

Title of Manual: Mid-South Substance Abuse Commission Policy and Procedures			<b>Page 1 of 4</b>	
			<b>History</b>	
Policy Number: F001	Subject/Title: Benefit Information		<b>Replaces:</b>	2/2004
			<b>Last Reviewed:</b>	5/2009
Issued By: Executive Director	Approved By: Board of Directors Date: 06/22/2009	Scope: All Treatment Providers	<b>Effective:</b>	06/22/2009

## 1. **POLICY**

Mid-South strives to effectively administer funding for substance abuse care for individuals eligible for Block Grant, Adult Benefits Waiver, MICHild, and Medicaid funding who reside in the Mid-South region. Refer to the residency policy.

## 2. **BENEFIT INFORMATION**

### 2.1. BLOCK GRANT

The following substance use disorder services are covered through specific provider agreements with Mid-South:

- 2.1.1. Assessment, diagnostic evaluation, client placement, and referral:
  - 2.1.1.1. The DSM IV must be used for diagnostic evaluations; and
  - 2.1.1.2. The ASAM Patient Placement Criteria (most current edition) must be used for admission, continued stay, and discharge/transfer.
  - 2.1.1.3. The provider must use the standardized assessment process to determine clinical eligibility for services based on medical necessity.
  - 2.1.1.4. Assessment is limited to one assessment for a client in any six-month period.
- 2.1.2. Outpatient treatment (including individual, family, and group).
- 2.1.3. Intensive outpatient treatment.
- 2.1.4. Federal Drug Administration (FDA) approved pharmacological supports, including laboratory services for clients receiving pharmacological supports (e.g., methadone).
- 2.1.5. Residential substance abuse services.
- 2.1.6. Sub-acute detoxification.
- 2.1.7. Case management services
- 2.1.8. Early intervention
- 2.1.9. Peer support/recovery support

Clients who receive substance use disorder services must have an assessment, treatment admission, treatment discharge, and service activity data reported in CareNet.

### 2.2. ADULT BENEFITS WAIVER (ABW) – State Waiver From CMS

The following substance use disorder services are covered through specific provider agreements with Mid-South: refer to Medicaid Provider Manual, Section 3:

- 2.2.1. ABW is a limited benefit package. The services are provided, based on medical necessity level of care guidelines for ABW enrollees who reside in the Mid-South region:
  - 2.2.1.1. Assessment, diagnostic evaluation, client placement, and referral:
  - 2.2.1.2. The DSM IV must be used for diagnostic evaluations; and
  - 2.2.1.3. The ASAM Patient Placement Criteria (most current edition) must be used for admission, continued stay, and discharge/transfer.
  - 2.2.1.4. The provider must use the standardized assessment process to determine clinical eligibility for services based on medical necessity.
  - 2.2.1.5. Assessment is limited to one assessment for a client in any six-month period.
- 2.2.2. Outpatient treatment (including individual, family, and group).

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- 2.2.3. Intensive outpatient treatment.
- 2.2.4. FDA approved pharmacological supports including laboratory services for enrollees receiving pharmacological supports (e.g., methadone).
  - 2.2.4.1. The outpatient treatment component may be discontinued at any time after the initial one hundred and twenty (120) days of treatment, based on evidence that outpatient treatment is not contributing toward client progress in achieving the objectives in the individualized treatment plan. Outpatient treatment may resume at any subsequent time, based on evidence that such treatment will directly assist in the client achieving objectives in the treatment plan.
  - 2.2.4.2. To discontinue the outpatient treatment component the client must show commitment to treatment based on participation, attendance, results of urine screens, and progress in meeting goals in the individual's treatment plan.
  - 2.2.4.3. Discontinuing the outpatient treatment component does not relieve the provider of meeting federal methadone regulations and requirements for medication monitoring.
  - 2.2.4.4. Higher levels of care ie. IOP or residential treatment should be sought for the client based on evidence that such treatment will directly assist in the client achieving objectives in the treatment plan.
- 2.2.5. Other services are available for ABW clients through a Fee for Service process directly with the Department of Community Health.

Clients who receive substance use disorder services must have an assessment, treatment admission, treatment discharge, and service activity data reported in CareNet.

### 2.3. MICHILD

The following substance use disorder services are covered through specific provider agreements with Mid-South: refer to MICHild Manual, page 3:

- 2.3.1. Assessment, diagnostic evaluation, client placement, and referral:
  - 2.3.1.1. The DSM IV must be used for diagnostic evaluations; and
  - 2.3.1.2. The ASAM Patient Placement Criteria (most current edition) must be used for admission, continued stay, and discharge/transfer.
  - 2.3.1.3. The provider must use the standardized assessment process to determine clinical eligibility for services based on medical necessity.
  - 2.3.1.4. Assessment is limited to one assessment for a client in any six-month period.
- 2.3.2. Outpatient treatment (including individual, family, and group).
- 2.3.3. Intensive Outpatient Treatment.
- 2.3.4. Laboratory and pharmacy when a CA's employed or contracted physician writes a prescription for pharmacy items or lab.
- 2.3.5. Residential substance abuse services.

Expenses related to MICHild enrollees must be accounted for separately from other funds.

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Clients who receive substance use disorder services must have an assessment, treatment admission, treatment discharge, and service activity data reported in CareNet.

## 2.4. MEDICAID

The following substance use disorder services are covered through specific provider agreements with Mid-South and are based on the Medicaid Provider Manual, Section 12 and 18:

### 2.4.1. Covered Services – Outpatient (Section 12):

2.4.1.1. Once eligibility criteria have been satisfied and the client has demonstrated a willingness to participate in treatment, the following services can be provided in the outpatient setting (refer to Medicaid Manual for descriptions). Individual assessment, individual treatment planning, individual therapy, group therapy, family therapy, crisis intervention, referral/linking/coordinating of services, peer recovery and recovery support, compliance monitoring, early intervention, detoxification/withdrawal monitoring, pharmacological and alternative therapies/CSAT approved pharmacological supports.

2.4.1.1.1. The DSM IV must be used for diagnostic evaluations and the ASAM Patient Placement Criteria (most current edition) must be used for admission, continued stay, and discharge/transfer.

2.4.1.1.2. The provider must use the standardized assessment process to determine clinical eligibility for services based on medical necessity.

2.4.1.1.3. Assessment is limited to one assessment for a client in any six-month period.

### 2.4.2. Additional Substance Abuse Services (B3s) Medicaid Manual Section 18:

2.4.2.1. Residential services (excluding room and board and other domiciliary elements).

2.4.2.2. Sub-acute detoxification (medical and clinical detox) services (excluding room and board and other domiciliary elements).

2.4.2.3. The DSM IV must be used for diagnostic evaluations and the ASAM Patient Placement Criteria (most current edition) must be used for admission, continued stay, and discharge/transfer.

2.4.2.4. The provider must use the standardized assessment process to determine clinical eligibility for services based on medical necessity.

2.4.2.5. Assessment is limited to one assessment for a client in any six-month period.

Clients who receive substance use disorder services must have an assessment, treatment admission, treatment discharge, and service activity data reported in CareNet.

### 2.4.3. Excluded Services:

2.4.3.1. Room and Board

2.4.3.2. All other services not addressed within Covered or Allowable Services

2.4.3.3. Medicaid Substance Abuse Services funded outside the PIHP Plan:

2.4.3.3.1. Acute detoxification, laboratory services related to substance abuse (with the exception of lab services required for Methadone and LAAM)., medications used in the treatment/management of addictive disorders, emergency medical care, emergency transportation,

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substance abuse prevention and treatment that occurs routinely in the context of providing primary health care, routine transportation to substance abuse treatment services which is the responsibility of the local DHS.

**References:**

- Initial Authorization & Re-Authorization Grace Period & Lapse Date Defined
- Residency Policy T005
- Medicaid Provider Manual – Sections 3, 12, & 18
- MICild Provider Manual