MARYLAND
Department of Health

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ASAM LEVEL 3.1 Residential SUD Treatment for Adults
Frequently Asked Questions # 1

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This first FAQ is being issued in preparation for the launch of changes to the coverage and service requirements for ASAM level 3.1, Adult Residential SUD treatment. The questions below were gathered from the initial Stakeholder meetings. There will be additional FAQs released post finalization of the 10.09.80 regulations under Medicaid.

1. **When will the regulations post and where will they be located?**

   The proposed 10.09.80 regulations posted on September 28, 2018 in the Maryland Register and may located through the following link: **https://health.maryland.gov/regs/Pages/10-09-06-04,--06,-and--09-Adult-Residential-Substance-Use-Disorder-Services-(MEDICAL-CARE-PROGRAMS).aspx**

   The comment period closed on 10/29/18 and MDH is carefully reviewing comments and will respond soon. Some revisions may be made to the regulations based on the comments received.

2. **When will ASAM 3.1 Residential Treatment Services become a Medicaid reimbursable service and moved from grant to fee for service?**

   Level 3.1 Residential Substance Use Treatment Services will become a Medicaid reimbursable services beginning on Jan. 1, 2019. Similar to the other levels of care for residential services, all room and board is covered under state only funding, and days beyond the Medicaid covered days are also subject to State only funding. Medicaid will pay for up to two non-consecutive stays per rolling calendar year, up to 30 day per stay. All stays are subject to medical necessity criteria (MNC), with the exception of specialty populations that are court ordered into treatment in accordance with HG 8-507 or Title 3.

3. **How do I enroll to become an ASAM level 3.1 provider with Medicaid?**

   In order to become an approved provider for this residential level of care, you must be licensed under COMAR 10.63 as an ASAM level 3.1 provider. You must also be enrolled with Maryland Medicaid as a provider type 54 (PT 54) at each location. To enroll, please

go to the following website: https://eprep.health.maryland.gov/sso/login.do. If already enrolled as a PT 54, you must provide documentation of licensure at the 3.1 level to Maryland Medicaid to add this level of service to your Medicaid file.

4. **What are the rates and billing codes? Are laboratory costs inclusive?**

All drug screening are INCLUDED in the rates as posted below. Any service that is appropriate to be delivered under and billed by a 3.1 provider is included in the rates. All services must be authorized by the ASO (guidance to follow on obtaining authorization in subsequent FAQ as offered by the ASO).

Residential 3.1			
Level 3.1 (1-1-19)	W7310	$85.00	
	RESRB	$45.84	
8-507 Program			
Level 3.1 (1-1-19)	W7310/CP	$85.00	
	W7310/HG/CP	$85.00	Provider to use this service code for a short-term, clinically indicated bed hold if the consumer is awaiting community services
Room and Board	RESRB/CP	$60.01	
Pregnant Women and Women with Children Program			
Level 3.1 (1-1-19)	W7310/WC	$85.00	
	W7310/HG/WC	$85.00	Provider to use this service code for a short-term, clinically indicated bed hold if the consumer is awaiting community services
Room and Board	RESRB/HG/WC	$70.72	
All services must be pre authorized			

HG 8-507 and Pregnant Women and Women with Children specialty rates include the cost for completing reports for the courts, transportation to primary care, travel to courts, coordination of care and ancillary services for children.

The daily rates include all drug testing. Programs should have contracts with laboratories. No drug testing may be billed separately to Medicaid or BHA.

5. **What services will be covered?**

   The services covered are therapeutic/supportive services for a minimum of 5 hours per week, plus room and board.

6. **ASAM 3.1 requires 5 hours/week of therapeutic services. In order to bill the daily rate for clinical services, do we have to document that therapeutic services were provided daily or just have documentation to support that 5 hours of therapeutic services were provided for the week?**

   Each individual's chart should have a treatment plan and documentation of the 5 hours of therapeutic services provided weekly. Documentation should also include the type of service delivered and the type of staff delivering it (peer services included) to support recovery. The treatment plan should have individualized treatment goals that would connect to the types of services received and the anticipated outcomes of receiving those services (i.e. meditation services with the goal of managing cravings; peer support that promotes connection to services once the individual is outside the residential setting/stepping down).

7. **Who can provide the 5 hours of therapeutic services required for level 3.1 services? Does services provided by the peer count towards the 5 hours?**

   Therapeutic services may be provided by a licensed or certified clinical staff person. Supportive services may be provided by a peer recovery specialist and may be counted towards the 5 hours of required therapeutic services. Supportive services provided by a peer may include 1 to 1 or groups in recovery planning, relapse prevention, and connecting to resources. The qualifications and experience of all staff providing services will vary. All staff who hold a license or certification should abide by the code of ethics set by their professional regulatory body, and work within their scope of practice.

8. **What are the staffing requirements?**

   Based on feedback in response to the proposed regulations, the staffing requirements are under review and will be updated for better clarity. These will be released in the next FAQ as well as in response to the comments.

   Programs are expected to increase staffing within each ASAM level of care at a ratio to correspond with their census to meet required ASAM level of service delivery for each patient. For example, if your program is made up of multiple houses with 3-4 residents, the service model is across the care of the entire group of houses, not specific to each individual house. But if your program is a facility with occupied beds of 16 or more, the staffing model applies. If your program is larger than 30 beds, staffing would be increased to support the individualized needs of each resident.

9. **Our program provides Medication Assisted Treatment including access to vivitrol and buprenorphine. Can we separately bill for induction and necessary laboratory tests for these MATs?**

   The Department supports the use of MAT. For the residential levels of care, with the exception of 3.7 WM, MAT services would be billed by appropriately licensed providers who are performing this service and providing counseling. For example, you may contract with a physician or nurse practitioner, data 2000 waiver provider to work with your patients, but that provider would bill under their own Medicaid ID for services rendered; or you may also be a PT 50 that has MAT services, that PT 50 would bill for the MAT services just as they would if the patient were physically attending their clinic.

   Any somatic service, vaccinations etc., would need to be performed by the Medicaid member's primary care physician and would be billed to their individual MCO. The Department supports coordination of care between all providers to support holistic approaches to the health and recovery of individuals with the continued goal of integrating them back into their communities.

10. **What is the authorization span?**

    The authorization of services is dependent on the member meeting the ASAM guidelines for treatment at each authorization request. The initial authorization span will be up to 90 days, up to 60 days for the first concurrent authorization, and up to 30 days for each concurrent thereafter when the individual meets Medical Necessity Criteria.

11. **Will administrative days be allowed? How are administrative days defined?**

    Yes, administrative days will be allowed as a part of an individual's clinical treatment plan to assist the individual in participating in certain treatment assignments as determined by the provider. Administrative days are defined as a temporary leave from the program, usually 24 – 72 hours to complete treatment assignments identified through an individualized treatment plan and for the purposes of supporting recovery.

    Other leave may also be needed due to medical and/or a psychiatric hospitalization. Absences for medical and/or psychiatric admissions may not exceed 7 days. Stays beyond this time period will be reviewed on a case by case basis and require approval by the ASO's Clinical team. Beacon should be notified when administrative days are being requested.

12. **What type of technical assistance and training will be available?**

    Beacon Health Options and BHA will be providing training and technical assistance. Webinars on billing and claims will be held in November and December. A meeting was held on October 30, 2018 at the Behavioral Health Administration on billing and claims. A training on MAT and coordination of care is scheduled on December 4, 2018, as well as a Pre-launch meeting.

    For more information, please email Trina Ja'Far at trina.jafar@maryland.gov. For more information on other trainings and webinars to be held by Beacon Health Options, please

visit http://maryland.beaconhealthoptions.com/provider/alerts/2018/Fall-2018-ASAM-3.1.pdf .

13. Have there been any changes proposed to regulations that will allow an individual to participate in ASAM 2.1 IOP while in ASAM 3.1?

No there have not been any changes to the proposed regulations that will allow an individual to participate in ASAM 2.1 IOP while in ASAM 3.1. ASAM Level 1 SUD counseling is allowable under this model which consists of group and individual therapy for those in need of fewer than 8 hours per week. If an individual is not thriving in ASAM 3.1 and is also participating in ASAM Level 1 outpatient counseling services, then the provider should transition the individual to level 3.3 or 3.5 as appropriate to access higher intensity of services.