



Section: Substance Use Treatment & Prevention	Policy Name: Substance Use Disorder Service Authorization Guidelines	Policy Number: 11.13
Owner: Director of Utilization Management	Reviewed By: Elizabeth Guisinger, LPC, CAADC Joel Smith, LMSW	Total Pages: 4
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): SARF Licensing	Final Approval By: <small>Elizabeth Guisinger (Jan 4, 2024 13:06 EST)</small> <small>Joel A. Smith, LMSW (Jan 4, 2024 13:39 EST)</small>	Date Approved: Jan 4, 2024
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan _____ <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> CCBHC	Effective Date: 9/16/2014

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 use disorder 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 use disorder treatment. CMHSPs, CCBHCs and CCBHC DCOs, where permitted in accordance with applicable CMH Delegation MOUs, are responsible for providing clinically appropriate services, while



completing necessary supporting documentation to support initial and ongoing substance use disorder treatment.

Substance use disorder treatment providers are responsible for providing appropriate care for customers, while completing necessary clinical documentation supporting ongoing substance use disorder 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 Global Appraisal of Individual Needs (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 Health 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. Level 2.1 Intensive Outpatient (IOP) requires clients to be scheduled for regular programming that meets all of the following weekly minimums:
1. A minimum of 9 to a maximum of 19 hours per week, in accordance with the American Society of Addiction Medicine recommendation.
 2. A minimum of 3 days per week, subject to paragraph (G) below.
 3. A minimum duration of 3 hours per service day, in accordance with the stricter Federal Guidelines which indicate IOP is a 3 hour a day service.
- G. Due to variability in need amongst the client population, some clients may not be able to maintain for the full three (3) hours per day and will need to attend more days each week for shorter durations of service. This exception must be for a limited duration and must be based on clinical rationale that is documented in the client's record. Programming must still meet the minimum requirements in (F)(1) and (F)(2) above.
- H. As long as clients are scheduled for regular IOP programming that meets the requirements in paragraphs (F) and (G) above, providers may bill for the IOP code for services rendered (i.e. the days the client actually attended services/services were delivered) during weeks that the client does not attend the minimum amounts of services. However, if a client is routinely unable or unwilling to participate in the minimum amounts of services required for the IOP level of care, the provider shall reassess the client's needs to determine if a different level of care is more appropriate, and shall document this in the client's record. The discrepancy between the recommended level of care and actual level of care being provided should be documented and an amendment to the customer's treatment plan should reflect this change.
- I. For beneficiaries with a Medicare primary payor to their Medicaid, Healthy Michigan Plan, or Block Grant funding (exceptions only with prior approval, see SWMBH Policy 01.07, Substance Abuse Community/Block Grant Authorized Use for Treatment Services, section C, 3 & 4), authorizations do not need to be requested through SWMBH's MCIS. Upon claims submission, providers will be reimbursed based on the EOB and primary payor determination. Any non-Medicare billable services must follow the Medicaid, Healthy Michigan Plan, and Block Grant funding authorization guidelines. This includes requesting the service authorizations and providing supporting clinical documentation as outlined in this policy.
- J. For beneficiaries with a Commercial primary payor to their Medicaid, Healthy Michigan Plan, or Block Grant funding (exceptions only with prior approval, see SWMBH Policy 01.07, Substance Abuse Community/Block Grant Authorized Use for Treatment Services, section C, 3 & 4), authorizations must be requested in SWMBH's MCIS for determination. Claims submissions will be paid based on the EOB and primary payor determination. If the commercial insurance is the primary payor, no supporting clinical documentation is required for review for authorization determination as the commercial insurance determines medical necessity criteria. Any non-commercial billable services must follow the Medicaid, Healthy Michigan Plan, and Block Grant funding authorization guidelines. This includes providing supporting clinical documentation as outlined in this policy.

References: None

Attachments: 04.10A SMI, SED, IDD, SUD Core Service Menu

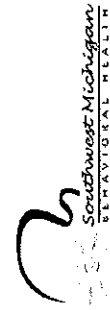


Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	4/2/2019	III.B. Standards and Guidelines	Clarifies that recent current ASAM completed should be included within the past 30 days	E. Guisinger
1	8/22/2019	Standards and Guidelines, D.	Revision timeline changed from 90 to 120 days per LARA	E. Guisinger
2	5/16/2022	Standards and Guidelines, C. Effective Date	Annual Review Updated effective date to 6/16/2014 due to it being incorrectly entered when moved to updated template	L. Mitchell & E. Guisinger
3	6/9/2023	Attachment number, 04.10A Added Standards & Guidelines, H & I	Attachment 04.10A replaced 11.13A to remove duplicate policy attachments Included information on Medicare and Commercial insurance primary payors and the authorization processes	E. Guisinger
4	12/13/23	Standards and Guidelines, F, G, & H.	Modified and clarified IOP service delivery and billing expectations.	M. Todd, J. Smith, L. Mitchell, B. Guisinger
5	12/19/23	N/A	Reviewed redline of Change #4 at Regional SUD Director's Meeting. Changed "Abuse" to "Use Disorder" when not connected to a policy name	M. Todd J. Smith

SWMBH CORE SERVICE MENU - YOUTH WITH SEVERE EMOTIONAL DISTURBANCES

Version Date: 5/4/2022
 Endorsement
 Dates: 5/9/22 Regional Utilization Management Committee



The SWMBH Core Service Menu is intended to guide, not to be interpreted as caps on services or as one-size-fits-all service packages. An assessment score does not directly equate to approval for services. Services are typically determined based on a combination of Assessment, Person-Centered Planning process, consideration of natural supports, stage of change, service history, and clinician judgement. Clinical assessments shall contain clear documentation of eligibility for PHP specialty services, as outlined in MPM BH/DD Chapter, section 1.6; as well as documentation supporting the medical necessity of such requested/authorized services.

Some court-ordered individuals may be required by judge's order into a level of care inconsistent with the assessment score. Funding via PHP Medicaid funds is contingent upon documented medical necessity for the services being delivered.

SWMBH is responsible to ensure that LOC guidelines are being used consistently by CMHSs, 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 consultant services not requiring authorization: Screening and Emergency/Crisis services (H0002, 99484, T0023), Medication Injections (96372 and 95936), Prevention (98482, T1027) Assessments (H0033, 90791, 90790) and Behavior Treatment Review will be monitored outside of the Core Service Menu and authorized per the CMH's policies. 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: CLS/PC Per Diem, Family Training, Nutrition Services, OT/PT/SLP, Respite, Prevention Services, Psychological Testing, Skill Building, and Supported Independent Living.

	Level 0 Mild	Level 1 Low	Level 2 Moderate	Level 3 High	Level 4 Intense
Other Indicators for services at this level	<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 Hospitalization: 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 with age level in some areas, overall stable living environments, 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 Hospitalization: Minimal to no risk in the past year.</p> <p>Prior Psychiatric Hospitalizations: Infrequent to no hospitalizations in the past year.</p> <p>ED/Crisis Services: 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 distortion of thinking; intermittent hallucinations that interfere with normal functioning; preoccupying cognitions or fantasies with bizarre, odd, or gross themes.</p> <p>Substance Use: Substance use has serious negative consequences.</p>	<p>Functional Level: Moderate to significant inability to function in some areas, instability in living environment, multiple service needs, family require regular support, crisis intervention services needed.</p> <p>Risk of Psychiatric Hospitalization: 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 distortion of thinking; intermittent hallucinations that interfere with normal functioning; preoccupying 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/funding 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.</p> <p>Involvement: Involved in numerous provider systems i.e. Criminal Justice, Dept. of Human Services, or school.</p> <p>Risk of Psychiatric Hospitalization: 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>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/dissociation to time or place.</p>	<p>Potentially Subscale score that could bump to this level.</p> <p>Functional Level: Total assistance needed on a daily basis.</p> <p>Treatment: Ongoing treatment may require enhanced Specialty Professional Staff (Behavior Specialist, OT, PT, etc.)</p> <p>Risk of Psychiatric Hospitalization: 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>
Other clarifications	<p>Clinical assessment must contain clear documentation of eligibility for PHP services, in accordance with MPM BH/DD Chapter, section 1.6 and SWMBH Policy 2.11, SM and SED Specialty Services Eligibility.</p>				
Typical CMHS Services in this Level of Care	<p>Services / Annual Threshold for UM Review in Units</p> <p>Individuals with mild/moderate emotional disturbances, typically presenting at CAFAS Level 0 or lower, will be referred for services funded through their Medicaid Health Plan or Medicaid (fee-for-service). PHP services are available to youth meeting MOHHS diagnostic and duration/diagnosis criteria, AND: a CAFAS total score of 30 or greater, OR two 20s on any of the first eight subscales of the CAFAS, OR one 30 on any subscale of the CAFAS, except for substance abuse only.</p> <p>All service requests in this level require review and approval by a Utilization Management professional through the Exception review process. If PHP services are delivered at this level, clinical assessment shall contain clear documentation regarding eligibility for PHP services as outlined in MPM BH/DD Chapter, section 1.6 and SWMBH SM and SED Specialty Services Eligibility Policy.</p> <p>CEHC Demonstration Sites: Individuals requesting services for mild to moderate emotional disturbances with a qualifying diagnosis at CAFAS LOC 0 may receive up to 12 units of outpatient or group therapy and 4 psychiatric office visits without requiring UM.</p>	<p>Services / Annual Threshold for UM Review in Units</p> <p>Community Living Supports 15 minutes (H2015) 0</p> <p>Family and Individual Therapy (9083X, 9084X) 30</p> <p>Family Training (55111) 0</p> <p>Group Therapy (90853) 30</p> <p>Home Based (H0036) 0</p> <p>Multi-systemic therapy (H2033) 0</p> <p>Psychiatric office visit (99200) 10</p> <p>Targeted Case Management (T1017) 125</p> <p>Treatment Planning (H0032) 7</p> <p>Wraparound Services - 15 minute unit non-walker (H0021) 200</p> <p>Wraparound Services - Walker Per Diem (H0022) 50</p>	<p>Services / Annual Threshold for UM Review in Units</p> <p>Community Living Supports 15 minutes (H2015) 500</p> <p>Family and Individual Therapy (9083X, 9084X) 30</p> <p>Family Training (55111) 60</p> <p>Group Therapy (90853) 30</p> <p>Home Based (H0036) 325</p> <p>Multi-systemic therapy (H2033) 625</p> <p>Psychiatric office visit (99200) 13</p> <p>Targeted Case Management (T1017) 125</p> <p>Treatment Planning (H0032) 7</p> <p>Wraparound Services - 15 minute unit non-walker (H0021) 225</p> <p>Wraparound Services - Walker Per Diem (H0022) 50</p>	<p>Services / Annual Threshold for UM Review in Units</p> <p>Community Living Supports 15 minutes (H2015) 700</p> <p>Family and Individual Therapy (9083X, 9084X) 30</p> <p>Family Training (55111) 60</p> <p>Group Therapy (90853) 30</p> <p>Home Based (H0036) 425</p> <p>Multi-systemic therapy (H2033) 625</p> <p>Psychiatric office visit (99200) 13</p> <p>Targeted Case Management (T1017) 125</p> <p>Treatment Planning (H0032) 8</p> <p>Wraparound Services - 15 minute unit non-walker (H0021) 225</p> <p>Wraparound Services - Walker Per Diem (H0022) 60</p>	<p>Services / Annual Threshold for UM Review in Units</p> <p>Community Living Supports 15 minutes (H2015) 1475</p> <p>Family and Individual Therapy (9083X, 9084X) 30</p> <p>Family Training (55111) 60</p> <p>Group Therapy (90853) 30</p> <p>Home Based (H0036) 425</p> <p>Multi-systemic therapy (H2033) 700</p> <p>Psychiatric office visit (99200) 13</p> <p>Targeted Case Management (T1017) 125</p> <p>Treatment Planning (H0032) 14</p> <p>Wraparound Services - 15 minute unit non-walker (H0021) 225</p> <p>Wraparound Services - Walker Per Diem (H0022) 60</p>

Service thresholds listed above include all Medicaid specialty behavioral health services authorized/delivered using the H0025/OT codes listed, with any applicable modifiers, unless otherwise indicated.

SWMBH CORE SERVICE MENU - ADULTS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

7/1/2022

Version Date:

Endorsement Dates:

7/1/22 Regional Utilization Management Committee and Regional Clinical Practices Committee

The SWMBH Core Service Menu is intended as guidelines, not to be interpreted as caps on services or as one-size-fits-all service packages. An assessment score does not directly equate to approval for a service(s). Services are typically determined based on a combination of Assessment, Person-Centered Planning process, consideration of natural supports, stage of change, service history, and clinician judgement. Clinical assessments shall contain clear documentation of eligibility for PHP specialty services, as outlined in NIPM 84/100 Chapter, section 1.6; as well as documentation supporting the medical necessity of each requested/authorized service.

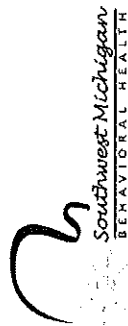
Some court-ordered individuals may be required by Judge's order into a level of care incongruent with the assessment score. Funding via PHP Medical funds is contingent upon documented medical necessity for the services being delivered.

SWMBH is responsible to ensure that LOC guidelines are being used consistently by CMHPS, as well as to ensure that appropriate exceptions 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, S484, T1023), Medication Injections (9672 and 98506), Prevention (93482, T1027)

Assessments (H0031, 90791, 90792) will be monitored outside of the Core Service Menu. Review and authorization for Acute Psychiatric Services and ECT are managed through the pre-screen and concurrent authorization processes.

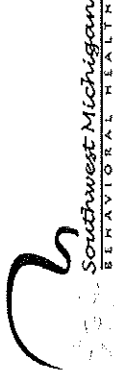
This list is not all-inclusive. Any other services not listed require review at the local CMHSP by a Utilization Management Professional, including but not limited to: CTS/PC Olem, Family Training, Nutrition Services, Psychological Testing, and Supported Independent Living.



Level	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
SSS ABE*, Medical, and Behavior Scores	Low functional support needs, low medical and behavioral support needs ABE Score 0-2, and Medical Score 0-3, and Behavior Score 0-3	Moderate functional support needs, low medical and behavioral support needs ABE Score 2-6, and Medical Score 0-3, and Behavior 0-3	High functional support needs, moderate medical and/or behavioral support needs ABE - Any Score, Medical Score 4-6 OR Behavior 4-6	Any functional support needs, moderate medical and/or behavioral support needs ABE - Any Score, Medical Score 7-9 OR Behavior 7-9	Any functional support needs, high medical and/or behavioral support needs ABE - Any Score, Medical Score 10+ OR Behavior 10+	Any functional support needs, extraordinary medical and/or behavioral support needs ABE - Any Score, Medical Score 10+ OR Behavior 10+
Other indicators for services at this level	Functional Level: Requires minimal prompts/reminders to engage in or complete daily living activities and to access the community. Behavioral Health: No to moderate behavioral issues. May require a behavior support plan to ensure consistency and proactive approaches. Physical Health/Comorbidity: Medical/health needs are stable and maintained with minimal support. Safety Risks: None or managed with minimal prompting, supervision, or reminders	Functional Level: Verbal prompts, coaching, and/or training needed to engage in or complete daily living activities and to access the community. Behavioral Health: No to moderate behavioral issues. May require a behavior support plan to ensure consistency and proactive approaches. Physical Health/Comorbidity: Medical/health needs are stable. May require assistance and prompts to ensure healthcare needs are met. Safety Risks: Risks managed with prompting, supervision, and/or reminders	Functional Level: Frequent assistance, guidance, and/or prompting needed engage in or complete daily activities and to access the community. Some hands-on physical support/guidance needed. Behavioral Health: No to moderate behavioral issues. May require a behavior support plan to ensure consistency and proactive approaches. Physical Health/Comorbidity: Medical/health needs are stable. Requires assistance and/or prompts to ensure healthcare needs are met. Safety Risks: Safety risks may be present that need to be addressed or monitored; includes safety to self and safety in the community.	Functional Level: Medical or behavioral needs adversely affect individuals' functioning and need for assistance at this level. Behavioral Health: May have potentially harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan. Physical Health/Comorbidity: May have medical/health needs requiring weekly (or more) monitoring and/or oversight and assistance. Nursing services may be required to develop and train on health care protocols. Safety Risks: Active safety risk to self or others due to medical or behavioral risks. May need environmental accommodations.	Functional Level: Medical or behavioral needs adversely affect individuals' functioning and need for assistance at this level. Behavioral Health: May have potentially harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan. Physical Health/Comorbidity: May have extensive medical/health needs, requiring daily (or more) monitoring and/or oversight and hands on assistance. Nursing services may be required to develop and train on health care protocols. Safety Risks: Active safety risk to self or others due to medical or behavioral risks. May need environmental accommodations.	Functional Level: Medical or behavioral needs adversely affect individuals' functioning and need for assistance at this level. Behavioral Health: May have frequent potentially harmful, injurious or dangerous behaviors requiring near continuous supervision, consistent proactive interventions, and a formal behavior treatment plan. Physical Health/Comorbidity: May have extensive medical/health needs, requiring monitoring and/or oversight multiple times during the day. Nursing services typically required to develop and train on health care protocols. Safety Risks: Active safety risk to self or others due to medical or behavioral risks. May need environmental accommodations.
Other identifiers	Community Living Supports 15 minutes (H2015) Family and Individual Therapy (9083X, 9084X) Fiscal Intermediary Services (T2025) Nursing Services (T1002) Psychiatric office visit (9920X) (T1005) Respite Services, 15 minute (T1005) Skill-Building/Non-Vocational (H2014/H2014HK)	Community Living Supports 15 minutes (H2015) Family and Individual Therapy (9083X, 9084X) Fiscal Intermediary Services (T2025) Nursing Services (T1002) Psychiatric office visit (9920X) (T1005) Respite Services, 15 minute (T1005) Skill-Building/Non-Vocational (H2014/H2014HK)	Community Living Supports 15 minutes (H2015) Family and Individual Therapy (9083X, 9084X) Fiscal Intermediary Services (T2025) Nursing Services (T1002) Psychiatric office visit (9920X) (T1005) Respite Services, 15 minute (T1005) Skill-Building/Non-Vocational (H2014/H2014HK)	Community Living Supports 15 minutes (H2015) Family and Individual Therapy (9083X, 9084X) Fiscal Intermediary Services (T2025) Nursing Services (T1002) Psychiatric office visit (9920X) (T1005) Respite Services, 15 minute (T1005) Skill-Building/Non-Vocational (H2014/H2014HK)	Community Living Supports 15 minutes (H2015) Family and Individual Therapy (9083X, 9084X) Fiscal Intermediary Services (T2025) Nursing Services (T1002) Psychiatric office visit (9920X) (T1005) Respite Services, 15 minute (T1005) Skill-Building/Non-Vocational (H2014/H2014HK)	Community Living Supports 15 minutes (H2015) Family and Individual Therapy (9083X, 9084X) Fiscal Intermediary Services (T2025) Nursing Services (T1002) Psychiatric office visit (9920X) (T1005) Respite Services, 15 minute (T1005) Skill-Building/Non-Vocational (H2014/H2014HK)
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*ABE score is the composite score of support needs in three specific areas of the SSS: Part A: Home Living Activities; Part B: Community Living Activities; and Part C: Health and Safety Activities
SWMBH will review Authorization & actual utilization data to identify cases for oversight and monitoring for over-and-under utilization

SWMBH CORE SERVICE MENU - PERSONS WITH SUBSTANCE USE DISORDERS



Version Date: 12/20/22
Endorsement Dates: Regional Substance Use Directors Workgroup 12/20/2022, Regional Utilization Management Committee 11/4/2022

The SWMBH Core Service Menu is intended as guidelines, not to be interpreted as caps on services. Authorization thresholds for the ASAM Core Service Menu are based on the level of care (LOC) the person was referred to. In cases where referred LOC differs from the recommended LOC, the record should document this, along with the rationale for the discrepancy. Services are typically determined based on a combination of assessment, planning process, consideration of natural supports, stages of change, service history, and clinician judgement. Clinical assessments shall contain 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 PIHP Medicaid funds requires medical necessity for the services being delivered. SWMBH is responsible to ensure that LOC guidelines are being used consistently by CMHSPs, as well as to ensure that appropriate exceptions, appeal mechanisms and documentation are in place. Goal is to have a common, uniform benefit for SUD services across the region, informed by consistent, standardized assessments. This list is not all-inclusive. Any other services not listed (e.g., residential, withdrawal management, childcare services) require UM review at the CMHSP or SWMBH.

Level Name	Level 0.5 Early Intervention	Level 1 Outpatient	Level 1 OTP Opioid Treatment Program	Level 2.1 Intensive Outpatient
Level description*	Assessment and education for individuals who, for a known reason, are at risk of developing substance-related problems, or for whom there is not yet sufficient information to document a diagnosable substance use disorder.	Recovery or motivational enhancement therapies and strategies that may be delivered in a variety of settings. Typically consists of less than 9 hours of service/week for adults, or less than 6 hours a week for adolescents.	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder.	Intensive education and treatment to individuals with multidimensional instability, delivered on an outpatient basis, allowing individuals to apply skills in the "real world." Typically consists of 9 or more hours of service a week (adults) or 6 or more hours (adolescents).
Other clarifications	Persons with co-occurring disorders may have assessments completed from both MI and SUD populations, and may receive services from both funding streams. Refer to Core Service Menu for Adults with Mental Illness for behavioral health-related services.			
Typical Services in this Level of Care	A detailed description of the services typically offered in each level of care, the care setting, and how to identify patients who would benefit from each level of care using the ASAM criteria, begins on page 179 of The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (2013).			
	Services / Annual Threshold* for UM Review in Units 0 Care Coordination (H0050) 0 Drug Screen (H0003, H0048, 80305, 80306, 80307) 10 Early Intervention (H0022) 0 Group Counseling (H0005) 25 Individual Counseling (H0004) 6 Individual or Family Therapy (9083X, 9084X) 0 Intensive Outpatient Treatment (H0015) 0 Methadone Administration (H0020) 0 Psychiatric office visit (9920X) 16 Recovery Coach (Peer Services) (H0038) 0 Treatment Planning (T1007)	Services / Annual Threshold* for UM Review in Units 75 Care Coordination (H0050) 0 Drug Screen (H0003, H0048, 80305, 80306, 80307) 0 Early Intervention (H0022) 40 Group Counseling (H0005) 40 Group Therapy (90853) 75 Individual Counseling (H0004) 30 Individual or Family Therapy (9083X, 9084X) 0 Intensive Outpatient Treatment (H0015) 0 Methadone Administration (H0020) 16 Psychiatric office visit (9920X) 150 Recovery Coach (Peer Services) (H0038) 3 Treatment Planning (T1007)	Services / Annual Threshold* for UM Review in Units 75 Care Coordination (H0050) 0 Drug Screen (H0003, H0048, 80305, 80306, 80307) 0 Early Intervention (H0022) 40 Group Counseling (H0005) 40 Group Therapy (90853) 75 Individual Counseling (H0004) 30 Individual or Family Therapy (9083X, 9084X) 0 Intensive Outpatient Treatment (H0015) 0 Methadone Administration (H0020) 16 Psychiatric office visit (9920X) 150 Recovery Coach (Peer Services) (H0038) 3 Treatment Planning (T1007)	Services / Annual Threshold* for UM Review in Units 10 Care Coordination (H0050) 0 Drug Screen (H0003, H0048, 80305, 80306, 80307) 0 Early Intervention (H0022) 40 Group Counseling (H0005) 40 Group Therapy (90853) 115 Individual Counseling (H0004) 40 Individual or Family Therapy (9083X, 9084X) 0 Intensive Outpatient Treatment (H0015) 365 Methadone Administration (H0020) 16 Psychiatric office visit (9920X) 150 Recovery Coach (Peer Services) (H0038) 3 Treatment Planning (T1007)

