Department of Health Care Policy & Financing
Benefits Collaborative Listening Log
Substance Use Disorder Fee For Service Benefit Coverage Standard

Comment Number	Date Received	Name	Comment	Department's Response	Will Policy be Revised?
1	15-Nov-13	Unattributed	There is a discrepancy between the Substance Use Disorder (SUD) Manual and the Eligible Providers section. In the SUD Manual, CAC I and CAC II can jointly provide individual and group therapy but CAC I's are not identified in Eligible Providers section.		
2	15-Nov-13	Rich Gebhardt, Signal Behavioral Health	At Signal, there is evidence of a big increase in addiction coming from people who have gone too far down the prescription drug road. Will treatment for this be covered?		
3	15-Nov-13	Kristen Dixion, Addiction Treatment Services	Kristen Dixion with Addiction Research and Treatment Services (ARTS) asked if there would be any coverage for synthetic cannabinioids (Spice/Synthetic marijuana)or any other synthetic drugs. She stated the huge surge of this and that early warning networks are recognizing this an emerging concern.		
4	15-Nov-13	Angela Bonaguidi, Addiction Treatment Service	If there is an individual who would benefit from individual and family counseling would this benefit allow both services to be provided and billed on the same day?		
5	15-Nov-13	Unattributed	Several individuals noted that, in the past, individual and family therapy could not be billed on the same day because they were coded the same way.		
6	15-Nov-13	Unattributed	Will other types of screening tests necessary to cover Methadone or Seboxone be covered?		
7	15-Nov-13	Unattributed	Will regnancy tests, breathalyzer tests and ETGs be covered?		
8	15-Nov-13	Unattributed	Can the provider can review the urinalysis with the client and bill in that capacity and then the lab can also bill on the physical Medicaid side for the processing?		
9	15-Nov-13	BJ Dean, Arapahoe House	In the past, she and colleagues were told that targeted case management under SUD was provided only when the client is present but, in the standard, it states that "provided with or on behalf of the client". Is the definition being expanded or were we miss informed?		
10	15-Nov-13	Jim Rowan, Office of Behavioral Health	In the past, case management was looked at from a public safety standpoint and now it appears this benefit includes all of those things that have always been inherent in SUD and mental health case management – that is the advocacy piece. If (targeted case management) is not covered, that would be disappointed.		
11	15-Nov-13	Rich Gebhardt, Signal Behavioral Health	What is the distinction between case management and targeted case management?		

12	15-Nov-13	Lisa Guwenus, Denver Health	It is really nice to see the Methadone and medication assisted therapies are part of the benefit. She noted that it fulfills all three purposes of the Benefits Collaborative (cost effective, evidence guided and promotes client health). She congratulated the Department on their inclusion.		N/A
13	15-Nov-13	Lisa Guwenus, Denver Health	With regard to the statement, "*the drugs themselves are billed fee-for-service pharmacy and are not included in the MAT benefit* " does the Department recognize that OTPs are not pharmacies (and therefore cannot bill a pharmacy benefit)?		
14	15-Nov-13	Unattributed	It seems the Department covers medication administration but not the medication itself, which seems odd.		
15	16-Nov-13	Unattributed	Methadone is currently the gold standard for treatment of individuals with opioid dependence. So it does make sense, if not now than in the future, to reconsider covering that [cost of the medication]. Other states, especially on the east coast, have introduced Methadone into this benefit.		
16	17-Nov-13	Angela Bonaguidi, Addiction Treatment Service	Can you provide a definition of “administration” and “management” of Medication Assisted Treatment within your policy? Does "administration" mean a session with an individual providing some assistance around dosing, perhaps a nurse?		
17	18-Nov-13	Kristen Dixion, Addiction Treatment Services	“Opiate” should be changed to “opioid”, which includes semi-synthetic, synthetic and naturally occurring opioids.		
18	19-Nov-13	Susan Turowski0reher, Addiction Treatement Services	If a person is in a hospital and the provider has to take the dose to them, is that covered?		
19	20-Nov-13	Unattributed	In the event that the Department does not have much ability to adjust anything in the policy, can id add language that clarifies what is limiting to each benefit?		
20	21-Nov-13	Susan Turowski-reher, Addiction Treatement Services	Under Non-Covered Services does “psychiatric residential treatment facilities” instead of “pediatric”?		
21	22-Nov-13	BJ Dean, with Arapahoe House	Under Definitions - the “Targeted case management” definition is the same as it is in the body of the policy and if, after the Department checks, it is changed in the body of the policy it should also be changed here.		
22	23-Nov-13	BJ Dean, with Arapahoe House	Under Definitions - the definition of “Masters level clinician” does not say “licensed” – but does elsewhere. Why is licensed not included?		
23	24-Nov-13	BJ Dean, with Arapahoe House	Under Definitions - “Peer advocate services” says “receiving behavioral health services”. Does this mean clients still have to be in treatment under this benefit? “Receiving behavioral health services” and “scheduled therapeutic activity” could imply that the Department would pay for services for people who are in recovery if they are currently a client.		

	27-Dec-13	Kristen Dixion, Addiction Treatment Services	The Colorado Department of Public Health and Environment (CDPHE) has declared an "outbreak" related to Spice/Synthetic Marijuana due to the rise in hospitalizations and associated deaths. It has impacted young people between the ages of 12-29 and it is mostly contained in Denver, Aurora, and Colorado Springs. Due to the significant issues, SUD treatment should include synthetic cannabinioids and other synthetic drugs in the SUD Medicaid benefit.		