

Summary of Changes for SUD Providers

Last updated, 4/6/2016

GENERAL

1. **Out-of-County** clients – at this time providers who choose to provide outpatient services to out of county residents will need to develop an agreement/contract with the other BHO's. If a provider does not have this agreement or does not want to do out of county work, then non-King County residents will need to be referred back to their home BHO to request services; the KCBHO does not authorize services for these clients. The only exceptions are foster care clients and those with confidential address protection (in which case their Medicaid is issued by Central Medicaid in Olympia) who can be served anywhere. For a list of BHO contacts go to, https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/BHO/BHO_Facts_Partners.pdf.
2. **Residential treatment** for KBHO residents is now authorized by the KCBHO. To request residential treatment complete the SUD RESIDENTIAL TREATMENT AUTHORIZATION REQUEST COVER SHEET and fax it along with the client's assessment to #1-206-205-1634. Clients will need to sign the Redislosure ROI in order for the KCBHO's to coordinate care with the residential agencies. If you need copies of the Authorization form or ROI contact your contract monitor.
3. **Interim Services** – required for PPW clients, as needed and within 48 hours of request.
4. Will we still need to conduct **periodic milestones**? No, but there will be a 180-day review required. Instructions can be found in the Data Dictionary.
5. Are we still required to complete the **GAIN-SS**? Yes and electronic submission will be required.
6. Are **UA's** still reimbursed? Yes, up to six (6) UA's a month will be covered for youth, adults, and PPW clients who are receiving a Substance Use Disorder Outpatient Benefit (SUD OP). There must be clinical justification for the UA; UA's that are done only to meet legal requirements will not be reimbursed. Rates are yet to be determined.
7. Are **outreach** services still reimbursed? No, not under the SUD OP.
8. What about **transportation**? Transportation will be covered under SUD OP and MAT for clients referred to residential treatment and will be billed by monthly invoicing.
9. **Parents in Reunification** exhibit going away. PIR services are now rolled into the SUD OP benefit and will be identified by a special code.
10. The **Grievances and Extraordinary Occurrences** policy and procedures for SUD providers is changing. These can be found in Section 11 of the KCBHO P&P's and the EO policies can be found in Section 13.
11. What's happening with **retention**? The current measure is expiring and will be replaced by the Substance Use Disorder Treatment Initiation and Engagement (Washington Circle Adaptation) which won't be measured until January, 2018.
12. **Differentials** – There is now a language and a cultural differential. Cultural covers ethnic/minority status, deaf-hard of hearing, sexual minority and medically compromised/homebound). Only one "cultural" differential per person can be requested, i.e. there can't be 2 differentials for an African-American who also identifies as homosexual, but

there can be both a language and a cultural differential for someone who is Laotian and needs services provided in their native language.

13. Continue to have clients sign the **TARGET ROI** after April 1st until further notice.
14. Billing is now referred to as “**encounter submission**”. Providers should ensure that duration on encounter submissions match SERI instructions.
15. The **Federal Poverty Guidelines** can be found by accessing the Federal Poverty Guidelines link on the Contractors and Providers page of the DBHR website found [here](#).
16. The new SUD OP benefit does not require 24/7 **crisis services**.
17. **OP benefits** can remain open during a client’s residential stay. Guidelines on this to be released soon.
18. There are limited funds for new **non-Medicaid SUD clients** so authorizations are done manually. To request services for new non-Medicaid clients providers will need to ensure the client meets the non-Medicaid eligibility criteria and submit a completed NON-MEDICAID SUD OUTPATIENT BENEFIT REQUEST form. If you need copies of the criteria or request form contact your contract monitor.

WITHDRAWAL MANAGEMENT SERVICES

19. Will withdrawal management services need to be pre-authorized? No, withdrawal management is a crisis service and will continue to run as usual.

PPW & CHILDCARE

20. PPW definition has changed to read:
 - a. Women who are pregnant;
 - b. Women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children;
 - c. Women who are parenting children age six (6) and under, including those attempting to gain custody of children supervised by the DSHS, Division of Children and Family Services (DCFS).
21. Childcare services have been rolled into the new PPW exhibit and reimbursement will be provided in a 1/12th payment called PPW enhancement.
22. PPW assessments should now include information on any imminent or future risk of child abuse and neglect related to the parents’/guardians’ substance use.
23. PPW parenting support and education should now be an Evidence-Based Practice.

YOUTH

24. The GAIN assessment expectation has been reduced from 100% to 90% and the sanction has changed from 10% of the low income assessments billed to 1% of the overall youth OP case rate.

SERVICES PROVIDED TO AMERICAN INDIAN/ALASKAN NATIVE INDIVIDUALS

25. The Medicaid American Indian and Alaskan Native (AI/AN) population will receive MH benefits through the BHO but will not for SUD services. Going forward, Medicaid AI/AN will remain in a fee for service system for SUD outpatient and residential services. Medicaid AI/AN individuals may request SUD services from any provider who can bill Medicaid directly without authorization from a BHO or from the State, based on a clinical assessment of medical necessity. Providers will bill ProviderOne and enter service data in TARGET for this population.