



Connecticut Medical Assistance Program

Policy Transmittal 2023-29

Andrea Barton Reeves, J.D., Commissioner

Provider Bulletin 2023-50

June 2023

Effective Date: July 1, 2023
Contact: donaicis.alers@ct.gov

TO: Behavioral Health Federally Qualified Health Centers (FQHCs)

RE: Reimbursement for Intermediate Substance Use Disorder (SUD) Treatment at Behavioral Health FQHCs

Effective for dates of service on and after July 1, 2023, the Department of Social Services (DSS) will require that any Connecticut Medical Assistance Program (CMAP) providers enrolled as a Behavioral Health Federally Qualified Health Centers (BH FQHC) be certified to provide and be reimbursed for the following intermediate substance use disorder (SUD) treatment services:

- ASAM 1-WM – Ambulatory Withdrawal Management (WM)
- ASAM 2-WM – Ambulatory WM with Extended Monitoring
- ASAM 2.1 - Intensive Outpatient (IOP)
- ASAM 2.5 - Partial Hospitalization (PHP)

BH FQHCs who have not obtained certification or provisional certification to provide these levels of care (LOC) are no longer eligible to receive their encounter rate for these treatment services, including IOP and PHP for an individual with a primary SUD diagnosis. BH FQHCs who bill for these services without proper certification will be subject to recoupment of any paid claims.

For both the provisional certification and the final certification required of CMAP providers providing the above noted treatment services, certification is issued by site at the address listed on the certification document. If a certified site shares a CMAP provider identification number with any other sites, the certification does not carry over to the other

sites. Each site must be separately certified if providing intermediate SUD treatment services.

If any CMAP enrolled BH FQHC submits claims for intermediate SUD services rendered at a non-certified site or submits claims for intermediate mental health services for individuals with an SUD primary diagnosis whose treatment should be provided in a certified ASAM level of care, the agency will be subject to recoupment of any paid claims. BH FQHCs should not alter the diagnostic profile of a member, including but not limited to the prioritization of other behavioral health diagnoses, to avoid the certification process.

Initial Provider Eligibility and Provisional Certification:

Certification expectations do not impact or change any expectations regarding licensure. Each BH FQHC must obtain and maintain all licenses and certifications applicable to all age cohorts (children, adults, or both) that it serves and all levels of care that it provides. For services provided outside the state by a CMAP enrolled provider as authorized by the state in accordance with federal regulations in 42 C.F.R. § 431.52, the provider facility and each practitioner employed by or working under contract to the BH FQHC must have comparable credentials in the state in which the BH FQHC is located, as determined by DSS and documented during the provider enrollment process.

Certification inquiries can be directed to 1115Waiver@abhct.com.

Provisional certification is required for each intermediate SUD level of care that is offered by the BH FQHC and will be granted for a period not to exceed twenty-four (24) months from initial approval. During the provisional certification period, BH FQHCs are expected to make continuous progress toward achieving full certification prior to or by the end of the 24-month period.

To qualify for and maintain provisional certification, BH FQHCs must successfully complete a provisional certification application process, meet initial criteria and progressively achieve staffing and program milestones during the provisional certification period, including implementation of the American Society of Addiction Medicine (ASAM) guidelines that have been adopted by the state, which is currently the ASAM 3rd edition. The State will notify BH FQHCs if there is a change to the State's implemented edition of the ASAM clinical guidelines.

For dates of service on and after July 1, 2023, where the BH FQHC is actively working to ensure full compliance with ASAM criteria specific to that level of care, BH FQHCs may bill for services under provisional certification, even though they may not meet the full ASAM requirements and state standards, as they work diligently and continuously towards meeting applicable compliance requirements and full certification. Service duration requirements by level of care are in effect upon implementation of the program. Staff should continue to operate within their scope of practice as applicable under state law.

The treatment program must fully comply with ASAM criteria on or before the date that its provisional certification expires. Once a program's provisional certification expires or is revoked, Medicaid will pay the SUD intermediate services only if the program has obtained and maintains

applicable full certification from the state or its agent(s), as detailed above, and fully complies with ASAM criteria and maintains such compliance on an ongoing basis.

Any BH FQHC that does not maintain provisional certification while progressing toward full certification, or who fails to achieve and maintain full certification within 24 months of the provisional certification effective date, will not be permitted to bill for those services.

Upon receiving written notice of provisional certification, the BH FQHC must enter the appropriate certification(s) to the provider's secure [Web Portal](#) Demographic Maintenance panel and upload their provisional certification approval document, an acknowledgement of the 24-month deadline for full ASAM certification signed by the Chief Executive Officer, Executive Director or equivalent and an addendum to the provider enrollment agreement to the provider's secure Web Portal Provider Document Upload panel. **The deadline for uploading these documents is June 27, 2023**, in order to avoid claims concerns.

Instructions on how to access and upload to the Web Portal and copies of the acknowledgement and addendum forms are available on the Demonstration's [website](#) on the "[Related Resources](#)" page under "Important Documents".

Ongoing Enrollment and Full Certification:

During the provisional certification period, DMHAS and DCF, or their designated agent(s), will conduct an initial assessment and ongoing monitoring of all BH FQHCs to ensure continuous progress to meet the ASAM requirements, state standards and project milestones is occurring. A monitoring tool will be shared with providers so they can self-assess throughout the provisional certification period and will be utilized by each state agency and/or designated agent(s) during compliance visits.

At the end of the provisional certification period, all certified BH FQHCs must maintain full compliance with all ASAM requirements and state standards and receive full certification from DMHAS and/or DCF or their designated agent(s), or they will not be permitted to bill for those services. If at any time a provider loses their full certification status, the provider must regain full certification before allowance to bill for these services will be reinstated. A second provisional certification period will not be provided. Full certification status designations will be valid for three years from date of approval. DMHAS, and/or DCF or their designated agent(s) will be responsible for conducting compliance monitoring and recertification activities under this Demonstration.

Provider Monitoring:

DMHAS and DCF, directly and/or through their designated agent(s), will monitor BH FQHCs during the provisional certification period and throughout the entire duration of the Demonstration, including any extensions. BH FQHCs that achieve full certification must participate in ongoing monitoring.

Provider Training:

The state agencies referenced above are committed to initial and ongoing training for providers. Provider training topics may be conducted by various entities, including the state agencies and their agents, depending on the topic of the training. The State's current training plan for ambulatory SUD providers is available on the Demonstration's website under "Training Opportunities". These trainings include:

- Motivational Interviewing
- Transtheoretical Stages of Change
- The ASAM Criteria, 3rd edition

Although the State may arrange for some of these trainings to help providers adapt to the new requirements and procedures for SUD

services, each provider is independently responsible to understand and comply with all applicable requirements and procedures.

Billing Guidelines:

Providers should continue to follow the Provider Specific Claims Submission Instructions outlined in Chapter 8 of the Provider Manual.

Effective July 1, 2023, the following Healthcare Common Procedure Coding System (HCPCS) codes must be used with the daily encounter code to properly identify the service(s) provided for CMAP eligible members receiving SUD intermediate treatment services. **BH FQHCs must be certified to provide the respective level(s) of care and receive reimbursement for these services. BH FQHCs providing these services without proper certification will be subject to recoupment of any paid claims.**

ASAM Level of Care Description	Encounter Code	HCPCS code
1-WM Ambulatory Withdrawal Management	T1015	H0014
2-WM Ambulatory Withdrawal Management with Extended Monitoring	T1015	H0012
2.1 Intensive Outpatient (IOP)	T1015	H0015
2.5 Partial Hospitalization (PHP)	T1015	H0015 with HH modifier

The amount, frequency, and duration of covered SUD services must be provided in accordance with the member's individualized treatment plan and ASAM criteria and must also comply with the Medicaid program's statutory definition of medical necessity in

section 17b-259b(a) of the Connecticut General Statutes.

When billing for SUD IOP, SUD PHP, or Ambulatory Withdrawal Management, the member must have an SUD diagnosis listed in the primary position on the claim. While emotional, behavioral or cognitive conditions are not required for admission to an intermediate SUD program, such programs should be co-occurring capable such that individuals presenting with these conditions are able to receive concurrent treatment appropriate to their mental health condition.

Clinical group size should not exceed 12 individuals per counselor, regardless of payer. Psychoeducational group size should not exceed 25 individuals per counselor regardless of payer.

For both the provisional certification and the final certification required of CMAP providers providing the above noted treatment services, certification is issued by site at the address listed on the certification document. **If a certified site shares a CMAP provider identification number with any other sites, the certification does not carry over to the other sites. Each site must be separately certified if providing intermediate SUD treatment services.**

If any CMAP enrolled BH FQHC submits claims for services rendered at a non-certified site, the agency will be subject to recoupment of any paid claims.

Ambulatory Withdrawal Management (ASAM 1-WM) is an organized outpatient service delivered by staff who provide medically supervised evaluation, medication or non-medication methods of withdrawal management, member education and referral services. Services provided on any given day must be less than four (4) hours in duration.

In alignment with the American Medical Association (AMA) Services Guidelines and The Centers for Medicare & Medicaid

Services (CMS) National Correct Coding Initiative (NCCI), the below chart reflects the duration of service provision required to bill each hourly unit for HCPCS code H0014:

Length of Service	Number of Hourly Units Billed
30-89 minutes	1 hour
90-149 minutes	2 hours
150-209 minutes	3 hours
210-239 minutes	4 hours
240 minutes or more	Bill for ASAM 2-WM

ASAM 1-WM services less than 30 minutes in duration are not billable. Units are billed hourly as outlined above; partial units are not permitted.

Ambulatory Withdrawal Management with Extended Monitoring (ASAM 2-WM) is an organized outpatient service delivered by staff who provide medically supervised evaluation, medication or non-medication methods of withdrawal management, member education and referral services. Services provided on any given day must be greater than 4 hours and less than 24 hours.

The services of counselors, psychologists, and social workers are accessed through outpatient services by outpatient ASAM 1 providers or programs certified to provide ASAM 2.1 or 2.5 and may be accessed in addition to ASAM 1-WM or 2-WM.

SUD Intensive Outpatient (ASAM 2.1) provides 6-19 hours of clinically intensive programming per week (minimum of three contact days per week) for children and 9-19 hours (minimum of three contact days per week) for adults based on individualized treatment plans. Each IOP day at a child IOP program must be at least 2 programmed hours, of which at least 1 hour must be clinical. Each IOP day at an adult IOP program, must be at least 3 programmed hours, of which at least 2 hours must be clinical. Clinical hours must be

performed by a qualified practitioner as outlined in the state standards.

When the member's progress in IOP no longer requires the total minimum number of weekly programming hours (six hours per week for children or nine hours per week for adults) but they have not yet made enough stable progress to be fully transferred to an ASAM Level 1 (outpatient) program, a reduction in weekly programming hours is permitted for up to two weeks to allow for maintenance in the IOP program, a smoother transition to an ASAM Level 1 program, and to avoid exacerbation and recurrence of signs and symptoms.

SUD Partial Hospitalization (ASAM 2.5) provides 20 or more hours of clinically intensive programming per week (minimum of four contact days per week) based on individualized treatment plans. Each PHP day must be at least 4 hours of programmed hours, of which at least 3 hours must be clinical and performed by a qualified practitioner as outlined in the state standards.

IOP or PHP services can be provided concurrently with medication for addiction treatment (MAT) and/or ambulatory withdrawal management; these treatment hours are separate from the hours of counseling services for IOP and PHP and BH FQHCs should ensure they are meeting the appropriate treatment duration expectations and clinical standards for each respective service. Members should be provided opportunities to be introduced to the potential benefits of MAT as a tool to manage their substance use disorder(s) and programs should facilitate access to MAT when indicated and agreed to by the member.

All other IOP and PHP treatment components, each of which aligns with the ASAM level of care, are included in the daily encounter rate including assessment and individualized treatment plan development; individual, group and family therapy; health services and medication management; peer support

services; service coordination; and skill building and psychoeducation.

Prior Authorization:

Prior authorization remains a requirement for SUD IOP and SUD PHP.

Effective for dates of service on and after July 1, 2023, prior authorization for ambulatory withdrawal management (1-WM and 2-WM) will no longer be required. The State will monitor utilization of ASAM 1-WM and 2-WM to ensure that these services are only provided when medically necessary to assist an individual attending outpatient services to manage withdrawal safely or to induce MAT.

For authorization of services, please access the Carelon Behavioral Health web registration system, ProviderConnect, at www.ctbhp.com and select "For Providers" for online services. If you need access to the web registration portal, please complete the Online Account Services Request Form at www.ctbhp.com, select "For Providers," and scroll to "Templates." If you have any questions, please contact the Carelon Behavioral Health Provider Relations Department at 1-877-552-8247, options 1, 2, 7, or by email at ctbhp@carelon.com.

Posting Instructions:

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution:

This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit:

DSS, Division of Health Services, Integrated Care Unit, Behavioral Health, Donaicis Alers, at donaicis.alers@ct.gov

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