

Appendix A

New Hampshire

“4.7.5.20 The MCO shall ensure that Members identified for withdrawal management, outpatient or intensive outpatient services shall start receiving services within seven (7) business days from the date the ASAM Level of Care Assessment was completed until such a time that the Member is accepted and starts receiving services by the receiving agency. Members identified for partial hospitalization or rehabilitative residential services shall start receiving interim services (services at a lower level of care than that identified by the ASAM Level of Care Assessment) or the identified service type within seven (7) business days from the date the ASAM Level of Care Assessment was completed and start receiving the identified level of care no later than fourteen (14) business days from the date the ASAM Level of Care Assessment was completed.”¹

Pennsylvania

“The BH-MCO may, however, choose to purchase such services in lieu of or in addition to an in-plan service.... Partial hospitalization for drug and alcohol dependence/addiction; ...Targeted drug and alcohol case management and Intensive Outpatient Services;... Adult residential treatment (including long term structured residences and residential treatment facilities for adults); ...Drug and alcohol prevention/intervention services, including student assistance programs[.]”²

West Virginia

“10.11.3.3 Peer Recovery Support Services Peer recovery support services are designed and delivered by individuals called Peer Recovery Support Specialists who are in recovery from SUD. These Peer Recovery Support Specialists provide counseling support to help prevent relapse and promote recovery. Services must be provided by appropriately trained staff when working under the supervision of a competent behavioral health professional, as defined by the State. A Peer Recovery Support Specialist must be certified as outlined in the West Virginia Medicaid Provider Manual, Chapter 504. BMS approved training program provides Peer Recovery Support Specialists with a basic set of competencies necessary to perform the peer support function. The Peer Recovery Support Specialist must demonstrate the ability to support the recovery of others from SUD. Similar to other provider types, ongoing continuing educational requirements for Peer Recovery Support Specialists must be in place.”³

New Mexico

“10.11.3.2 SUD Demonstration Waiver Services SUD 1115 demonstration waiver services include: • Peer Recovery Support Services (1.0 ASAM® Level of Care).”⁴

¹ *Medicaid Care Management Services Contract, EXHIBIT A – AMENDMENT #5, SCOPE OF SERVICES*, STATE OF N.H., DEPT. OF HEALTH & HUM. SERVS., 160 (2021), <https://sos.nh.gov/media/p4yppqma/009-gc-agenda-012221.pdf>.

² *Healthchoices Agreement*, PA DEPT. OF HUM. SERVS., U-2 (2021), <https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/HC%20Agreement%202021.pdf>.

³ *STATE FISCAL YEAR 2021 MODEL PURCHASE OF SERVICE PROVIDER AGREEMENT BETWEEN STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES AND (MANAGED CARE ORGANIZATION)*, STATE OF W.V. DEPT. OF HEALTH & HUM., 163 (2021), https://dhr.wv.gov/bms/Managed%20Care/Documents/Contracts/WV_SF21_MCO_Model_Contract_final%20v7%207-10-20%20CleanSLH.pdf.

⁴ *Medicaid Managed Care Services Agreement Among New Mexico Human Services Department, New Mexico Children, Youth, and Families Department, New Mexico Early Childhood Education and Care Department, New Mexico Behavioral Health Purchasing Collaborative and [Contractor]*, STATE OF N.M. HUM. SERVS. DEPT., 162 (2021), https://www.hsd.state.nm.us/wp-content/uploads/Turquoise-Care-MCO-Model-Contract-CLEAN_Final.pdf.

Table I. Medicaid Managed Care Contracts ASAM Language, 2021¹

STATE	Any Mention of ASAM	Contract is explicit on coverage that spans the ASAM continuum of care*		Contract is explicit on provider requirements for all treatment services in accordance with ASAM recommendations ^Y		Contractors are required to use ASAM criteria to determine medical necessity	
		Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions
		Y/N		Y/N		Y/N	
AZ	Y	N		N		Y	X ⁱ
IL	N	N		N		N	
IN	N	N		N		N	
KY	Y	N		N		Y	X ⁱⁱ
MA	Y	N		N		Y	X ⁱⁱⁱ
MD ²	N	N		N		N	
MI ⁶	N ³	N		N		N	
NH	Y	Y	X ^{iv}	N		N	
NM	N	N		N		N	

¹ Used most recently available contract as of 2021, which varies due to differences in timing of states updating contracts.

² Behavioral health is carved out; used the main primary care contract and supplemental publicly available resources as source to account to keep analyses consistent across states.

³ Discusses within the text of its 1115 waiver, though not directly in its purchasing agreements.

*The ASAM continuum of care includes the five following levels of services: (0.5) Early intervention, (1) outpatient services, (2) intensive outpatient or partial hospitalization services, (3) residential or inpatient services, and (4) medically managed intensive inpatient services.

^Y Staff must be appropriate for the specified level of care, to include proper credentialing and/or licensing of physicians, nurses, social workers, counselors, etc. For full provider requirements specified in ASAM see the Overview of Substance Use Disorder (SUD) Care Clinical Guidelines.

NY	Y	N		Y	X ^v	N	
OH	N	N		N		N	
PA ⁶	Y	N		N		Y	X ^{vi}
SC	N	N		N		N	
VA	Y	Y	X ^{vii}	N		N	
WV	Y	Y	X ^{viii}	Y	X ^{ix}	Y	X ^x
TOTAL	8/15	3		2		5	

Appendix Table II. Selected Substance Use Disorder Treatment Coverage Dimensions, 2021¹

STATE	Contractors are required to cover outpatient services [¥]		Contractors are required to cover intensive outpatient/partial hospitalization services ^F		Contractors are required to cover residential services [∞]		Contractors are required to cover inpatient services [∞]		Contractors are required to cover withdrawal management services		Contractors are required to cover recovery/peer support services		Contractors are required to cover opioid treatment services -methadone maintenance [^]	
	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions
	Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N	
AZ	Y	X ^{xi}	N		Y	X ^{xii}	N		N	N	Y	X ^{xiii}	N	
IL	N		N		N		N		N	N	N		N	
IN	N		N		N		N		N	N	N		Y	X ^{xiv}
KY	Y	X ^{xv}	Y	X ^{xvi}	Y	X ^{xvii}	N		Y	X ^{xviii}	N		N	
MA	N		N		N		N		N	N	Y	X ^{xix}	Y	X ^{xx}
MD ²	N ³	X ^{xxi}	N ¹⁰	X ^{xxii}	N ¹⁰		N ¹⁰	X ^{xxiii}	N ¹⁰	X ^{xxiv}	N ¹⁰		N ¹⁰	X ^{xxv}
MI ⁹	Y ⁴	X ^{xxvi}	Y ¹¹	X ^{xxvii}	Y ¹¹	X ^{xxviii}	Y ¹¹	X ^{xxix}	Y ¹¹	X ^{xxx}	Y ¹¹	X ^{xxxi}	Y ¹¹	X ^{xxxii}

¹ Used most recently available contract as of 2021, which varies due to differences in timing of states updating contracts.

² Behavioral health is carved out; used the main primary care contract, and supplemental publicly available resources as source to account to keep analyses consistent across states.

³ Maryland covers behavioral health services under fee for service Medicaid. Specialty substance use disorder services are administered under an Administrative Services Organization.

⁴ Michigan covers substance use disorder treatment under PIHPs. Currently, this service is covered under the Michigan 1115 Behavioral Health Demonstration.

¥ Level 1 outpatient services may offer several therapies and service components, including individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, MOUD/MAUD, or other skilled treatment services.

F Level 2.1 intensive outpatient programs provide 9–19 hours of weekly structured programming for adults or 6–19 hours of weekly structured programming for adolescents. Level 2.5 Partial hospitalization programs are able to provide 20 hours or more of clinically intensive programming each week to support patients who need daily monitoring and management in a structured outpatient setting.

∞ Level 3 programs include four sublevels that represent a range of intensities of service. The uniting feature is that all services are provided in a structured, residential setting that is staffed 24 hours daily and are clinically managed.

STATE	Contractors are required to cover outpatient services [¥]		Contractors are required to cover intensive outpatient/partial hospitalization services [†]		Contractors are required to cover residential services [∞]		Contractors are required to cover inpatient services [∞]		Contractors are required to cover withdrawal management services		Contractors are required to cover recovery/peer support services		Contractors are required to cover opioid treatment services -methadone maintenance [^]	
	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions	Incl. in Contract	Relevant Provisions
	Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N	
NH	Y	X ^{xxxiii}	Y	X ^{xxxiv}	Y	X ^{xxxv}	N		Y	X ^{xxxvi}	Y	X ^{xxxvii}	Y	X ^{xxxviii}
NM	Y	X ^{xxxix}	Y	X ^{xl}	N		Y	X ^{xli}	Y	X ^{xlii}	Y	X ^{xliii}	Y	X ^{xliv}
NY	Y	X ^{xliv}	Y	X ^{xlvi}	Y	X ^{xlvii}	Y	X ^{xlviii}	Y	X ^{xliv}	Y	X ^l	Y	X ^{li}
OH	N		N		N		N		N		N		N	
PA ¹	Y	X ^{lii}	N	X ^{liii}	N	X ^{liv}	N		Y	X ^{lv}	Y	X ^{lvi}	Y	X ^{lvii}
SC	N		N		N		N		N	N	N		N	
VA	Y	X ^{lviii}	Y	X ^{lix}	Y	X ^{lx}	Y	X ^{lxi}	Y	X ^{lxii}	Y	X ^{lxiii}	Y	X ^{lxiv}
WV	Y	X ^{lxv}	Y	X ^{lxvi}	N		Y	X ^{lxvii}	Y	X ^{lxviii}	Y	X ^{lxix}	Y	X ^{lxx}
TOTAL	11		7		6		6		8		9		8	

® This level of care is appropriate for patients with biomedical, emotional, behavioral and/or cognitive conditions severe enough to warrant primary medical care and nursing care. Patients receive daily direct care from a licensed physician who is responsible for making shared treatment decisions with the patient (i.e. medically managed care). These services are provided in a hospital-based setting and include medically directed evaluation and treatment.

^ OTPs, commonly known as methadone maintenance treatment clinics or opioid maintenance therapy clinics, directly administer MOUD (primarily methadone) to patients on a daily basis.

ⁱ “The Contractor shall employ a phased-in implementation approach, as directed by AHCCCS to utilize the American Society of Addiction Medicine (ASAM) Criteria (Third Edition, 2013) in substance use disorder assessments, service planning, and level of care placement; and implement standardized substance use disorder assessments as specified in the AMPM. This includes substance use disorder assessments for members who have co-occurring mental health and substance use disorders. Beginning October 1, 2022, the Contractor shall utilize ASAM Continuum for substance use disorder assessments for members age 18 and older.” *Arizona Managed Care Model Contract*, AHCCS, 77 (2021-22),

<https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/contracts.html> [<https://perma.cc/LU3Y-BQMW>].

ⁱⁱ “The Contractor shall adopt Interqual for Medical Necessity except that the Contractor shall utilize the American Society of Addiction Medicine (ASAM) for substance use.” *Id.*

ⁱⁱⁱ “4. The Contractor shall, unless otherwise directed by EOHHS, work collaboratively with EOHHS and with MassHealth-contracted plans to implement a unified Network Management strategy for managing the Residential Rehabilitation Services for Substance Use Disorders (RRS) network. The Contractor shall: ... c. Ensure that RRS is provided in accordance with EOHHS- approved RRS performance specifications and RRS Medical Necessity Criteria which shall align with the American Society for Addiction Medicine (ASAM) criteria; Submit for EOHHS’s approval authorization and concurrent review procedures for RRS and any changes to such authorization and concurrent review procedures prior to their implementation. The Contractor shall: 1) Utilize the American Society for Addiction Medicine (ASAM) criteria as the basis for establishing authorization and concurrent review procedures; ...” *MANAGED CARE ORGANIZATION THIRD AMENDED AND RESTATED CONTRACT BY AND BETWEEN THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES AND BOSTON MEDICAL CENTER HEALTH PLAN, INC.*, MASS. DEPT. HEALTH & HUM. SERVS., 169 (2021), <https://www.mass.gov/doc/3rd-amended-and-restated-mco-contract-bmchp/download>.

^{iv} “4.7.5.17.3 American Society of Addiction Medicine (ASAM) Level of Care 4.7.5.17.3.1. “The MCO shall ensure Members timely access to care through a network of Participating Providers In each ASAM Level of Care. During the Readiness Review process and in accordance with Exhibit O.” *Medicaid Care Management Services Contract, EXHIBIT A – AMENDMENT #5, SCOPE OF SERVICES*, STATE OF N.H., DEPT. OF HEALTH & HUM. SERVS., 160 (2021), <https://sos.nh.gov/media/p4yppqma/009-gc-agenda-012221.pdf>.

^v “16.2 Standards of Care a) The Contractor must adopt practice guidelines consistent with current standards of care, and, where available, evidence-based practices, complying with recommendations of professional specialty groups or the guidelines of programs such as the American Academy of Pediatrics, the American Academy of Family Physicians, the American Psychiatric Association, the US Task Force on Preventive Care, the New York State Child/Teen Health Program (C/THP) standards for provision of care to individuals under age twenty-one (21), the American Medical Association’s Guidelines for Adolescent and Preventive Services, the US Department of Health and Human Services Center for Substance Abuse Treatment, New York State OASAS clinical standards, American Society of Addiction Medicine (ASAM), US Substance Abuse and Mental Health Services Administration (SAMHSA), the American College of Obstetricians and Gynecologists, the American Diabetes Association, the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care developed by the Office of Minority Health of the US Department of Health and Human Services, and the AIDS Institute clinical standards for adult, adolescent, and pediatric care. *Medicaid Advantage Model Contract*, N.Y. DEPT. OF HEALTH, 16-3 (2019), https://www.health.ny.gov/health_care/medicaid/redesign/docs/mrt90_medicaid_advantage_model_contract.pdf.

^{vi} “Drug and alcohol reviews for children and adolescents must be conducted in accordance with criteria compatible with those of the American Society of Addiction Medicine (ASAM) which can be purchased through ASAM and found at <http://www.asam.org/publications>.” *HEALTHCHOICES BEHAVIORAL HEALTH PROGRAM: PROGRAM STANDARDS AND REQUIREMENTS PRIMARY CONTRACTOR*, COMMONWEALTH OF P.A. DEPT. OF HUM. SERVS., 62 (2018).

^{vii} “The Contractor’s ARTS criteria shall be consistent with the American Society for Addiction Medicine (ASAM).” *Medallion 4.09 Managed Care Services Agreement*, COMMONWEALTH OF VA. DEPT. OF MEDICAL ASSISTANCE SERVS., 143 (2020-21).

viii “SUD 1115 Demonstration Waiver - Building on legislative and health systems activities, the goal is to create a seamless continuum of care to support enrollees in their recovery. The MCO is expected to support the following goals: ... • Increase enrollee access to and utilization of appropriate SUD treatment services based on American Society of Addiction Medicine (ASAM®) Criteria; ... BMS has established standards of care for SUD demonstration waiver services that incorporate industry standard benchmarks from the ASAM® Criteria for patient assessment and placement, service, and staffing specifications....Medicaid State Plan SUD services include: • Targeted Case Management; • Naloxone Administration Services (non-covered MCO service); • Screening, Brief Intervention and Referral to Treatment (0.5 ASAM® Level of Care); • Outpatient Services (1.0 ASAM® Level of Care); • Intensive Outpatient Services (2.1 ASAM® Level of Care); • Partial Hospitalization Services (2.5 ASAM® Level of Care); • Medically Monitored Intensive Inpatient Services (3.7 ASAM® Level of Care); • Medically Managed Intensive Inpatient Services (4.0 ASAM® Level of Care); • Ambulatory Withdrawal Management Services (1-WM & 2-WM ASAM® Level of Care); • Medically Monitored Inpatient Withdrawal Management Services (3.7-WM ASAM® Level of Care); and • Non-Methadone Medication Assisted Treatment (MAT). (p. 162). SUD 1115 demonstration waiver services include: • Peer Recovery Support Services (1.0 ASAM® Level of Care); • Clinically Managed Low Intensity Residential Services (3.1 ASAM® Level of Care); • Clinically Managed Population-Specific High Intensity Residential Services (3.3 ASAM® Level of Care); • Clinically Managed High Intensity Residential Services (3.5 ASAM® Level of Care); and • Clinically Managed Residential Withdrawal Management Services (3.2-WM ASAM® Level of Care). (p. 162-63, 2021 West Virginia Medicaid Managed Care Contract).

ix BMS has established standards of care for SUD demonstration waiver services that incorporate industry standard benchmarks from the ASAM® Criteria for patient assessment and placement, service, and staffing specifications....10.11.6 SUD Provider Training and Education Requirements SUD providers are responsible for providing training and education to their staff on the ASAM® Level of Care criteria and the application of the ASAM® Criteria in the assessment process. As part of BMS’ quality monitoring strategy, personnel and clinical records of a sample of the provider network will be reviewed to evaluate if there is appropriate application of and fidelity to the ASAM® Levels of Care and the Medicaid Provider Manual. The MCO will perform these retro reviews of providers to ensure SUD program providers are consistently applying ASAM® Criteria throughout an individual’s stay and that documentation and personnel records meet established Medicaid standards. *STATE FISCAL YEAR 2021 MODEL PURCHASE OF SERVICE PROVIDER AGREEMENT BETWEEN STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES AND (MANAGED CARE ORGANIZATION)*, STATE OF W.V. DEPT. OF HEALTH & HUM. SERVS., 162 (2021),

https://dhhr.wv.gov/bms/Members/Managed%20Care/Documents/Contracts/WV_SFY21_MCO_Model_Contract_final%20v7%207-10-20%20CleanSLH.pdf.

x “10.11.3.4 SUD Residential Treatment Services Treatment services delivered to residents of an institutional care setting, including facilities that meet the definition of an IMD, are provided to West Virginia Medicaid enrollees with an SUD diagnosis when determined to be medically necessary by the MCO’s utilization staff and in accordance with an individualized service plan (ISP). The MCO’s utilization staff, physicians, or Medical Directors will perform independent reviews of assessments to determine the level of care and length of stay recommendations based upon the ASAM® multidimensional assessment criteria.” *Id.* at 163.

xi “Behavioral Health Services: The Contractor shall provide medically necessary behavioral health services to all members in accordance with AHCCCS policies and A.A.C. R9-22, Article 12. Refer also to the AMPM Policy 310-B, AMPM Exhibit 300-2A, and the Behavioral Health Services Matrix. Behavioral Health services include but are not limited to the following: ... Behavioral Health Day Program Services: Includes services such as therapeutic nursery, in-home stabilization, after school programs, and specialized outpatient substance use/abuse programs.” *Arizona Managed Care Model Contract*, AHCCS, 55-56 (2021-22), <https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/contracts.html>.

xii “Behavioral Health Services: The Contractor shall provide medically necessary behavioral health services to all members in accordance with AHCCCS policies and A.A.C. R9-22, Article 12. Refer also to the AMPM Policy 310-B, AMPM Exhibit 300-2A, and the Behavioral Health Services Matrix. Behavioral Health services include but are not limited to the following: ... Behavioral Health Residential Facility Services: Services provided by a licensed behavioral health service agency that provides treatment to an individual experiencing a behavioral health symptom that: 1. Limits the individual’s ability to be independent, or 2. Causes the individual to require treatment to maintain or enhance independence (A.A.C. R9-10-101).” *Id.*

xiii “Peer-Run Organizations and Family-Run Organizations: Members shall be offered the option to receive medically necessary behavioral health and/or other services from a PRO and/or FRO. The Contractor shall provide access to peer and family support services for members to assist with understanding and coping

with the stressors of a member's disability and how to effectively, and efficiently, utilize the service delivery system for covered benefits. The Contractor shall provide access to peer support services for members with Substance Use Disorders (SUDs) including but not limited to: Alcohol Misuse, Benzodiazepine Misuse and Dependence, and Opioid Use Disorders (OUDs). Where appropriate, Peer Support Specialists may navigate members to Medication Assisted Treatment (MAT) providers, for the purpose of increasing the member's participation and retention in MAT treatment and recovery support services." *Id.* at 49.

^{xiv} "6.17 Opioid Treatment Program (OTP) The Contractor shall provide coverage for the daily Opioid Treatment Program (OTP). A daily opioid treatment program includes administration and coverage of methadone, routine drug testing, group therapy, individual therapy, pharmacological management, HIV testing, Hepatitis A, B, and C testing, pregnancy tests, Tuberculosis testing, Syphilis testing, follow-up examinations, case management and one evaluation and management office visit every 90 days for the management of patient activities identified in the individualized treatment plan that assist in patient goal attainment, including referrals to other service providers and linking patients to recovery support groups. OTP coverage will include those members as defined by OMPP and approved by CMS. The MCE will be responsible for OTP services provided by the provider type Addictions Provider and the provider specialty OTP as defined in the IHCP Provider Enrollment Type and Specialty Matrix." *PROFESSIONAL SERVICES CONTRACT, INDIANA FAMILY & SOC. SERVS. ADMIN.*, 89 (2022).

^{xv} "I. In addition to any Community Mental Health Center or Local Health Department which the Contractor has in its network, the Contractor shall include in its network Mental Health and Substance Abuse providers for both adults and children in no fewer number than fifty (50%) percent of the Mental Health and Substance Abuse providers enrolled in the Medicaid program to provide out-patient, intensive out-patient, substance abuse residential, case management, mobile crisis, residential crisis stabilization, assertive community treatment and peer support services." *CONTRACT FOR MEDICAID MANAGED CARE SERVICES BETWEEN THE COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH & HUMAN SERVICES DIVISION OF MEDICAID SERVICES AND COVENTRY HEALTH & LIFE INSURANCE COMPANY*, COMM. OF KY. CABINET FOR HEALTH & FAM. SERVS., 91 (2019).

^{xvi} "I. In addition to any Community Mental Health Center or Local Health Department which the Contractor has in its network, the Contractor shall include in its network Mental Health and Substance Abuse providers for both adults and children in no fewer number than fifty (50%) percent of the Mental Health and Substance Abuse providers enrolled in the Medicaid program to provide out-patient, intensive out-patient, substance abuse residential, case management, mobile crisis, residential crisis stabilization, assertive community treatment and peer support services." *Id.*

^{xvii} "I. In addition to any Community Mental Health Center or Local Health Department which the Contractor has in its network, the Contractor shall include in its network Mental Health and Substance Abuse providers for both adults and children in no fewer number than fifty (50%) percent of the Mental Health and Substance Abuse providers enrolled in the Medicaid program to provide out-patient, intensive out-patient, substance abuse residential, case management, mobile crisis, residential crisis stabilization, assertive community treatment and peer support services." *Id.*

^{xviii} APPENDIX H. COVERED SERVICES I. Contractor Covered Services ... R. Medical Detoxification, meaning management of symptoms during the acute withdrawal phase from a substance to which the individual has been addicted. *Id.* at 223.

^{xix} "4. The Contractor shall ensure that Enrollees receive Medically Necessary and appropriate care and follow-up based on their identified needs through any assessment or screening, including but not limited to those performed pursuant to this Section. The Contractor shall: ... g. Ensure that all Enrollees with significant BH needs, as further defined by EOHHS, receive appropriate services to address their care needs, as follows: ... 2) Such services shall include but not be limited to services such as: ... c) Peer Supports, recovery coaches, and self-help groups ..." *MANAGED CARE ORGANIZATION THIRD AMENDED AND RESTATED CONTRACT BY AND BETWEEN THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES AND BOSTON MEDICAL CENTER HEALTH PLAN, INC.*, MASS. DEPT. HEALTH & HUM. SERVS., 74 (2021), <https://www.mass.gov/doc/3rd-amended-and-restated-mco-contract-bmchp/download>.

^{xx} "The Contractor shall: a. Cover and pay for the administering and dispensing of methadone, buprenorphine, and naltrexone through its OTP Network Providers. If the Contractor utilizes a Material Subcontractor for Behavioral Health Services, cover and pay for such services solely through such Material Subcontractor and require such Material Subcontractor to comply with the requirements in this Section 2.8.C.8; b. Use the codes specified by EOHHS for the coverage of methadone, buprenorphine, and naltrexone and related services when delivered by OTP Network Providers; ..." *Id.* at 171.

^{xxi} "D. An MCO is not responsible for reimbursing for the following substance use disorder services if the MCO is billed with a primary diagnosis listed in §K of this regulation:(2) Services delivered by an outpatient hospital with the following revenue codes:..." *HEALTHCHOICE MANAGED CARE ORGANIZATION*

AGREEMENT, MD. DEPT. OF HEALTH, 237 (2022),

<https://health.maryland.gov/mmcp/healthchoice/Documents/CY%202022%20HealthChoice%20MCO%20Agreement%20%28Master%20-%20Combined%29.pdf>.

^{xxii} “.02 Behavioral Health Non-Capitated Covered Services. A. An MCO is not responsible for reimbursing for the following substance use disorder services, regardless of diagnosis: (1) Services delivered by a community-based provider as described in COMAR 10.09.80 with the following procedure codes:… 0015 Alcohol and/or drug services; intensive outpatient…H2036 Alcohol and/or drug services; partial hospitalization.” *Id.* at 235-236.

^{xxiii} “.D. An MCO is not responsible for reimbursing for the following substance use disorder services if the MCO is billed with a primary diagnosis listed in §K of this regulation: (1) Services delivered by an inpatient hospital with the following revenue codes…” *Id.* at 237.

^{xxiv} “.02 Behavioral Health Non-Capitated Covered Services. A. An MCO is not responsible for reimbursing for the following substance use disorder services, regardless of diagnosis: (1) Services delivered by a community-based provider as described in COMAR 10.09.80 with the following procedure codes … H0014 Alcohol and/or drug services; ambulatory detoxification.” *Id.* at 235-236.

^{xxv} “.02 Behavioral Health Non-Capitated Covered Services. A. An MCO is not responsible for reimbursing for the following substance use disorder services, regardless of diagnosis: (1) Services delivered by a community-based provider as described in COMAR 10.09.80 with the following procedure codes… H0020 Alcohol and/or drug services; methadone administration and/or service.” *Id.*

^{xxvi} “.VII. Coordination for Services Covered Outside this Contract. The Contractor must provide information to the Enrollee regarding the availability of these services and coordinate care as appropriate....7. Substance use disorder services through accredited Providers including: a. Assessment b. Detoxification (see Appendix 8) c. Intensive outpatient counseling and other outpatient services d. Methadone treatment and other substance use disorder treatment (pp. 64-65). APPENDIX 7 MEDICAID MENTAL HEALTH AND SUBSTANCE USE DISORDER AUTHORIZATION AND PAYMENT RESPONSIBILITY GRID....Outpatient Substance Abuse Office, Residential Substance Abuse Center or Sub-Acute Detox Center... The PIHP is responsible for payment. SUD services should be coordinated with the MHP—this is especially true if the individual has cooccurring disorders (mental health and SUD). Refer to the document “Medicaid Mental Health Substance Use Disorder Inpatient Medical Acute Detoxification” for information regarding acute care hospital inpatient medical detoxification.” *STATE OF MICHIGAN Contract No. [] Comprehensive Health Care Program for the Michigan Department of Health and Human Services*, MICHIGAN DEPT. OF HEALTH & HUM. SERVS., 203-204 (2021), https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder101/contract_7696_7.pdf?rev=6b613a9a8ae04ede8b764176b3b9ab7e. “F. Covered Services...The Contractor will be responsible for the operation of the 1115 Behavioral Health Demonstration Waiver.” *Id.* at 30. SUD TREATMENT...Level 1 - Outpatient Services. *Michigan 1115 Behavioral Health Demonstration*, MICH. DEPT. OF HEALTH & HUM. SERVS., 96-97 (2019), <https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder89/Folder2/Folder189/Folder1/Folder289/1115-Behavioral-Health-Demo-Amendment.pdf?rev=f3ba92cea57c4593b657250aaa51e6d0>.

^{xxvii} “.VII. Coordination for Services Covered Outside this Contract The Contractor must provide information to the Enrollee regarding the availability of these services and coordinate care as appropriate....7. Substance use disorder services through accredited Providers including: a. Assessment b. Detoxification (see Appendix 8) c. Intensive outpatient counseling and other outpatient services d. Methadone treatment and other substance use disorder treatment.” *STATE OF MICHIGAN Contract No. [] Comprehensive Health Care Program for the Michigan Department of Health and Human Services*, MICHIGAN DEPT. OF HEALTH & HUM. SERVS., 64-65 (2021), https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder101/contract_7696_7.pdf?rev=6b613a9a8ae04ede8b764176b3b9ab7e. “F. Covered Services...The Contractor will be responsible for the operation of the 1115 Behavioral Health Demonstration Waiver.” *Prepaid Inpatient Health Plan (PIHP)*, STATE OF MICH. PROCUREMENT, 30 (2021), https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder4/Folder1/Folder3/Folder101/Folder2/Folder201/Folder1/Folder301/FY21_MA-PIHP_Contract.pdf?rev=780f33cd005f45ef9517b5aa61e7de6c. “SUD TREATMENT... Level 2.1 – Intensive Outpatient Services ... Level 2.5 – Partial Hospitalization Services.” *Michigan 1115 Behavioral Health Demonstration*, MICH. DEPT. OF HEALTH & HUM. SERVS., 96-102 (2019),

<https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder89/Folder2/Folder189/Folder1/Folder289/1115-Behavioral-Health-Demo-Amendment.pdf?rev=f3ba92cea57c4593b657250aaa51e6d0>.

^{xxviii} “F. Covered Services...The Contractor will be responsible for the operation of the 1115 Behavioral Health Demonstration Waiver.” *Id.* at 30. “SUD TREATMENT... Level 3.1 – Clinically Managed Low-intensity Residential Services... Level 3.3 – Clinically Managed Population-specific High-Intensity Residential Services... Level 3.5 – Clinically Managed High-Intensity Residential Services.” *Id.* at 96-105.

^{xxix} “APPENDIX 7 MEDICAID MENTAL HEALTH AND SUBSTANCE USE DISORDER AUTHORIZATION AND PAYMENT RESPONSIBILITY GRID...Outpatient Substance Abuse Office, Residential Substance Abuse Center or Sub-Acute Detox Center... The PIHP is responsible for payment. SUD services should be coordinated with the MHP—this is especially true if the individual has cooccurring disorders (mental health and SUD). Refer to the document “Medicaid Mental Health Substance Use Disorder Inpatient Medical Acute Detoxification” for information regarding acute care hospital inpatient medical detoxification.” *STATE OF MICHIGAN Contract No. [] Comprehensive Health Care Program for the Michigan Department of Health and Human Services*, MICHIGAN DEPT. OF HEALTH & HUM. SERVS., 203-04 (2021), https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder101/contract_7696_7.pdf?rev=6b613a9a8ae04ede8b764176b3b9ab7e. “F. Covered Services...The Contractor will be responsible for the operation of the 1115 Behavioral Health Demonstration Waiver.” *Id.* at 30.

^{xxx} VII. Coordination for Services Covered Outside this Contract The Contractor must provide information to the Enrollee regarding the availability of these services and coordinate care as appropriate....7. Substance use disorder services through accredited Providers including: a. Assessment b. Detoxification (see Appendix 8) c. Intensive outpatient counseling and other outpatient services d. Methadone treatment and other substance use disorder treatment. *Id.* at 64-65.

APPENDIX 7 MEDICAID MENTAL HEALTH AND SUBSTANCE USE DISORDER AUTHORIZATION AND PAYMENT RESPONSIBILITY GRID...Outpatient Substance Abuse Office, Residential Substance Abuse Center or Sub-Acute Detox Center... The PIHP is responsible for payment. SUD services should be coordinated with the MHP—this is especially true if the individual has cooccurring disorders (mental health and SUD). Refer to the document “Medicaid Mental Health Substance Use Disorder Inpatient Medical Acute Detoxification” for information regarding acute care hospital inpatient medical detoxification. *Id.* at 203-04. “F. Covered Services...The Contractor will be responsible for the operation of the 1115 Behavioral Health Demonstration Waiver.” *Id.* at 30. “SUD TREATMENT... Level 1-WM – Ambulatory Withdrawal Management without Extended On-site Monitoring (Outpatient Withdrawal Management)... Level 2-WM – Ambulatory Withdrawal Management with Extended On-site Monitoring (Outpatient Withdrawal Management)... Level 3.2-WM – Clinically Managed Residential Withdrawal Management (Residential Withdrawal Management)... Level 3.7 WM – Medically Monitored Inpatient Withdrawal Management Level 4 WM – Medically Managed Intensive Inpatient.” *Michigan 1115 Behavioral Health Demonstration*, MICH. DEPT. OF HEALTH & HUM. SERVS., 96-111 (2019), <https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder89/Folder2/Folder189/Folder1/Folder289/1115-Behavioral-Health-Demo-Amendment.pdf?rev=f3ba92cea57c4593b657250aaa51e6d0>.

^{xxxi} “B. Provide or Arrange for Services 1. Primary Care Provider a. Contractor agrees to provide primary care training on evidence-based behavioral health service models for Primary Care Providers, such as Screening, Brief Intervention and Referral to Treatment (SBIRT). b. Contractor agrees to reimburse its primary care practices for behavioral health screening services provided to Enrollees. 2. Community Health Workers (CHWs) a. Contractor must provide or arrange for the provision of Community Health Workers (CHW) in accordance with CHW requirements of this Contract or Peer-Support Specialist Services to Enrollees who have significant behavioral health issues and complex physical co-morbidities who will engage with and benefit from CHW or Peer-Support Specialist Services. b. Contractor agrees to establish a reimbursement methodology for outreach, engagement, education and coordination services provided by CHWs or Peer Support Specialists to promote behavioral health integration.” *STATE OF MICHIGAN Contract No. [] Comprehensive Health Care Program for the Michigan Department of Health and Human Services*, MICHIGAN DEPT. OF HEALTH & HUM. SERVS., 203-04 (2021), https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder101/contract_7696_7.pdf?rev=6b613a9a8ae04ede8b764176b3b9ab7e. “F. Covered Services...The Contractor will be responsible for the operation of the 1115 Behavioral Health Demonstration Waiver.” *Id.* at 30. “SUD TREATMENT... Peer Supports.” *Michigan 1115 Behavioral Health Demonstration*, MICH. DEPT. OF HEALTH & HUM. SERVS., 96-112 (2019), <https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder89/Folder2/Folder189/Folder1/Folder289/1115-Behavioral-Health-Demo-Amendment.pdf?rev=f3ba92cea57c4593b657250aaa51e6d0>.

^{xxxii} “VII. Coordination for Services Covered Outside this Contract The Contractor must provide information to the Enrollee regarding the availability of these services and coordinate care as appropriate....7. Substance use disorder services through accredited Providers including: a. Assessment b. Detoxification (see Appendix 8) c. Intensive outpatient counseling and other outpatient services d. Methadone treatment and other substance use disorder treatment.” *STATE OF MICHIGAN Contract No. [] Comprehensive Health Care Program for the Michigan Department of Health and Human Services*, MICHIGAN DEPT. OF HEALTH & HUM. SERVS., 64-65 (2021), https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder101/contract_7696_7.pdf?rev=6b613a9a8ae04ede8b764176b3b9ab7e. “F. Covered Services...The Contractor will be responsible for the operation of the 1115 Behavioral Health Demonstration Waiver.” *Id.* at 30. “SUD TREATMENT... Level 1 - Opioid Treatment Program (OTP)... Approved pharmacological support services... Oral medication administration, direct observation, physician evaluations, individual and person-centered assessments, nursing assessments, counseling and laboratory testing and access to primary care (approved for use of Methadone and/or Buprenorphine).” *Michigan 1115 Behavioral Health Demonstration*, MICH. DEPT. OF HEALTH & HUM. SERVS., 96-97 (2019), https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder89/Folder2/Folder189/Folder1/Folder289/1115-Behavioral-Health-Demo-Amendment.pdf?rev=f3ba92cea57c4593b657250aaa51e6d0_.

^{xxxiii} “4.7.5.20 The MCO shall ensure that Members identified for withdrawal management, outpatient or intensive outpatient services shall start receiving services within seven (7) business days from the date ASAM Level of Care Assessment was completed until such a time that the Member is accepted and starts receiving services by the receiving agency. Members identified for partial hospitalization or rehabilitative residential services shall start receiving interim services (services at a lower level of care than that identified by the ASAM Level of Care Assessment) or the identified service type within seven (7) business days from the date the ASAM Level of Care Assessment was completed and start receiving the identified level of care no later than fourteen (14) business days from the date the ASAM Level of Care Assessment was completed.” *Medicaid Care Management Services Contract, EXHIBIT A – AMENDMENT #5, SCOPE OF SERVICES*, STATE OF N.H., DEPT. OF HEALTH & HUM. SERVS., 160 (2021), <https://sos.nh.gov/media/p4yppqma/009-gc-agenda-012221.pdf>.

^{xxxiv} “4.7.5.20 The MCO shall ensure that Members identified for withdrawal management, outpatient or intensive outpatient services shall start receiving services within seven (7) business days from the date ASAM Level of Care Assessment was completed until such a time that the Member is accepted and starts receiving services by the receiving agency. Members identified for partial hospitalization or rehabilitative residential services shall start receiving interim services (services at a lower level of care than that identified by the ASAM Level of Care Assessment) or the identified service type within seven (7) business days from the date the ASAM Level of Care Assessment was completed and start receiving the identified level of care no later than fourteen (14) business days from the date the ASAM Level of Care Assessment was completed.” *Id.*

^{xxxv} “4.7.5.20 The MCO shall ensure that Members identified for withdrawal management, outpatient or intensive outpatient services shall start receiving services within seven (7) business days from the date ASAM Level of Care Assessment was completed until such a time that the Member is accepted and starts receiving services by the receiving agency. Members identified for partial hospitalization or rehabilitative residential services shall start receiving interim services (services at a lower level of care than that identified by the ASAM Level of Care Assessment) or the identified service type within seven (7) business days from the date the ASAM Level of Care Assessment was completed and start receiving the identified level of care no later than fourteen (14) business days from the date the ASAM Level of Care Assessment was completed.” *Id.*

^{xxxvi} “4.7.5.20 The MCO shall ensure that Members identified for withdrawal management, outpatient or intensive outpatient services shall start receiving services within seven (7) business days from the date ASAM Level of Care Assessment was completed until such a time that the Member is accepted and starts receiving services by the receiving agency. Members identified for partial hospitalization or rehabilitative residential services shall start receiving interim services (services at a lower level of care than that identified by the ASAM Level of Care Assessment) or the identified service type within seven (7) business days from the date the ASAM Level of Care Assessment was completed and start receiving the identified level of care no later than fourteen (14) business days from the date the ASAM Level of Care Assessment was completed.” *Id.*

^{xxxvii} “4.11.5.11 Peer Recovery Support Services 4.11.5.11.1 In coordination with CMH Programs and CMH Providers, the MCO shall actively promote the delivery of PRSS provided by Peer Recovery Programs in a variety of settings such as CMH Programs, New Hampshire Hospital, primary care clinics, and EDs. 4.11.5.11.2 The MCO shall provide updates as requested by DHHS during regular behavioral health meetings between the MCO and DHHS.” *Id.* at 222.

“4.11.6.4.6 The MCO shall reimburse Peer Recovery Programs in accordance with rates that are no less than the equivalent DHHS FFS rates.” *Id.* at 230.

^{xxxviii} “4.11.6.4.7 When contracting with methadone clinics, the MCO shall contract with and have in its network all Willing Providers in the state.” *Id.* at 230.

^{xxxix} “Non-Community Benefit Services Included Under Centennial Care...Behavioral Health Professional Services: outpatient Behavioral Health and substance abuse services.” *Medicaid Managed Care Services Agreement Among New Mexico Human Services Department, New Mexico Children, Youth, and Families Department, New Mexico Early Childhood Education and Care Department, New Mexico Behavioral Health Purchasing Collaborative and [Contractor]*, STATE OF N.M. HUM. SERVS. DEPT., 384 (2021), https://www.hsd.state.nm.us/wp-content/uploads/Turquoise-Care-MCO-Model-Contract-CLEAN_Final.pdf.

^{xl} “Non-Community Benefit Services Included Under Centennial Care...Outpatient Hospital based Psychiatric Services and Partial Hospitalization Outpatient and Partial Hospitalization in Freestanding Psychiatric Hospital.” *Id.* at 385. “Alternative Benefit Plan Services Included Under Centennial Care...Drug/alcohol dependency treatment services, including outpatient detoxification, therapy, partial hospitalization and intensive outpatient program (IOP) services ... Specialized Behavioral Health services for adults: Intensive Outpatient Programs (IOP), Assertive Community Treatment (ACT) and Psychosocial Rehabilitation (PSR).” *Id.* at 397-399.

^{xli} “Non-Community Benefit Services Included Under Centennial Care...Inpatient Hospitalization in Freestanding Psychiatric Hospitals Institutions for Mental Disease (IMD) for SUD only.” *Id.* at 384.

^{xlii} “Non-Community Benefit Services Included Under Centennial Care...Recovery Services (Behavioral Health).” *Id.* at 385. “Alternative Benefit Plan Services Included Under Centennial Care...Drug/alcohol dependency treatment services, including outpatient detoxification, therapy, partial hospitalization and intensive outpatient program (IOP) services.” *Id.* at 397.

^{xliii} “Non-Community Benefit Services Included Under Centennial Care...Peer Support Services.” *Id.* at 385.

^{xliv} “Non-Community Benefit Services Included Under Centennial Care...Medication Assisted Treatment for Opioid Dependence.” *Id.* at 385.

^{xlvi} “K.1 PREPAID BENEFIT PACKAGE...33. SUD Outpatient (Includes outpatient clinic; outpatient rehabilitation; and opioid treatment).” *Medicaid Advantage Model Contract*, N.Y. DEPT. OF HEALTH, K-1 – K-7 (2019), https://www.health.ny.gov/health_care/medicaid/redesign/docs/mrt90_medicaid_advantage_model_contract.pdf.

^{xlvii} “h) Partial Hospitalization The Contractor shall commence covering this benefit on the effective date of Behavioral Health Benefit Inclusion. Provides active treatment designed to stabilize and ameliorate acute systems, serves as an alternative to inpatient hospitalization, or reduces the length of a hospital stay within a medically supervised program by providing the following: assessment and treatment planning; health screening and referral; symptom management; medication therapy; medication education; verbal therapy; case management; psychiatric rehabilitative readiness determination and referral and crisis intervention. These services are certified by OMH under 14 NYCRR Part 587.” *Id.* at K-39.

33. “SUD Outpatient Services a) Medically Supervised Ambulatory Chemical Dependence Outpatient Clinic Programs Medically Supervised Ambulatory Chemical Dependence Outpatient Clinic Programs are licensed under Title 14 NYCRR Part 822 to deliver service to individuals who suffer from chemical abuse or dependence and/or their family members or significant others. Such services may be provided at the certified site or in the community include and provide chemical dependence outpatient treatment (including intensive outpatient services) and continuing care treatment. b) Medically Supervised Chemical Dependence Outpatient Rehabilitation Programs Medically Supervised Chemical Dependence Outpatient Rehabilitation Programs provide outpatient rehabilitation services for individuals with more chronic SUD conditions and emphasize development of basic skills in prevocational and vocational competencies, personal care, nutrition, and community competency. The individual must have an adequate support system and either substantial deficits in interpersonal and functional skills or health care needs requiring attention or monitoring by health care staff. These services are provided in combination with all other clinical services provided by CD-OPs. Programs are certified by OASAS as Chemical Dependence Outpatient Rehabilitation Programs under Title 14 NYCRR § 822. c) Outpatient Chemical Dependence for Youth Programs Outpatient Chemical Dependence for Youth Programs (OCDY) licensed under Title 14 NYCRR Part 823, establishes programs and service regulations for OCDY programs. OCDY programs offer discrete, ambulatory clinic services to chemically dependent youth in a treatment setting that supports abstinence from chemical dependence (including alcohol and substance abuse) services.....” *Id.* at K-32.

^{xlvii} “K.1 PREPAID BENEFIT PACKAGE...31. SUD Inpatient Rehabilitation and Treatment Services... 32. SUD Residential Addiction Treatment Services.” *Id.* at K-1 – K-7.

^{xlviii} “K.1 PREPAID BENEFIT PACKAGE...31. SUD Inpatient Rehabilitation and Treatment Services... 32. SUD Residential Addiction Treatment Services.” *Id.*

^{xlix} “K.1 PREPAID BENEFIT PACKAGE... 30. SUD Inpatient Detoxification Services... 34. SUD Medically Supervised Outpatient withdrawal.” *Id.* “34. SUD Medically Supervised Outpatient Withdrawal[:] The Contractor shall commence covering this benefit on the effective date of Behavioral Health Benefit Inclusion. These programs offer treatment for moderate withdrawal on an outpatient basis. Required services include, but are not limited to: medical supervision of intoxication and withdrawal conditions; bio-psychosocial assessments; individual and group counseling; level of care determinations; discharge planning; and referrals to appropriate services. Maintenance on methadone while a patient is being treated for withdrawal from other substances may be provided where the provider is appropriately authorized. Medically Supervised Outpatient Withdrawal services are provided by facilities licensed under 14 NYCRR §816.7.” *Id.* at K-42.

^l “56. Peer Supports– [Applicable to HARP and HIV SNP Programs Only] Peer Support services are peer-delivered rehabilitation and recovery services designed to promote skills for coping with and managing behavioral health symptoms while facilitating the utilization of natural resources and the enhancement of recovery-oriented principles (e.g. hope and self-efficacy, and community living skills). Peer supports may be provided in a variety of settings, including inpatient, outpatient, community, and respite programs. Peer support providers must be certified as either an OMH-established Certified Peer Specialist or a OASAS-established Peer Advocate. Peer support uses trauma-informed, non-clinical assistance to achieve long-term recovery from behavioral health issues. The structured, scheduled activities provided by this service emphasize the opportunity for peers to support each other in the restoration and expansion of the skills and strategies necessary to move forward in recovery. Persons providing these services will do so through the paradigm of the shared personal experience of recovery.” *Id.* at K-52.

^{li} “d) Opioid Treatment Program (OTP) The Contractor shall commence covering this benefit on the effective date of Behavioral Health Benefit Inclusion. Opioid Treatment Program (OTP) means one or more OASAS certified sites where methadone or other approved medications are administered to treat opioid dependency, following one or more medical treatment protocols as defined by 14 NYCRR Part 822. OTPs may provide patients with any or all of the following: Opioid detoxification; Opioid medical maintenance; and Opioid taper. The term “OTP” encompasses medical and support services at the certified site or in the community including counseling, educational and vocational rehabilitation. OTP also includes the Narcotic Treatment Program (NTP) as defined by the federal Drug Enforcement Agency (DEA) in 21 CFR Section 1301. Facilities that provide opioid treatment do so as their principal mission and are certified by OASAS under 14 NYCRR Part 822.” *Id.* at K-43.

^{lii} “The following services are covered: • Behavioral health rehabilitation services (BHRS) (children and adolescent) • Clozapine (Clozaril) support services • Drug and alcohol inpatient hospital-based detoxification services (adolescent and adult) • Drug and alcohol inpatient hospital-based rehabilitation services (adolescent and adult) • Drug and alcohol outpatient services • Drug and alcohol methadone maintenance services • Family based mental health services • Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner) • Mental health crisis intervention services • Mental health inpatient hospitalization • Mental health outpatient services • Mental health partial hospitalization services • Peer support services • Residential treatment facilities (children and adolescent) • Targeted case management services.” (*Healthchoices Agreement*, PA DEPT. OF HUM. SERVS., 61 (2021), <https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/HC%20Agreement%202021.pdf>. 3”2. SUD Residential Addiction Services The Contractor shall commence covering this benefit on the effective date of Behavioral Health Benefit Inclusion. Residential addiction services include individual centered residential services consistent with the individual’s assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use disorder symptoms and behaviors. These services are designed to help individuals achieve changes in their substance use disorder behaviors. Services also address an individual’s major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. These programs are certified under 14 NYCRR Part 820.” *Id.* at K-42.

^{liii} “The BH-MCO may, however, choose to purchase such services in lieu of or in addition to an in-plan service.... Partial hospitalization for drug and alcohol dependence/addiction; ...Targeted drug and alcohol case management and Intensive Outpatient Services;... Adult residential treatment (including long term structured residences and residential treatment facilities for adults); ...Drug and alcohol prevention/intervention services, including student assistance programs;” *Id.* at U-2.

^{liv} “The BH-MCO may, however, choose to purchase such services in lieu of or in addition to an in-plan service.... Partial hospitalization for drug and alcohol dependence/addiction; ...Targeted drug and alcohol case management and Intensive Outpatient Services;... Adult residential treatment (including long term structured residences and residential treatment facilities for adults); ...Drug and alcohol prevention/intervention services, including student assistance programs;...” *Id.*

^{lv} “The following services are covered: • Behavioral health rehabilitation services (BHRS) (children and adolescent) • Clozapine (Clozaril) support services • Drug and alcohol inpatient hospital-based detoxification services (adolescent and adult) • Drug and alcohol inpatient hospital-based rehabilitation services (adolescent and adult) • Drug and alcohol outpatient services • Drug and alcohol methadone maintenance services • Family based mental health services • Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner) • Mental health crisis intervention services • Mental health inpatient hospitalization • Mental health outpatient services • Mental health partial hospitalization services • Peer support services • Residential treatment facilities (children and adolescent) • Targeted case management services.” *Id.* at 61.

^{lvi} “The following services are covered: • Behavioral health rehabilitation services (BHRS) (children and adolescent) • Clozapine (Clozaril) support services • Drug and alcohol inpatient hospital-based detoxification services (adolescent and adult) • Drug and alcohol inpatient hospital-based rehabilitation services (adolescent and adult) • Drug and alcohol outpatient services • Drug and alcohol methadone maintenance services • Family based mental health services • Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner) • Mental health crisis intervention services • Mental health inpatient hospitalization • Mental health outpatient services • Mental health partial hospitalization services • Peer support services • Residential treatment facilities (children and adolescent) • Targeted case management services” *Id.*

^{lvii} “The following services are covered: • Behavioral health rehabilitation services (BHRS) (children and adolescent) • Clozapine (Clozaril) support services • Drug and alcohol inpatient hospital-based detoxification services (adolescent and adult) • Drug and alcohol inpatient hospital-based rehabilitation services (adolescent and adult) • Drug and alcohol outpatient services • Drug and alcohol methadone maintenance services • Family based mental health services • Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner) • Mental health crisis intervention services • Mental health inpatient hospitalization • Mental health outpatient services • Mental health partial hospitalization services • Peer support services • Residential treatment facilities (children and adolescent) • Targeted case management services” *Id.*

^{lviii} “The Contractor shall provide coverage for services at the most appropriate levels of care based on the Department’s criteria defined in 12VAC30-130-5000 et al and the ARTS Provider Manual, which includes ... SUD outpatient services by licensed or credentialed staff through the Department of Health Professions (DHP). (p. 143, 2020-21 Medallion 4.0 Virginia Managed Care Contract). SUMMARY OF COVERED SERVICES - PART 2 C - ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS)... Outpatient ARTS Individual, Family, and Group Counseling Services.” *Medallion 4.09 Managed Care Services Agreement, COMMONWEALTH OF VA. DEPT. OF MEDICAL ASSISTANCE SERVS., 353 (2020-21).*

^{lix} “SUMMARY OF COVERED SERVICES - PART 2C - ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) ARTS Partial Hospitalization ARTS Intensive Outpatient.” *Id.* at 351.

^{lx} “The Contractor shall provide coverage for services at the most appropriate levels of care based on the Department’s criteria defined in 12VAC30-130-5000 et al and the ARTS Provider Manual, which includes inpatient detoxification services provided in an acute care hospital settings licensed by the Virginia Department of Health (VDH); residential treatment services provided in a facility licensed by DBHDS...” *Id.* at 143. “SUMMARY OF COVERED SERVICES - PART 2C - ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS)... INPATIENT AND RESIDENTIAL SUD TREATMENT SERVICES.” *Id.* at 351.

^{lxi} “The Contractor shall provide coverage for services at the most appropriate levels of care based on the Department’s criteria defined in 12VAC30-130-5000 et al and the ARTS Provider Manual, which includes inpatient detoxification services provided in an acute care hospital settings licensed by the Virginia Department of Health (VDH); residential treatment services provided in a facility licensed by DBHDS...” *Id.* at 143. SUMMARY OF COVERED SERVICES - PART 2C - ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS)... INPATIENT AND RESIDENTIAL SUD TREATMENT SERVICES.” *Id.* at 351.

^{lxii} “SUMMARY OF COVERED SERVICES - PART 2C - ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) Medically Monitored Intensive Inpatient Services.” *Id.*

^{lxiii} SUMMARY OF COVERED SERVICES - PART 2C - ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) Peer Recovery Supports. *Id.* at 253.

^{lxiv} “The Contractor shall require all ARTS Intensive Outpatient Program, Partial Hospitalization Programs, and Residential Treatment Providers ensure that Medicaid members with an Opioid Use Disorder admitted to any of these programs have access to evidence-based and FDA-approved medication-assisted treatment, including buprenorphine, methadone, or naltrexone.” *Id.* at 146.

^{lxv} “Medicaid State Plan SUD services include: ... Outpatient Services (1.0 ASAM® Level of Care); ... (p. 162). MCO Covered Behavioral Services for West Virginia Health Bridge...Behavioral Health Outpatient Services...Hospital Services, Inpatient – Behavioral Health and SUD Stays...Substance Use Disorder (SUD) Services.” *STATE FISCAL YEAR 2021 MODEL PURCHASE OF SERVICE PROVIDER AGREEMENT BETWEEN STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES AND (MANAGED CARE ORGANIZATION)*, STATE OF W.V. DEPT. OF HEALTH & HUM. SERVS., A-15 – A-16 (2021),

https://dhhr.wv.gov/bms/Members/Managed%20Care/Documents/Contracts/WV_SF21_MCO_Model_Contract_final%20v7%207-10-20%20CleanSLH.pdf.

^{lxvi} “10.11.3.1 Medicaid State Plan SUD Services Medicaid State Plan SUD services include:... • Intensive Outpatient Services (2.1 ASAM® Level of Care); • Partial Hospitalization Services (2.5 ASAM® Level of Care).” *Id.* at 162.

^{lxvii} “MCO Covered Behavioral Services for West Virginia Health Bridge...Behavioral Health Outpatient Services...Hospital Services, Inpatient – Behavioral Health and SUD Stays...Substance Use Disorder (SUD) Services.” *Id.* at A-15 – A-16. “Medicaid Benefits Covered Under Fee-For-Service (FFS) Medicaid...Opioid Treatment Program services under the Substance Use Disorder (SUD) Services 1115 waiver.” *Id.* at A-19. “Medicaid State Plan SUD services include: ... • Medically Monitored Intensive Inpatient Services (3.7 ASAM® Level of Care); • Medically Managed Intensive Inpatient Services (4.0 ASAM® Level of Care); ...” *Id.* at 162.

^{lxviii} “10.11.3.1 Medicaid State Plan SUD Services Medicaid State Plan SUD services include:... • Medically Monitored Intensive Inpatient Services (3.7 ASAM® Level of Care); • Medically Managed Intensive Inpatient Services (4.0 ASAM® Level of Care); • Ambulatory Withdrawal Management Services (1-WM & 2-WM ASAM® Level of Care); • Medically Monitored Inpatient Withdrawal Management Services (3.7-WM ASAM® Level of Care); and • Non-Methadone Medication Assisted Treatment (MAT).” *Id.* at 162.

^{lxix} “10.11.3.2 SUD Demonstration Waiver Services SUD 1115 demonstration waiver services include: • Peer Recovery Support Services (1.0 ASAM® Level of Care) (p. 162). 10.11.3.3 Peer Recovery Support Services. Peer recovery support services are designed and delivered by individuals called Peer Recovery Support Specialists who are in recovery from SUD. These Peer Recovery Support Specialists provide counseling support to help prevent relapse and promote recovery. Services must be provided by appropriately trained staff when working under the supervision of a competent behavioral health professional, as defined by the State. A Peer Recovery Support Specialist must be certified as outlined in the West Virginia Medicaid Provider Manual, Chapter 504. BMS approved training program provides Peer Recovery Support Specialists with a basic set of competencies necessary to perform the peer support function. The Peer Recovery Support Specialist must demonstrate the ability to support the recovery of others from SUD. Similar to other provider types, ongoing continuing educational requirements for Peer Recovery Support Specialists must be in place” *Id.* at 163.

^{lxx} “10.3 Behavioral Health Covered Services. The MCO covered behavioral services must be rendered by providers within the scope of their license and in accordance with all State and Federal requirements. Behavioral services include: mental health outpatient services, mental health inpatient services, SUD outpatient services (including but not limited to pharmacologic management and including methadone treatment), targeted case management, behavioral health rehabilitation and clinic services, and psychiatric residential treatment services. The MCO must follow BMS FFS policies specific to the drug testing limit requirements contained in Chapter 529 of the WV Medicaid Provider Manual for drug screening services. The MCO may implement its own prior authorization requirements for these services.” *Id.* at 159.