



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

New Hampshire Medicaid Program

To: NH Medicaid Enrolled SUD Providers

From: NH Division of Medicaid Services

Date: May 13, 2024

Subject: Billing Guidance for Specialty Residential Treatment Programs for Pregnant and Parenting Members

The Department of Health and Human Services is clarifying the billing guidelines for specialty residential treatment programs for pregnant and parenting members (PPW) under the New Hampshire Medicaid program.

Services are to be billed using the bundled code, T1006, when a Medicaid member is receiving treatment in an ASAM 3.1 low-intensity residential program for PPW. Services are to be billed using the bundled code, H0018, when a Medicaid member is receiving treatment in an ASAM 3.5 high-intensity residential program for PPW.

All ASAM level 3 residential PPW programs must meet the following requirements.

1. The program treats the family as a unit and, therefore, admits both members and their children into treatment, if appropriate.
2. The program provides or arranges for primary medical care for members who are receiving substance use disorder services, including prenatal care.
3. The program provides or arranges for childcare when the member is receiving services.
4. The program provides or arranges for primary pediatric care for the member's children, including immunizations.
5. The program provides or arranges for gender-specific substance use disorder treatment and other therapeutic interventions for members that may address issues of relationships, sexual abuse, physical abuse, neglect, and parenting.
6. The program provides or arranges for therapeutic interventions for children in custody of members in treatment which may, among other things, address the children's developmental needs and their issues of sexual abuse, physical abuse, and neglect.
7. The program provides or arranges for sufficient case management and transportation services to ensure that the members and their children have access to the services described above.
8. The ASAM Criteria (2013) section, *Parents or Prospective Parents Receiving Addiction Treatment Concurrently with their Children* is adhered to. The department is specifically underscoring the following information taken from the ASAM Criteria in this guidance document:

- a. All clinical staff is trained in child development and positive parenting, trauma-informed care, and gender-specific treatment, and are knowledgeable about the skills required to establish and maintain recovery while parenting.
- b. Admission to an ASAM level 3 residential treatment program for a parenting member follows the ASAM criteria for level 3 adult programs with an individualized assessment in all six ASAM dimensions that demonstrates a high probability that substance use and any co-occurring mental health disorder behaviors present imminent danger to the parent-child combination. For a pregnant member the member must meet admission criteria as described in the ASAM criteria for level 3 programs for adults.
- c. Continued service criteria are congruent with the ASAM criteria for level 3 programs for adults with the addition of assessing all six ASAM dimensions for progress, capacity for progress, and new problems connected with the member's ability to parent in recovery. If the parenting or pregnant member is not making progress, an evaluation is appropriate to determine whether progress is likely to take place at the current level of care, or whether a more or less intensive level of care or different services will best serve the parent-child combination.
- d. In addition to meeting the ASAM level 3 residential treatment criteria for admission and continued treatment, parenting skills, resources, and deficits are assessed in each ASAM dimension to determine the extent to which the parent-child relationship has been affected by the member's substance use as well as how the stresses of parenting will affect the member's recovery.
- e. The goal of treatment and recovery services for a member in level 3 residential services with a child, or for a pregnant member in residential treatment is stabilization of acute symptoms with timely access to ongoing recovery support in a less intensive level of care, combined, when necessary, with transitional/supportive housing and services in the community. Identifying and addressing Dimension 6 needs early in residential treatment promotes progress toward independence, and self-sufficiency can help reduce long lengths of stay at more intensive levels of care when not clinically necessary.

If there are questions on how one of the NH Medicaid Managed Care Organizations (MCO) handles the above information, please reach out to your MCO provider representative.

If there are any questions on this notice, please contact the Provider Relations Unit at (603) 223-4774 or (866) 291-1674.

Thank you,

NH Medicaid Provider Relations