



Ensuring a Full Continuum of Substance Use Disorder (SUD) Benefits

Frequently Asked Questions, May 2020

Benefit Implementation Date

Q: When will Medicaid begin reimbursement for residential and inpatient SUD services?

A: The Department is planning for a January 1, 2021 implementation date for the changes to SUD benefit coverage.

Covered Services

Q: What services will be covered when the changes take place?

A: Residential and Inpatient SUD treatment and withdrawal management services will be added to the SUD benefit.

This change will ensure coverage of the complete SUD treatment and withdrawal management continuum of care for Health First Colorado Members.

Level 0.5	Level 1	Level 2.1	Level 3.1	Level 3.3	Level 3.5	Level 3.7	Level 4
Early Intervention	Outpatient	Intensive Outpatient	Clinically Managed Low-Intensity Residential	Clinically Managed Population-Specific High-Intensity Residential	Clinically Managed High-Intensity Residential Services	Medically Monitored Intensive Inpatient	Medically Managed Intensive Inpatient

Level 1WM	Level 2WM	Level 3.2WM	Level 3.7WM	Level 4WM
Ambulatory Withdrawal Management	Ambulatory WM w/ monitoring	Clinically Managed WM ("social detox")	Medically Monitored WM	Medically Managed WM



Q: Will there be any changes to existing coverage for SUD treatment services?

A: Yes. American Society of Addiction Medicine (ASAM) Level 3.2 Withdrawal Management (commonly known as social detox) is currently billed using four separate codes. When changes are implemented, this service will change to a single, per diem code. More information about this will be provided in an upcoming edition of the Uniform Service Coding Standards Manual, which will be available on [this webpage](#).

Q: Will Medicaid cover partial hospitalization for SUD treatment?

A: No. Partial hospitalization will not be a covered service. Intensive outpatient is the Level 2 service covered by Medicaid.

Access to Services

Q: Who determines whether Medicaid will pay for a member's treatment services?

A: The treatment provider will conduct an assessment and determine the appropriate level of care for that individual based on the ASAM Criteria. The ASAM Criteria helps the provider match the member's needs to a level of care where they can be addressed. Once the provider has made a determination on level of care, they will submit a request for prior authorization to the Regional Accountable Entity (RAE) that manages that member's Medicaid services. The RAE will review the recommendation for treatment and ensure that it is consistent with ASAM criteria prior to approval of the service.

Q: What happens if a RAE disagrees with the treatment provider's recommendation for treatment?

A: If a member receives a denial of their prior authorization request (PAR) for a level of treatment from the RAE, they have the right to appeal the decision. This process may be different depending on the RAE. Information about each RAE's appeal process can be found here:

[Colorado Access](#)

[Colorado Community Health Alliance](#)

[Health Colorado](#)

[Northeast Health Partners](#)

[Rocky Mountain Health Plans](#)



Q: Will there be a limit on length of stay?

A: Length of stay will be determined by medical necessity. Medical necessity will be based on the ASAM criteria. Length of stay will be determined by progress in treatment and continued medical necessity.

Q: Can members access treatment outside of their RAE region?

A: RAEs are required to have a statewide network. Specific services may be offered outside of the member's RAE region, depending on availability.

Q: Can members access care from providers outside of Colorado?

A: The Department understands that a member may prefer to access care outside of Colorado for various reasons, including being closer geographically to an out-of-state provider than an in-state provider. Enrollment of out-of-state providers will be allowed by the Department as needed, but will require review of their license issued by the state in which they are located.

Services for Special Populations

Q: How will the Special Connections program be changing?

A: The Special Connections program will not be changing, although some of the administrative processes related to authorization for services will. Special Connections will become a part of the capitated behavioral health benefit managed by the RAEs. Special Connections providers will need to contract with at least one RAE in order to continue service to Health First Colorado Members. The Office of Behavioral Health will continue to certify those programs.

Program Requirements and Enrollment

Q: What will be required for providers to bill Medicaid for these services?

A: Treatment providers must be licensed with the Office of Behavioral Health, enrolled with Health First Colorado/Medicaid, and credential and contract with each Regional Accountable Entity (RAE) that they plan to bill for services. Additionally, providers must be contracted with a Managed Service Organization (MSO). Clinical services are billed to a RAE, and room and board are billed to an MSO. OBH is currently revising its SUD provider licensure rules to more closely align with ASAM



criteria. More information about the licensure rule changes and the other components required to bill Medicaid can be found at the links below:

[OBH Licensure](#)

[RAE Contact Information](#)

[MSO Contact Information](#)

Q: Will Institutes for Mental Disease (IMDs) be able to bill Medicaid for these services?

A: Yes. IMDs will be eligible for reimbursement for SUD services. As with all facilities billing Medicaid, the program will need to complete the steps listed in the previous item in order to bill for these services.

Q: Will inpatient and residential providers be required to accept members on medication assisted treatment (MAT)?

A: Yes. Not only are the providers required to accept members on MAT, but all residential and inpatient programs will be required to facilitate access to MAT for its patients if the program accepts payment from Medicaid.

Rates and Reimbursement

Q: How are rates being determined?

A: As with other services under the behavioral health capitation, individual providers will contract directly with the RAEs.

Q: Will services be paid for through the RAEs or Fee For Service?

A: Services will be paid under the capitated behavioral health benefit administered by the RAE. The one exception is that services will be billed FFS for individuals accessing services prior to their enrollment with a RAE.

Q: ASAM Level 4 is currently covered under physical health benefits. Will this change when the new benefit is implemented?

A: No. ASAM Level 4, Medically Managed Intensive Inpatient Services, will continue to be paid Fee for Service (FFS) as they currently are.

Q: What codes will be used to bill for the new services?



A: Coding pages for the inpatient/residential services will be published in an upcoming edition of the Uniform Service Coding Standards Manual, which will be available on [this webpage](#).

SUD Treatment Capacity

Q: What is being done to determine whether there are enough beds for treatment in residential facilities and slots available for treatment at other levels of care?

A: The Department has been working with the OBH, RAEs, MSOs, and providers to get a full picture of what SUD treatment capacity throughout Colorado currently looks like. Information about bed counts was collected and will be represented in capacity maps that are currently in development. Additionally, the Department held twelve regional capacity meetings in which feedback was gathered about the capacity needs of each local area. Summaries of the regional meetings can be found [here](#) under “Additional Information: Regional Capacity Stakeholder Meeting Summaries.”

Q: How does the Department intend to build capacity for these services?

A: The Department is currently working with its partners to develop a plan for expanding capacity for all levels of SUD treatment throughout the state. This will include identifying funding opportunities for capital projects, strategies for workforce development, lessons from other states, and other content to assist Colorado in building capacity for SUD treatment to meet its demand.

Q: Where can I find a list or map of inpatient or residential providers in Colorado?

A: There are several resources that provide this information:

- MSO websites list the providers with whom they contract
- [Colorado Crisis Services](#)
- OpiRescue app, available at www.opirescue.com website, lists providers of Medication-Assisted Treatment (MAT) (also includes naloxone how-to guide and immediate connection to a specialist)

Other Questions

Q: How are the State Opioid Response grant and SB-202 funds being used?

A: These funds are being used in a variety of ways to enhance the SUD continuum of services in Colorado (especially in areas with significant needs) and support recovery, including:

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf



- ASAM training to providers and RAEs
- Mobile Medication-Assisted Treatment (MAT) vans
- Naloxone kits
- Expanding provider capacity
- Long term recovery resources
- Funding full continuum of treatment

Q: Is there state funding for peer recovery coach training?

A: Mental Health Partners (a MSO) holds a state contract to train and certify peer recovery coaches.

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<https://www.colorado.gov/pacific/hcpf/ensuring-full-continuum-sud-benefits>

