

Table of Contents

State/Territory Name: MD

State Plan Amendment (SPA) #:16-0010

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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 #121220164104

April 14, 2017

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 16-0010. This SPA updates Maryland's State Plan to change methadone reimbursement to better align services delivered with payment.

The effective date for this amendment is May 15, 2017. The CMS 179 form and the approved State Plan pages are attached. The Form 179 reflects the amended SPA pages for 3.1A pgs. 29C-21 through 29C-31 and 4.19B pgs. 17 & 17A.

This revised approval letter replaces the approval letter dated April 13, 2017.

If you have questions about this SPA, please contact Talbatha Myatt of my staff at 215-861-4259.

/s/ Sincerely

Francis T. McCullough
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER:
16-0010

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
~~April 3, 2017~~ **May 15, 2017**

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 2017: \$ 0
b. FFY 2018: \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:
Att. 3.1A pg 29C-21, 29C-22, 29C-23,
29C-24, 29C-25, 29C-26, 29C-27, 29C-28,
29C-29, 29C-30 (AMEND)
~~Att. 4.29B Page 17A (AMEND)~~
Att. 3.1A pg 29C-31 (NEW)
Att. 4.19B pgs 17 & 17A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Att. 3.1A Page 29C-26
~~Att. 4.29B Page 17A~~
Att. 4.19B pgs 17 & 17A
Att. 3.1A pg 29C-21, 29C-22, 29C-23,
29C-24, 29C-25, 29C-26, 29C-27,
29C-28, 29C-29, 29C-30 (AMEND)
Att. 3.1A pg 29C-31 (NEW)

10. SUBJECT OF AMENDMENT: To align reimbursement to opioid treatment programs (OTPs) with clinical best practices and services delivered. The proposal includes a new bundled rate specifically for medication assisted treatment services and separate reimbursement for Level 1 counseling services, an induction service of the selected medication (methadone or buprenorphine), periodic medication management visits, and guest dosing services.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- OTHER, AS SPECIFIED:
Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME: Shannon McMahon

14. TITLE: Deputy Secretary,
Office of Health Care Financing

15. DATE SUBMITTED:
~~12/12/2016~~

16. RETURN TO:

Susan J. Tucker, Executive Director
OHS – DHMH
201 W. Preston St., 1st floor
Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 12, 2016

18. DATE APPROVED:
April 13, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
May 15, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
FRANCIS T. MCCULLOUGH

22. TITLE:
ASSOCIATE REGIONAL ADMINISTRATOR, DMCHO

23. REMARKS: Per Medicaid Officials, pen and ink changes made to boxes 8 & 9 to correctly reflect the State Plan Pages being amended. Per Medicaid Officials pen & ink changes made to box 4 proposed effective date to reflect date of May 15, 2017. Per Medicaid Officials pen & ink changes made to 4.19B pg.17. The Medicaid agency updated pg 17 that has the correct effective date of 5/15/2017 in the first paragraph to match the effective date of the entire SPA 16-0010 package.

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

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 agencies 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, buprenorphine maintenance service, and periodic medication management for medication assisted treatment.

Agency Requirements:

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

Each agency must demonstrate staffing capacity and service delivery at each ASAM level of care including: level 1 outpatient, level 2.1 intensive outpatient, level 2.5 partial hospitalization, opioid maintenance therapy (in accordance with SAMHSA's federal opioid treatment standards in 42 CFR § 8.12), and ambulatory withdrawal management.

Provider agencies become OHCQ certified by submitting an application to OHCQ. OHCQ certification for community based substance use disorder agencies providing services listed under this section of the state plan is based on accreditation by a State approved accrediting body.

Individual provider qualifications for physicians are located in Att. 3.1A, Page 17 through 17D.

Practitioner Requirements:

1. Licensed and Certified Alcohol and Drug Counselors

- Licensed Clinical Alcohol and Drug Counselor: Licensed by the State Board of Professional Counselors and Therapists
- Licensed Graduate Alcohol and Drug Counselors: Licensed by the State Board of Professional Counselors and Therapists and under the clinical supervision of a

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

Licensed Clinical Alcohol and Drug Counselor or other health care providers licensed under the Health Occupations Article, Annotated Code of Maryland, and approved by the Board

- Certified Professional Counselor- Alcohol and Drug: Certified by the State Board of Professional Counselors and Therapists
 - Certified Associate Counselor- Alcohol and Drug: Certified by the State Board of Professional Counselors and Therapists and under the moderate supervision of a Licensed Clinical Alcohol and Drug Counselor; Certified Professional Counselor- Alcohol and Drug; or other health care providers licensed under the Health Occupations Article, Annotated Code of Maryland, and approved by the Board
 - Certified Supervised Counselor- Alcohol and Drug: Certified by the State Board of Professional Counselors and Therapists and under the close supervision of a Licensed Clinical Alcohol and Drug Counselor; Certified Professional Counselor- Alcohol and Drug; or other health care providers licensed under the Health Occupations Article, Annotated Code of Maryland, and approved by the Board
 - Alcohol and Drug Trainees:
 - With a Master's degree: Hold approved trainee status with the Board and under the clinical supervision of a Licensed Clinical Alcohol and Drug Counselor; Certified Professional Counselor- Alcohol and Drug; or other health care providers licensed under the Health Occupations Article, Annotated Code of Maryland, and approved by the Board
 - With a Bachelor's degree: Hold approved trainee status with the Board and under the moderate supervision of a Licensed Clinical Alcohol and Drug Counselor; Certified Professional Counselor- Alcohol and Drug; or other health care providers licensed under the Health Occupations Article, Annotated Code of Maryland, and approved by the Board
 - With an Associate's degree: Hold approved trainee status with the Board and under the close supervision of a Licensed Clinical Alcohol and Drug Counselor; Certified Professional Counselor- Alcohol and Drug; or other health care providers licensed under the Health Occupations Article, Annotated Code of Maryland, and approved by the Board
 - With a high school diploma: Hold approved trainee status with the Board and under the moderate supervision of a Licensed Clinical Alcohol and Drug Counselor; Certified Professional Counselor- Alcohol and Drug; or other health care providers licensed under the Health Occupations Article, Annotated Code of Maryland, and approved by the Board
2. Physicians: Licensed by the Maryland Board of Physicians
 3. Physician Assistants: Licensed by the Maryland Board of Physicians
 4. Nurse Practitioners: Licensed by the Maryland Board of Nursing

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

5. Registered Nurses: Licensed by the Maryland Board of Nursing
6. Licensed Practical Nurses: Licensed by the Maryland Board of Nursing
7. Data 2000 Waived Practitioners: Physicians, Nurse Practitioners, and Physician's Assistants granted a DATA 2000 waiver from the separate registration requirements of the Narcotic Addict Treatment Act to treat opioid addiction with Schedule III, IV, and V opioid medications or combinations of such medications that have been specifically approved by the Food and Drug Administration for that indication

Covered Services:

Maryland Medicaid covers the following medically necessary community-based services when rendered to a participant by a qualified agency authorized by the Department or its designee. All agencies 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. Agencies use a comprehensive assessment to establish the type and intensity of services participants will need to adequately address their substance use disorder.
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. *Agency Requirements:* Practitioners within an OHCQ certified agency qualified to receive reimbursement for comprehensive substance use disorder assessment are licensed and certified alcohol and drug counselors.

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

TN No.: 16-0010

Approval Date: April 13, 2017

Effective Date: May 15, 2017

Supercedes TN No.: 16-0005

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

1. *Definition of Service:* Individual and group counseling sessions involve evidence-based psychotherapeutic interventions. 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:
 - Develop skills to enable individuals to abstain from all non prescribed psychoactive substances;
 - Develop relapse prevention strategies through family and/or other support networks; and
 - 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.

Services require prior authorization by the Department or its designee prior to service delivery.

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 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. *Agency Requirements:* Practitioners within an OHCQ certified agency qualified to receive reimbursement for Level 1 group and individual substance use disorder counseling services are licensed and certified alcohol and drug counselors.

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

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

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.

Services require prior authorization by the Department or its designee prior to service delivery.

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 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. *Agency Requirements:* Practitioners within an OHCQ certified agency qualified to receive reimbursement for Level 2.1 Intensive outpatient services are licensed and certified alcohol and drug counselors.

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.

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

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.

Services require prior authorization by the Department or its designee prior to service delivery.

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;
- 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. *Agency Requirements:* Practitioners within an OHCQ certified agency qualified to receive reimbursement for Level 2.5 Partial Hospitalization services are licensed and certified alcohol and drug counselors.

E. Opioid Maintenance Therapy provided by an Opioid Treatment Program (OTP)

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

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

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.

- MAT Induction in the first week of treatment is the medically monitored introduction of buprenorphine or methadone for the purpose of managing an opioid use disorder and determining an adequate dose to remove withdrawal symptoms and cravings while preventing side effects.
- Substance use disorder and related counseling is provided to patients as clinically necessary.
- Medication management for substance use disorder symptom reduction or withdrawal management.
- Point of care drug screening are presumptive urine drug tests completed in the office, and capable of being read by direct optical observation only- usually by dipstick, cups, cards, cartridges, etc.
- Presumptive and Definitive drug testing includes those drug tests outside of the point of care drug screening that are sent to laboratories under contract with the OTP to perform these tests.
- Medical services including ordering and dispensing opioid agonist and antagonist treatment medications as well as any other medications.
- When patients initiate residential treatment such as a nursing facility for rehabilitative services, OTP providers may arrange for transportation of the medication to their temporary inpatient treatment program.

Services require prior authorization by the Department or its designee 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.

Medication assisted treatment (MAT) using methadone or buprenorphine shall include:

- MAT induction in the first week of treatment;

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

- Substance use disorder related counseling;
 - Medication management for substance use disorder symptom reduction or withdrawal management;
 - Point of care drug screening;
 - Presumptive and definitive drug testing, and
 - Medication ordering and dispensing
3. *Agency Requirements:* The individual practitioners below are qualified to provide the listed services as part of an OHCQ certified agency.
- Initial and periodic comprehensive substance use disorder assessments: licensed and certified alcohol and drug counselors
 - MAT induction in the first week of treatment: Physicians and nurse practitioners.
 - Substance use disorder and related counseling: licensed and certified alcohol and drug counselors
 - Medication management for substance use disorder symptom reduction or withdrawal management: Physicians and nurse practitioners.
 - Point of care drug screening: licensed and certified alcohol and drug counselors, Nurse Practitioners, Registered Nurses, and physicians.
 - Collection of specimens for Presumptive and Definitive drugs testing: licensed and certified alcohol and drug counselors, nurse practitioners, registered nurses, physicians, licensed practical nurses
 - Ordering medications for dispensing: Physicians and Nurse Practitioners
 - Dispensing medications: Physicians, Nurse Practitioners, Licensed Practical Nurses, Registered Nurses

F. Medication Assisted Treatment provided by an OHCQ Certified or Licensed Agency

1. *Definition of Service:* Buprenorphine and other medications assisted treatment uses pharmacological interventions as part of a treatment program for participants with an opioid use disorder. Buprenorphine and other medications assisted treatment includes:
- Buprenorphine induction in the first week of treatment
 - Point of care drug screening
 - Prescribing Medication
 - Periodic medication management visits for substance use disorder symptom reduction or withdrawal management

Services require prior authorization by the Department or its designee prior to service delivery.

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

2. *Service Requirements:* Buprenorphine and other medications assisted treatment is delivered by an OHCQ Certified or Licensed Agency that employs a DATA 2000 Waiver practitioner.

Before providing buprenorphine and other medications assisted treatment, 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.
3. *Agency Requirements:* The individual practitioners below are qualified to provide the listed services as part of an OHCQ certified agency.
- Develop and update the individualized treatment plan: Licensed and certified alcohol and drug counselors; nurse practitioners, registered nurses, physicians, physician assistants
 - Buprenorphine prescribing: Data 2000 Waived Practitioners
 - Other Buprenorphine related medical services: Physicians, physician assistants, Nurse Practitioners, and Registered Nurses
 - Point of care drug screening: Licensed and certified alcohol and drug counselors, Nurse Practitioners, Registered Nurses, and physicians.
 - Prescribing Medication: DATA 2000 Waiver practitioners.
 - Periodic medication management visits: Physicians and Nurse Care Practitioners

G. 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.

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

- Monitoring of vital signs.
- Assisting in motivating the individual to participate in an appropriate treatment program for alcohol and other drug dependence.

Services require prior authorization by the Department or its designee 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:
 - An assessment of the participant's individual needs; and
 - The participant's treatment plan goals.
3. *Agency Requirements:* The individual practitioners below are qualified to provide the listed services as part of an OHCQ certified agency.
 - Physical examination: Physician, physician assistant, or nurse practitioner.
 - Initial and periodic comprehensive substance use disorder assessments: Licensed and certified alcohol and drug counselors
 - 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;

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

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 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.

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 5/15/2017 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 5/15/2017 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;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

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. Medication assisted treatment induction 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 methadone or 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;
 - b. Deliver on-going opioid treatment medications and at least one face-to-face documented treatment service in the month;
 - c. Separately bill for group and individual counseling as allowed under the fee schedule; and
 - d. Separately bill for periodic medication management visits as medically necessary.
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.