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ND Medicaid amends state plan to increase access to addiction treatment services and other behavioral health services

BISMARCK, N.D. – The North Dakota Department of Human Services has proposed several amendments to its Medicaid State Plan in an effort to help increase access to addiction treatment services and other behavioral health services for Medicaid-eligible individuals. The proposed changes were effective Nov. 1.

Changes to the Medicaid State Plan include adding a new section for licensed practitioners making it easier for licensed addiction counselors and licensed addiction programs to enroll as Medicaid providers and aligning addiction treatment services to American Society of Addiction Medicine (ASAM) licensing requirements used by the department’s Behavioral Health Division. Another notable change is that licensed treatment programs will no longer need to be under the direction of a physician. Instead they are required to operate under the comprehensive guidelines of their license.

Licensed addiction treatment providers will be able to receive reimbursement for providing services to Medicaid clients in residential programs, excluding room and board costs. The state’s Substance Use Disorder Voucher can help qualifying individuals pay room and board expenses while receiving treatment in a residential program. This change does not impact hospitals or other institutions of more than 16 beds that are primarily engaged in providing diagnosis and inpatient treatment or residential care of individuals with mental diseases.

“Addiction services have been covered by Medicaid for quite a few years, but coverage guidelines and provider enrollment were complex for licensed professionals who delivered these services,” said Maggie Anderson, the department’s Medicaid director. “We put a team together to strategize how we could reduce barriers for licensed treatment providers and improve access to addiction services for Medicaid clients.”

“These changes are consistent with current best practice and streamline processes for addiction treatment providers and programs,” said Pamela Sagness, the department’s Behavioral Health Division director.

Anderson said state plan amendments can sometimes be challenging and take a considerable amount of time to develop because of the complexity of establishing reimbursement rates, ensuring consistent provider enrollment practices, setting service limits and other administrative details. These proposed state plan amendments took over a year to develop and implement.

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Medicaid staff consulted with the Board of Addiction Counseling Examiners and worked closely with the department’s Behavioral Health Division, other behavioral health experts and the Centers for Medicare and Medicaid Services (CMS) on these state plan amendments.

The department expects final approval on the Medicaid State Plan amendments from CMS early next year.

North Dakota’s Medicaid State Plan is an agreement between the state and federal government that outlines how the state will operate its Medicaid program. The plan covers many topics from program administration to provider reimbursement and is updated regularly through state plan amendments.

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