



CHANGING
Maryland
for the Better

Maryland Medicaid Adult Residential SUD

**Provider Interest Meeting
June 5, 2017**

Medicaid/Behavioral Health Administration/Beacon Health



Purpose of Provider Interest Meeting

- To prepare ASAM Residential Levels **3.3, 3.5, 3.7** and **3.7WM** providers for the transition from grants to fee for service
- To provide background and purpose of the transition
- To discuss regulations, rates, staffing patterns, timeline and provider enrollment process
- Technical Assistance and Answer Questions



Why Utilize Medicaid Resources

- Over 20% of Marylanders enroll in Medicaid
- Statewide reach/consistency in programs
- 815 (65% of opioid overdose deaths in 2015) were enrolled in Medicaid at any point after January 1, 2011. Of that amount, 691 were enrolled in Medicaid at some point during CY 2015.



Residential SUD Treatment

- On December 2016, CMS approved Maryland Medicaid 1115 waiver renewal, which included a request to provide IMD services for substance use disorder treatment
- Waives Medicaid IMD exclusion and allows Maryland Medicaid to offer SUD services in IMDs with more than 16 beds
- With this addition, the program covers ASAM's full continuum of care for SUD treatment



Residential SUD Treatment (continued)

- Effective July 1, 2017, Maryland Medicaid will provide reimbursement for up to two nonconsecutive 30-day stays in a rolling year for ASAM levels **3.7WM**, **3.7**, **3.5**, and **3.3**
- The Department intends to phase in coverage of ASAM level **3.1** beginning on January 1, 2019.




Content of the Residential SUD Regulations

- The regulation implements terms and conditions outlined in the Department's 1115 Waiver Renewal with CMS, specifically implementing a residential substance use benefit effective July 1, 2017 for adults participating in the Medicaid program.
- The regulation outlines requirements for participating providers, including staffing requirements and authorization and payment procedures.
 - Staffing levels are required by CMS and are based on ASAM criteria.
 - The Department will offer a grace period after July 1 to ramp up staffing levels.
- The regulation does not apply to certain placements, as described by BHA.



Residential SUD Timeline



- In 2015, CMS offered guidance to states that indicated they could seek approval to offer residential substance use treatment to adults as a Medicaid covered benefit.

- During the Department's 1115 waiver renewal (CY2016), DHMH initiated a public comment period, including multiple open hearings.

- In addition, the Department regularly engaged with the provider community through the Behavioral Health Provider Council, and the Medicaid Advisory Committee. Local Health Departments, Local Addiction Authorities and Local Behavioral Health Authorities have also served a critical role in the development of the Department's regulations.

- Through formal and informal comment periods, providers will have the opportunity to enhance the quality of existing services and build opportunities to increase services that encompass multiple levels of care.
 - Informal comments are being accepted at dhmh.regs@maryland.gov starting May 22nd and proposed regulations will be printed in the June 23rd edition of the Maryland Register.
 - A 30 day formal comment period will begin on June 23rd and will end on July 24th.
 - During the formal and informal comment periods, the Department will respond to all comments submitted in writing, including whether we are adopting any comments received.



Residential SUD Treatment Reimbursement

- Authorization and reimbursement will be performed by the ASO, Beacon Health Options, with a single claim consisting of 2 codes, one for clinical services (see rates below, Medicaid-supported) and one for room and board (\$ 45.84 per diem, BHA-supported).

ASAM Level of Care	Rate (per diem)	Average Pre-Medicaid Rate (per Myers and Stauffer Audit)
Level 3.7 WM	\$ 354.67	\$ 270.12
Level 3.7	\$ 291.65	\$ 160.20
Level 3.5	\$ 189.44	\$ 74.67
Level 3.3	\$ 189.44	\$ 85.19

- As with ALL services, providers are not permitted to balance bill either Medicaid or uninsured individuals for services covered by Medicaid or the State.



Purpose of Transfer to Fee for Service

- Integration of Behavioral Health Services
- Enhance quality of services provided to participants who have SUD
- Improve access to effective services
- Data and Accountability



Inclusions in Phase I – July 1, 2017

- Residential services currently paid through grants by LAAs and LBHAs (excludes those services in Phase II)
- Includes participants court ordered to treatment with documentation to support (court ordered assessment, which includes recommended level of care and copy of probation orders)
- Medical Necessity Criteria (MNC) will be reviewed (which includes ASAM criteria for the level of service)



Phase II Transitions - January 1, 2018

- Invitation for Bid (IFB) Contracts
 - **8-507** Residential beds (3 Providers)
 - Pregnant Women with Children (4 Providers)
- Legislatively mandated Initiatives
 - Drug Exposed Newborns
 - Child in Need of Assistance (CINA)
- Level **3.2 WM** contracts



ASAM Levels of Care and Staffing Considerations

Although some of the staffing and program requirements are new for some providers, the reimbursement rates are based on staffing levels that will promote high quality services for each recipient, regardless of where they receive treatment.

These services will address the clinical, medical, and social needs through counseling and therapeutic services to achieve the best outcomes when returning to the community.

Specifically each level of care and the population it serves is outlined in the next slides.



ASAM Level 3.3: Clinically Managed Population-Specific High Intensity Residential Services (Adult Criteria) – Participant Characteristics

- **Typical participant in 3.3 level:**
 - Intensity of an addictive disorder with or without a comorbid mental health condition is so severe that it has resulted in significant cognitive impairment
 - This cognitive impairment makes it unlikely that participant would benefit from another residential level of care
 - The cognitive limitations could be temporary or permanent



ASAM 3.3 : Contextual Factors Based on Participant Characteristics

- Given participant population, treatment should be at a slower pace, more concrete and repetitive until cognitive impairment improves
- When cognitive impairment no longer present, participant can be transferred to a higher or lower Level of Care, based on reassessment and rehabilitative needs
- Individuals with chronic cognitive deficits, older adults, patients with traumatic brain injuries and developmental disabilities should continue receiving treatment at ASAM level 3.3 until appropriate community supports are in place



ASAM 3.3 : Contextual Factors Based on Participant Characteristics (*continued*)

- With medical and nursing coverage, these programs can address certain medical needs of their patients (e.g. sliding scale insulin coverage for diabetes, wound dressing changes)
 - This may avoid placement in skilled nursing facilities for some patients who would otherwise meet criteria for such intervention
 - The cognitive impairment could be the result of an organic brain syndrome resulting from a substance use disorder (e.g. memory difficulties from hypoxic brain injury in setting of overdose)
 - Medical (as a broad term) complexity higher than participant in Level **3.5**



ASAM 3.5 : Clinically Managed High-Intensity Residential Services (Adult Criteria) -- Participant Characteristics

- *Typical participants in Level 3.5:*
 - Have multiple limitations including addictive disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values
 - May have inadequate self-management skills including poor social skills, extreme impulsivity, emotional immaturity and/or antisocial value system
 - Some have MH conditions such as schizophrenia, bipolar disorder and major depressive disorder, and may have personality disorders (PD) such as borderline and antisocial PDs



ASAM 3.5: Contextual Factors Based on Participant Characteristics

- May need more habilitative treatment rather than rehabilitative treatment focus
- Treatment is directed to ameliorate health-related conditions through targeted interventions
- Because treatment plans are individualized, fixed lengths of stay are inappropriate



ASAM 3.7: Medically Monitored Intensive Inpatient Services (Adult Criteria) -- Participant Characteristics

- *Typical participant in Level 3.7:*
 - Moderate to severe withdrawal risk, which can be safely managed at this LOC. No need for services of an acute general hospital.
 - Many have comorbid chronic medical problems that may or may not be well controlled or co-occurring mental health conditions or symptoms that may or may not be diagnosed or well managed.



ASAM 3.7: Contextual Factors Based on Participant Characteristics

- A licensed physician and/or NP/PA oversees the treatment process and assures quality of care.
- Many participants receive addiction pharmacotherapy integrated with psychosocial therapies.
- With medical and nursing coverage, these programs can address certain chronic and subacute medical/psychiatric needs of participants that do not require the resources of an acute care hospital.



ASAM 3.7WM: Medically Monitored Inpatient Withdrawal Management Services (Adult Criteria) -- Participant Characteristics

- **Typical participants in Level 3.7WM:**
 - Moderate to severe signs or symptoms of withdrawal, which can be safely managed at this LOC. No need for services of an acute general hospital.



Staffing Grace Period

- The Department is allowing a 30-day staffing grace period for providers who have not reached full staffing requirements on July 1st.
- At the time of application become a PT 54 (adult residential SUD) providers must attest to either of the below:
 - Provider has the full required staffing elements for each ASAM level of care as of July 1st; OR
 - Provider attests to the staff they do have at the time of application and includes with the attestation a recruitment plan to ensure they will meet the full staffing requirements on or before Aug 1st
- **Regardless of staffing, all providers must adhere to service requirements for the ASAM residential levels of care in order to bill for services.**

Note: Providers requesting the grace period will need to submit an updated attestation that staffing requirements have been met by the end of that grace period.



Provider Enrollment Process

In order to complete the Medicaid application you will need:

- An OHCQ license for each ASAM level of care you provide. (Certification under 10.47 will be considered through 3/31/2018 as long as application is made under 10.63)
- A copy of your facility's NPI printout.

Complete the Medicaid provider application and attestation for provider type 54 and return to Provider Enrollment

Note: Separate MA/NPI #s required per location. Providers may have multiple LOC under one #.

Successfully complete a site visit (required for Medicaid enrollment)

Once you have received your new PT 54 MA number, then you will be able to use that number to register with Beacon Health Options

All services require prior authorization from Beacon. Failure to obtain authorization prior to delivering services will result in a denial of your claim.



Enrollment and Authorizations

- Providers who submit an application that is received by Medicaid on or before June 26, 2017 and meet the following conditions will be eligible to obtain authorizations for services with dates of service on or after July 1, 2017:
 - OHCQ license effective prior to or on July 1 for each ASAM residential level of care offered; AND
 - Completed CMS required components including required background checks and site visits completed by the Dept.
- Providers whose applications are not received by the Department on or before June 26, 2017, or do not meet the two conditions listed above, will not be eligible for authorizations effective July 1, 2017. These providers will need to wait until they receive approval from Medicaid as a PT 54 before they submit authorizations and begin billing for services.
- All providers are responsible for ensuring that individuals for whom they request authorizations meet Medical Necessity Criteria (MNC) as of the date for which they are requesting services.



Technical Assistance

- TA on use of the ASAM Criteria
- TA on Business models and how to organize in a fee-for-service (FFS)
- The Department will be initiating post-implementation calls for all enrolled providers to assist during this transition period. Look for announcements in provider alerts
- For information on TA, please contact Trina Ja'Far at (410) 402-8353 or by email at trina.ja'far@Maryland.gov



Resources

- Beacon Health Options Provider Alerts

http://maryland.beaconhealthoptions.com/provider/prv_alerts.html

To sign up for Provider Alerts, email

mdproviderrelations@beaconhealthoptions.com

- MD Residential SUD for Adults Webpage

<https://mmcp.dhmf.maryland.gov/Pages/residential-substance-use-disorder-treatment-for-adults.aspx>

- Behavioral Health Unit Provider Enrollment

dhmf.bhenrollment@maryland.gov

- Behavioral Health Unit Policy and Programs

dhmf.mabehavioralhealth@maryland.gov

- Regulations Informal or Formal Comments

dhmf.regs@maryland.gov





Provider Interest Meeting for SUD Residential

Authorization of a Service

- The clinical information that is given must meet ASAM criteria for the level of care that is being requested.
- Provide information that is clinically comprehensive, **including narrative on the six ASAM dimensions to support the request**, so that a medical necessity determination can be made.



Authorization Requests

- Authorizations may be requested telephonically if an urgent determination is needed by calling Beacon's Customer Service Line: (800) 888- 1965 speaking with a clinician **or** electronically through ProviderConnect for routine requests.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

ValueOptions Home Provider Home Contact Us Log In

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID
123456

If you do not remember your User ID, please contact our e-Support Help Line.

*Password
***** [Forgot Your Password?](#)

Log In

Password expires every 90 days, please click link below to be taken to 'Expired Password' page.
[Expired Password](#)

The information and resources provided through the Beacon Health Options site are provided for informational purposes only. Behavioral health providers utilizing the Beacon Health Options site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing Beacon Health Options information and resources in providing services to their patients. No information or resource provided through the Beacon Health Options site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through Beacon Health Options is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

New User?

Please register for access.

Register

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@beaconhealtheoptions.com



Authorization Requests

- Authorization requests that are received telephonically with comprehensive clinical information on all ASAM dimensions will be handled immediately.



Eligibility Spans

- The number of days authorized is based on an individual's medical necessity.
- Typical number of days:

Level of Care	Authorization Guidelines Initial*	Authorization Guidelines Concurrent*
3.7 WM	Up to 7 days	Up to 7 days
3.7	Up to 15 days	Up to 15 days
3.5	Up to 30 days	Up to 30 days
3.3	Up to 30 days	Up to 30 days

*This includes the number of days that will be authorized in one span



Trainings on ProviderConnect and Requests for Authorization

- Beacon will be providing web-based trainings for all Providers on the following dates:

Date	Time
June 19, 2017	2 pm, EST
June 20, 2017	12 noon, EST
June 21, 2017	10 am, EST
June 23, 2017	2 pm, EST
June 26, 2017	10 am, EST

- Please tune in for upcoming Provider Alerts and log-on to Beacon's ProviderConnect to sign up for trainings and view additional information
- The following link directs to Beacon's available trainings
 - http://maryland.beaconhealthoptions.com/provider/prv_trn.html



Thank you

