Addiction Services

Addiction services include an array of individual-centered outpatient, intensive outpatient, residential, and inpatient services consistent with the individual's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use symptoms and behaviors. These services are designed to help individuals achieve recovery. Services should address major lifestyle, attitudinal and behavioral problems that have the potential to be barriers to the goals of treatment.

The goals of substance use disorders prevention and treatment services for adolescents and adults are to acquire a responsive system of service delivery designed to respond to the needs of individuals by utilizing evidence-based models of care and provide the full continuum of care to meet the treatment needs of individuals within the community. The expected outcomes of receiving treatment are to return people to productive levels of functioning within their family, workplace, and community. The provision of treatment services is based on the belief that treatment is:

1. Effective;
2. Prevention works; and
3. People can and do recover from substance use disorders.

The most effective service delivery system is both member and family-centered, outcome driven and cost effective, allowing individuals and communities to utilize their strengths and resources to effectively respond to substance use disorders. Treatment enables people to counteract the powerful disruptive effects of substance use on the brain, their behavior and to regain control of their life.

Recovery outcomes of substance use disorders include but are not limited to the following:

1. Long-term abstinence;
2. Improved quality of life;
3. Improved family relationships;
4. Decreased criminal justice involvement;

5. Improved physical health and wellness;

6. Increase or sustained employment/education; and

7. Stability in housing.

The following American Society of Addiction Medicine (ASAM) levels are covered services by the Louisiana Medicaid Program. The service definition, program requirements, and provider requirements for each level will be detailed throughout the manual chapter.

ASAM Levels Covered

1. Level 1: Outpatient;

2. Level 2.1: Intensive outpatient treatment;

3. Level 2-WM: Ambulatory withdrawal management with extended on-site monitoring;

4. Level 3.1: Clinically managed low-intensity residential treatment-adolescent;

5. Level 3.1: Clinically managed low-intensity residential treatment-adults;

6. Level 3.2-WM: Clinically managed residential social withdrawal management – adolescent;

7. Level 3.-2WM: Clinically managed residential social withdrawal management – adults;

8. Level 3.3: Clinically managed population specific high intensity residential treatment-adult;

9. Level 3.5: Clinically managed medium intensity residential treatment – adolescent;

10. Level 3.5: Clinically managed high intensity residential treatment- adult;

11. Level 3.7: Medically monitored high intensity inpatient treatment-adult (residential setting);

12. Level 3.7: Medically monitored intensive inpatient treatment – adolescent (PRTF) (Refer to the *Psychiatric Residential Treatment Facilities* (PRTF) Section for definition, qualifications, and requirements);

13. Level 3.7-WM: Medically monitored inpatient withdrawal management-adult (residential setting); and

14. Level 4-WM: Medically managed intensive inpatient withdrawal management (hospital) - (Refer to the sections of this manual chapter on inpatient and outpatient hospitals for definition, qualifications, and requirements).

Provider Qualifications

Agency

To provide ASAM level addiction services, agencies must meet the following requirements:

1. Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq.;

2. Residential substance use treatment facilities must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification to the managed care entities with which the agency contracts or is being reimbursed;

   NOTE: Facilities must apply for accreditation and pay accreditation fees prior to being contracted or reimbursed by a Medicaid managed care entity, and must maintain proof of accreditation application and fee payment. Agencies must attain full accreditation within 18 months of the initial accreditation application date.

3. Services must be provided under the supervision of a licensed mental health professional (LMHP) or physician who is acting within the scope of his/her professional license and applicable state law. (Refer to Appendices B and D for more information on LMHPs). The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused

with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards;

4. Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:

   a. The Behavioral Health Service Provider (BHSP) licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 56, which includes those for owners, managers, and administrators; any individual treating children and/or adolescents; and any unlicensed direct care staff;

   b. La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing patient care;

   c. La. R.S. 15:587, as applicable; and

   d. Any other applicable state or federal law.

5. Providers shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record;

6. The provider must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the

Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

7. Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (https://exclusions.oig.hhs.gov) and the LDH Adverse Action website is located at https://adverseactions.ldh.la.gov/SelSearch;

8. Arrange for and maintain documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

9. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (Refer to Appendix D);

10. Maintain documentation that all direct care staff, who are required to complete First Aid, cardiopulmonary resuscitation (CPR) and seizure assessment training, complete American Heart Association (AHA) recognized training within 90 days of hire, which must be renewed within a time period recommended by the AHA. (Refer to Appendices A and D);

11. Maintain documentation of verification of staff meeting educational and professional requirements, licensure (where applicable), as well as completion of required trainings for all staff; and

12. Ensure and maintain documentation that all unlicensed persons employed by the organization complete training in a recognized crisis intervention (CI) curriculum prior to handling or managing crisis calls, which must be updated annually.

Staff

To provide addiction services, staff must meet the following requirements:

1. Licensed and unlicensed professional staff must be at least 18 years of age, with a high school diploma or equivalent according to their areas of competence as determined by degree, required levels of experience as defined by State law and regulations and departmentally approved guidelines and certifications;

2. Staff must be at least three years older than any client served under 18 years of age. Licensed individual practitioners with no documentation of having provided addiction services prior to December 1, 2015, are required to demonstrate competency via the Alcohol and Drug Counselor (ADC) exam, the Advanced Alcohol and Drug Counselor (AADC) exam, or the Examination for Master Addictions Counselor (EMAC). Any licensed individual practitioner, who has documentation of providing addiction services prior to December 1, 2015, and within their scope of practice is exempt from (ADC, AADC, EMAC) testing requirements. Organizational agencies are required to obtain verification of competency (passing of accepted examinations) or exemption (prior work history/resume, employer letter). Licensed providers practicing independently must submit verification of competency or an exemption request (based on verified required work history) to the Coordinated System of Care (CSoC) contractor and/or managed care organizations (MCOs) with whom they credential and contract;

3. Staff can include the Office of Behavioral Health (OBH) credentialed peer support specialists who meet all other qualifications. A peer specialist is a recommended position at all ASAM levels of care. A peer specialist is a person with lived experience with behavioral health challenges, who is in active recovery and is trained to assist others in their own recovery. The peer specialist uses their own unique, life-altering experience in order to guide and support others who are in recovery. This refers to individuals recovering from substance use disorders. Peer specialist work in conjunction with highly trained and educated professionals. They fill a gap by providing support from the perspective of someone who has first-hand experience;

4. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, a member of the direct care staff who has an alcohol or drug offense, unless the employee or contractor has completed

his/her court-ordered sentence, including community service, probation and/or parole and been sober per personal attestation for at least the last two years;

5. Satisfactory completion of criminal background checks pursuant to the BHSP licensing regulations (LAC 48:I.Chapter 56), La R.S. 40:1203.1 et seq., La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;

6. Pass a motor vehicle screen (if duties may involve driving or transporting members);

7. Pass a TB test prior to employment;

8. Pass drug screening tests as required by agency's policies and procedures;

9. Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

10. Direct care staff must not have a finding on the Louisiana State Adverse Action List;

11. Complete AHA recognized First Aid, CPR and seizure assessment training. Psychiatrists, advanced practical registered nurses (APRNs)/clinical nurse specialists (CNSs)/physician assistants (PAs), registered nurses (RNs) and licensed practical nurses (LPNs) are exempt from this training. (Refer to Appendix D); and

12. Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH prior to providing the service. (Refer to Appendix D).

Staffing Requirements

Personnel must consist of professional and other support staff that are adequate to meet the needs of the individuals admitted to the facility.

Medical Director

The provider shall ensure that its **medical director** is a licensed physician, who:

1. Is an addictionologist; or
2. Meets all of the following:
    a. Is board-eligible or board-certified;
    b. Has two years of qualifying experience in treating addictive disorders; and
    c. Maintains a consulting relationship with an addictionologist.

Clinical Supervisor

State regulations require supervision of unlicensed professionals by a **clinical supervisor** who, with the exception of opioid treatment programs:

1. Is an LMHP that maintains a current and unrestricted license with its respective professional board or licensing authority in the state of Louisiana;
2. Shall be on duty and on call as needed;
3. Has two years of qualifying clinical experience as an LMHP in the provision of services provided by the provider; and
4. Shall have the following responsibilities:
    a. Provide supervision utilizing evidenced-based techniques related to the practice of behavioral health counseling;
    b. Serve as resource person for other professionals counseling persons with behavioral health disorders;
    c. Attend and participate in care conferences, treatment planning activities, and discharge planning;
    d. Provide oversight and supervision of such activities as recreation, art/music or vocational education;
    e. Function as client advocate in treatment decisions;

f. Ensure the provider adheres to rules and regulations regarding all behavioral health treatment, such as group size, caseload, and referrals;

g. Provide only those services that are within the person's scope of practice; and

h. Assist the clinical director and/or medical director and governing body with the development and implementation of policies and procedures.

Licensed Mental Health Professional (LMHP)

LMHPs must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards. The LMHP providing addiction treatment services shall have documented credentials, experience and/or training in working with clients who have addictive disorders, which shall be maintained in the individual's personnel record.

Unlicensed professionals (UPs)

UPs of addiction services must be registered with the Addictive Disorders Regulatory Authority (ADRA) and meet regulations and requirements in accordance with La. RS 37:3387 et seq.. Written verification of ADRA registration shall be maintained in the individual's personnel record. Unlicensed staff who fall under a professional scope of behavioral health practice with formal board approved clinical supervision and whose scope includes the provision of addiction services will not need to register with ADRA. Unlicensed addiction providers must meet at least one of the following qualifications:

1. Be a master's-prepared behavioral health professional that has not obtained full licensure privileges and is participating in ongoing professional supervision. When working in addiction treatment settings, the master's-prepared UP must be supervised by an LMHP, who meets the requirements of this Section;

2. Be a registered addiction counselor;

3. Be a certified addiction counselor; or

4. Be a counselor-in-training (CIT) that is registered with ADRA and is currently participating in a supervision required by the Addictive Disorders practice act.

House Manager

A residential substance use provider shall have a **house manager**. The house manager shall:

1. Be at least 21 years old;
2. Have at least two years qualifying experience working for a provider that treats clients with mental illness and/or addictive disorders;
3. Supervise the activities of the facility when the professional staff is not on duty;
4. Perform clinical duties only if licensed to do so;
5. Report allegations of abuse, neglect and misappropriation to the medical director;
6. Identify and respond to and report any crisis situation to the clinical supervisor when it occurs; and
7. Coordinate and consult with the clinical staff as needed.

Allowed Provider Types and Specialties

Outpatient Services

1. PT 68 Substance Use and Alcohol Use Center PS 70 Clinic/Group; and
2. PT 74 Mental Health Clinic PS 70 Clinic/Group.

Residential Services

1. PT AZ Substance Use Residential Treatment Facility PS 8U Substance Use or Addiction.

Eligibility Criteria

The medical necessity for these addiction services must be determined by and recommended by an LMHP or physician and under the direction of a licensed practitioner, to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level.

Adolescents are defined as children and youth, 0 through 20 years of age. Services may be provided up to the time the individual turns 21 years of age. An adult is defined as anyone 21 years of age and over.

Allowed Mode(s) of Delivery

1. Individual;
2. Group;
3. On-site; and
4. Off-site.

Additional Service Criteria

A unit of service is defined according to the Health Care Financing Industry common procedure coding system (HCPCS) approved code set, unless otherwise specified. One session is equal to one visit.

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid-eligible individuals with significant functional impairments resulting from an identified addiction diagnosis. Services are subject to prior approval, must be medically necessary and must be recommended by an LMHP or physician who is acting within the scope of his/her professional licensed and applicable State law to promote the maximum reduction of symptoms and/or restoration of an individual to his/her best age-appropriate functional level according to an individualized treatment plan.

Providers must maintain medical records that include a copy of the assessment/evaluation, treatment plan, the name of the individual, dates of services provided, nature, content, and units of rehabilitation services provided and progress made toward functional improvement and goals in the treatment plan (Refer to Section 2.6 – Record Keeping).

Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented in the youth's

medical record. Components that are not provided to, or directed exclusively toward the treatment of, the Medicaid-eligible individual are not eligible for Medicaid reimbursement.

Services provided at a work site must not be job tasks-oriented and must be directly related to treatment of an individual's substance use needs. Any services or components of services, the basic nature of which are to supplant housekeeping, homemaking or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child-care and laundry services) are not covered.

All substance use treatment services shall offer the family component. Adolescent substance use programs shall include family involvement, parent education and family therapy.

Room and board is excluded from any rates provided in a residential setting.

ASAM levels of care may be subject to prior approval and reviews on an ongoing basis to document compliance with the national standards.

Staffing for the facility must be consistent with State licensure regulations on a full-time employee (FTE) basis.

Adolescent facilities with greater than 16 beds must be a PRTF providing an inpatient level of care. Only facilities providing ASAM Level 3.7 will be permitted to become PRTFs.

For adults, independent lab work is not part of the capitated rate. However, routine drug screens that are part of residential, outpatient and inpatient services are covered under the rate paid to the provider.

Alcohol and Drug Assessment and Referrals

Alcohol and drug assessment and referrals provide ongoing assessment and referral services for individuals presenting a current or past use pattern of alcohol or other drug use. The assessment is designed to gather and analyze information regarding a member's biopsychosocial, substance use and treatment history. The purpose of the assessment is to provide sufficient information for problem identification and, if appropriate, substance use-related treatment or referral. A licensed provider shall comply with licensing standards and any further LDH standards outlined below in regard to assessment practices. Once an individual receives an assessment, a staff member shall provide the individual with the identified clinical recommendation. Evaluations shall include the consideration of appropriate psychopharmacotherapy. There shall be evidence that the member

was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis.

SUD providers, when clinically appropriate, shall:

1. Educate members on the proven effectiveness, benefits and risks of Food and Drug Administration approved MAT options for their SUD;

2. Provide on-site MAT or refer to MAT offsite; and

3. Document member education, access to MAT and member response in the progress notes.

Residential SUD providers shall provide MAT onsite or facilitate access to MAT offsite which includes coordinating with the member’s health plan for referring to available MAT provider and arranging Medicaid non-emergency medical transportation if other transportation is not available for the patient.

Core Requirements for the Screening, Assessment and Treatment Planning Process (all ASAM Levels)

A triage screening is conducted to determine eligibility and appropriateness (proper member placement) for admission and referral. (The MCO/CSoC contractor ensures that pre-certification requirements are met).

A comprehensive bio-psychosocial assessment and ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. The evaluation must be reviewed and signed by an LMHP. The comprehensive bio-psychosocial evaluation shall contain the following:

1. Circumstances leading to admission;

2. Past and present behavioral health concerns;

3. Past and present psychiatric and addictive disorders treatment;

4. Significant medical history and current health status;

5. Family and social history;
6. Current living situation;
7. Relationships with family of origin, nuclear;
8. Family and significant others;
9. Education and vocational training;
10. Employment history and current status;
11. Military service history and current status;
12. Legal history and current legal status;
13. Emotional state and behavioral functioning, past and present; and
14. Strengths, weaknesses, and needs.

A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.

A drug screening is conducted when the member's history is inconclusive or unreliable.

An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.

For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.

Treatment plans shall be based on the evaluations to include person-centered goal and objectives. The treatment plan shall be developed within 72 hours within residential facilities with active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of rehabilitative services. The treatment plan shall identify the medical or remedial services intended to reduce the identified condition, as well as the anticipated outcomes of the individual. The treatment plan shall include a referral to self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA). The

treatment plan must specify the frequency, amount and duration of services. (Refer to 2.6 Record Keeping). The treatment plan must be signed by the LMHP or physician responsible for developing the plan. The plan will specify a timeline for re-evaluation of the plan that is, at least, an annual redetermination.

The re-evaluation shall involve the individual, family and providers and include a re-evaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan shall be developed if there is no measureable reduction of disability or restoration of functional level. The new plan shall identify different rehabilitation strategy with revised goals and services. If the services are being provided to a youth enrolled in a wrap-around agency (WAA), the substance use provider must either be on the Child Family Team (CFT) or will work closely with the CFT. Substance use service provision will be part of the youth's plan of care (POC) developed by the team.

An interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists, is available to assess and treat the individual and to obtain and interpret information regarding the patient’s needs. The number and disciplines of team members are appropriate to the range and severity of the individual’s problems.

Level 1 Outpatient Treatment

Outpatient level 1 services are professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized non-residential treatment setting. Outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure.

These services include, but are not limited to, individual, group, family counseling and psycho-education on recovery and wellness. These programs offer comprehensive, coordinated and defined services that may vary in level of intensity but are fewer than nine contact hours per week for adults and fewer than six hours a week for adolescents.

Admission Guidelines (ASAM Level 1)

Outpatient level 1 services are available to members who meet the following criteria. The member exhibits:

1. **Acute intoxication and/or withdrawal potential** – No signs or symptoms of withdrawal, or individual's withdrawal can be safely managed in an outpatient setting;

2. **Biomedical conditions and complications** – None, or sufficiently stable to permit participation in outpatient treatment;

3. **Emotional, behavioral or cognitive conditions and complications** – None or minimal. If present, symptoms are mild, stable and do not interfere with the patient's ability to participate in treatment;

4. **Readiness to change** – Member should be open to recovery but require monitoring and motivating strategies to engage in treatment and to progress through the stages of change but not be in need of a structured milieu program;

5. **Relapse, continued use or continued problem potential** – Member is able to achieve abstinence and related recovery goals, with support and scheduled therapeutic contact to assist with issues that include, but not limited to, ambivalence about preoccupation of alcohol use or other drug use, cravings, peer pressure and lifestyle and attitude changes; and

6. **Recovery environment** – Environment is sufficiently supportive that outpatient treatment is feasible, or the individual does not have an adequate, primary or social support system but has demonstrated motivation and willingness to obtain such a support system.

Additional Admission Guidelines (ASAM Level 1)

Additional admission guidelines for level 1 outpatient treatment services are:

1. Initial point of entry/reentry - Activities related to assessment, evaluation, diagnosis and assignment of level of care are provided, including transfer between facilities and/or treatment levels, relapse assessment and assignment to level of care;

2. Early intervention for those who have been identified as individuals suffering from addictive disorders and referred for education, activities or support services designed to prevent progression of disease;

3. Continuing care for those who require a step-down, following a more intensive level of care and require minimal support to avoid relapse; and/or

4. Any combination of the above.

Screening, Assessment and Treatment Plan Review (ASAM Level 1)

Refer to *Core Requirements* in the general section.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals shall be developed in collaboration with the member. The treatment plan is then reviewed/updated in collaboration with the member, as needed, as required by that level of care, but at a minimum of every 90 days or more frequently if indicated by the member's needs and documented accordingly. Discharge/transfer planning must begin at admission and referral arrangements are made, as needed.

Provider Qualifications (ASAM Level 1)

In addition to the agency and staff qualifications noted for addiction service providers, the following is required for ASAM Level 1.

Staffing Requirements (ASAM Level 1)

The provider must ensure the following:

1. The provider shall have a medical director (physician);

2. There are physician services available as needed for the management of psychiatric and medical needs of the members. Physician services may be provided directly by the behavioral health services (BHS) provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider must maintain documentation of such arrangement;

3. There is a clinical supervisor available on-site for supervision as needed, and available on call at all times;

4. There is at least one LMHP or UP under the supervision of an LMHP on-site when clinical services are being provided;

5. Each LMHP or UP caseload does not exceed a ratio of 1:50 active members; and

6. There are nursing services available as needed to meet the nursing needs of the members. Nursing services may be provided directly by the provider or may be provided or arranged via written contract, agreement, policy, or other document. The provider must maintain documentation of such arrangement.

Additional Staffing and Service Components (ASAM Level 1)

An LMHP must be available (defined as on-site or available by phone) at all times for crisis intervention. An LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

A peer specialist is recommended.

Counseling groups should not exceed 12 individuals. Educational group size is not restricted.

Level 2.1 Intensive Outpatient Treatment

Intensive outpatient treatment is professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized non-residential treatment setting. Intensive outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure.

These services include, but are not limited to, individual, group, family counseling and psycho-education on recovery, as well as monitoring of drug use, medication management, medical and psychiatric examinations, crisis intervention coverage and orientation to community-based support groups. Intensive outpatient program services shall include evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing and multidimensional family therapy. These programs offer comprehensive, coordinated and defined services that may vary in level of intensity but must be a minimum of nine contact hours per week for adults, and a minimum

of six hours per week for adolescents at a minimum of three days per week with a maximum of 19 hours per week. This level consists of a scheduled series of face-to-face sessions appropriate to the individual's POC.

Admission guidelines (ASAM Level 2.1)

ASAM level 2.1 services are available to members who meet the following criteria. The member exhibits:

1. **Acute intoxication and/or withdrawal potential** – No signs or symptoms of withdrawal, or individual's withdrawal can be safely managed in an intensive outpatient setting;

2. **Biomedical conditions and complications** – None, or sufficiently stable to permit participation in outpatient treatment;

3. **Emotional, behavioral or cognitive conditions and complications** – None to moderate. If present, member must be admitted to either a co-occurring disorder capable or co-occurring disorder enhanced program, depending on the member's level of function, stability and degree of impairment;

4. **Readiness to change** – Member requires structured therapy and a programmatic milieu to promote treatment progress and recovery. The member's perspective inhibits their ability to make behavioral changes without repeated, structured and clinically directed motivational interventions;

5. **Relapse, continued use or continued problem potential** – Member is experiencing an intensification of symptoms related to substance use, and their level of functioning is deteriorating despite modification of the treatment plan; and

6. **Recovery environment** – Insufficiently supportive environment and member lacks the resources or skills necessary to maintain an adequate level of functioning without services in intensive outpatient treatment.

Additional Admission Guidelines (ASAM Level 2.1)

Additional admission guidelines for level 2.1 intensive outpatient treatment services are:

1. Initial point of entry/re-entry – Activities related to assessment, evaluation, diagnosis and assignment of level of care are provided, including transfer between facilities and/or treatment modalities, relapse assessment and assignment to level of care;

2. Services may be provided for persons at risk of being admitted to more intensive levels of care, such as residential, inpatient or withdrawal management;

3. Continuing care for those who require a step-down following a more intensive level of care and require support to avoid relapse; and/or

4. Any combination of the above.

Screening, Assessment and Treatment Plan Review (ASAM Level 2.1)

Refer to *Core Requirements* in the general section.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals shall be developed in collaboration with the member. The treatment plan is reviewed/updated in collaboration with the member, as needed, or at minimum of every 30 days or more frequently if indicated by the member's needs and documented accordingly. Discharge/transfer planning must begin at admission and referral arrangements, made as needed.

Provider Qualifications (ASAM Level 2.1)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for ASAM Level 2.1.

Staffing Requirements (ASAM Level 2.1)

The provider must ensure that:

1. The provider shall have a medical director (physician);

2. A physician is on-site as needed for the management of psychiatric and medical needs and on call 24 hours per day, seven days per week;

3. There is a clinical supervisor on-site 10 hours a week and on call 24 hours per day, seven days per week;

4. There is at least one LMHP or UP under the supervision of an LMHP on-site when clinical services are being provided;

5. Each LMHP/UP caseload does not exceed a ratio of 1:25 active members;

6. There are nursing services available as needed to meet the nursing needs of the members; and

7. Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider must maintain documentation of such arrangement.

Additional Staffing and Service Components (ASAM Level 2.1)

An LMHP must be available (defined as on-site or available by phone) at all times for crisis intervention. An LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

A peer specialist is recommended.

Counseling groups should not exceed 12 individuals. Educational group size is not restricted.

Level 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring

This level of care is an organized outpatient service, which may be delivered in an office setting, health care or addiction treatment facility by trained clinicians, who provide medically supervised evaluation, withdrawal management and referral services. The care is delivered in an office/health care setting or BH treatment facility.

These services are designed to treat the individual's level of clinical severity to achieve safe and comfortable withdrawal from mood-altering chemicals and to effectively facilitate the individual's entry into ongoing treatment and recovery. Withdrawal management is conducted on an outpatient basis. It is important for medical and nursing personnel to be readily available to evaluate and confirm that withdrawal management in the less supervised setting is relatively safe. Counseling services may be available through the withdrawal management program or may be accessed through affiliation with entities providing outpatient services. Ambulatory withdrawal management is provided in conjunction with ASAM level 2.1 intensive outpatient treatment services.

Admission guidelines (ASAM Level 2-WM)

ASAM level 2-WM services are available to members who meet the following criteria. The member exhibits:

1. **Acute intoxication and/or withdrawal potential** – Experiencing moderate signs or symptoms of withdrawal, or there is evidence based on the history of substance use and previous withdrawal history, that withdrawal is imminent;

2. **Biomedical conditions and complications** – None or sufficiently stable to permit participation in ambulatory withdrawal management in an outpatient setting;

3. **Emotional, behavioral or cognitive conditions and complications** – None to moderate. If present, complications can be safely addressed through monitoring, medication and treatment;

4. **Readiness to chang**e – The patient has adequate understanding of ambulatory detoxification and expresses commitment to enter such a program. Member requires structured therapy and a programmatic milieu to promote treatment progress and recovery;

5. **Relapse, continued use or continued problem potential** – Member is experiencing an intensification of symptoms related to substance use, which indicate a high likelihood of relapse or continue use or continue problems without close monitoring and support several times a week; and

6. **Recovery environment** – Sufficient supportive environment, however, member lacks the resources or skills necessary to maintain an adequate level of functioning without services in an ambulatory withdrawal management outpatient setting.

Screening, Assessment, and Treatment Plan Review (ASAM Level 2-WM)

See *Core Requirements* in the general section.

An individualized, interdisciplinary treatment plan which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals shall be developed in collaboration with the member. The treatment plan is reviewed/updated in collaboration with the member, as needed, or at minimum of every 30 days or more frequently if indicated by the member's needs and documented accordingly.

Discharge/transfer planning must begin at admission and referral arrangements made as needed.

Provider Qualifications (ASAM Level 2-WM)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for ASAM Level 2-WM.

Staffing Requirements (ASAM Level 2-WM)

The facility must have qualified professional medical, nursing counseling and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure that:

1. The provider shall have a medical director (physician);

2. A physician is on-site at least 10 hours per week during operational hours and on-call 24 hours per day, seven days per week;

3. A physician must be available to assess the individual within 24 hours of admission (or earlier, if medically necessary) and is available to provide on-site monitoring of care and further evaluation on a daily basis;

4. There is a clinical supervisor available on-site for supervision as needed and available on call at all times;

5. There is an LMHP or UP under the supervision of an LMHP on-site 40 hours per week;

6. Each LMHP/UP caseload does not exceed a ratio of 1:25 active members;

7. There is a licensed nurse on call 24 hours per day, seven days per week and on-site no less than 40 hours a week;

8. A nurse must be responsible for overseeing the monitoring of the individual's progress and medication. Appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders; and

9. There is a RN on-site as needed to perform nursing assessments.

Additional Staffing and Service Components (ASAM Level 2-WM)

An LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

A peer specialist is recommended.

Minimum Standards of Practice (ASAM Level 2-WM)

1. **Toxicology and drug screening** - Urine drug screens are required upon admission and as directed by the treatment plan and are considered covered under the rate paid to the provider;

2. **Stabilization/treatment plan** - A qualified professional must identify the individual's short-term needs, based on the withdrawal management history, the medical history and the physical examination and prepare a plan of action. The

treatment plan must be reviewed and signed by the physician and the individual and must be filed in the individual's record within 24 hours of admission with updates, as needed;

3. **Progress notes** - The program must implement the stabilization/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes must include the following:

   a. The individual's physical condition, including vital signs;

   b. The individual's mood and behavior;

   c. Statements about the individual's condition and needs;

   d. Information about the individual's progress or lack of progress in relation to stabilization/treatment goals; and

   e. Additional notes must be documented, as needed.

4. **Physicians' orders** - Physicians' orders are required for medical and psychiatric management.

The clinician will bill the appropriate Current Procedural Terminology (CPT) codes in conjunction with intensive outpatient program (IOP) codes (e.g., billing a minimum of nine hours of IOP).

Level 3.1 Clinically Managed Low Intensity Residential Treatment – Adolescent

Residential programs offer at least five hours per week of a combination of low-intensity clinical and recovery-focused services. Low-intensity residential treatment services for adolescents are directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education and family life. Services provided may include individual, group and family therapy, medication management and medication education. Mutual/self-help meetings usually are available on-site. This level of services does not include sober houses, boarding houses or group homes where treatment services are not provided.

Admission Guidelines (ASAM Level 3.1 Adolescent)

ASAM level 3.1 services for adolescents are available to members who meet the following criteria. The member exhibits:

1. **Acute intoxication and/or withdrawal potential** – None or minimal/stable withdrawal risk;

2. **Biomedical conditions and complications** – None or stable. If present, the member must be receiving medical monitoring;

3. **Emotional, behavioral or cognitive conditions and complications** – None or minimal. If present, conditions must be stable and not too distracting to the member's recovery;

4. **Readiness to change** – Member should be open to recovery, but in need of a structured, therapeutic environment;

5. **Relapse, continued use or continued problem potential** – Member understands the risk of relapse, but lacks relapse prevention skills or requires a structured environment; and

6. **Recovery environment** – Environment is dangerous, but recovery is achievable within a 24-hour structure.

Screening, Assessment, and Treatment Plan Review (ASAM Level 3.1 Adolescent)

Refer to *Core Requirements* in the general section.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals should be developed in collaboration with the member within 72 hours of admission. The treatment plan is reviewed in collaboration with the member every 90 days or more frequently if indicated by the member's needs and documented accordingly. Discharge/transfer planning must begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.1 Adolescent)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for providers of ASAM Level 3.1 Adolescent.

Staffing Requirements (ASAM Level 3.1 Adolescent)

Facilities that provide ASAM level 3.1 services must have both qualified professional and support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

In addition to the staffing required by therapeutic group homes (TGH), Adolescent TGH ASAM 3.1 must have at least the following staffing:

1. The provider shall have a medical director (physician);

2. The provider shall have a clinical supervisor available for clinical supervision and by telephone for consultation;

3. LMHP or UP under supervision of a an LMHP caseload shall not exceed 1:8 active clients;

4. At least one LMHP or UP is on duty at least 40 hours a week when majority of individuals are awake and on-site;

5. The provider shall have a house manager;

6. The provider shall have at least two direct care aides (two FTE) on duty during each shift;

7. There shall be a ratio of 1:8 direct care aides during all shifts and a ratio of 1:5 direct care aides on therapy outings; and

8. There shall be a care coordinator and/or duties may be assumed by clinical staff.

Additional Staffing and Service Components (ASAM Level 3.1 Adolescent)

An LMHP, who is a qualified clinical supervisor, must be available for clinical supervision as needed and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals.

A house manager is required to supervise activities of the facility when the professional staff is on call, but not on duty. This person is required to have adequate orientation and skills to assess situations related to relapse and to provide access to appropriate medical care when needed.

Clerical support staff (one FTE) is recommended.

A peer specialist is recommended.

Level 3.1 Clinically Managed Low-Intensity Residential Treatment – Adult

Level 3.1 residential programs offer at least five hours per week of a combination of low-intensity clinical and recovery-focused services. Low-intensity residential treatment services for adults are directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education and family life. Services provided may include individual, group and family therapy, medication management and medication education. Mutual/self-help meetings usually are available on-site. Facilities that provide low-intensity, clinical, and recovery-focused services do not include sober living houses, boarding houses or group homes where treatment services are not provided. (An example is a halfway house).

Admission Guidelines (ASAM Level 3.1 Adult))

Level 3.1 residential services for adults are available to members who meet the following criteria. The member exhibits:

1. **Acute intoxication and/or withdrawal potential** – None, or minimal/stable withdrawal risk;

2. **Biomedical conditions and complications** – None or stable. If present, the member must be receiving medical monitoring;

3. **Emotional, behavioral or cognitive conditions and complications** – None or minimal. If present, conditions must be stable and not too distracting to the member's recovery;

4. **Readiness to change** – Member should be open to recovery but in need of a structured, therapeutic environment;

5. **Relapse, continued use or continued problem potential** – Member understands the risk of relapse but lacks relapse prevention skills or requires a structured environment; and

6. **Recovery environment** – Environment is dangerous, but recovery is achievable within a 24-hour structure.

Screening, Assessment, and Treatment Plan Review (ASAM Level 3.1 Adult)

Refer to *Core Requirements* in the general section.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals shall be developed in collaboration with the member within 72 hours of admission. The treatment plan is reviewed in collaboration with the member every 90 days or more frequently of indicated by the member's needs and documented accordingly. Discharge/transfer planning must begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.1 Adult)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for providers of ASAM Level 3.1 Adults.

Staffing Requirements (ASAM Level 3.1 Adult)

The facility must have qualified professional staff and support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure the following staffing:

1. The provider shall have a medical director (physician);

2. The provider shall have a clinical supervisor available for clinical supervision and by telephone for consultation;

3. LMHP or UP under supervision of an LMHP caseload shall not exceed 1:25 active clients;

4. There shall be at least one LMHP or UP on duty at least 40 hours a week when majority of individuals are awake and on-site;

5. The provider shall have a house manager;

6. The provider shall have at least one direct care aides (one FTE on all shifts; additional staff as needed) on duty during each shift; and

7. There shall be a care coordinator and/or duties may be assumed by clinical staff.

Additional Staffing and Service Components (ASAM Level 3.1 Adult)

An LMHP, who is a qualified clinical supervisor, must be available for clinical supervision as needed and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor’s or master’s level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals.

A house manager is required to supervise activities of the facility when the professional staff is on call, but not on duty. This person is required to have adequate orientation and skills to assess situations related to relapse and to provide access to appropriate medical care when needed.

Clerical support staff (one FTE) is recommended.

A peer specialist is recommended.

Level 3.2-WM Clinically Managed Residential Social Withdrawal Management – Adolescent

Residential programs provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring, observation and support in a supervised environment for a person served, to achieve initial recovery from the effects of alcohol and/or other drugs. Social withdrawal management is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, non-medical alternative to inpatient withdrawal management.

Admission Guidelines (ASAM Level 3.2-WM – Adolescent)

Facilities that provide ASAM level 3.2-WM services to adolescents provide care to patients whose withdrawal signs and symptoms are non-severe but require 24-hour inpatient care to address biomedical and recovery environment conditions/complications. Twenty-four-hour observation, monitoring and treatment are available. However, the full resources of an acute care general hospital or a medically supported program are not necessary.

1. **Acute intoxication and/or withdrawal potential** – The patient is experiencing signs and symptoms of withdrawal, or there is evidence that a withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). The patient is assessed as not requiring medications, but requires this level of service to complete detoxification;

2. **Biomedical conditions and complications** – None or mild;

3. **Emotional, behavioral or cognitive conditions and complications** – None to Mild severity; need structure to focus on recovery; if stable, a co-occurring disorder capable program is appropriate;

4. **Readiness to change** – The patient has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension;

5. **Relapse, continued use or continued problem potential** – The patient has little awareness and need intervention available to prevent continued use, with imminent dangerous consequences because of cognitive deficits; and

6. **Recovery environment** – The patient's recovery environment is not supportive of detoxification and entry into treatment, and the patient does not have sufficient coping skills to safely deal with the problems in their recovery environment or the patient recently has not demonstrated an inability to complete detoxification at a less intensive level of service, as by continued use.

Emergency Admissions (ASAM Level 3.2-WM Adolescent)

The admission process may be delayed only until the individual can be interviewed, but no longer than 24 hours, unless seen by a physician. Facilities are required to orient direct care employees to monitor, observe and recognize early symptoms of serious illness and to access emergency services promptly.

Screening, Assessment and Treatment Plan Review (ASAM Level 3.2-WM Adolescent)

Refer to *Core Requirements* in the general section.

An individualized stabilization/treatment plan shall be developed in collaboration with the member within 24 hours. Discharge/transfer planning must begin at admission and referral arrangements shall be made, as needed.

Daily assessment of progress through withdrawal management shall be documented in a manner that is person-centered and individualized.

Provider Qualifications - (ASAM Level 3.2-WM Adolescent)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for providers of ASAM Level 3.2-WM Adolescent.

Staffing Requirements (ASAM Level 3.2-WM Adolescent)

Facility must have qualified professional and other support staff necessary to provide services appropriate to the needs of individuals being admitted to the program.

In addition to the staffing required by TGH, Adolescent TGH ASAM 3.2-WM must have at least the following staffing:

1. The provider shall have a medical director (physician);

2. There is a physician on call 24 hours per day, seven days per week and on duty as needed for management of psychiatric and medical needs of the client. Duties would include:

    a. Review and approve on medical treatment; and

    b. Triage medical needs at admission and through course of stay for all members.

3. Clinical supervisor is available for clinical supervision when needed and by telephone for consultation;

4. A minimum of one LMHP or UP under supervision of an LMHP available on-site at least 40 hours per week;

5. Each LMHP/UP’s caseload must not exceed a ratio of 1:16;

6. There shall be two direct care aides (two full time employees) per shift with additional as needed, not to exceed a ratio of 1:10;

7. There shall be at least one clerical support staff per day shift; and

8. There shall be a care coordinator (One full time employee per day shift), and/or duties may be assumed by clinical staff).

Additional Staffing and Service Components (ASAM Level 3.2-WM Adolescent)

An LMHP, who is a qualified clinical supervisor, must be available for clinical supervision as needed and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor’s or master’s level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals.

A peer specialist is recommended.

Minimum Standards of Practice (ASAM Level 3.2-WM Adolescent)

1. **History** - The program must obtain enough medical and psychosocial information about the individual to provide a clear understanding of the individual's present status. Exceptions must be documented in individual’s treatment record;

2. **Medical clearance and screening** - Medical screening is performed upon arrival, by staff with current CPR and first aid training, with telephone access to RN physician for instructions for the care of the individual. Individuals who require medication management must be transferred to medically monitored or medical withdrawal management program until stabilized;

3. **Toxicology and drug screening**– Toxicology and drug screenings are medically monitored. A physician may waive drug screening if and when an individual signs a list of drugs being used and understands that his/her dishonesty could result in severe medical reactions during the withdrawal management process;

4. **Stabilization/treatment plan** - The stabilization/treatment plan must be reviewed and signed by the qualified professional and the individual and must be filed in the individual's record within 24 hours of admission with updates, as needed;

5. **Progress notes** - The program must implement the stabilization/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes must include:

a. The individual's physical condition, including vital signs;

b. The individual's mood and behavior;

c. Individual statements about the individual's condition and needs;

d. Information about the individual's progress or lack of progress in relation to stabilization/treatment goals; and

e. Additional notes must be documented, as needed.

6. **Physicians' orders** – Physicians' orders are required for medical and psychiatric management.

Level 3.2-WM Clinically Managed Residential Social Withdrawal Management – Adult

Residential programs provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour medication monitoring observation and support in a supervised environment for a person served to achieve initial recovery from the effects of alcohol and/or other drugs. Social withdrawal management is appropriate for individuals who are able to participate in the daily residential activities and is often used as a less restrictive, non-medical alternative to inpatient withdrawal management.

Admission Guidelines (ASAM Level 3.2-WM Adult)

Facilities that provide ASAM level 3.2 services to adults provide care to patients whose withdrawal signs and symptoms are non-severe but require 24-hour inpatient care to address biomedical and recovery environment conditions/complications. Twenty-four-hour observation, monitoring and treatment are available. However, the full resources of an acute care general hospital or a medically supported program are not necessary.

1. **Acute intoxication and/or withdrawal potential** – The patient is experiencing signs and symptoms of withdrawal, or there is evidence that a withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous

withdrawal). The patient is assessed as not requiring medications, but requires this level of service to complete detoxification;

2. **Biomedical conditions and complications** – None or mild;

3. **Emotional, behavioral or cognitive conditions and complications** – None to mild severity; need structure to focus on recovery; if stable, a co-occurring disorder capable program is appropriate;

4. **Readiness to change** – The patient has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension;

5. **Relapse, continued use or continued problem potential** – The patient has little awareness and need intervention available to prevent continued use, with imminent dangerous consequences because of cognitive deficits; and

6. **Recovery environment** – The patient's recovery environment is not supportive of detoxification and entry into treatment, and the patient does not have sufficient coping skills to safely deal with the problems in their recovery environment or the patient recently has not demonstrated an inability to complete detoxification at a less intensive level of service, as by continued use.

Emergency Admissions (ASAM Level 3.2-WM Adult)

The admission process may be delayed only until the individual can be interviewed but no longer than 24 hours, unless assessed and evaluated by a physician. Facilities are required to orient direct care employees to monitor, observe and recognize early symptoms of serious illness and to access emergency services promptly.

Screening, Assessment and Treatment Plan Review (ASAM Level 3.2-WM Adult)

Refer to *Core Requirements* in the general section.

An individualized stabilization/treatment plan shall be developed in collaboration with the member within 24 hours. Discharge/transfer planning must begin at admission and referral arrangements should be made, as needed.

Daily assessment of progress, through withdrawal management, shall be documented in a manner that is person-centered and individualized.

Provider Qualifications (ASAM Level 3.2-WM Adult)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for providers of ASAM Level 3.2-WM Adult.

Staffing Requirements (ASAM Level 3.2-WM Adult)

Facility must have qualified professional and other support staff necessary to provide services appropriate to the needs of individuals being admitted to the program.

The provider must ensure that the following criteria are met:

1. The provider shall have a medical director (physician);

2. There is a physician on call 24 hours per day, seven days per week and on duty as needed for management of psychiatric and medical needs of the clients. Duties would include:

    a. Review and approve on medical treatment; and

    b. Triage medical needs at admission and through course of stay for all members.

3. Clinical supervisor is available for clinical supervision when needed and by telephone for consultation;

4. A minimum of one LMHP or UP under the supervision of an LMHP available on-site at least 40 hours per week (may be combination of two or more professional disciplines);

5. Each LMHP/UP’s caseload must not exceed a ratio of 1:25;

6. There shall be one direct care aide (one full-time employee) per shift with additional as needed;

7. There shall be at least one clerical support staff per day shift; and

8. There shall be a care coordinator (one full-time employee per day shift), and/or duties may be assumed by clinical staff).

Additional Staffing and Service Components (ASAM Level 3.2-WM Adult)

An LMHP, who is a qualified clinical supervisor, must be available for clinical supervision as needed and by telephone for consultation. The term 'supervision' refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals.

A peer specialist is recommended.

Minimum Standards of Practice (ASAM Level 3.2-WM Adult)

1. **History** - The program must obtain enough medical and psychosocial information about the individual to provide a clear understanding of the individual's present status. Exceptions must be documented in the individual's record;

2. **Medical clearance and screening** - Medical screening is performed upon arrival by staff with current CPR and first aid training, with telephone access to RN physician for instructions for the care of the individual. Individuals who require medication management must be transferred to medically monitored or medical withdrawal management program until stabilized;

3. **Toxicology and drug screening** – Toxicology and drug screenings are medically monitored. A physician may waive drug screening if and when an individual signs a list of drugs being used and understands that his/her dishonesty could result in severe medical reactions during the withdrawal management process;

4. **Stabilization/treatment plan -** The stabilization/treatment plan must be reviewed and signed by the qualified professional and the individual and must be filed in the individual's record within 24 hours of admission with updates, as needed;

5. **Progress notes** - The program must implement the stabilization/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes must include:

   a. The individual's physical condition, including vital signs;

   b. The individual's mood and behavior;

   c. Individual statements about the individual's condition and needs;

   d. Information about the individual's progress or lack of progress in relation to stabilization/treatment goals; and

   e. Additional notes must be documented, as needed.

6. **Physicians' orders** – Physicians' orders are required for medical and psychiatric management.

Level 3.3 Clinically Managed Medium Intensity Residential Treatment - Adult

Level 3.3 residential programs offer at least 20 hours per week of a combination of medium-intensity clinical and recovery-focused services.

Frequently referred to as extended or long-term care, Level 3.3 programs provide a structured recovery environment in combination with medium-intensity clinical services to support recovery from substance-related disorders.

Admission Guidelines (ASAM Level 3.3 Adult)

ASAM level 3.3 adult services are available to members who meet the following criteria. The member exhibits the following:

1. **Acute intoxication and/or withdrawal potential** – None, or minimal risk of withdrawal;

2. **Biomedical conditions and complications** – None or stable. If present, the member must be receiving medical monitoring;

3. **Emotional, behavioral or cognitive conditions and complications** – Mild to moderate severity; need structure to focus on recovery. Mental status is assessed as sufficiently stable to permit the member to participate in therapeutic interventions provided at this level of care. If stable, a co-occurring disorder capable program is appropriate. If not, a co-occurring disorder enhanced program is required. Treatment should be designed to respond to the member's cognitive deficits;

4. **Readiness to change** – Has little awareness of the need for continuing care or the existence of his/her substance use or mental health problem and need for treatment and thus has limited readiness to change. Despite experiencing serious consequences of effects of SUD the member has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health or life problems and impaired coping skills and level of functioning;

5. **Relapse, continued use or continued problem potential** – Has little awareness and needs intervention available to prevent continued use, he or she is in imminent danger of continued substance use or emotional health problems with dangerous emotional, behavioral or cognitive consequences. The member's cognitive impairment has limited his/her ability to identify and cope with relapse triggers and high-risk situations. He/she requires relapse prevention activities that are delivered at a slower pace, more concretely, and more repetitively in a setting that provides 24-hour structure and support to prevent imminent dangerous consequences; and

6. **Recovery environment** – Environment is dangerous, but recovery is achievable within a 24-hour structure.

Screening, Assessment and Treatment Plan Review (ASAM Level 3.3 Adult)

Refer to *Core Requirements* in the general section.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those

goals shall be developed in collaboration with the member. The treatment plan is reviewed in collaboration with the member, as needed, or at a minimum of every 90 days or more frequently if indicated by the member's needs and documented accordingly. Discharge and transfer planning should begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.3 Adult)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for providers of ASAM Level 3.3 Adult.

Staffing Requirements (ASAM Level 3.3 Adult)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure the following:

1. The provider shall have a medical director (physician);

2. There is a physician on call 24 hours per day and on duty as needed for management of psychiatric and medical needs;

3. There is a clinical supervisor available for clinical supervision when needed and by telephone for consultation;

4. There is an LMHP or UP under supervision of an LMHP on-site 40 hours a week to provide direct client care;

5. Each LMHP/UP caseload shall not exceed 1:12;

6. There is 24 hour on-call availability by an RN plus a licensed nurse on duty whenever needed to meet the professional nursing requirements;

7. There is at least one direct care aide on duty for each shift plus additional aides as needed;

8. There shall be a care coordinator (one FTE per 50 members per day shift, and/or duties may be assumed by clinical staff); and

9. There shall be a clerical support staff (One FTE per day shift).

Additional Staffing and Service Components

An LMHP, who is a qualified clinical supervisor, must be available for clinical supervision as needed and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals.

A peer specialist is recommended.

Additional Provider Requirements for ASAM Level 3.3 - Women with Dependent Children Program

In addition to the requirement for ASAM Level 3.3 facilities, Mothers with Dependent Children Programs must follow additional guidelines and meet specific requirements (Reference: LAC 48:I Ch. 57, §5705C). Providers must:

1. Offer weekly parenting classes in which attendance is required;

2. Address the specialized needs of the parent;

3. Offer education, counseling and rehabilitation services for its parent members that further address:

    a. Effects of chemical dependency on a women's health and pregnancy;

    b. Parenting skills; and

    c. Health and nutrition.

4. Regularly assess parent-child interactions and address any identified needs in treatment;

5. Provide access to family planning services;

6. Be responsible for ensuring that it provides children supervision appropriate to the age of each child, when the mother is not available to supervise her child. Supervision must be provided either by the provider on-site program or a licensed daycare provider pursuant to a written agreement with the provider. Provider's on-site program must ensure the following requirements are met:

   a. Staff members are at least 18 years of age;

   b. Staff members have infant CPR certification; and

   c. Staff members have at least eight hours of training in the following areas prior to supervising children:

      i. Chemical dependency and its impact on the family;

      ii. Child development and age-appropriate activities;

      iii. Child health and safety;

      iv. Universal precautions;

      v. Appropriate child supervision techniques;

      vi. Signs of child abuse; or

      vii. A licensed day care provider pursuant to a written agreement with the provider.

7. The provider shall maintain a staff-to-child ratio that does not exceed 1:3 for infants (18 months and younger) and 1:6 for toddlers and children;

8. Employ a Child Specialist, who is available to provide staff training, evaluate effectiveness of direct care staff, and plan activities for at least one hour per week per child;

9. Maintain a personnel file of the Child Specialist has documentation verifying the required minimum of 90 clock hours of education and training in child development and/or early childhood education;

10. Maintain verification that the Child Specialist has a minimum of one year documented experience providing services to children;

11. The provider shall address the specialized and therapeutic needs and care for the dependent children and develop an individualized plan of care to address those needs, to include goals, objectives and target dates; and provide age-appropriate education, counseling, and rehabilitation services for children; and

12. The daily activity schedule for the children shall include a variety of structured and unstructured age appropriate activities.

Level 3.5 Clinically Managed Medium Intensity Residential Treatment – Adolescent

These programs are designed to treat persons who have significant social and psychological problems and are characterized by their reliance on the treatment community as a therapeutic agent. Treatment goals are to promote abstinence from substance use and antisocial behavior and to effect a global change in members' lifestyles, attitudes and values. Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values. The program must include an in-house education/vocational component if serving adolescents (Example: therapeutic community or residential treatment center).

Admission Guidelines (ASAM Level 3.5 Adolescent)

ASAM level 3.5 adolescent services are available to members who meet the following criteria. The member exhibits the following:

1. **Acute intoxication and/or withdrawal potential** - None or minimal risk of withdrawal;

2. **Biomedical conditions and complications** - None or stable or receiving concurrent medical monitoring;

3. **Emotional, behavioral or cognitive conditions and complications** - Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A co-occurring disorder-enhanced setting is required for severely and persistently mentally ill (SPMI) patients;

4. **Readiness to change** - Motivational interventions have not succeeded at a less intensive level of care. Has limited insight or awareness into the need for treatment. Has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health, or life problems and his/her impaired coping skills and level of functioning that may result in severe life consequences from continued use indicating a need for a 24-hour level of care;

5. **Relapse, continued use or continued problem potential -** Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences to self or others. Demonstrates a history of repeated incarcerations with a pattern of relapse to substances and uninterrupted use outside of incarceration. Unable to control use of alcohol or other drugs and/or antisocial behaviors with risk of harm to self or others; and

6. **Recovery environment** - Living and social environments has a high risk of neglect or abuse, and member lacks skills to cope outside of a highly structured 24-hour setting.

Screening, Assessment and Treatment Plan Review (ASAM Level 3.5 Adolescent)

Refer to *Core Requirements* in the general section.

An individualized, interdisciplinary treatment plan which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals shall be developed in collaboration with the member. The treatment plan is reviewed in collaboration with the member, as needed, or at a minimum of every 30 days or more frequently if indicated by the member’s needs and documented accordingly. Discharge/transfer planning must begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.5 Adolescent)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for providers of ASAM Level 3.5 Adolescent.

Staffing Requirements (ASAM Level 3.5 Adolescent)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure the following:

1. The provider shall have a medical director (physician);
2. There is a physician on call 24 hours per day, seven days per week, and on duty as needed for management of psychiatric and medical needs of the clients;
3. There is a psychologist available when needed;
4. There is a clinical supervisor available for clinical supervision when needed and by telephone for consultation;
5. There shall be at least one LMHP or UP under the supervision of an LMHP on duty at least 40 hours per week;
6. Each LMHP/UP's caseload shall not exceed 1:8;
7. The provider shall have one licensed RN on call 24/7 to perform nursing duties for the provider;
8. Nursing availability on-site whenever needed to meet the nursing needs of the members. Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider must maintain documentation of such arrangement;

9. There shall be at least two direct care aides on duty (two FTE) during all shifts with additional as needed. The ratio of aides to clients shall not exceed 1:8. On therapy outings, the ratio shall be at least 1:5;

10. There shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff); and

11. There shall be a clerical support staff (One FTE per day shift).

Additional Staffing and Service Components (ASAM Level 3.5 Adolescent)

An LMHP, who is a qualified clinical supervisor, must be available for clinical supervision as needed and by telephone for consultation. The term ‘supervision’ refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor’s or master’s level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals and their families.

An activity/occupational therapist is optional.

A peer specialist is recommended.

Level 3.5 Clinically Managed High Intensity Residential Treatment – Adult

The level 3.5 adult residential treatment program is designed to treat persons who have significant social and psychological problems. Programs are characterized by their reliance on the treatment community as a therapeutic agent. Treatment goals are to promote abstinence from substance use and antisocial behavior and to effect a global change in members’ lifestyles, attitudes and values. Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values (Example: therapeutic community or residential treatment center).

Admission Guidelines (ASAM Level 3.5 Adult)

ASAM level 3.5 adult services are available to members who meet the following criteria. The member exhibits the following:

1. **Acute intoxication and/or withdrawal potential** - None, or minimal risk of withdrawal;

2. **Biomedical conditions and complications** - None or stable or receiving concurrent medical monitoring;

3. **Emotional, behavioral or cognitive conditions and complications** - Demonstrates repeated inability to control impulses, or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A Co-Occurring Disorder Enhanced setting is required for SPMI patients;

4. **Readiness to change** - Motivational interventions have not succeeded at a less intensive level of care. Has limited insight or awareness into the need for treatment. Has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health, or life problems and his/her impaired coping skills and level of functioning that may result in severe life consequences from continued use indicating a need for a 24-hour level of care;

5. **Relapse, continued use or continued problem potential** - Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences to self or others. Demonstrates a history of repeated incarcerations with a pattern of relapse to substances and uninterrupted use outside of incarceration. Unable to control use of alcohol or other drugs and/or antisocial behaviors with risk of harm to self or others; and

6. **Recovery environment -** Living and social environments has a high risk of neglect or abuse, and member lacks skills to cope outside of a highly structured 24-hour setting.

Screening, Assessment, and Treatment Plan Review (ASAM Level 3.5 Adult)

Refer to *Core Requirements* in the general section.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals shall be developed in collaboration with the member. The treatment plan is reviewed in collaboration with the member, as needed, or at a minimum of every 30 days or more frequently if indicated by the member's needs and documented accordingly. Discharge/transfer planning must begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.5 Adult)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for providers of ASAM Level 3.5 Adult.

Staffing Requirements (ASAM Level 3.5 Adult)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure the following:

1. The provider shall have a medical director (physician);

2. There is a physician on call 24 hours per day, seven days per week, and on duty as needed for management of psychiatric and medical needs of the clients;

3. There is a clinical supervisor available for clinical supervision when needed and by telephone for consultation;

4. There shall be at least one LMHP or UP under supervision of an LMHP on duty at least 40 hours per week;

5. Each LMHP/UP's caseload shall not exceed 1:12;

6. The provider shall have one licensed RN on call 24/7 to perform nursing duties for the provider;

7. There shall be at least one licensed nurse on duty during the day and evening shifts to meet the nursing needs of the clients. Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider shall maintain documentation of such arrangement;

8. There shall be at least one direct care aide on duty on all shifts with additional as needed;

9. There shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff); and

10. There shall be a clerical support staff (One FTE per day shift).

Additional Staffing and Service Components (ASAM Level 3.5 Adult)

An LMHP, who is a qualified clinical supervisor must be available for clinical supervision as needed and by telephone for consultation. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals and their families.

A psychologist is optional.

An activity/occupational therapist is optional.

A peer specialist is recommended.

Level 3.7 Medically Monitored Intensive Inpatient Treatment – Adult

This co-occurring disorder (COD) residential treatment facility provides 24 hour care including psychiatric and substance use assessments, diagnosis, treatment, habilitative and rehabilitation services to individuals with co-occurring psychiatric and substance disorders, whose disorders are of sufficient severity to require a residential level of care. It also features professionally directed

evaluation, observation and medical monitoring of addiction and mental health treatment in a residential setting. They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols. Appropriate for patients whose sub-acute biomedical and emotional, behavioral or cognitive problems are so severe that they require co-occurring capable or enhanced residential treatment, but who do not need the full resources of an acute care general hospital. In addition to meeting integrated service criteria, COD treatment providers must have experience and preferably licensure and/or certification in both addictive disorders and mental health.

Admission Guidelines for ASAM Level 3.7 – Adult

Facilities that provide ASAM level 3.7 medically monitored intensive residential treatment services provide care for individuals who may have co-occurring addiction and mental health disorders that meet the eligibility criteria for placement in a co-occurring disorder-capable program or difficulties with mood, behavior or cognition related to a substance use or mental disorder or emotional behavioral or cognitive symptoms that are troublesome, but do not meet the Diagnostic and Statistical Manual for Mental Disorders (DSM) criteria for mental disorder.

ASAM level 3.7 Medically Monitored Intensive Inpatient Treatment – Adult services are available to members who meet the following criteria. The member exhibits the following:

1. **Acute intoxication and/or withdrawal potential** – None or minimal/stable withdrawal risk;

2. **Biomedical conditions and complications** – Moderate to severe conditions (which require 24-hour nursing and medical monitoring or active treatment but not the full resources of an acute care hospital) or the interaction of the patient's biomedical conditions and continued alcohol or drug use places the patient at significant risk of damage to physical health;

3. **Emotional, behavioral or cognitive conditions and complications** – Moderate to severe psychiatric conditions and complications or history of moderate to high psychiatric decompensation or moderate to high risk of harm to self, other, or property or is in imminent danger of relapse without 24 hour structure and support and medically monitored treatment, including stabilization with psychotropic medications;

4. **Readiness to change** – Member is in need of intensive motivating strategies, activities and processes available only in a 24-hour structured medically monitored setting (but not medically managed);

5. **Relapse, continued use or continued problem potential** – Member is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or re-emergence of acute symptoms and is in need of 24-hour monitoring and structured support; and

6. **Recovery environment** – Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the member is assessed as unable to achieve or maintain recovery at a less intensive level or care.

Screening/Assessment/Treatment Plan Review (ASAM Level 3.7 Adult)

Refer to Core Requirements in the general section.

An individualized, interdisciplinary treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals s be developed in collaboration with the member. The treatment plan is reviewed/updated in collaboration with the member, as needed, or at a minimum of every 30 days or as required by the member's needs.

Discharge/transfer planning must begin at admission and referral arrangements made prior to discharge.

Provider Qualifications (ASAM Level 3.7 Adult)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for providers of ASAM Level 3.7 Adult.

Staffing Requirements (ASAM Level 3.7 Adult)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure:

1. The provider shall have a medical director (physician);
2. There is a physician on call 24 hours per day, seven days per week, and on duty as needed for management of psychiatric and medical needs;
3. There is a clinical supervisor available for clinical supervision when needed and by telephone for consultation;
4. There is at least one LMHP or UP under the supervision of an LMHP on duty at least 40 hours/week;
5. Each LMHP/UP caseload shall not exceed 1:10;
6. There is at least one RN on call 24 hours per day, seven days per week to perform nursing duties and at least one licensed nurse is on duty during all shifts with additional licensed nursing staff to meet the nursing needs of the clients;
7. On-site nursing staff is solely responsible for the 3.7 program and does not provide services for other levels of care at the same time;
8. There is at least one direct care aide on duty on all shifts with additional as needed
9. There is an activity or recreational therapist on duty at least 15 hours per week
10. There shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff); and
11. There shall be a clerical support staff (One FTE per day shift).

Additional Staffing and Service Components (ASAM Level 3.7 Adult)

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals and their families.

An interdisciplinary team of appropriately trained clinicians, such as physicians, nurses, counselors, social workers and psychologists is available to assess and treat the individual and to

obtain and interpret information regarding the patient's needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

A psychologist is optional.

A peer specialist is recommended.

Level 3.7-WM Medically Monitored Inpatient Withdrawal Management – Adult

Medically monitored inpatient withdrawal management is an organized service delivered by medical and nursing professionals, which provide for 24-hour medically supervised evaluation under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols.

Admission Guidelines (ASAM Level 3.7 WM Adult)

Facilities that provide ASAM Level 3.7-WM medically monitored inpatient withdrawal management services for adults provide care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care. It sometimes is provided as a "step-down" service from a specialty unit of an acute care general or psychiatric hospital. Twenty-four-hour observation, monitoring and treatment are available; however, the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program are not necessary.

1. **Acute intoxication and/or withdrawal potential** – Member is experiencing signs and symptoms of severe withdrawal, or there is evidence that a severe withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). There is a strong likelihood that the patient will require medications;

2. **Biomedical conditions and complications** – Mild to Moderate, but can be managed at level 3.7WM by medical monitoring. Treatment should be designed to respond to the member's medical needs associated with withdrawal management;

3. **Emotional, behavioral or cognitive conditions and complications** – Mild to moderate severity; need structure to manage comorbid physical, emotional, behavioral or cognitive conditions that can be managed in this setting but which

increase the clinical severity of the withdrawal and complicates withdrawal management;

4. **Readiness to change** – Member has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension;

5. **Relapse, continued use or continued problem potential** – Member has little awareness and need intervention available to prevent continued use, with imminent dangerous consequences because of cognitive deficits; and

6. **Recovery environment** – Member's recovery environment is not supportive of detoxification and entry into treatment and the patient does not have sufficient coping skills to safely deal with the problems in the recovery environment or the patient recently has demonstrated an inability to complete detoxification at a less intensive level of service, as by continued use.

Emergency Admissions (ASAM Level 3.7-WM Adult)

The process of admission may be delayed only until the individual can be interviewed but no longer than 24 hours, unless assessed and evaluated by a physician. Facilities are required to orient direct care employees to monitor, observe and recognize early symptoms of serious illness and to access emergency services promptly.

Screening/Assessments/Treatment Plan Review (ASAM Level 3.7 WM Adult)

Refer to *Core Require*ments in the general section.

A physician must approve admission. A physical examination must be performed by a physician, PA or APRN within 24 hours of admission and appropriate laboratory and toxicology tests. A physical examination conducted within 24 hours prior to admission may be used, if reviewed and approved by the admitting physician.

An individualized, interdisciplinary stabilization/treatment plan shall be developed in collaboration with the member, including problem identification in ASAM Dimensions 2-6. Discharge/transfer planning must begin at admission and referral arrangements made, as needed.

Daily assessment of member's progress, which shall be documented accordingly.

Provider Qualifications (ASAM Level 3.7 WM Adult)

In addition to the agency and staff qualifications noted for addiction service providers, the following qualifications are required for providers of ASAM Level 3.7 WM Adult.

Staffing Requirements (ASAM Level 3.7 WM Adult)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure that the facility has the following staffing:

1. The provider shall have a medical director (physician);

2. The provider shall have a physician on call 24 hours per day, seven days per week, and on duty as needed for management of psychiatric and medical needs of the clients;

3. The provider shall have at least one RN on call 24 hours per day, seven days per week to perform nursing duties;

4. There shall be at least one licensed nurse on duty during all shifts with additional as needed based upon the provider's census and the clients' acuity levels;

5. There shall be a RN on-site no less than 40 hours per week who is responsible for conducting nursing assessments upon admission and delegating staffing assignments to the nursing staff based on the assessments and the acuity levels of the clients;

6. The provider shall ensure that its on-site nursing staff is solely responsible for 3.7-WM program and does not provide services for other levels of care at the same time;

7. The nursing staff is responsible for monitoring member's progress and administering medications in accordance with physician orders;

8. The provider shall have a clinical supervisor available for clinical supervision when needed and by telephone for consultation;

9. The LMHP or UP under the supervision of an LMHP caseload shall not exceed 1:10;

10. At a minimum of one LMHP or UP under supervision of an LMHP is available on-site at least 40 hours per week;

11. There shall be at least one direct care aide on all shifts with additional as needed based upon the provider's census and the clients' acuity levels.;

12. There shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff); and

13. There shall be a clerical support staff (One FTE per day shift).

Additional Staffing and Service Components (ASAM Level 3.7 WM Adult)

An LMHP, who is qualified clinical supervisor, must be available for clinical supervision as needed and by telephone for consultation as needed. The term supervision refers to clinical support, guidance and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards.

Appropriately licensed and credentialed staff available to administer medications in accordance with physician orders.

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals and their families.

A peer specialist is recommended.

Minimum Standards of Practice (ASAM Level 3.7 WM Adult)

1. **Toxicology and drug screening** – Toxicology and drug screenings are medically monitored. A physician may waive drug screening if and when individual signs list

of drugs being used and understands that his/her dishonesty could result in severe medical reactions during withdrawal management process;

2. **Stabilization/treatment plan** – A qualified professional must identify the individual's short-term needs based on the withdrawal management history, the medical history and the physical examination, if available, and prepare a plan of action until individual becomes physically stable. The treatment plan must be reviewed and signed by the physician and the individual and must be filed in the individual's record within 24 hours of admission with updates, as needed;

3. **Progress notes** - The program must implement the stabilization/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes must include:

   a. The individual's physical condition, including vital signs;

   b. The individual's mood and behavior;

   c. Statements about the individual's condition and needs;

   d. Information about the individual's progress or lack of progress in relation to stabilization/treatment goals; and

   e. Additional notes must be documented, as needed.

4. **Physicians' Orders** - Physicians' orders are required for medical and psychiatric management.

Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management

This hospital level of care is appropriate for those individuals whose acute biomedical, emotional, behavioral and cognitive problems are so severe that they require primary medical and nursing care. This program encompasses a planned regimen of 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting.

Although treatment is specific to substance use problems, the skills of the interdisciplinary team and the availability of support services allow the conjoint treatment of any co-occurring biomedical

conditions and mental disorders that need to be addressed. A licensed provider providing inpatient treatment must assign one qualified staff for every four members in residence. The licensed provider must maintain sufficient employees on duty 24-hours a day to meet the needs and protect the safety of members. Employees on duty must be awake on all shifts. The program must include an in-house education/vocation component, if serving adolescents. A licensed provider providing inpatient treatment must provide a licensed physician or nurse on-site or on call, and licensed medical or nursing staff to monitor and administer medications on a 24-hour per day basis.

Admission Guidelines (ASAM Level 4 WM)

Facilities that provide Level 4-WM medically managed intensive inpatient withdrawal management services provide care to patients whose withdrawal signs and symptoms are sufficiently severe and unstable enough to require primary medical and nursing services on a 24-hour basis. This program offers intensive physical health and/or psychiatric care in a hospital setting. The focus is on stabilization and preparation for transfer to a less intensive level of care.

Admission to Level 4WM requires meeting the criteria below in dimensions 1, 2, and/or 3. Problems may also exist from mild to severe in dimensions 4, 5, and/or 6, however they are secondary to dimensions 1, 2, and 3 for the 4WM level of care. If the only severity is in dimensions 4, 5, and/or 6 without high severity in 1, 2 and/or 3, then the member does not qualify for level 4WM.

1. **Acute intoxication and/or withdrawal potential** – Member is experiencing signs and symptoms of severe, unstable withdrawal, or there is evidence that a severe, unstable withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). An acute care setting is required to manage the severity or instability of the withdrawal symptoms;

2. **Biomedical conditions and complications** –A significant acute biomedical condition that may pose a substantial risk of serious or life-threatening consequences during severe, unstable withdrawal or there is risk of imminent withdrawal. The biomedical conditions and complications require 24-hour medical and nursing care and the full resources of an acute care hospital;

3. **Emotional, behavioral or cognitive conditions and complications** – A significant acute psychiatric or cognitive condition requires a 24-hour medical and nursing acute care setting to stabilize during severe, unstable withdrawal or there is evidence that a severe, unstable withdrawal syndrome is imminent;

4. **Readiness to change** – Refer to the admission guidelines above;

5. **Relapse, continued use or continued problem potential** –See admission guidelines above; and

6. **Recovery environment** – Refer to the admission guidelines above.

Screening/Assessments/Treatment Plan Review (ASAM Level 4 WM)

Refer to *Core Requirement*s in the general section.

A physician must give approval for admission. A physical examination must be performed by a physician, PA or NP within 24 hours of admission and appropriate laboratory and toxicology tests. A physical examination conducted within 24 hours prior to admission may be used if reviewed and approved by the admitting physician.

Comprehensive bio-psychosocial assessments are not required for this level of care.

An individualized, interdisciplinary stabilization/treatment plan shall be developed in collaboration with the member, including problem identification in ASAM Dimensions 2-6. Daily assessments of member's progress shall be documented. Discharge/transfer planning must begin at admission and referral arrangements prior to discharge.

Provider Qualifications (ASAM Level 4 WM)

ASAM Level 4 and 4-WM programs are licensed by LDH as hospitals and must be accredited by an LDH approved national accrediting body: CARF, COA or TJC. Denial, loss of, or any negative change in accreditation status must be reported to their contracted MCOs in writing within 24 hours of notification by the accreditation body.

Hospitals must comply with Emergency Preparedness regulations associated with 42 CFR §482.15 in order to participate in the Medicare or Medicaid program (Link to CMS Emergency Preparedness Regulation Guidance and Resources: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html).

Regulations must be implemented by November 15, 2017. They include safeguarding human resources, maintaining business continuity and protecting physical resources. Facilities should

incorporate the four core elements of emergency preparedness into their plans and comply with all components of CMS' Rule:

1. **Risk assessment and emergency planning** – Facilities are required to perform a risk assessment that uses an "all-hazards" approach prior to establishing an emergency plan;

2. **Communication plan** –Facilities are required to develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster;

3. **Policies and procedures** – Facilities are required by state law, and that support the successful execution of the emergency plan and risks identified during the risk assessment process; and

4. **Training and testing** – Facilities are required to develop and maintain an emergency preparedness training and testing program that complies with federal and state law, and that is updated at least annually.

Staffing Requirements (ASAM Level 4 WM)

Facility must have qualified professional medical, nursing and other support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.

The provider must ensure the following:

1. The provider shall have a medical director, who is a physician, on call 24 hours per day, seven days per week, and on-site as needed for management of psychiatric and medical needs of the clients. Physician's assistants or APRN may perform duties within the scope of their practice as designated by physician;

2. There shall be a full time nursing supervisor (APRN/RN) with 24 hour on-call availability;

3. An LMHP or UP under supervision of an LMHP is available 40 hours per week;

4. There shall be a direct care aide;

5. There shall be clerical support staff; and

6. There shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff).

Additional Staffing and Service Components (ASAM Level 4 WM)

A physician is available to assess the individual within 24 hours of admission (or earlier, if medically necessary) and is available to provide on-site monitoring of care and further evaluation on a daily basis.

A RN or other licensed and credentialed nurse is available on call 24 hours per day and on-site no less than 40 hours per week and will conduct a nursing assessment on individuals at admission.

A nurse is responsible for overseeing the monitoring of the individual's progress and medication administration on an hourly basis, if needed.

Appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders.

Licensed, certified or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care and treatment services for individuals and their families.

A peer specialist is recommended.

Minimum Standards of Practice (ASAM Level 4 WM)

1. **Toxicology and drug screening** - Urine drug screens are required upon admission and as directed by the treatment plan;

2. **Stabilization/treatment plan** - A qualified professional must identify the individual's short-term needs, based on the withdrawal management history, the medical history and the physical examination and prepare a plan of action. The treatment plan must be reviewed and signed by the physician and the individual and

must be filed in the individual's record within 24 hours of admission with updates, as needed;

3. **Progress notes** - The program must implement the stabilization6/treatment plan and document the individual's response to and/or participation in scheduled activities. Notes must include:

   a. The individual's physical condition, including vital signs;

   b. The individual's mood and behavior;

   c. Statements about the individual's condition and needs;

   d. Information about the individual's progress or lack of progress in relation to stabilization/treatment goals; and

   e. Additional notes must be documented, as needed.

4. **Physicians' orders** - Physicians' orders are required for medical and psychiatric management.

Allowed Settings (ASAM Level 4 WM)

Level 4-WM services are provided in the below settings:

1. General hospital outpatient and inpatient settings for adults and children; and

2. Psychiatric hospital inpatient settings for children under age 21.

Eligibility Criteria (ASAM Level 4 WM)

1. All Medicaid-eligible adults; and

2. All Medicaid-eligible children.

Allowed Mode(s) of Delivery (ASAM Level 4 WM)

1. Inpatient.

Opioid Treatment

The Medicaid Program provides coverage for medically necessary Medication-Assisted Treatment (MAT) delivered in Opioid Treatment Programs (OTPs), including but not limited to Methadone treatment to all Medicaid-eligible adults and adolescents with Opioid Use Disorder (OUD).

Components

Screening

A screening is conducted to determine eligibility and appropriateness for admission and referral.

Physician Examination

A complete physical examination, including a drug screening test, by the OTP's physician must be conducted before admission to the OTP. A full medical exam, including results of serology and other tests, must be completed within 14 days of admission. The physician shall ensure members have a Substance Use or Opioid Use Disorder. The member must have been addicted to opiates for at least one year before admission for treatment, or meet exception criteria, as set in federal regulations, as determined by a physician.

Alcohol and Drug Assessment and Referrals

A comprehensive bio-psychosocial assessment must be completed within the first seven (7) days of admission, which substantiates treatment. For new admissions, the American Society of Addiction Medicine (ASAM) 6 Dimensional risk evaluation must be included in the assessment. The assessment must be reviewed and signed by a licensed mental health professional (LMHP). The comprehensive bio-psychosocial assessment shall contain the following:

1. Circumstances leading to admission;
2. Past and present behavioral health concerns;
3. Past and present psychiatric and addictive disorders treatment;

4. Significant medical history and current health status;

5. Family and social history;

6. Current living situation;

7. Relationships with family of origin, nuclear;

8. Family and significant others;

9. Education and vocational training;

10. Employment history and current status;

11. Military service history and current status;

12. Legal history and current legal status;

13. Emotional state and behavioral functioning, past and present; and

14. Strengths, weaknesses, and needs.

Ongoing assessment and referral services for individuals presenting a current or past use pattern of alcohol or other drug use is essential in the treatment of substance use disorders. The assessment is designed to gather and analyze information regarding a member's biopsychosocial, substance use and treatment history. The purpose of the assessment is to provide sufficient information for problem identification and, if appropriate, substance use-related treatment or referral. A licensed provider shall comply with licensing standards and any further Louisiana Department of Health (LDH) standards outlined below in regard to assessment practices. Once an individual receives an assessment, a staff member shall provide the individual with the identified clinical recommendations, including referral to alternative level of care or services. Assessments shall include the consideration of appropriate psychopharmacotherapy. There shall be evidence that the member was assessed to determine if MAT was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis, and an appropriate assignment to level of care was determined, with referral to other appropriate services as indicated.

OTP providers, when clinically appropriate, shall address the following during the assessment and referral process:

1. Educate members on the proven effectiveness, benefits and risks of Food and Drug Administration approved MAT options for their SUD;

2. Refer to other MAT offsite as applicable; and

3. Document member education, access to MAT and member response in the progress notes.

Treatment Planning Process

Treatment plans shall be based on the assessments to include person-centered goals and objectives. The treatment plan shall be developed within 7 days of admission by the treatment team. The treatment plan shall identify the services intended to reduce the identified condition, as well as the anticipated outcomes of the individual. The treatment plan shall include a referral to self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA). The treatment plan must specify the frequency, amount and duration of services. (Refer to 2.6 Record Keeping.) The treatment plan must be signed by the LMHP or physician responsible for developing the plan. The plan will specify a timeline for re-evaluation of the plan that is, at least, an annual redetermination.

The re-evaluation shall involve the individual, family and providers and shall determine whether services have contributed to meeting the stated goals. The treatment plan shall be updated and revised if there is no measureable reduction of disability or restoration of functional level. The updated plan shall identify different rehabilitation strategies with revised goals and services. If the services are being provided to a youth enrolled in the Coordinated System of Care (CSoC) program, the wrap-around agency (WAA) must be notified, and the substance use treatment provider must either be on the Child Family Team (CFT) or will work closely with the CFT. Substance use service provision will be part of the youth's plan of care (POC) developed by the team.

Treatment Services

1. The administration and dispensing of medications;

2. Treatment phases 1 through 4:

   a. Initial treatment phase lasts from three to seven days. During this phase, the provider conducts orientation, provides individual counseling, and develops the initial treatment plan for treatment of critical health or social issues.

   b. Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, whereas the provider:

      i. Conducts weekly monitoring of the member's response to medication;

      ii. Provides at least four individual counseling sessions;

      iii. Revises the treatment plan within 30 days to include input by all disciplines, the member, and significant others; and

      iv. Conducts random monthly drug screen tests.

3. Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall:

   a. Perform random monthly drug screen tests until the member has negative drug screen tests for 90 consecutive days as well as random testing for alcohol when indicated;

   b. Thereafter, monthly testing to members who are allowed six days of take-home doses, as well as random testing for alcohol when indicated;

   c. Continuous evaluation by the nurse of the member's use of medication and treatment from the program and from other sources;

   d. Documented reviews of the treatment plan every 90 days in the first two years of treatment by the treatment team;

e. Documentation of response to treatment in a progress note at least every 30 days; and

f. Medically supervised withdrawal from synthetic narcotic with continuing care (only when withdrawal is requested by the member). The provider shall:

i. Decrease the dose of the synthetic narcotic to accomplish gradual, but complete withdrawal, as medically tolerated by member;

ii. Provide counseling of the type and quantity based on medical necessity; and

iii. Conduct discharge planning as appropriate.

4. Take Home Dosing:

a. Participants may receive take-home doses in accordance with state and federal regulations and the member's treatment plan phase. Take Home Dosing is a privilege contingent upon the member's progress in treatment and surroundings absent of criminal activity and based upon the probability of the member's risk of diversion, which is determined by assessment and clinical judgement; and

b. Guidelines for Take Home Medication Privilege:

i. Negative drug/alcohol screen for at least 30 days;

ii. Regular clinic attendance;

iii. Absence of serious behavioral problems and criminal activity during treatment;

iv. Stability of home environment and social relationships; and

v. Assurance that take-home medication can be safely stored (lock boxes provided by member).

5. Standard Schedule:

   a. After the first 30 days and during the remainder of the first 90 days in treatment, one therapeutic privileged dose per week may be allowed (days 30-90);

   b. In the second 90 days, two therapeutic doses per week may be allowed (days 91-180);

   c. In the third 90 days of treatment, three therapeutic doses per week may be allowed;

   d. In the final 90 days of treatment of the first year, four therapeutic doses per week may be allowed;

   e. After one year in treatment, a six-day dose supply, consisting of take-home doses and therapeutic doses, may be allowed once a week if the treatment team and medical director determine that the therapeutic privileged doses are appropriate; and

   f. After two years in treatment, a 13-day dose supply, consisting of take-home doses and therapeutic doses, may be allowed once every two weeks if the treatment team and medical director determine that the therapeutic privileged doses are appropriate.

6. Exceptions:

   a. When the OTP is closed for a legal holiday or Sunday, a take-home dose may be dispensed to members who have attended the clinic at least two times and who have been determined by the nurse to be physically stable and by the counselor to create a minimal risk for diversion; and

   b. In the event of a Governor's Declaration of Emergency, emergency provisions for take-home dosing may be enacted, as approved by the State Opioid Treatment Authority (SOTA).

7. Loss of Take Home Privilege:

a. Positive drug screens at any time for any drug other than prescribed will require a new determination to be made by the treatment team regarding take-home privileges; and

b. If the member has a urine drug screen with any substances other than Methadone, Methadone Metabolites, or a medication that the member does not have a valid prescription for, then take-home doses may be eliminated, and the member would then present to the provider's office in person.

8. Care Coordination:

a. Services provided to members must include communication and coordination with the other health care providers as it relates to the member's OUD treatment. Coordination with other health care systems shall occur, as needed, to achieve the treatment goals. All coordination must be documented in the member's treatment record.

Eligibility Criteria

The medical necessity for substance use services must be determined by and recommended by a physician. Members who meet clinical criteria must be at least 18 years old, unless the member has consent from a parent or legal guardian, if applicable, and the State Opioid Treatment Authority. Members must also meet member admission criteria for federal opioid treatment standards in accordance with 42 CFR § 8.12, as determined by a physician.

Member Records

In addition to the general requirements for Record Keeping (refer to Section 2.6), each member's record shall contain the following:

1. Recording of medication administration and dispensing in accordance with federal and state requirements;

2. Results of five most recent drug screen tests with action taken for positive results;

3. Physical status and use of additional prescription medication;

4. Contact notes and progress notes (monthly, or more frequently, as indicated by needs of client) that include employment/vocational needs, legal and social status, and overall individual stability;

5. Documentation and confirmation of the factors to be considered in determining whether a take-home dose is appropriate;

6. Documentation of approval of any exception to the standard schedule of take-home doses and the physician's justification for such exception; and

7. Any other pertinent information.

Additional Provider Responsibilities

OTPs must maintain an up-to-date disaster and emergency plan, which has been approved by the SOTA. In the event of an emergency leading to temporary closure of a program, an up-to-date plan for emergency administration of medications must be addressed. OTPs should have the capability to respond to emergencies on a 24-hour basis. The plan should include a contracted physician whom the provider can contact during emergencies. The plan should also include a mechanism for informing members of emergency arrangements and alternative dosing locations and a procedure for notifying SAMHSA, DEA, and state authorities of the event.

OTPs must coordinate access to the Methadone Central Registry for employees who provide direct member care. Access should be coordinated through an email request to the State Opioid Treatment Authority. The OTP should assign access to more than one person to update the Methadone Central Registry. Updates should occur on a daily basis and/or as changes in prescribed doses occur.

Monthly census and capacity reports must be submitted to the SOTA by the fifth of each month using appropriate documentation format as approved by the SOTA.

Upon the death of a member, the OTP shall:

1. Report the death of a member enrolled in its clinic to the SOTA within 24 hours of the discovery of the member's death;

2. Report the death of a member to the Health Standards Section (HSS) within 24 hours of discovery if the death is related to program activity;

3. Submit documentation on the cause and/or circumstances to SOTA and to HSS, if applicable, within 24 hours of the provider's receipt of the documentation; and

4. Adhere to all protocols established by LDH on the death of a member.

Guest dosing occurs when a member receives Methadone dosing at another OTP other than his or her primary/home based OTP clinic. Guest dosing can be coordinated with the State Opioid Treatment Authority during natural disasters if the prescriber is unable to contact the provider with whom the member is affiliated. The providers involved in a temporary transfer or guest dosing shall ensure the following:

1. The receiving provider shall verify dosage prior to dispensing and administering medication;

2. The sending provider shall verify dosage and obtain approval and acceptance from receiving provider prior to member's transfer; and

3. Documentation to support all temporary transfers and guest dosing is maintained.

NOTE: Non-preferred forms of buprenorphine and buprenorphine/naloxone require prior authorization.

Services provided to adolescents must include communication and coordination with the family and/or legal guardian. Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented in the youth's medical record. All substance use treatment services shall offer the family component. Adolescent substance use programs shall include family involvement, parent education, and family therapy.

Staffing for the facility must be consistent with State licensure regulations on a full-time employee (FTE) basis.

Provider Qualifications

Agency

To provide services, OTPs must meet the following requirements:

1. Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq.;

2. OTPs must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification to the managed care entities with which the agency contracts or is being reimbursed;

3. Services must be provided under the supervision of a licensed mental health professional (LMHP) or physician who is acting within the scope of his/her professional license and applicable state law. (Refer to Appendices B and D for more information on LMHPs). The term supervision refers to clinical support, guidance, and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards;

4. Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:

   a. The Behavioral Health Service Provider (BHSP) licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 56, which includes those for owners, managers, and administrators; any individual treating children and/or adolescents; and any unlicensed direct care staff;

   b. La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing member care;

c. La. R.S. 15:587, as applicable; and

d. Any other applicable state or federal law.

5. Providers shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record;

6. The provider must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting with any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns, and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected, or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

7. Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (https://exclusions.oig.hhs.gov) and the LDH Adverse Action website is located at https://adverseactions.ldh.la.gov/SelSearch;

8. Arrange for and maintain documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam

if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

9. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (Refer to Appendix D);

10. Maintain documentation that all direct-care staff who are required to complete First Aid, cardiopulmonary resuscitation (CPR), and seizure assessment training, complete American Heart Association (AHA) recognized training, within 90 days of hire, which must be renewed within a time period recommended by the AHA. (Refer to Appendices A and D);

11. Maintain documentation of verification of staff meeting educational and professional requirements and licensure (where applicable), as well as completion of required trainings for all staff. Quarterly trainings must be documented and submitted to the SOTA on a quarterly basis; and

12. Ensure and maintain documentation that all unlicensed persons employed by the organization complete training in a recognized crisis intervention (CI) curriculum prior to handling or managing crisis calls, which must be updated annually.

Staff

To provide services, staff must meet the following requirements:

1. Licensed and unlicensed professional staff must be at least 18 years of age, have a high school diploma or equivalent according to the areas of competence as determined by degree, and have the required levels of experience as defined by State law and regulations and departmentally approved guidelines and certifications;

2. Effective six (6) months after publication date, staff must be at least three years older than any member served under 18 years of age. Licensed individual practitioners with no documentation of having provided substance use services prior to December 1, 2015, are required to demonstrate competency via the Alcohol

and Drug Counselor (ADC) exam, the Advanced Alcohol and Drug Counselor (AADC) exam, or the Examination for Master Addictions Counselor (EMAC). Any licensed individual practitioner who has documentation of providing substance use services prior to December 1, 2015, and within the scope of practice, is exempt from (ADC, AADC, EMAC) testing requirements. Organizational agencies are required to obtain verification of competency (passing of accepted examinations) or exemption (prior work history/resume, employer letter);

3. Staff can include the Office of Behavioral Health (OBH) credentialed peer support specialists who meet all other qualifications. A peer specialist is a recommended position at all ASAM levels of care. A peer specialist is a person with lived experience with behavioral health challenges, who is in active recovery, and who is trained to assist others in their own recovery. The peer specialist uses his or her own unique, life-altering experience in order to guide and support others who are in recovery. This refers to individuals recovering from substance use disorders. Peer specialists work in conjunction with highly trained and educated professionals. They fill a gap by providing support from the perspective of someone who has first-hand experience;

4. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, a member of the direct care staff who has an alcohol or drug offense, unless the employee or contractor has completed his/her court-ordered sentence, including community service, probation, and/or parole and been sober per personal attestation for at least the prior two years;

5. Satisfactory completion of criminal background checks pursuant to the BHSP licensing regulations (LAC 48:I.Chapter 56), La R.S. 40:1203.1 et seq., La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;

6. Pass a TB test prior to employment;

7. Pass drug screening tests as required by agency's policies and procedures;

8. Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

9. Direct care staff must not have a finding on the Louisiana State Adverse Action List;

10. Complete AHA recognized First Aid, CPR and seizure assessment training. Psychiatrists, advanced practical registered nurses (APRNs)/clinical nurse specialists (CNSs)/physician assistants (PAs), registered nurses (RNs), and licensed practical nurses (LPNs) are exempt from this training. (Refer to Appendix D);

11. All direct care staff shall receive orientation and training for and demonstrate knowledge of the following, including, but not limited to:

    a. Symptoms of opiate withdrawal;

    b. Drug screen testing and collections;

    c. Current standards of practice regarding opiate addiction treatment;

    d. Poly-drug addiction; and

    e. Information necessary to ensure care is provided within accepted standards of practice.

12. Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH prior to providing the service. (Refer to Appendix D).

Staffing Requirements

Personnel must consist of professional and other support staff that are adequate to meet the needs of the individuals admitted to the facility.

The OTP shall have the following staff:

Medical Director

The provider shall ensure that its medical director is a licensed physician with a current, valid unrestricted license to practice in the state of Louisiana with two years of qualifying experience in treating psychiatric disorders.

The medical director shall provide the following services:

1. Decrease the dose to accomplish gradual, but complete withdrawal, only when requested by the member;

2. Provide medically approved and medically supervised assistance for withdrawal, only when requested by the member;

3. Participate in the documentation of reviews of treatment plan every 90 days in the first two years of treatment;

4. Order take-home doses; and

5. Participate in discharge planning.

Pharmacist or Dispensing Physician

The OTP shall employ or contract with a pharmacist or dispensing physician to assure that any prescription medication dispensed on-site meets the requirements of applicable state statutes and regulations. The pharmacist or dispensing physician shall have a current, valid unrestricted license to practice in the state of Louisiana and provide the following services:

1. Dispense all medications;

2. Work collaboratively with the Medical Director to decrease the dose to accomplish gradual, but complete withdrawal, only when requested by the member;

3. Contribute to the development of the initial treatment plan;

4. Contribute to the documentation for the treatment plan review every 90 days in the first two years of treatment; and

5. Document response to treatment in progress notes at least every 30 days.

Clinical Supervisor

State regulations require supervision of unlicensed professionals by a clinical supervisor, who:

1. Is an LMHP that maintains a current and unrestricted license with its respective professional board or licensing authority in the state of Louisiana;

2. Shall be on duty and on call as needed;

3. Has two years of qualifying clinical experience as an LMHP in the provision of services provided by the provider; and

4. Shall have the following responsibilities:

    a. Provide supervision utilizing evidenced-based techniques related to the practice of behavioral health counseling;

    b. Serve as resource person for other professionals counseling persons with behavioral health disorders;

    c. Attend and participate in care conferences, treatment planning activities, and discharge planning;

    d. Provide oversight and supervision of such activities as recreation, art/music, or vocational education;

    e. Function as member advocate in treatment decisions;

    f. Ensure the provider adheres to rules and regulations regarding all behavioral health treatment, such as group size, caseload, and referrals;

g. Provide only those services that are within the person's scope of practice; and

h. Assist the clinical director and/or medical director and governing body with the development and implementation of policies and procedures.

Physician or APRN

The physician or APRN shall have a current, valid unrestricted license to practice in the state of Louisiana. The physician or APRN shall be on-site as needed or on-call as needed during the hours of operations to provide the following services:

1. Examine member for admission (physician only);

2. Administer medications;

3. Monitor the member's response to medications;

4. Evaluate of member's use of medication and treatment from the program and other sources;

5. Contribute to the development of the initial treatment plan;

6. Contribute to the documentation regarding the response to treatment for treatment plan reviews;

7. Contribute to the documentation for the treatment plan review every 90 days in the first two years of treatment;

8. Conduct drug screens; and

9. Participate in discharge planning.

Nursing Staff

Nursing staff shall have a current, valid, and unrestricted nursing license in the State of Louisiana and provide the following services:

1. Administer medications;

2. Monitor the member's response to medications;

3. Evaluate of member's use of medication and treatment from the program and other sources;

4. Document response to treatment in progress notes at least every 30 days;

5. Contribute to documentation for the treatment plan review every 90 days in the first two years of treatment;

6. Conduct drug screens; and

7. Participate in discharge planning.

Licensed Mental Health Professional (LMHP)

Licensed Mental Health Professionals (LMHPs) shall have a current, valid, and unrestricted license in the State of Louisiana, and must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards. The LMHP providing substance use treatment services shall have documented credentials, experience, and/or training in working with members who have substance use disorders, which shall be maintained in the individual's personnel record.

Licensed Mental Health Professionals provide the following services:

1. Conduct orientation;

2. Develop the initial plan for treatment;

3. Revise treatment to include input by all disciplines, members, and significant others;

4. Provide individual counseling;

5. Contribute to the development of as well as document the initial treatment plan;

6. Document response to treatment in progress notes at least every 30 days;

7. Contribute to the development of as well as document reviews of treatment plan every 90 days in the first two years of treatment by the treatment team; and

8. Conduct in discharge planning as appropriate.

Unlicensed professionals (UPs)

UPs of substance use services must be registered with the Addictive Disorders Regulatory Authority (ADRA) and meet regulations and requirements in accordance with La. R.S. 37:3387 et seq. Written verification of ADRA registration and documentation of supervision when applicable shall be maintained in the individual's personnel record. Unlicensed staff who fall under a professional scope of behavioral health practice with formal board approved clinical supervision and whose scope includes the provision of substance use services will not need to register with ADRA. Unlicensed substance use providers must meet at least one of the following qualifications:

1. Be a master's-prepared behavioral health professional that has not obtained full licensure privileges and is participating in ongoing professional supervision. When working in substance use treatment settings, the master's-prepared UP must be supervised by an LMHP, who meets the requirements of this Section;

2. Be a registered addiction counselor;

3. Be a certified addiction counselor; or

4. Be a counselor-in-training (CIT) that is registered with ADRA and is currently participating in a supervision required by the Addictive Disorders practice act.

Unlicensed professionals perform the following services under the supervision of a physician or LMHP:

1. Participate in conducting orientation;

2. Participate in discharge planning as appropriate; and

3. Provide support to the treatment team where applicable, while only providing assistance allowable under the auspices of and pursuant to the scope of the individual's license.

Staff Ratios

OTPs must maintain a sufficient level of staffing to meet the needs of the members. The caseload of each LMHP or UP shall not exceed 75 active members.

Allowed Provider Types and Specialties

PT 68 Substance Use and Alcohol Use Center PS 70 Clinic/Group with Subspecialty 8V Methadone Clinic.

Allowed Modes of Delivery

- Individual;
- Group; and
- On-site.

Reimbursement

Reimbursement for Methadone for OUD treatment will only be made to OTPs, which are federally approved by SAMHSA and the DEA, and regulated by LDH, which includes OBH and HSS. A provider subspecialty code 8V has been established for the OTPs/Methadone clinics as sole source providers.

The 8V subspecialty has two bundled rate options. H0020 will be used for a bundled rate reimbursement for Methadone treatment. H0047 will be used for a bundled rate for Buprenorphine treatment, but excludes the ingredient cost of the medication. Buprenorphine medication will be billed separately using the applicable J-codes (J0571-J0575) depending on dosage amounts.

Bundled rates for the OTPs will facilitate the practical needs of member-centered treatment in the administration of Medication Assisted Treatment (MAT) to integrate the provision of counseling and medical services. It strengthens recovery and decreases recidivism in members diagnosed within the substance use disorder spectrum.

The table below provides an explanation of available codes for the OTPs/Methadone clinics.

Code	*Explanation of Benefits*
H0020	**Methadone Bundled Rate** Bundled rate includes all state and federal regulatory mandated components of treatment. Services include but are not limited to the following: 1. Medication: This includes the administration, dosing, and dispensing of Methadone as per the member's treatment plan; 2. Counseling: Members are required to participate in group or individual sessions as part of the member's treatment plan; 3. Urine Drug Testing: This includes the urine drug testing or other laboratory tests deemed medically necessary; 4. Physical examinations by a physician or advanced practice registered nurse; 5. Evaluation and management visits; 6. Care Coordination; and 7. Laboratory Services. The OTP may be reimbursed for the bundled rate for participants receiving take-home doses in accordance with state and federal regulations and the member's treatment plan phase. Guest dosing occurs when a member receives Methadone dosing at another OTP other than his or her primary/home-based OTP clinic. The guest dosing provider will bill for the bundled rate and provide clinical care, if appropriate, that is coordinated with the "home" provider and Methadone Central Registry (MCR) to ensure correct dosing.
H0047	**Buprenorphine Bundled Rate** Bundled rate includes all components of treatment, except for the Buprenorphine medication. Services include, but are not limited to, the following: 1. Assessment and individualized treatment plan;

	2. Individual and group counseling; 3. Urine Drug Testing or laboratory testing; and 4. Coordination of medically necessary services. Buprenorphine medication will be billed separately using the applicable J-codes (J0571-J0575) depending on dosage amounts.