

Title of Rule: Revision to the Medical Assistance Health Programs Benefits Management Rule Concerning the Amount, Scope, and Duration of the Outpatient Fee-for-Service Substance Use Disorder Treatment Services Benefit, Section 8.746

Rule Number: MSB 14-10-15-A

Division / Contact / Phone: HPO B&O / Amanda Forsythe / x6459

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The proposed revision amends 10 CCR 2505-10, Section 8.746 to incorporate the Outpatient Fee-for-Service Substance Use Disorder Treatment Services Benefit Coverage Standard into rule. The Benefit Coverage Standard, which went into effect April 8, 2015, will be incorporated directly into the Department's administrative rules as an appendix. The current Section 8.746 rule language will be struck and replaced with language indicating that Outpatient Fee-for-Service Substance Use Disorder Treatment benefits are provided in accordance with the provisions of Appendix A.

Additionally, the proposed revision to Section 8.746 makes the following substantive changes:

- 1) Adds Medication-Assisted Treatment as a covered service.
- 2) Increases the limit on Individual and Family Therapy from 25 sessions to 35 sessions per state fiscal year.
- 3) Increases the limit on Alcohol/Drug Screening Counseling specimen collections from 36 to 52 per state fiscal year.
- 4) Increases the limit on Targeted Case Management services from 36 contacts per state fiscal year to 52 units per state fiscal year. For consistency, the term "units" is used in place of the term "contacts;" no change in meaning is intended by this revision.
- 5) Increases the limit on Social/Ambulatory Detoxification from 7 days to 15 days per state fiscal year.

2. An emergency rule-making is imperatively necessary

to comply with state or federal law or federal regulation and/or

for the preservation of public health, safety and welfare.

Explain:

Initial Review

08/14/2015

Final Adoption

09/11/2015

Proposed Effective Date

11/01/2015

Emergency Adoption

DOCUMENT #07

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3. Federal authority for the Rule, if any:

42 U.S.C. § 1396d(a)(2)(A) and 42 C.F.R. § 440.230.

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2013);
C.R.S. 25.5-5-202(1)(s)(I).

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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

This rule change will impact the providers of Outpatient FFS Substance Use Disorder Treatment services and Medicaid clients. Specifically, the incorporation of the Benefit Coverage Standard into rule as an appendix will increase the comprehensibility of the rule for Medicaid clients and providers.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Clearly-defined rules will provide assurance for persons receiving benefits that services are easy to understand and locate, meet established criteria, provide better guidance for service providers, assure that public funds are more responsibly allocated, and reduce the administrative burden on the Department. Additionally, clearly-defined rules will reduce confusion and unnecessary adversarial situations among those receiving benefits, service providers, and the Department, and will simplify the appeal process for all participants. By clearly defining clinical criteria in the Outpatient FFS Substance Use Disorder Treatment Services benefit, the Department hopes to achieve its goal to improve client access to cost-effective, high quality care, and to reduce inappropriate utilization and variations in care.

By directly incorporating the Department's Benefit Coverage Standard the rule will be more clearly-defined and further the Department's goals.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

This rule does not have any costs to the Department or any other agency as a result of its implementation and enforcement.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Enforceable policy rules will help the Department recover improper payments for inappropriate services rendered, uphold decisions based upon evidence-based criteria, and reduce the volume of appeals. By being able to enforce evidence-based criteria, this rule may generate cost-savings as inappropriate utilization and appeal volumes are reduced.

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5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no less costly or less intrusive methods for achieving the purpose of the proposed rule because all benefits must be adequately described in rule.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are no alternative methods for achieving the purpose of the proposed rule. In order to have the force of law, the policies set forth in the benefit coverage standards must be written into the Department's administrative rules.

1 **8.746—OUTPATIENT SUBSTANCE ABUSE TREATMENT**

2 **8.746.1—DEFINITIONS [Emer. Rule eff 9/ 8 /06; Perm. Rule eff 10/1/06]**

3 Alcohol and/or drug screening means the collection of urine to test for the presence of alcohol
4 and/or drugs.

5 Group Therapy means therapeutic substance abuse counseling and treatment services with more
6 than one client.

7 Individual and Family Therapy means therapeutic substance abuse counseling services with one
8 client per session. Family therapy shall be directly related to the client's treatment for substance
9 abuse and/or dependence.

10 Social/Ambulatory Detoxification means services provided on a residential basis by a facility
11 licensed by the Alcohol and Drug Abuse Division (ADAD) of the Department of Human Services
12 based on American Society of Addiction Medicine (ASAM) criteria.

13 Substance Abuse Assessment means an evaluation designed to determine the level of
14 drug/alcohol abuse or dependence and the comprehensive treatment needs of a client.

15 Targeted Case Management means medically necessary coordination and planning services
16 provided with or on behalf of a client with a substance abuse diagnosis.

17 **8.746.2—Client Eligibility [Emer. Rule eff 9/8/06; Perm. Rule eff 10/1/06]**

18 8.746.2.A.—Clients identified as being appropriate for the Substance Abuse Treatment
19 program shall be assessed as having drug/alcohol abuse or dependence.

20 **8.746.3—Provider Requirements [Emer. Rule eff 9/8/06; Perm. Rule eff 10/1/06]**

21 8.746.3.A.—Outpatient substance abuse services shall be provided in an approved facility or
22 by certain licensed health care practitioners with certification in addiction counseling.

23 8.746.3.B.—Providers shall be one of the following:

24 a.—Facilities licensed by ADAD to offer outpatient services.

25 b.—Licensed physicians who are also:

26 i) —Certified in Addiction Medicine by the American Society of Addiction
27 Medicine (ASAM), or

28 ii) —Certified Addiction Counselors (CAC II or CAC III) or Licensed Addiction
29 Counselors (LAC) by Department of Regulatory Agencies (DORA), or

30 iii) —Certified by the National Association of Alcohol and Drug Abuse
31 Counselors (NAADAC) as an NCAC II or MAC.

32 iv) —Certified in Addiction Psychiatry by the American Board of Psychiatry
33 and Neurology (ABPN).

34 c.—Licensed non-physician practitioners are any of the following:

1 i) ~~Psychologist, PhD.~~

2 ii) ~~Nurse Practitioner.~~

3 iii) ~~Licensed Clinical Social Worker (LCSW).~~

4 iv) ~~Marriage and Family Therapist.~~

5 v) ~~Licensed Professional Counselor (LPC).~~

6 vi) ~~Licensed Addiction Counselor (LAC).~~

7 d. ~~The above licensed non-physician practitioners shall also be certified addiction~~
8 ~~counselors with one of the following credentials:~~

9 i) ~~Certified by DORA as a CAC II, CAC III.~~

10 ii) ~~Certified by NAADAC as an NCAC II or MAC.~~

11 **8.746.4 ~~Covered Services [Emer. Rule eff 9/8/06; Perm. Rule eff 10/1/06]~~**

12 1. ~~Outpatient Substance Abuse Treatment services are limited to:~~

13 a. ~~Substance Abuse Assessment, which shall be limited to three sessions per state~~
14 ~~fiscal year.~~

15 b. ~~Individual and Family Therapy, which shall be limited to 25 sessions at 15~~
16 ~~minutes per unit, up to four units per session per state fiscal year.~~

17 c. ~~Group Therapy sessions, which shall be up to an including three hours per~~
18 ~~session and limited to 36 sessions per state fiscal year.~~

19 d. ~~Alcohol/Drug Screening, which shall be limited to 36 specimen collections per~~
20 ~~state fiscal year. Substance abuse counseling services shall be provided along~~
21 ~~with screening to discuss results with client.~~

22 e. ~~Targeted Case Management, which shall be limited to 36 contacts per state fiscal~~
23 ~~year. Services may include service planning, advocacy and linkage to other~~
24 ~~medical services related to substance abuse diagnosis, monitoring, and care~~
25 ~~coordination.~~

26 f. ~~Social/Ambulatory Detoxification, which shall be limited to seven days per state~~
27 ~~fiscal year and includes supervision, observation and support for individuals~~
28 ~~whose intoxication/withdrawal signs and symptoms are severe enough to require~~
29 ~~a 24 hour structured program but do not require hospitalization.~~

30

1 **8.746 OUTPATIENT FEE-FOR-SERVICE SUBSTANCE USE DISORDER TREATMENT**

2 8.746.A. Outpatient Fee-for Service Substance Use Disorder Treatment benefits are
3 provided in accordance with the provisions of Appendix A, which details the
4 benefit coverage standards.

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1 **8.746 OUTPATIENT FEE-FOR-SERVICE SUBSTANCE USE DISORDER TREATMENT**

2 8.746.A. Outpatient Fee-for Service Substance Use Disorder Treatment benefits are
3 provided in accordance with the provisions of Appendix A, which details the
4 benefit coverage standards.

DRAFT

1 **10 CCR 2505-10 § 8.746, APPENDIX A: OUTPATIENT FEE-FOR-SERVICE SUBSTANCE**
2 **USE DISORDER TREATMENT SERVICES BENEFIT COVERAGE STANDARD**

3 Capitalized terms within this Benefit Coverage Standard that do not refer to the title of a benefit,
4 program, or organization, have the meaning specified in the Definitions section.

5 **BRIEF COVERAGE STATEMENT**

6 This Benefit Coverage Standard describes Outpatient Fee-For-Service (FFS) Substance Use
7 Disorder (SUD) Treatment Services benefits for Colorado Medicaid clients who are not enrolled in
8 the Community Behavioral Health Services program.

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12	defined.	
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6 **RELATED BENEFITS ADDRESSED IN OTHER BENEFIT COVERAGE STANDARDS**

- 7 1. Outpatient Fee-For-Service Mental Health
- 8 2. Laboratory Services
- 9 3. Pharmacy
- 10 4. Physician Services
- 11 5. Inpatient Hospital

12 **ELIGIBLE PROVIDERS**

13 Providers eligible to render services are limited to the following:

- 14 1. Licensed physicians who are also:
 - 15 a. Certified in addiction medicine by the American Society of Addiction
 - 16 Medicine (ASAM); or
 - 17 b. Certified as Certified Addiction Counselors (CAC II or CAC III) or
 - 18 Licensed Addiction Counselors (LAC) by the Department of Regulatory
 - 19 Agencies (DORA); or
 - 20 c. Certified as National Certified Addiction Counselors II (NCAC II) or
 - 21 Master Addiction Counselors (MAC) by the National Association of
 - 22 Alcohol and Drug Abuse Counselors (NAADAC); or
 - 23 d. Certified in addiction psychiatry by the American Board of Psychiatry and
 - 24 Neurology certified in Addiction Psychiatry (ABPN).
- 25 2. Licensed non-physicians who are also:
 - 26 a. Psychologists (PhD, PsyD),
 - 27 b. Nurse Practitioners,

1 **Group Therapy**

2 Group therapy refers to therapeutic SUD counseling and treatment services,
3 administered through groups of people who have similar needs, such as progression of
4 disease, stage of recovery, and readiness for change.

- 5 a. Group therapy must include more than one patient.
- 6 b. Group therapy is limited to 36 sessions per State Fiscal Year. A session
7 of group therapy may last up to three hours and is billed in units of one
8 hour each (e.g., a three hour group session would consist of three units).
9 A unit of service may be billed separately for each client participating in
10 the group therapy session.

11 **Alcohol/Drug Screening Counseling**

12 Alcohol/drug screening counseling is the collection of urine followed by a counseling
13 session with the client to review and discuss the results of the screening.

- 14 a. The laboratory analysis of the urine specimen (urinalysis) must be billed
15 by a laboratory using that laboratory's Medicaid Provider ID.
- 16 b. SUD providers will only be reimbursed for collecting the urine specimen
17 and providing a counseling session to review and discuss the results of
18 the urinalysis. Claims submitted for the collection of the urine sample
19 without the subsequent counseling of urinalysis results will not be
20 reimbursed.
- 21 c. SUD counseling services to discuss and counsel the client on the test
22 results must be provided by an eligible rendering provider, as outlined in
23 the above Eligible Providers section.
- 24 d. If the client does not return for the counseling of their urinalysis results,
25 the collection of the sample cannot be claimed.
- 26 e. The counseling portion of the service may be conducted during a session
27 of individual or family therapy.
- 28 f. Multiple urine collections per date of service are not additionally
29 reimbursed.
- 30 g. Alcohol/ drug screening counseling is limited to 52 specimen collections
31 per State Fiscal Year.
- 32 h. Alcohol/ drug screening counseling is limited to one unit per date of
33 service. A unit of service is the single collection and subsequent
34 counseling session.

1 Targeted Case Management

2 Targeted case management refers to coordination and planning services provided with,
3 or on behalf of, a client with a SUD diagnosis. The client does not need to be physically
4 present for this service to be performed if it is done on their behalf.

5 a. Services are limited to service planning, advocacy, and linkage to other
6 appropriate medical services related to SUD diagnosis, monitoring, and
7 care coordination.

8 b. SUD targeted case management services are limited to 52 units of
9 service per State Fiscal Year.

10 i) A unit of service consists of at least one documented contact
11 with a client or person acting on behalf of a client, identified
12 during the case planning process.

13 ii) A unit of service equals one 30-minute session of targeted case
14 management. Up to four units of service may be rendered per
15 date of service.

16 Social/Ambulatory Detoxification

17 Facilities licensed by the Office of Behavioral Health (OBH) are the only provider type
18 eligible to render social/ambulatory detoxification services.

19 a. Social/ambulatory detoxification services:

20 i) Include supervision, observation, and support from qualified
21 personnel for clients exhibiting intoxication or withdrawal
22 symptoms.

23 ii) Are provided when there is minimal risk of severe withdrawal
24 (including seizures and delirium tremens) and when any co-
25 occurring mental health or medical conditions can be safely
26 managed in an ambulatory setting.

27 b. Social/ambulatory detoxification is limited to five sessions per State
28 Fiscal Year.

29 i) A session is defined as the continuous treatment time from the
30 first day to the last day of social/ambulatory detoxification.

31 ii) Each session may last a maximum of three days.

32 c. Room and board is not a covered social/ambulatory detoxification
33 service. Claims billed for room and board will not be reimbursed.

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- d. Social/ambulatory detoxification is divided into four distinct services—physical assessment of detoxification progress, evaluation of level of motivation, safety assessment, and provision of daily living needs—with corresponding procedure codes, which may be provided and billed on the same date of service if medically necessary, as defined in rule at 10 CCR 2505-10 Section 8.076.1.8.

Medication-Assisted Treatment (MAT)

MAT is a benefit for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration (FDA) for opioid addiction detoxification or maintenance treatment.

For the purposes of the FFS SUD Treatment Services benefit, MAT is defined as the administration, acquisition, and dispensing of Methadone to the client.

- a. Only licensed physicians, physician assistants, or nurse practitioners are eligible to administer MAT. All providers must comply with the Opioid Medication Assisted Treatment program requirements set forth by Office of Behavioral Health in rule at 2 C.C.R. 502-1 21.320.
- b. MAT is limited to one unit per date of service. A unit is a single dose administered to the client.
- c. Take-home dosing is permitted in accordance with OBH rules at 2 CCR 502-1 21.320.8. Therefore, one unit of MAT must be reported for each date of service the client ingests the dose of methadone.
- d. If the client ingests their dose at the facility, the place of service must be reported as office. If the client ingests their dose at home, the place of service must be reported as home. Records must include documentation to substantiate claims for take-home doses.
- e. Ongoing counseling and therapy services associated with MAT have the same respective benefit limitations as individual, family, and group therapy services listed previously in COVERED SERVICES, INDIVIDUAL AND FAMILY THERAPY, and GROUP THERAPY.

SPECIAL PROVISION: EXCEPTION TO POLICY LIMITATIONS FOR CLIENTS AGED 20 AND YOUNGER

For Medicaid clients ages 20 and younger, FFS SUD Treatment Services are covered in accordance with the provisions of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program found at 10 CCR 2505-10 Section 8.280.

1 **PROCEDURE CODING**

2 Current procedure coding is detailed in the Outpatient Behavioral Health FFS Billing Manual,
3 found in the Billing Manual section of the Department of Health Care Policy and Financing
4 website at colorado.gov/hcpf.

5 **PRIOR AUTHORIZATION REQUIREMENTS**

6 There are no prior authorization requirements for FFS SUD Treatment services.

7 **SERVICES NOT COVERED BY THE OUTPATIENT FEE-FOR-SERVICE SUBSTANCE USE**
8 **DISORDER TREATMENT BENEFIT**

- 9 1. Day Treatment Program Services
- 10 2. Intensive Outpatient Psychiatric Rehabilitation
- 11 3. Peer Advocate Services
- 12 4. Residential treatment services, with the exception of Residential Child Care
13 Facilities
- 14 5. Court-ordered DUI services that are independent of a substance use disorder
15 diagnosis.
- 16 6. Services provided by a third party that is under contract with the provider.
- 17 7. Any SUD treatment service not specified as covered in this Benefit Coverage
18 Standard.

19 The majority of Colorado Medicaid clients are enrolled in the Community Behavioral Health
20 Services program and must receive services from a BHO network provider. The FFS SUD
21 Treatment benefit is available to the small percentage of clients who are not enrolled in the
22 Community Behavioral Health Service program, and whose service claims must be submitted to
23 the Department of Health Care Policy and Financing's fiscal agent.

24 **DEFINITIONS**

25 The following definitions are applicable only within the scope of this Benefit Coverage Standard.

26 **Colorado Medicaid.** The free or low cost public health insurance program that provides health
27 care coverage to low-income individuals, families, children, pregnant women, seniors, and people
28 with disabilities. Colorado Medicaid is funded jointly by the federal and state government, and is
29 administered by the Colorado Department of Health Care Policy and Financing.

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Community Behavioral Health Services Program. The program described in rule at 10 CCR 2505-10 Section 8.212, by which program-enrolled Medicaid clients receive behavioral health treatment services.

Day Treatment Program Services. A non-residential treatment program designed for children and adolescents under the age of 21 who have emotional, behavioral, and neurobiological or SUD problems and may be at high risk for out-of-home placement. Day Treatment Program Services include family, group, and individual psychotherapy; parent-child education; skill and socialization training focused on improving functional and behavioral deficits; and intensive coordination with schools and/or other child service agencies.

Inpatient Hospital SUD Treatment. Organized service delivered by medical and nursing professionals in a facility licensed as a hospital by the state. Provides for 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting, specifically designed for acute medical detoxification. This is considered an inpatient hospital benefit and is not part of the FFS SUD benefit.

Intensive Outpatient Psychiatric Rehabilitation Services. Services that focus on maintaining and improving functional abilities for the client through a time-limited, multi-faceted approach to treatment.

Masters Level Clinician. A provider who is clinical social worker licensed pursuant to CRS 12-43-404, marriage and family therapist licensed pursuant to CRS 12-43-504, professional counselor licensed pursuant to CRS 12-43-603, or advanced practice nurse licensed pursuant to CRS 12-38-111.5.

Medicaid Provider ID. The unique eight-digit number assigned to a provider who enrolls in the Colorado Medical Assistance Program.

Peer Advocate Services. A scheduled therapeutic activity led by a trained client who is self-identified as receiving behavioral health services.

Psychologist, Psy.D/PhD. A provider who has a doctoral degree from an accredited program offering psychology courses approved by the American Psychological Association and is licensed as a psychologist by the State Board of Psychologist Examiners pursuant to CRS 12-43-304.

Physician Assistant. A provider who is a graduate of an education program accredited by the Accreditation Review Commission on Education for the Physician Assistant, certified by the National Commission on Certification of Physician Assistants, and licensed as a physician assistant pursuant to CRS 12-36-107.4.

Physician/Psychiatrist. A provider who has a Doctor of Medicine or Osteopathic Medicine degree, engages in the practice of medicine as defined by, and is licensed as a physician pursuant to CRS 12-36-107.

1 provider who serves as a medical home for Accountable Care Collaborative (ACC) Members. A
2 PCMP may be a federally qualified health center, regional health center, clinic or other group
3 practice that provides the majority of an ACC Member's comprehensive primary, preventive and
4 sick care. A PCMP may also be individual or pods of PCMPs that are physicians, advanced
5 practice nurses or physician assistants with a focus on primary care, general practice, internal
6 medicine, pediatrics, geriatrics or obstetrics and gynecology.

7 **Primary Care Physician (PCP).** A physician who provides the majority of a Colorado Medicaid
8 client's primary care.

9 **Residential Child Care Facility (RCCF).** A facility licensed to provide twenty-four-hour group
10 care and treatment for five or more children operated under private, public, or nonprofit
11 sponsorship. RCCF includes community-based residential child care facilities, shelter facilities,
12 and therapeutic residential child care facilities as defined in rule by the state board, and
13 psychiatric residential treatment facilities as defined in CRS 25.5-4- 103 (19.5). A RCCF may be
14 eligible for designation by the executive director of the state department pursuant to Article 65 of
15 Title 27, C.R.S.

16 **Residential Treatment.** A short-term residential treatment program offering 24-hour intensive
17 residential treatment, habilitative, and rehabilitative services for up to 30 days in a highly
18 structured, community-oriented environment.

19 **State Fiscal Year (SFY).** July 1 – June 30.

20 **Targeted Case Management.** Medically necessary coordination and planning services provided
21 with or on behalf of a client with a substance use disorder diagnosis.

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