Study on Substance Abuse Treatment Services

As Required by

2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019

(Article II, HHSC, Rider 69)

Health and Human Services Commission

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TEXAS
Health and Human Services

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Executive Summary

This Study on Substance Abuse Treatment Services report is submitted pursuant to the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 69).

Rider 69 requires the Health and Human Services Commission (HHSC) to submit an evaluation report on the reimbursement methodology and payment rate for substance use treatment services provided under Strategy D.2.4, Substance Abuse Services. In its evaluation, HHSC shall consider best practices for each level of care. HHSC shall report its initial findings to the Governor, Legislative Budget Board (LBB), and permanent committees in the House of Representatives and the Senate with jurisdiction over Health and Human Services by November 1, 2020.

This report presents findings from the evaluation of reimbursement methodology and payment rates for substance use treatment services provided under strategy D.2.4., which include substance use prevention, intervention, and treatment. Substance use treatment services assist clients with substance use disorders (SUD), including alcohol, opioids, and other substances, leading to decreased health care costs and utilization (McConnell, Wallace, Gallia, & Smith, 2008).

Using national guidelines from the American Society of Addiction Medicine (ASAM) and rate data from states across the nation, this report evaluates Texas' substance use program's rate methodology and payment rates. Texas substance use treatment programs currently reimburse some of the services considered best practices by ASAM (such as medication-assisted treatment [MAT]); however, ASAM describes several levels of care that the existing reimbursement methodology lacks. Discussion and analysis of these results includes a literature review of best practices for treatment services and withdrawal management, as well as a prospective fiscal estimate of select intensive treatment services not covered under the current reimbursement methodology.

Based on the analysis of this report, HHSC views establishment of specific payment rates for intensive outpatient and residential services as best practice in the industry. Implementation of a distinct rate for intensive services will satisfy deliverables published in the Texas Statewide Behavioral Health Strategic Plan. Implementation of these rates helps build a complete continuum of care, leading to better access to services and improved health outcomes.

1. Introduction

Substance use treatment benefits provide for the treatment of SUD, including those related to alcohol, opioids, and other substances. Treatment of these chronic illnesses, in turn, leads to decreased overall health care costs and utilization (Parthasarathy, Mertens, Moore, & Weisner, 2003). Substance use treatment services are supported by state appropriations and federal grant funds in Texas and include withdrawal management, intensive and supportive residential, outpatient counseling and education, MAT, Co-Occurring Psychiatric and SUD treatment, and recovery support services.

1.1 History of Substance Use Services in Texas

Prior to 2003, substance use treatment services in Texas were primarily funded through the Substance Abuse Prevention and Treatment Block Grant (SABG), a block grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Texas Commission on Alcohol and Drug Abuse (TCADA) (LBB, 2019). In 2003, the 78th Texas Legislature transferred all powers, duties, functions, programs, and activities of TCADA to the Department of State Health Services (DSHS) (House Bill 2292, 2003). In 2009, the 81st Texas Legislature directed DSHS to implement substance use treatment benefits for Texas Medicaid clients (Senate Bill 1, 2009). In 2016, the 84th Legislature transferred the DSHS' Mental Health and Substance Abuse Division to HHSC. Currently, SABG block grant funds are awarded to providers by HHSC's Intellectual and Development Disability and Behavioral Health (IDD-BH) Services Department section.

1.2 Substance Use Treatment Services in 2019

Prior to the 86th Legislative Session, the House Select Committee on Opioids and Substance Abuse submitted an interim report that examined issues surrounding substance use in Texas, as well as to develop and present principles and objectives for legislative solutions to reduce the impact of opioid use in Texas (Talton & Farley, 2018). In the interim report, stakeholder testimony recommended reviewing funding rates for substance use treatment facilities and performing a comprehensive rate study based on best practices for each level of care. This recommendation was implemented through Rider 69, which requires HHSC to evaluate the reimbursement methodology and payment rate for substance use treatment services while considering best practices for each level of care.

1.3 Targeted Issues in Texans with Substance Use Disorders

High incidence of untreated SUD increases the use of regular medical care, resulting in greater utilization of Texas Medicaid services, as well as increased Uncompensated Care costs (LBB, 2015; Beasley, 2016). Additionally, untreated SUD can lead to higher utilization of other services within Texas Medicaid. Provider testimony during public hearings for the House Select Committee on Opioids and Substance Abuse estimated that unmet substance use treatment needs result in $350 million per year in emergency room charges (Price, Talton, & Farley, 2018). This estimate excludes co-morbid medical conditions (e.g. hepatitis), accidents, and co-occurring psychiatric disorders. Therefore, the full extent of actual emergency room charges related to SUD may be higher. Co-morbid medical conditions are frequently present in persons with SUD, and ongoing substance use may increase the frequency and severity of other illnesses (Friedman et al., 2003). In Texas, at least 25 percent of youth and approximately 33 percent of adults with SUD are diagnosed with a co-morbid psychiatric condition. Also, overdose is the leading cause of maternal death within 365 days of delivery in Texas (MMHPI, 2018). Additionally, the Meadows Foundation reports substance use was a contributing factor in two-thirds of Child Protective Services cases in 2016.

2. Background

2.1 Overview of Substance Use Program Funding

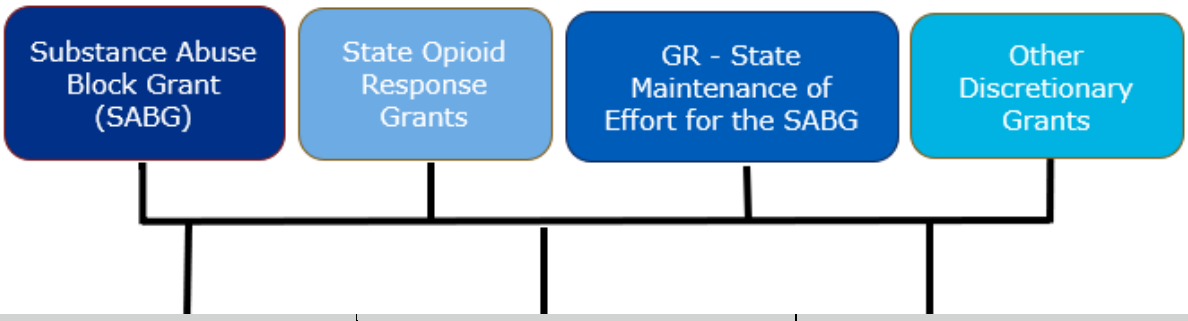
In fiscal year 2019, HHSC expended $196 million all funds (AF) on substance use prevention, intervention, and treatment; 63 percent of those funds were available through the SABG (IDD-BH, 2020). HHSC receives funding for substance use programs from the SABG, General Revenue (GR) classified as maintenance of effort for SABG, the State Opioid Response Grant (SOR), and other discretionary grants (HHSC, 2019). The SABG is reviewed annually and covers program expenses for two federal fiscal years. HHSC does not receive a notice of award for SABG funds until March after the fiscal year has already begun, thus requiring the use of previous-year SABG funds during the beginning of the state fiscal year.

The Texas Targeted Opioid Response (TTOR) encompasses several grants and funding streams related to the opioid crisis in Texas. For fiscal year 2017 and 2018, Texas received $27.4 million annually in federal State Targeted Response grant funding to address the opioid crisis through prevention activities, increased access to medication-assisted treatment, reduction of unmet treatment needs, and reduction of opioid overdose deaths. This funding to Texas was the second highest amount awarded in the nation based on unmet treatment needs and overdose death rates. For fiscal years 2019 and 2020, SAMHSA awarded HHSC $46.2 million annually in SOR grant funding to support a comprehensive response to the opioid epidemic in Texas (TTOR, 2019). In addition, the state received $24.1 million in SOR Supplemental funds in fiscal year 2019. Lastly, HHSC administers two smaller grants, the Strategic Prevention Framework for Prescription Drugs and First Responders - Comprehensive Addiction and Recovery Act, which target specific aspects of the crisis including the use of prescribed medications and overdose prevention.

2.2 Substance Use Service Approaches

Substance use services funded by these grants include prevention, intervention, treatment, and recovery support with various funding models. For prevention and intervention programs, recovery support contracts receive funding based on cost reimbursement and deliverables. Fee-for-service rate-based contracts are used for most treatment services. Figure 1 represents funding sources and streams and their relation to distinct program strategies.

Figure 1: Fiscal Year 2019 Grant expenditures by program strategy, highlighting the top 3 programs per strategy



Prevention Programs ($49 million)	Intervention Programs ($22 million)	Treatment and Recovery Programs ($125 million)
1. Youth Prevention Universal, Selective, Indicated ($35 million) **2. Community Coalitions Prevention ($6 million)** **3. Prevention Resource Centers ($3 million)**	1. Outreach, Screening, Assessment, and Referral (OSAR) ($7 million) 2. Pregnant Post-Partum Intervention Program ($6 million) 3. HIV Intervention Programs ($7 million)	1. Treatment for Adults ($47 million) 2. Specialized Female Services ($19 million) 3. Youth Services ($13 million)

Fiscal Year 2019 data from Centralized Accounting and Payroll/Personnel System (CAPPS). IDD-BH Business Operations.

2.3 Medicaid Wraparound

In addition to the above programs, residential treatment providers offering certain specialized services can receive reimbursement through Medicaid Wraparound to cover costs not otherwise reimbursable by Medicaid. Wraparound services cover room and board for women and children, childcare, parenting classes, transportation, and case management. To ensure equal payment to providers and equal access to services between clients who are covered through SABG or Medicaid, wraparound funding enhances Medicaid rates to equal the amount paid by HHSC under the SABG for indigent clients not eligible for Medicaid. These supplemental wraparound payment amounts can be found on Page 9 in Table 1.

2.4 Contract Framework

In addition to complying with the Texas Administrative Code (TAC), providers who contract with HHSC to deliver Outpatient or Residential SUD services in Texas are also required to adhere to contractual provisions that affect the duration and intensity of care.

2.5 Medication-Assisted Treatment (MAT)

MAT is the use of U.S. Food and Drug Administration-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of SUD (MAT, 2020). MAT services are provided by a physician or a licensed Chemical Dependency Treatment Facility to Texas residents 18 and older who have had a moderate to severe opioid use disorder for at least 12 months in a row. MAT services for opioid use disorder include the opioid agonist Methadone, partial agonist Buprenorphine, and opioid antagonist Naltrexone. Methadone is dispensed by licensed opioid treatment programs and requires the supervision of a physician. Buprenorphine is prescribed or dispensed by a physician who has a Drug Addiction Treatment Act of 2000 waiver. People with an opioid use disorder are eligible for Naltrexone after withdrawal and seven to ten days without opioid use. Naltrexone is administered as a monthly injection.

2.6 Recovery Support Services (RSS)

Recovery support service organizations (RSSOs) provide services to increase long-term recovery and recovery quality. To be eligible, individuals must have a history of one or more SUD, including co-occurring mental health disorders, to participate in the RSS program (RSS, 2020). Peers initiate services like sober housing, counseling, transportation, and medications, while also providing support throughout treatment. Texas currently has 21 RSSOs across the state.

2.7 Treatment Services

Clients must be screened for clinical and financial eligibility prior to admission. For each client admitted into treatment services, the provider must conduct an initial assessment, based on which individualized treatment and discharge plans are developed and reviewed. In addition to a variety of biopsychosocial factors, the initial assessment must include a physical health screening and testing for communicable diseases such as tuberculosis (TB), Human Immunodeficiency Virus (HIV), and Hepatitis C. Each treatment plan is individualized and includes the amount, type, and intensity of services the client will receive. Service type determines additional services. Withdrawal management services include intensive

medical monitoring, medical and psychosocial treatment, and linkage to ongoing care. Clients receiving intensive residential services have access to care 24 hours a day, 7 days a week. Services include multidisciplinary professional support from a licensed chemical dependency counselor or another practitioner, such as a social worker, psychologist, certified addictions registered nurse, or advanced practice nurse with specialty training in psychiatric-mental health nursing (TAC Ch. 448, 2020). Additionally, these residential services must include an average of thirty hours of services each week across a variety of domains.

Treatment for Adults (TRA) and Treatment for Females (TRF) must provide and document group or individual counseling services. Educational activities provided as part of TRF must include parenting; reproductive health; and Alcohol, Tobacco, and Other Drugs (ATOD) education. Youth enrolled in residential treatment services must receive an average of thirty hours of services; access to education services approved by the Texas Education Agency; and an additional five hours of planned, structured activities during the evenings and weekends. Treatment plans for youth (TRY) are required to implement practices from evidence-based models and may choose from a variety of different curricula. Clients admitted to MAT receive evaluations for both substance use and physical disorders, communicable disease testing and treatment, medication, and counseling.

3. Development of Reimbursement Methodology

In 2015, DSHS contracted with Navigant Consulting, Inc. to review historical payment methodology, survey providers for cost and wage data, and research rate methodologies used by other states to develop a novel rate methodology for grant-funded substance use treatment services (Navigant, 2015). Based on the service requirements described in the TAC and Statements of Work, this report developed hourly and daily rates for these treatment services. Proposed rates from this report can be found in Appendix A. Since 2015, HHSC has maintained rates near the level proposed by the report and current rates can be found in Table 1.

In 2019, the 86th Legislature appropriated $5 million in GR for rate enhancements for all substance use services in fiscal years 2020 and 2021 (implementation delayed due to COVID-19). The proposed rates from this enhancement can be found in Table 1 in the Proposed Rates column. Some services have multiple rates for the same service type under different patient populations (Youth, Specialized Female, Pregnant, or Post-partum populations) to reflect the different needs of these populations.

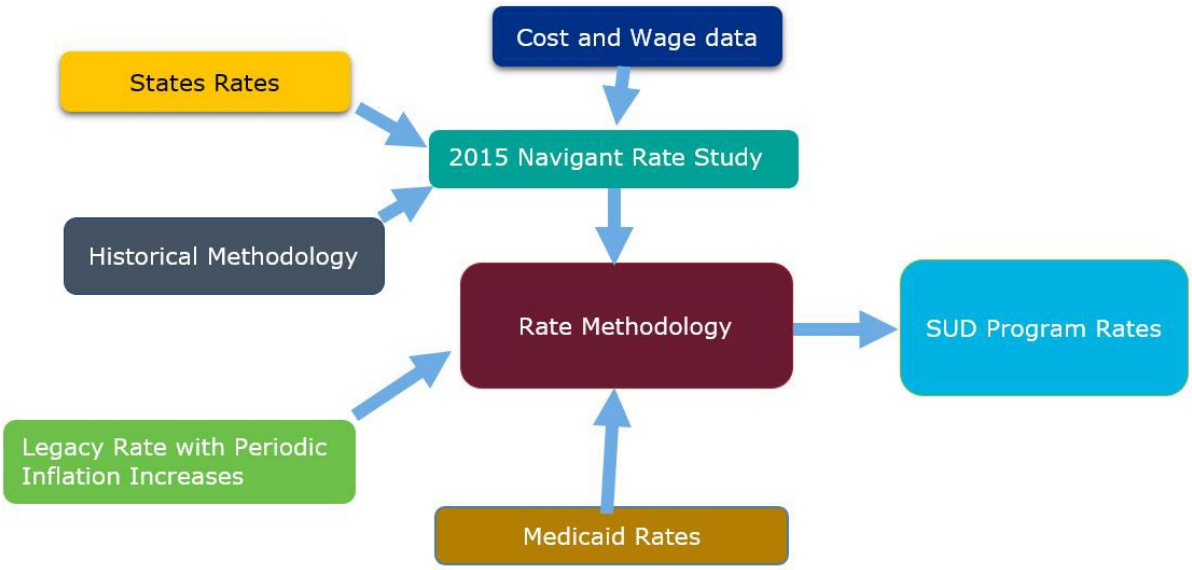
Table 1. Current and Proposed Rates for SUD services

Service Description	Current Rate	Proposed Rate
Psychiatric Evaluation	$ 113.91	$ 120.04
Psychiatrist Consultation	$ 125.00	$ 131.73
Physician - 30 min follow up	$ 44.66	$ 47.06
Health Screening Consent	$ 40.27	$ 42.44
Outpatient visit - Follow-up/Referral	$ 33.27	$ 35.06
Group Counseling	$ 18.00 - 28.00	$ 18.97 - 29.51
Case Management (COPSD)	$ 64.00	$ 67.44
Residential Withdrawal Management	$ 224.00	$ 236.05
Ambulatory Withdrawal Management	$ 85.00	$ 89.57
MAT – naltrexone XR (medication only)	$ 978.67	$ 1,031.32
MAT - naltrexone XR (associated services)	$ 235.00	$ 247.64
MAT – methadone	$ 17.00 - 18.00	$ 17.91 - 18.97
MAT - buprenorphine	$ 24.00 - 26.00	$ 25.29 - 27.40
Youth/Adolescent Support	$ 60.00	$ 63.23
Intensive Residential Wraparound Youth, Women, and Pregnant Post-Partum	$ 25.00 - 208.00	$ 26.35 - 219.19
Outpatient Individual	$ 58.00 - 77.00	$ 61.12 - 81.14

Service Description	Current Rate	Proposed Rate
Intensive/Supportive Residential	$ 41.00 - 208.00	$ 43.21 - 219.19
Youth Support/Family Counseling	$ 75.00	$ 79.04
Outpatient Group Education	$ 17.00	$ 17.91

The rates for services listed in Table 1 considered the Navigant Rate Study, Medicaid rates, and past rates. Figure 2 conceptualizes the variables considered for the general rate methodology used by Texas substance use programs. Internal records list a primary consideration for individual rates. For example, the 2015 Navigant Rate study was the primary fee methodology for Intensive Residential Services, Residential Withdrawal Management, and some MAT services such as Methadone and Buprenorphine. Other MAT services such as naltrexone list Executive Commissioner input as the primary fee methodology. Legacy rates approved by the Associate Commissioner are listed for Outpatient Services, Supportive Residential Services, and wraparound services. The most common fee methodology listed in IDD-BH internal records is Medicaid rates approved by the Associate Commissioner; however, many rates set using this methodology are sexually transmitted disease screening codes and not SUD treatment codes.

Figure 2 – Development of Rate Methodology for Texas SUD Programs



4. Evaluation of Reimbursement Methodology

4.1 National Guidelines

In the 1980s, ASAM developed a "Continuum of Care" for substance use intervention and treatment represented by four broad levels of care (Grogan et al., 2016):

- Level 1 Outpatient Services
- Level 2 Intensive Outpatient Services
- Level 3 Residential Inpatient Services
- Level 4 Intensive Inpatient Services

ASAM later added Level 0.5 Early Intervention, for individuals with high-risk for a SUD but without a diagnosis (Chuang et al., 2009). Multiple validation studies have shown that appropriately matching patients with SUD to the appropriate level of care optimizes outcomes (Magura et al., 2003; Sharon et al., 2004). These studies also found that the placement of patients in a level of care higher than that recommended using the ASAM criteria is not cost-effective and provides no clinical advantage (Gastfriend & Mee-Lee, 2004).

In 2013, ASAM published an expanded continuum of services in the 3rd Edition of The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (Mee-Lee, 2013). Whereas the previous spectrum of services focuses on four distinct levels of care, this expanded continuum distinguishes between Partial Hospitalization Services, Intensive Outpatient Services, and Outpatient Services; as well as Clinically Managed and Medically monitored Residential and Inpatient Services. A list of ASAM Levels of Care can be found with service descriptions in Table 2. Additionally, ASAM introduced criteria for Withdrawal Management Services for Adults. A list and service descriptions for these levels can be found in Table 3.

The Centers for Medicare & Medicaid Services (CMS) endorsed these criteria as clinical guidelines by referencing them in letters to State Medicaid Directors and through resources published by the Medicaid Innovation Accelerator Program (MIAP) (Wachino, 2015). In April 2017, MIAP published these guidelines along with a template for a crosswalk that compares services to the continuum of care found in ASAM criteria (MIAP, 2017). MIAP encourages state Medicaid programs to use this crosswalk to review their benefits and determine what funding authority is needed to change benefits that do not meet ASAM criteria. Table 4 details Texas substance use treatment services at each level of care and indicates the most appropriate Medicaid authority for service coverage. Using encounter data from

fiscal year 2019, Table 4 and Table 5 stratify SUD treatment and withdrawal services funded by grant funds described in this report.

Table 2. ASAM Criteria Levels of Care

ASAM Criteria Levels of Care	Level	Service Description
Early Intervention	0.5	Assessment and education for at-risk individuals who do not meet diagnostic criteria for Substance-Related Disorder
Outpatient Services	1	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/ strategies
Intensive Outpatient	2.1	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability
Partial Hospitalization	2.5	20 or more hours of service/week for multidimensional instability not requiring 24-hour care
Clinically Managed Low-Intensity Residential	3.1	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
Clinically Managed Population-Specific High-Intensity Residential Services (Adult criteria only)	3.3	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
Clinically Managed Medium Intensity Residential Services	3.5	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community
Medically Monitored High-Intensity Inpatient Services	3.7	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. Sixteen hour/day counselor ability
Medically Managed Intensive Inpatient	4	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment

ASAM Criteria Levels of Care	Level	Service Description
Opioid Treatment Program	1	Opioid Treatment Program (OTP) – agonist meds: methadone, buprenorphine; Office-Based Opioid Treatment (OBOT); antagonist medication – naltrexone

Table 3. ASAM Criteria Withdrawal Management Services

ASAM Criteria Level of Withdrawal Management Services for Adults	Level	Service Description
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM	Moderate withdrawal with all-day WM support and supervision; at night, has supportive family or living situation; likely to complete WM
Clinically Managed Residential Withdrawal Management	3.2-WM	Moderate withdrawal, but needs 24-hour support to complete WM and increase likelihood of continuing treatment or recovery
Medically Monitored Inpatient Withdrawal Management	3.7-WM	Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete WM without medical, nursing monitoring
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify WM regimen and manage medical instability

4.2 Crosswalk of ASAM Criteria with Encounter Data

Table 4. Crosswalk of ASAM Criteria Continuum of Care Services and Texas SUD Program Treatment Services

ASAM Level of Care	Service Title	Service Requirements	Description of Texas Service Codes and Service Requirements	Existing Texas SUD Service?
.5	Early Intervention	Assessment and education for at-risk individuals	OSAR Centers*	Yes
1	Outpatient Services	<9 hours of services/week	Group Counseling (H0005), Individual Counseling (H2035), Group Education (T1012)	Yes
2.1	Intensive Outpatient Services	>9 hours of services/week	Group Counseling (H0005), Individual Counseling (H2035), Group Education (T1012) ***Restrictions:*** Group counseling maximum 16 clients. Group education and life skills training maximum 35 clients. Provide and document one hour of group or individual counseling services for every six hours of educational activities.	No
2.5	Partial Hospitalization Services	>20 hours of services/week, not requiring 24-hour care	Identical to Outpatient Services listed above	No
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service/week	Supportive Residential (H2036) ***Restrictions:*** At least six hours of treatment services per week for each client, comprised of three hours of substance use counseling services (one hour per month of which shall be individual counseling) and three hours of life skills and relapse prevention education. Group counseling maximum 16 clients. Group education and life skills training maximum 35 clients.	Yes

ASAM Level of Care	Service Title	Service Requirements	Description of Texas Service Codes and Service Requirements	Existing Texas SUD Service?
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger	Supportive Residential – Adult Specialized Female (TRF)/Youth (TRY) (H2036/H2022). TRF: Direct care provided 24/7. As part of education hours, Grantee will provide a minimum of one hour per week of evidenced-based parenting education; and A minimum of two hours of reproductive health education within thirty (30) service days of admission. TRY: Direct care provided 24/7. Facilitate at least one hour of individual counseling per week.	Yes
3.5	Clinically Managed Medium Intensity Residential Services	24-hour care with trained counselors	Intensive Residential - (H2036/H2022). **QCC available 24/7 to provide services.	Yes
3.7	Medically Monitored High-Intensity Inpatient Services	24-hour nursing care with physician availability for significant problems	Intensive Residential - (H2036/H2022). QCC available 24/7 to provide services.	No
4	Medically Managed Intensive Inpatient	24-hour nursing care and daily physician care for severe unstable problems	24 Intensive Residential - (H2036/H2022) QCC available 24/7 to provide services	No
OTP	Opioid Treatment Program	agonist meds: methadone, buprenorphine	Methadone (H0020), Buprenorphine (T1502)	Yes
OBOT	Office-Based Opioid Treatment	antagonist medication – naltrexone	Naltrexone (H0016, J2315)	Yes

Note: There are 14 OSARs in Texas. Each region has at least one OSAR, but Region 6 has 2 OSARs, and Region 3 has 3 OSARs. 2 OSARs are LBHAs, not LMHAs.

**A QCC can be a licensed provider other than a nurse, therefore Intensive Residential treatment may not provide the 24-hour nursing care required for Medically Monitored Intensive Inpatient Services (Level 3.7) and Medically Managed Intensive Inpatient (Level 4).

Table 5 - Crosswalk of ASAM Criteria Continuum of Care Services and Texas OTP/OBOT/Withdrawal Management Services

ASAM Level of Care	Service Title	Service Requirements	Description of Texas Service Codes and Service Requirements	Existing Texas SUD Service?
1-WM	Ambulatory Withdrawal Management Without Extended On-Site Monitoring	Daily or less than daily outpatient supervision	Ambulatory Withdrawal Management (H0012)	Yes
2-WM	Ambulatory Withdrawal Management with Extended On-Site Monitoring	All-day withdrawal management support and supervision; at night, has supportive family or living situation	*Ambulatory Withdrawal Management (H0012):	Yes
3.2-WM	Clinically Managed Residential Withdrawal Management	24-hour support to complete withdrawal management	*Residential Withdrawal Management (H0010)	Yes
3.7-WM	Medically Monitored Inpatient Withdrawal Management	24-hour nursing care and physician visits as necessary	*Residential Withdrawal Management (H0010)	No
4-WM	Medically Managed Intensive Inpatient Withdrawal Management	24-hour nursing care and daily physician visits to modify WM regimen and manage medical instability	*Residential Withdrawal Management (H0010)	No

* Title 25, Part 1, Chapter 448, Subchapter I, RULE §448.902 (g): *Residential and ambulatory (outpatient) detoxification programs shall provide monitoring to manage the client's physical withdrawal symptoms. Monitoring shall be conducted at a frequency consistent with the degree of severity*

5. Evaluation of Payment Rate

5.1 Fiscal Year 2019 SUD Reimbursement Rate Tables

As of May 2020, 6 out of the 32 billing procedure codes (modifiers excluded) are reimbursed by Texas through the grant-based program for substance use treatment services and also have pricing data in the CMS Physician Fee Schedule PFS (CMS, 2020). Due to the lack of CMS pricing data available for most of the service codes evaluated in this report, available pricing data from states with comparable population size, diversity, and Medicaid-eligibility groups are used in the following rate tables to evaluate payment rate for codes at each level of care. Rates are collected from published Fee-for-service fee schedules on state Medicaid websites (Lewis, 2019; Arkansas Medicaid, 2020; DBHDD, 2020; Louisiana Medicaid, 2020; New Mexico Medicaid, 2019; Ohio Medicaid, 2020; DBH, 2020; NHDHHS, 2020; MDHS, 2020; North Carolina Medicaid, 2017; New Jersey Medicaid, 2020; ADMH, 2020).

Fee schedules with grant-funded rates are used whenever possible. Table 6 contains outpatient service rates, Table 7 contains residential service rates, Table 8 contains OTP/OBOT service rates, and Table 9 contains withdrawal management service rates. Some states publish service limitations as outlined in each table below each table; all other states use prior authorization or continuing stay criteria. Average hourly and per diem rates are calculated with all listed state fees besides Texas; non-hourly/per diem rates are pro-rated.

Table 6 – Outpatient Service Rates

Code	Description	TX - Current Fee	TX - Proposed Fee	IL	AR	GA	LA	NM	OH	SD	NH	MN	Avg. hourly fee
H0005	Group Counseling	$18 per hour	$18.97 per hour	$24.20 per hour		$10.39 per 15 mins	$21.53 per visit	$27.50 per 90 mins	$11.02 per 15 mins	$6.15 per 15 mins	$27.41 per session	$35.03 per hour	$29.59 per hour
H2035	Individual Counseling	$58 per hour	$61.12 per hour	$64.00 per hour	$22.52 per 15 mins*	$187.04 per hour	$42.38 per visit	$68.21 per 30 mins	$19.31 per 15 mins	$23.96 per 15 mins	$132.96 per hour	$72.11 per hour	$99.78 per hour

**6 max daily, 48 max yearly*

Table 7 – Residential Service Rates

Code	Description	TX - Current Fee	TX - Proposed Fee	IL	LA	NC	AL	NJ	OH	SD	NH	MN	Avg. per diem rate
H2036	Supportive Residential	$102 per diem	$107.49 per diem	$68.84 per diem	$70.30 per diem	$155.81 per diem*	$54.00 per diem**	$85.50 per diem	$152.57 per diem	$52.80 per diem	$123.72 per diem	$132.90 per diem	$99.60 Per diem
H2036	Intensive Residential	$161 per diem	$169.66 per diem		$212.47 per diem	$241.81 per diem*	$120.00 per diem**	$102.00 per diem	$213.70 per diem	$235.93 per diem	$255.50 per diem	$179.25 per diem	$195.08 Per diem
H2022	Intensive Residential Room & Board	$25 per diem	$26.35 per diem		$14.70 - $31.62 per diem							$55.72 per diem	$43.67 per diem

**not to exceed more than 30 days in a 12-month period*

*** billable units cannot exceed number of certified beds in facility*

Table 8 – OTP/OBOT Rates

Code	Description	TX – Current Fee	TX – Proposed fee	GA	AL	NJ	NM	NC	NH	MN	Avg. Rate
H0020	Methadone	$17.00 per dose	$17.91 per dose	$33.40 per encounter	$17.00 per diem	$82.04 per week	$17.22 per diem	$16.60 per event	$10.54 per visit	$13.39 per diem	$17.12
T1502	Buprenorphine	$24.00 per diem	$25.29 per diem		$27.00 per diem				$10.54 per visit	$22.66 per diem	$20.07

Table 9 – Withdrawal Management Services Rates

Code	Description	TX – Current Fee	TX – Proposed fee	SD	OH	NC	AL	NH	MN	Avg. per diem rate
H0012	Ambulatory Detoxification	$85.00 per diem	$89.57 per diem	$30.18 per half day	$127.68 per hour	$21.15 per 15 mins	$45 per diem*	$113.34 per visit	$63.87 per diem	$82.47 per diem
H0010	Residential Detoxification	$224.00 per diem	$236.05 per diem	$148.56 per half day	$256.33 per diem	Facility Rate	$145 per diem*	$350.87 per diem	$179.25 per diem	$245.71 per diem

*1 per day

6. Best Practice Considerations

6.1 Substance Use Services Best Practices

Using available research databases, the following is a review of literature intended to identify best practices for treatment and withdrawal management services. Tables 11 and 12 summarize the findings. Some levels of care are combined where best practices overlap.

SBIRT (Level .5 – Early Intervention)

For many patients, the first entry into the healthcare system is through primary care. For those patients at risk for a SUD, this represents an opportunity to deliver preventative care before a patient develops a SUD (Hargraves et al., 2017). The current gold standard practice is a public health framework called Screening, Brief Intervention, and Referral to Treatment (SBIRT). Numerous pilot studies have shown the efficacy of implementing SBIRT in Primary care (Mitchell et al., 2020) and Prenatal care (Hostage et al., 2020). An analysis of electronic health records data from Maryland published in the American Journal of Emergency Medicine found that out of over 1 million patients screened, more than 17 percent reported problematic drug or alcohol use in the past 14 months, leading to around 80,000 brief interventions and 16,000 referrals to treatment (Monico et al., 2020).

Outpatient Services (1, 2.1, 2.5 – Outpatient/Intensive/Partial Hospitalization)

A 2019 study published by the U.S. Department of Health and Human Services found that higher numbers of intensive outpatient and partial hospitalization services per beneficiary are associated with higher rates of SUD treatment initiation (O' Brien et al., 2019). The study also conducted interviews with representatives from six health plans that serve geographically diverse populations across the U.S. and are ranked in the top 5 percent nationally for initiation and engagement rates. The qualitative results from interviews identified 4 best practices used by higher performing health plans. These results can be found in the Outpatient Services row in Table 11.

Residential Services – 3.1, 3.3, 3.5 - Clinically Managed Low/High Intensity & Clinically Managed Population-Specific High-Intensity

In a 2019 systematic review of studies on residential treatment programs identified 4 implications (Listed Table 11) for best practice based on results from studies with the strongest methodologies (de Andrade et al., 2019). This review analyzed

outcomes related to treatment length, finding both 28-day programs and 90-day programs each produced significant results. Additional considerations include Continuing care and Length of Stay. Studies indicate that the strongest predictors of recovery are treatment retention, completion, and continuing care post-discharge. For patients with co-morbid disorders such as serious mental illness, integrating mental health and substance use residential treatment models is essential for positive outcomes in this high-risk population. The review's final implication recommends a holistic approach to residential treatment, citing research that examines a broader range of outcomes such as employment, housing, criminal activity, and social relationships.

Table 10 – Best practices for Treatment Services

Levels of Care	Best Practice	Current Practice
.5 – Early Intervention	SBIRT in Primary/Prenatal Care	1. Screening/Assessment at OSAR Local Mental Health Authority (LMHA) (OSAR, 2019) (Texas Medicaid pays for a few SBIRT codes) (TMPPM, 2020)
Outpatient Services (1, 2.1, 2.5 – Outpatient/Intensive /Partial Hospitalization)	1. Local Health Plan Structure 2. Prior Notification 3. Identifying Moderate Risk Health Plan Members 4. Combating Stigma & Improving Care Coordination	1. Referral at OSAR LMHA 2. Results and referrals services (CPT code 99213) 3. Stigma and Mental Health Campaign (Texas HHSC, 2018)
Residential Services 3.1, 3.3, 3.5 - Clinically Managed Low/High Intensity & Clinically Managed Population-Specific High-Intensity	1. Length of Treatment 2. Treatment retention and Continuing Care 3. Mental health and SUD treatment integration 4. Holistic approach	1st and 2nd shift required staff/patient ratio of 1:6 for first 12 patients, additional patients need 1:16 3rd shift required 1:12 with 1:16 for more than 12 patients. *
OTP/OBOT OTP/OBOT cont.	1. Buprenorphine-Naloxone as first-line treatment, Methadone as second-line treatment (Bruneau et al., 2018) 2. Making MAT standard of care with access through primary care provider and "Time to MAT" quality measure (Tanzman & Folland, 2020). 3. Emergency Department Coordination	1. Unit rate contracts include Methadone, Buprenorphine, and Naltrexone

*TAC Title 25, Pt. 1, Ch. 448, SubCh. I, RULE §448.902. note: SUD contracts may not reflect some TAC rules

6.2 Withdrawal Management Best Practices

Table 11 – Best Practices for Withdrawal Management Services

Level of Withdrawal Management Services for Adults	Best Practice	Current Practice
Ambulatory Withdrawal Management (WM 1 & 2)	1. Avoid withdrawal management alone (i.e., without immediate transition to long-term addiction treatment) (Taha & Broker, 2018) 2. Use Clinical Opiate Withdrawal Scale (COWS) to measure and monitor symptoms (Kinard, 2017)	1. Withdrawal management plan that contains the goals of successful and safe detoxification as well as transfer to another intensity of treatment (DSHS, 2019). 2. TAC recommends Clinical Institute Withdrawal Assessment for Alcohol and sedative hypnotic withdrawal, and clinician's assessment in Behavioral Health Integrated Provider System*
Residential and Inpatient Withdrawal Management (WM 3.2, 3.7, & 4) Residential cont.	1. Individualized biomedical, emotional, behavioral, and SUD treatment 2. Federal government has not set standards for Residential staffing ratios, some states have set guidelines at 12 clients to 1 staff person (NV & ND) (DPBH, 2020; HSRI, 2020).	1. During day and evening, at least two staff shall be on duty for the first 12 clients, with one more staff on duty for each additional one to 16 clients. 2. At night, at least one staff member with detoxification training shall be on duty for the first 12 clients with one more staff on duty for each additional one to 16 clients.*

*TAC Title 25, Pt. 1, Ch. 448, SubCh. I, RULE §448.902. note: SUD contracts may not reflect some TAC rules

6.3 Programmatic Considerations

In addition to requirements of Rider 69, the best practices identified are consistent with the goals and strategies referenced in the Texas Statewide Behavioral Health Strategic Plan (Texas Statewide Behavioral Health Strategic Plan Update, 2019). The Strategic plan identified 15 gaps in the Texas Behavioral Health System and established five goals with strategies to address those gaps. This report identified gaps in the Texas SUD program's reimbursement methodology for Intensive Outpatient services, Partial Hospitalization Services, and Medically Managed/Monitored Intensive Inpatient Services. A lack of reimbursement for these services corresponds to:

- Gap 1: Access to Appropriate Behavioral Health Services
- Gap 7: Implementation of Evidence-based Practices.

Of the 5 goals, this report's evaluation of reimbursement methodology satisfies Goal 4: Financial Alignment, as part of Strategies 4.2.1 to explore and promote alternative payment structures. This report's review of best practices also addresses Goal 2: Program and Service Delivery as part of Strategy 2.1.1 continually identify, disseminate, and coordinate use of best, promising, and evidence-based behavioral health practices. Completing an in-depth cost-analysis of implementing these services corresponds to Goal 2 of the BH Strategic Plan as part of Strategy 2.1.2 to evaluate the implementation of best, promising, and evidence-based practice processes, and outcomes. Appendix B contains a Fiscal Impact of Intensive Substance Use Services.

7. Conclusion

Pursuant to the direction of Rider 69, this report evaluated the Texas Substance Use Treatment program's reimbursement methodology using national guidelines published by the ASAM and compared payment rate for Texas substance use treatment services to several states with comparable rate methodologies. Included in this report is a historical background of Texas substance use treatment programs, a summary of different possible program strategies, and a literature review of substance use treatment services best practices for each level of care.

The evaluation found the current rate model to reimburse most of the services mentioned in the ASAM Criteria and Continuum of Care. However, the current model does not include a separate payment rate for intensive outpatient and intensive residential services. Additionally, payment rates for substance use treatment services in Texas funded by grant funds were found to be below average when compared to states with comparable rate methodologies.

List of Acronyms

Acronym	Full Name
AF	All Funds
ASAM	American Society of Addiction Medicine
ATOD	Alcohol, Tobacco and Other Drugs
Avg.	Average
CAPPS	Centralized Accounting and Payroll/Personnel System
CMS	Centers for Medicare and Medicaid Services
CPS	Child Protective Services
DSHS	Texas Department of State Health Services
GR	General Revenue
HHSC	Health and Human Services Commission
HIV	Human Immunodeficiency Virus
IDD-BH	Intellectual and Development Disability and Behavioral Health Services
LBB	Legislative Budget Board
LMHA	Local Mental Health Authority
MAT	Medication-Assisted Treatment
MIAP	Medicaid Innovation Accelerator Program
OBOT	Office-Based Opioid Treatment
OSAR	Outreach, Screening, Assessment, and Referral

Acronym	Full Name
OTP	Opioid Treatment Program
RSS	Recovery Support Services
RSSO	Recovery Support Service Organizations
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SOR	State Opioid Response Grant
SUD	Substance Use Disorder
TAC	Texas Administrative Code
TB	Tuberculosis
TCADA	Texas Commission on Alcohol and Drug Abuse
TRA	Treatment for Adults
TRF	Treatment for Females
TRY	Treatment Plans for Youth
TTOR	Texas Targeted Opioid Response
U.S.	United States

Appendix A. DSHS Substance Abuse Treatment Services Rate Study

Service	Current Rates		Proposed Rates			
			Strategic Service		Adjusted Cost	
	Hourly	Daily	Hourly	Daily	Hourly	Daily
Adult Intensive Residential		$85.00		$108.28		$84.11
Adult Supportive Residential		$41.00		$52.87		$39.40
Adult Residential Detoxification		$180.00		$224.11		$224.11
Adult Ambulatory Detoxification		$85.00		$101.93		$81.54
Adult HIV Intensive Residential		$116.00		$206.96		$171.53
Adult Outpatient Group Counseling	$18.00		$35.09		$28.22	
Adult Outpatient Group Education	$17.00		$26.30		$23.22	
Adult Individual Counseling	$58.00		$77.29		$77.29	
Opioid Treatment Services: Buprenorphine		$18.00		$28.86		$28.86
Opioid Treatment Services: Methadone		$11.00		$17.31		$17.31
Co-occurring Psychiatric and Substance Abuse Disorders	$64.00		$143.69		$143.69	
Specialized Female Intensive Residential		$91.00		$143.20		$110.31
Specialized Female Supportive Residential		$79.00		$73.07		$58.48
Specialized Female Residential Detoxification		$180.00		$224.11		$224.11
Specialized Female Ambulatory Detoxification		$85.00		$105.08		$101.93

Appendix B. Fiscal Impact of Intensive Substance Use Treatment Services

The following estimates calculate rates for intensive services not currently reimbursed under Texas substance use treatment programs or Texas Medicaid services. These models use assumptions and rate development methodology from a 2020 Rhode Island rate development study (Pettersson et al., 2020), a 2020 Connecticut utilization and engagement study (Costa et al., 2020), a 2009 CMS utilization report (Thomas et al., 2009), 2019 Texas wage data from the Bureau of Labor Statistics (BLS, 2019), and patient mixes from the National Survey of Substance Abuse Treatment Services (N-SSATS, 2017). A summary of all the following estimates can be found in Table 13. Please note the estimates below do not account for potential offsets that may occur due to a shift in utilization from existing services to new services.

Intensive Outpatient Services (IOP) (ASAM Level 2.1)

Using trended BLS wage data for School Psychologists, Rehab Counselors, Healthcare Social Workers, Registered Nurses, and Mental Health Substance Abuse Social Workers in addition to service requirements for Outpatient services in Texas, a per diem rate of $98.83 was calculated. Texas SUD treatment programs funded Outpatient services for 27,549 clients in fiscal year 2019 and is projected to fund 26,834 Outpatient clients in fiscal year 2020. Using this population and client-ratios from the N-SSATS, a potential population seeking grant funded IOP services is predicted to be between 7,500 and 10,000 clients yearly. A Connecticut study of IOP programs found that in 4,800 utilizers with a SUD, the average length of stay (ALOS) was just above 41 days, with approximately 3 days of service per week, and 16 days of service per episode of care. Additionally, this cohort produced a readmission rate of 25 percent. Assuming population and SUD client ratios are maintained, funding an IOP service at this predicted utilization will result in a total cost between $15 million and $20 million AF per fiscal year depending on patient utilization.

Partial Hospitalization Program/Day Treatment (PHP) (ASAM Level 2.5)

Using trended BLS wage data for Mental Health and Substance Abuse Social Workers, Registered Nurses, Nurse Practitioners, Clinical Counseling or School Psychologists, Rehabilitation Counselors, Healthcare Social Workers, and Psychiatrists a per diem rate of $143.63 was calculated. Using the projected IOP population above and client-ratios from the N-SSATS, a potential population of Partial Hospitalization clients is predicted to be between 1,500 and 2,000 clients

yearly. In a 2009 study of Certified Mental Health Clinic (CMHC) based PHPs, the average number of episodes per beneficiary was 1.28 and the average treatment days per episode were 51 (Thomas et al, 2009). Assuming population and SUD client ratios are maintained, a PHP program in Texas will need to fund between 98,000 to 130,000 treatment days, which will result in a total cost of $14 million to $18.7 million AF per fiscal year dependent on patient utilization.

Medically Monitored Intensive Inpatient (ASAM 3.7)

Using trended BLS wage data for Healthcare Support workers, Community Health Workers, Substance Use Counselors, and Physicians in addition to median number of clients per OTP facility from the N-SSATS, a per diem rate of $291.41 was calculated (rate pays for 24-hour nursing care). Texas substance use treatment residential programs funded 10,945 beneficiaries in fiscal year 2019 and is projected to fund 9,763 beneficiaries in fiscal year 2020. Using this population and client-ratios from the N-SSATS, a potential population seeking grant funded Medically Monitored Residential services is predicted to be between 1,000 and 1,500 clients yearly. Internal data reports that the ALOS for short term Residential patients is approximately 17 days, resulting in a utilization between 17,000 and 25,500 treatment days yearly, at a total cost of between $5 million and $7.5 million AF per fiscal year dependent on patient utilization.

Medically Managed Intensive Inpatient (ASAM 4)

Using trended BLS wage data for Healthcare Support workers, Community Health Workers, SUDS Counselors, and Physicians in addition to median number of clients per OTP facility from the N-SSATS, a per diem rate of $311.53 was calculated (rate pays for 24-hour nursing care and daily physician visits). Using the same assumptions as the Medically Monitored Intensive Inpatient estimate to pay for a utilization of 17,000 to 25,500 treatment days yearly at a total cost of between $5.2 million and $8 million AF per fiscal year dependent on patient utilization.

Table 12 – Fiscal Estimate of Select Intensive Services

Service	Description	Per Diem Rate	Population/Utilization	Total Cost
Intensive Outpatient Services	Rate pays for 3 hours of clinical service per diem	$98.83	7,500 – 10,000 clients 150,000 – 200,000 treatment days	$15 million - $20 million
Partial Hospitalization Program	Rate pays for 20 hours of service or above per day	$143.63	1,500 – 2,000 clients 98,000 – 130,000 treatment days	$14 million - $18.7 million
Medically Monitored Intensive Inpatient	Rate pays for 24-hour nursing care.	$291.41	1,000 – 1,500 clients 17,000 – 25,500 treatment days	$5 million - $7.5 million
Medically Managed Intensive Inpatient	Rate pays for 24-hour nursing care and daily physician visits	$311.53	1,000 – 1,500 clients 17,000 – 25,500 treatment days	$5.2 million - $8 million

Appendix C. References

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