

Substance Use Disorder Provider Types

There are eight Substance Use Disorders (SUD) Provider Types, numbered 1-8 below. In addition, existing Medicaid provider types, lettered from A to D below, are able to provide selected SUD services. Any service provided must be within the provider's scope of practice and is subject to all applicable administrative rules.

1) Individual MLADCs- The scope of practice of the MLADC is the screening, evaluation, diagnosis, treatment planning, and treatment of substance use disorders and co-occurring disorders only within the context of addressing substance use disorders. A MLADC may engage in independent practice within the scope of practice in this section only with clinical supervision or peer collaboration. The practice of alcohol and drug counseling and co-occurring disorder counseling includes the following performance areas which encompass the 12 core functions and practice dimensions of addiction counseling:

(a) The performance of clinical evaluations including the screening, evaluation, and diagnosis of substance use disorders and mental health disorders when they are co-occurring with a substance use disorder, and the performance of differential diagnoses;

(b) The performance of treatment planning, case management, consultation, education, documentation, and client advocacy;

(c) The performance of counseling including:

(1) Individual, group, family, and significant other counseling;

(2) Crisis prevention and intervention;

(3) Co-occurring disorder counseling with the use of integrated models of evaluation, intervention, and counseling techniques within the context or treatment of a substance use disorder.

2) Group MLADCs-are individuals licensed by the NH Board of Licensing for Alcohol and Other Drug Use as a MLADC who are working in a group private practice or a facility. Group MLADCs are likely to be able to provide: screening, evaluation, diagnosis, treatment planning, and treatment of substance use disorders and co-occurring disorders only within the context of addressing substance use disorders.

3) Individual LADCs*- The scope of practice of the LADC is the screening, evaluation, diagnosis, treatment planning, and treatment of substance use disorders and the screening and referral of mental health disorders under clinical supervision. The scope does not include the treatment of co-occurring disorders, unless the LADC is in an academic internship as part of a master's program in a mental health field or employed as a LADC and working toward mental health licensure. A LADC may engage in private practice only under clinical supervision of an MLADC, LCS, LADC, psychiatric APRN, or licensed mental health provider approved by the board of licensing. The practice of alcohol and drug counseling includes the following performance areas which encompass the 12 core functions and practice dimensions of addiction counseling:

(a) The performance of clinical evaluation including the screening, evaluation, and diagnosis of alcohol and other drug use disorders, the evaluation and identification of symptoms of co-occurring mental health disorders and differential diagnosis indicators and the development of preliminary mental health disorder diagnoses for further evaluation and confirmation by an appropriate professional. This includes severity evaluation and evaluation of dangerousness to self or others;

(b) The performance of treatment planning; referrals including co-occurring mental health and medical conditions; case management and service coordination including implementation of treatment plans, consultation, coordination of care with mental health and other community providers, ongoing evaluation of progress and needs, and client advocacy; education; and documentation;

(c) The performance of counseling, including:

(1) Individual, group, family, and significant other counseling; and

(2) Crisis prevention and intervention to include enlisting the support of trained personnel to manage risk of harm to self or others;

An LADC may engage in practice only under clinical supervision of an MLADC, LCS, LADC, psychiatric APRN, or licensed mental health provider approved by the board.

*This provider type must check with the Managed Care Organizations (MCO) for their enrollment requirements.

4) Group LADCs*- are individuals licensed by the New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals as a Licensed Alcohol and Drug Counselor (LADC) and 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. Group LADCs are in a group private practice and are likely to be able to provide: screening, evaluation, diagnosis, treatment planning, and treatment of substance use disorders and the screening and referral of mental health disorders under clinical supervision. The scope does not include the treatment of co-occurring disorders, unless the LADC is in an academic internship as part of a master's program in a mental health field or employed as a LADC and working toward mental health licensure.

*This provider type must check with the Managed Care Organizations (MCO) for their enrollment requirements.

5) Certified Recovery Support Worker (CRSW)—Individuals certified by the New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals. The scope of practice of a certified recovery support worker includes: The provision of basic screening of persons with substance use and co-occurring mental health disorders to determine whether referral for further assessment and formal diagnosis is needed and the making of appropriate referrals. The provision of monitoring of clients' health and safety including basic recognition of signs and symptoms of addiction, intoxication, and withdrawal, and the implementation of structured interventions to ensure the immediate safety of clients demonstrating such symptoms. The provision of recovery support including practical support, mentoring, and education about addiction, community peer support, role of medication and co-occurring disorders in addiction. Adherence to the ethical standards of the substance use treatment profession as determined by the board.

6) Outpatient Substance Use Disorders Programs- are SUD treatment agencies who provide outpatient services only. Outpatient Substance Use Disorders Programs are likely to be able to provide: Medically

Monitored Withdrawal Management (Ambulatory); Individual, Group, and Family Substance Use Counseling; Intensive Outpatient Services; Partial Hospitalization Services; Crisis Intervention; SUD ; Peer and Non-Peer Recovery Support Services; and Continuous Recovery Monitoring.

7) Comprehensive Substance Use Disorders Programs are SUD treatment agencies that provide residential and outpatient services. Comprehensive Substance Use Disorders Programs are likely to be able to provide: Medically Monitored Withdrawal Management (Ambulatory and Non-Hospital Residential); Individual, Group, and Family Substance Use Counseling; Intensive Outpatient Services; Partial Hospitalization Services; Specialty Residential Treatment Services for Pregnant & Parenting Women and their Children; Low, Medium, and High Intensity Residential Treatment Services; Crisis Intervention; Evaluation; Peer and Non-Peer Recovery Support Services; and Continuous Recovery Monitoring.

8) Recovery Community Organizations (RCOs) - are peer-led and, or peer-run agencies that provide services to support people in their recovery from substance misuse. Peer Recovery Programs are likely to be able to provide: Individual and group peer recovery support services.

Existing Medicaid Provider Types Able to Provide Some SUD Services

A) Physicians and APRNs are likely to be able to provide: Screening, Brief Intervention and Referral to Treatment (SBIRT); Office Based Medication Assisted Treatment; Individual, Group and Family SUD counseling; Crisis Intervention; Evaluation; and Continuous Recovery Monitoring.

B) Individual and Group Psychotherapy Providers are likely to be able to provide: Substance Use Screening; Individual, Group and Family Substance Use counseling; Crisis Intervention; Evaluation; and Continuous Recovery Monitoring.

C) Community Mental Health Centers and Community Health Centers are likely to be able to provide: Medically Monitored Withdrawal Management (Ambulatory); Individual, Group, and Family Substance Use Counseling; Intensive Outpatient Services; Partial Hospitalization Services; Crisis Intervention; Evaluation; Peer and Non-Peer Recovery Support Services; and Continuous Recovery Monitoring.

D) Medical Services Clinics are likely to be able to provide: Medically Monitored Withdrawal Management (Ambulatory); Opioid Treatment Program Services (Methadone and Buprenorphine); and Individual, Group and Family Counseling.