



## Substance Use Disorder Treatment

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<b>State(s):</b> <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:	<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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### Enterprise Policy

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*Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member’s policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member’s policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member’s policy, the Member’s policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.*

### Background

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This policy includes criteria for coverage of inpatient, residential, partial hospitalization, and intensive outpatient substance use disorder treatment for adults, adolescents, and children.

**Substance Use Disorders (SUD)**, as defined in the Diagnostic and Statistical Manual 5 (DSM 5), are patterns of symptoms resulting from use of a substance which the individual continues to take, despite experiencing problems as a result. This includes substance use, dependence, abuse, and substance induced disorders.

Pacific Source follows the federal 42 CFR Part 2 confidentiality laws governing the identity and medical/client records of members who receive SUD services, in addition to any other confidentially requirements described in the OHA Health Plan Services 2.0 Contract.

**Note:**

- For outpatient treatment information please see PacificSource ‘Behavioral Health Outpatient Treatment’ policy
- For mental health intensive levels of care see PacificSource ‘Mental Health Treatment’ policy

## Criteria

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**Facilities:** the following apply to all levels of care. For additional requirements please see specific level of care

- Dual Diagnosis Enhanced programs for co-occurring disorders must be able to provide mental health interventions by licensed mental health staff and have the appropriate state license to provide both mental health and substance use disorder services. Co-occurring Substance Use and Mental Health Disorders (COD) means the existence of a diagnosis of both a substance use disorder and a mental health disorder.
- Treatment which is court ordered or required by a third party must also meet medical necessity criteria and will not be approved solely based on court order or third party requirement. In addition PacificSource Community Solutions (PSCS, Medicaid) ensures access to Driving Under the influence of intoxicants (DUII) services in accordance with OAR 309-019-0195.
- SAMSHA and other organizations have noted that outcomes are improved when residential care is provided in close proximity to the member's home. Therefore, treatment should occur as close as possible to the home area where the patient will be discharged to help facilitate a successful transition to community based services. Any request to treat the member outside the area of residence must be supported by findings that demonstrate a need for the out of area admission.

### Medication Assisted Treatment (MAT)

- Any substance use disorder program at intensive outpatient level of care or higher (intensive outpatient, residential, partial hospitalization, inpatient) must either offer the MAT (including agonist therapy) as part of the treatment or actively facilitate getting the patient MAT through another provider concurrently.
- Facility MAT treatment must be in accordance with the U.S. Food and Drug Administration (FDA) guidelines.
- The physician providing MAT must do so in a "qualified practice setting" as defined by Substance Abuse and Mental Health Services Administration (SAMSHA).
- Medicaid: MAT services do not require a prior authorization for the first 30 days of treatment allowing for open access. PSCS complies with OAR 415-020-0015 and all contracting rules including but not limited to: OAR 309-013-0020; 309-013-0075 to 309-013-0105; 309-014-0000 to 309-014-0040; 309-016-0000 to 309-016-0130; 410-120-0000 through 410-120-1980; and OAR 410-141-0000 through 410-141-0860.

### I. Inpatient Detoxification Treatment

**Inpatient treatment** is physician directed supervision for the care of acute intoxication and withdrawal symptoms commonly associated with substances such as alcohol or drugs.

- For the purpose of this policy inpatient treatment is different from acute, medically emergent inpatient drug or alcohol detoxification in which continuous observation and control of behavior are required to address a life threatening health risk. Coverage for this level of care is under the medical benefit.

**Commercial, Medicaid and Medicare:** Notification of admission is required within 48 hours (2 business days) for participating facilities.

**Washington Facilities:** The first 3 calendar days of inpatient treatment at any Washington facility is covered without review for medical necessity in accordance with WA House Bill 2642. After initial 3 days utilization review is required for coverage of continued stay.

**Treatment in an inpatient detoxification setting may be considered medically necessary for commercial, Medicaid and Medicare lines of business when:**

- The patient is medically stable so that the withdrawal symptoms, if present, are not life threatening and can be safely monitored without the full resources of an acute care hospital. For Medicaid members the optimal course of treatment is to provide detoxification in a non-hospital facility in accordance with OAR 415-050-0000, and programs providing detoxification services must have a certificate of approval from OHA.
- Documentation meets ASAM criteria for admission and on-going care.
- Inpatient Detoxification includes the following documented treatment components:
  - Initial physical and mental status evaluation and social history within 24 hours.
  - A treatment plan which includes problem formulation, treatment goals and therapeutic modalities such as individual or group therapy, pharmacotherapy or other medical care.
  - Inpatient care must include on-site nursing 24 hours per day.

## **II. Residential Treatment**

**We do not consider residential treatment an emergency service. This service requires prior authorization.**

**Residential treatment** is a 24 hour professionally directed, licensed facility providing short-term transitional services designed to achieve predicted outcomes for substance use stability and functionality. Members in residential programs must have a 24 hour level of care and must have a structured program at least 8 hours per day, 5 days per week.

**Commercial:** Residential treatment requires a prior authorization. Documentation must meet ASAM criteria for admission and on-going care.

**Medicaid:** Residential treatment requires a prior authorization. Documentation must meet ASAM criteria for admission and on-going care

- Programs need to have a certificate of approval and be compliant with OAR 309-018-0100 through 309-018-0215.
- When ASAM criteria for residential treatment services is met but that level of care is not immediately available, PSCS ensures coverage of culturally responsive and linguistically appropriate SUD services that will meet eligible members' needs while our care management team actively pursues residential treatment.

**Medicare:** Residential treatment is not a covered benefit.

**Washington Facilities:** The first 2 calendar days of residential treatment at any Washington facility is covered without review for medical necessity in accordance with WA House Bill 2642. After initial 2 days utilization review is required for coverage of continued stay.

### **III. Partial Hospitalization Program Treatment**

**Partial hospitalization treatment (day treatment)** involves an intensive level of treatment services similar in nature and intensity as those which would be provided in a residential or inpatient setting, but does not involve an overnight stay by the patient. Treatment is typically 4-8 hours per day, 3-5 days per week.

**Commercial:** Partial hospitalization treatment requires a prior authorization. Documentation must meet ASAM criteria for admission and on-going care

**Medicaid:** Partial hospitalization treatment requires a prior authorization. Documentation must meet ASAM criteria for admission and on-going care.

**Medicare:** Partial hospitalization treatment does not require prior authorization.

#### **Additional Facility requirements for Residential or Partial Hospitalization Treatment Program for Commercial Lines of Business:**

- Medical clearance to safely participate in programming is required prior to admission. Medical clearance shall be given by a medical doctor.
- Evaluation by a physician with board certification in psychiatry and/or addiction medicine within 72 hours of admission and weekly visits thereafter.
- A psychosocial assessment and substance evaluation should be performed within 48 hours, addressing treatment priorities identified in the American Society of Addiction Medicine (ASAM) Dimensions 1 through 6.
- A preliminary discharge plan must be initiated within 24 hours by a member of the multidisciplinary team. Documentation and focus on the elements of the treatment plan that reflects case management services by on site staff including coordination of treatment, housing, and other services to ensure a smooth transition to another level of care.
- Medication reconciliation must be initiated by the nursing staff within 24 hours.
- Residential Level of Care ONLY- Nursing on site at least 8 hours per day, and on call at all times to assist with medical issues, crisis intervention and medication.
- A treatment plan must be initiated by the multidisciplinary team on admission and multidisciplinary treatment plan within 1 week. The individualized treatment plan must include at least problem formulation, treatment goals and therapeutic modalities such as individual or group therapy, pharmacotherapy or other medical care.
- A medical history and physical examination must be completed by a medical doctor within 2 weeks prior to admission or within 1 week after admission.

- A clinical assessment must be completed at least once daily by a member of the multidisciplinary staff.
- Treatment/Programming requires the following at least once per day for at least 60 minutes:
  - Community milieu group therapy
  - Group psychotherapy
  - Recovery education
  - An activity group
- Structured therapeutic programming must occur each day for at least four hours per day.
- Family/Support system therapy at frequency and intensity as needed to address the needs and changes in the family support system to facilitate discharge.
- Individual therapy at a frequency of a minimum of once weekly for at least an hour in duration to address the needed changes in the patient and facilitate discharge.
- Psychiatric/medication evaluation should take place as needed.
- Self-help and 12 Step are recommended as part of the programming
- Toxicology screen/quantitative drug analysis should take place in accordance with PacificSource's Drug Screen policy.
- The establishment of a sponsor relationship is expected prior to discharge.
- Guidelines are consistent with the American Society of Addiction Medicine and are utilized in clinical assessment and treatment planning.
- Residential level of care ONLY -There must be on site supervision 24 hours per day.
- Any delegated care must be within the scope of provider and overseen by the appropriate clinically certified (licensed) professional.

#### **IV. Intensive Outpatient Program (IOP) Treatment**

**Intensive Outpatient (IOP)** is provided to patients who require services of a less intensive schedule than would be provided in a partial hospitalization program. It is an appropriate level of care to generate new coping skills, or reinforce acquired skills that might be lost if the patient returned to a less structured outpatient setting.

**Commercial:** Prior Authorization is required as specified by member's plan.

- Approval time period not to exceed six months per authorization.
- Intensive outpatient treatment may be considered medically necessary when documentation meets ASAM criteria for IOP level of care.

**Medicaid:** Intensive Outpatient Services do not require a prior authorization.

**Medicare:** Intensive Outpatient Services do not require a prior authorization.

#### **PacificSource Community Solutions (PSCS-Medicaid)**

Substance Use Disorder treatment is a covered benefit consistent with OAR Chapter 309, Divisions 18, 19 and 22 and Chapter 415, Divisions 20 and 50. PSCS ensures employees or providers who evaluate

members for access to, and length of stay in, SUD programs and services have the training and background necessary to evaluate medical necessity for SUD Services using the ASAM.

For members that have a mental health and a substance use disorder, only providers approved under OAR 309-008-0100 to 309-008-1600 are designated to provide COD services.

PSCS offers a continuum of services and supports to those members who are experiencing issues with substance use in each service area in a culturally specific and linguistically appropriate manner in accordance with OAR 410-141-3300.91F. **Culturally Specific Program** means a program that is designed to meet the unique service needs of a specific culture and that provides services to a majority of individuals representing that culture.

- This includes specialty services designed for intravenous drug users, individuals involved with the criminal justice system, individuals with co-occurring disorders, parents accessing residential treatment with any accompanying dependent children, individuals accessing residential treatment with medication assisted therapy, adolescents, and women and women's specific issues.
- PSCS ensures there are specialized programs in each service area in the following categories: drug court referrals, Child Welfare referrals, Job Opportunities and Basic Skills (JOBS) referrals, and referrals for persons with co-occurring disorders.
- All urinalysis tests shall be performed by laboratories meeting the requirements of OAR 333-024-0305 to 333-024-0365. For urine drug screen criteria reference enterprise wide policy on Drug Testing to ensure compliance.

### **Prevention, Screening, and Assessment**

PacificSource Community Solutions:

- Provides members with culturally responsive and linguistically appropriate alcohol, tobacco, and other drug abuse prevention/education that reduces Substance Use Disorders risk to members that are compliant with national quality assurance standards..
- Monitors the use of preventive programs and assesses their effectiveness for its members.
- Supports the use of screening which is essential for identifying and addressing SUDs as early as possible. Screening tools are brief self-reports or interviews used as the first step in the process of evaluating whether a member may or may not have an alcohol or drug problem.

An assessment is an integrated series of procedures conducted to provide the basis for an individualized treatment or service plan.

- An assessment should include an intensive evaluation including clinical and psychosocial needs and functional level.
- A person centered treatment plan is generated following assessments as per OAR 309-035-0190 to support ongoing treatment.

### **Referrals to Community Resources**

For member's receiving SUD services PSCS' Care and Community Coordination Program assists with social determinants of health (SDoH) and provides information about and referrals to available community resources. These supports may include but is not limited to: child care, elder care, housing,

transportation, employment, vocational training, education services, mental health services, financial services and legal services.

### **Peer Delivered Services**

PSCS (Medicaid LOB) encourages the utilization of Peer Delivered Services (PDS) and ensures that members are informed of their benefit to access and receive PDS from a Peer Support Specialist, Peer Wellness Specialist, Family Support Specialist, or Youth Support Specialist as applicable to the member's diagnosis and needs are consistent with OAR 309-019-0105 in all regions.

### **References**

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American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Washington, DC.

ASAM Third Edition ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders.

Optum 360 2020 Coders' Desk Reference for ICD-10-CM Diagnoses. 2019. Optum360, LLC.

### **Appendix**

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