-U8, 90785-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - PSR	Quarter 3				
CPT: 90832, 90833, 90834, 90836, 90837, 90838 (all with U8)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

MH Assessment & Initial Treatment Plan Non Physician - PSR	Quarter 3				
HCPC: H0031-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Specialized Consultation – PSR	Quarter 3				
CPT: 90791-U8, 90792-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Specialized Consultation – PSR	Quarter 3				
CPT: 90899-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Treatment Plan Update - PSR	Quarter 3				
Code: T1007-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Suboxone Induction	Quarter 4				
HCPC: H0033	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Other Behavioral Health Treatment/Services- Indian Health Service (IHS) & Tribal Facility	Quarter 4				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Other Behavioral Health Treatment/Service – Federally Qualified Health Centers (FQHC) or Rural Health Clinics	Quarter 4				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)					0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Crisis Intervention - PSR	Quarter 4				
HCPC: H2011-U1, H2011-U2, H2011-U3 (with U8 or otherwise known PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy - PSR	Quarter 4				
CPT: 90853-U8, 90785-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - PSR	Quarter 4				
CPT: 90832, 90833, 90834, 90836, 90837, 90838 (all with U8)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

MH Assessment & Initial Treatment Plan Non Physician - PSR	Quarter 4				
HCPC: H0031-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Specialized Consultation – PSR	Quarter 4				
CPT: 90791-U8, 90792-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Specialized Consultation – PSR	Quarter 4				
CPT: 90899-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

BH Treatment Plan Update - PSR	Quarter 4				
Code: T1007-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Suboxone Induction	YTD				
HCPC: H0033	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Other Behavioral Health Treatment/Services- Indian Health Service (IHS) & Tribal Facility	YTD				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Other Behavioral Health Treatment/Service – Federally Qualified Health Centers (FQHC) or Rural Health Clinics	YTD				
Revenue Code: 0919	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Per Diem)	0	0	0	0	0
Per Diem Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Crisis Intervention - PSR	YTD				
HCPC: H2011-U1, H2011-U2, H2011-U3 (with U8 or otherwise known PSR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Group Psychotherapy - PSR	YTD				
CPT: 90853-U8, 90785-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Individual Psychotherapy - PSR	YTD				
CPT: 90832, 90833, 90834, 90836, 90837, 90838 (all with U8)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

MH Assessment & Initial Treatment Plan Non Physician - PSR	YTD				
HCPC: H0031-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Specialized Consultation – PSR	YTD				
CPT: 90791-U8, 90792-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Specialized Consultation – PSR	YTD				
CPT: 90899-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

BH Treatment Plan Update - PSR	YTD				
Code: T1007-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this report.

Pharmacological Management - PSR	Quarter 1				
CPT: 90863-U8 HCPC: H2010-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - non-PSR	Quarter 1				
CPT: 90832, 90833, 90834, 90836, 90837, 90838	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Methadone Maintenance	Quarter 1				
HCPC: H0001, H0020	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Assessment of Aphasia w/ Interpretation & Report	Quarter 1				
CPT: 96105	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Developmental Testing w/Interpretation & Report by BH Provider	Quarter 1				
CPT: 96110, 96111	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Psychotherapy	Quarter 1				
CPT: 90846, 90847	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Functional Family Therapy	Quarter 1				
CPT: 90846-HK, 90847-HK	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy	Quarter 1				
CPT: 90853, 90785	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Smoking and Tobacco - Counseling Visits	Quarter 1				
CPT: 99406, 99407, G0436, G0437,S9075, S9453	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Multiple Family Group Psychotherapy	Quarter 1				
CPT: 90849	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Pharmacological Management - PSR	Quarter 2				
CPT: 90863-U8 HCPC: H2010-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - non-PSR	Quarter 2				
CPT: 90832, 90833, 90834, 90836, 90837, 90838	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Methadone Maintenance	Quarter 2				
HCPC: H0001, H0020	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Assessment of Aphasia w/ Interpretation & Report	Quarter 2				
CPT: 96105	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Developmental Testing w/Interpretation & Report by BH Provider	Quarter 2				
CPT: 96110, 96111	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Psychotherapy	Quarter 2				
CPT: 90846, 90847	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Functional Family Therapy	Quarter 2				
CPT: 90846-HK, 90847-HK	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy	Quarter 2				
CPT: 90853, 90785	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Smoking and Tobacco - Counseling Visits	Quarter 2				
CPT: 99406, 99407, G0436, G0437,S9075, S9453	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Multiple Family Group Psychotherapy	Quarter 2				
CPT: 90849	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Pharmacological Management - PSR	Quarter 3				
CPT: 90863-U8 HCPC: H2010-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - non-PSR	Quarter 3				
CPT: 90832, 90833, 90834, 90836, 90837, 90838	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Methadone Maintenance	Quarter 3				
HCPC: H0001, H0020	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Assessment of Aphasia w/ Interpretation & Report	Quarter 3				
CPT: 96105	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Developmental Testing w/Interpretation & Report by BH Provider	Quarter 3				
CPT: 96110, 96111	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Psychotherapy	Quarter 3				
CPT: 90846, 90847	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Functional Family Therapy	Quarter 3				
CPT: 90846-HK, 90847-HK	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy	Quarter 3				
CPT: 90853, 90785	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Smoking and Tobacco - Counseling Visits	Quarter 3				
CPT: 99406, 99407, G0436, G0437,S9075, S9453	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Multiple Family Group Psychotherapy	Quarter 3				
CPT: 90849	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Pharmacological Management - PSR	Quarter 4				
CPT: 90863-U8 HCPC: H2010-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - non-PSR	Quarter 4				
CPT: 90832, 90833, 90834, 90836, 90837, 90838	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Methadone Maintenance	Quarter 4				
HCPC: H0001, H0020	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Assessment of Aphasia w/ Interpretation & Report	Quarter 4				
CPT: 96105	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Developmental Testing w/Interpretation & Report by BH Provider	Quarter 4				
CPT: 96110, 96111	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Psychotherapy	Quarter 4				
CPT: 90846, 90847	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Functional Family Therapy	Quarter 4				
CPT: 90846-HK, 90847-HK	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy	Quarter 4				
CPT: 90853, 90785	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Smoking and Tobacco - Counseling Visits	Quarter 4				
CPT: 99406, 99407, G0436, G0437,S9075, S9453	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Multiple Family Group Psychotherapy	Quarter 4				
CPT: 90849	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Pharmacological Management - PSR	YTD				
CPT: 90863-U8 HCPC: H2010-U8	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Individual Psychotherapy - non-PSR	YTD				
CPT: 90832, 90833, 90834, 90836, 90837, 90838	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Methadone Maintenance	YTD				
HCPC: H0001, H0020	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Assessment of Aphasia w/ Interpretation & Report	YTD				
CPT: 96105	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Developmental Testing w/Interpretation & Report by BH Provider	YTD				
CPT: 96110, 96111	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Family Psychotherapy	YTD				
CPT: 90846, 90847	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Functional Family Therapy	YTD				
CPT: 90846-HK, 90847-HK	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Group Psychotherapy	YTD				
CPT: 90853, 90785	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Smoking and Tobacco - Counseling Visits	YTD				
CPT: 99406, 99407, G0436, G0437,S9075, S9453	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Multiple Family Group Psychotherapy	YTD				
CPT: 90849	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this report.

Narcosynthesis for Psych. Diag.TX	Quarter 1				
CPT: 90865	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Session)					0
Session Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neurobehavioral Status w/ Interpretation & Report	Quarter 1				
CPT: 96116	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neuropsychological Testing w/ Interpretation & Report	Quarter 1				
CPT: 96118, 96119	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neuropsychological Testing w/ Interpretation & Report	Quarter 1				
CPT: 96120, 96150, 96151	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Office/Outpatient Consultations	Quarter 1				
CPT: 99241, 99242, 99243, 99244, 99245	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Office/Outpatient Visits for Evaluation & Management	Quarter 1				
CPT: 99201, 99202 ,99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Pharmacological Management	Quarter 1				
CPT: 90863 HCPC: H2010	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Preparation of Report	Quarter 1				
CPT: 90889	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Prolonged Physician Service with Direct Patient Contact	Quarter 1				
CPT: 99354, 99355, 99356, 99357	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychological Testing w/ Interpretation & Report (Hourly)	Quarter 1				
CPT: 96101, 96102, 96103	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Narcosynthesis for Psych. Diag.TX	Quarter 2				
CPT: 90865	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Session)					0
Session Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neurobehavioral Status w/ Interpretation & Report	Quarter 2				
CPT: 96116	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neuropsychological Testing w/ Interpretation & Report	Quarter 2				
CPT: 96118, 96119	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neuropsychological Testing w/ Interpretation & Report	Quarter 2				
CPT: 96120, 96150, 96151	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Office/Outpatient Consultations	Quarter 2				
CPT: 99241, 99242, 99243, 99244, 99245	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Office/Outpatient Visits for Evaluation & Management	Quarter 2				
CPT: 99201, 99202 ,99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Pharmacological Management	Quarter 2				
CPT: 90863 HCPC: H2010	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Preparation of Report	Quarter 2				
CPT: 90889	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Prolonged Physician Service with Direct Patient Contact	Quarter 2				
CPT: 99354, 99355, 99356, 99357	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychological Testing w/ Interpretation & Report (Hourly)	Quarter 2				
CPT: 96101, 96102, 96103	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Narcosynthesis for Psych. Diag.TX	Quarter 3				
CPT: 90865	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Session)					0
Session Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neurobehavioral Status w/ Interpretation & Report	Quarter 3				
CPT: 96116	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neuropsychological Testing w/ Interpretation & Report	Quarter 3				
CPT: 96118, 96119	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neuropsychological Testing w/ Interpretation & Report	Quarter 3				
CPT: 96120, 96150, 96151	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Office/Outpatient Consultations	Quarter 3				
CPT: 99241, 99242, 99243, 99244, 99245	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Office/Outpatient Visits for Evaluation & Management	Quarter 3				
CPT: 99201, 99202 ,99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Pharmacological Management	Quarter 3				
CPT: 90863 HCPC: H2010	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Preparation of Report	Quarter 3				
CPT: 90889	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Prolonged Physician Service with Direct Patient Contact	Quarter 3				
CPT: 99354, 99355, 99356, 99357	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychological Testing w/ Interpretation & Report (Hourly)	Quarter 3				
CPT: 96101, 96102, 96103	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Utilization Management Report
Section III - BH

Reporting Period	
MCO Name	
Report Run Date	

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Narcosynthesis for Psych. Diag.TX	Quarter 4				
CPT: 90865	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Session)					0
Session Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neurobehavioral Status w/ Interpretation & Report	Quarter 4				
CPT: 96116	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neuropsychological Testing w/ Interpretation & Report	Quarter 4				
CPT: 96118, 96119	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Neuropsychological Testing w/ Interpretation & Report	Quarter 4				
CPT: 96120, 96150, 96151	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Office/Outpatient Consultations	Quarter 4				
CPT: 99241, 99242, 99243, 99244, 99245	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Office/Outpatient Visits for Evaluation & Management	Quarter 4				
CPT: 99201, 99202 ,99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Pharmacological Management	Quarter 4				
CPT: 90863 HCPC: H2010	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Preparation of Report	Quarter 4				
CPT: 90889	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Prolonged Physician Service with Direct Patient Contact	Quarter 4				
CPT: 99354, 99355, 99356, 99357	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychological Testing w/ Interpretation & Report (Hourly)	Quarter 4				
CPT: 96101, 96102, 96103	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

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MCO Name	
Report Run Date	

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Narcosynthesis for Psych. Diag.TX	YTD				
CPT: 90865	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Session)	0	0	0	0	0
Session Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Neurobehavioral Status w/ Interpretation & Report	YTD				
CPT: 96116	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Neuropsychological Testing w/ Interpretation & Report	YTD				
CPT: 96118, 96119	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Neuropsychological Testing w/ Interpretation & Report	YTD				
CPT: 96120, 96150, 96151	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Office/Outpatient Consultations	YTD				
CPT: 99241, 99242, 99243, 99244, 99245	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Office/Outpatient Visits for Evaluation & Management	YTD				
CPT: 99201, 99202 ,99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Pharmacological Management	YTD				
CPT: 90863 HCPC: H2010	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Preparation of Report	YTD				
CPT: 90889	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Prolonged Physician Service with Direct Patient Contact	YTD				
CPT: 99354, 99355, 99356, 99357	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Psychological Testing w/ Interpretation & Report (Hourly)	YTD				
CPT: 96101, 96102, 96103	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Utilization Management Report
Section III - BH

Reporting Period		through	
MCO Name			
Report Run Date			

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this report.

Psychiatric Diagnostic Interview (Product)	Quarter 1				
CPT: 90791, 90792	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Psychotherapy - School Based Health Center (SBHC) Sub-Category	Quarter 1				
CPT: 90846-TR, 90847-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy - SBHC Sub-Category	Quarter 1				
CPT: 90853-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - SBHC Sub-Category	Quarter 1				
CPT: 90832, 90833, 90834, 90836, 90837, 90838 (all use TR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Pharmacological Management - SBHC Sub-Category	Quarter 1				
CPT: 90863-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychiatric Diagnostic Interview - SBHC Sub-Category (product)	Quarter 1				
CPT: 90791-TR, 90792-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

School Based Screening - SBHC Sub-Category	Quarter 1				
HCPC: T1023-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - OUTPATIENT SERVICES CATEGORY	Quarter 1				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

Utilization Management Report
Section III - BH

Reporting Period	
MCO Name	
Report Run Date	

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Psychiatric Diagnostic Interview (Product)	Quarter 2				
CPT: 90791, 90792	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Psychotherapy - School Based Health Center (SBHC) Sub-Category	Quarter 2				
CPT: 90846-TR, 90847-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy - SBHC Sub-Category	Quarter 2				
CPT: 90853-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - SBHC Sub-Category	Quarter 2				
CPT: 90832, 90833, 90834, 90836, 90837, 90838 (all use TR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Pharmacological Management - SBHC Sub-Category	Quarter 2				
CPT: 90863-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychiatric Diagnostic Interview - SBHC Sub-Category (product)	Quarter 2				
CPT: 90791-TR, 90792-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

School Based Screening - SBHC Sub-Category	Quarter 2				
HCPC: T1023-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - OUTPATIENT SERVICES CATEGORY	Quarter 2				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

Utilization Management Report
Section III - BH

Reporting Period	
MCO Name	
Report Run Date	

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Psychiatric Diagnostic Interview (Product)	Quarter 3				
CPT: 90791, 90792	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Psychotherapy - School Based Health Center (SBHC) Sub-Category	Quarter 3				
CPT: 90846-TR, 90847-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy - SBHC Sub-Category	Quarter 3				
CPT: 90853-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - SBHC Sub-Category	Quarter 3				
CPT: 90832, 90833, 90834, 90836, 90837, 90838 (all use TR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Pharmacological Management - SBHC Sub-Category	Quarter 3				
CPT: 90863-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychiatric Diagnostic Interview - SBHC Sub-Category (product)	Quarter 3				
CPT: 90791-TR, 90792-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

School Based Screening - SBHC Sub-Category	Quarter 3				
HCPC: T1023-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - OUTPATIENT SERVICES CATEGORY	Quarter 3				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

Utilization Management Report
Section III - BH

Reporting Period
MCO Name
Report Run Date

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Psychiatric Diagnostic Interview (Product)	Quarter 4				
CPT: 90791, 90792	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Family Psychotherapy - School Based Health Center (SBHC) Sub-Category	Quarter 4				
CPT: 90846-TR, 90847-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Group Psychotherapy - SBHC Sub-Category	Quarter 4				
CPT: 90853-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Individual Psychotherapy - SBHC Sub-Category	Quarter 4				
CPT: 90832, 90833, 90834, 90836, 90837, 90838 (all use TR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Pharmacological Management - SBHC Sub-Category	Quarter 4				
CPT: 90863-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)					0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

Psychiatric Diagnostic Interview - SBHC Sub-Category (product)	Quarter 4				
CPT: 90791-TR, 90792-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

School Based Screening - SBHC Sub-Category	Quarter 4				
HCPC: T1023-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)					0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)					$ 0

SERVICE CATEGORY LEVEL - TOTAL - OUTPATIENT SERVICES CATEGORY	Quarter 4				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

Utilization Management Report
Section III - BH

Reporting Period	
MCO Name	
Report Run Date	

Please note all available CPT, HCPCS, CDT, Revenue and Services Codes are provided in the instructions for this rep

Psychiatric Diagnostic Interview (Product)	YTD				
CPT: 90791, 90792	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Family Psychotherapy - School Based Health Center (SBHC) Sub-Category	YTD				
CPT: 90846-TR, 90847-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Group Psychotherapy - SBHC Sub-Category	YTD				
CPT: 90853-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Individual Psychotherapy - SBHC Sub-Category	YTD				
CPT: 90832, 90833, 90834, 90836, 90837, 90838 (all use TR)	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Pharmacological Management - SBHC Sub-Category	YTD				
CPT: 90863-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Hour)	0	0	0	0	0
Hour Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

Psychiatric Diagnostic Interview - SBHC Sub-Category (product)	YTD				
CPT: 90791-TR, 90792-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

School Based Screening - SBHC Sub-Category	YTD				
HCPC: T1023-TR	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Number of Services (Product)	0	0	0	0	0
Product Per Client Receiving Service	ND	ND	ND	ND	ND
Total Dollar Amount for Service(s)	$ 0	$ 0	$ 0	$ 0	$ 0

SERVICE CATEGORY LEVEL - TOTAL - OUTPATIENT SERVICES CATEGORY	YTD				
	Under 18	18-20	21-64	65+	Total
Total Number of Unduplicated Members Receiving Service					
Total Dollar Amount per Service Category	$ 0	$ 0	$ 0	$ 0	$ 0

New Mexico Behavioral Health Service

Capacity and Gaps Analysis Survey 2017 - Results

Division of Community Behavioral Health
Department of Psychiatry and Behavioral Sciences,
University of New Mexico
December, 2018

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Executive Summary

- **The New Mexico (NM) Behavioral Health Service Capacity and Gaps Analysis Survey** was created to identify existing behavioral health services in NM as well as gaps and barriers in providing such services.
- The survey was distributed to 326 Clinical Directors of NM behavioral health agencies that receive public funds via state funding, federal funding (including tribal agencies), and/or Medicaid.
- The survey was distributed online, via Survey Monkey, to facilitate state-wide distribution. Hard copy completion via fax or mail was also an option. Survey responses were collected during November and December of 2017.
- One-hundred and three clinical directors (31.6%) responded to the survey, with complete data from seventy-eight (23.9% response rate). Respondents serve 31 of 33 NM counties. Union and Guadalupe were the only counties not represented in the survey.
- Sixty-two percent of clinical directors reported that their agencies served rural populations; 14% reported their agencies served frontier populations.
- According to these clinical directors, providers at behavioral health service agencies throughout NM are trained in an array of evidence-based practices (EBPs), with Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) being the most frequently identified.
- A comparison of responses from clinical directors from agencies that primarily serve residents in rural counties compared to clinical directors from urban counties showed the following:
  - Agencies in urban counties are more likely to have adapted or created services for various cultures (e.g., for American Indians, Hispanics, LGBTQ) (Figure 7).
  - Agencies in rural counties are more likely to involve consumers in treatment planning, although this person-centered practice was frequent in agencies in urban counties as well (90%) (Figure 9).
  - Agencies in rural counties are more likely to develop psychiatric advanced directives. However, only 30% of all agencies develop psychiatric advance directives (Figure 10).
  - Agencies in rural counties are more likely to have agreements with other community-based agencies/organizations (e.g., protective services/child welfare agencies, Juvenile justice agencies, schools) establishing care coordination expectations (Figure 11).
  - Agencies in rural counties are more likely to be able to provide consumers with same day access to clinical diagnostic assessments (Figure 22).
- Clinical directors from both rural and urban counties reported many barriers with respect to hiring behavioral health care staff. Non-competitive salaries and lack of quality candidates were identified as the most significant barriers. Not surprising, clinical directors of agencies in rural counties identified geographic location as the most significant barrier (Figure 17). With respect to the most significant licensure-related barriers to hiring behavioral health staff, the most frequently identified was "lack of reimbursement for trainees/interns" with this barrier being reported by 71% of the respondents from the urban counties (Figure 18).
- Clinical directors from both urban and rural agencies identified that psychiatric/medication management/prescribing providers were the most difficult to attain with respect to the provision of behavioral health services in their counties (Table 4).

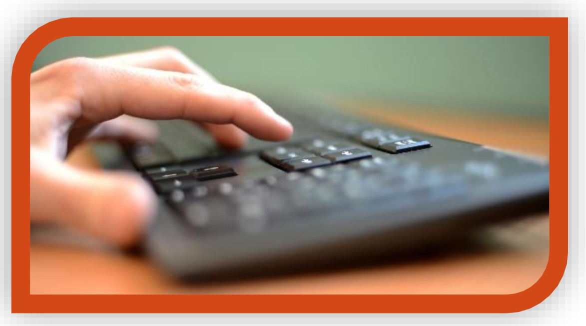
1. Background

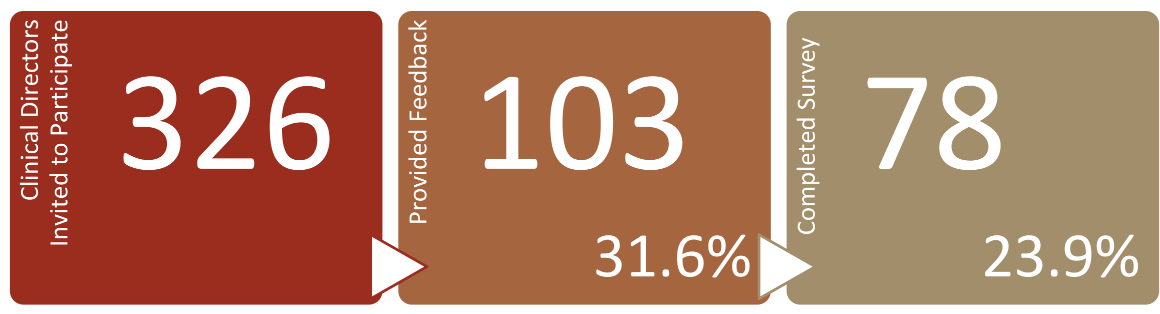
The New Mexico (NM) Behavioral Health Service Capacity and Gaps Analysis Survey was created to identify existing behavioral health services in this large rural state as well as gaps and barriers in providing such services. The survey was funded by SAMHSA as part of the Housing Supports, Health, and Recovery for Homeless Individuals program (CABHI grant #TI026053) awarded to the New Mexico Behavioral Health Services Division. Under this grant, the University of New Mexico Department of Psychiatry and Behavioral Sciences Division of Community Behavioral Health (CBH) was contracted to conduct this capacity and gaps analysis survey.

This report is divided into two sections. The first section summarizes responses for all participants and provides an overview of the geographic areas served as well as the most common interventions provided. The second section provides descriptive comparisons of services in rural versus urban counties.

2. Data Collection Process

The survey was developed by a team of mental health services research and evaluation experts, including a psychologist, a nurse practitioner, an epidemiologist, a psychiatrist, and a statistician. Together, members of the survey design team had extensive experience in developing surveys and providing and evaluating behavioral health services in NM. The survey was pilot tested before distribution and was determined to be acceptable in content and length. All items were determined easy to read and response sets were identified as appropriate. Once finalized, the survey was distributed to 326 clinical directors of NM behavioral health agencies which receive public funds via state funding, federal funding (including tribal communities), and/or Medicaid. The survey was distributed online, via Survey Monkey, to facilitate state-wide distribution. Hard copy completion via fax or mail was also an option. Survey responses were collected in November and December of 2017. One-hundred and three clinical directors (31.6%) responded to the survey, with complete data from seventy-eight (23.9% response rate).

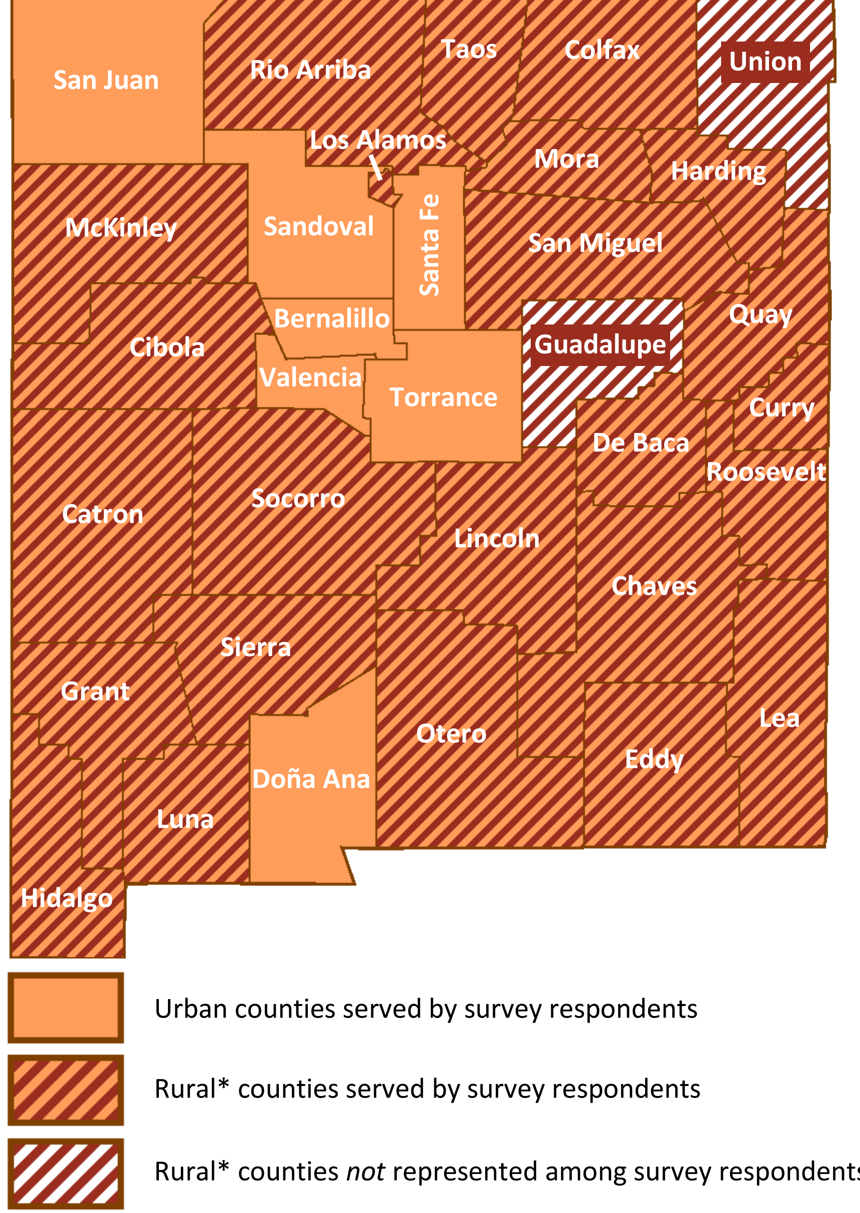




3. Section I: Survey Results: Summary Data

Respondents to the New Mexico Behavioral Health Service Capacity and Gaps Analysis Survey 2017 reported providing services to 31 of 33 New Mexico counties. Union and Guadalupe were the only counties not represented in the survey (Figure 1).

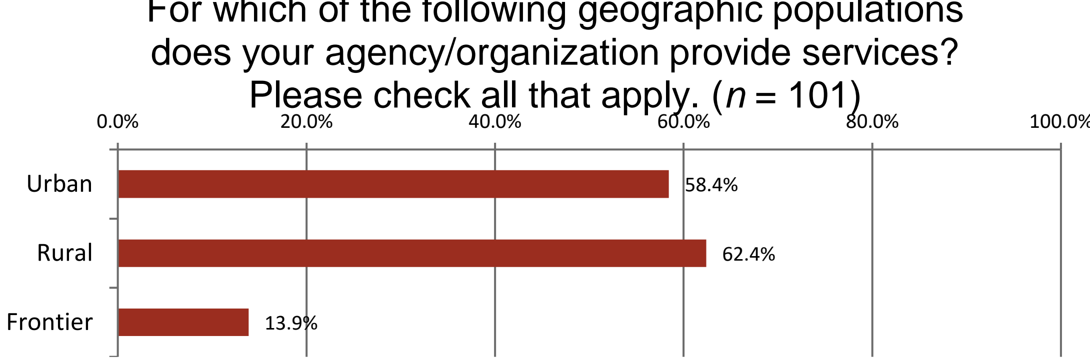
Figure 1: Survey Respondents (N = 98) by County



*Designated “rural” by the Federal Office of Rural Health Policy

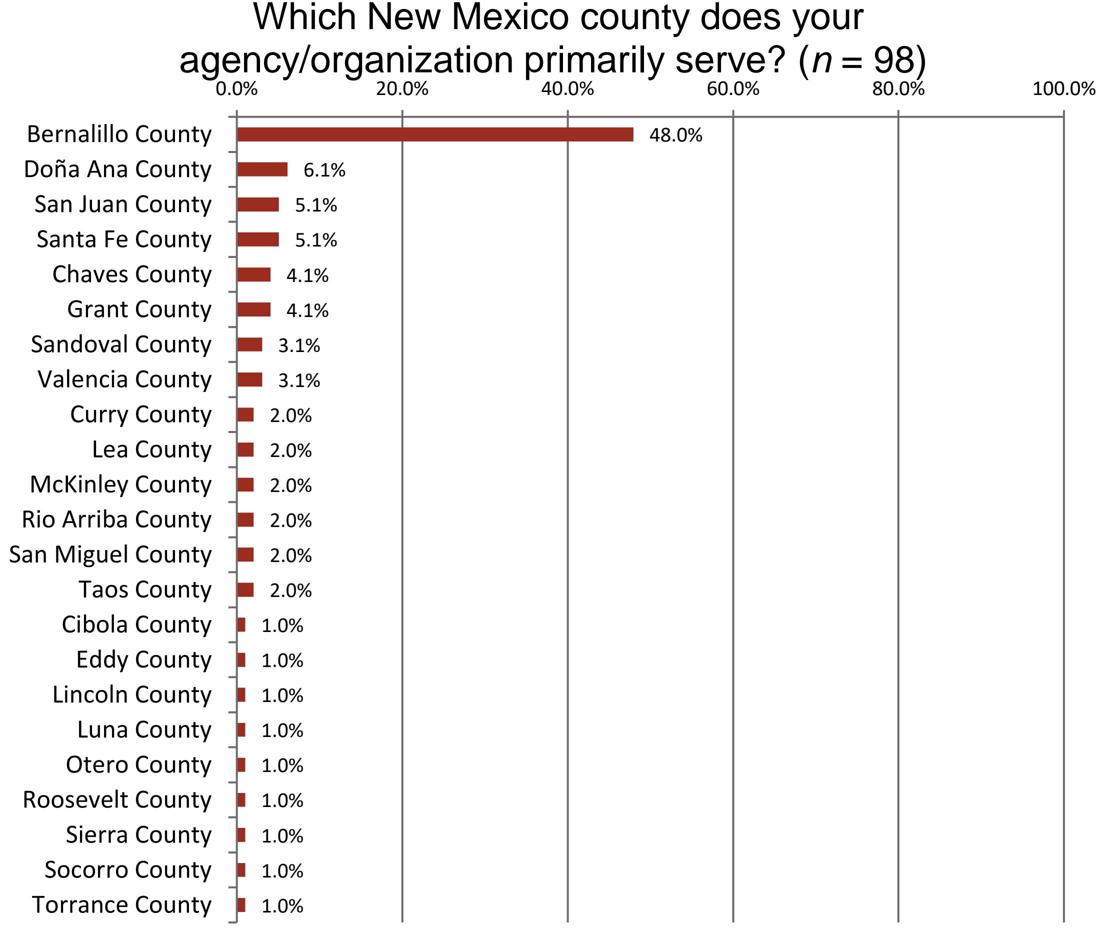
Sixty-two percent of the clinical directors who responded to the survey reported that their agencies served rural populations, whereas 14% reported that their agencies served frontier populations (Figure 2).

Figure 2: Types of Communities Served



As shown in Figure 3, nearly half (48.0%) of respondents reported Bernalillo County as the county primarily served by their agency.

Figure 3: Primary County Served



With respect to expertise in Evidence-Based Practices (EBPs), the majority of respondents (83.6%) reported having staff or clinicians trained to provide Cognitive Behavioral Therapy. More than half reported having personnel trained in Motivational Interviewing and Motivational Enhancement Therapy (60.3%) as well as Cognitive Therapy (56.2%). Other common modalities included: Problem Solving Therapy for Depression, Seeking Safety for PTSD with Substance Use Disorders (SUD), Eye Movement Desensitization and Reprocessing for PTSD, Cognitive Processing Therapy for PTSD, Dialectical Behavioral Therapy for BPD, and Behavioral Therapy/Behavioral Activation for Depression. Very few respondents (2 or fewer) reported having staff or clinicians trained in providing Biofeedback-Based Treatments for Insomnia, Interpersonal and Social Rhythm Therapy for BPAD, Prize-Based Contingency Management for SUD, Schema-Focused Therapy for BPD, Sleep Restriction Therapy for Insomnia, Stimulus Control Therapy for Insomnia, Transference-Focused Therapy for BPD, or Friends Care for Mixed Substance Abuse/Dependence (Table 1).

Table 1: Evidence-Based Practices

Please select from the following list ALL evidence-based practices for which staff/clinicians at your agency/organization are currently trained.* (*n* = 73)

Response	Frequency	%
Cognitive Behavioral Therapy	61	83.6%
Motivational Interviewing and Motivational Enhancement Therapy	44	60.3%
Cognitive Therapy	41	56.2%
Problem-Solving Therapy for Depression	30	41.1%
Seeking Safety for PTSD with Substance Use Disorder	30	41.1%
Eye Movement Desensitization and Reprocessing for Post-Traumatic Stress Disorder	25	34.3%
Cognitive Processing Therapy for Post-Traumatic Stress Disorder	23	31.5%
Dialectical Behavior Therapy for Borderline Personality Disorder	23	31.5%
Behavior Therapy/Behavioral Activation for Depression	22	30.1%
Psychoeducation for Bipolar Disorder	19	26.0%
Self-Management/Self-Control Therapy for Depression	19	26.0%
Interpersonal Therapy for Depression	18	24.7%
Relaxation Training for Insomnia	18	24.7%
Emotion-Focused Therapy for Depression	16	21.9%
Applied Relaxation for Panic Disorder	15	20.6%
Behavioral Couples Therapy Alcohol Use Disorders/Depression	15	20.6%
Present-Centered Therapy for Post-Traumatic Stress Disorder	15	20.6%
Psychological Debriefing for Post-Traumatic Stress Disorder	15	20.6%
Cognitive Behavioral Analysis System of Psychotherapy for Depression	13	17.8%
Exposure Therapies for Specific Phobias	13	17.8%
Family Focused Therapy for Bipolar Disorder	13	17.8%
Rational Emotive Behavior Therapy for Depression	13	17.8%
Family Psychoeducation for Schizophrenia	12	16.4%
Moderate Drinking for Alcohol Use Disorders	12	16.4%
Prolonged Exposure for Post-Traumatic Stress Disorder	12	16.4%
Acceptance and Commitment Therapy	11	15.1%
Behavioral and Cognitive Behavioral Therapy for Chronic Low Back Pain	11	15.1%
Short-Term Psychodynamic Therapy for Depression	11	15.1%

Exposure and Response Prevention for Obsessive-Compulsive Disorder	9	12.3%
Stress Inoculation Training for Post-Traumatic Stress Disorder	9	12.3%
Behavioral Weight Loss Treatment for Obesity and Pediatric Overweight	8	11.0%
Guided Self-Change for Mixed Substance Abuse/Dependence	8	11.0%
Self-System Therapy for Depression	7	9.6%
Social Skills Training for Schizophrenia	7	9.6%
Assertive Community Treatment for Schizophrenia	6	8.2%
Illness Management and Recovery for Schizophrenia	6	8.2%
Interpersonal Psychotherapy for Binge Eating Disorder/Bulimia Nervosa	6	8.2%
Smoking Cessation with Weight Gain Prevention	6	8.2%
Cognitive Adaptation Training for Schizophrenia	5	6.9%
Cognitive Remediation for Schizophrenia	5	6.9%
Multi-Component Cognitive Behavioral Therapy for Fibromyalgia/Rheumatologic Pain	5	6.9%
Paradoxical Intention for Insomnia	5	6.9%
Reminiscence/Life Review Therapy for Depression	5	6.9%
Mentalization-Based Treatment for Borderline Personality Disorder	4	5.5%
Systematic Care for Bipolar Disorder	4	5.5%
Family-Based Treatment for Anorexia Nervosa/Bulimia Nervosa	3	4.1%
Healthy-Weight Program for Bulimia Nervosa	3	4.1%
Psychoanalytic Therapy for Panic Disorder	3	4.1%
Social Learning/Token Economy Programs for Schizophrenia	3	4.1%
Supported Employment for Schizophrenia	3	4.1%
Biofeedback-Based Treatments for Insomnia	2	2.7%
Interpersonal and Social Rhythm Therapy for Bipolar Disorder	2	2.7%
Prize-Based Contingency Management for Substance Use/Dependence	2	2.7%
Schema-Focused Therapy for Borderline Personality Disorder	2	2.7%
Sleep Restriction Therapy for Insomnia	2	2.7%
Stimulus Control Therapy for Insomnia	2	2.7%
Transference-Focused Therapy for Borderline Personality Disorder	2	2.7%
Friends Care for Mixed Substance Abuse/Dependence	1	1.4%

*Adapted from American Psychological Association (2016) list of psychological treatments

4. Section II: Survey Results: Rural vs. Urban

For all comparisons in the following section, “Rural” (*n* = 28) represents responses from clinical directors from agencies that primarily serve counties designated as “rural” by the Federal Office of Rural Health Policy. “Urban” (*n* = 70) represents responses from clinical directors from agencies that primarily serve counties designated as urban or suburban, including: Bernalillo, Doña Ana, San Juan, Sandoval, Santa Fe, Torrance, and Valencia. Their responses were interpreted as reflecting the current state of service provision in behavioral health agencies throughout NM.

According to clinical directors, a comparable percentage of rural and urban behavioral health agencies provide Individual Counseling, Safety Planning and Training in Life Skills. More urban than rural agencies provide Safety Planning, Psycho-education, Mobile Crisis, ACT, Treatment Foster Care and Transitional Living Services with an emphasis on Community Integration Services. More rural than urban agencies provide Group Therapy, Play Therapy, and Psychiatric Evaluation, Supportive Housing, Supported Employment, Parenting/Training Classes, Psycho-Social Rehabilitation, MAT, Medication Monitoring and Education, Trauma-Specific Treatment, Detoxification and Home Visiting. Most rural and urban agencies provide Individual Counseling, Group Counseling, Safety Planning, Training in Life Skills, Psycho-Education, and Trauma-Specific Treatment. About half of both rural and urban agencies provide Parenting Classes and Crises services. Overall, very few agencies provide Psychiatric Inpatient Treatment, Detoxification, Residential Treatment Services, Mobile Crisis, ACT, Treatment Foster Care, Transitional Living Services, and Respite (Figure 4).

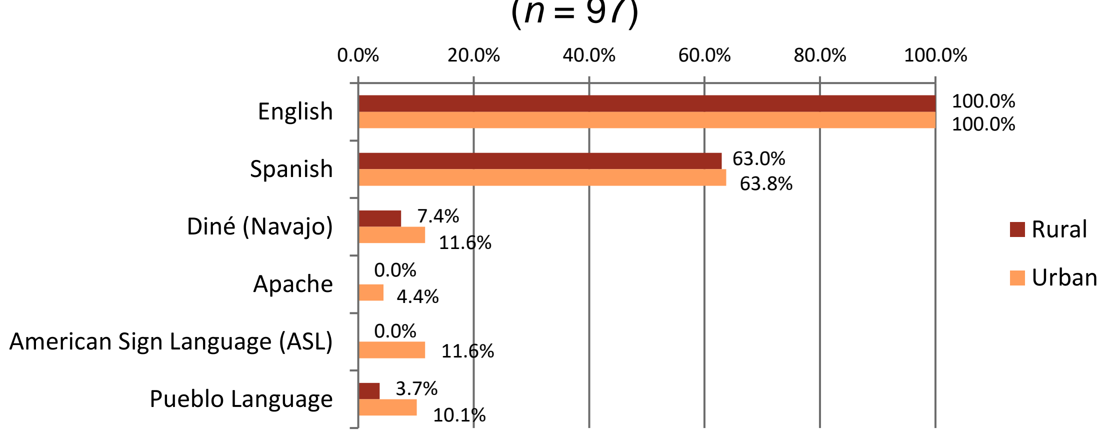
Figure 4: Services Provided

Service	Rural	Urban
Individual counseling	100.0%	98.0%
Group counseling	85.0%	71.0%
Play Therapy	80.0%	47.0%
Psychiatric evaluation	68.0%	47.0%
Recovery Planning	72.0%	65.0%
Safety Planning	94.0%	96.0%
Training in Life Skills	75.0%	74.0%
Psycho-Education	70.0%	76.0%
Community Integration Services	18.0%	34.0%
Supportive Housing	38.0%	16.0%
Supported Employment	19.0%	14.0%
Peer Recovery Services	25.0%	25.0%
Parenting Classes/Training	56.0%	43.0%
CCSS	35.0%	31.0%
Psycho-social Rehabilitation	44.0%	26.0%
Medication Assisted Treatment (MAT)	35.0%	19.0%
Medication Monitoring	47.0%	36.0%
Medication Education	50.0%	44.0%
Vocational Rehabilitation	13.0%	12.0%
Trauma-specific Treatment	84.0%	74.0%
Psychiatric Inpatient	6.0%	12.0%
Detoxification	19.0%	10.0%
Residential Treatment Center Services	6.0%	7.0%
Crisis Services	63.0%	57.0%
Mobile Crisis	7.0%	12.0%
ACT	0.0%	18.0%
Treatment Foster Care	0.0%	5.0%
Home Visiting	44.0%	36.0%
Transitional Living Services	0.0%	10.0%
Respite	6.0%	7.0%

All of the agencies provide direct clinical services in English, and nearly two-thirds provide services in Spanish. More urban than rural agencies offer services in Diné, Apache, ASL and one or more Pueblo Languages; however, overall these language services are offered by very few organizations (Figure 5).

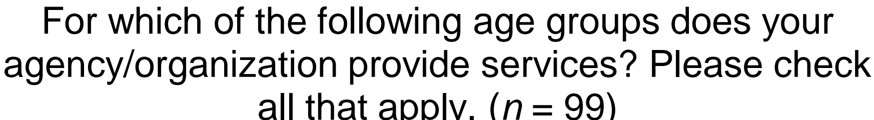
Figure 5: Direct Service Languages Offered

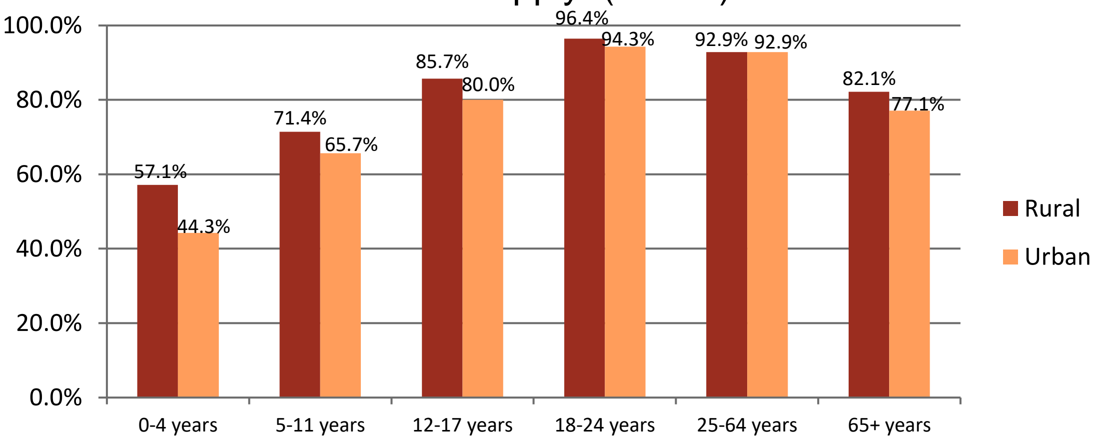
Please check all languages in which someone in your agency/organization provides direct clinical services. (*n* = 97)



Most of the agencies serve populations in the age groups 18-24 and 25-64 years old. Slightly fewer serve populations ages 5-11, 12-17 and 65+ years of age. About half of the agencies serve populations below 4 years of age. Rural agencies were slightly more likely to serve populations under 18 years of age (Figure 6).

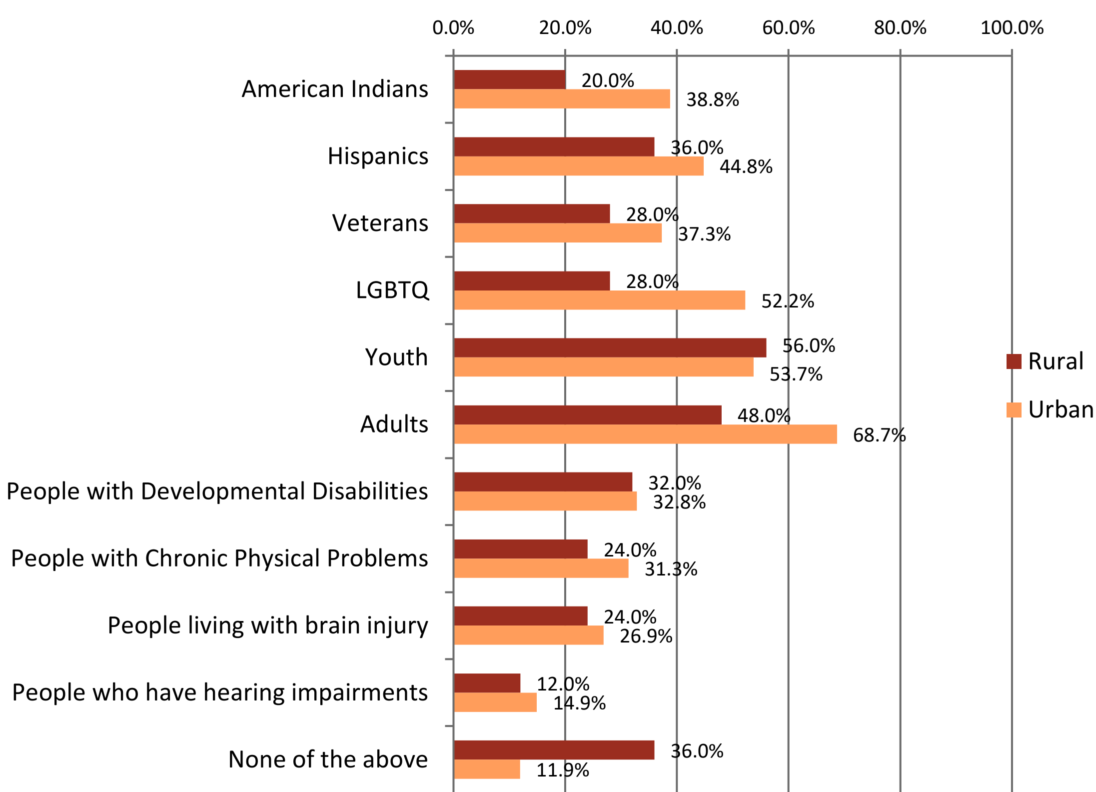
Figure 6: Ages Served





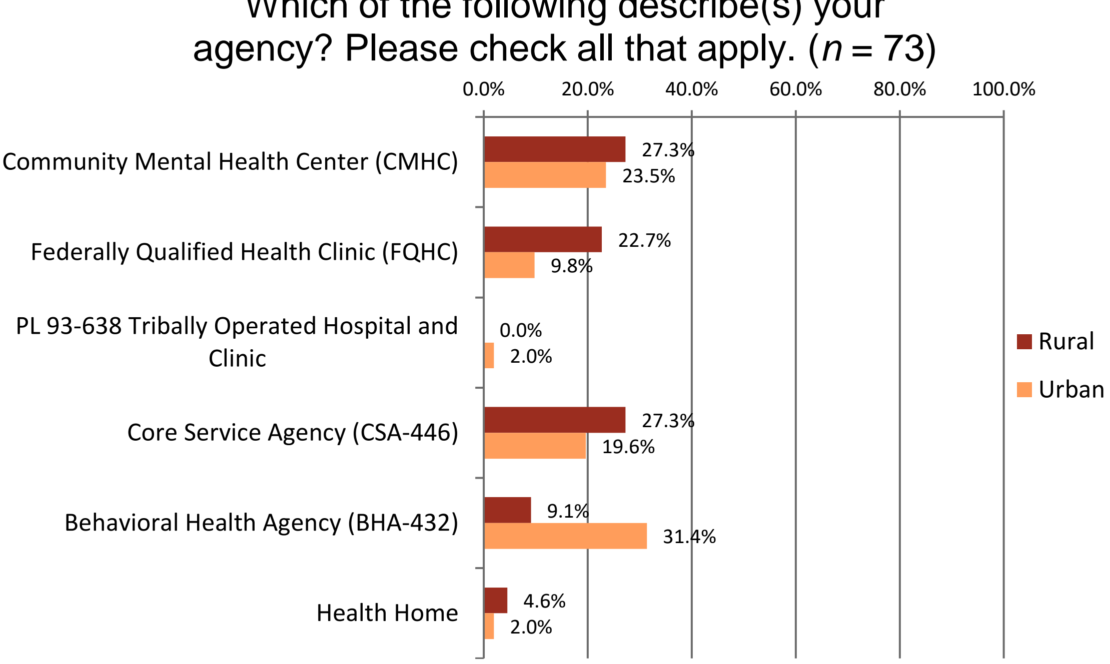
More urban than rural agencies have adapted or created services specifically for American Indians, Hispanics, Veterans, LGBTQ, Adults, People with Chronic Physical Problems, People Living with Brain Injury and People Living with Hearing Impairments. Clinical directors from rural agencies, more so than those from urban agencies reported having made no cultural adaptations for the populations listed. Overall, few agencies have made cultural adaptations for people who have hearing impairments, brain injury, chronic physical problems or developmental disabilities. Most of the cultural adaptations were reported for Adult, Youth and LGBTQ populations (Figure 7).

Figure 7: Cultural Adaptations



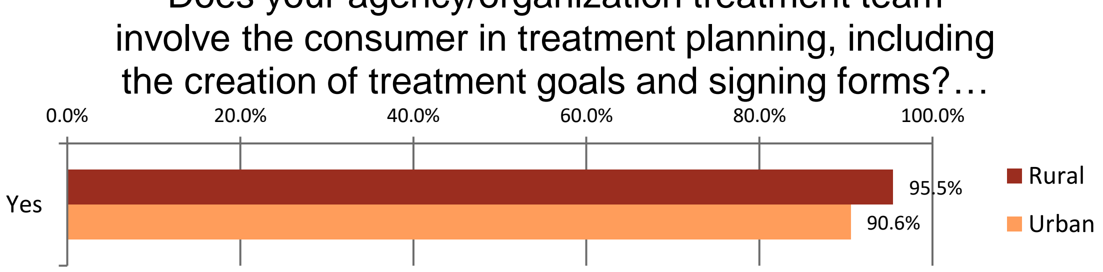
Clinical directors from agencies that serve urban populations were more likely to identify their agency as a Behavioral Health Agency (BHA-432). In contrast, clinical directors from agencies that serve rural populations were more likely to identify their agencies as a Health Home, Core Service Agency (CSA-446), Federally Qualified Health Clinic (FQHC) or Community Mental Health Center (CMHC) (Figure 8).

Figure 8: Agency Types



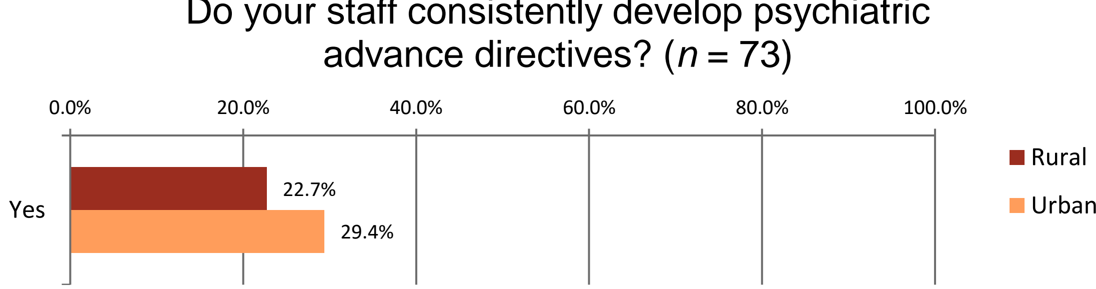
The vast majority of behavioral health agencies in NM (90% or greater) practice Consumer-Centered Treatment Planning, including the creation of treatment goals and signing forms. While the majority of agencies practiced Consumer-Centered Treatment Planning, the percent was slightly higher among rural agencies (Figure 9).

Figure 9: Consumer-Centered Treatment Planning



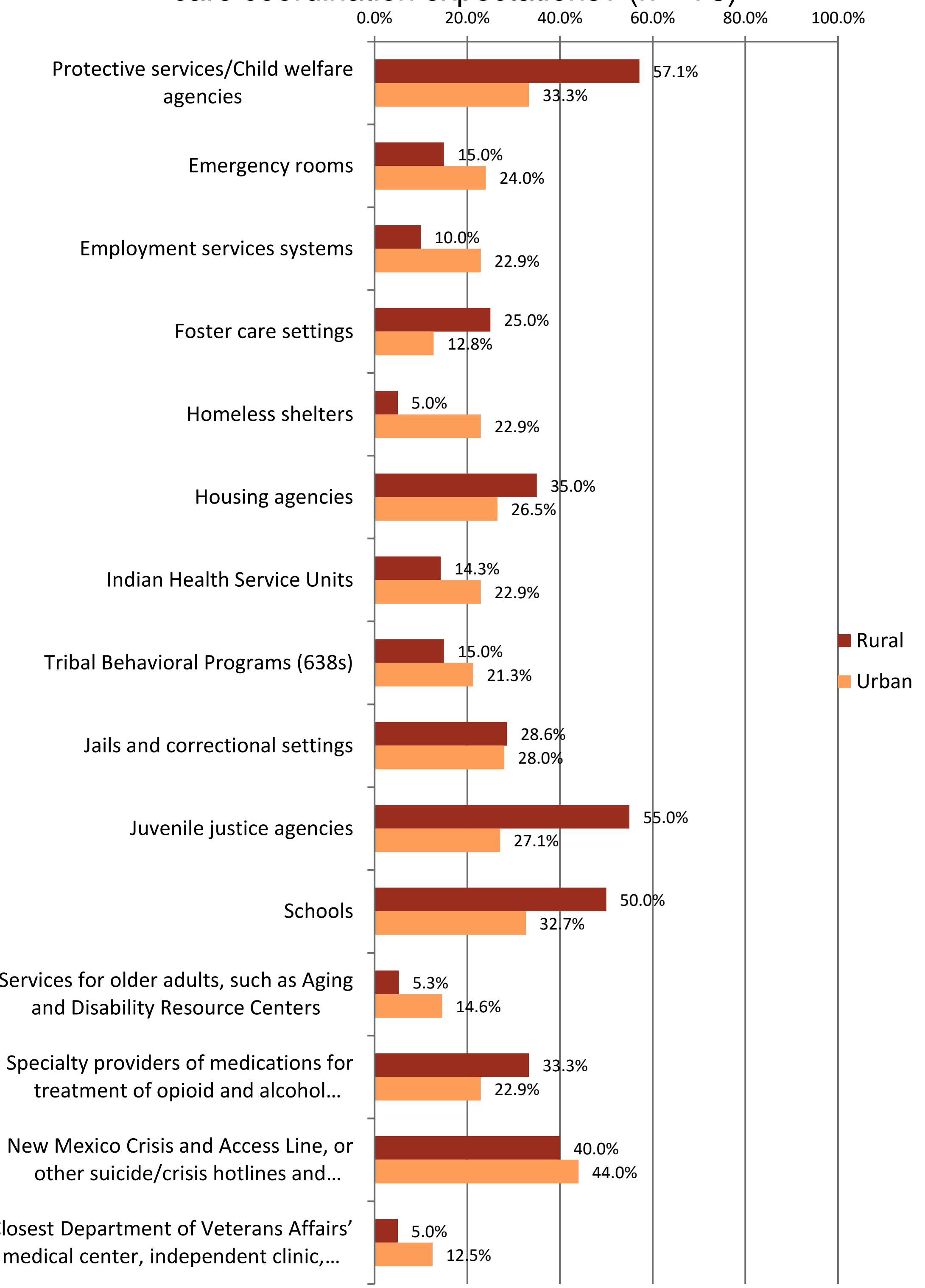
Overall, the practice of Psychiatric Advance Directives to consumers is not standard practice. Only 29.4% of urban agencies and 22.7% of rural agencies offer (29.4%) Psychiatric Advanced Directives (Figure 10).

Figure 10: Psychiatric Advance Directives



Overall, behavioral health agencies throughout NM have established patient care coordination agreements with Protective Services/Child Welfare Agencies, Housing Agencies, Juvenile Justice Agencies, Schools, Specialty providers of medications for treatment of SUDs, and the NM Crisis and Access Line or other suicide/crisis hotlines and warmline. Compared to urban agencies, rural agencies are more likely to have established patient care coordination agreements with Protective Services/Child Welfare Agencies, Foster Care Settings, Housing Agencies, Juvenile Justice Agencies, Schools, and Specialty providers of medications for treatment of SUDs. In contrast, urban agencies are more likely to have established patient care coordination agreements with Emergency Rooms, Employment Service Systems, Homeless Shelters, Indian Health Service Units, Tribal Behavioral Programs, Services for older adults, NM Crisis and Access Line or other suicide/crisis hotlines and warmline, and the closest Department of Veterans Affairs Medical Center, Independent Clinic, Drop in Center or other facility (Figure 11).

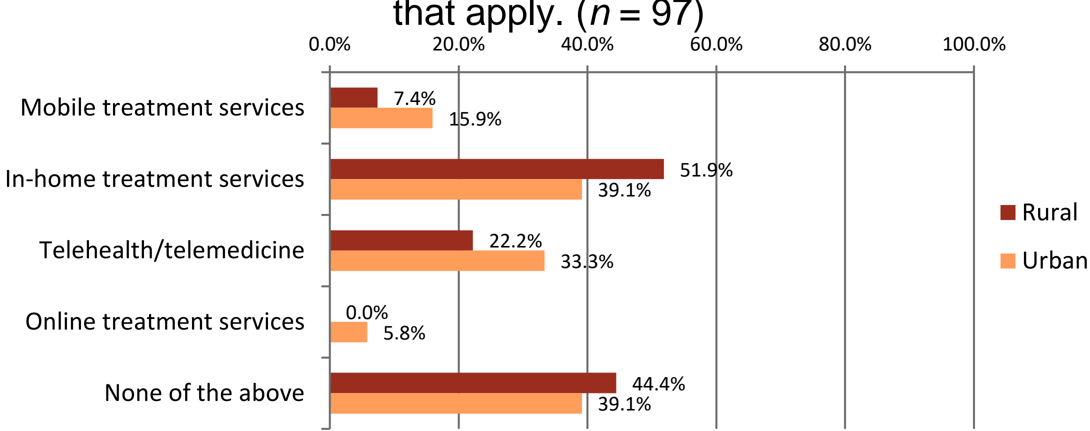
Figure 11: Care Coordination Agreements



4.1 Technology: Electronic Records and Data Informed Systems of Care

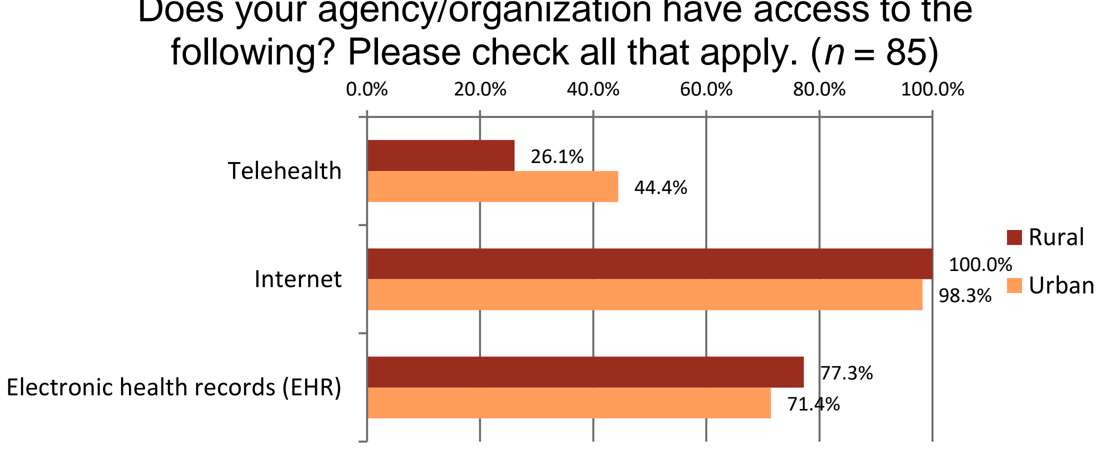
A little over half of rural agencies provide In-Home Treatment services, only 39.1% of urban agencies do the same. More than twice as many urban agencies offer Mobile Treatment services, and more urban sites serve patients through Telehealth/Telemedicine. No rural agencies offer Online Treatment services, but 5.8% of urban agencies offer this type of care. Finally, 44.4% of rural agencies and 39.1% of urban agencies offer none of these alternatives to in-office treatment (Figure 12).

Figure 12: Mobile and Virtual Treatment Services



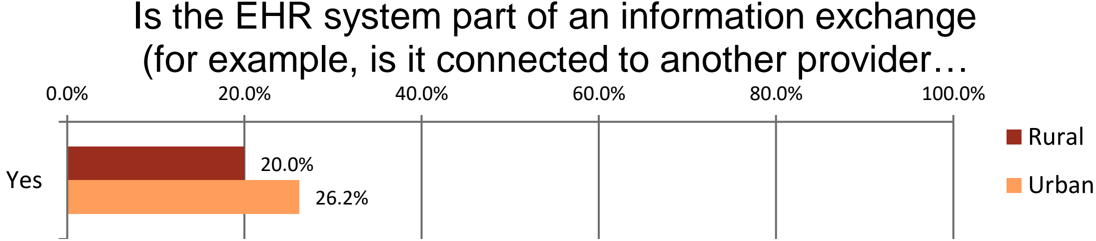
One hundred percent of rural agencies have internet access. More urban than rural agencies have access to Telehealth. Slightly more rural agencies than urban have access to Electronic Health Records (Figure 13).

Figure 13: Information Technology Access



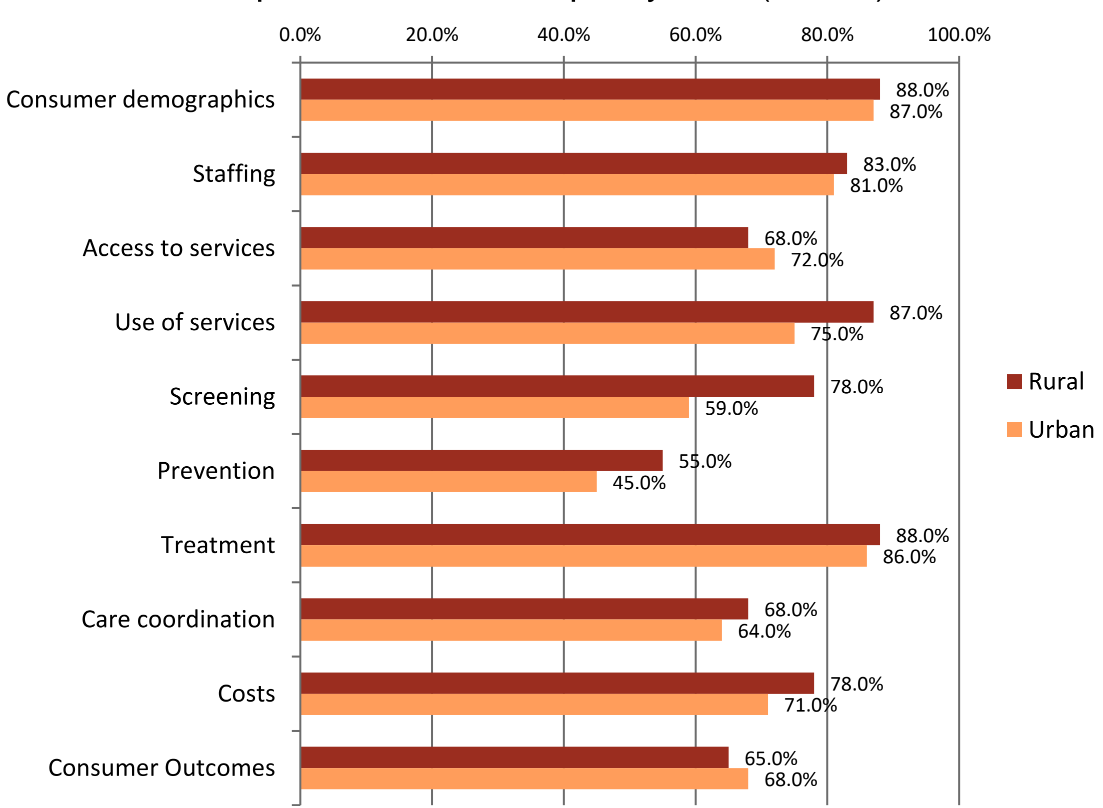
Overall, low percentages of both rural (20.0%) and urban (26.2%) agencies' Electronic Health Record (EHR) systems are part of an internet exchange or connected to another provider system (Figure 14).

Figure 14: Electronic Health Record Information Exchange



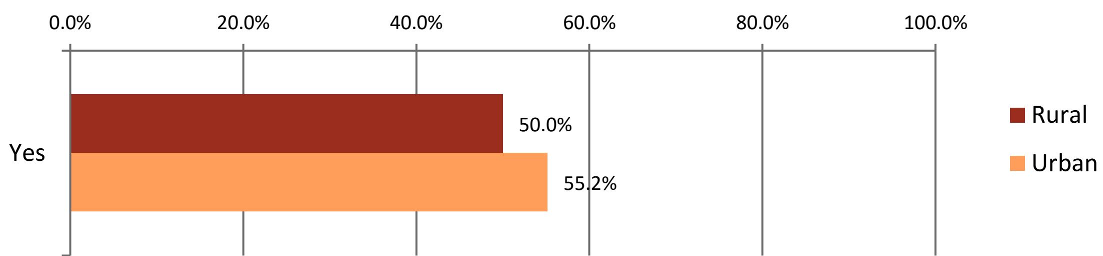
Overall, most rural and urban agencies (around 80%-90%) are able to collect basic clinical data including Consumer Demographics, Staffing and Treatment. Rural agencies tend to be slightly more likely to have the ability to collect data and/or report outcomes on Use of Services, Screening, Prevention, and Costs. Few urban and rural agencies have the ability to collect information on Prevention, Care Coordination, and Consumer Outcomes (Figure 15).

Figure 15: Clinical Services Data Collection



Approximately half of both rural and urban agencies have a process by which they can use data to impact or change the services provided through their agency or organization (Figure 16).

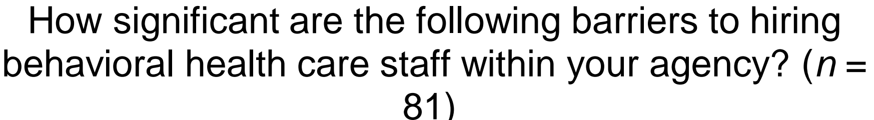
Figure 16: Data-Informed Services

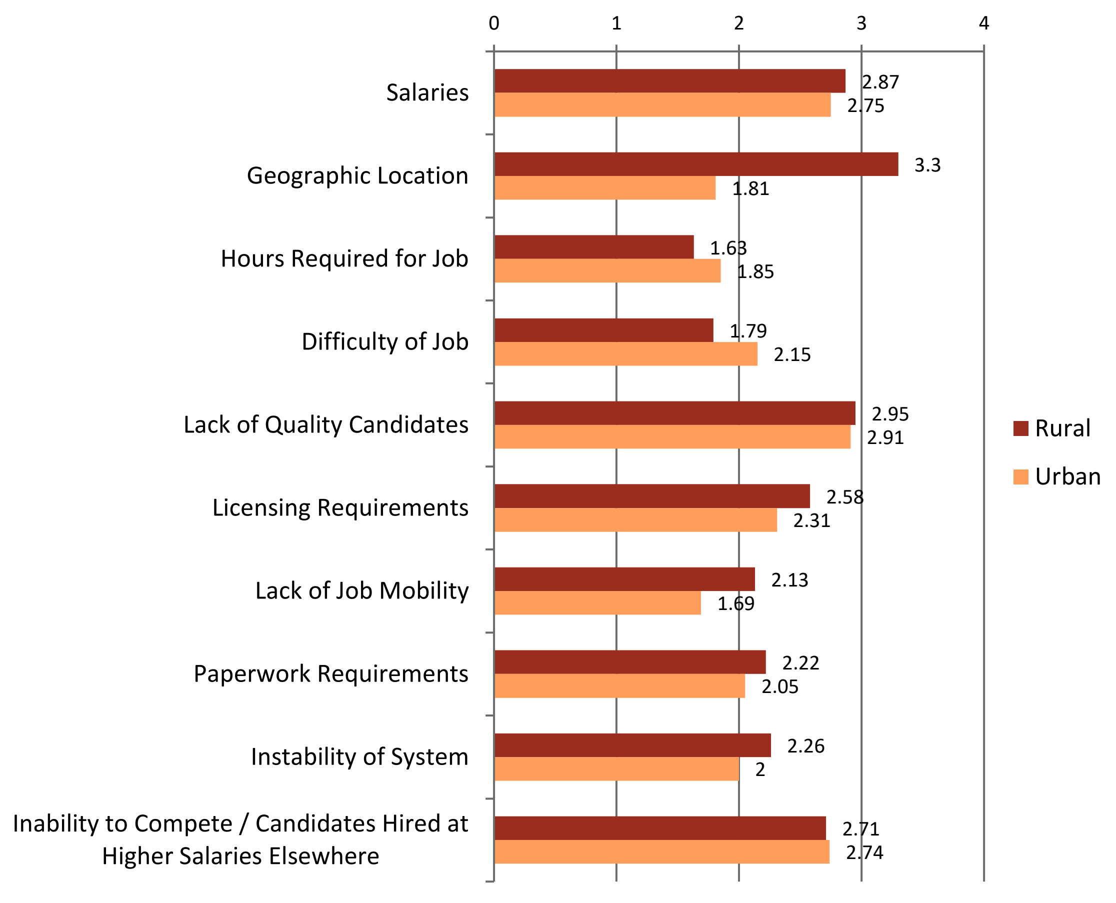


4.2 Behavioral Health System Barriers

When asked to rate the significance of several barriers to hiring behavioral health care staff on a scale of "1" (i.e., Not a Barrier) to "5" (i.e., Extreme Barrier), "geographic location" was identified as the most significant barrier among clinical directors from agencies that serve rural counties. In contrast, "lack of quality candidates" was identified as the most significant barrier among clinical directors from urban agencies (Figure 17).

Figure 17: Hiring Barriers*

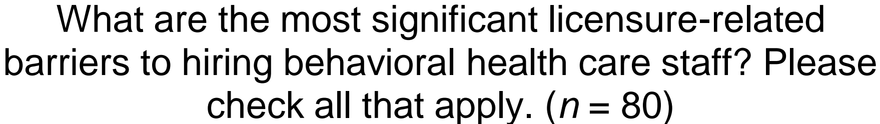


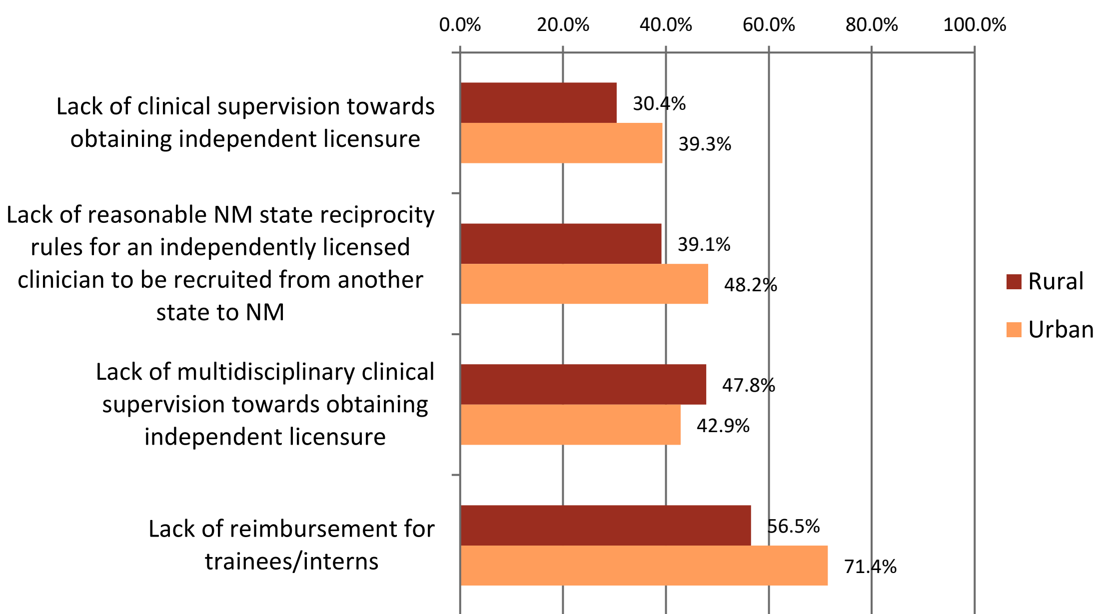


*Hiring barriers. Rated from 1 "Not a Barrier" to 5 "Extreme Barrier."

Clinical directors were also asked to identify licensure-related barriers to hiring behavioral health care staff. Clinical directors from agencies that serve both rural and urban counties identified "lack of reimbursement for trainees/interns" as the greatest barrier to licensure (Figure 18).

Figure 18: Licensure Barriers





Other Behavioral Health System Barriers

Clinical directors were also asked the open-ended question, "*In your opinion, what is the greatest barrier to acquiring quality behavioral health care workforce members in New Mexico?*" Responses to this question reflected some previously identified barriers (e.g., salaries, training/education quality, reimbursement, and licensing). However, respondents also identified additional concerns including changes in state policies/administrations, high levels of client stress and poverty, and lack of cultural and linguistic competence. Common responses from the 80 participants who answered this question are summarized in Table 2. Responses in Table 2 are not stratified by clinical directors from rural and urban agencies.

Table 2: Summary of Open-Ended Responses Regarding Barriers to Behavioral Health Workforce

In your opinion, what is the greatest barrier to acquiring quality behavioral health care workforce members in New Mexico? (*n* = 80)

Response	Frequency	Percentage
Salaries and benefits	29	36.3%
Quality education programs and supervisory training	20	25.0%
Reimbursement rates	13	16.3%

High need/high stress/impoverished populations	9	11.3%
Licensing/credentialing requirements	8	10.0%
Supervision for unlicensed clinicians	8	10.0%
Geographic location	6	7.5%
Changes in state policies/administrations	6	7.5%
Cultural training needs (particularly with Native populations)	4	5.0%
Need for bilingual/multilingual providers	3	3.8%

Clinical directors were also asked the open-ended question, "*In your opinion, what is the greatest barrier to providing quality behavioral health care in New Mexico?*" The 80 responses provided are summarized in Table 3. Responses in Table 3 are not stratified by clinical directors from rural and urban agencies.

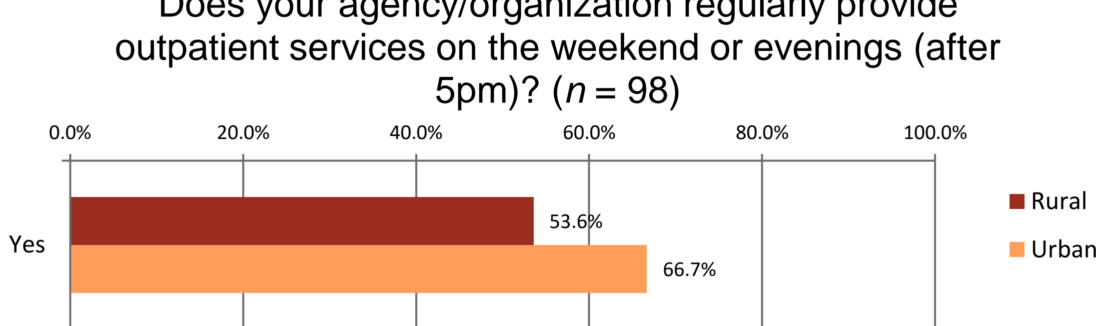
Table 3: Summary of Open-Ended Responses Regarding Barriers to Providing Quality Behavioral Health

In your opinion, what is the greatest barrier to providing quality behavioral health care in New Mexico? (*n* = 80)		
Response	**Frequency**	**Percentage**
Workforce (quality and quantity)	21	26.3%
Reimbursement (particularly for Medicaid and Medicare)	20	25.0%
Clinician salaries	6	7.5%
Changes in state policies/administrations	6	7.5%
Lack of referral agencies	5	6.3%
Lack of higher level of care providers/agencies (particularly psychiatry and case management)	5	6.3%
Caseloads/waitlists/high level of need	4	5.0%
Licensing/credentialing requirements	4	5.0%
Lack of government funding	3	3.8%
Lack of access to services for uninsured/low income consumers	3	3.8%
Difficulties with supervision for unlicensed clinicians	3	3.8%
Geographic location	3	3.8%

4.3 System Responsiveness: After-Hour and Crisis Treatment Services

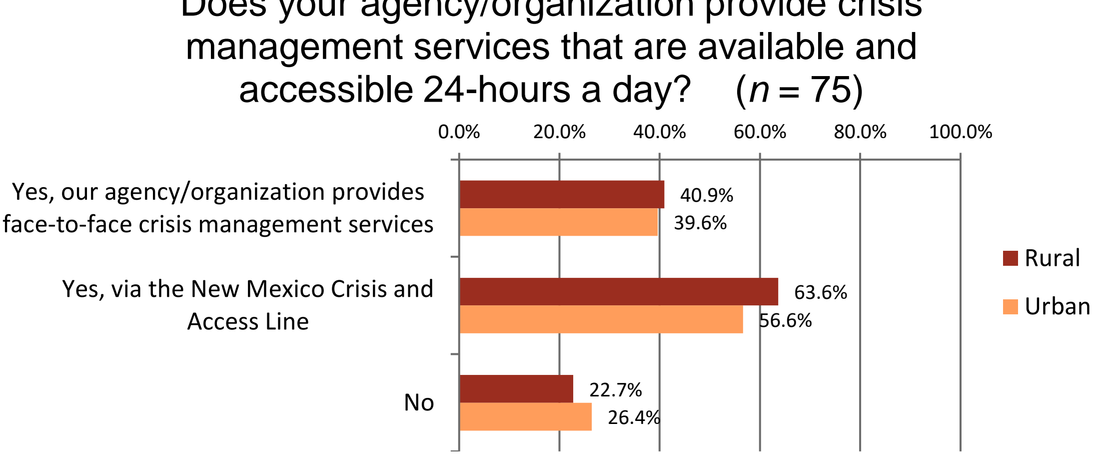
Agencies in urban counties (66.7%) are more likely to provide outpatients services on the weekends or evenings, compared to rural counties (53.6%) (Figure 19).

Figure 19: After-Hours Outpatient Services



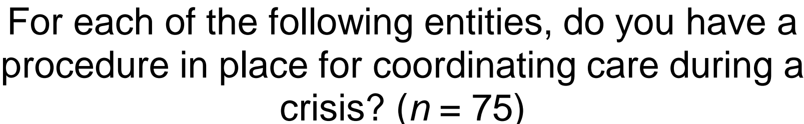
When asked about whether their agency provided crisis management services 24 hours a day, approximately 40% of clinical directors from agencies in both rural and urban counties indicated that this was true. Clinical directors from agencies that serve rural counties, more so than their urban counterparts, identified that 24 hour crisis management services were provided by the NM Crisis and Access Line (Figure 20).

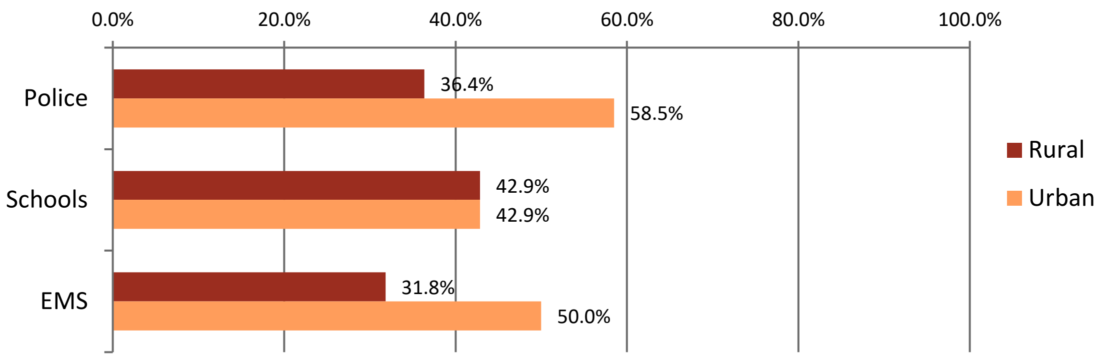
Figure 20: 24-Hour Crisis Services



With respect to coordination of care during a crisis, agencies in urban counties are more likely to have a procedure in place with Police (58.5%) and EMS (50%) compared to agencies in rural counties, 36.4% and 31.8% respectively (Figure 21).

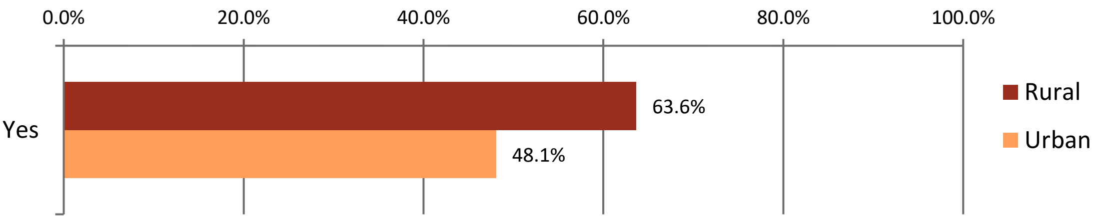
Figure 21: Crisis Care Coordination





Clinical Directors in rural counties were more likely than their counterparts in urban counties to report that their agency was able to provide same day access to clinical diagnostic assessment, 63.6% compared to 48.1%, respectively (Figure 22) .

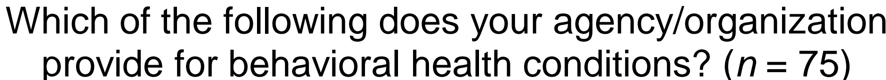
Figure 22: Same Day Clinical Assessment

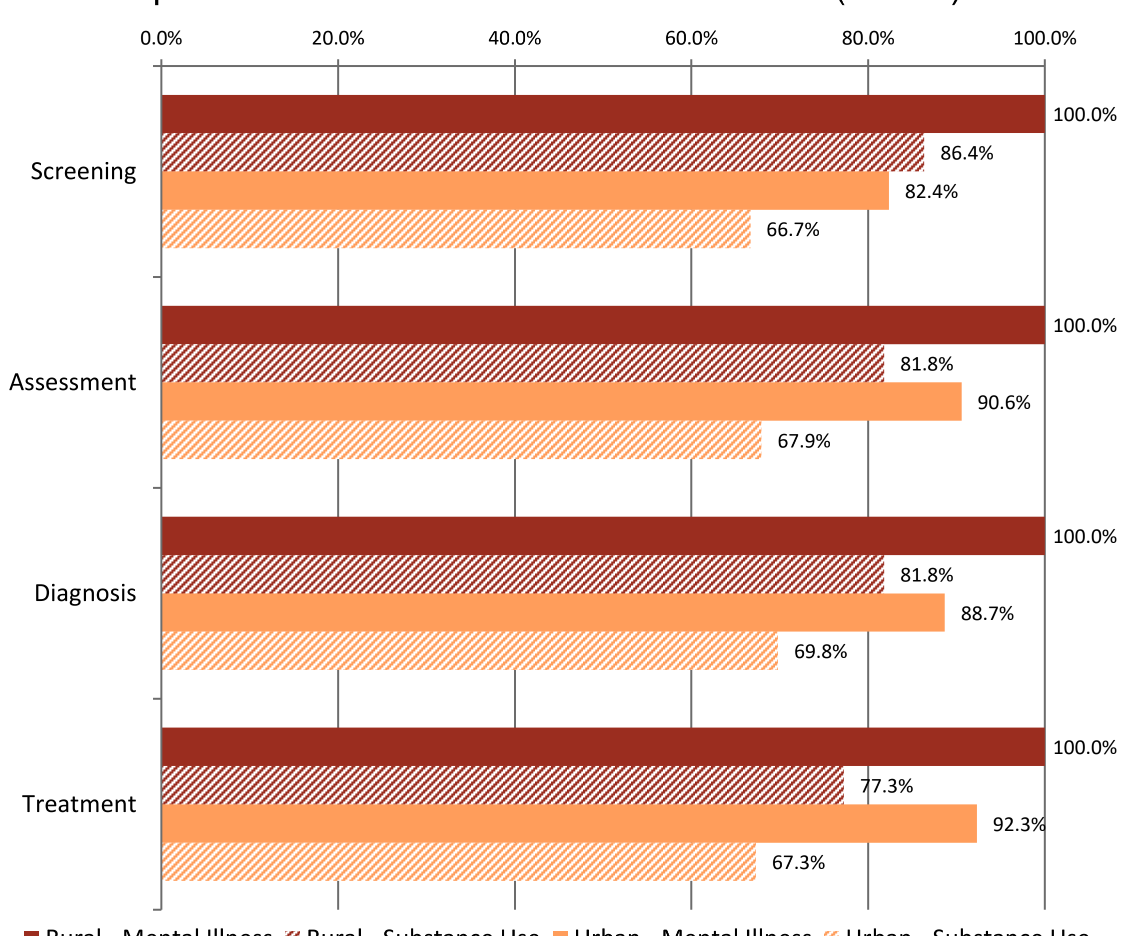


4.4 Substance Use Services

Behavioral health agencies throughout NM provide a range of mental health and substance use services, including screening, assessment, diagnosis and treatment. However, according to clinical directors, these services are more likely to be available for mental health problems compared to substance use disorders. Rural agencies report higher rates of screening, assessment, diagnosis, and treatment for both mental illness and substance use than urban agencies. For example, 86.4% of clinical directors from agencies that serve rural counties reported that screening for substance use was available, compared to only 66.7% of clinical directors from agencies that serve urban counties (Figure 23).

Figure 23: Types of Behavioral Health Services Provided





Overall, comparatively low rates of both rural (31.8%) and urban (28.9%) clinical directors reported having a medication assisted treatment (MAT) provider within their agency that can prescribe and manage medications used to treat substance use disorders (Figure 24).

Figure 24: Medication Assisted Treatment – On-Site Prescribers

Does your agency/organization have providers who can prescribe and manage medications used to treat substance use disorders? (*n* = 74)

0.0% 20.0% 40.0% 60.0% 80.0% 100.0%

Yes

31.8%

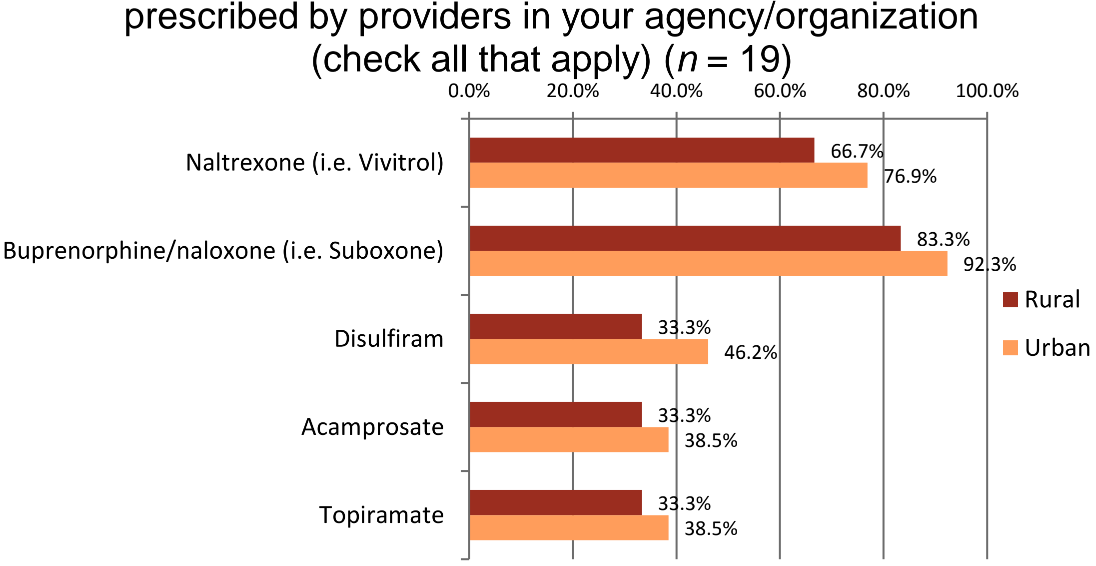
28.9%

Rural

Urban

Providers who can prescribe medications to treat substance use disorders were more common among agencies in urban compared to rural counties. Among rural and urban agencies that have an in-house MAT prescriber, Buprenorphine/naloxone is the most commonly prescribed medication (83.3% and 92.3%, respectively). Naltrexone, another medication for opioid dependence, is the second most commonly available medication for substance abuse. At the time these data were collected, it appears that very few agencies had a provider prescribing alcohol dependence medications (Disulfiram, Acamprosate, and Topiramate) (Figure 25).

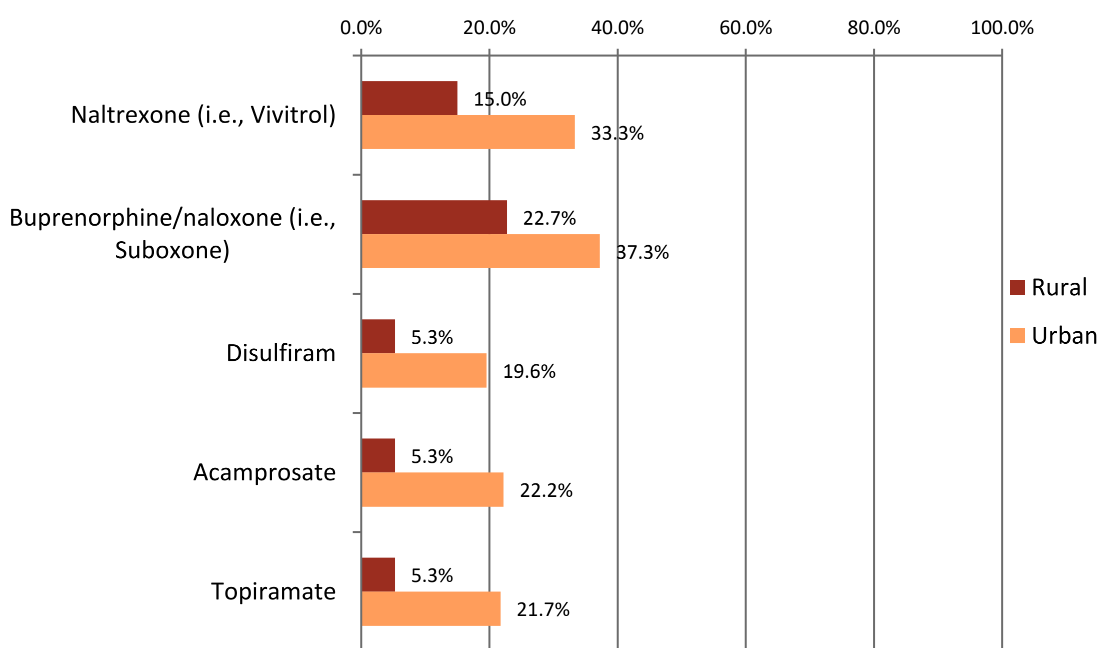
Figure 25: On-Site Medication Assisted Treatment – Common Medications



Note: These data represent the subset of respondents who reported that their agencies have providers who can prescribe and manage medications used to treat substance use disorders.

In addition to low rates of in-house MAT providers, behavioral health agencies throughout NM, but especially in rural counties, are also unlikely to have MAT referral agreements. As with in-house MAT providers, agencies are more likely to have referral agreements for medications for opioid dependence (Naltrexone and Buprenorphine/naloxone) than for alcohol dependence (Disulfiram, Acamprosate, and Topiramate) (Figure 26).

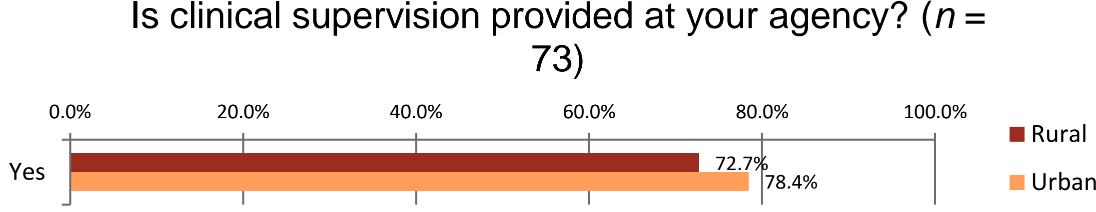
Figure 26: Referral Agreements for Medication Assisted Treatment



4.5 Clinical Supervision

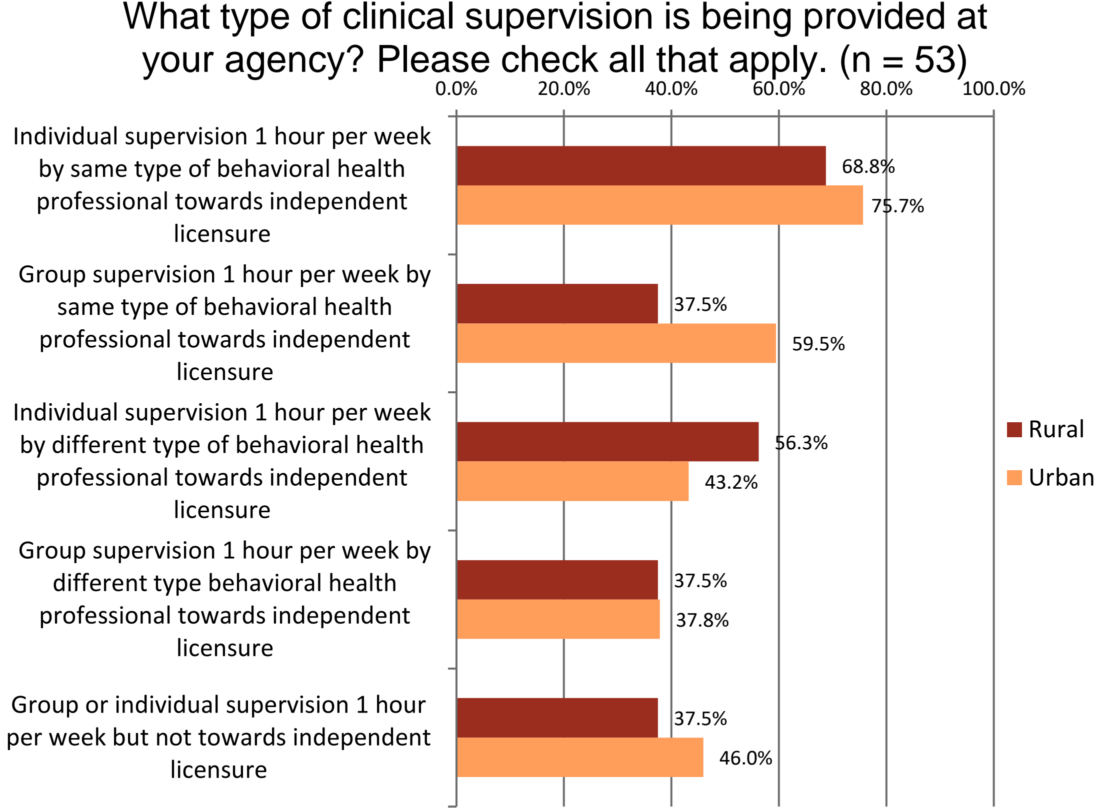
Clinical directs from both rural (72.7%) and urban (78.4%) agencies reported high rates of the provision of clinical supervision (Figure 27)

Figure 27: Provision of Clinical Supervision



Among agencies providing clinical supervision, the majority of supervision takes place through individual supervision by the same type of behavioral health professional towards independent licensure. This type of supervision is slightly higher at urban agencies (75.7%) than at rural agencies (68.8%). Supervision at rural agencies, on the other hand, is more likely to occur through group supervision by the same type of behavioral health professional towards independent licensure (59.5% versus 37.5% at urban agencies) (Figure 28).

Figure 28: Types of Clinical Supervision Provided



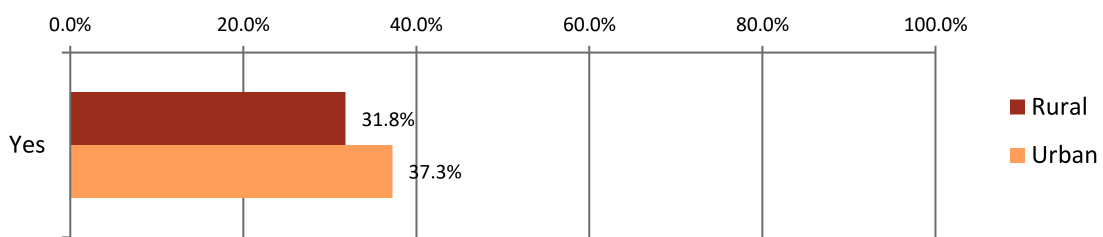
Note: These data represent the subset of respondents who reported that their agencies provide clinical supervision.

4.6 Veterans Services

Overall, about a third of clinical directors endorsed having had training in military and veterans' culture at their agency within the past three years. The rates of training were slightly higher at urban agencies (37.3%) than at rural agencies (31.8%) (Figure 29).

Figure 29: Military and Veterans Training

Has your agency/organization received training about military and veterans' culture within the past 3 years? (*n* = 73)



4.7 Gaps in Available Behavioral Health Services

Clinical directors were asked the open-ended question, "*In your opinion, what is the most challenging service to attain in your catchment area?*" Responses fell into five categories: 1) psychiatry/medication management, 2) substance use treatment, 3) higher levels of care, 4) comprehensive community support services, and 5) special populations. Responses for the 80 participants who answered this question are summarized in Table 4. Responses in Tables 4 are not stratified by clinical directors from rural and urban agencies.

Table 4: Summary of Open-Ended Responses Regarding Challenging Services to Attain

In your opinion, what is the most challenging service to attain in your catchment area? (*n* = 80)

Response	Frequency	Percentage
Psychiatry/medication management/prescribing providers	19	23.8%
Substance use/abuse treatment		
General substance abuse treatment	7	8.8%
Inpatient substance abuse treatment	8	10.0%
Medication Assisted Treatment (MAT)	2	2.5%
Higher levels of care		
Intensive Outpatient Treatment (IOP)	7	8.8%
Residential treatment	5	6.3%
Acute Inpatient Treatment	2	2.5%
Partial hospitalization	2	2.5%
In-home/community services	2	2.5%
After hours and emergency services	2	2.5%
Comprehensive community support (CCSS)/case management		
CCSS	7	8.8%
Housing	3	3.8%
Services for Special Populations		
Children/infants/early childhood	4	5.0%
Criminal justice/offenders	3	3.8%
Sexual trauma/abuse survivors	2	2.5%
Geriatric	2	2.5%
Transition-age youth (18-24)	2	2.5%
Non-English speakers	2	2.5%

5. Conclusions and Recommendations

The New Mexico Behavioral Health Service Capacity and Gaps survey provides insight into the range and type of services available for New Mexicans living with a mental health and/or substance use disorder. I Information was provided by a range of clinical directors from agencies that serve rural and urban counties. Responses represented 31 of the 33 counties in New Mexico. The only counties not represented in this report include Union and Guadalupe. The list below includes some summary thoughts and recommendations for addressing some of the identified gaps.

- A range of behavioral health evidence-based practices (EBPs) are available in agencies throughout New Mexico. These EBPs include Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI). However, counties are also lacking important services, such as detox services and crisis mobile outreach services. With the high rates of overdose related to substance use in New Mexico, funding for these types of services should be prioritized.
- Given the racial and ethnic diversity of our state, it was encouraging to learn that many behavioral health agencies in NM have adapted or created behavioral health services for Hispanic and Native American populations. However, with this being the case for less than 50% of the agencies, more work needs to be done with respect to developing culturally appropriate services. Noteworthy is the need to extend this work to other cultures, including LGBTQ and people with developmental disabilities.
- Less than 30% of behavioral health agencies consistently develop psychiatric advance directives. Psychiatric advance directives promote autonomy and empowerment, enhance communications between providers and consumers, and help prevent crisis situations. Training should be provided to agencies to encourage the use of this recovery-oriented practice.
- More agencies in urban counties (33%), compared to those in rural counties (22%) utilize telehealth/telemedicine to ensure consumers have access to treatment services. While this is a growth area for agencies throughout NM, this is especially true for those in rural counties.
- Another area of growth is the integration of electronic health systems into an information exchange to increase the sharing of information between providers. This integration of information is only available in about 26% of agencies in urban counties and 20% of agencies in rural counties.
- With only 50% of agencies having a process for using data to impact services, training and possibly even incentives need to be provided to agencies to make this a standard practice.
- While we know access to medication assisted treatment (MAT) has increased throughout NM since these data were collected, especially through initiatives such as the SAMHSA-funded State Targeted Response (STR) grants, the number of MAT providers needs to increase throughout NM. At the time these data were collected approximately 30% of agencies had providers who could prescribe and manage medications used to treat substance use disorders. For agencies where this is not possible, agreements or relationships with agencies who can provide these necessary services need to be developed.

- Lack of reimbursement for trainees/interns was the most commonly cited barrier to independent licensure for both rural and urban clinical directors. In order to alleviate this barrier, funds should be made available to compensate a higher number of supervised trainees in NM. Funds should also be made available to compensate the clinical supervision of master's level social work and counseling professionals to facilitate independent licensure either through stipends/salaries or changes to existing Medicaid reimbursement laws. In response to this feedback from providers, NM Medicaid issued a new proposed rule change that allows community behavioral health agencies to bill Medicaid for services provided by trainees as long as supervisory requirements are met. This new rule change takes effect January 1, 2019.

For further information please contact:

Annette S. Crisanti, Ph.D.
Tenured Associate Professor & Research Director
Division of Community Behavioral Health
Department of Psychiatry and Behavioral Sciences
School of Medicine
University of New Mexico
acrisanti@salud.unm.edu
505-850-7430 (phone)

Authors:

S. M. Alonso-Marsden, PhD and A. S. Crisanti, PhD
Division of Community Behavioral Health
Department of Psychiatry and Behavioral Sciences
School of Medicine
University of New Mexico

CareLink New Mexico Health Home
2020 Expansion Plan
Executive Summary

The goal for Health Home expansion is to reach out to the remaining 23 New Mexico counties in two efforts with projected start dates of between the end of calendar year 2019 and beginning of calendar year 2020 and one to two years later for the fourth and final phase. Following is a description of the plan for identifying the counties for each phase, and an overview of the expansion strategy.

Identification of Counties

SMI/SED Criteria

Counties recommended for the next expansion phase are: Chaves, Doña Ana, Eddy, Luna, McKinley, Otero, Rio Arriba, Santa Fe, Valencia, San Miguel, and Taos. Data for these eleven counties reflect the highest numbers of SMI and SED claims in counties that do not already have a Health Home program. Table 1 (page three) shows data compiled from Centennial Care Report 45 for calendar year 2017. The final Health Homes roll-out to the remaining 12 counties would launch one to two years later.

Addition Substance Use Disorder

It has always been the intention to add moderate to severe substance use disorder to the qualifying conditions for Health Homes, and this intention was included in the first SPA. Both BHSD and the CLNM Steering Committee are furthering this recommendation. SUD can be added to the existing HHs, and can be included in the new SPA for the Phase three roll out. Table one identifies the number of Medicaid beneficiaries with this diagnosis. Inclusion of SUD will also strengthen the SUD continuum of care for CC2.0.

Addition of Child Only or Adult Only HH Providers

Because some of our strongest CSAs and other providers focus on either the adult or child population, we are recommending this change be included in the provider application criteria. The stipulation to this change would be that each County that is opened must have CLNM Health Homes that provide services to both children and adults, but that it does not have to be the same provider.

Providers

In addition to having the highest numbers of SMI, SED, and SUD claims, the recommended counties also have a number of providers that could serve as Health Homes, or participate as part of the provider network. Please refer to Table 2 (page four) for this list.

Process/Timeline

The timeline for the expansion process is proposed and subject to change but serves as the best estimate at this time.

Timeframe	Activity
Sept. 2018	Outreach/informational sessions to potential CLNM providers
March 2019	Application process
June-July 2019	Health Home selection, notification
August 2019	PMPM Development
September-Dec. 2019	Collective learning sessions, trainings
Activation	TBD

Evaluation Measures

In summer 2018 UNM's CBHTR will conduct the analysis of claims and other data to determine if monthly costs for CLNM members in the two original Health Homes have shifted from 2014-2015 baseline measures to annual measures. The analysis will measure the same elements included in the 2017 evaluation to assess long-term return on investment measures. It should be noted that national findings indicate cost savings associated with care coordination for members with complex health issues may not be realized for two to three years.

A presentation prepared by the Center for Health Care Strategies and The National Center for Complex Health and Social Needs (April 2018) recommends factors in addition to cost savings to help gauge success of programs targeting services for individuals with complex health issues. Some of these include: self-reported improvements in quality of life and outcome measures, and utilization of social service resources such as supportive housing. To help address this broader scope of evaluation and the overall goal of program improvement, the CLNM program manager is working with the Steering Committee to develop an oversight plan that will examine data collected in BHSDStar (e.g. number and types of services). Other elements specific to the CLNM six core services will be assessed, as well as case reviews to be conducted with MCO representatives and BHSD clinical staff. A draft of the tool approved by the Steering Committee will be presented to HSD leadership for approval. The tool will be tested with the first two Health Home providers, and recommendations made for possible adjustments/improvements to the process. Findings will be presented to the CLNM Steering Committee and a follow-up plan developed specific to needs and concerns of each Health Home provider.

Sustainability

Following eight quarters of federal matching funds, Health Homes could be maintained with a lowered maintenance rate based on stabilization of condition. This could be measured by utilization of services, outcome criteria, and consumer survey. If a member's condition improves before the eight quarters, the individual could be moved to this "maintenance" level of service and PMPM at any time.

Table 1. Analysis of 2017 County-level SMI, SED, SUD claims

2017 Unduplicated CC Member Services				
County (Red = recommended 2020 HH)	***SMI***	***SED***	***SUD <21***	***SUD >21***
Dona Ana (Las Cruces, Santa Teresa, Mesilla, Sunland Park, Anthony)	20,037	10,304	244	2,764
Santa Fe (Santa Fe)	12,410	4,812	180	5,783
Valencia (Los Lunas)	5,819	2,965	58	1,585
Chaves (Roswell)	5,167	2,252	115	687
Otero (Alamogordo, Mescalero)	4,488	2,274	84	796
San Miguel (Las Vegas)	3,639	1,323	23	687
Taos (Taos)	3,394	1,438	66	979
Eddy (Carlsbad, Artesia)	3,375	1,257	56	707
Rio Arriba (Espanola)	3,100	1,446	80	2,342
Luna (Deming)	1,856	920	42	244
McKinley (Gallup, Thoreau)	1,627	610	32	442
Socorro (Socorro, Magdalena)	1,460	454	30	487
Torrance (Estancia, Moriarty)	1,214	513	11	293
Cibola (Grants)	1,203	650	30	290
Sierra (T or C)	1,171	563	9	217
Colfax (Raton, Springer)	1,009	416	17	225
Lincoln	986	502	21	160
Guadalupe (Santa Rosa)	493	240	2	73
Mora (Mora)	436	148	0	93
Los Alamos	421	152	1	99
Union (Clayton)	148	98	6	25
Catron (Reserve)	110	48	1	6
Harding	17	0	0	2
Existing Health Home Providers				
Bernalillo	48,930	23,484	606	15,950
Sandoval	6,549	3,763	95	1,503
San Juan	5,058	2,567	182	1,451
Lea	3,765	1,683	86	733
Curry	3,150	1,351	91	770
Grant	2,436	1,115	35	515
Roosevelt	974	591	32	173
Quay	954	430	4	150
Hidalgo	389	153	5	86
De Baca	158	58	2	16

Table 2. Providers by County & Type

Providers by County & Type					
County	***CSA***	***FQHC***	***CMHC***	***638/IHS***	***BHA***
Dona Ana (Las Cruces, Sunland Park, Mesilla)	La Clinica de Familia	PMS, La Clinica, St. Lukes	PMS	-	multiple
Santa Fe (Santa Fe)	PMS, The Life Link	La Familia Med Ctr	PMS	Santa Fe IH, Santa Clara Health Ctr	multiple
Valencia (Los Lunas)	Valle del Sol, Open Skies, PMS	PMS, Pinehill HC	-	-	Besito, Partners in Wellness, Open Skies, Valle del Sol
Chaves (Roswell)	PMS	La Casa Buena Salud, PMS, Ben Archer	Casa Buena Salud, Counsel Assoc	-	Coun. Assoc., Psych Care Ctr, South. Couns, Behavioral Med, Special Needs, State NM
Otero (Alamogordo, Mescalero)	PMS	PMS	Counseling Ctr.	Mescalero IH	Alamogordo Couns, Behavior Chg Inst, Children in Need
San Miguel (Las Vegas)	NMBHI, La Familia Namaste	El Centro	-	-	Somos Familia, Carino Family Serv, Greater Santa Rosa, Amistad
Taos (Taos)	Tri County, Valle del Sol	El Centro	-	Taos/Picuris Healh Ctr, Pueblo of Taos	multiple
Eddy (Carlsbad, Artesia, Loving)	PMS	PMS	-	-	JHC
Rio Arriba (Espanola)	PMS, Valle del Sol	El Centro Fam Health	PMS	Santa Clara Health CTR, Pueblo of Santa Clara	Santa Maria El Mirador, Las Cumbres, Hoy, Co. of Rio Arriba
Luna (Deming)	PMS	PMS, Ben Archer	-	-	Winborn Wellness
McKinley (Gallup, Thoreau)	PMS	PMS	-	Gallup Ind. Med Ctr, , DHHS Naihs Gallup Ind.	Native Amer. BH Serv, Community Area Res. Ctrl, Synergy
Socorro (Socorro, Magdelena)	Valle del Sol, Open Skies	PMS	Socorro Mental Health, PMS	Alamo Navajo School Board Ind Health Serv	-

Torrance (Estancia, Moriarty)	PMS, Valle del Sol	PMS	-	-	-
Cibola (Grants)	PMS, Valle del Sol	El Centro, Las Clinicas del Norte, PMS	-	-	Catholic Charities, Sierra Vista
Sierra (T or C)	Tri County	Ben Archer	-	-	Dorcas, Breaking Boxes
Colfax (Raton, Springer)	Valle del Sol, Tri County	El Centro, DeBaca Fam Clinic	-	-	-
Lincoln (Carrizozo, Ruidoso)	PMS	Ben Archer	-	Mescalero IH	-
Guadalupe (Santa Rosa)	PMS, The Life Link (adults only)	La Familia Med Ctr, PMS,	-	-	-
Mora (Mora)	NM BHI, La Familia Namaste, Valle del Sol	PMS	-	-	Carino, Helping Hands
Los Alamos	PMS, Los Alamos Fam Council	PMS	-	-	-
Union (Clayton)	Tri County	La Casa Family HC	-	-	-
Catron (Reserve)	NMBHI, Valle del Sol	El Centro	-	-	-
Harding (Mosquero)	-	-	-	-	-

Attachment F

Information Technology Plan

Treatment of existing SUD has been part of New Mexico's array of services, and the prevention through early screening, education, and prescription monitoring practices are now demanding greater focus. New Mexico, through the Human Services Department and the managed care organizations, the NM Board of Pharmacy (NM BOP), and the NM Department of Health (NM DOH) is implementing multiple programs through information technology to both prevent and support opioid and substance use disorders. The initiatives described below highlight current processes and future plans.

Criteria	Current State	Future State	Summary of Actions & timeline Needed
Enhanced interstate data sharing in order to better track patient-specific prescription data	Prescription Monitoring Program Interconnect (PMPI) is being utilized to share NM Prescription Monitoring Program (PMP) data with 30 other states, territories and programs, including all contiguous states. Practitioners are mandated to query the NM PMP prior to initially prescribing a control substance in schedules II-V and every three months thereafter if the prescription is being renewed, pursuant to the licensee's healthcare licensing board rules. PMP utilization is reported by the NM BOPPMP Director to the licensee's healthcare licensing board quarterly.	100% of prescribers will utilize PMP and check prescriptions across NM and all contiguous states, if available.	Determine rate of prescribers utilizing the PMP from a State-level aggregate level and develop a plan for 100% of prescribers to utilize PMP – 3rd quarter 2019

	The State tracks utilization for each individual prescriber, but at this time the rate of prescribers utilizing the PMP from a State-level aggregate rate is not available. Even though querying the NM PMP prior to prescribing a control substance is mandated by statute and healthcare licensing board rules, we are not yet 100% PMP utilization.		
Enhanced ease of use for prescribers and other state and federal stakeholders	To help practitioners query PMP patient reports, medical staff (licensed and unlicensed) have the ability to query PMP patient reports for their supervising practitioners. Certified pharmacy technicians and registered interns also have the ability to query PMP patient reports on behalf of their pharmacists. Although a practitioner or pharmacist can only have four (4) delegates, a delegate can act in this role for an unlimited number of practitioners and pharmacists. The delegate usage and association to the practitioner's profile	Will explore other enhancements as funding allows	• Develop a team from the NM BOP, the Medicaid Systems Bureau, and the Behavioral Health Services Division of Medicaid, to explore funding options through the Support Act • Explore use of NarxCare for enhanced request reporting (if funding is procured) • Explore funding opportunities to integrate

	allows for the data analysis to link the delegate's query to the practitioner's PMP utilization. The NM PMP is engaging with electronic health records (EHR) and pharmacist dispensing systems (PDS) throughout the state to integrate their healthcare system with the NM PMP. This will allow for one click access within the EHR/PDS for the practitioner/pharmacist to query the NM PMP (and other states if allowed).		EHRs/PDSs with the NM PMP. 2020
Enhanced connectivity between the state's PDMP and any statewide, regional or local health information exchange	Emergency Department Information Exchange (EDIE) has been established with most emergency departments (ED) in NM to present a patient's PMP report to the attending physician. It also sends a real time notification of admission to the MCOs and CLNM health homes. The HIE is integrated with the NM PMP.	Complete implementation of EDIE in remaining EDs	Complete implementation of EDIE in remaining EDs and new health homes as they are opened– 12/31/19
Enhanced identification of	1. NM includes OUD to list of conditions	1. Automatically transmit notice of	1. Complete the implementatio

long-term opioid use directly correlated to clinician prescribing patterns	that qualify as a notifiable condition. Pilot in two hospitals. 2. The NM BOP and the NM DOH developed a feature called a Prescriber Feedback Report (PFR), which provides a summary to the individual practitioner regarding the controlled substance dispensed using their credentials as reflected in the PMP. This report includes a comparison of prescribing measures to the average prescriber in the practitioner's specialty and graphical representation. It also includes information on several factors shown to increase the risk of overdose death involving prescription-controlled substances. 3. State legislation and each healthcare professional	presentation of overdose in ED to DOH for follow-up clinical support to individual and family. No human interaction required. 2. Any new query functions dependent on dedicated funding stream	n in remaining hospitals in State for statewide compliance – only 3 hospitals remaining to implement - 2nd quarter 2019 2. Exploration of any additive query functions to be designed by collaborative IT committee – 3rd quarter 2019 3. Continue ECHO learning modules on a quarterly basis.

	licensing board enacted legislation/rules that mandate PMP utilization. The NM BOP partnered with the NM DOH to analyze practitioner utilization compared to the controlled substances that were dispensed using their credentials. This analysis is then disseminated by the NM Board of Pharmacy to each of those healthcare licensing boards who have oversight of their licensees, and the licensing board can use this information to develop communication or initiate an investigation 4. MCO Pain and Addiction ECHO on line learning module: MCO collaboration with primary care (PCMH) includes access to quarterly on-line trainings. Training also		

	available to all NM hospitals.		
Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PMP	1. The state has developed best practice protocols for opioid prescribing that are in keeping with the CDC guidelines. DOH and UNM have contracted with academic detailers to deliver trainings and follow up on these guidelines. 2. NM Medicaid ensures that best practices are followed by limiting the following opioid prescriptions through a soft edit process within the MCOs and fee for service: - Total daily doses above 90 morphine milligram equivalents (MME) of opioids - Maximum of 7 days for all new opioid prescriptions for all patients who are new to opioids	The Centennial Care MCOs will work together on the drug utilization review (DUR) committee to develop a standard monitoring program for controlled substance utilization. The program, at a minimum, must include how monitoring will be conducted; the frequency of monitoring; indicators and thresholds for suspicious utilization and suspicious prescribing patterns; actions that will be taken when suspicious utilization and prescribing patterns are identified; and plans for the DUR oversight group to report regularly to HSD and the Behavioral Health Collaborative, as requested. The MCOs shall notify the appropriate providers in their networks regarding this initiative and shall inform providers that utilization and prescribing patterns will be monitored.	• DUR to convene quarterly to accomplish monitoring parameters, and receive input requiring action from the MCOs – Through the duration of the demonstration

	- Refill threshold of 90% before opioid prescriptions can be filled 3. Centennial Care MCOs monitor the use of controlled substances retrospectively to detect potential abuse or overuse and to assure the appropriate use of the drugs items with diversion potential.		
Enhanced provider workflow/business process to better support clinician in accessing the PMP prior to prescribing	All authorized PMP users have access to a web-based portal, PMP AWARxE. The state HIE is integrated with the NM PMP. EDs have integrated NM PMP data within the EDIE platform. Several EHRs and PDSs throughout the state are expressing interest or already have integrated their healthcare system with the NM PMP that allows for one click access to NM PMP data.	HSD will work with the NM PMP to foster integration with more EHRs technology (CEHRT) to allow practitioners to have one click access to the patient's NM PMP information directly within their healthcare system.	Dependent on funding, additional EHR interoperability targeted for 2020
Develop enhanced supports for clinician review of the patients'	Developed DUR edits in the claim adjudication system based upon CMS guidance and CDC	• Develop a system enhancement to identify DUR PPS code submissions on prior claims to	• Develop system enhancements • Work with DUR

history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription.	guidelines with review and approval by the MCO Pharmacy and Therapeutics Committee. Currently the functionality requires submission of the point of sale DUR prospective payment system codes on each claim that soft rejects.	automatically override future soft rejects as applicable. • The program, at a minimum, must include how monitoring will be conducted; the frequency of monitoring; indicators and thresholds for suspicious utilization and suspicious prescribing patterns; actions that will be taken when suspicious utilization and prescribing patterns are identified; and plans for the DUR oversight group to report regularly to HSD and the Behavioral Health Collaborative, as requested.	Committee to establish a standard monitoring program across all MCOs. • Maintain edits as to supply limitations, therapeutic dose checks, duplicate therapy of long acting opioids, and opioid refill utilization threshold as CDC guidelines are updated. • 3rd quarter 2019
Enhance the master patient index (MPI) or master data management service (MDMS) in support of SUD care delivery.	Component parts of the new Medicaid Management Information System (MMIS) are under early planning or contract negotiations or out for proposal	• Stakeholder engagement and plan development will occur in first year of the demonstration. App licable standards and best practices will be incorporated into the plan • Enhanced MCI across multiple health care departments and providers	• Yr 1: Identify opportunities to leverage the new MMIS to achieve the SUD goals • Yrs 2 & 3: Enhance the master client index (MCI) to function as a shared service to a variety of stakeholders within NM.

			• Yrs 2 – 5: Execution and monitoring of the plan.
Leverage the above functionalities/capabilities/supports (in concert with any other state health IT, technical assistance or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Medicaid does not inappropriately pay for opioids.	See above drug utilization committee work and system edits		Place peer support workers in EDs for patient education & support – 4th quarter 2019

Part 2:

Demonstration Goal	Milestone	Health IT Considerations	Timeframe & responsible party
Increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs	Access to critical levels of care for OUD and other SUDs	Telehealth is available through any video technology that has a business associates' agreement to ensure security and HIPAA compliance; Master client index is our identity management system which will be expanded to a hub and spoke model in our new MMIS which will	HSD and vendors for the new MMIS will be designing and implementing enhanced data analytics targeted for 2022.

Demonstration Goal	Milestone	Health IT Considerations	Timeframe & responsible party
		include all Health and Human Services Departments. Care team attribution is managed by the MCOs.	
Increased adherence to and retention in treatment for OUD and other SUDs	Widespread use of evidence-based, SUD-specific patient placement criteria	Use of standardized and electronic assessments and care plans are through the MCOs and Health Homes; closed-loop referral systems are specific to provider EHR systems; and Smart phone apps are being considered as part of our new MMIS.	Smart phone apps are part of the MMIS unified portal interface (UPI). HSD and vendors for the new MMIS will be designing and implementing smart phone capabilities (UPI) in 2022.
Reductions in overdose deaths, particularly those due to opioids	Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications	A central registry system for all opioid treatment, which is a federal DEA requirement, is managed for both Medicaid and non-Medicaid populations. Interoperability between the central registry and the PMP for advanced alignment is under consideration. Data analytics for population health and clinical decision	HSD, administrative services organization (ASO), and the NM Board of Pharmacy will be responsible for determining if interoperability is feasible – 2020. HSD and vendors for the new MMIS will be designing and implementing data services to

Demonstration Goal	Milestone	Health IT Considerations	Timeframe & responsible party
		support is part of our new MMIS design.	provide analytics for public health and clinical support for providers - targeted for 2022.
Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate through improved access to another continuum of care services	Sufficient provider capacity at each level of care, including prioritized Medicated-Assisted Treatment (MAT).	Better utilization of the central registry program allows us to better align OUD and SUD treatment across various treatment systems including criminal justice, emergency departments, medical de-toxification in crisis triage centers and accredited residential treatment centers which will help to achieve over-utilization of the EDs and IP hospitalization. Identity management and central registry is the IT tracking mechanism which is essential.	
Fewer readmissions to the same or higher level of care where readmissions are preventable or medically inappropriate for	Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD	Under consideration is a client assessment record (CAR) which would capture any changes in treatment levels across provider systems with all HIPAA SUD	HSD and their ASO will be enhancing the CAR to capture mandated data for the Medicaid population

Demonstration Goal	Milestone	Health IT Considerations	Timeframe & responsible party
OUD and another SUD		considerations from 42 CFR Part 2. Transitions in level of care is an enhanced priority in the 1115 waiver.	targeted for 2021.
Improved access to care for all health conditions among beneficiaries with OUD or other SUDs	Improved care coordination and transitions between levels of care. A key consideration relates to an individual's current level of care, so treatment teams can refer individuals for assistance to higher levels of care.	MCOs and health homes utilize a standard care plan. MMIS tracks levels of care and health homes are adding SUD as criterion for admission which will be tracked.	HSD will add SUD to health homes in 2020. HSD and vendors for the new MMIS will be designing and implementing enhanced data analytics targeted for 2022.

Statement 2: The State is in a requirement gathering phase to align Medicaid and Behavioral Health IT plans to be incorporated into the Health and Human Services (HHS 2020) platform.

Part 3: Advancing Interoperability using Health IT Standards

The MMISR and HHS220 are being built to MITA level 3 standards. As we are in the requirements phase, we are considering specificity for SUD/OUD.

Statement 3: The state will include appropriate standards referenced in the ONC Interoperability Standards Advisory (ISA) https://www.healthit.gov/isa/ and 45 CFR 170 Subpart B in subsequent MCO contract amendments or Medicaid funded MCO/ Health Care Plan re-procurements.