

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy</i> Outpatient Treatment and Recovery Continuum of Services
Department: Substance Use Disorder Services Author: Marci Scalera	Local Policy Number (if used)
Oversight Policy Board Approval Date 4/25/2019	Implementation Date 5/15/2019

I. PURPOSE

The purpose of this policy is to establish the requirements for outpatient and recovery services that endorse use of American Society of Addiction Medicine (ASAM) Level of Care (LOC) criteria and to ensure that services are individualized and culturally, age and gender appropriate.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
March 2012	1	
8/30/16	2	Language updates
3/8/2019	3	Language updates

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. DEFINITIONS

American Society of Addiction Medicine (ASAM): The national standard used for determining level of care needs for individuals with substance use disorders.

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Bundled Services: An approach to treatment that ties multiple covered services together and provides them in a single treatment setting. Specific activities are not differentiated in billing or reimbursement.

Counseling: An interpersonal helping relationship that begins with the client exploring the way they think, how they feel and what they do, for the purpose of enhancing their life. The counselor helps the client to set the goals that pave the way for positive change to occur.

Individual Counseling - face-to-face intervention for the purpose of goal setting and achievement, and skill building. This is distinct from treatment planning, as this may be goals and achievements identified in case management or through peer based services.

Individual Treatment Planning - direct and active client involvement in establishing the goals and expectations for treatment to ensure the appropriateness of the current LOC, to ensure true and realistic needs are being addressed, and to increase the client's motivation to participate in treatment. Treatment planning requires an understanding that each client is unique and each treatment plan must be developed based on the individual needs, goals, desires, and strengths of each client and be specific to the diagnostic impression and assessment.

Interactive Education (didactic): Refers to services that are designed or intended to teach information about addiction and/or recovery skills.

Medical Necessity: Treatment that is reasonable, necessary and appropriate based on individualized treatment planning and evidence-based clinical standards.

Psychotherapy (therapy): The assessment, diagnosis, or treatment of mental, emotional, or behavioral disorders, conditions, addictions, or other bio-psychosocial problems and may include the involvement of the intrapsychic, intrapersonal, or psychosocial dynamics of individuals (from Social Work Administrative Rules).

Recovery: A voluntarily maintained lifestyle comprised of sobriety, personal health and socially responsible living.

Recovery Planning - Purpose is to highlight and organize a person's goals, strengths, and capacities and to determine what barriers need to be removed or problems resolved to help a person achieve their goals. This should include an asset and strength-based assessment of the client.

Recovery Support and Preparation - Services designed to support and promote recovery through development of knowledge and skills necessary for an individual's recovery.

Substance Use Disorder: A term inclusive of substance abuse and dependence that also encompasses problematic use of substances that does not meet the criteria for substance abuse or dependence.

Unbundled Services: An approach to treatment that seeks to provide the appropriate service or combination of specific services to match the needs of a client. Billing and reimbursement is specific to the service provided.

V. POLICY

This policy establishes that outpatient treatment and recovery services include a wide variety of covered services with the expectation that authorizations for these services are individualized to the needs of the client.

VI. STANDARDS

Throughout the outpatient LOC, assessment, treatment plan and recovery support preparations are required as they must be included in the authorized treatment services. As a client's needs change, the frequency and/or duration of services may be increased or decreased as medically necessary. The ASAM levels correspond with planned hours of services, in a group and/or individual setting during a week and as scheduled with the client.

Historically, services have been described as follows:

- Outpatient-treatment that may be offered in a variety of settings, but often takes place in an office-type setting. Can include group and/or individual therapy services.
- Intensive Outpatient- treatment that often takes place in an office-type setting, but can be offered in other settings, and consists of a minimum of nine hours, maximum of 19 hours of services per week. Services include individual, group and interactive education- (didactic) type services.
- Enhanced Outpatient- similar to intensive outpatient service because it also offers expanded hours per week, but with a greater emphasis on individualized treatment to meet the client's needs.
- Ambulatory Detoxification (Withdrawal Management) - detoxification that does not take place in a continuously monitored program/setting.

ASAM levels of care describe the need for treatment from the perspective of weekly service intensity based on the needs of the client. The identification of these needs is intended to drive service selection and authorization for care. The determination of service intensity, within outpatient services, is based on the client's ASAM LOC determination; not the designation of the provider program as being early intervention, outpatient, intensive outpatient, or partial hospitalization. For purposes of treatment episode data set (TEDS) admission reporting, LOC may be established on the basis of the authorization for service rather than service participation.

Requirements:

All CMHPSM providers (Core/general providers) must have the capacity to provide or refer to an outpatient continuum that will meet the needs of clients at all ASAM levels of intensity. Outpatient care is defined as treatment services that are provided in a setting that does not require the client to have an overnight stay at a facility as part of the treatment service but involves regularly scheduled sessions. Outpatient treatment is an organized, non-residential treatment service or an office practice with clinicians educated/trained in providing professionally directed alcohol and other drug treatment. The treatment occurs in regularly scheduled sessions, usually totaling fewer than nine contact hours per week, but when medically necessary can total over 20 hours in a week. The combination of days and hours and nature of services is based on the client's needs. A program director is responsible for the overall management of the clinical program and appropriate, credentialed and certified staff members provide treatment.

Treatment must be individualized based on a biopsychosocial assessment, diagnostic impression and client characteristics that include age, gender, culture and development. Authorization decisions regarding length of stay (including continued stay), change in LOC and discharge, must be based on the ASAM patient placement criteria. Client

participation in referral and continuing care planning must occur prior to transfer or discharge.

ASAM Level 0.5 Early Intervention – These services are not differentiated by the number of hours received during a week. The amount and type of services provided are based on individual needs including consideration of both the client's motivation to change and other risk factors that may be present. This level of care is typically mandated through an impaired driving program that requires completion before reinstating driving privileges.

Prior to admission, a diagnostic assessment should be performed in conjunction with a comprehensive multidimensional assessment to determine whether the person meets the admission criteria for Level 0.5, which requires that the person does not meet the requirements for a substance use disorder. If new information, through the reassessment process indicates substance use disorder, and the person needs treatment, there are three options. Transfer individual to a clinically appropriate level of care, facilitate treatment at required 0.5 Level of care, or transfer them to the appropriate level of care as soon as 0.5 Level is completed.

Length of service at this level depends on an individual's ability to comprehend the information they are provided and use the information to make behavior changes, if the person acquires new problems and needs additional treatment, or regulatory mandated service.

Staff Requirements

This level of care requires staff that are trained professionally and know about the biopsychosocial dimensions of substance use and addictive disorders. They should be able to recognize addictive and substance-related disorders, know about alcohol, tobacco and other drug education, as well as motivational counseling. In addition, these professionals should have knowledge of adolescent development, the legal and personal consequences of high-risk substance use and addictive behavior. Physicians may be directly involved in Screening and Brief Intervention activities with a person with high-risk drinking, drugging, non-medical use of prescription drugs and high-risk addictive behaviors. Addiction specialist physicians are not involved with this process, but are influential in clinical teams and design and oversee SBIRT activities carried out by other staff. Certified or licensed staff in addiction counseling may be involved with screening and especially brief intervention activities, but this will often fall on generalist health care professionals. Educational programs designed to reduce or eliminate at-risk substance use are generally staffed by certified and/or licensed addiction counselors, social workers, or health educators and not by physicians.

Interventions at this level may involve individual, group, or family counseling, SBIRT services as well as planned educational experiences focused on helping the individual recognize and avoid harmful or high-risk substance use and/or addictive behavior.

ASAM Level 1 Outpatient –This level encompasses organized outpatient treatment services that can be delivered in a wide variety of settings. Addiction, mental health treatment or general health care personnel, provide professionally directed screening, evaluation, treatment and ongoing recovery and disease management services. These services are less than nine hours during a week. These services are catered to each patient's level of clinical severity and function and are designed to help the patient achieve changes in drug/alcohol use. Treatment must address major lifestyle changes such as

attitudinal and behavioral issues that have the potential to undermine the goals of treatment or to impair the individual's ability to cope with major life tasks with the use of addictive substances.

These services promote greater access to care for individual's not interested in recovery who are mandated into treatment or those who previously only had access to care if they agreed to intensive periods of primary treatment; patients with co-occurring substance use and physical and mental health conditions; individuals in early stages of readiness to change; patients in early recovery who need education about addiction and person-centered treatment; and patients in ongoing recovery who need monitoring and continuing disease management.

Support Systems

This level of care is appropriate for the initial level of care for a patient whose severity of illness and level of function warrants this intensity of treatment. This patient should be able to complete professionally directed addiction and/or mental health treatment at this level using only one level of care unless there is an unanticipated event that causes change in his/her level of functioning; there is recurring evidence of patient's inability to use this level of care; this level represents a "step down" from a more intensive level of care for a patient whose progress warrants transfer; this level can be used for a patient who is in the early stages of change and who is not yet ready to commit to a full recovery; may be used for patients as a direct admission if their co-occurring condition is stable and monitored whether or not they have responded to more intensive services; or for patients that have achieved stability in recovery so this level is used for ongoing monitoring and disease management.

Staff Requirements

This level programming should be staffed by staff that are trained professionally and know about the biopsychosocial dimensions of substance use and addictive disorders. They should be able to recognize addictive and substance-related disorders, know about alcohol, tobacco and other drug education. These staff should be capable of monitoring stabilized mental health problems and recognizing any instability of patients with co-occurring mental health conditions. This level of care is similar to Level 0.5, but staff are trained in medication management services and require the involvement of licensed independent practitioner with prescribing authority as granted by state-based professional licensing boards. Physicians and physician assistants are the common prescribers, but office-based nurses often are involved with medication management in support of physicians. When cooccurring mental health or general medical conditions are present, assessment services for both diagnostic and treatment planning purposes may require the most highly skilled clinician available or require collaboration from credentialed or licensed mental health or addiction professionals.

ASAM Level 2.1 Intensive Outpatient – Services 9-19 hours in a week consisting primarily of counseling and education about addiction-related and mental health problems. Patient's needs for psychiatric and medical services are addressed through consultation and referral arrangements if patient is stable and only requires maintenance monitoring. The services are provided at least three days a week to fulfill the minimum nine-hour commitment. If a patient requires less than nine hours per week, use this as a transition step down in intensity to be considered as a continuation of the IOP program for one or two weeks. This program differs from partial hospitalization programs and the intensity of clinical services that are available. Most intensive outpatient programs have less capacity to treat patients who have substantial unstable medical and psychiatric problems than do partial

hospitalization programs.

Support Systems

Necessary support systems in this level include medical psychological, laboratory, and toxicology services that are available through consultation or referral. Emergency services should also be available by telephone 24-hours a day, seven days a week when treatment program is not in session. These services should also have direct affiliation with more and less intensive levels of care and supportive housing services.

Staff Requirements

Co-occurring enhanced programs should be staffed by appropriately credentialed mental health professionals who assess and treat co-occurring mental disorders. Clinical leadership and oversight may be offered by an addiction specialist physician. If not, capacity to consult with addiction psychiatrist should be available. These programs are designed for people with co-occurring disorders to tolerate and benefit from the services offered.

Overall, these programs should be staffed by an interdisciplinary team of appropriately credentialed addiction treatment professionals, including counselors, psychologists, social workers, and addiction credentialed physicians who can assess and treat substance use and other disorders. Physicians should have specialty training and/or experience in addiction medicine or addiction psychiatry. Staff should be able to obtain and interpret information regarding the patient's biopsychosocial needs. Generalist physicians may be involved in providing general medical evaluations and concurrent/integrated general medical care. Some, if not all program staff should have sufficient cross-training to understand the signs and symptoms of mental disorders and to understand and be able to explain the uses of psychotropic medications and their interactions with substance use and other addictive disorders.

ASAM Level 2.5 Partial Hospitalization – Services that are provided 20 or more hours in a week. (Hospitalization is used as a descriptor by ASAM. It is not meant to indicate that the service must take place in a hospital setting.) These partial hospitalization services typically have direct access to psychiatric, medical, and laboratory services and are better able to meet needs in Dimensions 1, 2, and 3, which warrant daily monitoring or management, but which can be appropriately addressed in a structured outpatient setting. Patients who would otherwise be placed in Level 2.1 program may be considered for placement in this level if the patient resides in a facility that provides 24-hour support and structure and that limits access to alcohol and other drugs. (Such as a correctional facility or other licensed health care facility or supervised living situation.)

Support Systems

Necessary support systems include medical, psychological, psychiatric, laboratory, and toxicology services that are available within 8 hours by telephone and within 48 hours in person. They should also include emergency services, which are available by telephone 24 hours a day, 7 days a week when treatment program is not in session. They should also have direct affiliation with more and less intensive levels of care and supportive housing services. Co-occurring enhanced programs offer psychiatric services appropriate to the patient's mental health condition. Such services should be available by telephone and on site, or closely coordinated off site, within a shorter time than in a co-occurring capable program. Clinical leadership and oversight may be offered by a certified addiction medicine physician with at least the capacity to consult with an addiction psychiatrist.

Staff Requirements

These programs should be staffed by an interdisciplinary team of appropriately credentialed addiction treatment professionals, including counselors, psychologists, social workers, and addiction credentialed physicians who can assess and treat substance use and other disorders. Physicians should have specialty training and/or experience in addiction medicine or addiction psychiatry. Staff should be able to obtain and interpret information regarding the patient's biopsychosocial needs. These staff should also have sufficient cross-training to understand the signs and symptoms of mental disorders and to understand and be able to explain the uses of psychotropic medications and their interactions with substance use disorders. In addition, clinical leadership and oversight may be offered by a certified and/or licensed addiction psychiatrist. These programs also provide ongoing intensive case management for highly crisis-prone patients with co-occurring disorders. Such case management is delivered by cross-trained, interdisciplinary staff through mobile outreach, and involves engagement-oriented addiction treatment and psychiatric programming.

Adult Dimensional Admission Criteria

Dimension 1: Acute intoxication and/or withdrawal potential

See separate withdrawal management for how to approach unbundled withdrawal management for adults

Dimension 2: Biomedical Conditions and Complications

Individual's biomedical conditions are stable or are being actively addressed and will not interfere with therapeutic interventions

Dimension 3: Emotional, behavioral, or cognitive conditions and complications

Individual's emotional, behavioral, or cognitive conditions and complications are being addressed through appropriate mental health services and will not interfere with interventions

Dimension 4: Readiness to change Individual expresses willingness to gain understanding of current addictive behavior
Dimension 5: Continued Problem Potential Individual does not understand the need to alter current behavior or needs to acquire specific skills needed to change current pattern of use/behavior
Dimension 6: Living Environment Individual's social support system composed primarily of persons who substance use prevent them from meeting obligations, their family members are currently using, significant other expresses value of substances that counter individual's progress, or significant other encourages or condones addictive behavior

Dimension 5: Continued Problem Potential Individual does not understand the need to alter current behavior or needs to acquire specific skills needed to change current pattern of use/behavior

Dimension 6: Living Environment Individual's social support system composed primarily of persons for whom substance use prevents them from meeting obligations, their family members are currently using, significant other expresses value of substances that counter individual's progress, or significant other encourages or condones addictive behavior

Covered Services

The following services can be provided in the outpatient setting:

Individual Assessment- A face-to-face service for the purpose of identifying functional and treatment needs; and, to formulate the basis for the Individualized Treatment Plan to be implemented by the provider.

Individual Treatment Planning- Refers to the direct and active client involvement in establishing the goals and expectations for treatment to ensure the appropriateness of the current LOC, to ensure true and realistic needs are being addressed and to increase the client's motivation to participate in treatment. Treatment planning requires an understanding that each client is unique and each treatment plan must be developed based on the individual needs, goals, desires and strengths of each client and be specific to the diagnostic impression and assessment.

Individual Therapy- Face-to-face interventions with the client.

Group Therapy- Face-to-face interventions with three or more clients, which includes therapeutic interventions/counseling.

Counseling- Face-to-face intervention (by non-professional staff) with a client, for the purpose of goal setting and achievement and skill building.

Interactive Education (didactic) Groups- Activities that center on teaching skills to clients and are necessary to support recovery. These groups can be led by non-masters prepared staff.

Family Therapy- Face-to-face interventions with the client and significant other and/or traditional or non-traditional family members. *Note: In these situations, the identified client need not be present for the intervention.*

Crisis Intervention- A service for the purpose of addressing problems/issues that may arise during treatment, which could result in the client requiring a higher LOC if intervention is not provided.

Referral/Linking/Coordinating of Services- Office-based service activity performed by the primary clinician *or case manager* to address needs identified through the assessment, and/or ensuring follow through with access to outside services, and/or to establish the client with another substance use disorder provider.

Recovery Support and Preparation – Services designed to support and promote recovery through development of knowledge and skills necessary for an individual's recovery.

Compliance Monitoring- For the purpose of tracking ongoing use of substances when this has been established as a part of the treatment plan or an identified part of the treatment program (i.e., onsite testing such as Preliminary Breath Tests (PBT's) or non-laboratory urinalysis).

Early Intervention-Treatment services for individuals with substance use disorders and/or individuals who may not meet the threshold of abuse or dependence but are experiencing functional/social impairment as a result of use. Services may be initiated at any stage of change but are expected to be stage-based.

Detoxification/Withdrawal Management Monitoring- For the purpose of preventing/alleviating medical complications related to no longer using or decreasing the use of a substance.

Substance Abuse Outpatient Program- Programs that are individualized and include assessment, treatment planning, stage-based interventions, referral linking and monitoring, recovery support preparation and treatment based on medical necessity. These may include individual, group and family treatment. These services are billed under the "H" code sequence.

Note: The Substance Abuse Outpatient Program is the bundled outpatient category while the above are various optional services within outpatient programs.

Procedure:

Outpatient care may be provided only when the service meets all of the following criteria:

- Medical necessity;
- The current edition of the Diagnostic and Statistical Manual of Mental Disorders is used to determine an initial diagnostic impression of a substance use disorder, abuse or dependence (also known as provisional diagnosis) – the diagnostic impression must include all five axes;
- Is based on individualized determination of need; and,
- ASAM Patient Placement Criteria are used to determine substance use disorder treatment placement/admission and/or continued stay needs and are based on a LOC determination using the six assessment dimensions of the current ASAM Patient Placement Criteria below:
 - 1) Withdrawal potential
 - 2) Medical conditions and complications
 - 3) Emotional, behavioral or cognitive conditions and complications
 - 4) Readiness to change
 - 5) Relapse, continued use or continued problem potential
 - 6) Recovery/living environment

Outpatient treatment services are appropriate for those clients with minimal or manageable medical conditions; minimal or manageable withdrawal risks; emotional, behavioral and cognitive conditions that will not prevent the client from benefiting from this level of care; services must address treatment readiness; minimal or manageable relapse potential; and, a minimally to fully supportive recovery environment. Clients who continue to demonstrate a lack of benefit from outpatient services, whether they are actively or sporadically involved in their treatment, may be referred to the SUD Access Specialist for another level of care determination and discharged if the client is unwilling to accept other services appropriate to their level of care determination. Relapse alone is not sufficient justification to discharge a client from treatment, but it does indicate that a change in treatment services

may be needed.

Admission Criteria

Outpatient services must be authorized based on the number of hours and/or types of services that are medically necessary. Re-authorization or continued treatment must take place when it has been demonstrated that the client is benefiting from treatment but additional covered services are needed for the client to be able to sustain recovery independently.

The services provided in the outpatient setting can be provided through a bundled substance abuse outpatient program or in an unbundled manner. The PIHP may decide if services in their region will be bundled or unbundled. Regardless of how services are purchased by the PIHP, services must be based on the individual needs of the client and services must be individually tailored to the client's needs.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	
45 CFR Parts 160 & 164 (HIPPA)	X	
42 CFR Part 2 (Substance Abuse)	X	
THE ASAM CRITERIA	X	
Michigan Mental Health Code Act 258 of 1974	X	
JCAHO- Behavioral Health Standards		
MDHHS Medicaid Contract	X	
Michigan Medicaid Provider Manual	X	
HITECH Act of 2009	X	

ADDITIONAL REFERENCES:

Mee-Lee D, Shulman GD, Fishman M, Gastfriend DR, and Miller MM, eds. (2001). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies; 2013.

State of Michigan, State Office of Administrative Hearings and Rules, Michigan Administrative Code, Substance Abuse Service Programs,
http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=3251410

1&Dpt=CH&RngHigh

Treatment Policy #5, Enrollment Criteria for Methadone Maintenance and Detoxification Program, (Rev. 2007) Michigan Department of Health & Human Services, Office of Recovery Oriented Systems of Care, http://www.michigan.gov/mdhhs/0,1607,7-1322941_4871_4877-133156--,00.html

Treatment Policy #6, Individualized Treatment Planning, (2006) Michigan Department of Health & Human Services, Office of Recovery Oriented Systems of Care, http://www.michigan.gov/mdhhs/0,1607,7-132-2941_4871_4877-133156--,00.html

Treatment Policy #8, Substance Abuse Case Management Program Requirements, (2008) Michigan Department of Health & Human Services, Office of Recovery Oriented Systems of Care, http://www.michigan.gov/mdhhs/0,1607,7-132-2941_4871_4877-133156--,00.html

Treatment Technical Advisory #7, Peer Recovery/Recovery Support Services, (2008) Michigan Department of Health & Human Services, Office of Recovery Oriented Systems of Care, http://www.michigan.gov/mdhhs/0,1607,7-132-2941_4871_4877-133156--,00.html