

Specialty Adult Residential Substance Use Disorder Services

Provider Interest Meeting

Medicaid/Behavioral Health Administration/Beacon Health

November 6, 2017



MARYLAND
Department of Health

Purpose of Provider Interest Meeting

- To prepare Invitation for Bid (IFB) grantees and Specialty Residential Substance Use Disorder service providers for transition from grants to fee for service on January 1, 2018.
- To discuss regulations, rates, staffing patterns, timeline and provider enrollment process, application process for becoming Medicaid and Specialty provider.
- Provide information about technical assistance and training.

Residential SUD Treatment

- On July 1, 2017, Maryland Medicaid began providing reimbursement for two nonconsecutive up to 30-day stays in a rolling year for ASAM Levels 3.7WM, 3.7, 3.5, and 3.3. Services beyond the Medicaid covered days are reimbursed through state funds.
- Beginning January 1, 2018, the Specialty ASAM Levels 3.3 and 3.5 Residential Providers will be reimbursed through Medicaid and state funding.
- The Department intends to phase in coverage of ASAM Level 3.1 beginning on January 1, 2019.

Specialty Residential SUD Treatment Moving to Fee For Service

- IFB Pregnant Women and Women with Children approved providers
- Health General 8-507 Residential SUD approved Providers
- Residential SUD providers approved under HB 7 – Child Welfare Involved Families
- Residential SUD providers approved under SB 512 - Substance Exposed Newborns

Accreditation and Licensing

- Maryland's COMAR 10.63 regulations have brought about significant changes in the way that mental health (MH) and substance-related disorder (SRD) treatment programs are permitted to operate in the State.
- By April 1, 2018 all eligible programs must be licensed in order to continue operation, but, in order to achieve this, license applications must be submitted before January 1, 2018 to the Behavioral Health Administration (BHA) Licensing Unit, previously under the Office of Health Care Quality (OHCQ).

Accreditation and Licensing (Continued)

For the large number of programs that are required to obtain both accreditation and licensing, there are three major steps involved:

1. **Obtain accreditation.** A listing of approved Accrediting Organizations (AOs) is available on BHA's website. Each organization has slightly different standards and a different cost structure, and agencies may decide which one to use. Not all of the AOs are approved to accredit all programs, so it is important to ensure that a particular agency's programs are covered.
2. **Obtain a written agreement to cooperate** with the Local Addiction Authority (LAA), Core Service Agency (CSA), or Local Behavioral Health Authority (LBHA) in each jurisdiction in which services will be offered. If offering both mental health and SUD services, then there must be an Agreement to Cooperate from both the CSA and LAA in jurisdictions that do not have an LBHA.

Accreditation and Licensing (Continued)

A second reason to contact the CSA/LAA/LBHA is that, to the extent they are available, an agency may be able to access some funds to help offset the cost of accreditation.

The form for the Agreement to Cooperate is listed on BHA's website.

- 3. Submit a licensing application to BHA.** The form on which to do this is on this website. The specifics of the application process are laid out in COMAR 10.63.06. To help determine whether or not a specific program requires accreditation or licensure through COMAR 10.63, BHA has prepared a decision tree available at <https://bha.health.maryland.gov/Documents/Decision%20Tree.pdf>.

Questions should be addressed to bha.regulations@maryland.gov.



ASAM Criteria, formerly known as ASAM patient criteria, is the result of a collaboration that began in the 1980 to define a national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.

The ASAM criteria is the most widely used and comprehensive set of guidelines for **placement, continued stay, and transfer discharges of patients** with addiction and co-occurring conditions.

Maryland Medicaid and the state reimburses for the following levels of care based on ASAM:

- **Level 3.3** – A residential medium intensity program that provides services in a structured environment in combination with medium-intensity treatment and ancillary services to support and promote recovery for 20 – 35 hours weekly.
- **Level 3.5** – A residential high intensity program that provides services in a highly-structured environment, in combination with moderate to high intensity treatment and ancillary services to support and promote recovery for a minimum of 36 hours weekly.



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- **Level 3.7** – A residential medically monitored high intensity program that provides a planned regimen of 24-hour professionally directed evaluation, and treatment in an inpatient setting.
- **Level 3.7WM** – A withdrawal management service that offers 24-hour medically supervised evaluation and withdrawal management.

More information on ASAM can be obtained at <https://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria>

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

ASAM Typical Participant Characteristics Level 3.3

- Intensity of addictive disorder with or without a comorbid mental health condition is so severe that it has resulted in cognitive impairment.
- The cognitive impairment makes it unlikely that the participant would benefit from another residential level of care.
- The cognitive limitations could be temporary or permanent.
- Treatment should be at a slower pace, more concrete and repetitive until cognitive impairment improves.
- The cognitive impairment may be the result of an organic brain disorder.
- Individuals with chronic deficits, older adults, patients with traumatic brain disorders and developmental disabilities should continue receiving treatment at ASAM 3.3 until community supports are in place.
- With medical and nursing coverage, these programs can address certain medical needs, i.e. insulin for diabetes.
- Medical complexity higher than the participant in levels 3.5

ASAM Typical Participant Characteristics Level 3.5

- Have multiple limitations including addictive disorder, 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 mental health conditions such as schizophrenia, bipolar disorder, major depressive disorders, and personality disorders.
- May need more habilitative treatment rather than rehabilitative treatment.
- Treatment to ameliorate health related conditions through targeted interventions.
- Because treatment plans are individualized, fixed length of stays are inappropriate.

ASAM Residential 3.3 Provider Conditions of Participation

1. Have sufficient physician, physician assistant, or nurse practitioner services to provide:
 - (a) Provide initial diagnostic work up;
 - (b) Provide identification of medical surgical problems for referral; and
 - (c) Handle medical emergencies when necessary;
2. Provide therapeutic activities from 20 – 35 hours week;
3. Coordinate aftercare services through peer support or licensed provider
4. Have at least one staff member:
 - (a) Certified in cardiopulmonary resuscitation;
 - (b) Trained in crisis intervention; and
 - (c) On duty between 11 p.m. – 7 a.m.

ASAM Residential 3.3 Provider Conditions of Participation Continued

5. Have part-time facility director on-site 20 hours per week; and
6. At a minimum maintain the following staff:
 - (a) Physician, nurse practitioner, or physician assistant on-site 4 hours per week and 1 hour on call.
 - (b) A psychiatrist or psychiatric nurse practitioner available 3 hours per week;
 - (c) A registered nurse or licensed practical nurse on-site 40 hours per week; and
 - (d) An on-site multi-disciplinary team consisting of:
 - * A clinical supervisor;
 - * A licensed mental health clinician;
 - * A certified counselor under supervision of a counselor approved by the Board of Professional Counselors and Therapists as a supervisor; and
 - * Peer support staff.

ASAM Residential 3.5 Provider Conditions of Participation

1. Have sufficient physician, physician assistant, or nurse practitioner services to provide:
 - (a) Provide initial diagnostic work up;
 - (b) Provide identification of medical surgical problems for referral; and
 - (c) Handle medical emergencies when necessary;
2. Provide a minimum of 36 hours of therapeutic activities per week;
3. Coordinate aftercare services through peer support or licensed provider;
4. Have at least one staff member:
 - (a) Certified in cardiopulmonary resuscitation;
 - (b) Trained in crisis intervention; and
 - (c) On duty between 11 p.m. – 7 a.m.

ASAM Residential 3.5 Provider Conditions of Participation

Continued

5. Have part-time facility director on-site 20 hours per week; and
6. At a minimum maintain the following staff:
 - (a) Physician, nurse practitioner, or physician assistant on-site 1 hour per week;
 - (b) A psychiatrist or psychiatric nurse practitioner available 1 hour per week;
 - (c) An on-site multi-disciplinary team consisting of:
 - * A clinical supervisor;
 - * A licensed mental health clinician;
 - * A certified counselor under supervision of a counselor approved by the Board of Professional Counselors and Therapists as a supervisor; and
 - * Peer support staff.

Children in Need of Assistance - Substance Exposed Newborns Senate Bill 512 (SB 512)

- This initiative went into effect October 1, 1997. The purpose of the legislation was to identify newborns exposed or addicted to drugs/alcohol and offer the mother and birth father drug treatment.
- The project will provide residential services and treatment for mothers who have delivered a substance exposed infant.

Senate Bill 512 Tracks

The services will have 2 tracks:

Track 1: Women who will not have custody at the time of treatment service. This mother is working towards reunification and will need to complete treatment before she can regain custody.

Track 2: Women who will be allowed to take their substance exposed infant with them to treatment. Child Protective Services (CPS) will provide the documentation indicating that the mom will be able to get her infant within 30-45 days of treatment admission.

Integration of Child Welfare and Substance Abuse Services

House Bill 7 (HB7)

- The Integration of Child Welfare and Substance Abuse Treatment Services Act was passed during the 2000 session of the Maryland General Assembly.
- The primary focus of this initiative is to assess individuals and family members that are identified in the child welfare system that have a substance abuse issue and refer to treatment.
- This project will provide residential treatment services for the women who meet ASAM Level 3.3 residential treatment.

Pregnant Women and Women with Dependent Children (PWC) Residential SUD Providers - Special Conditions

- There are special conditions providers must follow in order to be an approved residential provider for this population. Most of the requirements are federal conditions required by the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Other elements are considered best practices for this population as identified in SAMHSA TIP 51, “Addressing the Specific Needs of Women, SAMHSA – A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders”, the ASAM Criteria-American Society of Addiction Medicine Third Edition (2013), and other policies that are currently established through the Maryland Department of Health (MDH), Behavioral Health Administration (BHA).

Provider Requirements PWC and SB 512, HB 7

- Providers applying to be a PWC/SB 512 and HB 7 (women only) must be able to provide residential services to both pregnant women and the women with children.
- Providers must complete an application and submit by **November 22, 2017**.
- Application must be submitted to Suzette Tucker by email at gss.unit@Maryland.gov

Overview of Health General (HG) 8-507

Health General Article § 8-505 and 8-507 are statutes that authorize Maryland courts to order the Department of Health to evaluate a defendant for a substance use disorder (8-505) or to place the defendant into SUD treatment (8-507).

The Process

- *The defendant (or sometimes the court, but the defendant must be amenable) requests an 8-505 evaluation.*
- *MDH, or it's representative, completes the evaluation and send the report, including the recommended ASAM level of care, to the court*
- *Once all parties (judge, state's attorney, defendant and counsel) agree with treatment recommendation, the judge signs 8-507 order committing the defendant to treatment*
- *BHA / Justice Services receives the order and places the defendant into a treatment program that is approved to admit 8-507 patients*

How is an 8-507 Participant Different than other SUD Participant?

- Most, but not all, of the defendants are released directly from a County/City jail or State facility into a residential treatment program
- May have greater housing and re-entry challenges
- Treatment is the same, but there are additional transportation, reporting and supervision requirements
- 8-507 Room and Board Rate is higher than standard Medicaid rate to compensate for the extra cost of caring for an 8-507 participant

What are the additional requirements for 8-507 Providers?

Transportation Services

- Pick up defendant from jail
- Take to court, as required
- Take to medical appointments, as required

Reporting

- Submit monthly progress reports, a detailed aftercare plan, and other reports as defined in the 8-507 Provider Manual

Other

- Maintain sufficient staff to safely handle any issues that arise from participant who were formerly incarcerated

How to Become an 8-507 Provider

- Step 1.*** Become an accredited Medicaid provider
- Step 2.*** Review the 8-507 Provider Manual and conditions & verify that your program is willing & able to treat 8-507 participants
- Step 3.*** Complete the 8-507 Provider Application
- Step 4.*** MDH will schedule a site visit/training session
- Step 5.*** MDH will send signed approval letter.

Where to Find More Information about 8-507 Providers

- The 8-507 Provider Manual and application are currently under review. We expect them to be released shortly.
- MDH will email the existing 8-507 providers as soon as they are posted
- Providers who are not existing providers, who are considering becoming one, please email Nicolle Birckhead at nicolle.birckhead@Maryland.gov

Health General 8-507 Rates

- Authorization and reimbursement will be performed by the ASO, Beacon Health Options, for clinical services and for room and board. Please see rates below.

ASAM Level of Care	Clinical Rates Per Diem	Room and Board	Total Reimbursement (Clinical + R & B)
Level 3.3	\$189.44	\$60.01	\$249.45
Level 3.5	\$189.44	\$60.01	\$249.45

- Room & Board rates includes transportation, monthly progress report, court attendance, submittal of off ground privileges form and other state requirements identified in HG 8-507 provider manual.
- Providers are not permitted to balance bill either Medicaid or uninsured individuals for services covered by Medicaid or the State.

Pregnant Women/Women with Children/SB 512 Rates

- Authorization and reimbursement will be performed by the ASO, Beacon Health Options, for clinical services and for room and board. Please see rates below:

ASAM Level of Care	Clinical Rates Per Diem	Room and Board	Total Reimbursement (Clinical + R & B)
Level 3.3	\$189.44	\$106.11	\$295.55

- Room & Board includes case management for children, ancillary services, coordination of care to specialty providers, transportation, child care, and recreational and clinical services for children and all other requirement by the state.
- Providers are not permitted to balance bill either Medicaid or uninsured individuals for services covered by Medicaid or the State.

HB 7 Child Welfare Involved Families Reimbursement Rates

- Authorization and reimbursement will be performed by the ASO, Beacon Health Options, for clinical services and for room and board. Please see rates below.

ASAM Level of Care	Clinical Rates Per Diem	Room and Board	Total Reimbursement (Clinical + R & B)
Level 3.3	\$189.44	\$45.84	\$235.28
Level 3.5	\$189.44	\$45.84	\$235.28
Level 3.7	\$291.65	\$45.84	\$337.39
Level 3.7 WM	\$354.67	\$45.84	\$400.51

- Providers are not permitted to balance bill either Medicaid or uninsured individuals for services covered by Medicaid or the State.

Provider Enrollment Process for Medicaid

Providers must be a Medicaid provider in order to administer these services. In order to complete the Medicaid application, you will need:

- A BHA license for each ASAM level of care you provide
- A copy of your facility's NPI printout

Complete the Medicaid provider application and attestation for provider type 54 and return to mdh.bhenrollment@maryland.gov.

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

Successfully complete an unannounced site visit (required for Medicaid enrollment)

Register with Beacon Health Options and begin requesting authorizations.

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



Enrollment and Authorizations

Applications received by Medicaid on or before Dec. 1, 2017 that meet the following conditions will be eligible to obtain authorizations for services with dates of service on or after Jan. 1, 2018.

- BHA license effective prior to or on Jan.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.

Applications not received by the Department on or before Dec. 1, 2017, or that do not meet the conditions listed above, may not be eligible for authorizations effective Jan. 1, 2018. These providers will need to wait until they receive approval from Medicaid before they submit authorizations and begin billing for services.

Providers are required to submit an authorization using ASAM criteria. Authorizations for PWC, 8-507, SB 512, and HB 7 individuals who do not meet medical Necessity criteria will be reviewed on a case by case basis.

GENERAL REQUIREMENTS

- Providers must be enrolled with Maryland Medicaid and be registered as a Provider Type 54 in the MMIS system.
- Provider must complete required applications and be approved by the Behavioral Health Administration (BHA) to be either an HG 8-507 and/or PWC provider.
- BHA will then forward their approval to Beacon Health Options so the provider can be added to the Beacon system.

AUTHORIZATION PROCESS

- The clinical information that is reported by the provider 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.
- Authorizations should be submitted electronically through ProviderConnect for routine requests. Urgent determinations, authorizations may be requested telephonically by calling Beacon's Customer Service Line: (800) 888- 1965 speaking with a clinician.
- The authorization eligibility spans will be changing from 60 days to 30 day authorization spans.

AUTHORIZATION PROCESS

- The number of days authorized is based on the level of care and the individual meeting 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

Technical Assistance

- **PWC, SB 512 and HB 7:** Contact Suzette Tucker at suzette.tucker@maryland.gov
- **HG 8-507:** Contact Nicolle Birckhead at nicolle.birckhead@maryland.gov

TRAINING

- Beacon Health Options will be providing training opportunities for providers serving the HG8-507 and Pregnant Women and Women with Children programs (including SB 512 and HB 7) during the month of December.
- Beacon will be issuing a Provider Alert with the training dates and times in the near future.
- Behavioral Health Administration will be providing a Conditions of PWC Providers training in the near future.

Resources

- Beacon Health Options Provider Alerts
http://maryland.beaconhealthoptions.com/provider/prv_alerts.html
To sign up for Provider Alerts, email
marylandproviderrelations@beaconhealthoptions.com
- MD Residential SUD for Adults Webpage
<https://mmcp.health.maryland.gov/Pages/residential-substance-use-disorder-treatment-for-adults.aspx>
- MD Medicaid Provider Applications
https://mmcp.health.maryland.gov/Documents/Adult%20Residential%20SUD%20Treatment/IMD_Residential_SUD_Adult_FACILITY_update_V3.pdf
- Behavioral Health Unit Provider Enrollment
mdh.bhenrollment@maryland.gov
- Behavioral Health Unit Policy and Programs
mdh.mabehavioralhealth@maryland.gov
- Residential SUD for Adults Regulations (COMAR 10.09.06)
http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.09.06.*



Thank you for your Participation