

Connecticut's
Section 1115 Demonstration Waiver
for
Substance Use Disorder (SUD) Treatment

Flex Bed Option

*Revised 4/28/2023 – revisions in **red** font*

CT 1115 SUD Demonstration Flex Bed Option Overview

Flex Bed Option Defined

- Beginning May 1, 2023 agencies providing inpatient (ASAM 3.7RE and 3.7) and residential (ASAM 3.5 and 3.3) treatment for substance use disorders for both adolescents and adults under the 1115 SUD Demonstration will be able to provide ongoing services **across a continuum of levels of care**, as defined by the most recent edition of the ASAM criteria, **in order to meet the treatment needs of the member at that moment in time, while ensuring continuity of care.**
- Known as the “flex bed option” this process will allow members to receive treatment for substance use disorders in the facility **where they are currently admitted, according to what is clinically appropriate and medically necessary given their clinical history and current stage of recovery**, and provide agencies the opportunity to have these services covered under the appropriate fee-for-service rates.

Current Flex Bed LOC Options

- Beginning May 1, 2023 agencies providing residential substance use disorder treatment under the 1115 SUD Demonstration may flex to the levels of care outlined below provided they are appropriately licensed through the Connecticut Department of Public Health and provisionally certified by Advanced Behavioral Health and DMHAS or DCF as applicable.



Flex Bed Option Guidance

- Programs who have opted in to flex beds and are adding new levels of care must ensure:
 - They are licensed by DPH to provide all levels of care offered by the program.
 - They are certified (includes provisional certification, as applicable) by ABH and DMHAS or DCF as applicable to provide all levels of care offered by the program.
 - They are enrolled in Medicaid to provide all levels of care and have uploaded an updated copy of their certification to the Web Portal and entered the certification information for their corresponding CMAP Provider ID.

Flex Bed Option Guidance

ASAM Level of Care	DPH SA License Service Classification*
3.7WM	Residential Detoxification and Evaluation
3.7; 3.7RE	Intensive Treatment
3.5; 3.5PPW, 3.1	Intermediate and Long Term Treatment and Rehabilitation
3.3	Care and Rehabilitation

**As of the publishing of this guidance; should these categories change in the future, agencies must ensure that they are appropriately licensed, including all applicable service classifications.*

Flex Bed Option Guidance

- If, at the time an authorization request is submitted to Carelon Behavioral Health, it is determined that the **clinical history and presentation** do not meet the **ASAM criteria for the** requested level of care, Carelon BH will **communicate to the program which ASAM level of care is clinically appropriate and supported by the clinical information provided by the treatment program.** If the treatment program is licensed, certified **and enrolled in Medicaid** to provide the recommended level of care, they may continue to provide services to that member, **but as modified to reflect the newly recommended level of care supported by the clinical information, as identified by Carelon BH.** Treatment expectations and reimbursement shall be based on the authorized level of care.
- **If the program does not agree with the assessment by Carelon BH as to what ASAM level of care is compatible with the clinical presentation and treatment needs of the member, the treatment program can pursue a telephonic review according to the processes already in place.**
- Should the **clinical presentation of a** member not meet a level of care that the program is licensed, certified **and enrolled in Medicaid** to provide **or** should the member choose to receive treatment at an alternative program, the program must refer **and support** the member **in accessing** a **Medicaid-enrolled** program that meets the level of care indicated.

Flex Bed Option Guidance

Example

- Member admits to a program that provides an ASAM 3.5 level of care and is participating in the flex bed option to include an ASAM 3.1 level of care. The facility is licensed, certified and enrolled in Medicaid to provide 3.5 and 3.1 level of care. Carelon determines that the **clinical presentation of the** member does not meet a 3.5 level of care but does meet a 3.1.
- **Carelon BH communicates to the program that the clinical presentation does not support the need for treatment at an ASAM 3.5 level of care, and that the ASAM 3.1 level of care is clinically appropriate for the current presentation.**
- **The treatment program agrees with the assessment made by Carelon BH and receives authorization to** provide services to the member at the lower level of care and bill for the costs associated with a ASAM 3.1. The program should maintain the member for the duration of their treatment episode at the authorized level of care unless the member requests a referral to another facility.

Flex Bed Option Guidance

- For members who admit at the higher level of care, and over time require a lower level of care as a step down, the program may retain the member and provide the lower level of care for the duration of their treatment at that level of care. If the member would prefer to transition to another program for their step-down treatment and there are no systemic barriers (e.g. bed availability; criminal justice involvement requiring permission prior to transfer), the program must facilitate referral to and plan for the member's transition to another program.
- If the program retains the member within their own program for a step-down and once that member begins services in the next level of care, the program should maintain the member for the duration of their treatment episode at that level of care unless the client requests a referral to another facility.

CT 1115 SUD Demonstration
Flex Bed Option Rate Example

ASAM 3.7R

18 Bed Capacity

In this example, the ASAM 3.7R program is at full capacity with eight members in the program's target population and ten members utilizing the flex option. Each level of care [rate](#) is set with the 14-24 bed corridor given the program's licensed DPH capacity of 18 beds.

ASAM LOC	Bed Utilization	Treatment Rate	Room and Board Rate
ASAM 3.7R	8	\$409.38 per member	\$43.14 per member
ASAM 3.5	6	\$267.75 per member	\$43.14 per member
ASAM 3.1	4	\$194.73 per member	\$43.14 per member