



Section: Substance Abuse Treatment & Prevention	Policy Name: Substance Abuse Service Authorization Guidelines	Policy Number: 11.13
Owner: Manager of UM & Call Center	Reviewed By: Elizabeth Guisinger, LPC, CAADC Joel Smith, LMSW	Total Pages: 4
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Policy: It shall be the policy of Southwest Michigan Behavioral Health (SWMBH) to assure that Substance Use Disorder (SUD) Authorization processes meet the contractual and regulatory requirements of the Michigan Department of Health and Human Services (MDHHS) contract and Center for Medicare and Medicaid Services (CMS) Code of Federal Regulations (CFR) and the Public Health Code and advance the recovery of SWMBH customers. In cases where there are inconsistencies, SWMBH will follow the stricter of the two guidelines.

Purpose: SWMBH will provide guidelines to SUD Providers regarding the amount of services that may be requested and authorized at any given time. These guidelines are intended to provide a process for continued stay and ongoing service utilization review and are not intended to provide a service limit.

Scope: This policy is applicable to SWMBH’s Care Management Specialists, Community Mental Health Service Providers (CMHSP), and SUD Providers that are requesting and approving authorization requests for substance abuse treatment provided under the funding sources of Medicaid, Healthy Michigan Plan, and Block Grant.

Responsibilities: SWMBH Utilization Management (UM) are responsible for collecting necessary clinical documentation to make appropriate medical necessity determination in the authorization of initial and ongoing substance abuse treatment.



CMHSPs, CCBHCs and CCBHC DCOs are responsible for providing clinically appropriate services, while completing necessary supporting documentation to support initial and ongoing substance abuse treatment.

Substance Abuse Treatment providers are responsible for providing appropriate care for customers, while completing necessary clinical documentation supporting ongoing substance abuse treatment.

Definitions: None

Standards and Guidelines:

- A. These listed service guidelines are to be utilized when establishing an initial authorization or requesting additional authorizations. They are to be used in conjunction with Medical Necessity Criteria. It is important to remember that there are no pre-set limits to an individual's benefit. All authorizations are to be prior authorized to the service requested. The exception to prior authorization includes emergency services.
- B. If the customer continues to meet criteria for the service, providers may request additional units accompanied by clinical rationale indicated by completing a current American Society of Addiction Medicine (ASAM) criteria assessment for adults, or the GAIN for adolescents. The ASAM or GAIN should be recent, completed within the last 30 days, to indicate the customer's continued need for ongoing treatment at the appropriate level of care.
- C. All authorizations for service are expected to be based on Medical Necessity Criteria and documentation must demonstrate the need for initial or on-going services.
 - 1. Assessment is an ongoing process and evolutionary changes should be reflected in the clinical record. It is expected that customers will have a current assessment on file. Transfers from various levels of care within an organization should contain at minimum an addendum to the assessment identifying rationale for the change in level of care and the treatment needed to remediate the identified diagnosis. Typically, assessments are authorized on an initial and annual basis. Providers may request a new assessment if it has been determined that there have been marked changes in status.
 - 2. Example rationale for providers to request authorization of an assessment:
 - a. An identified need for a change in the level of care
 - b. Annual assessment update
 - c. A change in the customer's status (diagnosis, living situation, employment, presentation)
 - d. A customer returning to treatment after recent service termination whose presentation has changed.
- D. It is expected that the treatment plan will be present in the chart, will contain measurable goals with progress notes in the chart and will be reviewed every 120 days at minimum or as indicated in the plan. It is expected that there are sufficient goals, objectives, and interventions to support the amount of treatment being requested.
- E. The policy attachment details what is average utilization throughout the Southwest Michigan Behavioral catchment area of the listed services to achieve the statutory requirement of uniform benefit across the region. This can be used by clinical supervision to monitor over or underutilization in



ASAM service categories to ensure all customers are receiving the appropriate amount of service for their identified levels of need.

- F. It should be noted that Level II Intensive Outpatient (IOP) is to be delivered at 9-19 hours a week per the American Society of Addiction Medicine Recommendation. As indicated above, SWMBH follows the stricter Federal Guidelines which indicate IOP is a 3 hour a day service. Therefore, it is the policy of Southwest Michigan Behavioral Health that this service is a bundled rate to be delivered at no less than three hours a day as many clients will need more than the minimum service threshold. However, it is understood that due to variability in need amongst the client population, some clients may not be able to maintain for the full three hours a day and will need to attend more days a week for less time. For short durations based on clinical rationale. If the 9 hours a week is met in any combination with approval of UM staff, this is acceptable.
- G. It should further be noted that you cannot bill for the IOP code during weeks that the client does not attend the minimum of nine hours. However, requests may be submitted for outpatient services to be reimbursed for the outpatient codes for each daily occurrence.

References: None

Attachments: 11.13A Level of Care Service Utilization Guidelines









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Final Audit Report

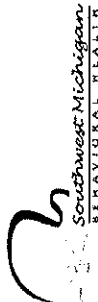
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SWMBH LEVEL OF CARE/SERVICE UTILIZATION GUIDELINES



Version Date: 5/24/2019
 Regional Utilization Management Regional Operations Committee
 Endorsement Date: 5/23/19

The SWMBH Core Service Menu is intended as a guideline, not to be interpreted as caps on services. An assessment score does not directly equate to approval for a service or service package. Services are typically determined based on a combination of Assessment, Person-Centered Planning Process, requested/authorized services, stage of change, service history, and clinician judgement. Clinical assessments shall contain clear documentation of eligibility for PHP specialty services, as outlined in MPM 8M/10D Chapter, section 1.6, as well as documentation supporting the medical necessity of each requested/authorized service.
 Some court-ordered individuals may be required by judge's order into a level of care incongruent with the assessment score. Funding via PHP Medicaid funds is contingent upon documented medical necessity for the service being delivered.
 SWMBH is responsible to ensure that LOC guidelines are being used consistently by CMHS's, as well as to ensure that appropriate exceptions, appeal mechanisms and documentation are in place. Goal is to have a common, uniform benefit for Medicaid services across the region, informed by consistent, standardized assessments.
 Services not requiring authorization: Screening and Emergency/Crisis services (H002, 59484, T1023), Medication Injections (96372 and 95555), Prevention (59482, T1027)
 Assessments (H0031, 90791, 90792) will be monitored outside of the Care Service Menu. Review and authorization for Acute Psychiatric Services and ECT are managed through the pre-screen and concurrent authorization processes.
 This list is not all-inclusive. Any other services not listed require review at the local CMHSP by a Utilization Management Professional, including but not limited to: CUS/PC Per Diem, Family Training, Nutrition Services, OT/PT/STP, Respite, Prevention Services, Psychological Testing, Skill Building, and Supported Independent Living.

Level 0 High	Level 1 Low	Level 2 Moderate	Level 3 High	Level 4 Intense
<p>CAFAS/PECAS Total Score</p> <p>Functional Level: Child/family with minimal impairments who may require limited services to maintain stability; mild family/relationship issues; adjustment difficulties; mild difficulties in school/day care settings.</p> <p>Risk of Psychiatric Hospitalizations: Minimal to no risk in the past year</p> <p>Prior Psychiatric Hospitalizations: No hospitalizations in the past year</p> <p>ED/Crisis Services: Minimal use of ED or crisis services.</p> <p>Thinking/Communication: Thought, as reflected by communication, is not disordered or eccentric.</p> <p>Substance Use: N/A</p>	<p>Functional Level: Ability to function at age level. In some stress, overall stable living environment; service needs focus on building resiliency and other protective factors in child/family; crisis intervention services not needed or needed infrequently; minimal or fewer impairments in functional domains.</p> <p>Risk of Psychiatric Hospitalizations: Minimal to no risk in the past year</p> <p>Prior Psychiatric Hospitalizations: Infrequent to no hospitalizations in the past year</p> <p>Treatment: Significant progress in treatment; Reduction or stabilization of symptoms; transitioning from higher level of care, or may need additional supports.</p> <p>ED/Crisis Services: Low/frequent use of ED or crisis services.</p> <p>Thinking/Communication: Occasional difficulty in communications; In behavior, or in interactions with others due to any of the following: eccentric or odd speech, expression of odd beliefs, or, if older than eight years old, magical thinking; unusual perceptual experiences not qualifying as pathological hallucinations.</p> <p>Substance Use: Pattern of substance use likely impairs functioning</p>	<p>Functional Level: Moderate to significant inability to function in some areas. Instability in living environment; multiple service needs; family requires regular support; crisis intervention services needed</p> <p>Risk of Psychiatric Hospitalizations: Low to moderate risk</p> <p>Placement At Risk: for out of home placement</p> <p>Behavior: Displays disruptive behavior</p> <p>ED/Crisis Services: Moderate to frequent use of ED/Crisis services</p> <p>Thinking/Communication: Frequent difficulty in communication or behavior, or specialized setting or supervision needed due to any of the following: communications do not "flow", are irrelevant, or disorganized; frequent disorientation of thinking; intermittent hallucinations that interfere with normal functioning; pre-occupying cognitions or fantasies with bizarre, odd, or gross themes.</p> <p>Substance Use: Substance use has serious negative consequences</p>	<p>Functional Level: Inability to function in most areas; persistent danger to self and others. Caregiver functioning puts child at significant risk</p> <p>Treatment: As significant risk of institutionalization or placement outside of current community, may be residing in a specialized residential setting, involved in numerous provider systems (i.e. Criminal Justice, Dept. of Human Services, or School).</p> <p>Risk of Psychiatric Hospitalizations: Moderate to significant risk of institutionalization and/or placement outside of current setting; frequent psychiatric hospitalizations. History of impulsive behaviors or suicidal ideation</p> <p>Placement: Treatment needs beyond home based services</p> <p>Behavior: Significant difficulties in school/day care settings; Thinking/Communication: Cannot interact adequately in the community due to any of the following conditions: communications impairments; speech or nonverbal behavior is extremely odd and/or noncommunicative; strange or bizarre behavior; frequent and/or disruptive delusions or hallucinations; short-term memory loss/disorientation to time or place</p>	<p>Functionally Subscale score that could bump to PKC level</p> <p>Functional Level: Total assessment requires on a daily basis treatment. Ongoing treatment may require enhanced specialty services</p> <p>Risk of Psychiatric Hospitalizations: Significant risk of institutionalization and/or placement outside of current community.</p> <p>Behavior: Displays high risk, impulsive, potentially dangerous behavior towards self/others</p> <p>Substance Use: Substance use dominates life, usage is out of control and serves no social function</p>
<p>Other certifications</p>	<p>Clinical assessment shall contain clear documentation regarding eligibility for PHR services, as outlined in MPM 8M/10D Chapter, section 1.5 and SWMBH SWI and SED Specialty Services Eligibility Policy.</p>	<p>Services / Annual Threshold* for UM Review in Units</p> <p>Community Living Supports 15 minutes (H0015) 0</p> <p>Family and Outpatient Therapy (9083X, 9094X) 25</p> <p>Family Training (S5111) 0</p> <p>Group Therapy (90853) 25</p> <p>Home Based (H0036) 0</p> <p>Multi-systemic therapy (H2033) 0</p> <p>Supports Coordination (T1016) 25</p> <p>Targeted Case Management (T1017) 100</p> <p>Treatment Planning (H0032) 6</p> <p>Wraparound Services (H2021) 0</p>	<p>Services / Annual Threshold* for UM Review in Units</p> <p>Community Living Supports 15 minutes (H0015) 1300</p> <p>Family and Outpatient Therapy (9083X, 9094X) 25</p> <p>Family Training (S5111) 25</p> <p>Group Therapy (90853) 25</p> <p>Home Based (H0036) 325</p> <p>Multi-systemic therapy (H2033) 625</p> <p>Supports Coordination (T1016) 25</p> <p>Targeted Case Management (T1017) 100</p> <p>Treatment Planning (H0032) 6</p> <p>Wraparound Services (H2021) 200</p>	<p>Services / Annual Threshold* for UM Review in Units</p> <p>Community Living Supports 15 minutes (H0015) 1200</p> <p>Family and Outpatient Therapy (9083X, 9094X) 25</p> <p>Family Training (S5111) 25</p> <p>Group Therapy (90853) 25</p> <p>Home Based (H0036) 425</p> <p>Multi-systemic therapy (H2033) 625</p> <p>Supports Coordination (T1016) 25</p> <p>Targeted Case Management (T1017) 100</p> <p>Treatment Planning (H0032) 6</p> <p>Wraparound Services (H2021) 225</p>

*Service thresholds listed above include all Medicaid specialty behavioral health services authorized/delivered using the HCPCS/CPT codes listed, with any applicable modifiers, unless otherwise indicated.