Trillium
HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

2024-2025 Medicaid Substance Use Specific Services Benefit Plan

Service Code(s):	Services Included:
H0014 HF	Ambulatory Withdrawal Management WITH Extended On-Site Monitoring
H0014	Ambulatory Withdrawal Management WITHOUT Extended On-Site Monitoring
H0020	Opioid Treatment Program Services
H2035	Substance Abuse Comprehensive Outpatient Treatment Program
H0015	Substance Abuse Intensive Outpatient Program
H0013	Substance Abuse Medically Monitored Community Residential Treatment

Codes / modifier combinations not mentioned for specialized services will be found within contracts.
For Medicaid services, Child services are available through age 21. Adult services are available from age 21 and older.
When state Medicaid coverage provisions conflict with the coverage provisions in a Trillium policy, state Medicaid coverage provisions take precedence.

Person-Centered Plan Requirements & Guidance

Providers can use the PCP template or develop their own template, but the PCP _must_ contain all the required elements: 1) Assessment of life domains; 2) Person-Centered Interview Questions; 3) An action plan; 4) An enhanced crisis intervention plan, and; 5) A signature page. The PCP should be based on a comprehensive assessment that examines the individual's symptoms, behaviors, needs and preferences across the life domains listed below. Additional info can be found on the NCDHHS Person-Centered Planning Training webpage (PCP Guide). See the JCB #445 Timelines for Implementation for the implementation requirements for the new PCP guidance and templates.

Life Domains (PCP Guide)

Each life domain should provide a written picture of what is currently happening, what the individual's vision for a preferred life is for that area, and what the provider is doing to support the individual to move closer to living their preferred life.

- _Daily Life and Employment Domain_: What a person does as part of everyday life.
- _Community Living Domain_: Where and how someone lives.
- _Safety and Security Domain_: Staying safe and secure (finances, emergencies, relationships, neighborhood, legal rights, etc.).
- _Healthy Living Domain_: Managing and accessing health care and staying well.
- _Social and Spirituality Domain_: Building/strengthening friendships and relationships, cultural beliefs, and faith community.
- _Citizenship and Advocacy Domain_: Building valued roles, understanding personal rights, making choices, sexual orientation, self-identification, setting goals, assuming responsibility and driving how one's own life is lived.

Person-Centered Interview Questions (PCP Guide)

These identify what the person wants to work on, what they would like to accomplish, their identified strengths, and any identified obstacles preventing them from reaching their goals.

Action Plan (PCP Guide)

The Action Plan section of the PCP includes the individual's long-term goal, short-term goals, and interventions or the action steps to be taken to achieve these goals. For each desired long-term goal, the Action Plan will include short-term goal(s) as well as interventions.

- _Long-Term Goal Development_: what motivates the person to engage in services and make changes. These are personal to that individual, often reflect one or more Life Domains, and typically take time to achieve. Ideally, long-term goals are oriented toward quality-of-life priorities and not only the management of health conditions and symptoms.
- Short-Term Goals: help the person move closer to achieving their long-term goals. They reflect concrete changes in functioning/skills/activities that are meaningful to the person and are proof they are making progress. Short-term goals build on strengths while also addressing identified needs from the assessment that interfere with the attainment of the valued, long-term life goal(s). Short-term goals are written in SMART (Specific/Straightforward/Simple, Measurable, Achievable, Relevant, and Time-Limited) language.
- Interventions: reflect how all team members contribute to helping the person achieve their short-term goals. Interventions are the specific tasks the provider and individual agree on. The language of interventions should include: WHO is offering the intervention/support, WHAT specifically will be provided or done (e.g., title of service or action), WHEN it is being offered – frequency and duration (e.g., once a month for 3 months), and WHY it is needed (i.e., how the intervention relates to the individual's specific goal).

Enhanced Crisis Intervention Plan (PCP Guide)

A crisis plan includes supports/interventions aimed at preventing a crisis and the supports/interventions to employ if there is a crisis. It must include:

- Significant event(s) that may create increased stress and trigger the onset of a crisis.
- Early warning signs which indicate a possible upcoming crisis.
- Crisis prevention and early intervention strategies
- Strategies for crisis response and stabilization
- Specific recommendations for interacting with the person receiving a crisis service.
- Diagnosis and insurance information,
- Name and contact information for medical and mental health provider
- List of medications including doses and frequency, allergies, and other medical and dental concerns.
- Living situation and planning for any pets and people, etc. in case of a crisis if applicable.
- Employment/ Educational status and plan for notification if applicable
- Preferred method of communication and language.
- Names and contact information of formal and informal support persons
- Suicide prevention and intervention plan, behavior plan, youth in transition plan and Psychiatric Advance Directive (PAD), if applicable.
- Crisis follow-up planning to include: 1) The primary contact who will coordinate care if the individual requires inpatient or other specialized care; 2) Name of the person who will visit the individual while hospitalized, and; 3) Provider responsible to lead a review/debriefing following a crisis and the timeframe.

Signature Page (PCP Guide)

Signatures are authenticated when the individual signing enters the date next to their signature. Check boxes left blank on the signature pages of the PCP will be returned as incomplete. A signature page must include:

- Person Receiving Services - Dated signature is required when the person is his/her own legally responsible person. A provider may not bill Medicaid for services until this signature is acquired if the individual is his or her own legally responsible person.
- Legally Responsible Person - Dated signature when the person receiving services is not his/her own LRP. A provider may not bill Medicaid for services until this signature is acquired, when applicable.
- Person Responsible for the Plan - Dated signature is required. Inclusion of the required information on the signature page of the PCP template by the Person Responsible for the Plan is also required for individuals under the age of 21 (Medicaid) or under age 18 (State) who are receiving enhanced services and are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the Criminal Court System.
- Service Order/Confirmation of Medical Necessity - Dated signature is required, plus confirmation of medical necessity, indication of whether review of the comprehensive clinical assessment occurred, and indication if the LP signing the service order had direct contact with the individual.

Guidance Around Signature Requirements

- All required signatures with dates must be completed.
- Signatures for child mental health services must be completed in the correct location on the form.
- Handwritten signatures require handwritten dates.
- Electronic signatures must have a date stamp, but a time stamp not required. Documents that contain an electronic signature may be in Word or PDF form.

General Benefit Plan Limits

- *Auth to a Different Provider:* The requested service cannot be authorized if another provider is currently authorized to provide the requested service, and two providers are not permitted to provide that service at the same time.
- *Backdated Request:* Service dates requested prior to the receipt of the authorization request cannot be authorized.
- *Contract Issue:* The requested service cannot be authorized if the provider is experiencing a contract related issue preventing the service from being approved.
- *Insurance Coverage Expired:* The requested service cannot be authorized if a member does not have active insurance coverage.
- *Missing Individual Support Plan (ISP)/Care Plan/Person Centered Plan (PCP) Information:* The requested service cannot be authorized if the ISP/ Care Plan/ PCP is missing any of the following: 1) The signature page, to include the check boxes not being complete, a missing signature, an undated signature, an electronic signature missing the date stamp, and/or if the signature is dated before the date of the ISP/ Care Plan/ PCP; 2) Is missing a goal for the service requested; 3) Is missing the units/frequency of service requested or if the units requested exceed the frequency detailed in the ISP/ Care Plan/ PCP, and/or; 4) Is missing the Comprehensive Crisis Prevention and Intervention Plan.
- *More than 30 Days in Advance:* The service cannot be authorized if requested more than 30 days in advance. A member's clinical picture can change over time, so medical necessity for a service cannot be established based on a clinical picture that is more than 30 days old.
- *No Documentation:* The requested service cannot be authorized because the request does not include the required documentation, as detailed in the applicable Clinical Coverage Policy, the service definition, or the Benefit Plan. If required, this can include: 1) A missing or invalid service order; 2) A missing ISP/ Care Plan/ PCP; 3) A missing discharge/ transition plan, and/or; 4) Missing information on an IDD member, like a missing SNAP or a missing psychological evaluation that supports the DD diagnosis.
- *No ISP/Care Plan/PCP Update:* The requested service reauthorization cannot be authorized if an updated or revised ISP/ Care Plan/ PCP to not submitted.
- *No New Annual ISP/ Care Plan/ PCP:* The requested service cannot be authorized if the ISP/ PCP annual rewrite has not been completed. This includes when an ISP/ Care Plan/ PCP is submitted that is more than a year old.
- *Out of Catchment:* Trillium is unable to authorize the requested service if a member's Medicaid county of residence is outside of Trillium catchment area.

- *Service Exclusion:* The requested service cannot be authorized if the member is currently authorized for a service that is an exclusion to the requested service.
- *Third Party Insurance:* The requested service cannot be authorized if the member has private insurance, and the provider should seek authorization from primary insurance source. Medicaid is the payor of last resort.

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Ambulatory Withdrawal Management (WM) WITH Extended On-Site Monitoring Code(s): H0014 HF	This service is an organized outpatient service that provides medically supervised evaluation, withdrawal management, and referral in a licensed facility. This service is for a beneficiary who is assessed to be at moderate risk of severe withdrawal, free of severe physical and psychiatric complications and would safely respond to several hours of monitoring, medication, and treatment. These services are designed to treat the beneficiary's level of clinical severity and to achieve safe and comfortable withdrawal from alcohol and other substances to effectively facilitate the beneficiary's transition into ongoing treatment and recovery.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: completed within three calendar days of the admission **2.** Service Plan: Required, detailing the members' progress with the service **3.** Service Order: Required, signed by a physician, PA, or NP. **4.** Discharge Planning: Step-down discharge ASAM LOC must be determined as part of the CCA **5.** Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar) score(s): Required **6.** Discharge Planning: Step-down discharge ASAM LOC must be determined as part of the CCA **All services are subject to post-payment review.**	**Units**: 1 unit = 15 minutes **Age Group**: Adolescents & Adults (Aged 18 and older) **Level of Care**: ASAM Level 2-WM. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions. **Population Served**: Primary Substance Use Diagnosis only **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** Provider shall verify each Medicaid beneficiary's eligibility each time a service is rendered **2.** Facility must operate a minimum of 8 hours per day, all 5 weekdays (Monday through Friday), and a minimum of 4 hours daily on the weekend (Saturday and Sunday). The hours of operation must be extended based on beneficiary need. This service must be available for admission seven days per week. **3.** Services may not be provided on the same day as Substance Use Disorder Withdrawal Management or Residential Services, except on day of admission or discharge. **4.** Clinical and administrative supervision is covered as an indirect cost and part of the rate	Clinical Coverage Policy No 8A-8: Ambulatory Withdrawal Management (WM) with Extended On-Site Monitoring APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Ambulatory Withdrawal Management (WM) WITHOUT Extended On-Site Monitoring Code(s): H0014	This service is an organized outpatient service that provides medically supervised evaluation, withdrawal management, and referral in a licensed facility. Services are provided in regularly scheduled sessions to be delivered under a defined set of policies and procedures or medical protocols. This is a service for a beneficiary who is assessed to be at minimal risk of severe withdrawal, free of severe physical and psychiatric complications, and can be safely managed at this level.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: completed within three calendar days of the admission **2.** Service Plan: Required, detailing the members' progress with the service **3.** Service Order: Required, signed by a physician, PA, or NP. **4.** Discharge Planning: Step-down discharge ASAM LOC must be determined as part of the CCA **5.** Submission of applicable records that support the member has met the medical necessity criteria. **All services are subject to post-payment review.**	**Units**: 1 unit = 15 minutes **Age Group**: Adolescents & Adults (Aged 18 and older) **Level of Care**: ASAM Level 1-WM. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions. **Population Served**: Primary Substance Use Diagnosis only **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** Provider shall verify each Medicaid beneficiary's eligibility each time a service is rendered **2.** Facility must operate a minimum of 8 hours per day, all 5 weekdays (Monday through Friday), and a minimum of 4 hours daily on the weekend (Saturday and Sunday). The hours of operation must be extended based on beneficiary need. This service must be available for admission seven days per week. **3.** Services may not be provided on the same day as Substance Use Disorder Withdrawal Management or Residential Services, except on day of admission or discharge. **4.** Clinical and administrative supervision is covered as an indirect cost and part of the rate	Clinical Coverage Policy No 8A-7: Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Opioid Treatment Program Services Code(s): H0020 **Bundled Activities**: Activities in the bundled rate for this service are: a) managing medical plan of care and medical monitoring; b) individualized recovery focused person-centered plan; c) a minimum of 2 required counseling or therapy sessions per beneficiary per month during the first year of opioid treatment services and one required counseling session per beneficiary per month thereafter; d) nursing services related to administering medication, preparation, monitoring, and distribution of take-home medications; e) cost of the medication; f) presumptive drug screens and definitive drug tests; g) pregnancy tests; h) TB tests; i) psychoeducation consisting of HIV and AIDS education and other health education services; and j) service coordination activities consisting of coordination with care management entity and coordination of on and off-site treatment and supports.	This is an organized, outpatient treatment service for those with an opioid use disorder. The OTP service utilizes methadone, buprenorphine formulations, naltrexone or other drugs approved by the FDA for the treatment of opioid use disorders. This service is delivered by an interdisciplinary team of professionals trained in the treatment of opioid use disorder. The team provides person-centered, recovery-oriented treatment, case management, and health education. A range of cognitive, behavioral, and substance use disorder focused therapies are provided to address substance use that could compromise recovery.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA or DA: Required **2.** Service Order: completed by a physician, PA, or NP **3.** Complete/ Updated PCP: to include relevant diagnostic information. The provider must collaborate w/ individual's existing provider to develop an integrated PCP. **All services are subject to post-payment review.**	**Units**: One unit = 1 week. Providers may provide and bill for more than 1 week of take-home doses to meet the member's need. At least one service must be provided to the member within the weekly service payment unit to bill the bundled rate. **Age Group**: Adults (Age 18 and older) **Level of Care**: Opioid Treatment Services (OTS) ASAM Criteria Level of Care. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions. **Population Served**: Primary Substance Use Diagnosis only **Service Specifics, Limitations & Exclusions (not all inclusive)**: **1.** In addition to the bundled rate activities, providers can bill separately for: a) evaluation and management billing codes; b) diagnostic assessments or comprehensive clinical assessments; c) laboratory testing (excluding pregnancy test, TB test, and drug toxicology); d) individual, group, and family counseling (provided beyond the minimum 2 counseling of therapy sessions per month during the first year or 1 counseling or therapy session per month thereafter) (licensed professionals only); and e) Peer Support Services. The program physician can bill E/M codes separately for the admission evaluation and physical exam. **2.** MCD will not cover any services in the OTP Service per diem as separate billable services or interventions not identified in the member's PCP. Provider must verify each MCD member's eligibility each time a service is rendered	[Clinical Coverage Policy 8A-9: Opioid Treatment Program Service](#) [APSM 45-2 Records Management and Documentation Manuals](#) [PCP Guidance Documents & Templates](#)

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Substance Abuse Comprehensive Outpatient Treatment (SACOT) Program Code(s): H2035	A periodic service that is a time-limited, multi-faceted approach treatment service for adults who require structure and support to achieve and sustain recovery. These services are provided during day and evening hours to enable members to maintain residence in their community, continue to work or go to school, and to be a part of their family life. SACOT includes case management to arrange, link or integrate multiple services as well as assessment and reassessment of the member's need for services. The expected outcome is abstinence.	**Pass-Through Period**: Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: Required **2.** PCP: Both the Initial PCP and updates completed are required, to include the amount, duration, and frequency of the service. Must include an enhanced crisis intervention plan. **3.** Service Order: Required, signed by a physician, licensed psychologist, PA, or NP. **All services are subject to post-payment review.**	**Units**: One unit = 1 hour (member must attend at least 4 hours a day for this service to be billed). **Age Group**: Adults (age 21+) **Level of Care**: ASAM Level 2.5 Partial Hospitalization Services. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions. **Population Served**: Primary Substance Use Diagnosis only **Service Specifics, Limitations & Exclusions (not all inclusive):** **1.** The program conducts random drug screening and uses the results of these tests as part of a comprehensive assessment of participants' progress toward goals and for PCP. **2.** SACOT cannot be provided during the same episode of care as: SAIOP, all levels of detox services, Non-Medical Community Residential Treatment, Medically or, Monitored Community Residential Treatment.	Clinical Coverage Policy No 8A: Enhanced Mental Health and Substance Abuse Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Substance Abuse Intensive Outpatient Program (SAIOP) Code(s): H0015	Includes structured individual and group addiction activities and services that are provided at an outpatient program designed to assist adult and adolescent beneficiaries to begin recovery and learn skills for recovery maintenance. The program is offered at least 3 hours a day, at least 3 days a week, with no more than 2 consecutive days between offered services and distinguishes between those members needing no more than 19 hours of structured services per week (ASAM Level 2.1). The expected outcome of SAIOP is abstinence.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA: Required **2.** PCP: Both the Initial PCP and updates are required, to include the amount, duration, and frequency of the service. Must include an enhanced crisis intervention plan. **3.** Service Order: Required, signed by a physician, licensed psychologist, PA, or NP. **All services are subject to post-payment review.**	**Units**: One unit = 1 event per day (a minimum of three hours per day is an event) **Age Group**: Children/ Adolescents & Adults **Level of Care**: ASAM Level 2.1 Intensive Outpatient Services. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions. **Population Served**: Primary Substance Use Diagnosis only **Service Specifics, Limitations & Exclusions (not all inclusive):** SAIOP cannot be provided during the same episode of care as: SACOT, all levels of detox services, Non-Medical Community Residential Treatment, Medically or, Monitored Community Residential Treatment.	Clinical Coverage Policy No 8A: Enhanced Mental Health and Substance Abuse Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates

Service & Code	Brief Service Description	Auth Submission/ Documentation Requirements	Authorization Parameters	Source
Substance Abuse Medically Monitored Community Residential Treatment (MMCRT) Code(s): H0013	A non-hospital rehabilitation facility for adults, with 24-hour-a-day medical or nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for members with alcohol and other drug problems or addiction occurs. The expected outcome is abstinence.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** Regional Referral Form: Required **2.** CCA: Required **3.** Complete PCP: Required, detailing the members' progress with the service. **4.** Service Order: Required, signed by a physician, licensed psychologist, PA, or NP. **All services are subject to post-payment review.**	**Units**: One unit = 1 day **Age Group**: Adults (age 21+) **Level of Care**: ASAM Level 3.7 Medically Monitored Intensive Inpatient Services. The ASAM Score must be supported with detailed clinical documentation on each of the six ASAM dimensions. **Population Served**: Primary Substance Use Diagnosis only **Service Specifics, Limitations & Exclusions (not all inclusive)**: **1.** Upon completion of the service there will be successful linkage to the community of the members' choice for ongoing step down or support services. **2.** MMCRT cannot be billed the same day as any other mental health or substance abuse service except CST or ACT.	Clinical Coverage Policy 8A: Enhanced Mental Health and Substance Abuse Services APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates