

Connecticut Medicaid  
SUD ASAM Adult Residential Fees

**SUD ASAM Adult Residential Fees by Level of Care (Single Unit)**

*Treatment Component (Medicaid Reimbursable)*

	Total Bed Capacity for Level of Care						
	0 - 13 Beds	14 - 24 Beds	25 - 44 Beds	45 - 64 Beds	65 - 94 Beds	95 - 149 Beds	150 - 200 Beds
ASAM 3.1	\$ 342.21	\$ 194.73	\$ 161.82	\$ 152.88	\$ 152.88	\$ 152.88	\$ 152.88
ASAM 3.3	\$ 381.31	\$ 233.87	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04
ASAM 3.5	\$ 456.21	\$ 267.75	\$ 226.28	\$ 210.76	\$ 202.83	\$ 200.80	\$ 192.12
ASAM 3.5 PPW	\$ 456.21	\$ 267.75	\$ 226.28	\$ 210.76	\$ 202.83	\$ 200.80	\$ 192.12
ASAM 3.7R	\$ 492.16	\$ 409.38	\$ 319.39	\$ 319.39	\$ 319.39	\$ 319.39	\$ 319.39
ASAM 3.7RE	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00
ASAM 3.2WM	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52
ASAM 3.7WM	\$ 512.90	\$ 512.90	\$ 451.20	\$ 451.20	\$ 451.20	\$ 451.20	\$ 451.20

*Room and Board Component (Non-Medicaid Reimbursable)*

	Total Bed Capacity for Level of Care						
	0 - 13 Beds	14 - 24 Beds	25 - 44 Beds	45 - 64 Beds	65 - 94 Beds	95 - 149 Beds	150 - 200 Beds
ASAM 3.1	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.3	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.5	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.5 PPW	\$ 78.85	\$ 75.80	\$ 65.18	\$ 65.18	\$ 65.18	\$ 65.18	\$ 65.18
ASAM 3.7R	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.7RE	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.2WM	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.7WM	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31

**Notes:**

1. For additional information regarding service standards for individual levels of care, refer to the Provider Manual.
2. Providers should refer to the column which best reflects the total capacity for each level of care at the site to identify proposed per diem fees.

Connecticut Medicaid  
SUD ASAM Adult Residential Fees

**SUD ASAM Adult Residential Fees by Level of Care and Total Beds at Address (Flex Beds)**

*Treatment Component (Medicaid Reimbursable)*

	Total Beds at Location (All Levels of Care)						
	0 - 13 Beds	14 - 24 Beds	25 - 44 Beds	45 - 64 Beds	65 - 94 Beds	95 - 149 Beds	150 - 200 Beds
ASAM 3.1	\$ 342.21	\$ 194.73	\$ 161.82	\$ 152.88	\$ 152.88	\$ 152.88	\$ 152.88
ASAM 3.3	\$ 381.31	\$ 233.87	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04
ASAM 3.5	\$ 456.21	\$ 267.75	\$ 226.28	\$ 210.76	\$ 202.83	\$ 200.80	\$ 192.12
ASAM 3.5 PPW	\$ 456.21	\$ 267.75	\$ 226.28	\$ 210.76	\$ 202.83	\$ 200.80	\$ 192.12
ASAM 3.7R	\$ 492.16	\$ 409.38	\$ 319.39	\$ 319.39	\$ 319.39	\$ 319.39	\$ 319.39
ASAM 3.7RE	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00	\$ 485.00
ASAM 3.2WM	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52
ASAM 3.7WM	\$ 512.90	\$ 512.90	\$ 451.20	\$ 451.20	\$ 451.20	\$ 451.20	\$ 451.20

*Room and Board Component (Non-Medicaid Reimbursable)*

	Total Beds at Location (All Levels of Care)						
	0 - 13 Beds	14 - 24 Beds	25 - 44 Beds	45 - 64 Beds	65 - 94 Beds	95 - 149 Beds	150 - 200 Beds
ASAM 3.1	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.3	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.5	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.5 PPW	\$ 78.85	\$ 75.80	\$ 65.18	\$ 65.18	\$ 65.18	\$ 65.18	\$ 65.18
ASAM 3.7R	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.7RE	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.2WM	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31
ASAM 3.7WM	\$ 45.54	\$ 43.14	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31	\$ 43.31

**Notes:**

1. For additional information regarding service standards for individual levels of care, refer to the Provider Manual.
2. Providers should refer to the column which best reflects the total beds for all levels of care at a single address to identify proposed per diem fees.

**SUD ASAM Adolescent Residential Fees by Level of Care**

*Treatment Component (Medicaid Reimbursable)*

	Total Beds at Location
	0 - 13 Beds
Adolescent ASAM 3.5	\$ 493.66

*Room and Board Component (Non-Medicaid Reimbursable)*

	Total Beds at Location
	0 - 13 Beds
Adolescent ASAM 3.5	\$ 45.54

**Notes:**

1. For additional information regarding service standards for individual levels of care, refer to the Provider Manual.
2. Providers should refer to the column which best reflects the total capacity for each level of care at the site to identify proposed per diem fe

Connecticut Medicaid  
SUD ASAM Outpatient PHP and IOP Fees

**SUD Outpatient Services - Medicaid Reimbursable**

Service	Rate Type	Fee
ASAM 2.1 - Intensive Outpatient Program (IOP)	Per Diem	\$173.62
ASAM 2.5 - Partial Hospitalization Program (PHP)	Per Diem	\$184.82

**Notes:**

1. For additional information regarding service standards for individual levels of care, refer to the Provider Manual.

Connecticut Medicaid  
SUD ASAM Outpatient WM Fees

**SUD Outpatient Services - Withdrawal Management (WM) - Medicaid Reimbursable**

Service	Rate Type	Fee
ASAM 2 WM - between 4 and up to 24 hours	Per Diem	\$442.70
ASAM 1 WM - up to four hours	Hourly	\$110.67

**Notes:**

1. For additional information regarding service standards for individual levels of care, refer to the Provider Manual.