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Behavioral Health Voucher Program (BHVP) Treatment Protocols

Effective Date: June 1, 2022

Revision Date: Original Issue

These protocols should serve as a guideline in assessment and treatment plan development for clients eligible for the Behavioral Health Voucher Program.

Treatment Sessions & Reimbursement

- Initial appointment and assessment is expected to be the standard one (1) hour session length, with additional time allotted to complete the required client outcome intake tool(s). Reimbursement for this appointment is made using a session rate enhanced for data collection requirements.
- Follow up appointments are billable in 15-minute units and must be a minimum of 15 minutes in length.
- Treatment sessions per voucher (individual served) are limited to a maximum of eight (8) sessions, including the initial appointment and assessment.
- Treatment session frequency is expected to occur no more than once weekly.
- In accordance with ARSD 67:16:41:10(8) and 67:62:10:04(6-7), BHVP services are not covered for individuals incarcerated in a correctional facility.
- Invoices must include anticipated treatment duration for each voucher (individual served) to best address the client's qualifying conditions. The invoice which includes the intake appointment will indicate anticipated treatment duration to address the client's qualifying conditions.

The state reserves the right to review records for clinical necessity, program eligibility, and appropriate reimbursement. Guidelines for this review process are available on the Division of Behavioral Health's [Provider Resource page](#).

Clinical Record Requirement Reminders

- Diagnostic assessments must be completed within 30 days of the recipient's first face-to-face or telehealth visit in accordance with Administrative Rule 67:16:41:04, and clearly indicate how the individual receiving services meets program eligibility criteria.
- Eligibility criteria for voucher issuance will be posted on the voucher issuance page and is subject to change based on program funding limitations; program administrators will communicate updates to eligibility considerations as they become available.
- Treatment plans must be developed before the 4th session, and clearly document plan goals, schedule, and duration needed to address the qualifying needs of the individual as outlined in the intake assessment. Refer to Administrative Rule 67:16:41:06 for more information.



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- Individuals found eligible for services funded by this program are required to immediately report any significant changes in income, household composition, and/or other circumstances that affect their eligibility status.
- For individuals initially reimbursed through the BHVP and later found to not meet eligibility criteria (for example: focus of treatment is not related to the qualifying reasons), up to two (2) additional sessions, if available within the 8 total sessions available, will be reimbursed from the date in which eligibility criteria was determined to no longer apply. This will allow BHVP providers to address treatment plan goals and transition the individual to other payer sources, treatment providers, etc. as appropriate.



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