MARYLAND
Department of Health

Larry Hogan, Governor • Boyd Rutherford, Lt. Governor • Dennis Schrader, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Beacon Health Options Transmittal No. 15
Substance Use Disorders Transmittal No. 24
November 21, 2017

TO: Adult Residential SUD Providers

FROM: Susan J. Tucker, Executive Director
Office of Health Services

RE: Clarifications regarding COMAR 10.09.06

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

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The chapter of regulations governing Adult Residential Substance Use Disorder Services were approved on September 11, 2017 and are published under COMAR 10.09.06. During the provider interest meeting on November 6, 2017, the Department received requests for clarifications to the regulations specific to staffing requirements under 10.09.06.04. We are issuing the following clarifications:

1) Specific to 3.7 and 3.7 WM: 3.7 WM staffing requirements apply to "stand-alone" WM programs of 16 beds or more. Certain programs are licensed as 3.7 and 3.7 WM. In these cases, the physician oversight requirement may be reduced if the portion of beds utilized for withdrawal management services falls below 16. The staffing criteria for 3.7, however, must still be met. In addition, each resident must still receive all medically necessary withdrawal management services. For level 3.7 services, staffing is more detailed as this level of care requires more medication monitoring and symptom management.

2) Across all levels of care, the Program Manager requirement of 20 hours a week (minimum) may be filled by an individual who also serves as a clinical supervisor. The job duties and dedicated works hours must remain distinct and separate.

3) 3.3 and 3.5 Staffing Clarifications:

    a. The program may meet the requirements for on-site physician, NP, or PA staffing by contracting with a staffing agency. The number of on-site medical staff hours on any given day or across the week should be determined based on the program's

census. The medical staff role is not for ongoing primary medical care, but for medication monitoring, symptom management, support, and connection to primary care as needed.

b. "Available" psychiatric care by a psychiatrist or psychiatric NP means that there is timely access for assessment and diagnosis and acute symptom management for residents in the facility. In addition, the Program is responsible for ensuring linkage and engagement with ongoing psychiatric care in the community for identified clinical needs.

c. The on-site multi-disciplinary team should be available during service hours but is not required 24/7 or even 7 days a week. Staffing should be geared towards the overall management and provision of the SUD services delivered in-house. Programs have the discretion to determine the appropriate hours for team meetings, individual service provision, group services, and the implementation of each resident's individual treatment plan. There is no minimum number of work hours required for each member of the team, but should reflect each licensed provider's capacity for clinically managed services.

4) Specific to 3.3 level of care the following clarifications: utilization of RN/LPN; hours requirement in 3.3 level of care; and sharing staff across smaller houses under single program.

   a. This level of care is appropriate for patients who may have chronic medical or other health conditions related to long-term substance use, or may be pregnant/post-partum. The focus of these services is medication administration, medication management, medication education and support, symptom monitoring and education, support and connection to primary care and other necessary health care. As part of each resident's treatment plan, RN/LPN review is required to assess for medical and related needs.

   b. The distribution of the 40 hours per week requirement of RN/LPN for facilities was based on Programs with 16 or more beds. A typical appropriate caseload for this position would be no more than 30 individuals, depending on complexity of need. As such, for programs with multiple smaller sized houses across locations, a shared staff ratio of one LPN/RN per 30 individuals would be within the scope of regulatory compliance. For example:

      i. A provider that has 12 beds would sufficiently meet the needs of residents with a 30 hour per week nursing staff;

ii. A provider with multiple four bed units may share the RN/LPN hours with an average caseload of 1:30 residents.

The Department reminds providers that all referrals for adult residential SUD treatment must meet medical necessity criteria as stated in COMAR 10.09.06.05. The rates associated with each level of care are designed to support the therapeutic, clinical, and medication needs of individuals during their treatment and recovery process.

The Department supports the use of MAT (medication assisted treatment) in residential care when appropriate and the use and education of the medical staff to assist individuals in better engagement and self- advocacy for their medical and other health conditions resulting from or associated with alcohol or drug use.

BHA will offer technical assistance to providers who still have questions regarding appropriate use of medical and clinical staff. An Adult Residential "Quality of Care" group will be initiated by BHA for ongoing TA. Notice of this Quality of Care group as well as information on how to receive technical assistance on ASAM dimensions for existing programs that would like to expand to include additional levels of care will be forthcoming.

Additionally, the ASO is available for questions and technical assistance related to authorization and claims processes. Contact Beacon at: marylandproviderrelations@Beaconhealthoptions.com.

Based on the timing of this clarification and with respect to concerns expressed by providers, the Department will be delaying the requirement for final attestation of staffing to April 1, 2018. Providers must attest to the staffing they have at the time of their application regardless of whether they meet the full staffing requirements or not. Providers who are not in full compliance must demonstrate every effort to come into compliance with staffing by including a staffing recruitment plan with their initial application. Providers who currently are not in full compliance, or were not in full compliance at the time of application, must submit an additional attestation prior to April 1, 2018 attesting to meeting the full staffing requirements.

For questions specific to Medicaid enrollment, please email: mdh.bhenrollment@maryland.gov