

ADMINISTRATIVE RULES SUMMARY

TO: Medical Care Advisory Committee
FROM: Medicaid Policy/Bureau of Drug and Alcohol Services
DATE: October 3, 2016
RE: He-W 513 (various) Substance Use Disorder (SUD) Treatment and Recovery Support Services – INTERIM & REGULAR Rules

1. Status:

- Rule emailed to MCAC on October 3, 2016.
- Rule to be presented to MCAC on October 17, 2016.
- The Request for Fiscal Impact Statement for the interim rule was submitted to LBA on September 23.
- A similar rule will be submitted into regular rulemaking once the interim rule is approved by JLCAR. (See “Description of the Specific Changes” below for more information.)

2. Target Dates:

- **Rule presented to MCAC:** October 17, 2016
- **JLCAR (for Interim Rule):** October 20, 2016
- **JLCAR (for Regular Rule):** January 20, 2016

3. Rule Summary:

- **Reason for rulemaking (e.g., expiration, statutory change, policy change).**

Chapter 330:13 of SB 533 of 2016 awarded a supplemental appropriation to the Department’s Bureau of Drug and Alcohol Services (BDAS) to support direct grants for the creation, initiation, expansion, and/or operational costs for SUD peer recovery support services. Currently, the peer recovery programs that are recognized for purposes of providing and being reimbursed for Medicaid covered services under the Department’s Substance Use Disorder (SUD) Treatment and Recovery Support Services rule, He-W 513, do not include programs under contract with the Department’s BDAS. As a result of this chapter law, the He-W 513 rule is being amended as an interim rule to allow these funded peer recovery support programs, which will be under contract with BDAS, to enroll and be reimbursed by Medicaid for peer recovery support services that are not reimbursable out of the grant monies.

- **General overview of the rules.**

He-W 513 describes SUD services offered to Medicaid recipients and was recently amended to include the fee for service population effective July 1, 2016. The interim rule will allow for additional providers to be Medicaid enrolled as peer recovery service providers in accordance with Chapter Law 330:15, Laws of 2016.

- **Description of the specific changes being proposed to the rule.**

Changes proposed to the INTERIM rule are as follows:

1. The definition of “peer recovery program” in He-W 513.02 has been amended to include programs under contract with the department’s BDAS in accordance with Chapter 330:15, Laws of 2016.
2. The covered services section in He-W 513.05 has been amended to indicate that billing of services is allowed by the peer recovery program.

The REGULAR rule will include those changes described above, except that the regular rule will remove the limitation that the entities under contract with BDAS must be in compliance with Chapter 330:15, Laws of 2016. The regular rule will allow any peer recovery program under contract with BDAS to be enrolled in NH Medicaid. Also, the rule is being changed to allow for the provision of SBIRT services (ie, screening, brief intervention, and referral to treatment services) by practitioners who are not necessarily individually enrolled in NH Medicaid if they are working for certain outpatient SUD programs.

- **Description of who is affected generally by the rule; and who is impacted by the specific changes (e.g., Medicaid beneficiaries and/or providers).**

Peer recovery programs under contract with BDAS will now be able to enroll in Medicaid and bill for peer recovery support services. Medicaid beneficiaries will have increased access to peer recovery support providers.

- **Description of any specific eligibility changes.**

No changes to eligibility.

- **Description of any fiscal impact to recipients, providers, or the State of New Hampshire.**

The fiscal impact is currently indeterminable. Any impact would be the result of increased utilization due to improved access to services.

4. Issues of Concern: None.

5. Department Contacts:

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Please send all comments (including specific language changes) to: diane.peterson@dhhs.nh.gov