Comments for Chapter 504 Substance Use Disorder Services

Effective Date: January 14, 2018

Number	Date Received	Comment	Status Result
1	December 12, 2017	[Provider] has recommendations related to clinical supervision requirements in 504.13.1. In our prior meetings and discussions, we had understood that the following would be included in the person approved to supervise bachelors' degree counselors without an ADC credential: Clinical Supervisor, Advanced Alcohol and Drug Counselor (AADC), Certified Clinical Counselor, Master Addiction Counselor, Licensed Psychologist, Licensed Professional Counselor, and Licensed Independent Clinical Social Worker. The list in 504.13.1 includes only Clinical Supervisor and AADC. [Provider] recommends the list be expanded to include supervisors with the credentials listed above as previously discussed.	Change: The list of supervisors has been updated in Section 504.13.1.
2	December 12, 2017	It is [Provider's] understanding that the weekly bundled rate does not apply to the day one assessment/admission and that services provided on this day will be billed under fee for service. It would be helpful to have clarification of this in the manual. In addition, providers will need a code to bill day one medication administration, which includes observation of the patient for approximately 3 hours following administration of the initial dose.	Change: Section 504.13.2 has been updated to include this. There are first day services outside of the bundle rate.
3	December 12, 2017	[Provider] also seeks clarification on prior authorization. Based on discussions, it is [Provider's] understanding that if an individual meets the criteria for admission to an OTP, prior authorization is not required. It would be helpful to have written confirmation that prior authorization is not required.	Change: The policy has been updated to reflect this.
4	January 3, 2018	Master Addiction Counselor (MAC) from NAADAC (I am one!) is frequently expressed in the manual as "Masters Addiction Counselor" so there's no "s" at the end of "master". I'll assume that this is the first stage roll-out and that peer recovery coaching and a residential treatment per-diem will likely follow later?	Change: References have been updated to Master Addiction Counselor as noted in the comment. Additional policy will be released regarding services available in "Phase 2" of the Waiver implementation.

5	January 3, 2018	The requirement to conduct an SBIRT screening as part of the H0031 (and 90791 and 90792) assessment and evaluation services applies to ages 10 and up – is that something new? I think we have only conducted an SBIRT on intakes that are 18 years old and older.	Change: Yes, as a condition of Waiver approval, BMS agreed to add SBIRT as a requirement for those three codes (H0031, 90791, 90792) for ages 10 and older. This ensures the continuum of care by including SBIRT as ASAM® Level .5 SBIRT® is only required on the initial assessment/evaluation.
6	January 3, 2018	I was surprised to see no set ceiling or set rate set for methadone, on page 25, just mention of the provider's "usual and customary charge" for services delivered – maybe reimbursement rates are not included in the manuals, rather, in separate documents or other places (?).	Change: Clarification has been added to the methadone section, including very specific dosing guidelines, but we do not publish rates as part of the policy manual.
7	January 3, 2018	Will Medicaid only pay for the first 4 milligrams of Naloxone administered by emergency responders at one time? I thought I read where some people were requiring a lot more to reverse fentanyl or fentanyl analogs, maybe the 4 milligrams will be enough to get them to an emergency department. Everything else looks good to me, as expected. Thanks for allowing and considering my comments.	No Change: The 4mg dose of Naloxone is what is usually given through nasal administration. BMS did not limit the amount of times it can be billed for one person. There could be more than one 4mg dose given. However, based upon our discussions with first-line responders, typically if more than a 4mg dose is given, the member will be transported to the ER.
8	January 11, 2018	The reference to SBIRT should indicate that SBIRT screening and appropriate follow up is documented in the individual's clinical record.	Change: Addition to 504.9 bullet added. Also updated last bullet under documentation for initial intake in section 504.12.1, 504.12.2, 504.2.13 to read: Completed SBIRT and appropriate follow-up is required for individuals age 10 and older.
9	January 11, 2018	Under 504.12.1 Approved Causes for Utilization another number such as 6. Re-assessment should be specifically indicated.	Change: BMS agrees, and has added number six (6) under 504.12.1 *Re-assessment should be specifically documented.*

10	January 11, 2018	Re-assessment. Under documentation 1. And 2 where it refers to Mental status examination I am sure they will expect the Mental Status Exam elements including: Appearance; Behavior; Attitude; Level of consciousness; Orientation; Speech; Mood and affect; Thought process/form and thought content; Suicidality homicidally; insight and Judgment.	No Change: BMS did take this into consideration, however this is a different level of education for these codes and therefore no change is necessary.
11	January 11, 2018	Again in 504.12.1; 504.12.2 and 504.12.3 documentation of SBIRT screening and appropriate follow-up should be recorded in the individual clinical record.	Change: Addition to 504.9 bullet added regarding documentation. Also updated last bullet under documentation for initial intake in section 504.12.1, 504.12.2, 504.2.13 to read: Completed SBIRT and appropriate follow-up is required for individuals age 10 and older.
12	January 11, 2018	There is another clause in the draft which mentions all APRN's will have to maintain a collaborative agreement. This is actually inaccurate. After 3 years of practice, APRN's can request to go without a collaborative agreement from the board of nursing.	Change: Updated section 504.3.2 regarding collaborative agreements for APRNs.