



Wisconsin Medicaid Residential Substance Use Disorder Treatment Provider Training

Module 1: Overview of Service Area and Covered Services

January 12, 2021

Wisconsin Department of Health Services
Division of Medicaid Services
Bureau of Benefits Policy

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Agenda

Morning Session

- **8:30 a.m.—Overview of Service Area and Covered Services**
- 9:30 a.m.—Provider and Member Enrollment Information

Afternoon Session

- 11 a.m.—Prior Authorization (PA)
- 12 p.m.—Claims

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Overview of the Residential Substance Use Disorder Treatment Benefit

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Overview

Wisconsin Medicaid and Substance Use Disorder Treatment History

- 2015–2017: Biennial budget authorized Wisconsin Medicaid to cover two levels of residential treatment.
- May 2017: Comprehensive Community Services covers limited residential substance use disorder (RSUD) treatment.

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Overview

2018: 1115 Demonstration Waiver allowed Wisconsin Medicaid to cover:

- Division of Quality Assurance-certified DHS 75.11 and 75.14 RSUD facilities.
- Coverage regardless of institution for mental disease (IMD) designation.



Eligible Members

Residential SUD treatment is available to full-benefit Medicaid and BadgerCare Plus members who:

- Are of any age.
- Have a moderate to severe SUD diagnosis as identified within the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.
- Meet the American Society of Addiction Medicine (ASAM) criteria for Level 3.5 (high-intensity) or Level 3.1 (low-intensity) level of care (LOC) for residential SUD treatment.

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Covered Services

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Covered Services

Residential SUD treatment services must provide:

- 24-hour environment that supports recovery.
- Services must be medically necessary per Wis. Admin. Code § DHS 101.03(96m).

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Covered Services (2)

Residential Substance Use Disorder providers are required to deliver treatment at the following intensity:

- High Intensity—Medically Monitored Treatment (75.11): At least 20 hours of treatment services per week for each member
- Low Intensity—Transitional Treatment (75.14): At least six hours of treatment services per week for each member



Covered Services (3)

The following services are reimbursed as part of the daily rate:

- **Assessment and Treatment Planning:** A comprehensive assessment must be completed no more than 30 days prior to or within four days of admission.
- Ongoing re-assessment and treatment plan updates must be completed as required by Wis. Admin. Code ch. DHS 75.



Treatment Services

- Individual counseling/therapy
- Group counseling/therapy
- Family counseling/therapy
- Psychoeducation
- Medication management
- Nursing services
- Case management
- Peer support services
- Recovery coaching

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Clinical Services

The following clinical services can be provided only by clinical staff:

- Individual counseling/therapy
- Group counseling/therapy
- Family counseling/therapy
- Counseling
- Psychoeducation
- Medication management
- Nursing services

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Clinical Service Providers

Clinical staff include the following:

- Psychologists
- Mental health professionals
- Mental health professionals in training
- Substance abuse counselors
- Substance abuse counselors in training
- Nurses
- Medical personnel
- Other licensed professionals with specialized knowledge and training in mental health and SUDs

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Clinical Services

Minimum requirements for low and high intensity:

- Individual counseling: Minimum of one hour per week per patient
- Peer specialists:
 - Maximum of two hours per week per patient count toward the 6 required hours of low-intensity services.
 - Maximum of eight hours per week per patient count toward the 20 hours of high-intensity services.

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Drug Testing

- Urine dips for drug testing or specimen collection for lab testing will not be reimbursed for any date of service with a residential SUD claim.
- Labs may be reimbursed for testing specimens collected at the residential SUD facility.
- Drug testing provided as part of the narcotic treatment services benefit for members receiving medication-assisted treatment (MAT) may be reimbursed under that benefit.



Separately Billable Services

MAT

- MAT must be available to members who require it.
- All forms of MAT may be provided onsite or offsite via programs certified under Wis. Admin. Code DHS § 75.15 or by Medicaid-enrolled prescribers with experience and required waivers to provide MAT.
- Medicaid-enrolled narcotic treatment services and MAT prescribers may bill separately.
- Pharmacies may bill through the pharmacy benefit.

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Separately Billable Services (2)

Psychiatric Services

- Physicians and other prescribers who perform psychiatric evaluation and management services, which may include psychotherapy performed with an evaluation and management service, may be reimbursed separately from the daily rate.
- Psychiatric services are subject to the policy requirements and limitations of the member's HMO.
- Psychiatric services are covered separately from RSUD services and must be submitted on a professional claim form.

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Separately Billable Services (3)

Health Home Services

For members concurrently enrolled in a Wisconsin Medicaid health home, targeted case management and related services may be provided and reimbursed while the member is engaged in RSUD treatment.



Separately Billable Services (4)

Medical Services

- The residential SUD treatment facility must provide access to needed medical care that is outside the scope of residential SUD treatment.
- Medical services provided to the member while engaged in residential SUD treatment, including medical consultation provided via telehealth, may be reimbursed separately from the daily rate.



Separately Billable Services (5)

Non-Emergency Medical Transportation

- Members may use the non-emergency medical transportation benefit for transportation to the residential facility and for transportation to outside medical appointments during residential treatment.
- Non-emergency medical transportation is covered by the Family Care, Family Care Partnership, and PACE programs for members enrolled in those programs.



Noncovered Services

ForwardHealth will not reimburse for the following noncovered services:

- Acute withdrawal management or detoxification concurrent with residential SUD treatment
- Day treatment and outpatient mental health services concurrent with residential SUD treatment
- Services that are recreational, social, academic, vocational, or unrelated to the direct treatment of the SUD



Noncovered Services (2)

- Outpatient SUD services concurrent with residential SUD treatment, except for counseling services provided through the Narcotic Treatment Services benefit
- Services delivered outside the parameters of the PA
- Room and board expenses related to residential SUD treatment (members may use other sources to pay for room and board.)
- For more information about noncovered services, refer to Wis. Admin. Code § DHS 101.03(103) and ch. DHS 107.



New Patient Procedures

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Applying for Wisconsin Medicaid

- RSUD providers can assist patients in applying for Wisconsin Medicaid one of three ways:
 - The ACCESS website at access.wisconsin.gov
 - Paper application packet
 - Phone
- The length of time needed to assist a patient with applying for Wisconsin Medicaid will vary based on individual circumstances and the application type (online, paper, or phone).



RSUD Facility Form for Members

Complete this form to inform income maintenance and tribal agencies that a BadgerCare Plus or Medicaid member has been:

- Admitted to an RSUD treatment facility to get treatment.
- Discharged from an RSUD treatment facility after getting treatment.
- Transferred to a different inpatient RSUD treatment facility to continue getting treatment.



Contacting HMOs

- RSUD facilities are required to identify and notify a member's HMO either at time of admission or during treatment planning.
- Providers can obtain a member's HMO information, including contact information, on the Portal using an enrollment search or by contacting Provider Services.
- For members enrolled in an HMO, IRIS (Include, Respect, I Self-Direct), or a managed care organization, RSUD treatment providers are expected to notify the HMO, IRIS, or managed care organization of each authorization within 48 hours of the member's admission.

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Questions

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