



## Substance Use Disorder Treatment

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

*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 determinations 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

This policy outlines substance use disorder inpatient, residential, partial hospitalization, and intensive outpatient treatment for adults, adolescents, and children.

PacificSource covers substance use disorder treatment for substance use disorders and co-occurring disorders (more than one or a combination of mental health, substance use, and physical health disorders) for adults, children, and adolescents, subject to the contract benefit and policy limitations

Substance Use Disorders (SUD), as defined in the Diagnostic and Statistical Manual, Fifth Edition (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 confidentiality requirements described in the Oregon Health Authority (OHA) Health Plan Services 2.0 Contract.

For additional information about PacificSource Community Solutions (PCS), see specific section below.

## Criteria

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### **Facilities**

The following apply to all levels of care (for additional requirements please see specific level of care):

- Facilities must hold licensure and/or accreditation for the level and type of care provided. The facilities must also practice within the scope of its license, appropriate to their state regulations.
- 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.
- 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, PCS ensures access to Driving Under the influence of intoxicants (DUI) services in accordance with OAR 309-019-0195.
- Substance Abuse and Mental Health Services Administration (SAMHSA) 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 MAT, including agonist therapy, as part of the treatment or actively facilitate getting the member MAT through another provider concurrently.
- MAT treatment must be provided 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 (SAMHSA).
- Members may obtain MAT services, including opioid and opiate use disorders without prior authorization. There may be prior authorizations related to MAT medications and administration, please refer to the formulary and the Drug Utilization Review (DUR) Committee Requirements Handbook for benefit coverage information.
  - PacificSource Community Solutions (PCS) members may obtain MAT for substance use disorders, including opioid and opiate use disorders, without obtaining a prior authorization for payment at any point in treatment.

### **I. Inpatient Withdrawal Management/Detoxification Treatment**

**Inpatient withdrawal management/detoxification treatment** - 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.

- Inpatient Detoxification includes the following documented treatment components:
  - Initial physical and mental status evaluation and social history within twenty-four (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 onsite nursing twenty-four (24) hours per day.

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

### Commercial

- Pacificsource coverage for inpatient treatment requires notification within two (2) business days of admission.
- Documentation must meet American Society of Addiction Medicine (ASAM) criteria for admission and continued stay.

### Medicaid

- PacificSource Community Solutions (PCS) coverage for inpatient treatment requires notification within two (2) business days of admission.
- Documentation must meet ASAM criteria for admission and continued stay.
- Withdrawal management should occur in a non-hospital facility when medically appropriate.
  - Facilities and programs providing withdrawal management services must have a certificate of approval or license from the OHA in accordance with OAR Chapter 415, Division 12.

### Medicare

- PacificSource Medicare coverage for inpatient treatment requires notification within two (2) business days of admission.
- Documentation must meet ASAM criteria for admission and continued stay.

## **II. Residential Treatment**

**Residential treatment** - A twenty-four (24) hour level of care that provides a range of intensive diagnostic and therapeutic behavioral health services which cannot be provided in an outpatient setting.

Residential Care must include **ALL** of the following documented treatment components:

- Facility requirements:
  - Onsite supervision twenty-four (24) hours per day;

- Nursing on site at least eight (8) hours per day, and on call at all times to assist with medical issues, crisis intervention and medication;
- Any delegated care must be within the scope of provider and overseen by the appropriate clinically certified (licensed) professional.
- Admission and assessment requirements:
  - Psychiatric/medication evaluation completed within seventy-two (72) hours of admission by a physician with board certification in psychiatry and/or addiction medicine, or child psychiatry if pediatric program;
  - A psychosocial assessment and substance abuse evaluation within the first (2) program days addressing ASAM Dimensions 1 through 6;
  - A medical history and physical examination must be completed by a medical doctor within 2 weeks prior to admission or within one (1) week after admission;
  - Toxicology screen as appropriate in accordance with PacificSource's policy 'Drug Testing';
  - Medication reconciliation by the nursing staff within twenty-four (24) hours;
  - An individualized treatment plan initiated on admission and completed within one (1) week containing measurable goals addressing treatment priorities identified in ASAM dimensions 1-6 and planned interventions to achieve goals with anticipated timeframe. Length of stay should not be determined by programmatic duration.
- Treatment program requirements:
  - Structured therapeutic programming least eight (8) hours per day, five (5) days per week under the supervision of a licensed mental health professional;
  - Documentation of the individual's participation in each treatment activity, tied to goals described in the individualized treatment plan;
  - Daily group therapy and recovery education;
  - Individual therapy at least once per week;
  - Psychiatric medication management at least once per week;
  - Individualized case management as needed, including coordination of treatment, housing, and other services to ensure a smooth transition to another level of care;
  - Skills training, vocational training, education, recreation and/or socialization activities;
  - Clinical assessment at least once per day;
  - Family/support system involvement with family therapy at a frequency that will support the post-discharge environment;
  - The establishment of a sponsor relationship is expected prior to discharge;
  - Must have initial discharge discussion starting on admission with a confirmed plan seven (7) days prior to discharge, including plans for continued behavioral health care.

**Washington Facilities:** The first two (2) business days of residential treatment, excluding weekends and holidays, at any Washington facility is covered without review for medical necessity in accordance

with WA House Bill 2642. After initial two (2) business days utilization review is required for coverage of continued stay.

### Commercial

- PacificSource coverage for residential treatment requires notification within two (2) business days of admission.
- Documentation must meet ASAM criteria for admission and continued stay.

### Medicaid

- PacificSource Community Solutions (PCS) coverage for residential treatment requires notification within two (2) business days of admission.
- Documentation must meet ASAM criteria for admission and continued stay.
- 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, PCS 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

- PacificSource Medicare considers residential treatment not a covered benefit.

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

**Partial hospitalization treatment (day treatment)-** An intensive level of comprehensive treatment services similar in nature as those provided in a residential or inpatient setting but do not involve an overnight stay by the member. Treatment is typically four to eight (4-8) hours per day, three to five (3-5 days) per week.

Partial Hospitalization must include **ALL** of the following documented treatment components:

- Facility requirements:
  - Any delegated care must be within the scope of provider and overseen by the appropriate clinically certified (licensed) professional.
- Admission and assessment Requirements:
  - Psychiatric/medication evaluation within seventy-two (72) by a physician with board certification in psychiatry and/or addiction medicine, or child psychiatry if pediatric program
  - A psychosocial assessment and substance evaluation within the first two (2) program days , addressing ASAM Dimensions 1 through 6;
  - Toxicology screen as appropriate in accordance with PacificSource's policy 'Drug Testing';

- An individualized treatment plan initiated on admission and completed within one (1) week containing measurable goals addressing treatment priorities identified in ASAM dimensions 1-6 and planned interventions to achieve goals with anticipated timeframe. Length of stay should not be determined by programmatic duration.
- Treatment program requirements:
  - Structured therapeutic programming at least four to eight (4-8) hours per day, three to five (3-5) days per week under the supervision of a licensed mental health professional;
  - Documentation of the individual's participation in each treatment activity, tied to goals described in the individualized treatment plan;
  - Daily group therapy and recovery education;
  - Individual therapy and least once per week;
  - Psychiatric medication management at least twice per month;
  - Individualized case management as needed, including coordination of treatment, housing, and other services to ensure a smooth transition to another level of care;
  - Skills training, vocational training, education, recreation and/or socialization activities;
  - Clinical assessment at least once per day;
  - Family/support system involvement with family therapy at a frequency that will support the post-discharge environment;
  - The establishment of a sponsor relationship is expected prior to discharge;
  - For children and adolescents' treatment should meet academic needs of the patient if the school system is unable;
  - Must have initial discharge discussion starting on admission with a confirmed plan seven (7) days prior to discharge, including plans for continued behavioral health care.

### **Commercial**

- PacificSource coverage for partial hospitalization treatment requires notification within two (2) business days of admission.
- Documentation must meet ASAM criteria for admission and continued stay.

### **Medicaid**

- PacificSource Community Solutions (PCS) coverage for partial hospitalization treatment requires notification within two (2) business days of admission.
- Documentation must meet ASAM criteria for admission and continued stay.

### **Medicare**

- PacificSource Medicare coverage for partial hospitalization treatment does not require prior authorization or notification.

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

**Intensive Outpatient (IOP)** - A structured treatment program for members who require a more intensive frequency of treatment than traditional outpatient services. Treatment is typically two to four (2-4) hours per day, three to five (3-5) days per week.

### Commercial

- PacificSource coverage for IOP treatment requires a prior authorization after sixty (60) sessions of treatment.
- Approval time period not to exceed six (6) months per authorization.
- IOP treatment may be considered medically necessary when documentation meets ASAM criteria for IOP level of care.

### Medicaid

- PacificSource Community Solutions (PCS) coverage for IOP treatment does not require prior authorization or notification.

### Medicare

- PacificSource Medicare coverage for IOP treatment does not require a prior authorization or notification.

## PacificSource Community Solutions (PCS)

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PacificSource Community Solutions (PCS) provides substance use disorder (SUD) services to members, which includes outpatient, intensive outpatient, medication assisted treatment including opiate substitution services, and residential, and withdrawal management services, consistent with OAR Chapter 309, Divisions 18, 19 and 22 and Chapter 415, Divisions 20 and 50. SUD services also include Community Integration Services as described in the OHP SUD 1115 Demonstration waiver approved by CMS and as specified in applicable OARs.

- PCS ensures access to behavioral health services, regardless of location, frequency, intensity, or duration of services and as medically appropriate:
  - Include assessment, evaluation, treatment planning, supports, and delivery
  - Provide trauma informed care and treatment
  - Include strategies to address environmental and physical factors, social determinants of health and equality, and neurodevelopmental needs that affect behavior.
- PCS does not require referrals from a Primary Care Provider (PCP) or otherwise to access behavioral health services. Members are able to self-refer to behavioral health services available from the provider network.
- PCS ensures members have access to behavioral health screenings and referrals for services at multiple health system or health care entry points.
- PCS screens members for, and provides, medically appropriate and evidence-based treatments for members who have both mental illness and SUD.



- Members can receive behavioral health services from non-participating providers, if those services are not available from participating providers or if a member is not able to access services within the timely access to care standards in OAR 410-141-3515:
  - PCS will coordinate behavioral health services with non-participating providers through utilization management and care management teams.
  - PCS will reimburse for services that are determined to be medically necessary, including those provided outside of the state, when such services cannot be provided within the timely access to care standards in OAR 410-141-3515.
- 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 co-occurring disorder services.
- PCS ensures employees or providers who evaluate members for access to, and length of stay in, SUD programs and services use the most current American Society of Addiction Medicine (ASAM) patient placement criteria for the treatment of substance uses disorders for level of care placement decisions, and that they have the training and background necessary to evaluate medical necessity for SUD Services using the ASAM.
- PCS ensures access to substance disorder treatment that is culturally specific and linguistically appropriate. **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:
  - PCS informs all members, using culturally and linguistically appropriate means, that substance use disorder services are covered services consistent with OAR 410-141-3585
  - Culturally and linguistically appropriate substance use disorder services are provided for any member who meets the most current ASAM placement criteria regardless of prior alcohol or other drug treatment or education.
  - This includes specialty, trauma informed services designed for the following groups:
    - Adolescents, taking into consideration adolescent development;
    - Women and women’s specific issues;
    - Ethnically and racially diverse groups;
    - LGBTQIA2S+
    - Intravenous drug users;
    - Individuals involved with the criminal justice system;
    - Individuals with co-occurring disorders;
    - Parents accessing residential treatment with any accompanying dependent children;
    - Veterans and military service members;
    - Individuals accessing residential treatment with Medication Assisted Therapy (MAT).
  - PCS 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.



- Members are provided 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.
- All urinalysis tests shall be performed by laboratories meeting the requirements of OAR 333-024-0305 to 333-024-0365.
- PCS monitors the use of preventive programs and assesses their effectiveness for its members.
- PCS supports the use of screening to identify and address substance use 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.
- PCS assesses for opioid use disorders for populations at high risk for severe health outcomes, including overdose and death. This includes assessing pregnant members and members being discharged from residential, acute care, and other institutional settings.
- PCS utilization management and care management teams monitor needs related to social determinants of health, environmental and physical factors, equality, and neuro-developmental needs. Care management teams also screen members for adequacy of supports for the family in the home (e.g., housing adequacy, nutrition/food, diaper needs, transportation needs, safety needs, and home visiting). Members are referred internally to care management programs, or to community-based programs to address their needs. PCS also coordinates care with providers to ensure all necessary elements of a member's care are being addressed. Referrals to community supports may include but are not limited to:
  - Childcare
  - Elder care
  - Housing
  - Transportation
  - Employment
  - Vocational training
  - Educational services
  - Mental health services
  - Financial services
  - Legal services
- PCS complies with the requirements relating to the Behavioral Health Resource Networks as specified in the applicable OARs.
- PCS 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. See the PCS Peer Delivered Services Policy for detail PDS information.

## Related Policies

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Drug Testing

Drug Use Review (DUR) Committee Requirements - Handbook

Behavioral Health Outpatient Treatment

Peer Delivered Services

Mental Health Treatment

Mental Health and Substance Use Disorder Parity

## 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.

Oregon Administrative Rules (OARs): 309-008-0100 to 309-088-1600, 309-035-0215, 407-014-000 to 407-014-0070; 309-014-0000 to 309-014-0040; 333-024-0305 to 333-024-0365, 410-120-0000 to 410-120-1980; 410-141-3515; and 410-141-3585

Oregon Health Plan, Health Plan Services Contract. Coordinated Care Organization Contract with PacificSource Community Solutions, Inc.

Oregon Health Plan, Substance Use Disorder 1115 Demonstration Waiver

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

## Appendix

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**Policy Number:**

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**Applicable regulation(s):** OAR Chapter 309, Divisions 18, 19 and 22 and Chapter 415, Divisions 20 and 50, OARs 309-008-0100 to 309-088-1600, 309-035-0215, 407-014-000 to 407-014-0070; 309-014-0000 to 309-014-0040; 333-024-0305 to 333-024-0365, 410-120-0000 to 410-120-1980; 410-141-3515; 410-141-3585, 42 CFR part 2, WA House Bill 2642

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