DESCRIPTION/POLICY

The Division of Health Care Financing and Policy covers services for prevention and treatment for recipients who have been diagnosed or at risk of substance abuse disorders. The below coverage policies are developed based upon the Treatment Improvement Protocols (TIPs), developed by the Center for Substance Abuse Treatment (CSAT), part of the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (DHHS) and are best-practice guidelines for the treatment of substance abuse disorders.

In addition, DHCFP utilizes American Society of Addiction Medicine (ASAM) patient placement criteria to establish guidelines for level of care placements within the substance abuse continuum.

DHCFP encourages providers to utilize SAMHSA's working definition, dimensions and guiding principles of recovery from Substance Use Disorders in their clinical decisions. The definition is continually changing due to updates in the clinical field reference http://www.samhsa.gov/ for the latest best practices.

There are four major dimensions that support a life in recovery:

1. Health-Overcoming or managing one's disease(s) or symptoms;
2. Home- a stable and safe place to live;
3. Purpose-Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
4. Community-Relationships and social networks that provide support, friendships, love and hope.

The guiding principles of recovery are:

1. Recovery emerges from hope;
2. Recovery is person-driven;
3. Recovery occurs via many pathways;
4. Recovery is holistic;
5. Recovery is supported by peers and allies;
6. Recovery is supported through relationship and social networks;
7. Recovery is culturally-based and influenced;
8. Recovery is supported by addressing trauma;
9. Recovery involves individual, family, and community strengths and responsibility; and
10. Recovery is based on respect.

DEFINITIONS

1. Dual diagnosis capable (DDC) programs- are those that "address co-occurring mental and substance-related disorders in their policies and procedures, assessment, treatment planning, program content and discharge planning" (ASAM 2001, p. 362.)

2. Dual diagnosis enhanced (DDE)-programs have a higher level of integration of substance abuse and mental health treatment services. These programs are able to provide primary substance abuse treatment to clients who are, as compared to those treatable in DDC programs, "more

symptomatic and/or functionally impaired as a result of their co-occurring mental disorder" (ASAM 2001, p. 10) Enhanced-level service "place their primary focus on the integration of service for mental and substance-related disorders in their staffing, services and program content." (ASAM 2001, p. 362).

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

4. Substance abuse- as defined in DSM-IV-TR (4th edition, Text Revision; APA2000) is a "maladaptive pattern of substance abuse manifested by recurrent and significant adverse consequences related to the repeated abuse of substance" (APA 2000, p . 198)

5. Substance dependence- is more serious than abuse. This maladaptive pattern of substance abuse includes such features as increased tolerance for the substance, resulting in the need for ever greater amounts of the substance to achieve the intended effect; an obsession with securing the substance and with its use; or persistence in using the substance in the face of serious physical or mental health problems.

6. Integrated interventions- are specific treatment strategies or therapeutic techniques in which interventions for both disorders are combined in a single session or integration, or in a series of interactions or multiple sessions. Integrated interventions can include a wide range of techniques. Some examples include:
    a. Integrated screening and assessment process;
    b. Dual recovery mutual self-help meetings;
    c. Dual recovery groups (in which recovery skills for both disorders are discussed);
    d. Motivational enhancement interventions (individual or group) that address issues related to both mental health and substance abuse or dependence problems;
    e. Group interventions for persons with the triple diagnosis of mental disorder, substance abuse disorder, and trauma, or which are designed to meet the needs of persons with co-occurring disorder and another shared problem such as homelessness or criminality; and
    f. Combined psychopharmacological interventions, in which an individual receives medication designed to reduce cravings for substances as well as medication for a mental disorder.

    Integrated interventions can be part of a single program or can be used in multiple program settings.

7. Quadrant of Care Model as developed by National Association of State Mental Health Program Directors (NASMHPD) and National Association of State Alcohol and Drug Abuse Directors (NASADAD)
    1. Category I: Less Severe mental disorder/less severe substance disorder
    2. Category II: More severe mental disorder/less severe substance disorder
    3. Category III: Less severe mental disorder/More severe substance disorder
    4. Category IV: More severe mental disorder/more severe substance disorder

This assessment assists the provider in integrating care, defining and guiding treatment options for recipients with co-occurring disorders.

PROVIDER REQUIREMENTS

1. In order to be recognized and reimbursed as a Prevention and Early Intervention Level 0.5 by the Division of Health Care Financing and Policy the provider must be a:
    a. Recognized health care clinicians and systems by the U.S. Preventive Services Task Force (USPSTF) within their scope of practice; and
    b. Certified providers within their scope of practice under the Nevada Administrative Code 458.103.
2. In order to be recognized and reimbursed as a Substance Abuse Treatment Clinic for Levels I-III by the Division of Health Care Financing and Policy the provider must:
    a. Be certified and receiving funding from the Division of Public and Behavioral Health as an alcohol and drug abuse program under Nevada Administrative Code 458.103; and
    b. Provide Integrated Interventions; and
    c. Be a Dual Diagnosed Capable Program; or
    d. A Dual Diagnosed Enhanced Program
3. In order to be recognized and reimbursed as a Substance Abuse Level IV Medically Managed Intensive Inpatient Detoxification Program by the Division of Health Care Financing and Policy the provider must be Licensed by the Nevada the Division of Public and Behavioral Health as;
    a. An acute care general hospital with a psychiatric unit; or
    b. An free standing psychiatric hospital (patients ages 22-64 are non-covered);
    c. A licensed chemical dependency specialty hospital with acute care medical and nursing staff; and
    d. Have Medicare certification

QUALITY IMPROVEMENT

The Division of Health Care Financing and Policy requires providers who are receiving funds from DHCFP to be deemed compliant by the Division of Public and Behavioral Health Nevada Revised Statutes and Nevada Administrative Codes. Qualification is based upon the Division of Public and Behavioral Health SAPTA Certification tool. The certification tool reviews the program for areas such as, but not limited to, compliance with federal and state regulations, quality improvement, applications of policies and procedures, health and safety of the recipients, clinical documentation requirements, and staff/training documentation. Non-compliance will result in Division of Health Care Financing and Policy provider **termination and/or suspension without cause** depending on severity of infraction.

This does not apply to level IV providers or physicians providing level 0.5 services. They are governed by separate licensing boards.

DOCUMENTATION REQUIREMENTS

All program levels require individualized progress notes in the recipient's medical records that clearly reflect implementation of the treatment plan and the recipient's response to the therapeutic interventions

for all disorders treated, as well as subsequent amendments to the plan. Treatment plan reviews are conducted at specified times as documented on the treatment plan.

1. Treatment Plan- A written individualized plan that is developed jointly with the recipient, their family (in the case of legal minors) and/or their legal representative and licensed professional within the scope of their practice under state law. The treatment plan is based on a comprehensive assessment and includes:

    a. The strengths and needs of the recipients and their families (in the case of legal minors and when appropriate for an adult);
    b. ASAM level;
    c. Specific, measurable (observable), achievable, realistic, and time-limited goals and objectives;
    d. Specific treatment, services and/or interventions including amount, scope, duration and anticipated provider(s) of the services;
    e. Discharge criteria specific to each goal; and for
    f. High-risk recipients accessing multiple government-affiliated and/or private agencies/ evidence of care by those involved with the recipient's care.
2. The recipient, or their legal representative, must be fully involved in the treatment planning process, choice of providers, and indicate an understanding of the need for services and the elements of the treatment plan. Recipient's, family's (when appropriate) and/or representative's participation in treatment planning must be documented on the treatment plan.

3. Temporary, but clinically necessary, services do not require an alteration of the treatment plan, however, must be identified in a progress note. The note must indicate the necessity, amount scope, duration and provider of the service.

4. Progress Note- Reference section 403.2B(3)

5. Discharge Plan- Reference section 403.2B(4)

6. Discharge Summary- Reference Section 403.2B(5)

7. Required Signatures for Treatment Plan:

    a. Clinical Supervisor;
    b. Recipient and their family/legal guardian (in the case of legal minors); and
    c. The individual responsible for developing the plan.

INSERT SUPERVISION REQUIREMENTS

Clinical Supervisor – A licensed professional operating within the scope of their practice under state law may function as Clinical Supervisor. Clinical Supervisor must have the specific education, experience, training, credentials, and licensure to coordinate and oversee an array of services for behavioral health. Clinical supervisor will have administrative and clinical oversight of the program and must ensure that services provided are medically necessary, clinically appropriate, and follow an evidence based model recognized by the Health Division. The designated supervisor must be approved by the program operator of a SAPTA certified and funded network per NAC 458.103.

If the Clinical Supervisor will supervise interns, they are required to have the appropriate additional licensure needed per the Board of Examiners in addition to their professional licensure. Supervision must be within the scope of their practice and field.

COVERAGE AND LIMITATIONS

DHCFP reimburses for substance abuse prevention and treatment services within a medical model delivery system provided by qualified Medicaid providers. Patients are assessed as meeting diagnostic criteria for substance-related disorder (including substance use disorder or substance-induced disorders) as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association or ICD9.

1. Screening- A brief systematic process to determine the possibility of a co-occurring disorder.

    a. The following screens are covered within the DHCFP program. Screens must be a nationally accepted screening instrument through SAMHSA/CSAT Treatment Improvement Protocols or other Peer Supported Literature. Below are a list of recognized tools:
        i. Clinical Institute Withdrawal Assessment (CIWA)
        ii. Michigan Alcohol Drug Inventory Screen (MADIS)
        iii. Michigan Alcoholism Screening Test (MAST)
        iv. Modified Mini
        v. Problem Behavior Inventory (PBI)
        vi. Substance Abuse Subtle Screening Inventory (SASSI)
        vii. Substance Use Disorder (SUDDS)
        viii. Recovery Attitude and treatment Evaluator (RAATE)
        ix. Treatment Intervention Inventory (TII)
        x. Western Personality Interview (WPI)

2. Assessment - A Comprehensive Substance Abuse Assessment is an individualized examination which establishes the presence or absence of mental health and substance abuse disorders, determines the recipient's readiness for change, and identifies the strengths or problem areas that may affect the recipient's treatment. The comprehensive assessment process includes an extensive recipient history which may include: current medical conditions, past medical history, labs and diagnostics, medication history, substance abuse history, legal history, family, educational and social history, and risk assessment. The information collected from this

comprehensive assessment shall be used to determine appropriate interventions and treatment planning.

3. Level of Care Determination- DHCFP utilizes the ASAM PPC2R for individuals presenting with substance abuse disorder(s) to determine appropriate placement in a level of care. The process considers assessment of the following six dimensions:
    5. Dimension 1: Acute Intoxication and/or Withdrawal Potential
    6. Dimension 2: Biomedical Conditions and Complications
    7. Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications
    8. Dimension 4: Readiness to Change
    9. Dimension 5: Relapse, Continued Use , or Continued Problem Potential
    10. Dimension 6: Recovery/Living Environment

4. Treatment Services- Division of Health Care Financing and Policy covers the below levels based upon the ASAM patient placement criteria. Reference Attachment B for the coverage and utilization management requirements.

    a. Level 0.5 Early Intervention/Prevention

    b Level 1 Outpatient Services

    c Level II.1 Intensive Outpatient Program

    d Level II.5 Partial Hospitalization

    e Level III Outpatient Services provided in a Licensed Level III environment

    f Level IV Medically Managed Intensive Inpatient Treatment

5. Pharmacy- For coverage and limitations of Narcotic Withdrawal Therapy Agents refer to Chapter 1200 of the Medicaid Services Manual.

6. Opioid Maintenance Therapy (OMT)-

    b. Provided in a licensed entity through Substance Abuse Prevention and Treatment Agency as an Opioid Maintenance Therapy program.

    c. Coverage of the service:

        i. Requires diagnosis of Opioid Dependence Disorder and

ii. Requires documentation as meeting the assessment criteria of all six dimensions of opioid maintenance therapy in ASAM.

d. OMT provides a milieu of services to include:

i. Individualized assessment,

ii. Medication assessment, prescribing, administering, reassessing and regulating dose levels appropriate to the individual, supervising detoxification from opiates, methadone or LAAM, overseeing and facilitating access to appropriate treatment, including medication for other physical and mental health disorders.

iii. Monitored urine testing,

iv. Counseling

v. Treatment planning

e. OMT treatment program is required to perform:

i. Linkage with or access to psychological, medical and psychiatric consultation;

ii. Linkage with or access to emergency medical and psychiatric care through affiliations with more intensive levels of care;

iii. Linkage with or access to evaluation and ongoing primary medical care;

iv. Ability to conduct or arrange for appropriate laboratory and toxicology tests;

1. Availability of physicians to evaluate, prescribe and monitor use of methadone and levo-alpha-acetylmethadol (LAAM), and of nurses and pharmacists to dispense and administer methadone or LAAM; and

2. Ability to assist in arrangements for transportation services for patients who are unable to drive safely or who lack transportation.

7. Non-Covered Services- the following services are not covered under the substance abuse services program for the Division of Health Care Financing and Policy:

f. Services for recipients without an assessment documenting diagnostic criteria for substance-related disorder (including substance use disorder or substance-induced disorders) as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association or ICD9;

g. Services for marital problems without a DSM/ICD9 substance abuse or at-risk diagnosis;

h. Services for parenting skills without a DSM/ICD9 substance abuse or at-risk diagnosis;

i. Services for gambling disorders without a DSM/ICD9 substance abuse or at-risk diagnosis;

j. Custodial services, including room and board;

k. More than one provider seeing the recipient in the same therapy session,

l. Services not authorized by the QIO-like vendor if an authorization is required according; to policy;
m. Respite;
n. Services for education;
o. Services for vocation training;
p. Habilitative services;
q. Phone consultation services; and
r. Services for individual ages 22-64 in an Institution for Mental Disease (IMD).