MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY

TREATMENT POLICY #09

SUBJECT: Outpatient Treatment Continuum of Services

ISSUED: February 20, 2008

EFFECTIVE: June 20, 2008

PURPOSE

The purpose of this policy is to establish the requirements for outpatient 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.

SCOPE

This policy impacts the coordinating agency (CA) and its outpatient LOC service provider network.

BACKGROUND

Outpatient treatment includes a wide variety of covered services with the expectation that authorizations for these services are individualized to the needs of the client. 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 – detoxification that does not take place in a continuously monitored program/setting.

The frequency and duration of outpatient treatment services are expected to be guided by the ASAM LOC and are referred to as follows:

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.

ASAM Level I.0 Outpatient – Services are less than nine hours during a week.

ASAM Level I-D Ambulatory Detoxification Without Extended On-Site Monitoring – Services are not established by hours but are set up to effectively monitor/educate an individual going through the detoxification process. Medical monitoring is at a minimum.

ASAM Level II.1 Intensive Outpatient – Services 9-19 hours in a week. The services are provided at least three days a week to fulfill the minimum nine-hour commitment.

ASAM Level II-D Ambulatory Detoxification With Extended On-Site Monitoring – Services are not established by hours but must be sufficient to effectively monitor/educate an individual going through the detoxification process. Medical monitoring is more routine to determine impact of withdrawal.

ASAM Level II.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.)

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.

Definitions

Bundled Services – Are 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.

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.

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.

REQUIREMENTS

CAs must have the capacity to provide 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.

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 Access Management System (AMS) 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.

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. *Note: By September 30, 2008, assessment will no longer be a*

covered service if it takes place at a centralized CA Access Management setting or one that does not also provide licensed treatment services. Time limited waivers to this requirement may be requested of the Office of Drug Control Policy (ODCP).

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 lead 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 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 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 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

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.

Re-authorization of services can be denied in situations where the client has not been actively involved in their treatment or engaging in behavior that is deemed to violate the rules and regulations of the program providing services. This is evidenced as repeatedly missing appointments, not participating/refusing to participate in treatment activities, patients present a risk of harm to self or others, or a demonstrated lack of benefit from treatment. Progress notes must support lack of benefit and that other, appropriate services have been offered.

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

Additional Programs Within the Outpatient Category

The 2006 Administrative Rule Revisions add new program categories of Early Intervention, Peer Recovery/Recovery Support Services, and Case Management for persons with substance use disorders and Integrated Treatment for persons with substance use disorders

and mental health disorders. Services provided in this program setting must be licensed under the appropriate treatment setting for the specific category and when the following conditions are met:

- Must meet the threshold of a 'program.'
- Must be identifiable and distinct within the agency's service configuration.
- The agency must offer or purport to offer the service (program) category as a distinct service. That is, a client may be admitted only to the program category without additional outpatient services in place (i.e., case management, peer recovery).

Outpatient programs may incorporate services such as recovery support, early intervention, information and referral/linking/coordinating if these are offered in the context of the program and do not meet the three conditions outlined above.

In the outpatient LOC, clients may benefit from additional supportive services and may participate in case management, integrated treatment or recovery support services concurrently. However, concurrent participation in early intervention services is not allowed.

Caseload requirements and staffing ratios must be within the established licensing criteria [Part 7, R 325.14701, 701(1)]; however, these decisions must also be made with consideration to the needs and characteristics of the clients being served.

Medication Assisted Treatment

Covered services for methadone and pharmacological supports and laboratory services, as required by Office of Pharmacological Alternative Treatment/Center for Substance Abuse Treatment (OPAT/CSAT) regulations and the Administrative Rules for Substance Abuse Service Programs in Michigan, include:

- Methadone medication.
- Suboxone.
- Nursing services.
- Physical examination.
- Physician encounters.
- Laboratory tests.
- TB skin test (as ordered by physician).

Opiate-dependent patients may be provided chemotherapy using medication as an adjunct to therapy. This service takes place in an outpatient capacity and provisions of such services must meet the following criteria:

- Services must be provided under the supervision of a physician licensed to practice medicine in the state of Michigan.

- The physician must be licensed to prescribe controlled substances, as well as licensed to work at a methadone program.
- The methadone component of the substance abuse treatment program must be licensed as such by the state and be certified by the OPAT/CSAT and licensed by the Drug Enforcement Administration.
- An MD/DO, physician's assistant, nurse practitioner, registered nurse, licensed practical nurse, or pharmacist must administer methadone.
- Michigan Department of Community Health (MDCH)/Office of Drug Control Policy (ODCP) Treatment Policy #05 - *Enrollment Criteria for Methadone Maintenance and Detoxification Program* (attached to the MDCH/prepaid inpatient health plan (PIHP) contract) must be followed.

Early Intervention

A specifically focused treatment program including stage-based intervention for individuals with substance use disorders or, problems related to substance use, as identified through a screening or assessment process. These individuals may or may not meet the threshold of a diagnosis of abuse or dependence of a substance.

To meet medical necessity criteria, an early intervention program must:

1) Screen and assess for the presence of a substance use disorder.
2) Be required to identify or evaluate a substance use disorder.
3) Be intended to treat, diminish or stabilize the symptoms of a substance use disorder.
4) Be expected to arrest or delay the progression of a substance use disorder.
5) Be designed to assist the client to attain or maintain a sufficient level of functioning in order to achieve the goal of recovery.

Early intervention treatment must be based on individualized treatment planning, provided by an appropriately credentialed substance abuse professional, and sufficient to assist the client in their recovery. This does not prohibit or restrict prevention programs from providing services within the Problem Identification and Referral strategy and/or through the allocation for prevention services.

To distinguish between problem identification and referral offered by prevention programs and early intervention treatment programs, see below:

Prevention–Problem Identification and Referral	**Treatment- Early Intervention**
Screening for substance use disorders may be **population based or individual.**	Screening for substance use disorders at **individual level.**
No diagnosis is made.	**Assessment required**; diagnosis may be provisional.
Program may include substance use interventions in additional to or in context of other services.	Individual treatment plan; a goal for recipient program participation is minimal requirement.
Participants not **determined** to meet substance abuse or dependence thresholds.	Participants not **required** to meet substance abuse or dependence thresholds.
Purpose of service may be larger and/or **designed to increase protective and/or decrease risk factors.**	Purpose of program is to provide **clinical intervention** appropriate to the individual and their stage of change.

Peer Recovery/Recovery Support Services

Recovery support programs that are designed to support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual's recovery. Peer recovery programs are designed and delivered primarily by individuals in recovery and offer social emotional and/or educational supportive services to help prevent relapse and promote recovery. These services are provided on an individual basis (through recovery coaches) or through a centralized location where services can be accessed by clients (through recovery centers):

Recovery coach – The position title given to a peer that provides recovery support services to individuals in formal treatment or during the post-treatment period.

Recovery center – Location in which recovery programming is designed and delivered, primarily by individuals in recovery, and house services that offer social, emotional and/or educational support to help prevent relapse and promote recovery.

Minimum Requirements for Peer Recovery and Recovery Support Programs are:

- Programs must promote and support the recovery of the participant
- Services must be included in the individual's recovery plan
- Ethics and confidentiality training for program leadership is required
- The CA must assure appropriate training of staff and peer leaders, and must assure program oversight based on guidelines established for developing this service (Treatment Technical Advisory #07)

- Community grant agreement funds cannot be used for services and costs that are not otherwise allowable under federal and state guidelines
- Community grant agreement funds cannot be used for recreational events

Case Management Services

A substance use disorder case management program coordinates, plans, provides, evaluates and monitors services or recovery from a variety of resources on behalf of and in collaboration with a client who has a substance use disorder. It offers these services through designated staff working in collaboration with the substance use disorder treatment team and as guided by the individualized treatment planning process.

Integrated Treatment Services

These services are accommodated by a program design that offers and provides both substance use disorder and mental health treatment in an integrated manner as evidenced by staffing, services and program content. The program is designed for individuals determined through an assessment process to have both distinct substance use and mental health disorders. Services must be provided through one service setting and through a single treatment plan and represent appropriate clinical standards including stage-based interventions.

Programs that focus primarily on one disorder but are able to address the interaction between the disorders and/or coordinate services with other providers do not require a service category license as an integrated treatment program and are not viewed as providing integrated treatment services.

REFERENCES

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