



Addictive and Mental Disorders Division  
Non-Medicaid Services Provider Manual for Contracted  
Substance Use Disorder Services

Effective October 1, 2019

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# Introduction

## Purpose

The Addictive and Mental Disorders Division (AMDD) Non-Medicaid Services Provider Manual for Substance Use Disorders (SUD) provides information pertaining to SUD services funded through the Substance Abuse, Prevention, and Treatment (SAPT) Block Grant under contract with AMDD.

- (1) SAPT Block Grant funding is available to individuals 0-200% Federal Poverty Level (FPL) as follows:
  - (a) 139-200% FPL and is not otherwise Medicaid eligible; and
  - (b) 0-200% FPL and the service is not a Medicaid covered service.
- (2) This manual contains information pertaining only to non-Medicaid covered services for individuals 0-200% FPL.
- (3) Individuals 139-200% FPL, who are not otherwise Medicaid eligible, may receive the following Medicaid covered services through the SAPT Block Grant:
  - (a) SUD Medically Monitored Intensive Inpatient (ASAM 3.7), Adult;
  - (b) SUD Medically Monitored High Intensity Inpatient (ASAM 3.7), Adolescent;
  - (c) SUD Clinically Managed High-Intensity Residential (ASAM 3.5), Adult;
  - (d) SUD Clinically Managed Medium-Intensity Residential (ASAM 3.5), Adolescent;
  - (e) SUD Clinically Managed Low-Intensity Residential (ASAM 3.1), Adult and Adolescent;
  - (f) SUD Intensive Outpatient (IOP) Therapy (ASAM 2.1), Adult and Adolescent;
  - (g) Targeted Case Management;
  - (h) SUD Outpatient therapy; and
  - (i) Certified Peer Support Services - Individual.

These services are outlined in the Addictive and Mental Disorders Division, Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health on the AMDD website at: <https://dphhs.mt.gov/amdd>.

## Eligibility

To determine an individual's eligibility for service provider through the SAPT Block Grant, the provider must determine if the individual is a Medicaid member. If the individual is Medicaid eligible, the SAPT Block Grant is the payer of last resort and Medicaid must be billed prior to the SAPT Block Grant. Medicaid eligibility can be verified at: <https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>.

In addition to the eligibility requirements outlined in this section, an individual must also meet the medical necessity requirements for the service(s) provided. Medical necessity criteria are outlined for each service in the Service section below.

### **Financial Eligibility Requirements**

To be eligible for reimbursement for services provided through the SAPT Block Grant, an individual must have a tax filing unit Modified Adjusted Gross Income (MAGI) equal to or less than 200% of federal poverty guidelines. The **poverty guidelines** are issued each year in the Federal Register by the **Department of Health and Human Services (HHS)**, found at: <https://aspe.hhs.gov/poverty-guidelines>.

- (1) The provider must determine an individual's financial eligibility to qualify the individual for substance use disorder services reimbursed under the SAPT Block Grant unless the individual
  - (a) presents a current Medicaid card; or
  - (b) has a current eligibility span on the Medicaid Eligibility System.
- (2) To determine financial eligibility for the SAPT Block Grant, a provider must complete a Financial Intake Form (FIF) prior to service delivery. This form includes applicable MAGI information and can be found on the AMMD website at Financial Intake Form.
- (3) The FIF must be updated every 30 days or if there is a change in the individual's MAGI.
- (4) The completed FIF, with the supporting income documentation/verification, must be completed, signed, and maintained on file for each individual requesting services funded through the SAPT Block Grant.
- (5) The FIF must be signed by the individual and/or the individual's legal guardian/parent.

For detailed MAGI information, please go to the DPHHS Public Assistance Policy Manuals on the website at: <https://dphhs.mt.gov/hcsd>.

### **Eligibility of Justice Involved Individuals**

- (1) A provider may receive reimbursement for services provided to an individual:
  - (a) who is pre-trial and are yet to be adjudicated;
  - (b) in a pre-release center; or
  - (c) on probation or parole living independently in the community.
- (2) A provider may not receive reimbursement for services provided to an individual who is incarcerated.
- (3) An individual residing in a state correctional facility or detention facility is not eligible for services under the SAPT Block Grant while residing in the facility.

### **Eligibility of Co-Occurring Individuals**

Individuals with a primary diagnosis of a SUD and a secondary diagnosis of a mental illness may receive services from a state approved agency under contract with the department. For co-occurring services that are also Medicaid covered services, the SAPT Block Grant matches the requirements for those services for individuals between 139-200% FPL. Services that are also Medicaid covered services are:

- Adult Group Home
- Mental Health Outpatient Therapy

**\*\*For these services, please go to the Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health found on the AMDD website at: <https://dphhs.mt.gov/amdd>.**

## **Definitions**

For the purpose of the manual, the following definitions apply:

- (1) “American Society of Addiction Medicine (The ASAM Criteria)” means the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge of individuals with addiction and co-occurring conditions.
- (2) “Diagnostic and Statistical Manual of Mental Disorders (DSM)” means the American Psychiatric Association’s classification of mental disorders manual. The DSM is the standard reference for clinical practice in the mental health field.
- (3) “Independent living” means a service to assist a member/individual with skills needed for daily living including maintenance of physical health and wellness, personal hygiene, safety, and symptom management. The service can be provided by a direct care rehabilitation worker, behavioral health aid, or program manager.
- (4) “Individual” means a person seeking services or currently being treated for substance related problem(s) by a state approved program.
- (5) “Individualized Treatment Plan (ITP)” means as defined in ARM 37.106.1902 and ARM 37.106.1720.
- (6) “State-approved program” means a program reviewed and accepted by the department to provide substance use disorder services under 53-24-208, MCA.
- (7) “Substance Use Disorder (SUD)” means an individual with a substance use disorder diagnosis from the most current edition of the DSM as the primary diagnosis.

## Section 1 Utilization Management

The authorization process outlined in the Addictive and Mental Disorders Division, Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health, for Medicaid Services must also be followed for the following non-Medicaid services:

- (1) SUD Medically Monitored Intensive Inpatient (ASAM 3.7), Adult;
- (2) SUD Medically Monitored High Intensity Inpatient (ASAM 3.7), Adolescent;
- (3) SUD Clinically Managed High-Intensity Residential (ASAM 3.5), Adult;
- (4) SUD Clinically Managed Medium-Intensity Residential (ASAM 3.5), Adolescent;
- (5) SUD Clinically Managed Low-Intensity Residential (ASAM 3.1), Adult and Adolescent;
- (6) SUD Intensive Outpatient (IOP) Therapy (ASAM 2.1), Adult and Adolescent;
- (7) Targeted Case Management;
- (8) SUD Outpatient therapy; and
- (9) Certified Peer Support Services - Individual.
- (10) Medication Assisted Treatment (MAT)

For these services, please go to the Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health found on the AMDD website at: <https://dphhs.mt.gov/amdd>.

Below is a table that provides an At-A-Glance overview for utilization management of substance use disorders covered by the SAPT Block Grant that are **not** covered by Medicaid for SUD services. For services where limits apply, the provider may request an exception from the department to the limitation on a case-by-case basis. Exceptions will be reimbursed if the provider demonstrates why services are medically necessary over the unit limits and will maintain or improve the individual's level of functionality or demonstrate a change of interventions/services. **Current forms required for utilization management are available on the AMDD website at: <https://dphhs.mt.gov/amdd>. The forms for each service include the information regarding where and how to submit the form and the documentation required for the specific service.**

## Utilization Review, At-A-Glance

Substance Use Disorder Services				
Service	Prior Authorization	Continued Stay Review	Limits	Diagnostic Criteria
SUD Laboratory Test	Not Required	Not Required	One test per 24 hours	SUD
SUD Psychosocial Rehabilitation	Not Required	Not Required	12 units per day	SUD
SUD Special Projects	CDB Approval prior to billing	Not Required	N/A	SUD

## **Integrated Service Delivery and Explanation of Concurrent Service Reimbursement**

The department encourages integrated services for members who have a co-occurring mental health and SUD diagnosis. Integrated treatment of co-occurring diagnosis is a best practice and recommended by SAMSHA. We encourage services with bundled reimbursement to provide integrated care to address the full person.

Many of the services have bundled rates. Bundled rates include multiple service components for a single rate, typically provided on a daily or per diem schedule. SAPT Block Grant does not allow concurrent reimbursement of services that share any service components because of federal Medicaid regulations which prohibit duplicative billing. Services must not be provided to an individual at the same time as another service if the service is the same in nature and scope regardless of funding source, including federal, state, local, and private entities. This does not prohibit individuals who have co-occurring diagnoses from receiving both mental health services and SUD treatment. This encourages integrated service delivery through the provision of cooccurring mental health services and SUD treatment to members with co-occurring disorders and prohibits the separate reimbursement for duplicative services outside of the bundled rate.

Please reference each service section for services that are provided as part of a bundled service rate and may not be reimbursed separately to ensure duplicate billing does not occur. If a provider has questions regarding duplicative billing, please contact AMDD for assistance in determining if a concurrent service is duplicative to prevent recovery of for duplicate billing.



## **Section 2 – Non-Medicaid Substance Use Disorder (SUD) Services**

The following clinical guidelines must be employed for each covered non-Medicaid SUD service for individuals of all ages. An appropriately licensed mental health professional with SUD within the scope of their professional license, or a licensed addiction counselor, must certify the individual continues to meet the criteria for having a SUD annually. The clinical assessment must document how the individual meets the criteria for having a SUD. The most current edition of the ASAM criteria must be used to establish the appropriate level of care for placement into services.

### **SUD Laboratory Testing**

**Definition:**

CLIA Laboratory Performed Blood or Urine Test may also be provided as SUD Drug Testing. A CLIA certified lab must process the test.

**Provider Requirements:**

Drug testing must be provided by a state-approved substance use disorder program under contract with the Department.

**Medical Necessity Criteria:**

The individual must meet the SUD criteria found in this manual.

**Prior Authorization:**

Prior authorization is not required.

**Service Requirements:**

Drug tests are limited to one test per 24-hour period per individual. The need for drug testing services must be written into the ITP.

**Continued Stay Review:**

Not applicable.

**Continued Stay Criteria:**

Not applicable.

**UR Required Forms:**

Not applicable.

## **SUD Psychosocial Rehabilitation**

### **Definition:**

SUD Psychosocial Rehabilitation is a face-to face service provided one-on-one that includes skill building and skills integration designed to serve individuals with significant impairment due to their SUD and/or co-occurring MH disorder by assisting individuals with improving skills related to exhibiting appropriate behavior and living with greater independence and personal choice. These services maximize the skills needed to function in the home, workplace, and community setting. They allow individuals to develop, practice, and strengthen those skills used in their living, learning, social, and work environments. The purpose is to help individuals return to natural settings and activities that are part of a socially integrated life. Services are provided by a rehabilitation aide in ASAM 3.1 facilities.

### **Provider Requirements:**

SUD Psychosocial Rehabilitation must be provided by a state approved program licensed to provide ASAM 3.1 level of care; and under contract with the Department. (2) The provider must develop policies and procedures for initial and on-going staff training for Psychosocial Rehabilitation services;

### **Medical Necessity Criteria:**

Individual must meet the SUD criteria as described in this manual; and meet the ASAM criteria for diagnostic and dimensional admission criteria for ASAM 3.1 level of care.

### **Prior Authorization:**

Prior authorization is not required.

### **Service Requirements:**

- (1) Psychosocial Rehabilitation must:
  - (a) be direct services provided in an individual setting;
  - (b) utilize an evidence-based or promising practice; and
  - (c) be provided in the appropriate setting to the targeted learning event;
- (2) Psychosocial Rehabilitation may include family members as clinically indicated and documented in the treatment plan.
- (3) Psychosocial Rehabilitation must address at least one of the following:
  - (a) social skills;
  - (b) problem solving skills;
  - (c) coping skills;
  - (d) parenting skills;
  - (e) independent living skills;
  - (f) pre-vocational skills;
  - (g) family relationships; and
  - (h) self-management of symptoms
- (4) Psychosocial Rehabilitation is not a bundled service and must be billed using the appropriate HCPCS code.
- (5) Transportation is not an allowable direct service;
- (6) The treatment plan must include the following:
  - (a) identified rehabilitative activities;

- (b) the frequency of services as determined by the needs and desires of the individual;
- (7) The Rehabilitation Aide must:
  - (a) be supervised by a Licensed Addictions Counselor or Clinical Supervisor with extensive experience with individuals with a SUD;
  - (b) are provided by staff whose only function is to provide this service by program
  - (c) Supervisors must meet with Rehabilitation Aides on a regular basis as determined appropriate; and
- (8) Progress notes must follow requirements outlined in ARM 37.27.120.

**Continued Stay Review:**

Not applicable.

**Continued Stay Criteria:**

Not applicable

**UR Required Forms:**

Not applicable.

## **SUD Special Projects**

**Definition:**

SUD Special Projects allow providers to offer services that are outside the range of existing services listed in this manual or reimbursed through other payment sources. The services can vary across providers and service area and must be outlined in a proposal that is submitted to the Department for approval. Projects are limited to one year of funding and may not be funded in future requests.

**Provider Requirements:**

SUD Special Projects must be provided by a state approved program under contract with the Department.

The provider must:

- (1) Have a plan for sustainability after the initial funding request;
- (2) Identify evaluation data to track progress and success of the project;
- (3) Guarantee the services aren't reimbursable through other funding sources;
- (4) Meet federal funding requirements (i.e. no purchase of food, etc.); and
- (5) Ensure that services are included as part of an ITP; and
- (6) Include a detailed plan and budget.

**Medical Necessity Criteria:**

The individual must meet the SUD criteria as described in this manual for the level of care being addressed by the special project.

**Prior Authorization:**

Prior authorization is required. The detailed plan must be submitted to the Department for approval.

**Service Requirements:**

- (1) Must utilize an evidence-based or promising practice;
- (2) The provider must adhere to the ASAM criteria service standards for service planning and level of care placement characteristic category standards. These categories include:
  - (a) examples of service delivery and settings;
  - (b) therapies;
  - (c) support systems;
  - (d) assessment/ITP review;
  - (e) staff; and
  - (f) documentation.

**Continued Stay Review:**

Not applicable.

**Continued Stay Criteria:**

Not applicable

**UR Required Forms:**

Not applicable.

## **Case Consultation**

**Definition:**

Case Consultation (CC) is a consultation, by a licensed mental health professional to an addiction treatment team or addiction professional, to integrate mental health and substance use disorder related treatment planning, therapeutic interventions and clinical direction.

**Provider Requirements:**

Case Consultation must be provided by licensed mental health professional employed or subcontracted by a state approved program under contract with the Department.

**Medical Necessity Criteria:**

The individual must meet the SUD criteria found in this manual; and have a co-occurring mental health diagnosis found in the current DSM.

**Prior Authorization:**

Prior authorization is not required.

**Service Requirements:**

- (1) CC can be provided by one professional for the specified date/time.
- (2) CC must be focused on one individual discussed and not the entire time the professional is attending the treatment team meeting.
- (3) The need for both SUD and MH services must be written into the ITP.

**Continued Stay Review:**

Not applicable.

**Continued Stay Criteria:**

Not applicable

**UR Required Forms:**

Not applicable.