SUBSTANCE ABUSE PRACTICE GUIDELINE

1. Clinical Eligibility: DSM IV-TR Diagnosis

In order to be eligible for services, an individual must be found to meet the criteria for one or more selected substance use disorders found in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR). These disorders are listed below.

303.90	Alcohol Dependence
305.00	Alcohol Abuse
303.00	Alcohol Intoxication
291.80	Alcohol Withdrawal
304.40	Amphetamine Dependence
305.70	Amphetamine Abuse
292.89	Amphetamine Intoxication
292.00	Amphetamine Withdrawal
304.30	Cannabis Dependence
305.20	Cannabis Abuse
292.89	Cannabis Intoxication
304.20	Cocaine Dependence
305.60	Cocaine Abuse
292.89	Cocaine Intoxication
292.00	Cocaine Withdrawal
304.50	Hallucinogen Dependence
305.30	Hallucinogen Abuse
292.89	Hallucinogen Intoxication
304.60	Inhalant Dependence
305.90	Inhalant Abuse
292.89	Inhalant Intoxication
304.00	Opioid Dependence
305.50	Opioid Abuse
292.89	Opioid Intoxication
292.00	Opioid Withdrawal
304.60	Phencyclidine Dependence
305.90	Phencyclidine Abuse
292.89	Phencyclidine Intoxication
304.10	Sedative, Hypnotic, or Anxiolytic Dependence
305.40	Sedative, Hypnotic, or Anxiolytic Abuse
292.89	Sedative, Hypnotic, or Anxiolytic Intoxication
292.00	Sedative, Hypnotic, or Anxiolytic Withdrawal
304.90	Other (or Unknown) Substance Dependence
305.90	Other (or Unknown) Substance Abuse
292.89	Other (or Unknown) Substance Intoxication
292.00	Other (or Unknown) Substance Withdrawal

2. Allowable Services

For the following services, the department will not provide funds and does not require the PIHP to make them available. However, the PIHP can make them available and can pay for them out of Plan savings.

- Residential (subacute) detoxification
  Subacute Detoxification services are defined as medically supervised care provided in the sub-acute residential setting for the purpose of managing the effects of withdrawal from alcohol and/or other drugs. A subacute detoxification service must be staffed 24 hours per day, seven days per week, by a licensed physician or by the designated representative of a licensed physician. Services typically last three to five days.

- Residential treatment services in an IMD or Non-IMD
  Residential services are defined as those occurring in a professionally supervised program that includes planned individual and group counseling and didactic sessions. Support and rehabilitative services are provided as required in the Administrative Rules for Substance Abuse Service Programs in Michigan, Part 9, Residential Programs. All counseling and other services are provided in a setting that includes overnight stays.

With respect to residential detoxification and residential services, the CMHSP may reimburse providers for treatment services only. No room and board costs can be included in the reimbursement rate.

Room and board expenses associated with intensive outpatient services, with residential detoxification services, and with residential treatment services, may be reimbursed with MDCH-administered federal Substance Abuse Prevention and Treatment block grant funds and associated state general funds. Direct services associated with residential detoxification and residential treatment (but not covered intensive outpatient services) may also be reimbursed with these funds. These funds are administered by substance abuse coordinating agencies (CAs) under separate agreement with the department. These funds may be used under the following conditions:

- CAs must authorize use of these funds.

- Medicaid-eligible individuals must be determined to need the allowable services based on medical necessity criteria as required by the MDCH/PIHP agreement.

- Access standards contained in the MDCH/PIHP agreement are applicable to allowable services.

- Preference for application of these funds must be applied to individuals in the

following order: 1) pregnant injecting drug users; 2) pregnant substance abusers; 3) injecting drug users; 4) parents whose children have been removed the home under Child Protection Laws of this state or are in danger of being removed from the home because of the parent's substance abuse and 5) all others. These funds may not be used to reimburse services for a Medicaid-eligible individual in category (5) before all category (1), (2), (3), and (4) non-Medicaid individuals qualifying for services under the MDCH/CA agreement are admitted to treatment.

3. Reinvestment Strategy

Medicaid substance abuse carryforward savings (reinvestment funds) may be used for any of the following:

a. New treatment models;

b. Expansion of existing treatment models, including the provision of covered and allowable services;

c. Prevention services; and

d. Treatment research and evaluation.

Prevention services are as defined in Public Act 368 of 1978, as amended. Prevention providers must be licensed for substance abuse prevention by the Michigan Department of Consumer and Industry Services.

TECHNICAL ADVISORY
(Recommended Practice, Not Contract Requirement)

This section describes department requirements concerning individualized treatment for persons with substance use disorders. These requirements are based on accumulated professional experience and on extensive scientific evidence showing that individualized treatment improves both the effectiveness and the efficiency of addiction treatment. They are grounded also in the department's commitment to enhancing the participation of individuals in the treatment process.

Individualized treatment planning requires an understanding that "no one size treatment fits all" and that treatment plans must be tailored to an individual's needs. Individualized treatment is a process in which the client is an active participant. The client's situation, needs, goals and desires must be included in all assessments, and must be considered when determining the appropriate level of care, length of stay determinations, initial and ongoing treatment planning, aftercare and discharge planning, including the need for ancillary services**.**

Authority

The federal Substance Abuse Prevention and Treatment Block Grant legislation requires that states, as a condition for receiving funding, improve their processes "for referring individuals to treatment facilities that can provide to the individuals the treatment modality that is most appropriate to the individuals" (PL 102-321, Section 1928(a), as amended).

The Administrative Rules for Substance Abuse Programs in Michigan, promulgated under PA 368 of 1978, as amended, state that "A recipient shall participate in the development of his or her treatment plan" (Recipient Rights Rules, Section 305(1)).

All Medicaid-funded substance abuse providers be accredited by one of five national accreditation bodies (Medical Services Administration Manual, Prepaid Health Plans, Chapter III). Within the accreditation standards there are requirements that call for evidence of client participation in the treatment planning process.

Rationale

Reasons for engaging in individualized treatment include the following:

- Improved success

  When individuals actively participate in determining and receiving the treatment that is most appropriate for their needs, they are more likely to respond positively, remain in treatment longer and begin recovery.

  Active participation of individuals in developing and periodically evaluating their treatment plans can increase the match between the person and the plan, and can strengthen personal responsibility for accomplishing treatment objectives.

C Programmatic efficiency

Individualized treatment planning helps channel persons with specific problems to the most appropriate program for them. This results in more effective use of scarce treatment resources.

C Financial savings

The high costs of both undertreatment (relapse, readmission) and overtreatment (unnecessary use of scarce resources, reduced opportunity for others in need) can be lessened by assuring that individuals receive all the treatment they need and only the amount of treatment they need.

If the individual receives the appropriate length of stay and level of treatment, health care costs, crime related costs, child welfare and social service costs, and additional treatment costs can be saved.

Steps in Individualized Treatment

Individualized treatment involves, in addition to the client's active participation, a combination of technical knowledge, standardized tools, professional discipline and firm agency policies mixed with practitioner creativity and agency flexibility. While it is not practicable to identify or fully describe all of the steps involved in individualized treatment, the major steps are outlined below.

- Gather data to perform the initial unbiased assessment. This initial assessment process includes determining a DSM IV diagnostic impression and level of care determination based on the ASAM criteria.

  To help insure that an individual is placed in the appropriate level of care at the most appropriate provider, this initial unbiased assessment process is performed at an Access, Assessment, and Referral (AAR) agency, not the admitting provider site.

- Selection of a provider. Based on the initial assessment results, with emphasis on the individual's specific input and informed choice of providers, the individual is referred to a level and type of care sufficient to meet their clinical needs and life circumstances.

- Biopsychosocial assessment. This assessment takes into consideration the information gathered through the initial assessment process . It is completed at the treatment provider with the active participation of the client. It must be objective and comprehensive and include information regarding the individual's age, gender, mental condition, disabilities, ethnicity, cultural background, transportation needs, child care needs and any other factors the individual and/or clinician believe may impact treatment.

- Development of a treatment plan. The treatment plan must be based on the information

found in the Biopsychosocial assessment and tailored to the individual. It must be developed, periodically reviewed, and revised as necessary in collaboration with the individual.

- Decisions concerning length of stay, transfer, discharge, continuing care, etc. All such decisions, including authorization decisions by prepaid health plans, must be based on individualized determinations of need and of progress toward treatment objectives. Such decisions must not be based on arbitrary or pre-set criteria such as time limits or payment limits.

Relationship between individualized treatment and person centered planning

Person centered planning, as defined in the Mental Health Code and as articulated in the department January, 2002 practice guideline, can be seen as a very specific and highly elaborated form of individualized treatment. Person centered planning also has a major emphasis on active participation on the part of individuals. Though the department's policy on individualized treatment for person's with substance use disorders has a similar purpose, it reflects differences in the length, intensity, and extensiveness of individuals' engagement with public substance abuse and mental health services. Care purchasers and providers are not prohibited from applying person centered planning to individuals receiving care for substance use disorders. Before trying to apply person centered planning to individuals receiving care for substance use disorders, a provider should understand the differences associated with an individual seeking and receiving substance abuse services vs the individual seeking and receiving mental health services.

Further Reading

ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition Revised (ASAM PPC-2R), American Society of Addiction Medicine, Inc, 2001.

Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice, U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Technical Assistance Publication Series #21, 1998.

The Role and Current Status of Patient Placement Criteria in the Treatment of Substance Use Disorders, U.S. Department of Health and Human Services, Center for Substance Abuse Treatment, Treatment Improvement Protocol Series #13, 1995.