Substance Use Disorder Treatment

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

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. For substance use disorder behavioral health outpatient services, please see related policy: Behavioral Health Outpatient Treatment.

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, Text Revision (DSM-5-TR), 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.

PacificSource, in addition to any other confidentiality requirements described in the PCS CCO contract, complies with the federal confidentiality laws and regulations (42 CFR Part 2) governing the identity and medical/client records of members who receive SUD services.

For additional information and requirements related to PacificSource Community Solutions (PCS), see specific section below.

Criteria

PacificSource utilizes the American Society of Addiction Medicine (ASAM), 3rd edition to review for medical necessity determination and to determine appropriate level of care to treat the member's substance use disorder.

- Requests for substance use treatment should include member presentation across the six ASAM dimensions and documentation of the member's functional impairment, diagnosis, and service goals.

Note: ASAM Criteria can be accessed on PacificSource's Clinical policies and practice guidelines located at: https://pacificsource.com/providers/clinical-policies-and-practice-guidelines.

PacificSource requires facilities for all levels of care (for additional requirements please see specific level of care) to ensure the following conditions are met:

- 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
- Facilities must conduct ASAM re-assessments at regular intervals and at discharge, ensure warm hand-offs to lower levels of care, engage family and support systems as appropriate, and utilize peer support services when available
- 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 (DUII) 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

PacificSource **does not** cover and **does not** consider the following services to be medically necessary:

- Non-evidence-based modalities, which are not recognized by ASAM
- Social detoxification without clinical supervision
- Housing-only services without therapeutic programming

I. Medication Assisted Treatment (MAT)

- Any substance use disorder program at intensive outpatient level of care or higher (intensive outpatient, residential, partial hospitalization, inpatient) should either offer MAT, including agonist therapy, as part of the treatment or actively facilitate access to MAT through another provider

- MAT must be provided in accordance with the U.S. Food and Drug Administration (FDA) guidelines
- The licensed independent practitioner (LIP) 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 those for 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

II. Substance Use Disorder Treatment Levels of Care

A. 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 (equivalent to ASAM Level 4.0), 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, and MCG is used to determine medical necessity

Inpatient Withdrawal Management/Detoxification documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy and the following ASAM Level:

- **Level 3.7**: Medically Monitored Inpatient Programs (intensive for adults, high-intensity for adolescents):
    - A planned and structured program of 24-hour professionally directed evaluation, observation, medical monitoring and substance use treatment. Individuals admitted to this level of care have subacute biomedical and emotional or cognitive conditions that are severe enough to need a residential setting but do not need medically managed inpatient services. This level of care addresses the needs of individuals who have functional limitations in Dimensions 1, 2 and 3. Services are delivered by an interdisciplinary staff that are appropriately credentialed. See also, "Bio-medical Enhanced ASAM Level of Care 3.7" and "Co-Occurring Enhanced ASAM Level of Care 3.7"

AND the following associated treatment components:

- **Facility:**
    - PacificSource Community Solutions (PCS), requires facilities to apply for a new National Provider Identifier (NPI) in order to bill for Level 3.7R services
    - Interdisciplinary team which is composed of the following:
        - Physicians (medical or psychiatry) credentialed in addiction who are available on-site daily and available for consultation 24-hours a day, seven days a week

    - Program staff or milieu staff are on-site 24-hours, 7 days per week in staffing levels that are responsive to the number of the individuals present and the severity of symptoms and at least one program staff is readily available to respond to and assist individuals;
    - Medical treatment staff (e.g., registered nurses, and additional appropriately credentialed nurses, addiction counselors, behavioral health specialists, clinical staff) who are available on-site 24-hours a day, 7 days a week and knowledgeable about biological and psychosocial dimensions of SUD and psychiatric conditions who have specialized training in behavior management techniques and evidence-based practices.
    - Behavioral health clinicians(s) on-site at least 5 days a week

- **Admission and Assessments**:
  - ASAM Assessment prior to admission and continuing stay requests showing evidence of ASAM (6) dimension criteria meets ASAM level 3.7
  - Intake Assessment (includes substance use history/problem, psychological history, vitals, and history of previous treatment), which can be documented in either:
    - An initial physical and mental status evaluation and social history (e.g., History & Physical) by a licensed independent practitioner (e.g., Physician, Physician Assistance, Nurse Practitioner, etc.) within twenty-four (24) hours of admission
    - A Psychiatric Evaluation by a physician with board certification in psychiatry and/or addiction medicine, or child psychiatry if pediatric program within twenty-four (24) hours of admission and thereafter as medically necessary
  - Toxicology screen as appropriate in accordance with PacificSource's policy 'Drug Testing'
  - A treatment plan which includes problem formulation, treatment goals and therapeutic modalities such as individual or group therapy, pharmacotherapy or other medical care, and discharge planning, which may include discharging to lower level of care

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

Commercial

- PacificSource coverage for inpatient withdrawal management/detoxification treatment (using MCG and ASAM Level 3.7) 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 withdrawal management/detoxification treatment (using MCG and ASAM Level 3.7) requires notification within two (2) business days of admission
- Documentation must meet ASAM criteria for admission and continued stay
- Withdrawal management services should occur at the most medically appropriate level of care. Withdrawal settings include outpatient ambulatory, residential, and inpatient.

- Non-hospital based facilities and programs providing withdrawal management services at ASAM Levels 3-WM through 3.7-WM must have a license from OHA in accordance with OAR Chapter 415, Division 12 and follow the program standards specified in OAR Chapter 415, Division 50

Medicare

- PacificSource Medicare coverage for inpatient withdrawal management/detoxification treatment (using MCG and ASAM Level 3.7) requires notification within two (2) business days of admission
- Documentation must meet ASAM criteria for admission and continued stay

B. 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 documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy, the following ASAM Levels:

- **Level 3.5:** Clinically Managed Residential Programs (high intensity for adults, medium intensity for adolescents)
  - A 24-hour supportive living environment with a habilitative focus with a reliance on the treatment community. Severe substance use and social or emotional limitation(s) are treated in this level of care, where an emphasis on targeted interventions reduces the risk of relapse, reinforces prosocial behaviors, assists with integration into a health community, and offers basic life skills training. Duration at this level of care is marked by the acquisition of coping and relapse prevention skills so that relapse is no longer imminently dangerous. Individuals admitted to this level of care meet the DSM-5-TR criteria for moderate or severe substance use disorder(s) and may have co-occurring mental health disorder(s) meeting DSM-5-TR criteria or experience difficulties with mood, behavior or cognition that are problematic but do not meet diagnostic criteria.
- **Level 3.3:** Clinically Managed Population-Specific High-Intensity Residential Programs (specified for adults only)
  - Licensed residential setting as described in The ASAM Criteria, Third Edition with a 24-hour, structured recovery environment and high-intensity substance use treatment services and supports that meet the functional limitations of the individuals. The functional limitations appropriate for placement in this level of care are primarily cognitive and can be either temporary or permanent. When nursing supervision adequate to the identified needs is available, individuals who also have medical conditions may be placed in this level of care.
- **Level 3.1:** Clinically Managed Low-Intensity Residential Programs
  - Licensed residential setting as described in The ASAM Criteria, Third Edition with 24-hour structure and support that offers at least 5 hours per week of low-intensity substance use treatment services. Services and supports are designed to facilitate the uptake of recovery skills, relapse prevention, and emotional coping skills. Services and the milieu support individuals in addressing reintegration into family, work, education and other pro-social

activities and communities. Programs facilitate reintegration and transition to lower levels of care.

AND the following associated treatment components:

- **Facility:**
  - Onsite supervision twenty-four (24) hours per day
    - Level 3.5 & 3.3: 24 hour care with trained counselors
    - Level 3.1: 24 hour structure with available personnel, at least 5 hours of clinical service per week
  - Telephone or in-person consultation for consult available 24-hours a day, 7 days per week by a physician
  - 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, unless otherwise defined above.
  - Any delegated care must be within the scope of provider and overseen by the appropriate clinically certified or licensed professional
- **Admission and Assessments:**
  - ASAM Assessment prior to admission and continuing stay requests showing evidence of ASAM (6) dimension criteria meets ASAM level 3.5, 3.3, or 3.1
  - Psychiatric/medication evaluation completed within seventy-two (72) hours of admission by a physician with board certification in psychiatry and/or addiction medicine, child psychiatry if pediatric program, or a Psychiatric-Mental Health Nurse Practitioner (PMHNP)
  - A psychosocial assessment and substance abuse evaluation within the first (2) program days addressing ASAM Dimensions 1 through 6, by an appropriately credentialed member of the treatment staff
  - A medical history and physical examination must be completed by a physician, nurse practitioner, or physician assistant within 2 weeks prior to admission or within one (1) week after admission
  - Toxicology screen as appropriate in accordance with the PacificSource 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:**
  - 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, reflecting the member's identified goals as described in the individualized treatment plan
  - Daily group therapy and recovery education

- Individual therapy a minimum of once per week
- Psychiatric medication management a minimum of 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, or other Social Determinant of Health needs identified in the assessment and individualized treatment plan
- Clinical assessment a minimum of 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, as clinically indicated
- Discharge planning must begin at admission with a confirmed plan prior to discharge, including plans for ongoing 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. After initial two (2) business days utilization review is required for coverage of continued stay.

Commercial

- PacificSource coverage for residential treatment (ASAM Levels 3.1, 3.3, and 3.5) requires notification within two (2) business days of admission
  - Out-of-Network providers (those without a PacificSource contract), require a prior authorization for residential treatment to receive an out-of-network exception
- Documentation must meet ASAM (Levels 3.1, 3.3, or 3.5) criteria for admission and continued stay

Medicaid

- PacificSource Community Solutions (PCS) coverage for residential treatment (ASAM Levels 3.1, 3.3, and 3.5) requires notification within two (2) business days of admission
  - Out-of-Network providers (those without a PCS contract), require a prior authorization for residential treatment to receive an out-of-network exception
- Documentation must meet ASAM (Levels 3.1, 3.3, or 3.5) 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 care management and treatment providers pursue residential treatment

Medicare

- PacificSource Medicare considers residential treatment (ASAM Levels 3.1, 3.3, and 3.5) not a covered benefit

C. 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.

Partial Hospitalization documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy and the following ASAM Level:

- **ASAM Level 2.5**
  - Clinically intensive programming of 20 contact hours or more per week, which is specified by the service plan. Needs identified in Dimensions 1, 2 and 3 warrant daily monitoring or management within an outpatient or combined in a residential setting. Programs staff interdisciplinary teams and offer intensive case management. Psychiatric and medical services are either offered by the program or coordinated.

AND the following associated treatment components:

- **Facility:**
  - Psychiatric and medical consultation services available within eight (8) hours by telephone or within 48 hours in person
  - Qualified practitioners are required to provide medical, psychological, psychiatric, laboratory, toxicology, and emergency services
  - Any delegated care must be within the scope of provider and overseen by the appropriate clinically certified (licensed) professional
- **Admission and assessments:**
  - ASAM Assessment prior to admission and continuing stay requests showing evidence of ASAM (6) dimension criteria meets ASAM level 2.5
  - 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, by an appropriately credentialed member of the treatment staff
    - After initial assessment, a physician, nurse practitioner, or physician assistant must monitor and evaluate the member as needed, but no less than weekly.
  - 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:**
  - 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 a minimum of once per week
  - Psychiatric medication management a minimum of 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
  - Structured skills training, vocational training, education, recreation and/or socialization activities, or any other SDoH needs as identified in the assessment or individualized treatment plan
  - Clinical assessment a minimum of 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, as clinically indicated
  - For children and adolescents' treatment should meet academic needs of the patient if the school system is unable
  - Discharge planning must begin at admission prior to discharge, including plans for ongoing behavioral health care

Commercial

- PacificSource coverage for partial hospitalization treatment (ASAM Level 2.5) 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 (ASAM Level 2.5) 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 (ASAM Level 2.5) requires notification within two (2) business days of admission

D. 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.

Intensive Outpatient Program documentation must meet PacificSource's Documentation Requirements for Health Practitioners policy and includes the following documented ASAM Level:

- **ASAM Level 2.1**Structured services and supports, mostly comprised of counseling and education. Mental health services are either offered by the program or tightly coordinated with a community provided. When planning a transition to ASAM Level 1 services, a program may provide less than the minimum number of contact hours for up to two weeks: 9 for adults and 6 for children.

AND the following associated treatment components:

- **Facility:**
  - Medical, psychological, psychiatric, laboratory, and toxicology services should at a minimum be provided within 24 hours by telephone or within 72 hours in person. Emergency services are available at all times, and the program should have direct affiliation with more or less intensive care levels and supportive housing
- **Admission and assessments:**
  - ASAM Assessment prior to admission and continuing prior authorization requests showing evidence of ASAM (6) dimension impairment criteria meets ASAM level 2.1
  - Psychiatric/medication evaluation available when clinically necessary

Commercial

Prior Authorization Required.

- PacificSource coverage for IOP treatment (ASAM Level 2.1) requires a prior authorization before initiation of intensive outpatient treatment; approvals will not exceed a 30-day period
- IOP treatment may be considered medically necessary when documentation meets ASAM criteria for IOP level of care

Medicaid

Prior Authorization Required.

- PacificSource Community Solutions (PCS) coverage for IOP treatment (ASAM Level 2.1) requires prior authorization before initiation of intensive outpatient treatment; approvals will not exceed a 30-day period

Medicare

Prior Authorization Required.

- PacificSource Medicare coverage for IOP treatment (ASAM Level 2.1) requires a prior authorization before initiation of intensive outpatient treatment; approvals will not exceed a 30-day period

PacificSource Community Solutions (PCS)

PacificSource Community Solutions (PCS) provides substance use disorder (SUD) services to members, which includes crisis intervention, 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
    - Be trauma informed
    - 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
- PCS provides treatment for members with Co-Occurring Disorders (COD) and shall ensure access to treatment for CODs for members assessed at Levels 1 or 2 of the ASAM Criteria with providers approved by OHA for COD services, contingent upon the availability of one or more appropriately approved COD providers in the PCS service area. For members assessed at Levels 3 or 4 of the ASAM Criteria, PCS shall ensure access to treatment with providers approved or licensed by OHA for COD services, contingent upon the availability of one or more appropriately approved or licensed providers and regardless of whether the provider is in PCS' Service Area.
- PCS ensures employees or providers who evaluate members for admission to, and length of stay in, SUD and COD programs and services use the most current American Society of Addiction Medicine (ASAM) criteria 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 requires all staff, including staff of any subcontractor(s), who make prior authorization (PA) determinations for SUD treatment services and supports to have a working knowledge of the ASAM Criteria, as required by the OHP SUD 1115 Demonstration waiver. PCS will submit to OHA, via administrative notice, by July 31 of each contract year an attestation of its compliance with this requirement. PCS will also provide to OHA, via administrative notice, the information that is the basis of its attestation within five (5) business days of request by OHA. Such information may include but is not limited to staff training, experience, continuing education, and credentials specific to the ASAM Criteria. Without limiting any other rights and remedies

OHA may have under this Contract, OHA has the right, in accordance with Ex. B, Part 9, to impose one or more sanction(s) if it determines the PCS' attestation is false.

- 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 American Society of Addiction Medicine (ASAM) placement criteria regardless of prior alcohol or other drug treatment or education:
    - Outpatient, intensive outpatient, SUD day treatment, residential, withdrawal management, and medication assisted treatment including opiate substitution treatment, regardless of prior alcohol or other drug treatment or education
    - Specialized programs in each service area in the following categories: court referrals, Child Welfare referrals, employment, education, housing support services or referrals; and services or referrals to specialty treatment for persons with co-occurring disorders.
  - This includes specialty, trauma informed, SUD services provided in environments that are culturally and linguistically appropriate, designed specifically for the following groups:
    - Children and adolescents, taking into consideration adolescent development and co-occurring disorders
    - Individuals who identify as LGBTQIA2S+
    - Women and women's specific issues
    - Ethnically and racially diverse groups
    - 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)
  - Members are provided culturally responsive and linguistically appropriate alcohol, tobacco, and other drug abuse prevention/education and information that reduces substance use disorders risk to members. PCS's prevention program is compliant with national quality assurance standards. PCS monitors the use of its preventive programs and assess their effectiveness on members
- 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 coordinates information and referrals for members receiving SUD services, to the extent of available community resources and as medically appropriate, 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 members are informed of their benefit to access and are encouraged to utilize Peer Delivered Services (PDS), including Peer Support Specialist, Peer Wellness Specialist, Family Support Specialist, Youth Support Specialist, or other peer specialist, in accordance with OAR 309-019-0105 (See the PCS Peer Delivered Services policy for PDS information)

Related Policies

Behavioral Health Outpatient Treatment

Covered Services

Crisis Management and Services

Documentation Requirements for Health Practitioners

Drug Testing

Drug Use Review (DUR) Committee Requirements - Handbook

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Hospital Services – Observation Level of Care

Inpatient Hospital Short-Stays

Medicaid and Medicare Authorizations

Mental Health Treatment

Mental Health and Substance Use Disorder Parity

Peer Delivered Services

Peer-to-Peer Review for Medical Necessity Review Denials

Urgent, Emergency, and Post-Stabilization Services

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Appendix

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Author(s):

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