

LAKESHORE REGIONAL ENTITY
Outpatient Substance Use Disorder Treatment

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

1. Definition or Description of Service

- a. Adult outpatient treatment is designed to provide face-to-face individual and/or group treatment for substance use disorders and co-occurring disorders. When delivered with intentional cultural sensitivity and competence, outpatient services are adaptable in content, approach and setting to meet the unique needs of particular target populations, such as adolescents, Native Americans, Latinos, African-Americans, persons with co-occurring mental illnesses, persons involved in the Criminal Justice system, Gay/Lesbian/Bi-Sexual/Transgendered individuals, and other unique populations
- b. [Michigan's Substance Abuse Program Licensing Rule 102](#) defines Outpatient care as "scheduled, periodic care, including diagnosis and therapy, in a nonresidential setting. Correctional institutions are considered nonresidential settings." ASAM (2013, pp 184, 198) recognizes two levels of outpatient care:
 - i. **Level 1 – Outpatient** – “Level 1 encompasses organized outpatient treatment services, which may be delivered in a wide variety of settings. In Level 1 services, addiction, mental health treatment, or general health care personnel, including addiction-credentialed physicians, provide professionally directed screening, evaluation, treatment and ongoing recovery and disease management services. Such services are provided in regularly scheduled sessions of (usually) fewer than nine contact hours a week for adults and fewer than six hours for adolescents. The services follow a defined set of policies and procedures or clinical protocols.”
 - ii. **Level 2.1 – Intensive Outpatient Services** – “Intensive Outpatient Programs (IOP) generally provide 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents, consisting primarily of counseling and education about addiction-related and mental health problems. The patient’s needs for psychiatric and medical service are addressed through consultation and referral arrangements if the patient is stable and requires only maintenance monitoring. (Services provided outside the primary program must be tightly coordinated).”
- c. While an agency/program license may not be required for services provided by licensed health professionals operating within their scope of practice, funding rules may require services to be provided by an appropriately licensed program.

2. Practice Principles

- a. Outpatient services may be used as an initial clinical effort to address an emerging substance use disorder, or to provide continuing care for someone in a more stable phase of their illness, or even to provide ongoing clinical monitoring for a person in recovery at predefined intervals (e.g., checkup visits). Services are designed to treat the individual’s level of problem severity, assist in achieving permanent changes in substance use, and improve mental functioning, by addressing personal lifestyles, attitudes and behaviors that can interfere with the accomplishment of treatment goals.
- b. Outpatient services may be delivered in any appropriate community setting that meets State licensure requirements. Outpatient services may be provided through individual sessions or groups (two or more people). SAMHSA has long cited group therapy as the treatment modality of choice for persons with substance use disorders.

- c. “In clinical practice, group psychotherapy offers individuals suffering from substance abuse disorders the opportunity to see the progression of abuse and dependency in themselves and in others; it also gives them an opportunity to experience their success and the success of other group members in an atmosphere of support and hopefulness. The curative factors associated with group psychotherapy, defined by Yalom, specifically address such issues as the instillation of hope, the universality experienced by group members as they see themselves in others, the opportunity to develop insight through relationships, and a variety of other concerns specific to the support of substance-abusing clients and their recovery (Yalom, 1995).” (Treatment Improvement Protocol, No. 34. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1999.)
- d. Providers are expected to leverage group services due to their impact and efficiency. Providers should expect that performance monitoring will be implemented relative to the percentage of funding that is expended on group services vs. individual services, which may lead to specific budget directives in the future.
- e. ASAM Level 1 treatment may serve as the initial intervention and course of treatment for an individual, or may be used as a step-down Level 2.1 Intensive Outpatient treatment or even a more intensive level of care. It may also be used appropriately and effectively to assist an individual who is not ready or willing to commit to a full recovery effort (e.g., in the pre-contemplation or contemplation stage of readiness). With appropriate clinical and ethical safeguards in place, outpatient services may be appropriately delivered through an “outreach” model where clinicians visit with clients in settings outside of an office setting, especially when used to facilitate engagement or to overcome access barriers.
- f. Services should always be provided in a manner that welcomes and engages the individual and/or family, and should vary in length with the severity of the individual’s illness and their response to treatment. Services should always be provided in a manner that matches the stage of readiness for change of the individual in care, and are supported by ongoing evaluation of changing needs and abilities, including needs for referral to alternative or complementary/supplemental services.

3. Other Service Expectations

- a. Individualized treatment planning is required; person-centered planning is encouraged consistent with CMHSP policy.
- b. Providers are expected to be capable of serving individuals with co-occurring mild/moderate mental illnesses in a program environment that has been developed to be welcoming, recovery-oriented and trauma-informed. Providers are expected to maintain current documentation for the principles used to develop the program environment.
- c. Providers must screen all individuals for the presence of mental health and substance use disorders and provide an integrated assessment. If a referral for consideration of psychiatric medications is warranted, the program is expected to facilitate referrals to a source for these services.
- d. Provide integrated screening, data collection/reporting, assessment, and treatment planning.
- e. Provide services and/or interventions that are stage-matched with ongoing evaluation to meet changing needs and abilities, including referrals to alternative services as needed.
- f. Provider will ensure language interpretation, translation services, and hearing interpreter services are provided as needed and in compliance with [federal Limited English Proficiency rules](#).

4. Credentialing Requirements

- a. The program must hold a current license for outpatient services from Michigan’s office of [Licensing and Regulatory Affairs](#).
- b. Professional staff must have a Master’s degree in an approved field of behavioral health and meet the qualifications of a “Substance Abuse Treatment Practitioner” (SATS) per the [Michigan PIHP/CMHSP Provider Qualifications Chart](#).

- c. Master's level professional staff must also be credentialed by the [Michigan Certification Board for Addiction Professionals](#) as a CAADC, CADC, CCJP, or CCDP-D (or have a development plan for one of these credentials).
- d. Staff who provide didactic (teaching) interventions within an Intensive Outpatient Program must have a Bachelor's degree and [Michigan Certification Board for Addiction Professionals](#) credential (or have a development plan).
- e. Staff must be supervised by a Master's prepared Clinical Supervisor with a MCBAP certified clinical supervisor certification (or development plan). Please refer to the [Michigan PIHP/CMHSP Provider Qualifications Chart](#) and [MCBAP](#) for a detailed listing of certification options and requirements, including student intern requirements.
- f. Acupuncture may be performed by the following individuals: a) Medical Doctor, b) Doctor of Osteopathy, and c) Registered Acupuncturist. An individual who holds a Certificate of Training in Detoxification Acupuncture as an Acupuncture Detoxification Specialist (ADS) issued by the National Acupuncture Detoxification Association (NADA) and is under the supervision of a person licensed to practice medicine in the state may use the NADA protocol for substance use disorder treatment.
- g. Recovery Supports – The individual completed Recovery Coach Training in compliance with MDHHS requirements and is supervised by a Master's prepared clinical supervisor.
- h. As these standards are now being uniformly applied across the LRE region, providers with specific challenges in meeting these requirements with legacy staff should contact their contracting entity to discuss options for compliance

5. Service Requirements

- a. Services provided to program clients must comply with the provisions of [Michigan's Medicaid Manual](#), which incorporates the Healthy Michigan Plan. The information contained in this description are drawn from the October 2017 edition of the manual. Please reference the manual for language. In all cases, the most current language of the Medicaid manual must be followed.
- b. Priority Populations: Providers will prioritize services for the following populations (listed below). Admission time line standards will be met as stated in the contract. For pregnant clients, if a Provider cannot provide services within 24 hours, the individual will be referred back to the CMHSP for referral to an alternative provider.
 - i. Pregnant Injecting Drug User
 - ii. Pregnant
 - iii. Injecting Drug User
 - iv. Parents at risk of losing their children due to substance use
 - v. All others
- c. Brief Screening (H0002): This screening is used to determine eligibility for services and admission to an outpatient treatment program. The behavioral health brief screening focuses on initial engagement with the individual and determines what the individual hopes to accomplish in treatment
- d. Treatment Readiness Group (88055): This service is offered as an initial contact to prepare the client for individual or group therapy.
- e. Individual Counseling Service (90832): This service is the traditional and standard 16-37 minute model of face-to-face counseling in an office-based setting.
- f. Individual Counseling Service (90834): This service is the traditional and standard 38-52 minute model of face-to-face counseling in an office-based setting.
- g. Outpatient Outreach Service (TF Modifier): Outpatient services may be delivered on an outreach model basis where the delivery of the outpatient service occurs in the individual's home or a setting of choice when barriers to receiving services in a traditional outpatient setting are present. The rationale for using an outreach model must be documented in the clinical record. Because of the additional expense involved, outpatient outreach services are anticipated to be time-limited

with a goal of resolving access barriers and returning to a traditional outpatient setting. The TF payment modifier is to be used with SUD outpatient codes to indicate outreach service.

- h. Extended Group Service (H0005): This service includes a pre-planned combination of two individual (intake and discharge) sessions and a planned number of four-hour long group sessions, and requires prior authorization.
- i. Group Therapy Service (90853): This service is a planned therapeutic interaction between a clinician and a minimum of two individuals. Individuals who meet criteria for Outpatient Services can be referred for group services so long as it is reasonable to expect that they will be able to achieve treatment goals in a group process. Programs are encouraged to use group services for individuals who are able to work within a group setting (share information with others; abide by rules of the group, etc.). Groups that are offered as therapy services must be registered and approved by the CMHSP prior to implementation. The maximum number of individuals permitted for group therapy services is specified on the Request for Outpatient Group Form.
- j. Substance Use Disorder (SUD) Intensive Outpatient Service (H0015): This group service provides nine or more hours per week (six or more hours for adolescents) of structured programming, counseling and education about substance related and mental health problems. SUD Intensive Outpatient Services (IOP), as reported under H0015, must provide a minimum of three hours of group structured programming per day and a minimum of three days per week (six hours or more for adolescents). IOP can also include individual counseling as needed.
We will follow ASAM's guidelines on transitional step-downs from IOP when clinically warranted and document in the client's treatment plan: "There are occasions when the patient's progress in the IOP no longer requires nine hours per week of treatment for adults or six hours per week for adolescents but he or she has not yet made enough stable progress to be fully transferred to a Level 1 program. In such cases, less than nine hours per week for adults and six hours per week for adolescents as a transition step down in intensity should be considered as a continuation of the IOP program for one or two weeks. Such continuity allows for a smoother transition to Level 1 to avoid exacerbation and recurrence of signs and symptoms." (The ASAM Criteria (2013), p. 198)
- k. Brief Intervention – Linking, Referring, and Coordinating (SUD-H0050): The requirements for this service are the same as Supports and Service Coordination.
- l. Case Management (H0006): This service is for individuals with moderate to severe SUD or for pregnant or post-partum women with an SUD of any severity level. This service, performed in units of 15 minutes or more by a qualified professional, assists a client to access or effectively use health, social, or other supportive human services. Activities may include face-to-face or telephone contacts with or on behalf of a client, service travel connected with a service to a client, external case consultation, and assessment activities.
- m. Acupuncture (97810): This service must be delivered in combination with another approved service and fully documented in the clinical record. The supervising physician needs not be trained in acupuncture nor be present when the procedure is performed. Disposable sterile needles must be used for all acupuncture treatments.
- n. Adult Correctional Services – Additional/Specific Service Requirements
 - i. It is strongly recommended that services be developed in keeping with TIP 44 and the 2013 ASAM Criteria (p.350ff).
 - ii. Persons served in correctional settings may benefit from a very structured day and/or evening treatment program similar to that of an intensive outpatient program (ASAM Level 2.1). These programs must provide a well-defined curriculum that provides individual and group therapy and homework for individuals to complete on their own time. Family therapy must be offered and provided as indicated and in keeping with the rules of the correctional facility. Therapies provided should focus on evidence based practices, such as cognitive-behavioral therapy, motivational interviewing and

other practices, that are found effective with the criminal justice population. Services should be provided with an eye to ensuring an adequate dose of CBT programming is provided to individuals within correctional settings to ensure positive outcomes and reductions in use and recidivism.

- iii. Clinicians must provide comprehensive bio-psychosocial assessments and individualized treatment plans, which include problem formulation, treatment goals and measurable treatment objectives developed in consultation with the person served.
 - iv. Providers must effectively screen for, assess, and treat patients with complex coexisting substance-related and mental health disorders.
 - v. Adult corrections-based IOP services must provide three to five hours of structured programming per day, five days per week, consisting of education and treatment related to substance use disorders. The program or curriculum must be evidence-based, targeted to the specific needs of corrections populations and incorporate cognitive behavioral therapy (e.g., using the Thinking for a Change T4C or similar program materials). Provider is expected to maintain specific documentation as to how the program supports the risk-need-responsivity model and addresses criminogenic factors in its services.
 - vi. The duration of treatment should vary with the severity of the individual's illness and his or her response to treatment.
 - vii. Men and women must be treated in separate groups.
 - viii. Provider shall coordinate referrals into the program with the correctional facility and meet with correctional facility personnel, as needed, to coordinate and facilitate care.
 - ix. Provider must coordinate other behavioral health providers who may operate within the correctional facility to ensure that persons served receive the care they need with a minimum of duplication of effort.
 - x. The correctional facility must assume full responsibility for medical consultation, psychiatric consultation, psychopharmacological consultation, and medication management.
 - xi. Provide aftercare planning and referral services once the individual is released from the correctional facility.
- o. Adolescent Services – Additional/Specific Service Requirements
- i. Adolescent IOP programs must adhere to the IOP requirements as described above for adults, however the program must be adapted to meet the developmental needs and context of adolescents. The ASAM Criteria includes a recognition of the need for staff to be knowledgeable about adolescents and experienced in engaging them. Treatment plans should be developed using input from family members and others connected to the adolescent's situation (e.g., teachers, foster parents, probation officers, etc.). Programs must offer at least six hours of services per week.
 - ii. Person/family-centered planning is recommended and must individualize care to the client's age, developmental context, and presenting problem.

6. Training Requirements

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
- b. Provider will ensure and document that each staff is trained on the individual's plan of services prior to delivery of service.

7. Eligibility Criteria

- a. Individuals served must have a substance use disorder (DSM V) diagnosis.
- b. Individuals served must meet criteria of the most recent ASAM for this service.

- c. Individuals with a co-occurring mental health and substance use disorder are eligible and welcomed into this service.