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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 15-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT # 052820154033

AUG 21 2015

Shannon McMahon, Deputy Secretary
Health Care Financing
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Ms. McMahon:

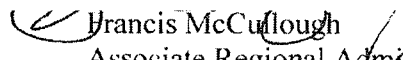
Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 15-0003. This SPA adds partial hospitalization, ambulatory detox and buprenorphine induction as services for community-based substance use disorders and moves opioid treatment programs under community-based substance use disorders.

The effective date for this amendment is January 1, 2015. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at 215-861-4325.

Sincerely,
/S/

As


Francis McCullough
Associate Regional Administrator

Enclosures

| | | |
|--|--|----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER: 15-0003 | 2. STATE Maryland |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE January 1, 2015 | |

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

| | |
|---|---|
| 6. FEDERAL STATUTE/REGULATION CITATION: N/A | 7. FEDERAL BUDGET IMPACT: a. FFY 2015: \$ 0 b. FFY 2016: \$ 0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1A pg 22 & 22A (AMEND) Att. 3.1A pg 29C-21 through 29C-28 (AMEND) Att. 3.1A pg 29C-29 and 29C-30 (DELETE) Att. 3.1A pgs 29C-19 through 29C-20 (DELETE) Att. 4.19B pg 17 (AMEND) Att. 4.19B pg 17A (NEW) Att. 4.19B Pg. 38A (DELETE) | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1A pgs 22 & 22A Att. 3.1A pgs 29C-19 through 29C-30 29C-21 through 29C-30 Att. 4.19B pg 17 Att. 4.19B Pg. 38A |

10. SUBJECT OF AMENDMENT: To add partial hospitalization, ambulatory detox and buprenorphine induction as services for community-based substance use disorders and move opioid treatment programs under community-based substance use disorders.

| | |
|---|--|
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Susan J. Tucker, Executive Director Office of Health Services |
|---|--|

| | |
|---|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/ | 16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201 |
| 13. TYPED NAME: Shannon McMahon | |
| 14. TITLE: Deputy Secretary, Office of Health Care Financing | |
| 15. DATE SUBMITTED: 03/24/15 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|--|---|
| 17. DATE RECEIVED: 03/24/15 | 18. DATE APPROVED: August 21, 2015 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015 | 20. SIGNATURE OF REGIONAL OFFICIAL: /S/ |
| 21. TYPED NAME: Francis T. McCullough | 22. TITLE: Associate Regional Administrator |

23. REMARKS: Per State Medicaid Officials, pen and ink changes made to boxes 8 & 9 to properly reflect State Plan pages amended and/or deleted.

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

9.a. Description of Services: CLINIC SERVICES
As defined in CFR §440.90

Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The term includes the following services furnished to outpatients:

- (a) Services furnished at the clinic by or under the direction of a physician or dentist.
- (b) Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address

Provider Types:

- **Local Health Departments** - a division of a local government responsible for the oversight and medical care relating to public health.
- **General Clinics** - general medical practice run by one or more general practitioners and/or internal medicine providers.
- **Family Planning Clinics** - a clinic that provides reproductive health services.
- **Outpatient Mental Health Centers**- a clinic that provides specialty mental health services.

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Supersedes TN #: 12-02

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Limitations:

Include:

- Any services identified by the Department as not medically necessary or not covered;
- Investigational and experimental drugs and procedures;
- Visits solely for the purpose of one or more of the following
 - Prescription, drug or supply pick-up, or collection of laboratory specimens;
 - Ascertaining the patient's weight; and
 - Measurement of blood pressure
- Injections and visits solely for the administration of injections;
- Immunizations required for travel outside the Continental U.S.;
- Visits solely for group or individual health education;
- Separate billing for services which are included as part of another service;
- Separate reimbursement to a physician for services provided in a clinic in addition to the clinic reimbursement;
- Services not approved by a licensed physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law;
- Services beyond the provider's scope of practice;
- Services rendered but not appropriately documented;
- Services rendered by mail, telephone, or otherwise not one-to-one, in person, with the exception of approved telemedicine services;
- Completion of forms or reports;
- Broken or missed appointments; and
- Travel to and from site of service.

AUG 21 2015

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Supersedes TN #: 13-02

Approval Date: _____

Effective Date: January 1, 2015

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13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.
- d. Rehabilitative Services
 - V. Community-Based Substance Use Disorder Services
-

Description of Services:

Community-based substance use disorder programs provide services in non-hospital community-based settings. These services include: comprehensive substance use disorder assessments, group substance use disorder counseling, individual substance use disorder counseling, intensive outpatient services, partial hospitalization, ambulatory withdrawal management, methadone maintenance, buprenorphine medication, buprenorphine induction, and buprenorphine maintenance service.

Program Requirements:

Community-based substance use disorder providers are programs which have been certified by the Office of Health Care Quality within the Department of Health and Mental Hygiene and meet the requirements established by the Department. All staff providing services within the programs are credentialed and appropriately privileged by the State.

Covered Services:

Maryland Medicaid covers the following medically necessary community-based services when rendered to a participant by a qualified program authorized by the Department or its designee. All programs must meet the staffing requirements listed above to obtain Department approval.

All services identified below must include participant progress notes recorded after each session for all levels of service, a discharge plan which includes written recommendations to assist the participant with continued recovery efforts, and appropriate referral services which, if needed, includes referrals to ancillary services and recovery support services.

A. Comprehensive substance use disorder assessment

1. *Definition of Service:* A comprehensive substance use disorder assessment is a process of determining a participant's current health status and relevant history in areas including substance use, mental health, social supports, and somatic health. Programs use a comprehensive assessment to establish the type and intensity of services participants will need to adequately address their substance use disorder.

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2. *Service Requirements:* Comprehensive substance use disorder assessment at a minimum 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 an assessment of drug and alcohol use, as well as substance use disorder treatment history. It shall also include referrals for physical and mental health services; and a recommendation for the appropriate level of substance use disorder treatment.
3. *Staff Requirements:* Practitioners qualified to receive reimbursement for comprehensive substance use disorder assessment are alcohol and drug counselors who shall at a minimum be:
 - Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists;
 - Approved by the Board of Professional Counselors and Therapists; or
 - Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.

B. Level 1 group and individual substance use disorder counseling services

1. *Definition of Service:* Individual and group counseling sessions integrate evidence-based psychotherapeutic interventions with community support linkages. Cognitive-behavioral, motivational, and insight-based techniques are used according to each participant's needs. The therapeutic style is client-centered and flexible. Treatment usually involves a combination of individual and group counseling. The primary goals of treatment are to:
 - a. Develop skills to enable individuals to abstain from all non prescribed psychoactive substances;
 - b. Develop relapse prevention strategies through family and/or other support networks; and
 - c. Engage patient in long-term recovery strategies.

Participants who require services for less than 9 hours weekly for adults and less than 6 hours weekly for adolescents are eligible to receive Level 1 group and individual substance use disorder counseling services.

2. *Service Requirements:* Before providing Level 1 services described in this section, the provider shall develop a written individualized treatment plan, in conjunction with the participant based on the comprehensive assessment. This plan which shall be updated as clinically appropriate, shall be reviewed and approved by a licensed

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physician or licensed practitioner of the healing arts within the scope of his or her practice under State law, and shall include:

- An assessment of the participant's individual needs; and
 - The participant's treatment plan goals.
3. *Staff Requirements:* Practitioners qualified to receive reimbursement for Level 1 group and individual substance use disorder counseling services are alcohol and drug counselors who shall at a minimum be:
- Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists;
 - Approved by the Board of Professional Counselors and Therapists; or
 - Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.

C. Level 2.1 Intensive Outpatient Services

1. *Definition of Service:* Level 2.1 Intensive Outpatient Service is a more intense form of treatment than Level 1 group and individual counseling. This service is either a step-down treatment from more intensive, often inpatient-based care or a step-up when a participant 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.

Participants who require services for 9 or more hours weekly for an adult and 6 or more weekly for an adolescent are eligible to receive Level 2.1 Intensive Outpatient services.

2. *Service Requirements:* Before providing Level 2.1 Intensive Outpatient Services as described in this section, the provider must develop a written individualized treatment plan, in conjunction with the participant based on the comprehensive assessment. This plan shall be updated as clinically appropriate, 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. The individualized treatment plan shall include the following requirements:
- An assessment of the participant's individual needs;
 - The participant's treatment plan goals; and
 - Specific interventions for meeting the treatment plan goals, which reflect the

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amounts, frequencies and intensities appropriate to the objective of the treatment.

The minimum duration of each Level 2.1 Intensive Outpatient Service session shall be two hours, although it is expected that a session will generally last three or more hours.

Patients participate within an ambulatory therapeutic setting while residing in a separate location.

3. *Staff Requirements:* Practitioners qualified to receive reimbursement for Level 2.1 Intensive outpatient services are alcohol and drug counselors who shall at a minimum be:
 - Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists;
 - Approved by the Board of Professional Counselors and Therapists; or
 - Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.

D. Level 2.5 Partial Hospitalization

1. *Definition of Service:* Level 2.5 Partial Hospitalization treatment is a short-term, outpatient psychiatric treatment service that parallels the intensity of services provided in a hospital, including medical and nursing supervision and interventions. Partial Hospitalization is a more intense form of treatment than Level 2.1 Intensive Outpatient Services and serves as an alternative to inpatient care when the participants can safely reside in the community.

Participants who require at least 20 hours of structured outpatient treatment per week, delivered in half or full day sessions, are eligible to receive Level 2.5 Partial Hospitalization services.

2. *Service Requirements:* Before providing Level 2.5 Partial Hospitalization Services, the provider must develop a written individualized treatment plan, in conjunction with the participant based on the comprehensive assessment. This plan shall be updated as clinically appropriate, 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 the following requirements:

- An assessment of the participant's individual needs;

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- The participant's treatment plan goals; and
- Specific interventions for meeting the treatment plan goals, which reflect the amounts, frequencies and intensities appropriate to the objective of the treatment.

For dates of services 1/1/15 to 3/6/15, Level 2.5 Partial Hospitalization shall include a minimum of 2 hours per diem, up to 7 days of treatment per week.

For dates of services on or after 3/7/15, Level 2.5 Partial Hospitalization shall include a minimum of 2 hours per diem for half day sessions and a minimum of 6 hours per diem for full day sessions, up to 7 days of treatment per week.

3. *Staff Requirements:* Practitioners qualified to receive reimbursement for Level 2.5 Partial Hospitalization services are alcohol and drug counselors who shall at a minimum be:
 - Licensed or certified as an alcohol and drug counselor by the Board of Professional Counselors and Therapists;
 - Approved by the Board of Professional Counselors and Therapists; or
 - Licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.

E. Opioid Maintenance Therapy

1. *Definition of Service:* Opioid maintenance therapy uses pharmacological interventions as part of a treatment program for participants with an opioid use disorder. Opioid maintenance therapy includes:
 - Initial and periodic comprehensive substance use disorder assessments including an assessment of drug and alcohol use, as well as substance use disorder treatment history. It shall also include referrals for physical and mental health services; and a recommendation for the appropriate level of substance use disorder treatment.
 - Substance use disorder and related counseling is provided to patients as clinically necessary.
 - Medical services including dispensing opioid agonist and antagonist treatment medications as well as any other medications.
 - Administration of opioid agonist or antagonist treatment medications as well as other medications.

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A participant is eligible to receive opioid maintenance therapy if the Department or its designee authorizes the service as clinically appropriate prior to service delivery.

2. *Service Requirements:* Opioid maintenance therapy is delivered by Opioid Treatment Programs that are certified by the Office of Health Care Quality and licensed by the Federal Drug Enforcement Administration.

Before providing opioid maintenance therapy, the provider must develop a written individualized treatment plan, in conjunction with the participant based on the comprehensive assessment. This plan shall be updated as clinically appropriate, 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 the following requirements:

- An assessment of the participant's individual needs; and
- The participant's treatment plan goals.

Opioid maintenance therapy can be provided through one of the following services:

- a. Methadone Treatment, that includes providing medication, counseling, drug screening, and medication dispensation; or
- b. Buprenorphine Treatment, that includes buprenorphine induction in the first week of treatment, ongoing buprenorphine treatment including counseling, drug screening, and medication dispensation, and buprenorphine medication dispensed by the program.

3. *Staff Requirements:*

- Initial and periodic comprehensive substance use disorder assessments: Alcohol and drug counselors licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.
- Substance use disorder and related counseling: Alcohol and drug counselors licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment.
- Dispensing medications: Physicians and Nurse Practitioners.
- Administering medications: Physicians, Nurse Practitioners, or Registered

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Nurses.

staff who are not required to be licensed or certified.

F. Ambulatory Withdrawal Management

1. *Definition of Service:* Ambulatory Withdrawal Management is a service provided to acutely intoxicated participants to manage withdrawal syndromes. Ambulatory Withdrawal Management includes:

- Physical examinations.
- Initial and periodic comprehensive substance use disorder assessments including an assessment of drug and alcohol use, as well as substance use disorder treatment history. It shall also include referrals for physical and mental health services; and a recommendation for the appropriate level of substance use disorder treatment.
- Managing withdrawal symptoms including administration and monitoring of medications.
- Monitoring of vital signs.
- Assisting in motivating the individual to participate in an appropriate treatment program for alcohol and other drug dependence.

A participant is eligible to receive Ambulatory Withdrawal Treatment if the Department or its designee authorizes the service as clinically appropriate prior to service delivery.

2. *Service Requirements:* Before providing Ambulatory Withdrawal Management services, the provider must develop a comprehensive assessment. This plan 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, shall include all of the following requirements:

- a. An assessment of the participant's individual needs; and
- b. The participant's treatment plan goals.

3. *Staff Requirements:*

- Physical examination: Physician, physician assistant, or nurse practitioner.

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- Initial and periodic comprehensive substance use disorder assessments: Licensed or certified clinicians or programs are authorized to complete comprehensive substance use disorder assessments.
- Manage withdrawal symptoms: Registered Nurses and Nurse Practitioners
- Monitor vital signs: Registered Nurses and Nurse Practitioners
- Motivating the individual to participate in an appropriate treatment program: Alcohol and drug counselors licensed, certified, or permitted under the Health Occupations Article, Annotated Code of Maryland to provide substance use disorder treatment and other staff as appropriate.

Limitations:

Services which are not covered under this State Plan section are:

1. Services delivered without authorization;
2. Community-based substance use disorder services not approved by a licensed physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law;
3. Services not identified by the Department as medically necessary or covered;
4. Investigational and experimental drugs and procedures;
5. Services that are provided in a hospital inpatient or outpatient setting;
6. Intermediate Care Facility-Type A services, or residential substance use disorder services for individuals age 21 or above as referenced in 3.1A 29-F of the State Plan Amendment;
7. Services beyond the provider's scope of practice;
8. Services that are separately billed but included as part of another service;
9. Visits solely for the purposes of one or more of the following:
 - a. Prescription, drug or supply pick-up, or collection of laboratory specimens;
 - b. Ascertaining the patient's weight; and
 - c. Measurement of blood pressure;
10. Separate reimbursement to a physician for services provided in a clinic in addition to the

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clinic reimbursement;

11. Injections and visits solely for the administration of injections;
12. Immunizations required for travel outside the Continental U.S.;
13. Visits solely for group or individual health education;
14. Services rendered but not appropriately documented;
15. Services rendered by mail, telephone, or otherwise not one-to-one, in person;
16. Completion of forms or reports;
17. Broken or missed appointments;
18. Travel to and from site of service; and
19. More than one comprehensive substance use disorder assessment for a participant per provider per 12-month period unless the patient was discharged from treatment with that provider for more than 30 days.

Community-based substance use disorder services include a spectrum of care, with authorization granted for the appropriate level of service intensity based on medical necessity criteria. If an individual needs services of a frequency or intensity beyond the parameters defined for their current level of care, this indicates they may be in need of a higher level of care. In such cases, the Department reviews their medical necessity criteria and authorizes a higher level of services, discontinuing the previous authorization for services that are no longer adequate. This framework of services ensures that participants receive the level of care needed, without duplicating service delivery.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community-Based Substance Use Disorder Services
Reimbursement Methodology

1a. The Department's rates for community-based substance use disorder services are fixed rates. They are set as of 1/1/15 and are effective for services on or after that date. All providers must be certified by the Office of Health Care Quality and shall meet the requirements established by the Department. Services are limited to those outlined in 3.1.A Section 13d.V 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 below those allowed for similar codes under the Medicare Program. The current fee schedule is effective as of 1/1/15 and is located on the Department's website in the document titled "Substance Use Disorder Fee Schedule" at the link below:

<http://dhmh.maryland.gov/providerinfo>

c. For dates of services 1/1/15 to 3/6/15, Level 2.5 Partial Hospitalization for individuals with a substance use disorder shall include a minimum of 2 hours per diem at a rate of \$130 per diem billed up to 7 days per week. For dates of service on or after 3/7/2015, Partial Hospitalization services shall have a minimum duration of 2 hours per diem for a half day session and a minimum of 6 hours per diem for a full day session, with up to 7 days of treatment per week. The fee schedule is located on the Department's website in the document titled "Substance Use Disorder Fee Schedule" at the link below:

<http://dhmh.maryland.gov/providerinfo>

d. Payment limitations. The provider may not bill the Program or the participant for:

- a. Completion of forms and reports;
- b. Broken or missed appointments;

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Community-Based Substance Use Disorder Services
Reimbursement Methodology

- c. Professional services rendered by mail or telephone;
- d. Services which are provided at no charge to the general public;
- e. Providing a copy of a participant's medical record when requested by another licensed provider on behalf of a participant;
- f. Travel to and from site of service;
- g. Services rendered but not appropriately documented.

Payment Procedures

1. In order to bill for an individual in Level 2.1 Intensive Outpatient Treatment, the per diem session shall include a minimum of 2 hours. Providers may bill a maximum of 4 per diems per week.
2. Buprenorphine induction treatment for an individual in an Opioid Treatment Program is billable by the provider delivering this service only in the first week of the participant's buprenorphine treatment.
3. Providers who deliver methadone or ongoing buprenorphine services as part of an Opioid Treatment Program shall:
 - a. Bill using the weekly bundled rate for opioid maintenance therapy for a maximum of once per participant per week, and
 - b. Deliver at least one face-to-face documented treatment service in the week for which the Program was billed.
4. Providers who deliver Ambulatory Withdrawal Management services may bill up to 5 per diems during the detoxification episode if determined medically necessary by the Department or its designee.

TN No. 15-0003
Supersedes TN No. NEW

Approval Date: AUG 21 2015
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