Residential Substance Use Disorder Treatment for Adults Frequently Asked Questions # 5

June 16, 2017

Please note that only providers who have enrolled with Medicaid as a provider type 54 will be able to obtain authorizations. Please get your applications to: mdh.bhenrollment@maryland.gov to initiate this process. Applications received after 6/26 may not be able to obtain authorizations or payment for services on 7/1/2017.

1. **Is there a projected length of time the wait list for residential may be before an individual is placed?**

   The ASO and BHA do not maintain a wait list. An adult residential SUD program may have a waitlist for their program if they are at capacity. An individual could contact their local jurisdiction or call Beacon Health Options for assistance in locating a provider with more immediate availability.

2. **Can MA transport clients to III.7 since there is an MD at the placement who will evaluate the individual?**

   Non-emergency medical transportation (NEMT) is available for Medical Assistance recipients who have no other means of getting to their medical appointments. Transportation services are provided by the local jurisdictions. Transportation services must be scheduled a minimum of 24 hours in advance, with the exception of hospital discharges. For more information please see the webpage here: https://mmcp.dhmh.maryland.gov/communitysupport/Pages/ambulance.aspx.

3. **If a client cannot accept a placement due to transportation or location do they stay at the top of the list for the next bed or move down?**

   As described in question # 2, non-emergency transportation is available for Medical Assistance recipients. It is anticipated that programs may expand their businesses as they are able, over time which will reduce the need for wait lists.

4. **How do ASAM levels of care crosswalk to clinical indications? Are there any additional resources that can be shared?**

   The Behavioral Health Administration shared the following information during the June 5, 2017 Provider Interest Meeting.

- ***Typical participant in 3.3 level:***
    - Intensity of an addictive disorder with or without a comorbid mental health condition is so severe that it has resulted in significant cognitive impairment
    - This cognitive impairment makes it unlikely that participant would benefit from another residential level of care
    - The cognitive limitations could be temporary or permanent
    - Given participant population, treatment should be at a slower pace, more concrete and repetitive until cognitive impairment improves
    - When cognitive impairment no longer present, participant can be transferred to a higher or lower Level of Care, based on reassessment and rehabilitative needs
    - Individuals with chronic cognitive deficits, older adults, patients with traumatic brain injuries and developmental disabilities should continue receiving treatment at ASAM level 3.3 until appropriate community supports are in place
    - With medical and nursing coverage, these programs can address certain medical needs of their patients (e.g. sliding scale insulin coverage for diabetes, wound dressing changes)
    - This may avoid placement in skilled nursing facilities for some patients who would otherwise meet criteria for such intervention
    - The cognitive impairment could be the result of an organic brain syndrome resulting from a substance use disorder (e.g. memory difficulties from hypoxic brain injury in setting of overdose)
    - Medical (as a broad term) complexity higher than participant in Level **3.5**
- ***Typical participants in Level 3.5:***
    - Have multiple limitations including addictive disorders, 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 MH conditions such as schizophrenia, bipolar disorder and major depressive disorder, and may have personality disorders (PD) such as borderline and antisocial PDs
    - May need more habilitative treatment rather than rehabilitative treatment focus
    - Treatment is directed to ameliorate health-related conditions through targeted interventions
    - Because treatment plans are individualized, fixed lengths of stay are inappropriate
- ***Typical participant in Level 3.7:***
    - Moderate to severe withdrawal risk, which can be safely managed at this LOC. No need for services of an acute general hospital.
    - Many have comorbid chronic medical problems that may or may not be well controlled or co-occurring mental health conditions or symptoms that may or may not be diagnosed or well managed.
    - A licensed physician and/or NP/PA oversees the treatment process and assures quality of care.

- Many participants receive addiction pharmacotherapy integrated with psychosocial therapies.
- With medical and nursing coverage, these programs can address certain chronic and subacute medical/psychiatric needs of participants that do not require the resources of an acute care hospital.

- ***Typical participants in Level 3.7WM:***
  - Moderate to severe signs or symptoms of withdrawal, which can be safely managed at this LOC. No need for services of an acute general hospital.

For more information please review the ASAM criteria (https://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria). Additionally, providers who require technical assistance may request it from Trina Ja'far at trina.ja'far@maryland.gov.

5. **For patients who are already in treatment prior to the July 1 change-over date, how will their two 30-day yearly treatment episodes be calculated? For example, if a patient enters treatment on June 26 and is discharged on July 3, would that treatment episode be considered the first of their 2 yearly episodes as allowed by Medicaid? Or will episodes begin to be counted for patients admitted after (or on) July 1?**

   Individuals who meet medical necessity for the ASAM level of care for their existing stay as of July 1 will begin their first Medicaid reimbursable stay on July 1. That stay will continue through the end of their authorization for treatment and does count towards the first episode of care reimbursable under Medicaid.

6. **What are the requirements and steps to get recovery specialists certified?**

   Please note the requirements in the regulations have been adjusted to reflect that licensed practitioners or certified peer support may be utilized for aftercare services In order for a peer to be certified as a peer recovery specialist, the following steps must be taken.

   Training:

   a. The peer recovery specialist must obtain 46 hours of training. The required 46 hours are broken down into 4 domains

Hours Required	Domain
16	Ethical Responsibility
10	Advocacy
10	Mentoring and Education
10	Recovery and Wellness

   b. One Core Training is required (CCAR-Recovery Coach Academy, WRAP Facilitator Training, DBSA Peer Specialist Training, Intentional Peer Support)
   c. Training must have been obtained in the past 10 years
   d. Eligible trainings are offered by numerous agencies in Maryland (visit www.mapcb.wordpress.com/cps for updated agencies list)

e. In-service trainings provided by an agency are also eligible. Maximum in-service hours for the CPRS application is 12 hours of the 46 required
f. 5 hours of online training is eligible

Work/Volunteer Requirements:

a. Must be currently working or volunteering in a peer support role
b. 500 hours in a role of peer recovery support (within the past 2 years)
c. 25 hours of the 500 hours must be supervised and documented by a Registered Peer Supervisor (RPS) (www.mapcb.wordpress.com/cprs for RPS list)
d. Supervision must include 5 hours in each of the 4 training domains. 5 additional supervision hours are required and should include discussions regarding the peer's self-care
e. The 500 work/volunteer hours as well as the 25 supervision hours may be completed at multiple settings and under multiple supervisors but will require documentation from each

Application Process:

a. MABPCB's (Maryland Addictions and Behavioral-health Professional Certification Board) website had the full application to download (www.mapcb.wordpress.com/cprs)
b. There is a $100 application fee to initiate the certification process
c. Request high school/GED or college transcripts to be sent directly to MABCPB
d. Request 3 Recovery References to be sent directly to MABPCB and complete the Recovery Reference form on application
e. Submit signed letter(s) from employer(s) on letterhead verifying 500 work/volunteer hours
f. Complete Education/Training Form along with all copies of training certificates

Application Approval:

a. Once documents are verified, dates for the exam will be emailed out to applicant
b. Applicant must schedule a day and time to sit for the certification exam
c. Applicant will be certified upon passing the examination
d. Certified Peer Recovery Specialist will receive a certificate with certification number via mail

7. Will Beacon offer trainings specifically on the completion of Residential Authorizations?

Beacon is offering webinar trainings specific to Beacon's system and Adult Residential SUD Providers beginning on 6/19/17. Please see the schedule and registration links below.

- 6/19/17 2:00 pm – 3:30 pm Register here: https://beaconhealthoptions.webex.com/beaconhealthoptions/k2/j.php?MTID=td74e8bebf13b74e6f8a3c8af23934f3b
- 6/20/17 12:00 pm – 1:30 pm Register here: https://beaconhealthoptions.webex.com/beaconhealthoptions/k2/j.php?MTID=t0a9ad08c4adcfef21b4fc2e5d40354d5
- 6/21/17 10:00 am – 11:30 am Register here: https://beaconhealthoptions.webex.com/beaconhealthoptions/k2/j.php?MTID=t942e4376992255b268cd3df725ec5e72

- 6/23/17 2:00 pm – 3:30 pm Register here: https://beaconhealthoptions.webex.com/beaconhealthoptions/k2/j.php?MTID=t1ff87aa82fefa97bdb42c283616b089b
- 6/26/17 10:00 am – 11:30 am Register here: https://beaconhealthoptions.webex.com/beaconhealthoptions/k2/j.php?MTID=t1ff87aa82fefa97bdb42c283616b089b