

MD Medicaid SPA 10-01

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STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
<p>13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.</p> <ul style="list-style-type: none">d. Rehabilitative ServicesV. Community-Based Substance Abuse Services	<p>A. Community-based substance abuse programs provide services in community settings not regulated by the State's hospital rate setting body, the Health Services Cost Review Commission. These services are limited to those specified in COMAR 10.09.80 and include: comprehensive substance abuse assessments, group substance abuse counseling, individual substance abuse counseling, and intensive outpatient services.</p> <p>B. Providers are programs which have been certified by the Office of Health Care Quality in accordance with COMAR 10.47.01 and meet the requirements established by the Alcohol and Drug Abuse Administration, also as described in COMAR 10.47.01. All staff providing services within the programs are licensed or certified by the State.</p> <p>C. All clinical staff, including the administrator, clinical director, and clinical supervisor, shall review the program's policies and procedures and shall sign a statement saying that they reviewed and understood the policies and procedures.</p> <p>D. Programs are required to have the following staff:</p> <ul style="list-style-type: none">1. A program administrator who shall:<ul style="list-style-type: none">a. Ensure that the program complies with all applicable State and federal laws; andb. Ensure that program staff are credentialed and appropriately privileged.

TN NO. 10-01
Supersedes TN No. NEW

Approval Date: **MAR 10 2010**
Effective Date: JANUARY 1, 2010

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<p>13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.</p> <ul style="list-style-type: none">d. Rehabilitative ServicesV. Community-Based Substance Abuse Services	<p>c. Individual and group counseling sessions integrate evidence-based psychotherapeutic interventions with community support linkages. Cognitive-behavioral, motivational, insight-based techniques, combined with psychopharmacologic interventions, are used according to each patient's needs. The therapeutic style is client centered and flexible. Treatment usually involves a combination of individual and group therapy. The primary goals of treatment are to:</p> <ul style="list-style-type: none">i. Improve and maintain patient motivation to abstain from all non-prescribed psychoactive substances of abuse.ii Foster development of coping and problem solving skills;iii. Improve relationships with family and/or other support networks;iv. Participation in education, employment, medical, psychiatric, and legal rehabilitation activities as needed; andv. Engage patient in long-term recovery through involvement in peer and other recovery supports.

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d. Rehabilitative Services
V. Community-Based Substance Abuse Services

d. Each individual and group counseling session shall be documented in the recipient's record through written progress notes after each counseling session; and

e. Before discharge, the provider shall give the recipient a discharge plan which includes written recommendations to assist the recipient with continued recovery efforts, as well as appropriate referral services.

3. Level II Intensive Outpatient Services provides services for recipients who require 9 to 20 hours weekly for adult and 6 to 20 hours weekly for adolescent.

a. Recipients who are appropriate for this level of treatment shall:

i. Meet the current edition of the American Society of Addiction Medicine Patient Placement Criteria for Level II; and

ii. Have a physical and emotional status that allows them to function in their usual environment;

b. Before providing Level II Intensive Outpatient Services as described in this section, the provider must develop a written individualized treatment plan, with the participation of the recipient based on the comprehensive

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 d. Rehabilitative Services
 V. Community-Based Substance Abuse Services

assessment and recipient placement recommendation as described in section A of this regulation. This plan shall be updated every 30 days, shall be reviewed and approved by a licensed physician or licensed practitioner of the healing arts, within the scope of his or her practice under State law, and shall include:

- i. The recipient's individual needs;
- ii. Long-range and short-range treatment plan goals;
- iii. Specific interventions for meeting the treatment plan goals which must include at least one group counseling session a week; and at least one individual session every two weeks
- iv. Target dates for completion of treatment plan goals;
- v. Criteria for successful completion of treatment;
- vi. Referrals to ancillary services, if needed; and
- vii. Referrals to recovery support services, if needed;

c. Although it is expected that each Intensive Outpatient Service will typically last three or more hours, each session shall last at least two hours in order to be billed;

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d. Intensive outpatient treatment is a more intense form of treatment than Level 1 group and individual counseling. The clinical work is primarily done in a group setting, with individual sessions scheduled periodically outside of group hours. This is either a step-down treatment from more intensive, often inpatient-based, care or a step-up when a patient is in need of more intensive services. While less intensive than inpatient care, it provides a substantial range of treatment intensity and bridges the gap between medically managed or medically monitored intensive inpatient treatment and traditional outpatient services of low intensity as described in 2 above. Patients participate within an ambulatory therapeutic setting while residing in a separate location. Patients in this level of care are provided evidence-based therapeutic interventions to address acute and chronic emotional, cognitive, and behavioral issues. There is a strong reliance upon the group process as a means to confront and address dysfunctional behaviors and learn alternative coping skills.

e. A recipient progress note shall be added to the recipient's record after each session; and

f. Before discharge, the provider shall give the recipient a discharge plan which includes written recommendations to assist the recipient with continued recovery

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PROGRAM	STATE OF MARYLAND LIMITATIONS
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Approval Date: MAR 19 2010
Effective Date: JANUARY 1, 2010

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State of Maryland

Community-Based Substance Abuse Services
Reimbursement Methodology

1. a. The Agency's rates for community-based substance abuse services are fixed rates established by the Department in COMAR 10.09.80. They are set as of 1/1/10 and are effective for services on or after that date. All providers must be certified by the Office of Health Care Quality in accordance with COMAR 10.47 and shall meet the requirements established by the Alcohol and Drug Abuse Administration as described in COMAR 10.47. Services are limited to those outlined in 3.1.A Section 13d.VI of the Maryland State Plan. Providers will be paid the lower of the provider's customary fee schedule to the general public or the published fee schedule.

b. All providers described in 1a, both government and non-government, are reimbursed pursuant to the same fee schedule. Providers are paid by HCPCS codes and the rates are based on the rate that Maryland Medicaid reimburses its specialty mental health providers for similar services. These rates are under those allowed for similar codes under the Medicare Program. All rates are published on the Agency's website at:

<http://dhmh.maryland.gov/mma/providerinfo/doc/010109revphysfeeschedrev2.xls>

c. Payment limitations:

- The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public;
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient;
 - Travel to and from site of service;
 - Services rendered but not appropriately documented.

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