Readopt with amendment He-W 513, effective 2/11/15 (Document # 10779), cited and to read as follows:

CHAPTER He-W 500 MEDICAL ASSISTANCE

PART He-W 513 SUBSTANCE USE DISORDER (SUD) TREATMENT AND RECOVERY SUPPORT SERVICES

He-W 513.01 Purpose. The purpose of this part is to establish the procedures and requirements for age and clinically appropriate substance use disorders (SUDs) treatment and recovery support services that are provided to the individuals who are eligible for medicaid under the New Hampshire health protection program (NHHPP).

He-W 513.02 Definitions.

(a) "Assessment" means a clinical interview conducted by a qualified individual using one or more standardized, evidence-based assessment tools to determine the existence and severity of substance use and specific problem areas.

(b) "Collaborative service model" means a model whereby SUD treatment and recovery support services, health care services, and mental health services are provided by practitioners from different programs who work together via formalized relationships.

(c) "Comprehensive SUD program" means:

(1) ~~a~~An agency under contract with or agreement with the department's bureau of drug and alcohol services (BDAS) which provides specialty SUD treatment and recovery support services on a residential and outpatient basis and whose facility is licensed as a residential treatment and rehabilitation facility in accordance with He-P 807; or

(2) A hospital enrolled in medicaid both as a hospital in accordance with He-W 543 and as a comprehensive SUD program in accordance with He-W 513, which provides specialty SUD treatment and recovery support services on a residential and outpatient basis or (c) providers enrolled in medicaid in the state in which they practice to provide residential services consistent with criteria as set forth in the American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Substance-Related, Addictive, and Co-Occurring Conditions, Third Edition (2013), henceforth referred to as "ASAM Criteria (2013)" available as noted in Appendix A, and who are also enrolled in NH medicaid.

(d) "Crisis intervention" means a response to a crisis or emergency situation experienced by an individual, family member, and/or significant other(s) related to an NHHPP recipient's SUD.

(e) "Department" means the New Hampshire department of health and human services.

(f) "Family treatment" means outpatient individual or group treatment services provided by a clinician to assist individuals and their families to achieve treatment objectives through the exploration of SUDs and their ramifications, including an examination of attitudes and feelings, and consideration of alternative solutions and decision making with regard to alcohol and other drug related problems.

(g) "Integrated service model" means a model whereby SUD treatment and recovery support services, health care services, and mental health services are provided by a team of practitioners within a single program.

(h) "Intensive outpatient SUD services" means intensive and structured individual and group alcohol and/or other drug treatment services and activities that are provided at least 3 hours a day and at least 3 days a week according to an individualized treatment plan that include a range of outpatient treatment services and other ancillary alcohol and/or other drug services.

(i) "Licensed mental health provider" means a psychotherapist licensed by the NH board of mental health practice or the NH board of psychologists, or an advance practice registered nurse (APRN) with a psychiatric specialty.

(j~~i~~) "Medicaid" means the Title XIX and Title XXI programs administered by the department, which makes medical assistance available to eligible individuals.

(k~~j~~) "New Hampshire health protection program (NHHPP) recipient" means an adult who is eligible for and is receiving medicaid under the New Hampshire health protection program and the provision of section 1902(a)(10)(A)(i)(VIII) of the Social Security Act of 1935 as amended, 42 USC §1396a(a)(10)(A)(i)(VIII).

(l~~k~~) "Office based medication assisted substance use disorder treatment" means medication prescription and monitoring by a licensed prescriber for the purpose of treating a SUD, including clinically appropriate referral to, and coordination with, SUD treatment providers within the prescriber's practice or externally.

(m~~l~~) "Opioid treatment services" means treatment for opioid use disorders using a combination of approved medications, limited to methadone and buprenorphine, and behavioral health services which is delivered by an agency certified as an opioid treatment program in accordance with He-A 304.03.

(n~~m~~) "Outpatient, group treatment" means services provided by a clinician to assist 2 or more individuals to achieve treatment objectives through the exploration of substance use disorders and their ramifications, including an examination of attitudes and feelings, and consideration of alternative solutions and decision making with regard to alcohol and other drug related problems.

(o~~n~~) "Outpatient, individual treatment" means services provided by a clinician to assist an individual to achieve treatment objectives through the exploration of substance use disorders and their ramifications, including an examination of attitudes and feelings, and consideration of alternative solutions and decision making with regard to alcohol and other drug related problems.

(p~~o~~) "Outpatient SUD program" means an agency which provides specialty SUD treatment and recovery support services on an outpatient basis and which is:

(1) Under contract with or agreement with the department's BDAS;

(2) A hospital enrolled in medicaid both as a hospital in accordance with He-W 543 and as an outpatient SUD program in accordance with He-W 513;

(3) A provider enrolled in medicaid in the state in which they practice to provide intensive outpatient services consistent with Level 2.1, as set forth in ASAM Criteria (2013), available as

noted in Appendix A, or partial hospitalization consistent with Level 2.5, as set forth in ASAM Criteria (2013), available as noted in Appendix A, and who is also enrolled in NH Medicaid;

(4~~2~~) Under current primary care services contract obligation with the maternal and child health section of the NH division of public health services;

(5~~3~~) A medicaid enrolled community mental health center;

(6~~4~~) A medicaid enrolled Federally Qualified Health Center (FQHC), as defined in section 1905(l)(2)(B) of the Social Security Act, or a medicaid enrolled Rural Health Clinic (RHC), as defined in section 1905(l)(1) of the Social Security Act; or

(7~~5~~) An opioid treatment program which is certified as such in accordance with He-A 304.03.

(q~~p~~) "Partial hospitalization services" means intensive and structured individual and group treatment of moderate to severe co-occurring substance use and other mental health disorder(s) that are provided at least 20 hours per week.

(r~~q~~) "Rehabilitative services" means 24-hour per day non-acute care in a non-hospital, residential treatment program where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with substance use disorders occurs.

(s~~r~~) "Screening" means a brief process designed to identify an individual who has an alcohol and/or drug use problem, or is at risk for developing one, by using a screening instrument and evaluating responses to questions about alcohol and/or other drug use.

(t~~s~~) "Screening, brief intervention, and referral to treatment (SBIRT)" means a comprehensive, integrated public health approach for early identification and intervention with patients whose alcohol and/or drug use may put their health at risk.

(u~~t~~) "Substance use disorder (SUD)" means a cluster of symptoms meeting the criteria for SUD as set forth in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) (2013), available as noted in Appendix A.

(v~~u~~) "Title XIX" means the joint federal-state program described in Title XIX of the Social Security Act and administered in New Hampshire by the department under the medicaid program.

(w~~v~~) "Title XXI" means the joint federal-state program described in Title XXI of the Social Security Act and administered in New Hampshire by the department under the medicaid program.

(x~~w~~) "Treatment plan" means an action plan, written in behavioral terms, which:

(1) Is consistent with the competencies described in Section 2: Practice Dimensions, II. Treatment Planning of the "Addiction Counseling Competencies, TAP 21" (2011 revision), available as noted in Appendix A;

(2) Is based on assessment data;

(3) Identifies the recipient's clinical needs, treatment goals, and objectives;

(4) Defines the strategy for providing services to meet those needs, goals, and objectives;

(5) Provides the criteria for terminating specific interventions; and

(6) Includes specification and description of the indicators to be used to assess the individual's progress.

He-W 513.03 NHHPP Recipient Eligibility.

(a) All NHHPP recipients shall be eligible for SUD treatment and recovery support services in accordance with this part and He-W 506.

(b) In order to receive SUD treatment and recovery support services, other than SBIRT per He-W 513.05(c), substance use screenings per He-W 513.05(d), crisis intervention per He-W 513.05(q), peer recovery support per He-W 513.05(r), non-peer recovery support per He-W 513.05(s), continuous recovery monitoring per He-W 513.05(t), and assessments per He-W 513.05(u), the NHHPP recipient shall have been determined to have a SUD by undergoing a clinical assessment in accordance with He-W 513.05(u) to determine the level of care and ensuing treatment plan to be followed.

He-W 513.04 Provider Participation.

(a) All SUD treatment and recovery support service providers shall be enrolled as a New Hampshire medicaid provider, except that individual practitioners providing services as part of a medicaid enrolled outpatient SUD program or medicaid enrolled comprehensive SUD program shall not be required to be individually enrolled in medicaid.

(b) Individual practitioners delivering services as part of a medicaid enrolled outpatient SUD program or medicaid enrolled comprehensive SUD program shall be allowed to delegate, in accordance with scope of law and practice, the performance of SUD treatment and recovery support services to individuals under their supervision in such program, and subject to the following restrictions:

(1) With the exception of those licensed alcohol and drug counselors (LADCs) who are permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008, and Chapter Law 249:24, V, Laws of 2010, LADCs shall only provide SUD treatment and recovery support services under the supervision of:

a. A~~a~~ master licensed alcohol and drug counselor (MLADC) who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program;~~,~~

b. A LADC who is permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008, and Chapter Law 249:24, V, Laws of 2010, who also is a licensed clinical supervisor (LCS), and who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program; or

c. A licensed mental health provider approved to provide supervision to LADCs in accordance with RSA 330-C and who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program;

(2) Certified recovery support workers (CRSWs) shall only provide SUD treatment and recovery support services under the supervision of:

a. A~~a~~n MLADC who is on the staff of a Medicaid enrolled outpatient SUD program or comprehensive SUD program;

b. A LADC who is permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008, and Chapter Law 249:24, V, Laws of 2010, who also is an LCS and who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program; or

c. A licensed mental health provider approved to provide supervision to CRSWs in accordance with RSA 330-C and who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program;

(3) Individuals who have completed an accredited graduate program in a clinical discipline that meets the requirements for initial licensing as an MLADC pursuant to RSA 330-C:16, I, and who have passed the nationally recognized alcohol and drug counselor exam required by the NH board of licensing for alcohol and other drug use professionals for MLADC licensing, shall only provide services under the supervision of an MLADC or licensed mental health provider approved to provide supervision to individuals pursuing MLADC in accordance with RSA 330-C who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program;

(4) Individuals who have completed a graduate program that meets the requirements for initial licensure by the NH board of psychologists pursuant to RSA 329-B, who have passed a satisfactory examination in psychology pursuant to RSA 329-B, and who are working under direct supervision of a person licensed by the NH board of psychologists, shall only provide services under the supervision of a psychologist who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program;

(5) Individuals who have completed an accredited graduate program in a clinical discipline that meets the requirements for initial licensure by the NH board of mental health practice pursuant to RSA 330-A, and who have passed an exam required or approved by the NH board of mental health practice pursuant to RSA 330-A, shall only provide services under the supervision of a psychotherapist who is on the staff of a medicaid enrolled outpatient SUD program or comprehensive SUD program;

(6) The delegated services shall be billed by the outpatient or comprehensive SUD program; and

(7) A LADC who is permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008, and Chapter Law 249:24, V, Laws of 2010, shall not provide supervision to an MLADC for the~~se~~ purposes of providing services under He-W 513.

(c) SUD treatment and recovery support service providers shall ensure that the NHHPP recipient has undergone a clinical assessment, as required by He-W 513.03(b) above, prior to the provider's delivery of other SUD treatment and recovery support services.

(d) SUD treatment and recovery support service providers shall ensure that all SUD treatment and recovery support services are provided and documented in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 CFR 160, 45 CFR 164, Subparts A and E, and 42 CFR, Part II.

(e) SUD treatment and recovery support service providers shall ensure that any SUD group treatment and recovery support services described in He-W 513.05 below are delivered in accordance with the following:

(1) Services shall only be covered when 2 or more individuals are present for a group service;

(2) Groups shall consist of no more than 12 individuals; and

(3) Groups of 8 or more individuals shall require the presence of 2 or more applicable practitioners.

(f) SUD treatment service providers shall ensure that all covered services are provided in accordance with criteria as set forth in ~~the American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Substance-Related, Addictive, and Co-Occurring Conditions, Third Edition (2013), henceforth referred to as "~~ASAM Criteria (2013),~~"~~ available as noted in Appendix A, except for SBIRT services provided in accordance with He-W 513.05(c), substance use screening provided in accordance with He-W 513.05(d), crisis intervention provided in accordance with He-W 513.05(q), and assessments provided in accordance with He-W 513.05(u).

(g) All SUD treatment and recovery support service providers shall treat co-occurring disorders in accordance with scope of law and practice.

(h) Except as in (i) below, LADCs and MLADCs who are delivering or supervising SUD treatment and recovery support services shall be licensed by the NH b~~B~~oard of licensing for alcohol and other drug use professionals.

(i) Providers who hold a reciprocal international certification and reciprocity consortium/alcohol and other drug abuse (IC&RC) license shall be considered to have met the requirement in (h) above for the purpose of He-W 513.

(j) Hospitals enrolled in medicaid as a hospital in accordance with He-W 543 shall also be enrolled in medicaid as an outpatient or comprehensive SUD program in order to provide outpatient or comprehensive SUD services in accordance with He-W 513.05.

(k) Providers who are enrolled in other states and who meet the definition of outpatient or comprehensive SUD programs in accordance with He-W 513.02 (c) or (p) shall also be enrolled in NH medicaid in order to provide outpatient or comprehensive SUD services in accordance with He-W 513.05

He-W 513.05 Covered Services.

(a) SUD treatment and recovery support services shall be covered in accordance with this section.

(b) In order for the services described in this section to be covered, they shall be:

(1) Delivered in accordance with appropriate guidelines that are consistent with generally accepted standards of care in the ASAM Criteria (2013), available as noted in Appendix A; and

(2) Evidence based, as demonstrated by meeting one of the following criteria:

a. The service shall be included as an evidence-based mental health and substance abuse intervention on the SAMHSA National Registry of Evidence-Based Programs and Practices (NREPP), http://www.nrepp.samhsa.gov/ViewAll.aspx;

b. The services shall be published in a peer-reviewed journal and found to have positive effects; or

c. The SUD treatment and recovery support service provider shall be able to document the services' effectiveness based on the following:

1. The service is based on a theoretical perspective that has validated research; or

2. The service is supported by a documented body of knowledge generated from similar or related services that indicate effectiveness.

(c) Screening, brief intervention, and referral to treatment (SBIRT) shall be a covered service when provided as follows:

(1) The screening shall be provided for the purpose of identifying individuals who have an alcohol or drug use problem or who are at risk for developing one;

(2) The screening shall be conducted by evaluating responses to questions as described in (3) below about the context, frequency, and amount of alcohol and other drug use;

(3) The screening shall be performed using a screening instrument listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment, TAP 33" (2013 edition), available as noted in Appendix A;

(4) SBIRT shall be provided with and billed with another medical service;

(5) SBIRT shall be conducted by a provider who has been trained in the SBIRT model and is either:

a. A medicaid enrolled physician or advance practice registered nurse (APRN); or

b. A medicaid enrolled physician assistant, or other practitioner under a physician's supervision;

(6) SBIRT shall be performed in the primary care practitioner's office or other health care settings not specific to the delivery of SUD treatment and recovery support services;

(7) The services provided by the providers described in (5)a. above shall be billed by the medicaid enrolled practitioner; and

(8) The services provided by the providers described in (5)b. above shall be billed by the supervising physician.

(d) SUD screening shall be a covered service when provided as follows:

(1) The screening shall be provided for the purpose of identifying individuals who have an alcohol or drug use problem or who are at risk for developing one;

(2) The screening shall be conducted by evaluating responses to questions as described in (3) below about the context, frequency, and amount of alcohol and other drug use;

(3) The screening shall be performed using a screening instrument listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment, TAP 33" (2013 edition), available as noted in Appendix A of;

(4) Except as allowed in (5) and (6) below, the screening shall be performed by medicaid enrolled psychotherapy providers licensed by the NH board of mental health practice, medicaid enrolled psychotherapy providers licensed by the NH board of psychology, medicaid enrolled MLADCs licensed by the NH board of licensing for alcohol and other drug use professionals, LADCs who are permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008, and Chapter Law 249:24, V, Laws of 2010, medicaid enrolled outpatient SUD programs, or medicaid enrolled comprehensive SUD programs;

(5) Individual practitioners listed in (4) above who are delivering screening services as part of a medicaid enrolled outpatient or comprehensive SUD program shall not be required to be individually enrolled in medicaid; and

(6) The screening may be performed by individuals who are allowed to do such screenings under the supervision of the providers in (4) above in accordance with RSA 329-B, RSA 330-A, or RSA 330-C as follows:

a. The restrictions described in He-W 513.04(b) shall not apply; and

b. Such screenings shall be billed by the supervising practitioner or the outpatient or comprehensive SUD program.

(e) Opioid treatment services shall be a covered service when provided as follows:

(1) Opioid treatment services shall be provided by medicaid enrolled providers who meet the medical services clinic requirements in He-W 536 and are certified as an opioid treatment program in accordance with He-A 304.03;

(2) Opioid treatment providers shall operate and provide services in accordance with He-A 304;

(3) Opioid treatment services shall be delivered in accordance with a treatment plan;

(4) Opioid treatment services shall be limited to treatment with methadone or buprenorphine;

(5) Opioid treatment services shall be inclusive of the necessary components of the daily opioid treatment services, such as intake services, medication counseling, administration, medical supervision of vitals, observation afterwards, urine testing, and blood and lab work;

(6) SUD treatment and recovery support services may be provided in conjunction with the opioid treatment services and may be billed separately from the opioid treatment service; and

(7) Except as specified in (6) above, opioid treatment services shall be billed in accordance with He-W 536.

(f) Pharmaceuticals prescribed for SUD treatment services shall be covered in accordance with He-W 570.

(g) Office based medication assisted SUD treatment shall be a covered service when provided as follows:

(1) Office based medication assisted SUD treatment via buprenorphine shall be provided by medicaid enrolled providers who:

a. Meet the physician requirements in He-W 531;

b. Have obtained a waiver in accordance with the Drug Addiction Treatment Act of 2000 (DATA 2000), Title XXXV, Section 3502 of the Children's Health Act of 2000, to treat opioid addiction with Schedule III, IV, and V narcotic medications; and

c. Provide services in accordance with the Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, Appendix F, Federation of State Medical Boards—Model Policy Guidelines for Opioid Addiction Treatment in the Medical Office, (2004), available at http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf and as noted in Appendix A;

(2) Office based medication assisted SUD treatment via drugs other than buprenorphine, such as naltrexone and vivitrol, shall be provided by medicaid enrolled providers who meet the physician requirements in He-W 531 or the advanced practice registered nurse requirements in He-W 534;

(3) Office based medication assisted SUD treatment shall be delivered in accordance with a treatment plan;

(4) The writing of the prescription shall be a component of a physician or APRN office visit in accordance with He-W 531 or He-W 534, respectively; and

(5) The practitioner in (1) or (2) above shall:

a. Refer the NHHPP recipient to clinically appropriate SUD treatment and recovery services as described in He-W 513; and

b. Coordinate care with the SUD treatment and recovery provider within or external to the office based practice.

(h) Outpatient, individual treatment consistent with Level 1, as set forth in ASAM Criteria (2013), available as noted in Appendix A, shall be a covered service when provided as follows:

(1) Outpatient, individual treatment shall be delivered in accordance with a treatment plan;

(2) Outpatient, individual treatment shall be covered when provided by medicaid enrolled psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists, medicaid enrolled MLADCs licensed by the NH board of licensing for alcohol

and other drug use professionals, LADCs who are permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008, and Chapter Law 249:24, V, Laws of 2010, medicaid enrolled physicians or advance practice registered nurses (APRNs), medicaid enrolled outpatient SUD programs, or medicaid enrolled comprehensive SUD programs, except as allowed in (3) below;

(3) Individual practitioners listed in (2) above who are delivering outpatient, individual treatment services as part of a medicaid enrolled outpatient or comprehensive SUD program shall not be required to be individually enrolled in medicaid; and

(4) Outpatient, individual treatment shall be billed by the medicaid enrolled individual or group practitioner or by the outpatient or comprehensive SUD program.

(i) Group treatment consistent with Level 1, as set forth in ASAM Criteria (2013), available as noted in Appendix A, shall be a covered service when provided as follows:

(1) Group treatment shall meet the requirements in He-W 513.04(e);

(2) Group treatment shall be delivered in accordance with a treatment plan;

(3) Group treatment shall be covered when provided by medicaid enrolled psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists, medicaid enrolled MLADCs licensed by the NH board of licensing for alcohol and other drug use professionals, LADCs who are permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008, and Chapter Law 249:24, V, Laws of 2010, medicaid enrolled physicians or APRNs, medicaid enrolled outpatient SUD programs, or medicaid enrolled comprehensive SUD programs, except as allowed in (4) below;

(4) Individual practitioners listed in (3) above who are delivering group treatment services as part of a medicaid enrolled outpatient or comprehensive SUD program shall not be required to be individually enrolled in medicaid; and

(5) Group treatment shall be billed by the medicaid enrolled individual or group practitioner or by the outpatient or comprehensive SUD program.

(j) Family treatment consistent with Level 1, as set forth in ASAM Criteria (2013), available as noted in Appendix A, shall be a covered service when provided as follows:

(1) Family treatment shall be provided to either:

a. The NHHPP recipient, or

b. The NHHPP recipient's family members or significant others, either with or without the NHHPP recipient present, if treatment is related to the NHHPP recipient's SUD;

(2) Family treatment shall be delivered in accordance with a treatment plan;

(3) Family treatment shall be covered when provided by medicaid enrolled psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists, medicaid enrolled MLADCs licensed by the NH board of licensing for alcohol and other drug use

professionals, LADCs who are permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008, and Chapter Law 249:24, V, Laws of 2010, medicaid enrolled physicians or APRNs, medicaid enrolled outpatient SUD programs, or medicaid enrolled comprehensive SUD programs, except as allowed by (4) below;

(4) Individual practitioners listed in (3) above who are delivering family treatment services as part of a medicaid enrolled outpatient or comprehensive SUD program shall not be required to be individually enrolled in medicaid; and

(5) Family treatment shall be billed by the medicaid enrolled individual or group practitioner or by the outpatient or comprehensive SUD program.

(k) Intensive outpatient SUD services consistent with Level 2.1, as set forth in ASAM Criteria (2013), available as noted in Appendix A, shall be a covered service when provided as follows:

(1) Intensive outpatient SUD services shall be covered when they are:

a. Provided by medicaid enrolled outpatient or comprehensive SUD programs; and

b. Delivered by the following practitioners, who shall not be required to be individually enrolled in medicaid:

1. Psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists; or

2. MLADCs licensed by the NH board of licensing for alcohol and other drug use professionals;

(2) Intensive outpatient SUD services shall be comprised of a combination of individual and group treatment services at least 3 hours per day and at least 3 days per week;

(3) Group treatment shall meet the requirements in He-W 513.04(e);

(4) Intensive outpatient SUD services shall be delivered in accordance with a treatment plan;

(5) Intensive outpatient SUD services shall be comprised of a range of outpatient treatment services and other ancillary alcohol or drug treatment services to include all of the following:

a. Assessment;

b. Individual, group, or family treatment;

c. Crisis intervention;

d. Activity therapies; and

e. Substance use prevention education; and

(6) Intensive outpatient SUD services shall be billed by the outpatient or comprehensive SUD program.

(l) Partial hospitalization services consistent with Level 2.5, as set forth in ASAM Criteria (2013), available as noted in Appendix A, shall be a covered service when provided as follows:

(1) Partial hospitalization services shall be:

a. Provided to NHHPP recipients with moderate to severe co-occurring SUD and mental health disorders as described in DSM-5 (2013), available as noted in Appendix A;

b. Provided by a medicaid enrolled outpatient or comprehensive SUD treatment program; and

c. Delivered by the following practitioners, who shall not be required to be individually enrolled in medicaid:

1. For all partial hospitalization services, except medication management:

(i) Psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists; or

(ii) MLADCs licensed by the NH board of licensing for alcohol and other drug use professionals; and

2. For medication management services:

(i) Psychiatrists licensed by the NH board of medicine; or

(ii) APRNs with a psychiatric specialty;

(2) Partial hospitalization shall address both disorders and be comprised of a range of outpatient treatment services and other ancillary mental health and alcohol or drug treatment services to include all of the following:

a. Assessment;

b. Individual, group, or family treatment;

c. Crisis intervention;

d. Activities therapies;

e. Medication management, which shall include psychiatric services, including psychotropic medication management services as applicable; and

f. Substance use prevention education;

(3) Services shall be provided at least 20 hours per week;

(4) Group sessions shall meet the requirements in He-W 513.04(e); and

(5) Services shall be billed by the outpatient or comprehensive SUD program.

(m) Rehabilitative services shall be a covered service when provided as follows:

(1) Rehabilitative services shall be:

a. Provided in a facility licensed as a residential treatment and rehabilitation facility in accordance with He-P 807;

b. Provided by a medicaid enrolled comprehensive SUD program;

c. Delivered by the following practitioners, who shall not be required to be individually enrolled in medicaid:

1. Psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists;

2. MLADCs licensed by the NH board of licensing for alcohol and other drug use professionals;

3. Physicians; or

4. Advance practice registered nurses (APRN); and

d. Provided as a planned program of professionally directed evaluation, care, and treatment for the restoration of functioning for persons with SUDs;

(2) NHHPP recipients who are being treated at an ASAM 3.5 level of care shall be present in the facility at least 22 hours per day;

(3) Prior to July 1, 2017, providers may deliver Levels 3.1 and 3.5 services, as set forth in ASAM Criteria (2013), available as noted in Appendix A; and

(4) Beginning July 1, 2017, providers shall deliver Levels 3.1 and 3.5 services, as set forth in ASAM Criteria (2013), available as noted in Appendix A, either directly or through a collaborative agreement.

(n) Medically monitored outpatient withdrawal management (WM) consistent with Level 1-WM, as set forth in ASAM Criteria (2013), shall be a covered service when provided as follows:

(1) Medically monitored outpatient withdrawal management services shall be provided by a medicaid enrolled outpatient or comprehensive SUD program and supervised by a licensed physician or APRN who is on the staff of, or under contract with, the outpatient or comprehensive SUD program;

(2) Medically monitored outpatient withdrawal management s~~S~~ervices shall be organized and delivered by addiction treatment and mental health personnel and other health care providers who provide a planned regimen of care in the outpatient setting;

(3) Personnel required in (2) above shall be:

a. Psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists on the staff of, or under contract with, the outpatient or comprehensive SUD program;

b. MLADCs licensed by the NH board of licensing for alcohol and other drug use professionals on the staff of, or under contract with, the outpatient or comprehensive SUD program;

c. Licensed physicians on the staff of, or under contract with, the outpatient or comprehensive SUD program; or

d. Licensed APRNs on the staff of, or under contract with, the outpatient or comprehensive SUD program;

(4) The practitioners in (1)-(3) above shall not be required to be individually enrolled in medicaid;

(5) Medically monitored outpatient withdrawal management s~~S~~ervices shall be delivered in accordance with a treatment plan;

(6) Medically monitored outpatient withdrawal management s~~S~~ervices shall be provided in regularly scheduled sessions in accordance with defined policies and procedures consistent with ASAM Criteria (2013) standards, available as noted in Appendix A;

(7) Medically monitored outpatient withdrawal management s~~S~~ervices shall be provided under an integrated or collaborative service model; and

(8) Medically monitored outpatient withdrawal management s~~S~~ervices shall be billed by the outpatient or comprehensive SUD program.

(o) Medically monitored residential withdrawal management consistent with Level 3.7-WM, as set forth in ASAM Criteria (2013), available as noted in Appendix A, shall be a covered service when provided as follows:

(1) Medically monitored residential withdrawal management s~~S~~ervices shall be provided by a medicaid enrolled comprehensive SUD program;

(2) Medically monitored residential withdrawal management s~~S~~ervices shall be organized and delivered by addiction treatment and mental health personnel and other health care providers who provide a planned regimen of care in a 24-hour live-in setting;

(3) Personnel required in (2) above shall be:

a. Psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists on the staff of, or under contract with, the comprehensive SUD program;

b. MLADCs licensed by the NH board of licensing for alcohol and other drug use professionals on the staff of, or under contract with, the comprehensive SUD program;

c. Licensed physicians on the staff of, or under contract with, the comprehensive SUD program; or

d. Licensed APRNs on the staff of, or under contract with, the comprehensive SUD program;

(4) The practitioners in (2)-(3) above shall not be required to be individually enrolled in medicaid; and

(5) Medically monitored residential withdrawal management s~~S~~ervices shall be billed by the comprehensive SUD program.

(p) Medically managed withdrawal in an acute care setting shall be covered for NHHPP recipients in accordance with the provisions of He-W 543.

(q) Crisis intervention shall be a covered service when provided as follows:

(1) Crisis intervention shall be covered when a NHHPP recipient, family member, or significant other is facing a crisis or emergency situation and the crisis intervention is related to the NHHPP recipient's SUD;

(2) Crisis intervention shall be covered when provided by medicaid enrolled psychotherapists licensed by the NH board of mental health practice or the NH board of psychologists, medicaid enrolled MLADCs licensed by the NH board of licensing for alcohol and other drug use professionals, LADCs who are permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008 and Chapter Law 249:24, V, Laws of 2010, medicaid enrolled physicians or APRNs, medicaid enrolled outpatient SUD programs, or medicaid enrolled comprehensive SUD programs, except as allowed by (3) below;

(3) Individual practitioners listed in (2) above who are delivering crisis intervention services as part of a medicaid enrolled outpatient or comprehensive SUD program shall not be required to be individually enrolled in medicaid; and

(4) Crisis intervention shall be billed by the medicaid enrolled individual or group practitioner or by the outpatient or comprehensive SUD program.

(r) Peer recovery support shall be a covered service when provided as follows:

(1) Peer recovery support services shall include non-clinical services to help NHHPP recipients and families identify and work toward strategies and goals around stabilizing and sustaining recovery and, as applicable, providing links to professional treatment and community supports;

(2) Peer recovery support services shall be provided by a medicaid enrolled outpatient or comprehensive SUD treatment program;

(3) Peer recovery support services shall be deli~~e~~vered by a CRSW certified by the NH board of licensing for alcohol and other drug use professionals or by a LADC or MLADC licensed by the board of licensing for alcohol and other drug use professionals, ~~and who~~all of whom have~~s~~ at least 30 contact hours of recovery coach training approved by~~from~~:

~~a. HOPE for NH Recovery;~~

a~~b~~. NH Training Institute on Addictive Disorders;

b~~c~~. NAADAC, The Association for Addiction Professionals;

c~~d~~. New England Institute of Addiction Studies;

d~~e~~. ~~New England~~ Addiction Technology Transfer Center; or

e~~f~~. Connecticut Communities for Addiction Recovery (CCAR) Recovery Coach Academy (RCA);

(4) The CRSW or LADC shall be under the ~~direct~~ supervision of an MLADC who shall be on the staff of, or under contract with, the outpatient or comprehensive SUD program;

(5) The practitioners in (2)-(3) above shall not be required to be individually enrolled in medicaid; and

(6) Peer recovery support services shall be billed by the outpatient or comprehensive SUD program.

(s) Non-peer recovery support shall be a covered service when provided as follows:

(1) Non-peer recovery support services shall include non-clinical group or individual services consistent with a NHHPP recipient's treatment plan that help to prevent relapse and promote recovery;

(2) Non-peer recovery support services shall be provided by a medicaid enrolled outpatient or comprehensive SUD treatment program;

(3) Non-peer recovery support services shall be provided by a CRSW certified by the NH board of licensing for alcohol and other drug use professionals or by a LADC or MLADC licensed by the board of licensing for alcohol and other drug use professionals;

(4) The CRSW or LADC shall be under the direct supervision of an MLADC who shall be on the staff of, or under contract with, the outpatient or comprehensive SUD program;

(5) The practitioners in (2)-(3) above shall not be required to be individually enrolled in medicaid; and

(6) Non-peer recovery support shall be billed by the outpatient or comprehensive SUD program.

(t) Continuous recovery monitoring shall be a covered service when provided as follows:

(1) Continuous recovery monitoring shall include recovery check-ups with NHHPP recipients on a regular basis, assessments of the status of the NHHPP recipient's recovery, consideration of a broad array of NHHPP recipient needs, and provision of active referral to community resources as applicable;

(2) Continuous recovery monitoring shall be provided by a medicaid enrolled outpatient or comprehensive SUD treatment program;

(3) Continuous recovery monitoring shall be provided by a CRSW who is certified by the NH board of licensing for alcohol and other drug use professionals, or a LADC or MLADC licensed by the board of licensing for alcohol and other drug use professionals;

(4) The CRSW or LADC shall be under direct supervision of an MLADC who shall be on the staff of, or under contract with, the outpatient or comprehensive SUD program;

(5) The practitioners in (2)-(3) above shall not be required to be individually enrolled in medicaid; and

(6) Continuous recovery monitoring shall be billed by the outpatient or comprehensive SUD program.

(u) Assessments to determine the existence and severity of the SUD and appropriate level of care for the NHHPP recipient shall be a covered service when provided as follows:

(1) An assessment shall be covered when provided by a medicaid enrolled psychotherapist licensed by the NH board of mental health practice or the NH board of psychologists, medicaid enrolled MLADCs licensed by the NH board of licensing for alcohol and other drug use professionals, LADCs who are permitted to engage in independent practice in accordance with Chapter Law 189:2, II, Laws of 2008 and Chapter Law 249:24, V, Laws of 2010, or medicaid enrolled outpatient or comprehensive SUD programs, except as allowed by (2) below;

(2) Individual practitioners listed in (1) above who are conducting assessments as part of a medicaid enrolled outpatient or comprehensive SUD program shall not be required to be individually enrolled in medicaid;

(3) The results of the assessment, which shall include the following, shall be maintained in the NHHPP recipient's file:

a. Client identified problem(s);

b. Summary of data gathered;

c. Diagnostic assessment interpretive summary, including signs, symptoms, and progression of the NHHPP recipient's involvement with alcohol and other drugs;

d. Statement regarding provision of an HIV/AIDS screening and referrals made; and

e. Documentation of the level of care recommended in accordance with ASAM Criteria (2013), available as noted in Appendix A; and

(4) Assessments shall be billed by the medicaid enrolled individual or group practitioner or by the outpatient or comprehensive SUD program.

He-W 513.06 Non-Covered Services.

(a) Services that are delivered at a higher level than the NHHPP recipient's level of care, as described in ASAM Criteria (2013), available as noted in Appendix A, shall not be covered.

(b) Services that are non-evidence based in accordance with He-W 513.05(b) shall not be covered.

(c) Services that are not specified as covered in He-W 513.05 shall not be covered.

He-W 513.07 Utilization Review and Control. The department's provider program integrity unit shall monitor utilization of SUD treatment services to identify, prevent, and correct potential occurrences of fraud, waste and abuse, in accordance with 42 CFR 455 and 42 CFR 456 and He-W 520.

He-W 513.08 Third Party Liability. All third party obligations shall be exhausted before medicaid may be billed, in accordance with 42 CFR 433.139.

He-W 513.09 Payment for Services.

(a) Payment for SUD treatment and recovery support services shall be made in accordance with rates of reimbursement established by the department in accordance with RSA 161:4, VI(a).

(b) The rate of reimbursement for rehabilitative services in a comprehensive SUD program shall:

(1) Be on a per diem basis that takes into account the ASAM level of care;

(2) Not include room and board; and

(3) Be established by the department in accordance with RSA 161:4, VI(a).

(c) The rate of reimbursement established by the department in accordance with RSA 161:4, VI(a) for partial hospitalization, medical monitored residential withdrawal management, and intensive outpatient SUD services shall be on a per diem basis.

(d) The rate of reimbursement established by the department in accordance with RSA 161:4, VI(a), for medically monitored outpatient withdrawal management shall be on a per visit basis.

(d) SUD providers may bill separately for drug testing utilizing rapid read tests, except when in conjunction with opioid treatment services in accordance with He-W 513.05(e).

(e) The SUD treatment and recovery support services provider shall submit claims for payment to the department's fiscal agent.

He-W 513.10 Documentation

(a) SUD treatment and recovery support services providers shall maintain supporting records, in accordance with He-W 520.

(b) Supporting documentation shall include:

(1) A complete record of all physical examinations, laboratory tests, and treatments including drug and counseling therapies, whether provided directly or by referral;

(2) Progress note for each treatment session, including:

a. The treatment modality and duration;

b. The signature of the primary therapist for each entry;

c. The primary therapist's professional discipline; and

d. The date of each treatment session; and

(3) A copy of the treatment plan that is:

a. Updated at least every 4 sessions or 4 weeks, whichever is less frequent;

b. Signed by the provider and the NHHPP recipient prior to treatment being rendered; and

c. Signed by the clinical supervisor, prior to treatment being rendered, if the service is an outpatient or comprehensive SUD program.

(c) The NHHPP recipient's individual record shall include at a minimum:

(1) The NHHPP recipient's name, date of birth, address, and phone number; and

(2) A copy of the assessment described in He-W 513.05(p)(4).

(d) SUD providers that close their treatment and recovery support programs shall arrange for continued management of all medicaid NHHPP recipient records as follows:

(1) The provider shall notify the department in writing of the address where records will be stored;

(2) The provider shall specify to the department the person who will be managing the records and the person's contact information; and

(3) The provider shall arrange for storage of each record through one or more of the following measures:

a. The provider shall continue to manage the records and give written assurance to the department that it will respond to authorized requests for copies of client records within 10 working days;

b. The provider shall transfer records of clients who have given written consent to another medicaid enrolled provider; or

c. The provider shall enter into an agreement with a medicaid enrolled provider to store and manage records.

(e) All electronic or written documentation shall be legible and written in English.

(f) The SUD treatment and recovery support services provider shall provide documentation to the department upon request.

APPENDIX A: Incorporation by Reference Information

Rule	Title	Publisher; How to Obtain; and Cost
He-W 513.02(x~~w~~)(1)	Addiction Counseling Competencies, TAP 21 (2011 revision)	Publisher: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, www.samhsa.gov Available free of charge at: http://store.samhsa.gov/shin/content//SMA12-4171/SMA12-4171.pdf
He-W 513.09(c)(2); 513.04(f), 513.05(b)(1), (h)-(l) & (m)(3), (m)(4), (n)(6), (d), (u)(3)e., and 513.06(a)	ASAM Criteria: Treatment Criteria for Substance-Related, Addictive, and Co-Occurring Conditions, 3rd edition (2013)	Publisher: American Society of Addiction Medicine (ASAM). The ASAM Criteria (2013) can be purchased online through the ASAM website at: http://www.asamcriteria.org/. Cost = $95 (non-members) or $85 (members). Discounts are available for large purchases.
He-W 513.05(c)(3), 513.05(d)(3)	Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment, TAP 33 (2013 edition)	Publisher: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, www.samhsa.gov Available free of charge at: http://store.samhsa.gov/shin/content//SMA13-4741/TAP33.pdf
He-W 513.02(u~~t~~), 513.05(l)(1)a.	The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (2013) (DSM-5)	Publisher: The American Psychiatric Association (APA). The DSM-5 can be purchased on line at: http://www.appi.org/SearchCenter/Pages/SearchDetail.aspx?ItemId=2554 Cost = $199
He-W 513.05(g)(1)c.	Federation of State Medical Boards – Model Policy Guidelines for Opioid Addiction Treatment in the Medical Office (2004)	Publisher: The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. The document is included in the Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, Treatment Improvement Protocol (Tips) #40. The document can be accessed online at http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf

APPENDIX B

RULE	STATE OR FEDERAL STATUTE THE RULE IMPLEMENTS
He-W 513.01	42 USC 1396u-7(b)(5), RSA 126-A:5, XXIII-XXV, 42 CFR 440.347
He-W 513.02	42 USC 1396u-7(b)(5), RSA 126-A:5, XXIII-XXV, 42 CFR 440.347

He-W 513.03	42 USC 1396u-7(b)(5), RSA 126-A:5, XXIII-XXV, 42 CFR 440.347
He-W 513.04	42 USC 1396u-7(b)(5), RSA 126-A:5, XXIII-XXV, 42 CFR 440.347, Chapter Law 189:2, II, Laws of 2008, Chapter Law 249:24, V, Laws of 2010
He-W 513.05	42 USC 1396u-7(b)(5), RSA 126-A:5, XXIII-XXV, 42 CFR 440.347
He-W 513.06	42 USC 1396u-7(b)(5), RSA 126-A:5, XXIII-XXV, 42 CFR 440.347
He-W 513.07	42 CFR 455 and 42 CFR 456
He-W 513.08	42 CFR 433.139
He-W 513.09	RSA 161:4, VI
He-W 513.10	42 CFR 455 and 42 CFR 456