



Public notice

Request for comment – OHA proposes to amend the Medicaid State Plan in coordination with Oregon's Substance Use Disorder (SUD) 1115 Waiver application submission.

Date: January 14, 2020

Contact: Jesse Anderson, State Plan manager

Comments due: 5 p.m. Friday, February 21, 2020

The Oregon Health Authority (OHA) will draft a State Plan Amendment (SPA) to update Oregon's [Medicaid State Plan](#) to better align services that are available for mental health services but not currently available for SUD.

Background:

OHA believes that substance use disorder is a chronic health condition that requires long-term comprehensive care and support. However, Oregon's current Medicaid SUD treatment system faces significant barriers to providing the services that Oregonians need due to limitations in place through federal regulations.

- Currently, Medicaid funds cannot be used to pay for residential treatment provided in facilities with more than 16 beds. A majority of Oregon's residential treatment facilities have more than 16 beds. Oregon currently pays for these services out of the general fund.
- Substance use disorder requires prevention and outreach, treatment, and ongoing maintenance and support. However, only treatment is eligible for Medicaid funding.

If approved, the waiver would allow OHA to improve Oregon's SUD treatment system in three ways:

1. Increase access to SUD residential services
2. Expand Recovery Support Services
3. Provide access to transitional Housing Support Services

There will be a required corresponding SPA submission in order to add the CPT/HCPCS codes to the Fee schedule for SUD under state plan authority. OHA is working to determine the specific SUD codes that will be opened for the SUD providers. Additional notices will be posted for providers once those have been determined.

How to comment:

OHA welcomes public review and input. Please send written comments by 5 p.m. Friday, February 16, 2020, to jesse.anderson@dhs.ohs.state.or.us (fax 503-945-5872).

After considering all comments received, OHA will submit the State Plan Amendment to the Centers for Medicare & Medicaid Services (CMS) as directed by CMS during the waiver review period.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13.d. Rehabilitative: Substance Use Disorder Services:

Substance Use Disorder (SUD) treatment services include; screening, assessment, individual counseling, group counseling, individual family and/or couple counseling, group family and/or couple counseling, care coordination, medication assisted treatment, medication management, collection and handling of specimens for substance analysis, interpretation services, acupuncture, detoxification and peer support.

The Oregon Health Authority (OHA) provides SUD treatment services through approved managed care organizations; Coordinated Care Organizations (CCOs), Fully Capitated Health Plans (FCHPs), and Physician Care Organization (PCO), Community Mental Health Programs (CMHPs) or through direct contracted providers. The CCOs, FCHPs and PCO may provide services directly, or through subcontract providers in a variety of settings.

OHA requires that CCOs, FCHPs, PCO, CMHPs and providers use the American Society of Addiction Medicine (ASAM) Patient Placement Criteria second edition-revised (PPC-2R) to determine the appropriate level of SUD treatment of care.

Rehabilitative services must be recommended by a physician or licensed practitioner of the healing arts within the scope of their practice under state law and that the purpose of the services **are** for the “maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level”.

SUDs TREATMENT SERVICE COMPONENTS

Acupuncture is used in combination with counseling and behavioral therapies to reduce withdrawal symptoms, decreases SUDs cravings acupuncture is used as part of a comprehensive treatment plan, duration and frequency is determined by the ISSP. Providers authorized to provide these services include Acupuncturist, LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Assessment consists of gathering key information and engaging in a process with the individual that enables the healthcare professional to establish the presence or absence of a disorder, determine the individual’s readiness for change, identify the individual’s strengths or problem areas that may affect the processes of treatment and recovery. This process results in a diagnosis and completion of an integrated service and support plan (ISSP) with the individual’s input in setting their treatment goals. The duration/frequency of the treatment services are determined utilizing ASAM PPC-2R, the ISSP and the individual’s needs. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
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13.d. Rehabilitative: Substance Use Disorder Services:

SUDs TREATMENT SERVICE COMPONENTS (Cont.)

Brief Intervention is an early intervention, evidence-based practice designed to motivate individuals at risk of substance abuse and related health problems to change their behavior by helping them understand how their substance use puts them at risk and to reduce or stop the substance use. Brief interventions can also be used to encourage those with more serious dependence or disorders to accept more intensive treatment within the primary care setting or within a specialized substance use disorder treatment program. Brief interventions are not intended to treat people with serious substance use disorders, but rather to address problematic or risky substance use and make appropriate referrals to treatment. Providers authorized to provide these services include LMP, QMHP, CADC and interns, Certified Peers under appropriate supervision as defined in the provider qualification section.

Care coordination is to deliberately organize care and the sharing of information among all participants concerned with the care of the individual, the care team. Services are provided to an individual with complex needs in order to ensure timely and appropriate treatment and care. Activities include assessment and ongoing re-assessment, admission and discharge planning, patient/family education, effective and timely communication between care team, coordinate and manage care transitions between levels of care, assists in treatment goal planning, integrated treatment planning, resource identification, referral and linkage to rehabilitative services and informal resources such as family and self- help support, and collaborative development of individualized services that promote continuity of care, arrange for peer support, arrange for medical transportation. These specialized activities are intended to promote treatment retention and to minimize the risk of relapse and to increase the community tenure for the individual. Providers authorized to provide these services include LMP, QMHP, CADC and interns, Certified Peers under appropriate supervision as defined in the provider qualification section.

Case management is an ongoing process to assist individuals to gain timely access to and effectively use necessary health and related social services? Activities include timely access to care coordination, management of integrated treatment planning, resource identification and linkage, and collaborative development of individualized services that promote continuity of health care. These specialized activities are intended to improve the individuals experience of care, improve health outcomes and reduce costs by maximizing the benefits of the treatment, and to

minimize the risk of unplanned re-admission and to increase the community tenure for the individual. Providers authorized to provide these services include LMP, QMHP, QMHA, CADC, Certified Peers and mental health interns.

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Transmittal # 19-000
Attachment 3.1-A
Page 6-d.12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13.d. Rehabilitative: Substance Use Disorder Services:

SUDs TREATMENT SERVICE COMPONENTS (~~Cont~~Cont.)

Community i**ntegration and s**Skills training provides a range of integrated and varied life skills training (e.g., housing assistance, employment, health, hygiene, nutritional issues, money management) provided in a wide array of settings, including residential, community, and outpatient, for Medicaid enrollees intended to promote improved functioning, treatment retention and to minimize the risk of relapse and to increase the community tenure for the individual. Patients engage in their treatment as outlined in the individual's treatment and/or recovery plan <<Provider>> and these services are restorative in nature. Duration/frequency of this service is determined by the individual's needs and documented in the individual's treatment and/or recovery plan<<Provider>>. Providers authorized to provide these services include **LMP**, **QMHP**, **QMHA**, **Certified Peers** and **mental health interns**.

Crisis and stabilization services provides evaluation and treatment of Substance Use to individuals experiencing a crisis. A Substance Use crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation. Stabilization services include short-term face-to-face assistance with life skills training and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a Substance Use professional. Stabilization services may be provided prior to a screening or intake evaluation for Substance Use. Providers authorized to provide these services include **LMP**, **QMHP**, **CADC** and **interns under appropriate supervision**

Group counseling/ gGroup family and/or couple counseling therapy services provided is designed to assist in the attainment of goals described in the ISSP. Goals of Individual, Group or Family level treatment may include enhancing interpersonal skills, mitigating the symptoms of SUDs, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for group therapy must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. Duration/frequency of this service is determined by the individual's needs and documented in their ISSP.

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Transmittal # 19-000
Attachment 3.1-A
Page 6-d.13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13.d. Rehabilitative: Substance Use Disorder Services:

SUDs TREATMENT SERVICE COMPONENTS (~~Cont~~Cont.)

Group counseling/ gGroup family and/or couple counseling (~~Cont~~Cont.) Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in their ISSP. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Individual counseling therapy/ iIndividual family and/or couple counseling provides individual counseling therapy in a private setting as identified by their ISSP. The duration/frequency of the treatment services are determined utilizing ASAM PPC-2R, the ISSP and the individual's needs. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of SUDs. MAT is clinically driven with a focus on individualized patient care identified in their ISSP. Providers authorized to provide these services include LMP, QMHP, CADC.

Medication management and monitoring is for the prescribing and/or administering and reviewing of medications and their side effects, including both pharmacological management as

well as supports and training to the individual. This service shall be rendered by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or care coordination managers, but includes only minimal psychotherapy. Also includes medication monitoring, reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service. Time spent with the enrollee is the only direct service billable component of this modality. Duration/frequency of this service is determined by the individual's needs and documented in their ISSP. Collection and handling of specimens for substance analysis are included in this service. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

TN 19-000
Supersedes TN 14-04

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Effective Date

Transmittal # 19-000
Attachment 3.1-A
Page 6-d.14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13.d. Rehabilitative: Substance Use Disorder Services:

SUDs TREATMENT SERVICE COMPONENTS (~~Cont~~Cont.)

Peer sSupport services can be provided to individuals who are under the consultation, facilitation or supervision of a competent SUDs treatment professional who understands rehabilitation and recovery. Peer Support services promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills in order to facilitate the recovery of others with substance use disorders. Peer services include self-help support groups by sharing the peer counselor's own life experiences related to SUDs and will build support mechanisms that enhance the consumers' recovery and restores their ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc.). Services provided by peer supports are described in the individualized ISSP which uses a ~~person-centered~~person-centered planning process to promote participant ownership of the plan of care and delineates specific goals. Providers authorized to provide these services are Certified Peers as defined in the provider qualification section.

Screening is a brief process that occurs soon after the individual seeks services. It indicates

whether the individual is likely to have a substance use disorder and mental disorder. Individuals who screen positive for substance use disorders are given a full in-depth assessment, those who screen positive for a mental disorder receive or are referred on to receive a full in-depth assessment. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

Withdrawal mManagementDetoxification refers not only to the reduction of the physiological and psychological features of withdrawal syndromes, but also the process of interrupting the momentum of compulsive use. This service component is for all levels of two ASAM withdrawal management treatment levels of detoxification services, clinically managed and medically monitored detoxification. Withdrawal management (outpatient) is provided for mild withdrawal symptoms without extended on-site monitoring. Withdrawal management (intensive outpatient and day treatment) is provided for moderate withdrawal symptoms with extended on-site monitoring. Withdrawal management (cClinically managed) detoxification is an organized service that provides 24-hour structure, support, supervision, and observation for individuals who are intoxicated or experiencing withdrawal symptoms. Emphasis is on peer and social support, support; this level of care does not require medical professionals. Providers include peer support and other non-clinical staff.

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Approval Date

Effective Date

Transmittal # 19-000
Attachment 3.1-A
Page 6-d.15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13.d. Rehabilitative: Substance Use Disorder Services:

SUDs TREATMENT SERVICE COMPONENTS (~~Cont~~Cont.)

Withdrawal mManagement (~~Cont~~Cont.) Withdrawal Management (Medically monitored) detoxification is for severe withdrawal symptoms and is delivered by licensed medical and nursing professionals, who have specialized training in substance use disorders and which provides 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. This level of care is for individuals whose withdrawal signs and symptoms are sufficiently severe to require medical professionals but not an acute care general hospital. Providers authorized to provide these services include LMP, QMHP, CADC and interns under appropriate supervision as defined in the provider qualification section.

LIMITATION ON SERVICES

Limitation and duration/frequency of services are dependent upon each individual’s medical needs and outlined in their ISSP. Medically necessary rehabilitative services are provided without limitation in amount, duration and scope in accordance with clinical treatment guidelines, indications and usage.

PROVIDER QUALIFICATIONS

Providers outlined below are authorized to provide substance use disorder rehabilitative services:

- A. Licensed Medical Practitioners (LMPs) provide ongoing medical oversight as appropriate. A Licensed Medical Practitioner (LMP) means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:
 - 1. Holds at least one of the following educational degrees and valid licensure:
 - a. Physician licensed to practice in the State of Oregon;
 - b. Advanced Practice Nurses including Clinical Nurse Specialist; and Certified Nurse Practitioner licensed to practice in the State of Oregon; or
 - c. Physician's Assistant licensed to practice in the State of Oregon.

TN <u>19-000</u>	Approval Date_	Effective Date
Supersedes TN <u>14-04</u>		

Transmittal #19-000
Attachment 3.1-A
Page 6-d.15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13.d. Rehabilitative: Substance Use Disorder Services (~~Cont~~Cont.)
Provider qualifications (~~eont~~cont.):

- 2. Whose training, experience and competence demonstrates the ability to conduct a comprehensive mental health assessment and provide medication

management, including a practitioner of the healing arts, acting within the scope of his or her practice under State law, who is licensed by a recognized governing board in Oregon.

B. "CADC" means a Certified Alcohol and Drug Counselor:

1. CADC I; requires education, supervised experience hours and successful completion of a written examination. 150 hours of Substance Use Disorder education provided by an accredited or approved body. 1,000 hours of Supervised Experience, Completion of the NCAC I professional psychometric national certification examination from the National Association of Alcohol and Drug Abuse Counselors.

2. CADC II; a minimum of a BA/BS degree, with a minimum of 300 hours of Substance Use Disorder education provided by an accredited or approved body. 4,000 hours of Supervised Experience, Completion of the NCAC II professional psychometric national certification examination from the National Association of Alcohol and Drug Abuse Counselors. Completion of the NAADAC Case Presentation Examination.

3 CADC III; a Minimum of a ~~Master's~~ master's degree with a minimum of 300 hours of Substance Use Disorder education provided by an accredited or approved body. 6,000 hours of Supervised Experience, Completion of the NCAC II professional psychometric national certification examination from the National Association of Alcohol and Drug Abuse Counselors. Completion of the NAADAC Case Presentation Examination.

4. CADC must obtain a certificate of approval or license from the Division for the scope of services to be reimbursed.

TN 19-000

Approval Date_

Effective Date

Supersedes TN 14-04

Transmittal #19-000
Attachment 3.1-A
Page 6-d.16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13.d. Rehabilitative: Substance Use Disorder Services (~~Cont~~Cont.)

Provider qualifications (~~cont~~cont.):

C. "QMHP" means a Qualified Mental Health Practitioner must be licensed, or be employed by, or contract with, an organization that has obtained a certificate of approval from the Division for the scope of services to be reimbursed. QMHP is a Licensed Medical Practitioner or any other person meeting the following minimum qualifications as documented by the LMHA or designee:

1. Graduate degree in psychology;
2. Bachelor's degree in nursing and licensed by the State of Oregon;
3. Graduate degree in social work;
4. Graduate degree in a behavioral science field;
5. Graduate degree in a recreational, art, or music therapy; or
6. Bachelor's degree in occupational therapy and licensed by the state of Oregon;
7. Licensed by the Oregon state Board of Psychologist examiners, Licensed Social Workers, Licensed Professional Counselors and Therapists; and
8. Whose education and experience demonstrates the competencies to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multi axial DSM diagnosis; write and supervise a treatment plan; conduct a comprehensive mental health assessment; and provide individual, family, and/or group therapy within the scope of their training. Must also hold a Licensed or Certified in Alcohol and Drug Counseling

D. "QMHA" means a Qualified Mental Health Associate meaning a person delivering services under the direct supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

1. A bachelor's degree in a behavioral sciences field; or
2. A combination of at least three year's relevant work, education, training or experience; and
3. Has the competencies necessary to:
 - a. Communicate effectively;
 - b. Understand mental health assessment, treatment and service terminology and to apply the concepts; and
 - c. Provide psychosocial skills development and to implement interventions prescribed on a treatment plan within their scope of practice.

TN 19-000
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Approval Date_

Effective Date

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
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13.d. Rehabilitative: Substance Use Disorder Services (~~Cont~~Cont.)
Provider qualifications (~~eont~~cont.):

4. Must also hold a Certification of Alcohol and Drug Counseling.

E. “Certified Peer/Peer-Support” Specialist” means a person delivering services under the supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

1. An Individual who has successfully completed training through a curriculum approved by AMH. This curriculum focuses on six (6) principles including:

- Being culturally appropriate
- Includes concepts of informed choice
- Creating partnerships
- Being person centered
- Utilize strengths-based care concepts
- Utilize trauma informed care concepts

Curriculum must contain the following specific elements, at a minimum:

- Communication skills and concepts
- Documentation skills and concepts
- Education specific to peer population and special needs of this population
- Knowledge of the recovery model and concepts of resiliency
- Ethics
- Knowing specific and applicable laws and regulations
- Knowing the related resources, advocacies and community support systems

And the individual:

1. Is a self-identified person currently or formerly receiving mental health services;
or
2. Is a self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or

TN 19-000

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

13.d. Rehabilitative Substance Use Disorder Services (~~Cont~~Cont.)

Provider qualifications (~~cont~~cont.):

E. “Certified Peer/Peer-Support” Specialist (~~Cont~~Cont.)

3. Is a family member of an individual who is a current or former recipient of addictions or mental health services.

Certified Peer/Peer Support Specialists require 20 hours of continuing education every three years.

F. “Acupuncturist” provides health care using acupuncture and other forms of traditional Oriental Medicine. Acupuncture treats neurological, organic or functional disorders by stimulation of specific points on the surface of the body by insertion of needles. Licensure requirements include:

1. Graduated from an accredited acupuncture program
2. Had a current certification in acupuncture by the appropriate national commission.
3. Licensed by the Oregon Medical Board
4. Have a minimum of five years of licensed practice elsewhere in the United States prior to obtaining Oregon licensure status.

G. “Mental Health Intern” means a person who meets qualifications for QMHA but does not have the necessary graduate degree in psychology, social work or behavioral science field to meet the educational requirement of QMHP. The person must:

1. be currently enrolled in a graduate program, for at least a master’s degree, for degrees for psychology, social work or in a Bachelor of Science field.
2. Has a collaborative educational agreement with the CMHP (provider) and the graduate program working within the scope of his/her practice and competencies identified by the policies and procedures for credentialing of clinical staff as established by provider.
3. Receives, at the minimum, weekly supervision, by a qualified clinical supervisor, employed by the provider of services.

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State/Territory: OREGON

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13.d. Rehabilitative: Substance Use Disorder Services:

Provider qualifications (~~cont~~):

LMPs, QMHPs, QMHAs, CADC Peer Support Specialists, Acupuncturists and Mental Health Interns or other persons whose education and experience meet the standards and qualifications established by the Addictions and Mental Health Division of the Oregon Health Authority (OHA) through administrative rule may be authorized to deliver substance use disorder treatment services as specified by the Division in support of mental health workforce shortages in certain areas of the state and engage alternative treatment delivery options such as telemedicine and remote video supported therapy.

For treatment staff holding certification in addiction counseling, qualification for the certification must include at least: 750 hours of supervised experience in substance use counseling; 150 contact hours of education and training in substance use related subjects; and successful completion of a written objective examination or portfolio review by the certifying body. For treatment staff holding a health or allied health provider license, the license or registration must have been issued by one of the following state bodies and the person must possess documentation of at least 60 (120 for supervisors) contact hours of academic or continuing professional education in substance use disorder treatment; Board of Medical Examiners; Board or Psychologist Examiners; Board of Licensed Clinical Social Workers, Board of Licensed Professional Counselors and Therapists; or Board of Nursing.

All treatment staff must demonstrate competence in treatment of substance use disorders including individual assessment and individual, group, family and other counseling techniques, programs policies and procedures for service delivery and documentation, and identification, implementation and coordination of services identified to facilitate intended outcomes.

IMD ASSURANCE

Residential treatment services for SUDs are provided to Medicaid title XIX eligible individuals in facilities with 16 or fewer beds: and licensed SUD residential facilities with greater than 16 beds that meet the definition of “institution for mental diseases” IMDs (defined per 42 CFR 435.1010). Payment is excluded for individuals in “institutions of mental diseases” (IMDs) defined per 42 CFR 435.1010, except to the extent that the state is providing medical assistance to eligible pregnant and postpartum women outside of an IMD pursuant to section 1012 of the SUPPORT for Patients and Communities Act.

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