

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

March 30, 2021

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: JESSICA KEMMERER, HIPAA PRIVACY AND CIVIL RIGHTS OFFICER

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 400 – MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE SERVICES

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 400 – Mental Health and Alcohol/Substance Abuse Services, Attachment C – Substance Abuse Agency Model (SAAM) Level of Care Grid, to increase access to Level 1 Outpatient Services and to decrease administrative burden on providers. These revisions include, aligning psychotherapy session limitations with other behavioral health providers, updating service limitations for peer support services before prior authorization is required, and adding additional clarifying language for crisis intervention services for recipients receiving crisis intervention for mental health crisis.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: Substance Abuse Agency Model (SAAM) (Provider Type (PT) 17 Specialty 215).

Financial Impact on Local Government: unknown at this time.

These changes are effective March 31, 2021.

MATERIAL TRANSMITTED	MATERIAL SUPERSEDED
MTL OL MSM 400 – Mental Health and Alcohol/Substance Abuse Services	MTL N/A MSM 400 – Mental Health and Alcohol/Substance Abuse Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
Attachment C	Level 1 Outpatient Services	Added clarifying language to prior and post authorization limitations.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
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**400 –
Attachment C**

**Substance Abuse
Agency Model Level
of Care Grid – Level
3 Residential**

Added clarifying language for crisis intervention services and limitations.

Updated service limitations for peer support services.

Updated service limitations for individual, group, family psychotherapy and counseling services.

Corrected citation to 3.1-3.5

Added clarifying language to prior and post authorization limitations.

Added clarifying language for crisis intervention services and limitations.

Updated service limitations for peer support services.

Updated service limitations for individual, group, family psychotherapy and counseling services.

SUBSTANCE ABUSE AGENCY MODEL LEVEL OF CARE GRID

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Prevention			
Level 0.5 Early Intervention/ Prevention	1. Screening services recommended by the U.S. Preventive Services Task Force: <ol style="list-style-type: none"> a. Depression screening in adults and adolescents. b. Alcohol screening in adults, including pregnant women. c. Tobacco use, counseling and interventions for pregnant women. 2. Must be direct visualization. Self-screens and over the phone are non-covered.	A. DEPRESSION SCREENING <u>Adults:</u> Many formal screening tools are available, including instruments designed specifically for older adults. (See Policy, Page 4) Asking two simple questions about mood and anhedonia ("Over the past two weeks, have you felt down, depressed or hopeless?" and "Over the past two weeks, have you felt little interest or pleasure in doing things?") may be as effective as using more formal instruments (2). There is little evidence to recommend one screening method over another; therefore, clinicians may choose the method most consistent with their personal preference, the patient population being served and the practice setting. All positive screening tests should trigger full diagnostic interviews that use standard diagnostic criteria (that is, those from the updated <i>Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition</i>) to determine the presence or absence of specific depressive disorders, such as MDD or dysthymia. The severity of depression and comorbid psychological problems (for example, anxiety, panic attacks or substance abuse) should be addressed.	No prior authorization required. Limited to one screen per 90 days per disorder.

SUBSTANCE ABUSE AGENCY MODEL LEVEL OF CARE GRID

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Prevention			
Level 0.5 Early Intervention/ Prevention (Continued)		<p><u>Adolescents:</u> Instruments developed for primary care (Patient Health Questionnaire for Adolescents [PHQ-A] and the Beck Depression Inventory-Primary Care Version [BDI-PC]) have been used successfully in adolescents. There are limited data describing the accuracy of using MDD screening instruments in younger children (7-11 years of age).</p> <p>B. ALCOHOL SCREENING</p> <p><u>Adults/Pregnant Women:</u> The USPSTF considers three tools as the instruments of choice for screening for alcohol misuse in the primary care setting: the Alcohol Use Disorders Identification Test (AUDIT), the abbreviated AUDIT-consumption (AUDIT-C) and single question screening (for example, the NIAAA recommends asking, “How many times in the past year have you had five [for men] or four [for women and all adults older than 65 years] or more drinks in a day?”). Of available screening tools, AUDIT is the most widely studied for detecting alcohol misuse in primary care settings; both AUDIT and the abbreviated AUDIT-C have good sensitivity and specificity for detecting the full spectrum of alcohol misuse across multiple populations.</p>	

SUBSTANCE ABUSE AGENCY MODEL LEVEL OF CARE GRID

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Prevention			
Level 0.5 Early Intervention/ Prevention (Continued)		<p>AUDIT comprises 10 questions and requires approximately two to five minutes to administer. AUDIT-C comprises three questions and takes one to two minutes to complete. Single-question screening also has adequate sensitivity and specificity across the alcohol-misuse spectrum and requires less than one minute to administer.</p> <p>C. TOBACCO</p> <p><u>Pregnant Women</u> Various primary care clinicians may deliver effective interventions. There is a dose-response relationship between quit rates and the intensity of counseling (that is, more or longer sessions improve quit rates). Quit rates seem to plateau after 90 minutes of total counseling contact time. Helpful components of counseling include problem-solving guidance for smokers (to help them develop a plan to quit and overcome common barriers to quitting) and the provision of social support as part of treatment. Complementary practices that improve cessation rates include motivational interviewing, assessing readiness to change, offering more intensive counseling or referrals, and using telephone "quit lines."</p>	

SUBSTANCE ABUSE AGENCY MODEL LEVEL OF CARE GRID

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Outpatient Services			
Level 1 Outpatient Services	<ol style="list-style-type: none"> 1. Medication management 2. 24-hour crisis intervention services face to face or telephonically available seven days per week 3. Behavioral Health/Substance Abuse Covered Screens 4. Comprehensive biopsychosocial assessment 5. Individual and group counseling 6. Individual, group, family psychotherapy 7. Peer Support Services 	<p>A clinic model that meets the certification requirement NAC 458.103 for alcohol and drug abuse programs.</p> <p>The entity will provide medical, psychiatric, psychological services, which are available onsite or through consultation or referral. Medical and psychiatric consultations are available within 24 hours by telephone or in person, within a time frame appropriate to the severity and urgency of the consultation. Emergency services available by telephone 24 hours a day, seven days a week. Recovery and self-help groups are a part of the overall milieu. All other services are individually billed.</p>	<p>Prior authorization is required on services after service limitations have been exceeded.,-except for: Behavioral Health/Substance Abuse Screens and 24-hour crisis intervention.</p> <p>Post authorization is not required for substance use only 24-hour crisis intervention. Refer to MSM 400 for co-occurring and mental health crisis intervention services and limitations.</p> <p>Peer Support Services can be utilized for up to 18 hours/72 units annually before prior authorization is required.</p> <p>Individual, group, family psychotherapy and counseling services can be utilized for up to 26 total sessions for children and adolescents and up to 18 total sessions for adults before prior authorization is required.</p>

SUBSTANCE ABUSE AGENCY MODEL LEVEL OF CARE GRID

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Outpatient Services			
Level 2 2.1 Intensive Outpatient Treatment	<p>An evidenced based/best practice model providing a minimum amount of skilled structured programming hours per week. During the day, before or after work setting, evening and/or weekend. Provides a milieu “real world” environment. The milieu is a combination of skilled treatment services.</p> <ol style="list-style-type: none"> 1. Medical and psychiatric consultation 2. Psychopharmacological consultation 3. Medication management 4. 24-hour crisis intervention services face to face or telephonically available seven days per week 5. Comprehensive biopsychosocial assessments 6. Behavioral Health/Substance Abuse Covered Screens 7. Individual and group counseling 8. Individual, group, family psychotherapy 9. Self-help/recovery groups 	<p>Frequencies and intensity are appropriate to the objectives of the treatment plan.</p> <p>Requires a comprehensive interdisciplinary program team approach of appropriately credentialed addiction treatment professionals, including addiction – credentialed physicians who assess and treat substance-related disorders. Some staff are cross trained to understand the signs and symptoms of mental disorders and to understand and explain the uses of psychotropic medications and interactions with substance-related disorders.</p>	<p>Prior authorization is required on services, except for: Behavioral Health/Substance Abuse Screens and 24-hour crisis intervention.</p> <p>Post authorization is not required for 24-hour crisis intervention.</p>
2.5 Partial Hospitalization	<ol style="list-style-type: none"> 1. Outpatient hospital setting. 2. All Level 2.1 services in addition need the direct access to psychiatric, medical and/or laboratory services. 	<p>Same as above, in addition psychiatric and medical management.</p> <p>Intensity of service required is higher than can be provided in Intensive Outpatient Treatment.</p>	<p>Prior authorization is required on services, except for: Behavioral Health/Substance Abuse Screens and 24-hour crisis intervention.</p> <p>Post authorization is not required for 24-hour crisis intervention.</p>

SUBSTANCE ABUSE AGENCY MODEL LEVEL OF CARE GRID

Level of Care	Covered Services	Description of Treatment Level	Utilization Management
Outpatient Services			
<p>Level 3 Residential 3.31-3.5 Managed Residential</p>	<p>Medical, psychiatric, psychological services, which are available onsite or through consultation or referral. Medical and psychiatric consultations are available within 24 hours by telephone or in person, within a time frame appropriate to the severity and urgency of the consultation.</p> <ol style="list-style-type: none"> 1. 24-hour crisis intervention services face to face or telephonically available seven days per week 2. Medication management 3. Behavioral Health/Substance Abuse Covered Screens 4. Comprehensive biopsychosocial assessment 5. Individual and group counseling 6. Individual, group, family psychotherapy 7. Peer Support Services 	<p>A clinic model that meets the certification requirement NAC 458.103 for alcohol and drug abuse programs. Room and board are not a reimbursable service through the DHCFP outpatient program.</p> <p>The entity will provide medical, psychiatric, psychological services, which are available onsite or through consultation or referral. Medical and psychiatric consultations are available within 24 hours by telephone or in person, within a time frame appropriate to the severity and urgency of the consultation. Emergency services available by telephone 24 hours a day, seven days a week. Recovery and self-help groups are a part of the overall milieu. All other services are individually billed.</p>	<p>Prior authorization is required on services, after service limitations have been exceeded.except for: Behavioral Health/Substance—Abuse Screens and 24-hour crisis intervention.</p> <p>Post authorization is not required for substance abuse only 24-hour crisis intervention. Refer to MSM 400 for co-occurring and mental health crisis intervention services and limitations.</p> <p>Peer Support Services can be utilized for up to 18 hours/72 units annually before prior authorization is required.</p> <p>Individual, group, family psychotherapy and counseling services can be utilized for up to 26 total sessions for children and adolescents and up to 18 total sessions for adults before prior authorization is required.</p>

SUBSTANCE ABUSE AGENCY MODEL LEVEL OF CARE GRID

			Intensity of service is dependent upon individual and presenting symptoms.
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