
Residential Level 3.1 RJOT Minutes

February 15, 2019

Attendees:

- BHA – Kimberly Qualls
- Medicaid – Nicholas Shearin
- Beacon – Dr. Olivares, Karl Steinkraus, Stephanie Clark

Announcements:

- Security Deposit: The Department does not support the imposition of a security deposit for residential treatment programs. Since residential SUD treatment programs are, principally treatment programs and not personal residences, application of a security deposit is not clinically appropriate and may serve as a deterrent to treatment access.
- Pregnant Women and Children applications were due 2/14/19. BHA will grant a one-time only extension. The new deadline is Wednesday February 27, 2019.
- If providers have already been approved as an 8-507 then they do not need to submit a new application. If they have not previously been approved, you will need to submit an application to BHA's Office of Justice Services to nicolle.birckhead@maryland.gov.
- Reminder to providers that the ASAM level 3.1 Workgroup is tentatively scheduled for March 15, 2019. If you are interested in participating in this workgroup, please email Beacon at Marylandproviderrelations@beaconhealthoptions.com by February 28, 2019

Questions:

1. If a single program is providing 3.1 and level 1 OP services are 2 separate treatment plans required?

Every individual needs to have an individualized treatment plan. Not all individuals will need both 3.1 and outpatient services, though some will.

A 3.1 program includes a MINIMUM of 5 therapeutic hours per week. If an individual requires additional counseling up to 8 hours, then all of that would be provided under the 3.1. If the individual needs 9+ hours per week on a consistent basis, then the ASAM placement may need an updated MNC review –for consideration of moving the individual to 3.3 or 3.5 level of care.

If there is a need for an individual to receive Level 1 AND 3.1, they must meet Medical Necessity Criteria (MNC) for both. The provider must obtain 2 authorizations and submit

discrete and separate treatment plan/files, even if it's the same business organization. Only a Provider Type (PT 50) can provide Level 1. Intensive outpatient counseling, (Level 2.1) is not permissible with 3.1.

2. If a person is clinically appropriate for both 3.1 and level 1 at a single program – can the level 1 program bill and be reimbursed for the assessment?

The assessment may only be billed if the individual is not admitted to level 3.1. If it is the same provider performing the same assessment for level 3.1 and level 1 the program may not bill for the H0001 twice.

3. If we have been providing 2.1 services and not seeking reimbursement for 3.1 due to no approval to begin billing yet, are we able to transition people to level 1 and 3.1?

Yes, but all services must meet MNC and each service needs its own individual authorization.

4. More specifically, if people entered treatment within the last month could we keep them in 2.1 for another month until stable and then discharge them and admit them to 3.1 and level 1?

The nature of this question implies that everyone that is in level 2.1 will automatically meet criteria for level 3.1 and Level 1 OP. This is not always the case and providers should note that each authorization is reviewed based on MNC. Beacon will be running back end reports to ensure that providers are following appropriate authorization and billing procedures. While some individuals may meet MNC for both levels of care, the Provider must include supporting documentation that this level of intensity is necessary. The Provider must submit authorizations for each level and follow appropriate ASAM criteria to demonstrate that the individual meets MNC. Individuals may transition to level 1 and 3.1 if they meet the criteria for both levels of care. Individuals should not be held in treatment unless they meet the ASAM criteria for that level of care. If someone is stable at 2.1, then they would not meet admission criteria for level 3.1. If you are referring to level 3.1 because an individual is in need of supportive recovery housing or sober living, then 3.1 is not the appropriate level of referral. Recovery housing or other supportive housing is not reimbursable under Medicaid's 1115 Waiver.