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Owner	Matthew Yascolt: Interim Director of Substance Use Disorder
Policy Area	Substance Use Disorders
Applicability	Detroit Wayne Integrated Health Network
References	42 C.F.R. Part 8., ASAM, GAIN + 2 more

Substance Use Disorder Network Policy

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to provide guidance on the administration of the American Society of Addiction Medicine (ASAM) and the Global Appraisal of Individual Needs (GAIN) Assessment/Evaluation for members seeking substance use disorder (SUD) services. Medicaid-covered services and supports must be provided, based on medical necessity, to eligible beneficiaries who reside in the specified region and request services.

PURPOSE

~~The purpose of this policy is to ensure the DWIHN-SUD provider network adheres to its contractual obligation to DWIHN, that individuals requesting access for SUD treatment are assessed using the ASAM for individuals 18 and older and the GAIN for young adults 18 and younger. Recommendations for the appropriate level of care should be based on medical necessity criteria and individual need.~~

The purpose of this policy is to ensure the DWIHN-SUD service provider network fulfills its contractual obligations to DWIHN by mandating the use of standardized assessment tools - the ASAM continuum for adults (18+) and the GAIN for young adults (under 18) - to determine medical necessity and appropriate levels of care for individuals seeking SUD treatment.

APPLICATION

1. The following groups are required to implement and adhere to this policy: ~~DWIHN Board, DWIHN Staff, Contractual Staff, Clinically Responsible Service Provider (CRSP) and their subcontractors, Specialty Providers, Crisis Services Vendors, Credentialing Verification Organization (CVO)~~
    a. DWIHN Board,
    b. DWIHN Staff including the following
        1. DWIHN PIHP Staff
        2. DWIHN Community Care Clinic Staff (Direct Care Staff)
        3. DWIHN Community Care Clinic Staff (DWIHN staff operating as a CCBHC)
        4. DWIHN Crisis Care Center Staff
        5. DWIHN Mobile Crisis Staff
    c. Contractual Staff
    d. Clinically Responsible Service Provider (CRSP) and their subcontractors
    e. Specialty Providers
2. This policy serves the following populations: ~~Adults, Children, Individuals with Intellectual and/or Developmental Disabilities (I/DD), Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), Opioid Health Homes (OHH), Autism~~
    a. Adults
    b. Children
    c. Individuals with Intellectual and/or Developmental Disabilities (I/DD)
    d. Serious Mental Illness (SMI),
    e. Serious Emotional Disturbance (SED),
    f. Substance Use Disorder (SUD)
    g. Autism
    h. Mild/Moderate levels of care
3. This policy impacts the following ~~**contracts/service lines**~~contracts/service lines: ~~MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund~~
    a. Autism
    b. Certified Behavioral Health Clinics
    c. General Fund
    d. Grants
    e. MI-HEALTH LINK
    f. Medicaid
    g. SUD

KEYWORDS

ASAM Criteria: The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.

GAIN: Global Appraisal of Individual Needs. The GAIN is a series of measures (screener, standardized biopsychosocial intake assessment battery, followup assessment battery) designed to integrate research and clinical assessment.The GAIN can be helpful for adults in outpatient, intensive outpatient, drug court program (IOP/OP step down), methadone, short-term residential, long-term residential, TASC-criminal justice residential program, pregnant/postpartum women's program, dual diagnosis, and homeless subgroups at intake to substance abuse treatment and for quarterly followup (used up to 24 months later). Adolescents in outpatient, intensive outpatient, short-term residential, therapeutic community, and residential aftercare programs at intake to substance abuse treatment and for quarterly followup (used up to 30 months later). Adults and adolescents on probation, in employee assistance programs or student assistance programs (not necessarily in treatment) as part of screening.

Integrated Biopsychosocial Assessment: Provide a systemic view of an individual's biomedical, biological, psychological, social factors that can be contributing to a problem or problems.

Outpatient Treatment: Non-residential treatment service that can take place in an office-based location with clinicians educated/trained in providing professionally directed alcohol and other drug (AOD) treatment or a community-based location with appropriately educated/trained staff. 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. Individual, family or group treatment services may be provided individually or in combination. **(MPM Jan 2023)**

Treatment: Treatment must be individualized based on a bio-psycho-social assessment, diagnostic impression and beneficiary characteristics, including age, gender, culture, and development. Authorized decisions on length of stay, including continued stay, change in level of care, and discharge, must be based on the American Society of Addiction Medicine (ASAM) Criteria. Beneficiary participation in referral and continuing care planning must occur prior to discharge and should be based on the needs of the beneficiary in order to support sustained recovery. **(MPM Jan 2023)**

Medication Assisted Treatment (MAT): MAT is the use of medications often used in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of substance use disorders (SUDs). Medications used in MAT are approved by the Food and Drug Administration (FDA). MAT programs are clinically driven and tailored to meet each patient's needs. MAT is a covered service for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service.

Individual Assessment: A face-to-face service for the purpose of identifying functional, treatment, and recovery needs and a basis for formulating the Individualized Treatment Plan. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**

Individual Treatment Planning: The beneficiary must be directly involved with developing the plan that must include Recovery Support Preparation/Relapse Prevention Activities. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**

Individual Therapy: Face-to-face counseling services with the beneficiary.

Group Therapy: Face-to-face counseling with three or more beneficiaries, and can include didactic lectures, therapeutic interventions/counseling, and other group related activities.

Family Therapy: Face-to-face counseling with the beneficiary and the significant other and/or traditional or non-traditional family members.

Crisis Intervention: A service for the purpose of addressing problems/issues that may arise during treatment and could result in the beneficiary requiring a higher level of care if intervention is not provided.

Referral/Linking/ Coordinating/ Management of Service: For the purpose of ensuring follow-through with identified providers, providing additional support in the community if primary services are to be provided in an office setting, addressing other needs identified as part of the assessment and/or establishing the beneficiary with another provider and/or level of care. This service may be provided individually or in conjunction with other services based on the needs of the beneficiary (frequently referred to as substance use disorder case management).

Peer Recovery and Recovery Support: 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 (Recovery Coach) and offer social, emotional, and/or educational supportive services to help prevent relapse and promote recovery.

Compliance Monitoring: For the purpose of identifying abstinence or relapse when it is a part of the treatment plan or an identified part of the treatment program (excludes laboratory drug testing).

Early Intervention: Includes stage-based interventions for individuals with substance use disorders and individuals who may not meet the threshold of abuse or dependence but are experiencing functional/ social impairment as a result of use.

Withdrawal Management: For the purpose of preventing/alleviating medical complications as they relate to no longer using a substance.

Substance Abuse Treatment Services: Services that are required to include assessment, treatment planning, stage-based interventions, referral linking and monitoring, recovery support preparation, recovery support services, and treatment based on medical necessity. They may include individual, group and family treatment. These services are provided under the supervision of a SATS or SATP.

Withdrawal Management: Defined as supervised care for the purpose of managing the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Withdrawal Management is limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services. Licensure as a residential detoxification program is required. Withdrawal Management is part of a continuum of care for substance use disorders and does not constitute the end goal in the treatment process. The detoxification process consists of three essential components: evaluation, stabilization, and fostering client readiness for, and entry into, treatment. A detoxification process that does not incorporate all three components is

~~considered incomplete and inadequate.~~

~~**Residential Treatment:** Defined as intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment. A program director is responsible for the overall management of the clinical program, and treatment is provided by appropriate credentialed professional staff, including substance abuse specialists. Residential treatment must be staffed 24-hours-per-day. The clinical program must be provided under the supervision of a Substance Abuse Treatment Specialist with either full licensure or limited licensure as a psychologist, master's social worker, professional counselor, marriage and family therapist or physician. Services may be provided by a Substance Abuse Treatment Specialist or a non-degreed staff.~~

~~**Substance Abuse and Mental Health Service Administration (SAMHSA)** The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.~~

1. **ASAM Criteria:** The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.
2. **GAIN:** Global Appraisal of Individual Needs. The GAIN is a series of measures (screener, standardized biopsychosocial intake assessment battery, followup assessment battery) designed to integrate research and clinical assessment.The GAIN can be helpful for adults in outpatient, intensive outpatient, drug court program (IOP/OP step down), methadone, short-term residential, long-term residential, TASC-criminal justice residential program, pregnant/ postpartum women's program, dual diagnosis, and homeless subgroups at intake to substance abuse treatment and for quarterly followup (used up to 24 months later). Adolescents in outpatient, intensive outpatient, short-term residential, therapeutic community, and residential aftercare programs at intake to substance abuse treatment and for quarterly followup (used up to 30 months later). Adults and adolescents on probation, in employee assistance programs or student assistance programs (not necessarily in treatment) as part of screening.
3. **Integrated Biopsychosocial Assessment:** Provide a systemic view of an individual's biomedical, biological, psychological, social factors that can be contributing to a problem or problems.
4. **Outpatient Treatment:** Non-residential treatment service that can take place in an office-based location with clinicians educated/trained in providing professionally directed alcohol and other drug (AOD) treatment or a community-based location with appropriately educated/trained staff. 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. Individual, family or group treatment services may be provided individually or in combination. **(MPM Jan 2023)**
5. **Treatment:** Treatment must be individualized based on a bio-psycho-social assessment, diagnostic impression and beneficiary characteristics, including age, gender, culture, and development. Authorized decisions on length of stay, including continued stay, change in level of care, and discharge, must be based on the American Society of Addiction Medicine (ASAM)

Criteria. Beneficiary participation in referral and continuing care planning must occur prior to discharge and should be based on the needs of the beneficiary in order to support sustained recovery. **(MPM Jan 2023)**

6. **Medication Assisted Treatment (MAT):** MAT is the use of medications often used in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of substance use disorders (SUDs). Medications used in MAT are approved by the Food and Drug Administration (FDA). MAT programs are clinically driven and tailored to meet each patient's needs. MAT is a covered service for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service.
7. **Individual Assessment**: A face-to-face service for the purpose of identifying functional, treatment, and recovery needs and a basis for formulating the Individualized Treatment Plan. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**
8. **Individual Treatment Planning:** The beneficiary must be directly involved with developing the plan that must include Recovery Support Preparation/Relapse Prevention Activities. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**
9. **Individual Therapy:** Face-to-face counseling services with the beneficiary.
10. **Group Therapy:** Face-to-face counseling with three or more beneficiaries, and can include didactic lectures, therapeutic interventions/counseling, and other group related activities.
11. **Family Therapy:** Face-to-face counseling with the beneficiary and the significant other and/or traditional or non-traditional family members.
12. **Crisis Intervention:** A service for the purpose of addressing problems/issues that may arise during treatment and could result in the beneficiary requiring a higher level of care if intervention is not provided.
13. **Referral/Linking/ Coordinating/ Management of Service:** For the purpose of ensuring follow-through with identified providers, providing additional support in the community if primary services are to be provided in an office setting, addressing other needs identified as part of the assessment and/or establishing the beneficiary with another provider and/or level of care. This service may be provided individually or in conjunction with other services based on the needs of the beneficiary (frequently referred to as substance use disorder case management).
14. **Peer Recovery and Recovery Support:** 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 (Recovery Coach) and offer social, emotional, and/or educational supportive services to help prevent relapse and promote recovery.
15. **Compliance Monitoring:** For the purpose of identifying abstinence or relapse when it is a part of the treatment plan or an identified part of the treatment program (excludes laboratory drug testing).
16. **Early Intervention**: Includes stage-based interventions for individuals with substance use disorders and individuals who may not meet the threshold of abuse or dependence but are experiencing functional/social impairment as a result of use.
17. **Withdrawal Management:** For the purpose of preventing/alleviating medical complications as they relate to no longer using a substance.

18. **Substance Abuse Treatment Services:** Services that are required to include assessment, treatment planning, stage-based interventions, referral linking and monitoring, recovery support preparation, recovery support services, and treatment based on medical necessity. They may include individual, group and family treatment. These services are provided under the supervision of a SATS or SATP.
19. **Withdrawal Management:** Defined as supervised care for the purpose of managing the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Withdrawal Management is limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services. Licensure as a residential detoxification program is required. Withdrawal Management is part of a continuum of care for substance use disorders and does not constitute the end goal in the treatment process. The detoxification process consists of three essential components: evaluation, stabilization, and fostering client readiness for, and entry into, treatment. A detoxification process that does not incorporate all three components is considered incomplete and inadequate.
20. **Residential Treatment:** Defined as intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment. A program director is responsible for the overall management of the clinical program, and treatment is provided by appropriate credentialed professional staff, including substance abuse specialists. Residential treatment must be staffed 24-hours-per-day. The clinical program must be provided under the supervision of a Substance Abuse Treatment Specialist with either full licensure or limited licensure as a psychologist, master's social worker, professional counselor, marriage and family therapist or physician. Services may be provided by a Substance Abuse Treatment Specialist or a non-degreed staff.
21. **Substance Abuse and Mental Health Service Administration (SAMHSA)** The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

STANDARDS

1. **Access**
    a. At the point of initial contact, individuals requesting SUD services are screened by the DWIHN Access and Call Center to determine the level of risk as emergent, urgent or routine. The Access Center is required to address all six dimensions of the **ASAM** criteria during the screening to determine the most appropriate type and level of treatment for the person and provide a provisional eligibility determination. Individuals will be presented with minimum eligibility considerations to include the following:
        1. Acute intoxication and/or withdrawal potential.
        2. Biomedical conditions and complications.
        3. Emotional/behavioral conditions and complications (e.g., psychiatric conditions, psychological or emotional/behavioral complications of known or unknown origin, poor impulse control, changes in mental status, or transient neuropsychiatric complications).

4. Treatment acceptance/resistance.
5. Relapse/continued use potential.
6. Recovery/living environment.
    i. **Additional considerations include:**
    Past treatment failure(s)
    Access to transportation
    Individual mobility
    Pregnant Women
    Adolescents

2. Treatment must be individualized based on a bio-psycho-social assessment, diagnostic impression and beneficiary characteristics, including age, gender, culture, and development. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**
3. Authorized decisions on length of stay, including continued stay, change in level of care, and discharge, must be based on the American Society of Addiction Medicine (ASAM) Criteria. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**
4. Beneficiary participation in referral and continuing care planning must occur prior to discharge and should be based on the needs of the beneficiary in order to support sustained recovery **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**
5. **Eligibility**
    a. Outpatient care may be provided only when:
        1. The service meets medical necessity criteria based on the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
        2. The American Society of Addiction Medicine (ASAM) Criteria are used to determine substance abuse treatment placement/admission and/or continued stay needs.
        3. Per Medicaid Provider Manual members that can benefit from this service should be limited to:
            i. an acceptable readiness to change level
            ii. minimal or manageable medical conditions;
            iii. minimal or manageable withdrawal risks;
            iv. emotional, behavioral and cognitive conditions that will not prevent the beneficiary benefiting from this level of care;
            v. minimal or manageable relapse potential; and
            vi. a minimally to fully supportive recovery environment.
6. **Covered Services**
    a. For Individuals that show willingness to participate in treatment, the following services can be provided int a outpatient setting. For a definition of each service

please reference the KEYWORDS section above.

1. **Individual Assessment, Outpatient Treatment, Medication Assisted Treatment (MAT), Individual Treatment Planning, Individual Therapy, Group Therapy, Family Therapy, Crisis Intervention, Referral/Linking/ Coordinating/ Management of Service, Peer Recovery and Recovery Support, Compliance Monitoring, Early Intervention, Detoxification/ Withdrawal Monitoring.**

7. **Admission Criteria**
    a. Outpatient services should be authorized based on the number of hours and/or types of services that are medically necessary. Services should be based on individual need.
    b. Reauthorization or continued treatment should take place when it has been demonstrated that the beneficiary is benefiting from treatment but additional covered services are needed for the beneficiary to be able to sustain recovery independently. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**
    c. Reauthorization of services can be denied in situations where the beneficiary has:
        1. Not been actively involved in their treatment, as evidenced by repeatedly missing appointments.
        2. Not been participating/refusing to participate in treatment activities.
        3. Continued use of substances and other behavior that is deemed to violate the rules and regulations of the program providing the services.
        4. Beneficiaries may also be terminated from treatment services based on these violations. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**

8. **Service Intensity**
    a. Outpatient services can include any variety of the covered services and are dependent on the individual needs of the beneficiary. The assessment, treatment plan and recovery support preparations are the only components that are consistent throughout the outpatient levels of care as each beneficiary must have these as part of the authorized treatment services. As a beneficiary's needs increase, more services and/or frequency/ duration of services may be utilized if these are medically necessary. The ASAM levels correspond with established hours of services that take place during a week. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**
        1. The medically necessary outpatient services correspond to the frequency and duration of services established by the ASAM levels of care and are referred to as follows:
            i. **ASAM Level 0.5-Early Intervention:** Services are not subdivided by the number of hours received during a week. The amount and type of services provided are based on individual needs based on the beneficiary's motivation to change and other risk factors

that may be present.

ii. **ASAM Level 1.0-Outpatient:** Services from one hour to eight hours during a week.

iii. **ASAM Level 2.1-Intensive Outpatient:** Services from nine to 19 hours in a week. The services are offered at least three days a week to fulfill the minimum nine-hour commitment.

iv. **ASAM Level 2.5- Expanded Intensive Outpatient:** Services that are offered 20 or more hours in a week.

a. **Service Requirements for Residential level of care (LOC) are as follows**:

i. **ASAM 3.1-**Members with lower impairment or lower complexity of needs. At least 5 hours of clinical services per week.

ii. **ASAM 3.3**- Members with moderate to high impairment or moderate to high complexity of needs. Not less than 13 hours per week.

iii. **ASAM 3.5**- Members with a significant level of impairment or very complex needs. Not less than 20 hours per week.

iv. **ASAM 3.7-**Members with significant level of impairment or very complex needs. Not less than 20 hours per week.

2. **Covered Services Residential Services Description (Medicaid Managed Specialty Supports and Services Program FY20 TREATMENT POLICY #10)**

i. The following services must be available in a residential setting regardless of the LOC and based on individual client need:

a. **Basic Care:** Room, board, supervision, self-administration of medications monitoring, toxicology screening, transportation facilitating to and from treatment; and treatment environment is structured, safe, and recovery-oriented.

b. **Treatment Basics/Core Service:** Assessment; Episode of Care Plan (addressing treatment, recovery, discharge and transition across episode); coordination and referral; medical evaluation and attempt to link to services; connection to next provider and medical services; preparation for 'next step'.

c. **Therapeutic Interventions/Core Service:** Individual, group, and family psychotherapy services appropriate for the individual's needs, and crisis intervention. Services provided by an appropriately licensed,

credentialed, and supervised professional working within their scope of practice.

d. **Interactive Education /Counseling/Core Service:** Interaction and teaching with client(s) and staff to process skills and information adapted to the individual needs. This includes promising practices, individual, group and family counseling, anger management, coping skills, recovery skills, relapse triggers, and crisis intervention. Examples: disease of addiction, mental health, and substance use disorder.

e. **Life Skills/Self-Care:** Social activities that promote healthy community integration/ reintegration; development of community supports, parenting, employment, job readiness, how to use public transportation, hygiene, nutrition, laundry, education.

f. **Milieu/Environment:** Peer support; recreation/ exercise; leisure activities; family visits; treatment coordination; support groups; drug/alcohol free campus

g. **Medical Services Core Service:** Physician monitoring, nursing care, and observation available. Medical specialty consultation, psychological, laboratory and toxicology services available. Psychiatric services available on-site.

9. ~~**Medication Assisted Treatment (MAT)**~~

   a. ~~MAT is a covered service for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service. The State assures coverage of Naltrexone, Buprenorphine, and Methadone and all the forms of these drugs for MAT that are approved under **section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355)** and all biological products licensed under section **351 of the Public Health Service Act (42 U.S.C. 262**).~~

   b. ~~The State also provides coverage for additional MAT drugs per the Michigan Preferred Drug List (PDL) used by the Fee for Service (FFS) pharmacy program. This is described as the Single PDL. The attachment has been included in this guidance for reference.~~

   c. ~~The State assures that Methadone for MAT is provided by Opioid Treatment Programs (OTPs) that meet the requirements in 42 C.F.R. Part 8. For additional information please review the attachment labeled 42 CFR below.~~

   d. ~~Methadone must be administered by an appropriately-licensed MD/DO, physician assistant, nurse practitioner, clinical nurse specialist, registered nurse, licensed practical nurse, or pharmacist.~~

   e. ~~Opiate-dependent beneficiaries may be provided chemotherapy using methadone as an adjunct to a treatment service. Provision of such services must meet the~~

following criteria:

1. Services must be provided under the supervision of a physician licensed to practice medicine in Michigan.
2. The physician must be licensed to prescribe controlled substances, as well as licensed to work at a methadone program.
3. The methadone component of the substance abuse treatment program must be:
    i. Licensed as such by the state
    ii. Certified by the Division of Pharmacologic Therapies/Center for Substance Abuse Treatment (DPT/CSAT)
    iii. licensed by the Drug Enforcement Administration (DEA); and accredited by a DPT/CSAT and state-approved accrediting organization (The Joint Commission (TJC) and the Commission on Accreditation of Rehabilitation Facilities (CARF)

10. . **Covered Services for Methadone:**

    a. Covered services for Methadone and pharmacological supports and laboratory services, as required by DPT/CSAT regulations and the Administrative Rules for Substance Use Disorder Service Programs in Michigan, include:
        1. Methadone medication
        2. Nursing services
        3. Physical examination
        4. Physician encounters (monthly)
        5. Laboratory tests (including health screening tests as part of the initial physical exam, pregnancy test at admission, and required toxicology tests)
        6. TB skin test (as ordered by physician

    b. Medical necessity requirements shall be used to determine the need for methadone as an adjunct treatment and recovery service.

    c. All six dimensions of the American Society of Addiction Medicine (ASAM) Criteria must be addressed. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**

    d. Decisions to admit an individual for methadone maintenance must be based on medical necessity criteria, satisfy the LOC determination using the six dimensions of the ASAM Criteria, and have an initial diagnostic impression of opioid dependency for at least one year based on current DSM criteria. **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services)**

    e. Admission procedures require a physical examination. This examination must include a medical assessment to confirm the current DSM diagnosis of opioid dependency of at least one year, as was identified during the screening process. The physician may refer the individual for further medical assessment as indicated. (**MPM 2023 Behavioral Health and Intellectual and Developmental Disability**

~~Supports and Services)~~

f. ~~Consistent with the LOC determination, individuals requesting methadone must be presented with all appropriate options for substance use disorder treatment, such as:~~

   1. ~~Withdrawal Management~~
   2. ~~Residential Care~~
   3. ~~Buprenorphine/Naloxone~~
   4. ~~Non-Medication Assisted Outpatient Treatment~~

11. **Special Circumstances for Admissions**

    a. There are special circumstances for the admission of pregnant women, pregnant adolescents, and adolescents

       1. **Pregnant Women**: Pregnant women requesting treatment are considered a priority for admission and must be screened and referred for services within 24 hours. Pregnant individuals who have a documented history of opioid addiction, regardless of age or length of opioid dependency, may be admitted to an Opioid Treatment Program (OTP) provided the pregnancy is certified by the OTP physician and treatment is found to be justified.
       2. **Pregnant Adolescents:** For an individual under 18 years of age, a parent, legal guardian, or responsible adult designated by the relevant state authority, must provide consent for treatment in writing. (In Michigan, the relevant state authority is Children's Protective Services.)
       3. **Non-Pregnant Adolescents:** An individual under 18 years of age is required to have had at least two documented unsuccessful attempts at short-term withdrawal management and/or drug-free treatment within a 12-month period to be eligible for maintenance treatment. No individual under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult (designated by the relevant state authority) consents, in writing, to such treatment. Minors under 15 years of age must also have the permission of the State Opioid Treatment Authority and the Drug Enforcement Administration. **(Refer to Administrative Rules for Substance Use Disorder Service Programs in Michigan, R 325.14409(5)**

    b. **Priority Population Management:** The Substance Abuse Block Grant (SABG) requirements indicate that individuals who are pregnant or injecting drug users have admission preference over any other client accessing the system and are identified as a priority population. For additional guidance please refer to the attachments **Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY 19 Attachment P4.1.1 and the DWIHN Time Frames and Procedural Steps for Priority Population Management for additional information on service delivery expectations for this population.** Priority population members must be admitted to services as follows:

       1. **Pregnant Injecting Drug User**

2. **Pregnant Women**
3. **Injecting Drug User**
4. **Parent at Risk of Losing Children**
5. **Individual Under Supervision of Michigan Department Of Corrections (MDOC) and referred by MDOC or Individual Being Released Directly from MDOC Without Supervision and Referred by MDOC.**
6. **All Other Populations**
   It is the expectation that the PIHP provide substance use disorder services to priority population clients before any other non-priority client is admitted for any other treatment services. Exceptions can be made when it is the client's choice to wait for a program that is at capacity. **Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY 19 Attachment P4.1.1**

12. ~~**Medical Maintenance Phase**~~
    a. ~~For individuals that have achieved the maximum therapuetic benefit they can enter the medical maintance (methdaone only) phase of treatment. This decision should be based on the individual and their needs. If the decison has been made that medication only has been deemed medically necessary the following criteria must be met:~~
       1. ~~Two years of continuous treatment.~~
       2. ~~Abstinence from illicit drugs and from abuse of prescription drugs for the period indicated by federal and state regulations (at least two years for a full 30-day maintenance dosage).~~
       3. ~~No alcohol use problem.~~
       4. ~~Stable living conditions in an environment free of substance use.~~
       5. ~~Stable and legal source of income.~~
       6. ~~Involvement in productive activities (e.g., employment, school, volunteer work).~~
       7. ~~No criminal or legal involvement for at least three years and no current parole or probation status.~~
       8. ~~Adequate social support system and absence of significant non-stabilized co-occurring disorders.~~

13. ~~**Termination Criteria**~~**Discontinuation Criteria**
    a. Discontinuation~~/termination~~ from methadone treatment refers to the following situations:
       1. Members must discontinue treatment with methadone when treatment is completed with respect to both the medical necessity for the medication and for counseling services.
       2. ~~Members may be terminated from services if there is clinical and/or behavioral noncompliance.~~

3. ~~If a member is terminated:~~
    i. ~~The OTP must attempt to make a referral for another LOC assessment or for placing the member at another OTP.~~
    ii. ~~The OTP must make an effort to ensure that the member follows through with the referral.~~
    iii. ~~These efforts must be documented in the medical record.~~
    iv. ~~The OTP must follow the procedures of the funding authority in coordinating these referrals.~~

b. Any action to ~~terminate~~discontinue treatment of a Medicaid beneficiary requires a "notice of action" be given to the beneficiary and the parent, legal guardian, or responsible adult (designated by the relevant state authority/CPS). The beneficiary and the parent, legal guardian, or responsible adult (designated by the relevant state authority/CPS) has a right to appeal this decision. Services must continue and dosage levels maintained while the appeal is in process~~, unless the action is being carried out due to administrative discontinuation criteria outlined in the subsection titled Administrative Discontinuation.~~ **(MPM 2023 Behavioral Health and Intellectual and Developmental Disability Supports and Services).**

14. ~~**Completion of Treatment and Administrative Discontinuation**~~
    a. ~~**Completion of Treatment** The decision to discharge a beneficiary must be made by the OTP's physician, with input from clinical staff, the beneficiary, and the parent, legal guardian, or responsible adult (designated by the relevant state authority/CPS). Completion of treatment is determined when the beneficiary has fully or substantially achieved the goals listed in their individualized treatment and recovery plan and no longer needs methadone as a medication. As part of this process, a reduction of the dosage to a medication-free state (tapering) should be implemented within safe and appropriate medical standards.~~
    b. ~~**Administrative Discontinuation** Administrative discontinuation relates to non-compliance with treatment and recovery recommendations, and/or engaging in activities or behaviors that impact the safety of the OTP environment or other individuals who are receiving treatment. The OTP must work with the beneficiary and the parent, legal guardian, or responsible adult (designated by the relevant state authority/CPS) to explore and implement methods to facilitate compliance.~~
    c. ~~**Non-Compliance** Actions exhibited by the beneficiary which include, but are not limited to:~~
        1. ~~Repeated or continued use of illicit opioids and non-opioid drugs (including alcohol).~~
        2. ~~Toxicology results that do not indicate the presence of methadone metabolites. (The same actions are taken as if illicit drugs, including non-prescribed medication, were detected.)~~
        3. ~~OTPs must perform toxicology tests for methadone metabolites, opioids, cannabinoids, benzodiazepines, cocaine, amphetamines, and barbiturates **(Administrative Rules for Substance Use Disorder Service Programs in**~~

~~**Michigan, R 325.14406).**~~

4. ~~OTPs must test the beneficiary for alcohol if use is prohibited under their individualized treatment and recovery plan or the beneficiary appears to be using alcohol to a degree that would make dosing unsafe.~~
5. ~~Repeated failure to submit to toxicology sampling as requested.~~
6. ~~Repeated failure to attend scheduled individual and/or group counseling sessions, or other clinical activities such as psychiatric or psychological appointments.~~
7. ~~Failure to manage medical concerns/conditions, including adherence to physician treatment and recovery services and use of prescription medications that may interfere with the effectiveness of methadone and may present a physical risk to the individual.~~
8. ~~Repeated failure to follow through on other treatment and recovery plan related referrals. (Repeated failure should be considered on an individual basis and only after the OTP has taken steps to assist beneficiaries to comply with activities.)~~
9. ~~Diversion of controlled substances, including methadone.~~
10. ~~Diversion and/or adulteration of toxicology samples.~~
11. ~~Possession of a controlled substance with intent to use and/or sell on agency property or within a one-block radius of the clinic.~~
12. ~~Sexual harassment of staff and/or other individuals.~~
13. ~~Immediate Termination - This involves the discontinuation of services at the time of one of the above safety-related incidents or at the time an incident is brought to the attention of the OTP.~~
14. ~~Enhanced Tapering Discontinuation - This involves an accelerated decrease of the methadone dose (usually by 10 mg or 10 percent a day). The manner in which methadone is discontinued is at the discretion of the OTP physician to ensure the safety and well-being of the beneficiary.~~
15. ~~DWIHN SUD OTP should refer beneficiaries who are being administratively discharged to the DWIHN Access Center or contact the DWIHN-SUD department directly to assist in evaluation for another level of care.~~
16. ~~Justification for non-compliance termination must be documented in the beneficiary's chart.~~

Completion of Treatment

a. **Completion of Treatment** The decision to discharge a beneficiary must be made by the OTP's physician, with input from clinical staff, the beneficiary, and the parent, legal guardian, or responsible adult (designated by the relevant state authority/CPS). Completion of treatment is determined when the beneficiary has fully or substantially achieved the goals listed in their individualized treatment and recovery plan and no longer needs methadone as a medication. As part of this process, a reduction of the dosage to a medication-free state (tapering) should be implemented

within safe and appropriate medical standards.

15. **Withdrawal Management-** can take place in both residential and outpatient settings, and at various levels of intensity within these settings. Member placement to setting and to level of intensity must be based on ASAM Criteria and individualized determination of client need.
    a. The following combinations of withdrawal management settings and levels of intensity correspond to the LOC determination based on the ASAM Criteria.
        1. Outpatient Setting:
            i. Ambulatory Withdrawal Management without extended on-site monitoring corresponding to ASAM Level 1-WM, or ambulatory withdrawal management with extended on-site monitoring (ASAM Level 2-WM).
            ii. Outpatient setting withdrawal management must be provided under the supervision of a Substance Abuse Treatment Specialist. Services must have arrangements for access to licensed medical personnel as needed. ASAM Level 2-WM ambulatory withdrawal management services must be monitored by appropriately credentialed and licensed nurses.
        2. Residential Setting:
            i. Clinically Managed Residential Withdrawal Management - Non-Medical or Social Detoxification Setting: Emphasizes peer and social support for persons who warrant 24-hour support (ASAM Level 3.2-WM). These services must be provided under the supervision of a Substance Abuse Treatment Specialist. Services must have arrangements for access to licensed medical personnel as needed.
            ii. Medically Managed Inpatient Withdrawal Management - Freestanding Withdrawal Center: These services must be staffed 24-hours-per-day, seven-days-per-week by a licensed physician or by the designated representative of a licensed physician (ASAM Level 3.7-WM).
            This service is limited to stabilization of the medical effects of the withdrawal, and referral to necessary ongoing treatment and/or support services. This service, when clinically indicated, is an alternative to acute medical care provided by licensed health care professionals in a hospital setting.
            Admission to withdrawal management must be made based on:
        3. Medical necessity criteria.
        4. LOC determination based on an evaluation of the six assessment dimensions of the current ASAM Criteria.
        5. There must be documentation of current beneficiary status that provides evidence the admission is likely to directly assist the beneficiary in the adoption and pursuit of a plan for further appropriate treatment and

recovery.

16. **Residential Treatment:**
    a. This intensive therapeutic service is limited to those beneficiaries who, because of specific cognitive and behavioral impairments, need a safe and stable environment in order to benefit from treatment.
        1. Authorization requirements:
            i. The effects of the substance use disorder must be so significant and the resulting impairment so great that outpatient and intensive outpatient treatments have not been effective or cannot be safely provided, and when the beneficiary provides evidence of willingness to participate in treatment.
            ii. Admissions to Residential Treatment must be based on:
                a. Medical necessity criteria.
                b. LOC determination based on an evaluation of the six assessment dimensions of the current ASAM Criteria. Additional days may be authorized when authorization requirements continue to be met, if there is evidence of progress in achieving treatment plan goals, and reauthorization is necessary to resolve cognitive and behavioral impairments which prevent the beneficiary from benefiting from less intensive treatment.

17. **Some Medicaid-covered services are available to substance abuse beneficiaries but are provided outside of the PIHP Plan. The PIHPs are not responsible to pay for the following:**
    a. Acute detoxification;
    b. Laboratory services related to substance abuse (with the exception of lab services required for Methadone);
    c. Medications used in the treatment/management of addictive disorders;
    d. Emergency medical care;
    e. Emergency transportation;
    f. Substance abuse prevention and treatment that occurs routinely in the context of providing primary health care; and
    g. Routine transportation to substance abuse treatment services which is the responsibility of the local MDHHS office.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, risk management program, and Quality Assessment/Performance Improvement Program (QAPIP) Work-plan.

The quality improvement programs of Network Providers must include measures for both the monitoring

of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, Contracted Network Providers, and their subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Department of Health and Human Services Medicaid Provider Manual (in effect, and as as amended)
2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/CMHSP contracts in effect, and as amended)
3. 351 of the Public Health Service Act (42 U.S.C. 262)
4. 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355)
5. 42 C.F.R. Part 8.
6. Medicaid Managed Specialty Supports and Services Program FY20 TREATMENT POLICY #05
7. Medicaid Managed Specialty Supports and Services Program FY20 Attachment PII.B.A TREATMENT POLICY #10
8. Administrative Rules for Substance Use Disorder Service Programs in Michigan, R 325.1301 to R 325.1399
9. Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY 19 Attachment P4.1.1 PREPAID INPATIENT HEALTH PLANS AND COMMUNITY MENTAL HEALTH SERVICES PROGRAMS ACCESS SYSTEM STANDARDS

RELATED POLICIES AND PROCEDURES

1. Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)
2. Integrated Biopsychosocial Assessment Procedure
3. IPOS Individual Plan of Service / Person Centered Plan
4. **ASAM Procedure attached to the Assessment Policy**
5. **GAIN**
6. Time Frames and Procedural Steps for Priority Population Management

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments

- 42 CFR Public Health Service DHHS Subchapter A Part 8 updated 2.24.23. MAT for OUD.pdf
- Access_Standards_P-4-1-1.pdf
- Administrative Rules for Substance Abuse Services Programs.pdf
- Administrative Rules for Substance Abuse Services Programs.pdf
- Behavioral Health and Intellectual Developmental Disability Supports and Services-MPM Jan 2023 Substance Abuse Service.pdf
- Criteria-for-Using-Methadone-for-Medication.pdf
- Federal Guidelines for Opioid Treatment Programs 2015.pdf
- MDHHS__SUD_Manual.pdf 2018.pdf
- Michigan Preferred Drug List 2.1.23.pdf
- Preventing Marijuana Use Among Youth SAMSHA.pdf
- Residential_TX_Policy_10 (2).pdf
- The ASAM Clinical Practice Guideline on Alcohol Withdrwal Management .pdf
- The ASAM Criteria Assessment Interview Guide Adult.pdf
- Time Frames and Procedural Steps for Priority Population Management.pdf

Approval Signatures

Step Description	Approver	Date
Stakeholder Feedback	Allison Smith: Director of Strategic Operations	Pending
Clinical Review Committee	Cassandra Phipps: Director of Childrens Initiatives	09/2025
Clinical Review Committee	Marlena Hampton: Director of Utilization Management	09/2025
NCQA Committee	Margaret Keyes-Howard: Strategic Planning Administrator	08/2025

Clinical Review Committee	Shama Faheem: Chief Medical Officer	07/2025
Clinical Review Committee	April Siebert: Director of Quality Improvement	06/2025
Clinical Review Committee	Jacquelyn Davis: Clinical Officer	06/2025
Clinical Review Committee	Daniel West: Director of Crisis Services	06/2025
Clinical Review Committee	Ryan Morgan: Director of Residential Services	05/2025
Clinical Review Committee	Matthew Yascolt: Interim Director of Substance Use Disorder	05/2025
Clinical Review Committee	Polly McCalister: Director of Recipient Rights	05/2025
Clinical Review Committee	Melissa Moody: VP of Clinical Operations	05/2025
Clinical Review Committee	Vicky Politowski: Director of Integrated Care	05/2025
NCQA Committee	Allison Smith: Director of Strategic Operations	05/2025
NCQA Committee	Tania Greason: Quality Administrator	05/2025
NCQA Committee	Justin Zeller: Project Manager	05/2025
Clinical Officer Review	Stacey Sharp: Clinical Officer	05/2025
Unit Review and Approval	Matthew Yascolt: Interim Director of Substance Use Disorder	05/2025

Applicability

Detroit Wayne Integrated Health Network

References

42 C.F.R. Part 8., ASAM, GAIN, Medicaid Provider Manual, SAMSHA

Standards

No standards are associated with this document