



PROVIDER ALERT

Residential SUD for Adults, Staffing Requirements and Enrollment Process

MAY 26, 2017

This alert applies to Substance Use Disorder (SUD) Programs that are licensed to provide residential substance use disorder treatment for adults. Beginning on **July 1, 2017**, Medicaid is expanding coverage benefits to include adults who meet medical necessity (ASAM¹) criteria for residential ASAM levels of care, including 3.3, 3.5, 3.7, and 3.7WM. This alert does NOT apply to the 8-507 or Pregnant Women and Children grant funded programs which will not transition to fee-for-service until January 1, 2018. Guidance related to these grants will be issued in the Fall of 2017.

The Department developed proposed regulations (10.09.06 will be the COMAR citation) that will be included in the **June 23, 2017 edition of the Maryland Register**. The Department is accepting informal comments on these regulations between now and June 23rd. In response to informal comments already received, the Department has updated the staffing requirement related to a psychiatrist to being “available” versus on-site, for ASAM 3.5 and 3.7 levels of care. Formal comments will also be accepted from June 23-July 24th, 2017. All comments are reviewed and responded to both individually and through stakeholder groups as appropriate, on or a few days after the comment period closes.

As the Department implements the Medicaid covered benefit for adult residential Substance Use Disorder Treatment, we are issuing guidance and updates as it is available.

¹ ASAM: American Society for Addiction Medicine <https://www.asam.org/>



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Provider Licensure, Enrolling as a Medicaid Provider and Staffing Requirements

In order for providers to be eligible for reimbursement through Medicaid for adult residential SUD services a provider must first:

- 1) Be licensed by OHCQ to provide residential services (may include one or more ASAM levels of care at ASAM 3.3, 3.5, 3.7, 3.7WM levels)
- 2) Apply to Medicaid to become a Provider Type 54 (PT 54). For additional information about Residential Substance Use Disorder Treatment for Adults including how to apply and proposed regulations please see the following webpage:
<https://mmcp.dhmf.maryland.gov/Pages/residential-substance-use-disorder-treatment-for-adults.aspx>.

The Department recognizes that the implementation of this benefit under Medicaid requires changes for some providers with regard to staffing to meet the clinical and medical coverage requirements for each level of treatment offered.

In consideration of staffing challenges but with respect to the high reimbursement rates for this service, Medicaid has built in a 30-day staffing grace period for providers who have not reached staffing requirements on July 1st, to allow time for additional recruitment. At the time of application to become a PT 54 (adult residential SUD) providers must attest to **either** of the below:

- 1) Provider has the full required staffing elements for each ASAM level of care as of July 1st; **OR**
- 2) Provider attests to the staff they do have at the time of application



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and includes with the initial attestation a recruitment plan to ensure they will meet the full staffing requirements on or before August 1st.

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.

The staffing grace period will be further addressed at the June 5th provider interest meeting (see the Provider Alert about the meeting here: http://maryland.beaconhealthoptions.com/provider/prv_alerts.html).

All providers, regardless of meeting staffing requirements should submit their applications to Medicaid as soon as possible. Please send applications to: dhmh.bhenrollment@maryland.gov. The Medicaid Behavioral Health unit will be reviewing applications and working with the CMS required site surveyors to avoid delays in processing applications.

Regardless of staffing requirements, all Providers must adhere to service requirements for the ASAM residential levels of care in order to bill for services.

Authorizations during Implementation

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 authorization for services with dates of service on or after July 1, 2017:

1. OHCQ license effective prior to or on July 1 for each ASAM residential level of care offered; AND
2. Completed CMS required components including required background checks and site visits completed by the Department



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Note: Under some circumstances, some providers who are already enrolled and in good standing with the Department, such as an ICF-A Addiction Program (PT 55), an OHCQ Certified or Licensed SUD Program (PT 50), or an Opioid Treatment Program (PT 32) **may** already meet condition number 2 above.

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. The Department will not authorize payment for individuals not meeting MNC even if there was a delay in authorization due to the transition period. Providers remain at risk for any services delivered when the individual does not meet MNC for the specific ASAM level of care. The Department uses the American Society of Addiction Medicine (ASAM) criteria as its MNC.

More information related to the authorization process will be shared in future provider alerts.