

ATTACHMENT 1

BEHAVIORAL HEALTH VOUCHER PROGRAM

The Behavioral Health Voucher Program aims to provide access to mental health and substance use treatment to individuals in need, at a provider of their choosing, at no cost if deemed eligible. Individuals can request vouchers by calling 211, or in partnership with a participating behavioral health provider. Clients receiving treatment cost assistance through the voucher program must attest they are not covered by public or commercial health insurance programs, or attest coverage is unaffordable (co-pays/out of pocket requirements), or services are not sufficiently Covered by the individual's health insurance plan.

[Provider Name] is authorized to deliver [Mental Health] and/or [Substance Use Disorder] services to individuals issued treatment or recovery support services vouchers through the Behavioral Health Voucher Program.

Mental Health Services

[Provider Name] must:

- A. Adhere to all requirements outlined in the most recently issued [Mental Health Addendum for Services provided by Community Mental Health Centers] OR [Mental Health Addendum for Services provided by Independent Mental Health Providers] to this Agreement, accessible at <https://dss.sd.gov/behavioralhealth/providers.aspx>.
- B. Notify the Division of Behavioral Health, Department of Social Services, by calling 605-367-5236 immediately upon change in licensure status.
- C. Ensure all providers affiliated with this Agreement are NOT listed in the Exclusion Database maintained by the U.S. Department of Health and Human Services, Office of Inspector General.
- D. Provide evidence of all required insurance policies as identified in Section 22 of this Agreement and notify the Division of Behavioral Health immediately upon lapse in coverage.
- E. Maintain written policies and procedures for the delivery of services, including the following principles and methods:
 1. Integrated Assessment, Evaluation and Screening
Contact where the primary purpose is to develop information regarding a person's emotional state and social history for use in formulating goals. Screening and evaluation include psychosocial, psychological, and psychiatric examinations for diagnosis and treatment recommendations. This service may be performed for the purpose of assisting other agencies with case disposition.
 2. Individual Therapy
Face-to-face contact between an identified individual and therapist, in which the therapist delivers direct therapy to assist the individual in progress toward treatment plan goals. The treatment plan must be focused on evidence-based therapies, including but not limited to Cognitive Behavioral Therapy (CBT), or CBT-Post Disaster Distress (CBT-PD), to clients based on assessment.
 3. Family Therapy
Face-to-face contact between one or more family members and the therapist in which the therapist delivers direct therapy relating to the identified client's therapeutic goals. This service shall be billed under one identified family member for which the voucher was issued.
 4. Psychiatric Services
Any contact with the primary purpose of prescribing or reviewing a client's use of pharmaceuticals. This service may be delivered by a physician, psychiatrist, certified nurse practitioner, or physician assistant under the supervision of a psychiatrist or physician. Administration of medication is not a billable service. Services provided by a RN or LPN are not billable.

Substance Use Disorder Services

[Provider Name] must:

- A. Adhere to all requirements outlined in the most recently issued Substance Use Disorder Services Addendum to this Agreement, accessible at <https://dss.sd.gov/behavioralhealth/providers.aspx>.
- B. Adhere to all requirements for Substance Use Disorder Agencies accredited by the Office of Licensure and Accreditation, SD Department of Social Services.
- C. Notify the Division of Behavioral Health, Department of Social Services at 605-367-5236, immediately upon change in accreditation status.
- D. Ensure all providers affiliated with this Agreement are NOT listed in the Exclusion Database maintained by the U.S. Department of Health and Human Services, Office of Inspector General.
- E. Provide evidence of all required insurance policies as identified in Section 22 of this Agreement and notify the Division of Behavioral Health immediately upon lapse in coverage.

Data Collection & Invoicing Requirements

In addition, all providers must:

- A. Complete required data collection elements for clients receiving treatment and/or recovery support services, including compliance with the Government Performance and Results Act (GPRA). This data collection is specified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a required component of the grant; compliance with this requirement will be monitored throughout the performance of the contract and exceptions to data collection and submission requirements will not be made. Data collection forms and online collection tools are provided by the Division of Behavioral Health. Data will be collected via a face-to-face interview using the required tools at three data collection points: intake/baseline, six months post intake/follow-up, and at discharge.
- B. Providers are expected to do a GPRA interview at the following points. ***Contracts may be terminated by the Department of Social Services if the following parameters are not achieved.***
 1. **Intake/Baseline:** Conducted with 100% of clients served at the point of intake/baseline. Reimbursement for initial intake appointments is subject to receipt of a completed interview in the state data system associated with the applicable Voucher ID.
 2. **Follow-Up:** Providers should collect follow-up data on all clients, regardless of whether a client is discharged or drops out of the program. The minimum follow-up rate is 80%. Please note that providers should attempt to complete 100% of follow-ups on all clients that received an intake interview.
 - When a provider cannot follow-up on a client, the provider must still complete the follow-up tool and explain why the follow-up interview was not able to be completed.
 - The data collection follow-up rate is ONLY reimbursable for follow-ups that included a documented interview with the client.
 3. **Discharge:** Individual questionnaires are ideally administered in an interview format to 100% of clients at discharge. If the client is not available for an interview, they can be administratively discharged.
- C. Remit invoices for reimbursable services.
 1. Prepare receipts/attestation of services delivered using tools provided by the Division of Behavioral Health.
 2. Prepare invoices for payment in alignment with the Behavioral Health Voucher Program Treatment and Recovery Support Rate Sheets, which can be accessed at <https://dss.sd.gov/behavioralhealth/providers.aspx>.
 3. Send invoices for payment within 30 days of service delivery. Invoices can be sent to vouchers@sageprojectconsultants.com. Questions on billing can be directed to the same email. Invoices should be submitted on agency letterhead and signed.

4. To support federal grant compliance, the Provider agrees to track units of service delivered, therapist delivering those services (name/credentials), type of service, and voucher number served. Providers are required to track staff time towards the delivery of services and retain that for their records, according to *Section 9. Retention and Inspection of Records* of the *Purchase of Services Agreement for Provider Services* as an attestation of what was invoiced to the project. Provider agrees that they are responsible to provide these records upon request.

SAMPLE - DO NOT SIGN