



State of Hawaii, Department of Health
Alcohol and Drug Abuse Division

TREATMENT AND RECOVERY BRANCH CONTRACT BILLING GUIDANCE

This is overall guidance for ADAD Treatment and Recovery Branch (TRB) contracts around utilizing ADAD funds to provide substance use disorder pre-treatment and pre-recovery support, treatment and recovery support services that are listed on the Rate Schedule labeled “Exhibit B” in TRB contracts.

Benefit Exceptions: A Benefit Exception (BE) shall be submitted only when a clinical need exists for service beyond the tier levels as described in the Rate Schedule and/or to extend a current authorization period. A BE shall be submitted to Hawaii CARES when a client presents with a clinical need for additional service(s) of any modality during an episode of care and/or to extend a current authorization through the ADAD designated electronic health records system.

Required documentation that will be reviewed by Hawaii CARES for a BE Request:

- 1) [ADAD BE Request Form](#)
- 2) Initial and Subsequent ASAM LOC Placement Determination
- 3) Initial and Subsequent ASI/ADAD Assessments
- 4) Initial and Subsequent Health and Wellness Plans
- 5) Relevant Encounter notes from initial contact through present

ADAD Payor of Last Resort:

Providers shall not use the Department of Health's ADAD funding to make payment for any service which has been, or can reasonably be expected to be, made under:

- 1) Any Federal or State health benefits program “Medicaid/Medicare” (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act);
- 2) Any health insurance policy;
- 3) Another State compensation program; or
- 4) Any entity that provides health services on a prepaid basis (ex. HMO-Health Maintenance Organization)

Provided there is a clinical justification and no other payor available, ADAD funds may be used to supplement Medicaid, Medicare, and other applicable medical programs’ substance abuse services after the benefits have been exhausted and up to the limit of the ADAD substance abuse benefits.

ADAD funds may not be used for co-payments or for the same services that can be covered under other third-party payors.

Providers shall maximize reimbursement of benefits through any Medicaid, Medicare, and other third-party payors.

Attestation:

Providers that receive ADAD funding shall attest at the time of invoice submission, that ADAD is the payor of last resort for each service provided within the episode of care for which reimbursement is requested. This shall be documented on the electronic invoice in the electronic format specified by ADAD. ADAD shall at all times remain the payor of last resort for all services unless otherwise approved in writing by ADAD. ADAD may request information at any time during the contract period to verify the agency has made reasonable efforts to bill for services through other third party payors as part of its normal review process.

If you have further questions in regards to this overall guidance please contact Ramon Ibarra at 808-692-7534 for any questions.