

HOW RHOAR BENEFITS RURAL COMMUNITIES

MEDICAID SERVICES

- 1. Screening
 - 2. Assessment
 - 3. Peer Support
 - 4. Intensive Outpatient Programs
 - 5. Individual Outpatient Therapy
 - 6. Group Outpatient Therapy
 - 7. Residential Services for SUD
 - 8. Targeted Case Management
 - 9. Crisis Intervention
 - 10. Mobile Crisis Services
 - 11. Service Planning
 - 12. SBIRT Services
- (A possible bundled rate may be proposed to Managed Care Orgs.)



ENTRY POINT

2-week stay (depending on situation)
23 or more beds



HOSPITAL OR FQHC

- MAT (Suboxone/ Methadone/ Subutex)
- SOS—"Safe Off The Streets"
- Medicaid-billable
- Lease to operator

BYPASS FOR DOC CLIENTS

- Alternative sentencing, trial diversion for those not using
- DOC to pay all housing costs not covered by Medicaid or Section 8



ISSUES

AMA— Against medical advice
ASAM — How to structure level of care?



PHASE ONE

(40-60 Days)



- Intense Counseling
- Staffed in part by Prescriber/Hospital or on-call Nurse Practitioner
- Community Mental Health Organization for region can supervise
- Biller pays a portion of net revenue from Medicaid to facility to finance classrooms, offices, cafeteria and Telehealth reporting

- Medicaid billing for outpatient services
- Stepped down from clinical facility
- Mental/Medical co-occupancy disorders addressed and billable to Medicaid

- MAT (transitioning to Vivitrol)
- Medicaid Outpatient Services help make up gap in operating pro-forma



PHASE TWO LONG-TERM HOUSING



(Supervised by the CMHO or Housing Manager)

- 90 or more days
- Combination of Section 8 and Rent-Paying Units
- 2 or more months Co-Op vocational training or apprenticeship with potential employers, guided by KCTCS
- 30% Community Service Area



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Exit
To
Society

