

SUBSTANCE USE, GAMBLING & EPIDEMIOLOGY TREATMENT POLICY #09

SUBJECT: Outpatient Treatment Continuum of Services

ISSUED: February 20, 2008, December 1, 2016,

EFFECTIVE: January 1, 2017, October 1, 2025

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 Prepaid Inpatient Health Plans (PIHPs), and their substance use disorder (SUD) 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 person being served. Throughout the outpatient LOC, assessment, treatment/recovery planning (also referred to as service planning) and remission monitoring are required as they must be included in the authorized treatment services. As an individual's needs change, the frequency and duration of services may be increased or decreased as medically necessary. The ASAM levels of care correspond with planned hours of services, in a group and individual setting during a week and as scheduled with the individual.

Historically, Outpatient 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.
- Partial Hospitalization – Similar to intensive outpatient service but offers more than 20 hours per week of intensive services.

ASAM levels of care describe the need for treatment from the perspective of weekly service intensity based on the needs of the individual. 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 and ASAM Continuum assessment; not the designation of the provider program as being outpatient long term remission monitoring, outpatient therapy, medically managed outpatient treatment, intensive outpatient treatment high intensity outpatient treatment, or medically managed intensive outpatient treatment. For purposes of treatment episode data set (TEDS) admission reporting, LOC may be established based on the authorization for service rather than service participation.

DEFINITIONS:

AcuDetox – A non-verbal approach to healing involving the gentle placement of up to five small, sterilized disposable needles into specific sites on each ear done individually or in a group setting for 30 – 45 minutes which allows the treatment to take effect. This is an adjunct therapy which is clinically effective, cost-efficient, drug-free and compatible cross-culturally to combined with counseling, education, medical support and self-help groups.

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

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

Counseling – An interpersonal helping relationship that begins with the individual exploring the way they think, how they feel and what they do, for the purpose of enhancing their life. The counselor helps the individual to set the goals that pave the way for positive change to occur. Also, a face-to-face intervention (by non-professional staff) with a client, for the purpose of goal setting and achievement and skill building.

Co-Occurring Disorder - The coexistence of both a mental illness and SUD is known as a co-occurring disorder. The term can also be used with co-occurring SUD and physical health conditions.

Co-Occurring Enhanced (COE) – Programs that have enhanced resources to serve individuals with more serious co-occurring mental health or cognitive conditions.

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.

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

Face-to-Face - This interaction not only includes in-person contact, but it may also include real-time video and audio linkage between a client and provider, if this service is provided within the established confidentiality standards for SUD services.

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.*

Group Therapy – The treatment of multiple individuals at once by one or more healthcare providers. These are generally divided into skills development groups and cognitive behavioral groups. Group therapy sizes must follow SAMHSA best practice guidelines. If an evidence-based curriculum is being used, group size must adhere to the requirements of the curriculum.

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

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

Individualized Treatment Planning - Direct and active involvement by the individual 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 individual's motivation to participate in treatment. Treatment planning requires an understanding that each individual is unique, and each treatment plan must be developed based on the individual's needs, goals, desires, and strengths and be specific to the diagnostic impression and assessment.

Interactive Education (didactic) Groups – 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.

Medication Assisted Treatment (MAT) – The use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of SUD. Medications used are approved by the Food and Drug Administration (FDA) and are clinically driven and tailored to meet each patient's needs.

Medications for the Treatment of Opioid Use Disorder (MOUD) - Providing medications to achieve and sustain clinical remission of signs and symptoms of Opioid Use Disorder (OUD) and support the individual process of recovery without a specific endpoint (as with the typical standard of care in medical and psychiatric treatment of other chronic illnesses).

Peer Support - Individuals who have shared experiences of addiction and recovery and offer support and guidance to one another in a treatment setting.

Psychoeducational groups - Groups formed to educate clients about substance use, related behaviors, and the behavioral, medical, and psychological consequences of use, abuse, and dependency; psychoeducational groups provide information important for maintaining recovery.

Psychotherapy - An advanced clinical practice that includes 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 (Michigan Administrative Code, Social Work General Rules).

Psychotherapy (or therapy) groups - Groups formed to reduce or eliminate substance use or other problematic behaviors by changing long-standing relational and intrapsychic difficulties. Psychotherapy groups differ from other groups traditionally used for substance use treatment, such as problem-solving or support groups, in that the group (1) has a relatively long-term contract; (2) focuses more on psychodynamic issues (rather than education, support, or problem solving); (3) begins in later stages of readiness for treatment and recovery; (4) tolerates the expression of more emotion; and (5) stresses process over content.

Recovery – A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

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

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

Referral/Linking/Coordination of Services - Office-based service activity performed by a primary clinician, or other assigned staff, to address needs identified through the assessment, and/or to ensure follow through with access to outside services, and/or to establish the client with another SUD service provider.

Return to use - A process in which a person with an SUD/OD who has been in remission experiences a single incident of use.

Relapse - A process in which a person with SUD/OD who has been in remission experiences a return of symptoms or loss of remission. A relapse is different from a return to use in that it involves more than a single incident of use. Relapses occur over a period of time and can be interrupted. Relapse need not be long lasting.

Relapse prevention groups - Groups formed to help clients maintain recovery or minimize the impact and duration of relapse.

Remission - A medical term meaning a disappearance of signs and symptoms of the disease. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision (DSM-5TR) defines remission as present in people who previously met OUD criteria but no longer meet any OUD criteria (with the possible exception of craving). Remission is an essential element of recovery.

Remission Management - Regular checkups that include sufficient recovery and remission-focused biopsychosocial screen and assessment to identify current or emerging addiction treatment needs, biomedical and mental health needs that may impact recovery and additional recovery support service needs.

Long term remission monitoring - A set of services for ongoing check-ins and early reintervention for patients in sustained remission from SUD.

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.

Substance Use Disorder – A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. An important characteristic of SUD is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders. The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli. (DSM-5-TR).

Telehealth - A face-to-face encounter that includes a dual audio/visual platform, in compliance with Section 1834(m) of the Social Security Act. Providers must ensure the privacy of the beneficiary, and the security of any information shared via telehealth.

Telemedicine - The use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services.

Toxicology Screening - Screening used 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 (this may include onsite testing such as portable breathalyzers or non-laboratory urinalysis).

Unbundled Services – An approach to treatment that seeks to provide the appropriate service or combination of specific services to match the needs of an individual. Billing and reimbursement are specific to the service provided.

REQUIREMENTS:

PIHPs must have the capacity to provide an outpatient continuum that will meet the needs of individuals at all ASAM levels of care. Outpatient care is defined as treatment services that are provided in a setting that does not require the individual 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, supported in an office-based setting or via telehealth 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 individual'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. A person's participation in referral and continuing care planning must occur prior to transfer or discharge.

ASAM Level 1.0 Outpatient Long-Term Remission Monitoring

This LOC is to maintain ongoing therapeutic alliances and ensure that people have at least quarterly recovery management checkups (RMCs). These services can be delivered in any outpatient setting or via telehealth. Each check-up should include a sufficient recovery and remission-focused biopsychosocial screening and assessment to identify current or emerging treatment needs, biomedical and/or mental health needs that may impact recovery, and any additional recovery support service needs. Treatment plans should be individualized recovery management plans and reflect the person's personal goals, identify issues that may compromise their recovery and describe the strategies, services, and supports they can use to sustain recovery.

Support Systems

Level 1.0 programs provide remission monitoring and early intervention services for people who are in sustained remission. Sustained remission is defined as one year or longer.

The following represent the service characteristics standards that are specific to treatment at Level 1.0:

- May be offered in any appropriate outpatient or telemedicine-based treatment setting that meets state licensure or certification criteria.
- If Level 1.0 programs do not provide psychotherapeutic services (e.g. Counseling, therapy) directly, they should be made available through coordinated referral.
- Level 1.0 programs are to have established relationships with more intensive levels of care to facilitate rapid readmission to higher levels of care as needed.
- May include medication management appointments for people in stable remission who are receiving addiction or psychiatric medications.
- If Level 1.0 programs do not directly provide addiction or psychiatric medication services, they should have the ability to rapidly refer people for these services.
- Quarterly services at a minimum.
- RMCs.
- Mental health screening.

Staff Requirements

- Level 1.0 should be staffed by trained addiction treatment professionals acting within their state-regulated scopes of practice.
- Programs may also be staffed by allied health staff, such as certified peer support specialists, patient navigators, health educators, counselor aides, and group living workers who support ongoing engagement in addiction treatment, deliver recovery support services, and provide warm handoffs to more intensive levels of care.
- If the Level 1.0 is clinically managed, it should have a program director (or responsible clinician in an independent practice) who, at a minimum, has a master's degree in a field related to behavioral health.

ASAM Level 1.5 Outpatient Therapy

Level 1.5 programs provide outpatient psychosocial services for people with SUD. A LOC Assessment, including an addiction-focused history, should be conducted or reviewed prior to admission to determine the recommended LOC. Services should be provided in an amount, frequency, and intensity appropriate to the individual's needs and level of function as determined by *The ASAM Criteria* multidimensional assessment.

These programs provide less than nine (9) hours of structured clinical services per week consisting primarily of psychotherapy, counseling, and psychoeducation to address addiction and co-occurring mental health conditions. These services can be provided in any appropriate outpatient or telemedicine-based treatment setting where psychosocial services are provided that meets state licensure or certification criteria. Examples are:

- Office based practices,
- Health clinics,
- Outpatient addiction programs, behavioral health clinics,
- Group homes or shelters, and
- Telemedicine.

In Level 1.5 programs, people should be referred to a physician or advanced practice provider for a physical examination, which should be conducted within one month of admission, or sooner based on the person's medical presentation, if they have not had a recent physical examination. The individualized treatment plan should be developed within three visits and should include a plan for assessing emergency care 24/7, including when to call 911. A formal reassessment of the treatment plan must be completed at least quarterly with treatment plan updates incorporated as needed.

Support Systems

Level 1.5 programs should have established relationships with psychiatrists or advanced practice providers with a specialty certification in psychiatry (e.g., psychiatric nurse practitioners) to provide:

- Psychiatric assessments,
- Psychiatric medications, and
- Medication management services.

Staff Requirements

Level 1.5 programs are staffed by appropriately trained addiction treatment professionals acting within their scope of practice. These include:

- Clinical staff such as psychologists, clinical social workers, SUD counselors, and mental health counselors,
- And others trained to assess and treat SUD and co-occurring mental health conditions.
- Level 1.5 should have a program director (or responsible clinician in an independent practice) who should, at a minimum, have a master's degree in a field related to clinical behavioral health.

****Note: ASAM Level 1.7 Medically Managed Outpatient Treatment – refer to withdrawal management policy.**

ASAM Level 2.1 Intensive Outpatient Treatment

Programs provide nine (9) to nineteen (19) hours of structured clinical services per week consisting primarily of counseling, psychoeducation, and psychotherapy to address addiction and co-occurring mental health conditions. Services at this LOC may be offered in any appropriate outpatient treatment setting where psychosocial services are provided that meets state licensure or certification criteria such as outpatient treatment programs and behavioral health clinics. These services may be provided via telehealth when appropriate for the patient as determined by the treating clinician. Level 2.1 programs also provide a clinically planned and managed therapeutic milieu facilitated by trained clinical staff that imparts peer support, builds pro recovery attitudes, and improves coping strategies and behaviors. Clinical services provided by formally affiliated external addiction treatment providers and programs (e.g., Opioid Treatment Programs) may count toward the total hours of weekly clinical services if care and billing are coordinated and documented.

In Level 2.1 programs, a physical examination should be conducted by a physician or advanced practice provider within 14 days of admission or sooner as needed based on the person's medical presentation if they have not had a recent (within the previous year and report no major changes in their physical health and can be provided to the program) physical examination. The individualized treatment plan should be developed within seven days of admission and should include a plan for contacting the program after-hours and accessing emergency care 24/7, including when to call 911 or 988. A formal reassessment of the treatment plan should occur at least monthly.

Support Systems

Necessary support systems in this level include medical, psychological, services that are available through consultation or referral.

Staff Requirements

Level 2.1 programs are staffed by an interdisciplinary team of appropriately trained and supervised addiction treatment professionals acting within their state-regulated scopes of practice, including:

- A program director (minimum of master's degree in a field related to clinical behavioral health and at least five years of documented experience in addiction treatment).
- Clinical staff, such as psychologists, clinical social workers, SUD and mental health counselors, and others trained to assess and treat SUD and/or co-occurring mental health conditions.

ASAM Level 2.5 High-Intensity Outpatient Treatment

Level 2.5 programs provide high-intensity outpatient services for patients with SUDs. These programs provide at least 20 hours of structured clinical services per week consisting primarily

of psychotherapy, counseling, and psychoeducation to address addiction and co-occurring mental health conditions. Structured services selected by a master's level clinical staff should be available at least five days per week. This LOC provides a clinically planned and managed therapeutic milieu facilitated by trained clinical staff that imparts peer support, builds pro recovery attitudes, and improves coping strategies and behaviors. Level 2.5 programs should be able to support individuals who are stepping down from a medically managed LOC and experiencing symptoms of post-acute withdrawal or recovering from bio-medical and/or psychiatric issues by monitoring for changes in status and/or supporting adherence to the person's self-administered medications.

Level 2.5 services may be offered in any appropriate outpatient treatment setting where psychosocial services are provided that meets state licensure or certification criteria, such as outpatient day treatment and partial hospitalization programs. A physical examination should be conducted or reviewed by a physician or advanced practice provider within seven days of admission, or sooner as needed based on the person's medical presentation. The physical examination should include assessment for addiction medication needs. An individualized treatment plan should be developed within five days of admission and should include a plan for contacting the program after-hours and accessing emergency care 24/7, including when to call 911 or 988. In 2.5 COE programs, treatment planning assessments should be conducted within 72 hours of admission. Reassessment of treatment plans should occur at least monthly with weekly interdisciplinary team meetings to discuss an individual's progress. Clinical services provided by formally affiliated external addiction treatment providers and programs (e.g., OTPs) may count toward the total hours of weekly clinical services if care and billing are coordinated and documented.

Support Systems

Necessary support systems include medical, psychological, psychiatric, that are available within eight (8) hours by telephone and within 48 hours in person. They should have direct affiliation with more and less intensive levels of care and supportive housing services. COE programs offer psychiatric services appropriate to the patient's mental health condition. Such services should be available by telephone and on site, or closely coordinated off site, within a shorter time than in a co-occurring capable program. Clinical leadership and oversight may be offered by a certified addiction medicine physician with at least the capacity to consult with an addiction psychiatrist.

Staff Requirements

These programs should be staffed by an interdisciplinary team of appropriately credentialed addiction treatment professionals, acting within their state-regulated scopes of practice including:

- A medical director (a physician or advanced practice provider with at least two years of documented experience in addiction treatment but does not need to be an addiction specialist physician).

- A program director (holds a minimum of a master's degree in a field related to clinical behavioral health and at least five years of documented experience in addiction treatment).
- Clinical staff (psychologists, clinical social workers, SUD and mental health counselors).

****Note:** Level 2.7 Medically Managed Intensive Outpatient Treatment – refer to withdrawal management policy.

Adult Dimensional Admission Criteria

Dimension 1: Intoxication, Withdrawal, & Addiction Medications	<p>The need for addiction medications must be evaluated at all outpatient levels and referrals made if the outpatient provider does not have the capability or provide addiction medication within the program. Determine acute risks related to current intoxication and the appropriate level of medical management needed to safely and effectively manage the anticipated withdrawal, need for initiation or adjustment of addiction medications and ensure the selected program can effectively support this ongoing treatment need. Individuals with acute issues in Dimensions 1, 2 and/or 3 are appropriate for 1.7 or 2.7 services, depending on severity of those dimensions. ⁱ</p>
Dimension 2: Biomedical Conditions and Complications	<p>Assess the need for physical health services, including acute stabilization and ongoing disease management for chronic physical health conditions. Determine if there is a relationship between the individual's substance use and comorbid physical health issues, identify any needs for medically managed care, and identify any need for referral to external medical providers. Ensure individual's biomedical conditions are stable or are being actively addressed and will not interfere with therapeutic interventions.</p>
Dimension 3: Psychiatric & Cognitive Conditions	<p>Assess the need for services for co-occurring mental health conditions, including trauma related concerns and conditions. Ensure individual's emotional, behavioral, or cognitive conditions and complications are being addressed through appropriate mental</p>

	health services and will not interfere with interventions.
Dimension 4: Substance Use-Related Risks	Assess the individual's likelihood of engaging in risky substance use and risky SUD-related behaviors. Identify the need for supervision or structure to protect the individual. Identify the clinical service intensity needed to help the individual build or strengthen awareness of their risk factors for recurrence and increase their relapse prevention skills.
Dimension 5: Recovery Environment Interactions	Assess the individual's ability to function effectively, safely and independently in their current environment, and interpersonal violence (IPV). Identify the clinical service intensity needed to support effective daily functioning and optimize recovery capital, including interpersonal skills, ability to carry out Activities of Daily Living (ADL) and ability to create a daily routine supportive of recovery. Ensure individual understands the need to alter current behavior or needs to acquire specific skills needed to change current pattern of use/behavior.
Dimension 6: Person-Centered Considerations	Does not contribute to the LOC determination, is intended to guide LOC selection based on shared decision making. Barriers to accessing care, patient preferences, and need for motivational enhancement. Discuss childcare, caregiving duties, employment or educational responsibilities, transportation, criminal justice involvement as well as Social and Structural Determinants of Health that impact recovery. Discover whether the individual's social support system composed of persons who substance use prevents them from meeting obligations, their family members are currently using, significant other expresses value of substances that counter individual's progress, or significant other encourages or condones addictive behavior.

COVERED SERVICES:

The following services can be provided in the outpatient setting:

- AcuDetox.
- Compliance Monitoring.
- Counseling.
- Crisis Intervention.
- Detoxification/Withdrawal.
- Family.
- Group Therapy.
- Individual Assessment.
- Individual.
- Individual Treatment Planning.
- Interactive Education (didactic) Groups.
- Recovery Support and Preparation.
- Referral/Linking/Coordinating of Services.
- Substance Abuse Outpatient Services.

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

PROCEDURE:

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 LOC; 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 LOC determination and discharged if the client is unwilling to accept other services appropriate to their LOC determination. Relapse alone is not sufficient justification to discharge a client from treatment, but it does indicate that a change in treatment services may be needed.

Admission Criteria

Admission to outpatient treatment is limited to the following criteria:

- Medical necessity.
- Diagnosis: The current edition of the DSM is used to determine an initial diagnostic impression of a SUD (also known as provisional diagnosis). The diagnosis will be confirmed by the provider's assessment process.

- Individualized determination of need.
- ASAM Criteria is used to determine SUD treatment placement/admission and/or continued stay needs, and are based on a LOC determination using the six assessment dimensions of the ASAM Criteria below:
 1. Intoxication, withdrawal, and addiction medications.
 2. Biomedical conditions.
 3. Psychiatric and cognitive conditions.
 4. Substance use-related risks.
 5. Recovery environment interactions.
 6. Person-centered considerations.

Treatment must be individualized based on a biopsychosocial assessment, diagnosis, and client characteristics that include, but are not limited to, age, gender, culture, and development.

Authorization decisions on length of stay (including continued stay), change in LOC, and discharge must be based on the ASAM Criteria. As an individual's needs change, the frequency, and/or duration of services may be increased or decreased as medically necessary. Individual participation in referral, continuing care, and recovery planning must occur prior to a move to another LOC for continued treatment.

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

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

REFERENCES

Michigan Department of Licensing and Regulatory Affairs, Michigan Administrative Code. (n.d.). [Administrative Rules for] Substance Use Disorder Service Programs. Promulgated pursuant to Michigan Public Act 368 of 1978, Section 6231(1), as amended. Retrieved from Substance Use Disorder Licensure <https://www.michigan.gov/lara/bureau-list/bchs/substance-use-disorder-licensure>

Treatment Policy #5, Enrollment Criteria for Methadone Maintenance and Detoxification Program, (Rev. 2007) Michigan Department of Health & Human Services, Office of Recovery Oriented Systems of Care, http://www.michigan.gov/mdhhs/0,1607,7-132-2941_4871_4877-133156--,00.html

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

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

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

Waller RC, Boyle MP, Daviss SR, et al, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions, Volume 1: Adults*. 4th ed. Hazelden Publishing; 2023.

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¹ See separate withdrawal management policy for how to approach unbundled withdrawal management for adults.