To: Local Health Department Health Officers

From: Gayle Jordan-Randolph, Deputy Secretary
   DHMH

Re: Grant funding supporting substance use ambulatory services

Date: November 10, 2015

This memo provides an update on the Department of Health and Mental Hygiene’s (DHMH) plans to continue to move substance use disorder grant funds to the administrative service agency, Beacon Health Options (formerly known as ValueOptions).

The first phase of the substance use/mental health integration was to have all data for those served using grant funds and medical assistance (MA) entered into one data system. This allows for a central repository of data related to substance use and mental health services. This second phase of the integration will provide for reimbursement for ambulatory services through Beacon Health Options, regardless of whether the person has MA or is uninsured. This will increase access and provide for continuity of care for those individuals who are uninsured or who lose MA coverage during the course of their treatment. Under the third and final phase of the integration, substance-related disorder residential grant funds will be moved under the ASO.

Update
Effective July 1, 2016 (FY17), DHMH will begin the second phase of the integration, which includes removing grant funds for ambulatory substance-related disorder services from annual jurisdictional awards and moving them to Beacon Health Options (formerly known as ValueOptions).

Ambulatory services are:
- Assessment
- Level 1 Outpatient group and individual services
- Level 2.1 Intensive Outpatient
- Level 1 and Level 2.1 Withdrawal Management
- Medication Assisted Treatment
- Toxicology Specimens

For those individuals who need ambulatory substance-related disorder services who do not have MA eligibility, providers registered with Beacon Health will submit all necessary registration, discharge, and transfer information to the ASO, obtain authorization, and submit claims to Beacon Health Options. Beacon Health Options will, when appropriate, determine eligibility, determine medical necessity, issue authorizations, and will process and pay claims. Reimbursement for services provided to the uninsured will be at the same rate as the MA reimbursement rate.
All other grant funds for services will remain with the jurisdiction in FY17. Jurisdictions will receive FY17 award letters reflecting removal of funds that were identified in the FY16 budget submission as supporting ambulatory services.

In keeping with changes in our service delivery system, the State’s expectations of the role of the local addictions authority (LAA) continue to evolve. The LAA’s role will continue to manage non-ambulatory grant funding and focus on jurisdiction system development, management, and monitoring. This includes investigating complaints about providers, enhancing existing contract monitoring functions, and developing a provider network that meets the treatment needs of the community.

Next Steps
BHA is convening a workgroup to develop the plan for moving the funds to the ASO. The plan will include the provision of technical assistance to the local addiction authorities. During the coming months, as the transition process proceeds, we will keep you informed of new procedures and timelines and allow you every opportunity to participate in the workgroup.