Substance Abuse Case Management

Last Updated: [10/20/2023]

Service Type:
0051 SPO Substance Abuse

Procedure Code:
H0006

Medical Necessity Criteria

- In order to be covered, ARTS Services (as defined in 12VAC30-130-5000 et al) and which includes Substance Abuse Case Management, shall meet medical necessity criteria based upon the multidimensional assessment, risk/severity rating and immediate need profile completed by a CATP or CSAC/CSAC-Supervisee as defined in this manual, and within the scope of their practice. ARTS Services shall be accurately reflected in provider medical record documentation and on providers' claims for services by recognized diagnosis codes that support and are consistent with the requested professional services.

- Substance use case management services assist members and their family members in accessing needed medical, psychiatric, psychological, social, educational, vocational, recovery, and other supports essential to meeting the member's basic needs. Substance use case management services are to be person-centered, individualized, culturally and linguistically appropriate to meet the member's and family member's needs. The Medicaid eligible member shall meet the DSM-5 diagnostic criteria for SUD. Tobacco-related disorders, caffeine related disorders and nonsubstance-related disorders shall not be covered. If a member has co-occurring mental health and SUD, the case manager shall include activities to address both the mental health and SUD.

- Substance use case management shall include an active ISP which requires:

    - The ISP must be developed with the member, in consultation with the member's family, as appropriate as defined in 12VAC30-130-5020. The ISP shall be completed within 30 calendar days of initiation of this service with the member in a person-centered manner and shall document the need for active substance use case management before such case management services can be billed. The ISP shall require a minimum of two distinct substance use case management activities being performed each calendar month and a minimum of one face-to-face client contact, which is separate from the required monthly activities, at least every 90 calendar days. These required face-to-face contacts can be delivered via telehealth.

    - The substance use case manager shall review the ISP with the member at least every 90 calendar days for the purpose of evaluating and updating the member's progress toward meeting the ISP objectives. The review will be due by the 90th calendar day following the date the last review was completed. The reviews shall be documented in the member's medical record. DMAS will allow a grace period to be granted up to the 120th calendar day following the date of the last review. When the review was completed in a grace period, the next subsequent review shall be scheduled

90 calendar days from the date the review was initially due and not the date of actual review. The ISP shall be reviewed with the member present, and the outcome of the review documented in the member's medical record. The ISP shall be updated and documented in the member's medical record at least annually and as a member's needs change.

- Substance use case management is reimbursable monthly only when the minimum substance use case management service activities are met as noted later in this section. Only one type of case management may be billed at one time. Please see the Limitations section. Substance use case management can be provided as a stand-alone service, without the condition that the member shall be receiving another Medicaid covered service, including Medicaid-covered ARTS service.

- Substance use case management services are intended to be an individualized person-specific activity between the case manager and the member. There are some appropriate instances where the case manager could offer case management to more than one member at a time. The provider bears the burden of proof in establishing that the case management activity provided simultaneously to two or more members was person specific. For example, the case manager needs to work with two members, each of whom needs help to apply for income assistance from Social Security. The case manager can work with both members simultaneously for the purpose of helping each member obtain a financial entitlement and subsequently follow-up with each member to ensure he or she has proceeded correctly.

- Substance use case management service activities include the following:

    - Assessing needs and planning services to include developing a substance use case management ISP developed with the member, in consultation with the member's family, as appropriate as

    - Defined in 12VAC30-130-5020. The ISP shall utilize accepted placement criteria and shall be fully completed within 30 calendar days of initiation of service. 2. Enhancing community integration through increased opportunities for community access and involvement and enhancing community living skills to promote community adjustment including, to the maximum extent possible, the use of local community resources available to the general public;

    - Making collateral contacts with the member's significant others with properly authorized releases to promote implementation of the member's ISP and their community adjustment;

- Linking the member to those community supports that are most likely to promote the personal or rehabilitative, recovery, and life goals of the member as developed in the ISP;

- Assisting the member directly to locate, develop, or obtain needed services, resources, and appropriate public benefits;

- Assuring the coordination of services and service planning within a provider agency, with other providers, and with other human service agencies and systems, such as local health and social services departments.

- Monitoring service delivery through contacts with members receiving services and service providers including site and home visits to assess the quality of care and satisfaction of the member;

- Providing follow-up instruction, education, and counseling to guide the member and develop a supportive relationship that promotes the ISP;

- Advocating for members in response to their changing needs, based on changes in the ISP;

- Planning for transitions in the member's life;
- Knowing and monitoring the member's health status, any medical conditions, medications and potential side effects, and assisting the member in accessing primary care and other medical services, as needed; and

- Understanding the capabilities of services to meet the member's identified needs and preferences and to serve the member without placing the member, other participants, or staff at risk of serious harm.

Service Units and Limitations:

- The billing unit for case management is per month (1 unit = 1 month).

- The MCOs will register a service request for a maximum of up to 6 units/6 months.

- The BHSA may register a service request for a maximum of up to 12 units/12 months.

- In accordance with 42 CFR 441.18(a)(8)(vii), reimbursement is allowed for case management services for Medicaid-eligible individuals who are in institutions, with the exception of individuals between ages 22 and 64 who are served in institutions of mental diseases (IMDs) and individuals of any age who are inmates of public institutions. An IMD is a facility that is primarily engaged in the treatment of mental illness and is greater than 16 beds.

    - For individuals ages 22 - 64, services rendered during the same month as the admission to the IMD is reimbursable if the service was rendered prior to the date of the admission.

    - Two conditions must be met to bill for case management services for individuals who are in institutions and who do not meet the exclusions noted in bullet one. The case management services may not duplicate other services provided by the institution, and the case management services are provided to the individual 30 calendar days prior to discharge.

- No other type of case management may be billed concurrently with substance use case management including mental health, treatment foster care, or services that include case management activities, including Intensive Community Treatment.
- Substance use case management may not be billed concurrently with substance use care coordination in a Preferred OBAT or OTP setting.

- Substance use case management does not include maintaining service waiting lists or periodically contacting or tracking members to determine potential service needs that do not meet the requirements for the monthly billing.

- Substance use case management does not include the direct delivery of an underlying medical, educational, social, or other service to which an eligible member has been referred.

- Contact with the MCO ARTS Care Coordinator or other health plan care coordination staff do not count towards the monthly case management service activities.

- Substance use case management does not include activities for which a member may be eligible, that are integral to the administration of another nonmedical program, except for case management that is

included in an individualized education program or individualized family service plan consistent with § 1903(c)of the Social Security Act.