

Core Services Taxonomy 7.3 Addendum

Appendix D: Core Services Taxonomy and Medicaid Addiction and Recovery Treatment Services (ARTS) Waiver Services Crosswalk

Core Services Taxonomy Services	ARTS Waiver Services
Acute Psychiatric or Substance Use Disorder Inpatient Services (250) [Service Unit: Bed Day]	Medically Managed Intensive Inpatient Services (ASAM Level 4.0)
Community-Based Substance Use Disorder Medical Detoxification Inpatient Services (260) [Taxonomy Service Unit: Bed Day]	Medically Monitored Intensive Inpatient Services (Adult) and Medically Monitored High Intensity Inpatient Services (Adolescent) (ASAM Level 3.7)
Outpatient Services (310) [Unit: Service Hour]	Outpatient Services (ASAM Level 1)
Intensive Outpatient Services (313) [Taxonomy Service Unit: Service Hour]	Intensive Outpatient Services (ASAM Level 2.1)
Medication Assisted Treatment (335) [Taxonomy Service Unit: Service Hour]	Opioid Treatment Programs (OTP) Office-Based Opioid Treatment (OBOT)
Case Management Services (320) [Service Hour]	Substance Use Case Management
Day Treatment or Partial Hospitalization (410) [Service Unit: Day Support Hour]	Partial Hospitalization Services (ASAM Level 2.5)
Highly Intensive Residential Services (501) <i>Substance Use Disorder Clinically Managed Withdrawal Services</i> [Taxonomy Service Unit: Bed Day]	Clinically Managed High-Intensity Residential Services (Adult) and Clinically Managed Medium-Intensity Residential Services (Adolescent) (ASAM Level 3.5) Clinically Managed Population-Specific High Intensity Residential Service (ASAM Level 3.3)
Intensive Residential Services (521) <i>Group Homes, Halfway Houses</i> [Unit: Bed Day]	Clinically Managed Low Intensity Residential Services (ASAM Level 3.1)
Early Intervention Services (620) [Taxonomy Service Unit: Service Hour]	Screening Brief Intervention and Referral to Treatment (ASAM Level 0.5) (SBIRT)

This crosswalk is included for information purposes. It reflects Medicaid ARTS Waiver definitions. If there is an inconsistency between Medicaid and taxonomy service units, use taxonomy units for CCS reporting purposes. The following definitions reflect language in Chapter 4 of the Medicaid ARTS Waiver Provider Manual that contains complete service definitions. Chapter 4 is available at http://www.dmas.virginia.gov/content_attachments/bh/ARTS%20Provider%20Manual%20Chapter%20IV%20Updates%20to%20FINAL%2004192017.pdf. A clarification on the last page of this crosswalk describes how to report peer-provided or peer support services.

Medically Managed Intensive Inpatient Services (ASAM Level 4.0)

Services provided by acute care hospitals licensed by the Virginia Department of Health offer medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, or biomedical distress resulting from or occurring with an individual's use of alcohol and other drugs with the exception of tobacco-related disorders, caffeine-related disorders or dependence, or nonsubstance-related disorders. Services include the following components:

- An evaluation or analysis of substance use disorders, including the diagnosis of substance use disorders and the assessment of treatment needs for medically necessary services;
- Observation and monitoring the individual's course of withdrawal conducted as frequently as deemed appropriate for the individual;

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- Medication services including prescription or administration related to substance use disorder treatment services or assessment of the side effects or results of that medication;
- Daily clinical services provided by an interdisciplinary team to stabilize acute addictive or psychiatric symptoms including pharmacological, cognitive-behavioral, and other therapies administered on an individual or group basis;
- Planned clinical interventions designed to enhance the individual's understanding and acceptance of the illness of addiction and the recovery process;
- Services for the individual's family, guardian, or significant other to advance the individual's treatment and recovery goals and objectives identified in the ISP;
- 24-hour nursing care and daily physician care for severe, unstable problems in any of the following ASAM dimensions: acute intoxication or withdrawal potential, biomedical conditions and complications, or emotional, behavioral, or cognitive conditions and complications; and
- Discharge services to prepare the individual for referral into another level of care, post treatment return or reentry into the community, or linkage to essential community treatment, housing, recovery, and human services.

The Medicaid ARTS Waiver service unit is one day. There are no maximum annual limits.

Medically Monitored Intensive Inpatient Services (Adult) and Medically Monitored High Intensity Inpatient Services (Adolescent) (ASAM Level 3.7)

Services shall include the following components:

- Daily clinical services provided by an interdisciplinary team involving appropriate medical and nursing services and individual, group, and family therapy services and pharmacological, withdrawal management, cognitive-behavioral, and other therapies administered on an individual or group basis;
- A planned regimen of 24-hour professionally directed evaluation, care, and treatment including administration of prescribed medications;
- Treatment process overseen and quality of care assured by an addiction-credentialed physician or a physician with experience in addiction medicine;
- Planned clinical activities to enhance understanding of substance use disorders;
- Counseling and clinical monitoring to facilitate re-involvement in regular productive daily activities and successful re-integration into family living if applicable;
- Psychiatric services available within 8 hours by telephone and 24 hours onsite or through consultation or through referral when a presenting problem could be attended to at a later time;
- Random drug screens to monitor use and strengthen recovery and treatment gains and regular medication monitoring;
- Physician monitoring, nursing care, and observation and a physician assessment of the individual in person within 24 hours of admission and thereafter as medically necessary;
- Daily treatments to manage acute biomedical symptoms of substance use or mental illness;
- Additional medical specialty consultation, psychological, laboratory, and toxicology services on site through consultation or referral; and

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- Coordination of necessary services on-site or through referral to a closely coordinated off-site provider to transition the individual to lower levels of care.

Substance use case management (H0006) is included in this level of care but is not reimbursable except during the month prior to discharge for discharge planning for up to two one-month periods during a 12-month period. The Medicaid ARTS Waiver service unit is one day. There are no maximum annual limits.

Outpatient Services (ASAM Level 1)

Credentialed addiction treatment professionals, psychiatrists, or physicians provide outpatient services in primary care clinics, outpatient health system clinics, psychiatry clinics, federally qualified health clinics (FQHCs), CSBs and the BHA, local health departments, and physician and provider offices in private or group practices. Services can be provided face-to-face or by telemedicine according to DMAS policy regarding telemedicine and include the following service components:

- Professionally directed screening, evaluation, treatment, and ongoing recovery and disease management services;
- A physical examination and laboratory testing as necessary for substance use disorder treatment;
- Counseling, group counseling with a maximum of 10 individuals in the group, and family therapy provided by credentialed addiction treatment professionals;
- Evidenced-based education on addiction, treatment, recovery, and associated health risks;
- Medication services provided by staff lawfully authorized to provide such services including the prescription or administration of medication related to substance use disorder treatment or the assessment of the side effects or results of that medication; and
- An initial outpatient appointment provided within seven business days of discharge for individuals who are transitioning to level 1.0 from a higher level of care to ensure continuity of care.

The Medicaid ARTS Waiver service unit is 30, 45, or 60 minutes.

Intensive Outpatient Services (ASAM Level 2.1)

Services are structured programs of skilled treatment services for adults, children, and adolescents who do not require inpatient, residential, or partial hospitalization services but require more intensive services than outpatient services. Providers must demonstrate the ability to provide or access through referral the following service components:

- Psychiatric and other individualized treatment planning;
- Individual and group counseling, medication management, family therapy, and psychoeducation;
- Medication management and psychoeducational activities;
- Psychiatric or a medical consultation available within 24 hours by telephone and preferably within 72 hours in person or via telemedicine;
- Psycho-pharmacological consultation;
- Addiction medication management;
- Crisis services available 24-hours per day;

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- Occupational and recreational therapies, motivational interviewing, enhancement, and engagement strategies to inspire an individual's motivation to change behaviors; and
- Medical, psychological, psychiatric, laboratory, and toxicology services.

The Medicaid ARTS Waiver service unit is a day with a minimum of three service hours per service day to achieve nine to 19 hours of services per week for adults and six to 19 hours of services per week for children and adolescents. A maximum of 19 hours can be billed per week. There are no maximum annual limits.

Opioid Treatment Services (ASAM Level OTS)

Opioid treatment services are opioid treatment programs (OTP) and office-based opioid treatment (OBOT) that encompass a variety of pharmacological and nonpharmacological treatment modalities.

Opioid Treatment Programs (OTP)

OTPs certified by the U.S. Substance Abuse and Mental Health Services Administration engage in supervised assessment and treatment using methadone, buprenorphine, L-alpha acetyl methadol, or naltrexone of individuals who are addicted to opioids. DBHDS licenses OTPs. OTP services include the following activities:

- Link the individual to psychological, medical, and psychiatric consultation as necessary to meet his or her needs;
- Provide access to emergency medical and psychiatric care through connections with more intensive levels of care and to evaluation and ongoing primary care;
- Conduct or arrange for appropriate laboratory and toxicology tests including urine drug screenings;
- Ensure appropriately licensed and credentialed physicians are available to evaluate and monitor use of methadone, buprenorphine products, or naltrexone products and ensure the availability of pharmacists and nurses to dispense and administer these medications;
- Assess, order, administer, reassess, and regulate medication and dose levels appropriate to the individual, supervise withdrawal management from opioid analgesics, including methadone, buprenorphine products, or naltrexone products, and oversee and facilitate access to appropriate treatment for opioid use disorder; and
- Provide cognitive, behavioral, and other substance use disorder-focused therapies reflecting a variety of treatment approaches to individuals on an individual, group, or family basis.

The Medicaid ARTS Waiver service unit is 15 minutes. See the ARTS Reimbursement Structure at http://www.dmas.virginia.gov/Content_Pgs/bh-home.aspx for further information.

Office-Based Opioid Treatment (OBOT)

Buprenorphine-waivered practitioners provide office-based opioid treatment (OBOT) in a variety of settings including primary care clinics, outpatient health system clinics, psychiatry clinics, FQHCs, CSBs and the BHA, local health department clinics, and physicians' offices. OBOT service components include the following activities:

- Ensure access to emergency medical and psychiatric care and provide medications for other physical and mental illnesses;

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- Assess, order, administer, reassess, and regulate medication and dose levels appropriate to the individual, supervise withdrawal management from opioid analgesics, and oversee and facilitate access to appropriate treatment for opioid use disorder and alcohol use disorder; and
- Provide cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, to individuals on an individual, group, or family basis.

The Medicaid ARTS Waiver service unit is 15 minutes. See the ARTS Reimbursement Structure at http://www.dmas.virginia.gov/Content_Pgs/bh-home.aspx for further information.

Substance Use Case Management

Services assist individuals and their family members in accessing needed medical, psychiatric, psychological, social, educational, vocational, recovery, and other services and supports essential to meeting the individual's basic needs. Services are person-centered, individualized, culturally and linguistically appropriate to meet the individual's and family member's needs. For Medicaid reimbursement, the individual must meet the DSM diagnostic criteria for substance use disorder. Tobacco-related, caffeine-related, and non-substance-related disorders are not covered. If an individual has co-occurring mental health and substance use disorders, the case manager must include activities to address the mental health and substance use disorders.

Substance use case management includes an active individual service plan (ISP) that requires a minimum of two substance use case management service activities each month, and at least one face-to-face contact with the individual at least every 90 calendar days. The Medicaid ARTS Waiver service unit is a month.

Partial Hospitalization Services (ASAM Level 2.5)

Services are structured programs of skilled treatment services for adults, children, and adolescents that include the following service components provided at least once weekly:

- Individualized treatment planning;
- Family therapies involving family members, guardians, or significant other in the assessment, treatment, and continuing care of the individual;
- Motivational interviewing, enhancement, and engagement strategies;
- Medical, psychological, psychiatric, laboratory, and toxicology services;
- Psychiatric and medical formal agreements to provide medical consultations within eight hours by telephone or within 48 hours in person or via telemedicine;
- Emergency services available 24-hours a day and seven days a week; and
- Close coordination through referrals to higher and lower levels of care and supportive housing services such as in a clinically managed low intensity residential services (ASAM Level 3.1).

The following service components are provided at least once each day or more often as identified in the multidimensional assessment.

- Skilled treatment services with a planned format including individual and group psychotherapy;
- Medication management;
- Education groups; and

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- Occupational, recreational, or other therapies.

The Medicaid ARTS Waiver service unit is one day and the minimum number of service hours per week is 20 hours with at least five service hours per service day of skilled treatment services. There are no maximum annual limits.

Clinically Managed High-Intensity Residential Services (Adult) and Clinically Managed Medium-Intensity Residential Services (Adolescent) (ASAM Level 3.5)

DBHDS licenses these facility-based residential treatment service providers as a substance use disorder residential treatment services program for adults or children. These services include:

- Telephone or in-person consultation with a physician or physician-extender who is available to perform required physician services 24 hours per day and seven days per week;
- Arrangements for more or less intensive levels of care and other services such as sheltered workshops, literacy training, and adult education;
- Arrangements for needed procedures including medical, psychiatric, psychological, laboratory, and toxicology services appropriate to the severity of need;
- Arrangements for addiction pharmacotherapy and drug screening;
- Clinically directed treatment to facilitate recovery skills, relapse prevention, and emotional coping strategies;
- Daily clinical services to improve organization, daily living skills, recovery, personal responsibility, personal appearance and punctuality, and development and practice of prosocial behaviors;
- Counseling and clinical interventions to facilitate teaching skills needed for productive living and successful reintegration into family living including health education;
- Range of cognitive and behavioral therapies administered individually and in family and group settings to assist the individual in initial involvement or re-engagement in regular productive daily activity including education on medication management, addiction pharmacotherapy, and education skill building groups to enhance the member's understanding of substance use and mental illness;
- Monitoring adherence to prescribed medications and over-the-counter medications and supplements;
- Daily treatments to manage acute symptoms of biomedical substance use or mental health disorders;
- Planned clinical interventions to enhance understanding of substance use and mental health disorders;
- Daily scheduled professional services, interdisciplinary assessments, and treatment designed to develop and apply recovery skills, including relapse prevention, interpersonal choices, and development of social network supportive of recovery, services would include individual and group counseling, psychotherapy, family therapy, recreational therapy, art, music, and physical therapy, vocational rehabilitation, and educational and skill building groups;
- Planned community reinforcement designed to foster improved community living skills;
- Motivational enhancements and engagement strategies appropriate to the individual's stage of readiness and desire to change;

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- Services for family and significant others, as appropriate, to advance the individual's treatment goals and objectives identified in the ISP;
- Education on the benefits of medication assisted treatment when appropriate and referral to treatment as necessary; and
- Withdrawal management services as necessary.

Substance use case management (H0006) is included in this level of care but is not reimbursable except during the month prior to discharge to allow for discharge planning up to two one-month periods during a 12-month period. The Medicaid ARTS Waiver service unit is one day. There are no maximum annual limits.

Clinically Managed Population-Specific High Intensity Residential Service (ASAM Level 3.3)

DBHDS licenses these facility-based providers to provide substance use disorder residential treatment services or substance use disorder and mental health residential treatment services for adults. Settings do not include sober houses, boarding houses, or group homes that do not provide treatment services. Services include:

- Access to consulting physician or physician extender and emergency services 24 hours a day and seven days a week via telephone and in person;
- Arrangements for higher and lower levels of care, including direct affiliations or close coordination through referral to more and less intensive levels of care and other services such as intensive outpatient services, vocational assessment and placement, literacy training, and adult education;
- Arrangements for laboratory and toxicology services appropriate to the severity of need;
- Regular monitoring of the individual's medication adherence;
- Arrangements for addiction pharmacotherapy including pharmacotherapy for psychiatric or anti-addiction medications including drug screenings;
- Weekly face-to-face meetings with the individual and the treatment team or credentialed addictions treatment professional to document treatment progress and progress toward discharge;
- Clinically-directed treatment to facilitate recovery skills, relapse prevention, and emotional coping strategies with services that promote personal responsibility and reintegration of the individual into the network systems of work, education, and family life and daily clinical services that improve organization, daily living skills, recovery, personal responsibility, personal appearance, and punctuality;
- Range of cognitive and behavioral therapies administered individually and in family and group settings to assist the individual in initial involvement or re-engagement in regular productive daily activity;
- Recreational therapy, art, music, physical therapy, and vocational rehabilitation;
- Clinical and didactical motivational interventions to address readiness to change and understanding of the life impacts of substance use disorders;
- Recovery support services;
- Services for the individual's family and significant others as appropriate to advance the individual's treatment goals and objectives identified in the ISP;

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- Education on benefits of medication assisted treatment when appropriate and referral to treatment as necessary; and
- Withdrawal management services as necessary.

Substance use case management (H0006) is included in this level of care but is not reimbursable except during the month prior to discharge for discharge planning for up to two one-month periods during a 12-month period. The Medicaid ARTS Waiver service unit is one day. There are no maximum annual limits.

Clinically Managed Low Intensity Residential Services (ASAM Level 3.1)

DBHDS licenses these agency-based services as a mental health or substance use disorder group homes for adults or children or as substance use disorder halfway houses for adults. Settings do not include sober houses, boarding houses, or group homes where treatment services are not provided. Services include:

- A face-to-face multidimensional assessment performed upon admission by a credentialed addiction treatment professional who shall determine and document a DSM5/ICD-10 diagnosis;
- An initial ISP within 24 hours and a comprehensive ISP within 14 days;
- Services for the individual's family and significant others as appropriate to advance the individual's treatment goals and objectives identified in the ISP;
- Weekly face-to-face meetings with the individual and the treatment team to document treatment progress and progress toward discharge;
- At least five hours per week of clinically directed program activities by credentialed addiction treatment professionals designed to stabilize and maintain substance use disorder symptoms and develop and apply recovery skills, utilizing motivational enhancement and engagement strategies;
- Counseling and clinical monitoring to support initial or re-involvement in regular productive daily activity and reintegration into family or community living with health education;
- Relapse prevention, interpersonal choice exploration, and development of social networks in support of recovery that promote personal responsibility and reintegration of the individual into the network systems of work, education, and family and community life;
- Physician consultation and emergency services available 24 hours a day and seven days per week;
- Arrangements for medically necessary procedures including laboratory and toxicology tests, which are appropriate to the severity and urgency of an individual's condition;
- Arrangements for pharmacotherapy for psychiatric or anti-addiction medications and drug screenings;
- Direct affiliations or close coordination through referral to more and less intensive levels of care and other services such as intensive outpatient, vocational assessment and placement, literacy training, and adult education;
- Regular monitoring of the individual's medication adherence;
- Education on the benefits and potential side effects of medication assisted treatment and referral to treatment as necessary and opportunities for individuals to be introduced to the potential benefits of addiction pharmacotherapies as a long term tool to manage addiction;

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- Biomedical-enhanced services delivered by appropriately credentialed medical staff who are available to assess and treat co-occurring biomedical disorders and to monitor the individual's administration of medications in accordance with a physician's prescription;
- Coordination with community physicians to review treatment as needed;
- Appropriate arrangements or referrals to all service providers identified in the discharge plan prior to the individual's scheduled discharge date; and
- Follow-up and monitoring of individuals immediately after discharge to ensure continuity of engagement.

The Medicaid ARTS Waiver service unit is one day. There are no maximum annual limits.

Screening Brief Intervention and Referral to Treatment (ASAM Level 0.5)

Early intervention/screening, brief intervention, and referral to treatment (SBIRT) is provided in a variety of settings including: local health departments, FQHCs, rural health clinics, CSBs and the BHA, health systems, emergency departments of hospitals, pharmacies, physician's offices, or private and group outpatient practices and are licensed by the Department of Health Professions. Service components include identifying individuals who may have alcohol or other substance use problems using an evidence-based screening tool and, following administration of the tool, providing a brief intervention by a licensed professional to educate individuals about substance use, alert them to possible consequences, and begin to motivate them to change their behaviors. CSBs can use SBIRT services to screen across program areas, such as individuals seeking mental health services. However, individuals seeking substance use disorder services should not be receiving SBIRT services; they should be assessed using validated assessment instruments. The Medicaid ARTS Waiver service unit is a quarter hour.

Peer-Provided or Peer Support Services Clarification

Appendix G in the taxonomy provides the following clarification for peer-provided or peer support services. Peer-provided or peer support services are included and reported in the core services in which they are delivered, for example, in outpatient, rehabilitation, or residential services, rather than in consumer-run services. Individuals who identify themselves as having mental health, substance use, or co-occurring disorders and are receiving or have received mental health or substance use disorder services deliver peer-provided or peer support services. The primary purpose of these services is to help other individuals with mental health, substance use, or co-occurring disorders. Peer-provided or peer support services involve partnering with non-peers, such as being hired by community mental health or substance use disorder service programs in designated peer positions or traditional clinical positions. Peers serve as recovery coaches, peer counselors, case managers, outreach workers, crisis workers, and residential staff, among other possibilities. Units of service provided by peers in core services should be included with all service units collected and reported through the CCS. CSBs should report any costs through CARS associated with peer-provided or peer support services in the core services in which they were delivered.