

DATE: 4/6/16

Issue: **Where and under what relationships can the minimum set of ambulatory and medical detoxification services be provided?**

Department’s Response: See table belowⁱ

Table 1: Allowable Provider Type by ASAM Level

ASAM Level	Service Provider / Agreement Type		
	CCBHC	DCO	Referral
1-WM	Must directly provide	Not allowable	Not allowable
2-WM	Encouraged to provide	Allowable	Not allowable
3.2-WM	Allowable	Allowable	Allowable
3.7-WM	Allowable	Allowable	Allowable

If the service is provided by a **CCBHC**:

- **Costs** are considered direct CCBHC expenses for the cost report as specified the CCBHC Cost Report Instructionsⁱⁱ
- **Visits** are included on the daily visit tab as specified in content section 9 of the CCBHC Cost Report Instructions

If the service is provided by a **DCO**:

- **Costs** are considered under agreement with DCO and included in Part 1B of the cost report
- **Visits** are included on the daily visit tab as specified in content section 9 of the CCBHC Cost Report Instructions

If the service is provided through a **referral**:

- **Service costs** are not included on the cost report
- **Service visits** are not included on the cost report
- **Allowable care coordination costs** are included on the cost reportⁱⁱⁱ
- Care coordination is regarded as an activity rather than a service. **Visits for care coordination services only are not included on the cost report**^{iv}
- See CCBHC Program Requirement 3 for further guidance concerning care coordination

ⁱ <http://www.samhsa.gov/section-223/technical-assistance>

ⁱⁱ <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/downloads/ccbhc-cost-report-instruction.pdf>

ⁱⁱⁱ Page 6 - http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

^{iv} Page 4 - http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf