

Table 1: Non-compliant QTLs and NQTLs Being Removed from Medicaid Direct CCPs

| # | Covered Service Impacted | Medicaid Direct CCP Number | Quantitative Treatment ¹ Limitation Being Removed from Medicaid Direct CCPs | Non- Quantitative Treatment ² Limitation Removed from Medicaid Direct CCPs |
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| 1 | Ambulatory Detoxification (ASAM Level 1 - WM) ³ | 8A | N/A | Remove initial authorization, reauthorization and utilization management review requirements. |
| 2 | Professional Treatment Services in Facility Based Crisis Program | 8A | Remove limit stating the service cannot exceed a total of 45 days in a 12-month period. | Remove initial authorization and reauthorization requirements. Remove 7-day pass through. |
| 3 | Multisystemic Therapy (MST) | 8A | Remove limit stating the service may not exceed 480 units of service in a 3-month period. | Remove prior approval, initial authorization, reauthorization, and utilization management review requirements. |
| 4 | Medically Supervised or ADATC Detoxification Crisis Stabilization (ASAM Level 3.9- WM) | 8A | Removed limit stating the service cannot exceed a total of 30 days in a 12-month period. | Removed initial authorization requirements. Removed 8-hours pass-through. |
| 5 | Non-Hospital Medical Detoxification (ASAM Level 3.7- WM) ⁴ | 8A | Remove limit stating the service cannot exceed a total of 45 days in a 12-month period. | Remove initial authorization and reauthorization requirements. |
| 6 | Substance Abuse Medically Monitored Community Residential Treatment (ASAM Level 3.7) | 8A | Remove limit stating the service cannot exceed more than 45 days in a 12 month period. | Remove initial authorization, reauthorization, and utilization review requirements. |

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| 7 | Facility-Based Crisis Service for Children and Adolescents | 8A-2 | Remove limit stating the service cannot exceed 45 days in a 12- month period. | Remove prior approval, initial authorization and utilization management review requirements. |
| 8 | Child and Adolescent Day Treatment | 8A | N/A | Remove Medicaid may cover up to 60 days for the initial authorization period based on the medical necessity. Remove Medicaid funded services cover up to 60 days for reauthorization based on the medical necessity. |
| 9 | Intensive In-Home Services (IIH) | 8A | N/A | Remove prior approval, initial authorization, reauthorization, and utilization management review requirements. |
| 10 | Partial Hospitalization | 8A | N/A | Remove initial authorization, reauthorization and utilization management review requirements. Remove initial authorization shall not exceed seven calendar days. Remove statement that reauthorization shall not exceed seven calendar days. |
| 11 | Mobile Crisis Management | 8A | N/A | Remove concurrent review and utilization management requirements. Remove 32 unit pass-through. |
| 12 | Psychosocial Rehabilitation | 8A | N/A | Remove prior approval, initial authorization, reauthorization, and utilization management requirements. |

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| 13 | Residential Treatment Level II Program Type | 8D-2 | N/A | Remove 30-day utilization review requirements. |
| 14 | Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) (ASAM Level 2.5 Partial Hospitalization) | 8A | N/A | Remove 60-day pass through Remove reauthorization and utilization review requirements. |
| 15 | Substance Abuse Intensive Outpatient Program (SAIOP) (ASAM Level 2.1) | 8A | N/A | Remove 30-day pass through Remove reauthorization and utilization review requirements. |
| 16 | Substance Abuse Non-Medical Community Residential Treatment (ASAM Level 3.5) | 8A | Remove limit stating the service cannot exceed 45 days in a 12- month period. | Remove initial authorization, reauthorization, and utilization review requirements. |
| 17 | Assertive Community Treatment (ACT) Program | 8A-1 | N/A | Remove prior approval, initial authorization, reauthorization, and utilization management requirements. |
| 18 | Diagnostic Assessment | 8A-5 | N/A | Remove prior approval and utilization management review requirements. Remove language restricting Diagnostic Assessments on the same day as Assertive Community Treatment Team, Intensive In Home, |

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| | | | | Multisystemic Therapy, and Community Support Team services. |
| 19 | Community Support Team (CST) | 8A-6 | N/A | Remove 36 unit pass through for the initial 30 days. Remove prior approval, initial authorization, reauthorization, and utilization management review requirements. |
| 20 | Ambulatory Withdrawal Management With Extended On-Site Monitoring | 8A-8 | N/A | Remove 3-day calendar pass through and prior approval requirement. Remove initial authorization, concurrent review and utilization management review requirements. |
| 21 | Opioid Treatment Program Service | 8A-9 | N/A | Remove 90-day pass through Remove prior approval if pass through has been reached for the fiscal year. Remove initial authorization, reauthorization, concurrent review, and utilization management review requirements. |
| 22 | Medically Managed Intensive Inpatient Services (ASAM Level 4) | 8B | N/A | Remove 7-day utilization review requirement. 72 hour pass-through will apply. |
| 23 | Medically Managed Intensive Inpatient Withdrawal | 8B | N/A | Remove 10-day utilization review requirement. 72 hour pass-through will apply. |

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| | Management | | | |
| | Services (ASAM Level 4-WM) | | | |
| 24 | Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers | 8C | Remove for substance use disorders, ASAM level 1 outpatient services are provided for less than nine hours a week for adults and less than six hours a week for adolescents. | Remove authorization requirement. Remove 16 unmanaged outpatient visits per fiscal year limit (inclusive of assessment and Psychological Testing codes) for beneficiaries under age 21. Remove 8 unmanaged outpatient visits per fiscal year limit (inclusive of assessment and Psychological Testing codes) for beneficiaries ages 21 and over. Remove 22 unmanaged Medical Evaluation and Management (E/M) services visits limit for beneficiaries ages 21 and over. |
| 25 | Residential Treatment Level I Family Type | 8D-2 | N/A | Remove 90-day Utilization Review requirements. |
| 26 | Residential Treatment Level II Family Type | 8D-2 | N/A | Remove 30-day Utilization Review requirements. |
| 27 | Peer Support Services | 8G | N/A | Remove prior approval, initial authorization, and reauthorization, and utilization review requirements. Remove twenty-four (24) unmanaged units once per |

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| | | | | <p>episode of care per state fiscal year.</p> <p>Remove Medicaid may cover up to 270 units of service (individual and group) for 90 days for the initial authorization period, if medically necessary.</p> <p>Remove Medicaid may cover up to 270 units of service (individual and group) for 90 days for subsequent reauthorization periods, if medical necessary.</p> |
| 28 | 1915(i) Individual Placement & Support (IPS) for Mental Health and Substance Abuse | 8H-2 | N/A | <p>Remove prior approval, initial authorization, reauthorization, and utilization management requirements.</p> <p>Remove completing authorization requests from Program Assistant activities.</p> |
| 29 | 1915(i) Individual and Transitional Support (ITS) | 8H-3 | Remove Medicaid can cover up to 240 units of service per month. | <p>Remove prior approval, initial authorization, reauthorization, and utilization management requirements.</p> <p>Initial authorization of services cannot exceed 180-calendar days. Remove Medicaid may cover up to 240 units of service per month for 90 calendar days for reauthorization periods.</p> |
| 30 | Psychological Services in Health Departments and School-Based Health Centers Sponsored by | 8I | N/A | Remove prior approval requirement. |

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| | Health Departments to the under-21 Population | | | |
| 31 | Mental Health/Substance Abuse Targeted Case Management | 8L | N/A | Remove prior approval, initial authorization, and reauthorization requirements. |