

Residential Substance Use Disorder Treatment for Adults Frequently Asked Questions # 3

June 9, 2017

1. **My program has submitted an application to OHCQ for a license and was told it would not be processed until July 1st.**

There is a difference between being licensed by OHCQ (under [COMAR 10.63](#)) and certified by OHCQ (under [COMAR 10.47](#)). Medicaid will accept OHCQ licenses and/ or certifications during the implementation of the Residential SUD for Adults benefit.

2. **Where can I find the list of Evidence-Based Practices (EBPs) that are required for enrollment?**

The Medicaid provider application can be found here:

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

The EBPs are listed on page 3 of the attestation (page 26 of the document). Providers should include a brief description of each EBP they attest to as well as a description of training and supervision of staff related to the EBP.

3. **What are the minimum hour requirements per week for the recovery coach?**

Please see the most up to date version of the proposed regulations here:

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

The requirement for a recovery coach has been amended to state that aftercare coordination services may be provided by a peer support specialist or licensed clinician. The regulations do not specify weekly hour requirements.

4. **ASAM level 3.5 is a more intensive level of care than 3.3, yet the staffing requirements are less. Why is this?**

A typical participant receiving ASAM Level 3.3 services has an addictive disorder that is so severe it has resulted in significant temporary or permanent cognitive impairment. Treating the cognitive impairment and associated medical conditions requires additional medical services that are not necessary for participants receiving ASAM Level 3.5. Clinical services tend to be less beneficial for participants receiving Level 3.3 than for the typical participant receiving Level 3.5 and therefore less clinical staff and more medical therapeutic support would be appropriate at Level 3.3.

5. **What are the minimum duties of the physician/CRNP? Of the psychiatrist or CRNP psych? Of the recovery coach?**

Information on required services and staffing can be found in the proposed regulations here: <https://mmcp.dhmh.maryland.gov/Pages/residential-substance-use-disorder-treatment-for-adults.aspx>. Providers requiring additional assistance should request technical assistance from BHA by email to trina.ja'far@maryland.gov.

6. What plans have been made to account for possible implementation glitches during the initial transition period?

The Department and Beacon Health Options are working closely with providers to ensure they are prepared for the July 1, 2017 implementation date.

Maryland Medicaid is placing a priority on enrolling Residential SUD for Adults programs. All programs who submit a complete application before Jun 26, 2017 will be able to receive authorizations for July 1, 2017. For more information on the provider enrolment process please see the Res SUD for Adults webpage here: <https://mmcp.dhmh.maryland.gov/Pages/residential-substance-use-disorder-treatment-for-adults.aspx>.

Beacon is providing regional trainings across the state over the next few weeks that focus on residential ASAM, authorizations, and claims. For more information see the provider alerts here: http://maryland.beaconhealthoptions.com/provider/prv_alerts.html. Beacon will also be providing additional training through webinars with a focus on authorizations and the ProviderConnect system. Sign up for provider alerts by emailing mdproviderrelations@beaconhealthoptions.com to receive information as it is released. Beacon also provides one-on-one trainings with providers who are unfamiliar with billing fee for service or have not submitted authorizations through Beacon previously. Providers who have questions may contact provider relations at 800-888-1965 or at mdproviderrelations@beaconhealthoptions.com.

The Behavioral Health Administration is offering technical assistance for Residential SUD for Adults providers upon request. For additional information please email trina.ja'far@maryland.gov for a TA request form.

7. There is a holiday within the first week of implementation. Holidays historically delay payments. What accommodations could be made to account for this holiday falling within the first few days of the transition?

Providers should continue to submit claims as usual despite the weekend and holiday falling at the time of transition. Beacon will issue payment on schedule with our customary cycle of reimbursement, however due to a holiday falling on Tuesday July 4th, Beacon Health Options will be completing the check run on Monday July 3rd. A Provider Alert will be issued specifically regarding this issue.

8. Will there be real time supports available to assist providers during the period of transition?

Providers with questions/ issues regarding authorizations or billing may contact provider relations at 800-888-1965 or at mdproviderrelations@beaconhealthoptions.com.

BHA, Medicaid, and Beacon will be implementing a Joint Operations Team for post implementation. Providers will send questions/ issues to the JOT and answers will be provided during a weekly call that will include representatives of the provider community. More information on this process will come out through provider alert in the coming weeks.

9. What will happen with the participants who are currently in residential beds on July 1, 2017?

Programs that have enrolled with Medicaid as a Provider Type 54 who have participants in their care as of July 1st must ensure that they have supplied Beacon with all information for determination of medical necessity. This determination is an authorization which needs to be in place as of July 1st for those in care who will be continuing in care. Beacon Health Options will be releasing additional instructions through provider alerts and webinar trainings on when providers may begin submitting authorizations for participants who are currently receiving services.

10. What is the estimated time processing authorization? Originally we heard authorizations would take 14 days to get for new clients, now we are hearing 3 days. Which is accurate?

For ASAM levels 3.7 and 3.7WM, reviews for medical necessity are made at the time of the call. For all other non-urgent levels of care requested online in ProviderConnect, almost all determinations are made within the first 3 days with the majority being made within 24 hours. If there is a reason to do an expedited review a provider can telephonically call in the request and Beacon will process it at the time of the call. Providers are reminded that discharge planning from higher levels of care should be initiated on day one of admission. Plans to step down care are part of the treatment planning process.

11. How soon can a provider request a concurrent authorization?

Authorizations should not be submitted so early that the clinical information will not be relevant when the service begins. For ASAM level 3.3 and 3.5 most of the time authorizations could be submitted up to 7 days before the requested dates of service. For ASAM level 3.7 and 3.7WM authorizations should not be submitted more than a day or two before the requested continuation of service dates.

12. How many days at a time are authorized?

See the chart below for the maximum number of days of authorizations for each level of care under each authorization request. Please note that providers should submit requests based on clinical need. For example, if a patient requires Level 3.7WM for 5 days, the provider should request 5 days, not the maximum of 7 days.

ASAM Level	Initial Authorization	Concurrent Authorizations
------------	-----------------------	---------------------------

Level 3.3	Up to 30 days	Up to 30 days
Level 3.5	Up to 30 days	Up to 30 days
Level 3.7	Up to 15 days	Up to 15 days
Level 3.7WM	Up to 7 days	Up to 7 days

13. What is the uninsured eligibility criteria for residential services?

The provider is required to document and verify the person meets all seven uninsured eligibility criteria provided below:

- 1) The individual requires treatment for a behavioral health diagnosis covered by the Public Behavioral Health System (PBHS);
- 2) Must meet the American Society of Addiction Medicine (ASAM) criteria for the level of care.
- 3) The individual is under 250% of the Federal Poverty Level (FPL) and not covered by Medicaid (MA) or other insurance; Individuals who are dually eligible must be under 500% of FPL.
- 4) The individual has a verifiable Social Security number;
- 5) The individual is a Maryland resident;
- 6) The individual has applied to Medicaid; the Health Care Exchange; Social Security Income (SSI) or Social Security Disability Income (SSDI), if they have an illness/disability for a period of 12 months or more); and
- 7) The individual meets the U.S. citizenship requirement.

Exceptions to the above requirement may be made by the designated local authority under extenuating circumstances. Should the local behavioral health authority approve the request, then an uninsured eligibility span is established according to the same timeframes indicated in question #12. BHA will collect data on exceptions made to determine if future adjustments to the uninsured workflow are indicated.

14. If an individual needs residential services for the third time in a rolling year, what happens? Can they receive services?

If the individual meets MNC they will be authorized for services. Any stays beyond what is reimbursable by Medicaid will be covered by state only dollars. The process of determining which source of funds will be used will be managed by Beacon and will be mostly invisible to providers.

15. What will happen in situations when there is a need for a break in care due to a hospital admission?

Administrative days may be used for individuals admitted to a hospital for a short period of time. These situations will be handled on a case by case basis.

16. What will happen if a patient no longer meets MNC for a higher level of care but a bed is not yet available at a lower level?

For each level of care, MNC must be met. Transitions to lower levels of care should be considered beginning on the first day of residential SUD service entry. Maryland is invested in a robust

continuum of services with the goal of moving individuals from higher levels of care to addressing their needs within the community outpatient setting. Administrative days under the Medicaid span may be used if there is a gap in access to the next level of care and these days count within the 30-day span of treatment under Medicaid.

17. Can PT 54s be reimbursed for assessments?

The rates for ASAM levels 3.7 WM, 3.7, 3.5, and 3.3 are all inclusive. Based on provider feedback, we will be reviewing this question during the regulations comment period.

18. Are mental health services inclusive in the rate or can providers bill separately for mental health services?

The rates for ASAM levels 3.7 WM, 3.7, 3.5, and 3.3 include all counseling and therapeutic services and include services delivered by licensed therapists who may not be separately reimbursed from the per diem for the program. Services that may be separately reimbursed include visits with a psychiatrist for a co-occurring psychiatric condition, and visits made by opioid treatment providers who deliver methadone or buprenorphine, to the facility during the patient's stay. Those OTPs would be reimbursed their weekly medication assisted treatment maintenance rate.

19. Will advances be available for small providers who are more dependent on regular and timely fee for service revenue to meet financial obligations?

Beacon operates a customary weekly check disbursement cycle to Providers. Beacon recommends billing as frequently as necessary to meet your organization's financial needs. Beacon will issue payment on schedule with our cycle of reimbursement. If there are substantially severe extenuating circumstances that would require special consideration, please contact Beacon Health Options who will consult directly with the Department on a case by case basis. Please be aware, Beacon will be providing continuing Provider training on claims and authorizations submission processes.