Job Aid – Ohio UM – BH – SUD Residential Treatment

References: OAC 5160-27-09-Substance Use Disorder Treatment Services; American Society of Addiction Medicine (ASAM) guidelines for alcohol and drug treatment services; Interqual® 2017 Substance Use Disorders Criteria—Residential Treatment Center.

Purpose:

1.1. To delineate the medical necessity criteria to be used when reviewing requests for authorization of SUD residential treatment (ASAM LOC 3).

1.1.1. Prior authorization is required for consecutive calendar days over 30 and/or for the third or subsequent stay in a calendar year (OAC 5160-27-09 (H)(3)(a).

1.1.2. Medical community residential treatment means a twenty-four-hour rehabilitation facility, with twenty-four-hour-a-day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs.

1.1.2.1. It may be affiliated with or located within a hospital, as part of the inpatient/residential continuum or may be in a freestanding facility.

1.1.3. Non-medical community residential treatment means a twenty-four-hour rehabilitation facility, without twenty-four-hour-per-day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs .

Procedure:

2.1. Review for each level of care determination proceeds in a logical progression to confirm:

2.1.1. the presence of a properly diagnosed substance abuse disorder amenable to the proposed course of treatment,

2.1.2. symptoms are of a sufficient severity/complexity to meet the required criteria for admission to the requested level of care,

2.1.3. the treatment is consistent with nationally accepted medical standards and there is no equally effective, less restrictive setting available to treat the patient's current clinical condition.

2.2. ASAM suggests three levels of residential treatment:

2.2.1. Clinically-Managed Low-Intensity Residential: 24 hour structure with available trained personnel; at least 5 hours of clinical services/week.

2.2.2. Clinically Managed Population-Specific High-intensity Residential Services (Adult criteria only): 24 hour care with trained counselors to stabilize multi-dimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community.

2.2.3. Clinically-Managed High-Intensity Residential: 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able

to tolerate and use full active milieu or therapeutic community.

2.3. Per *ASAM Levels of Care criteria* (© David Mee-Lee. M.D. 2013), residential treatment is appropriate when the following are true.

2.3.1. Moderate to high risk but manageable in clinically monitored environment (see withdrawal management criteria).

2.3.1.1. History:

2.3.1.1.1. History of significant withdrawal symptoms (e.g. n/v, sweats, AHIVH, seizures, DTs, etc.). *Refer to Interqual® 2017 Substance Use Disorders Criteria- Residential Treatment Center, Episode Day 1*, withdrawal syndrome and medication assisted withdrawal management needed for withdrawal signs and symptoms for alcohol, opioids, sedative/hypnotics/anxiolytics.

2.3.1.2. Current Status:

2.3.1.2.1. Current level of intoxication; current withdrawal s/s; quantity of drug used over a given period of time; frequency of use; time elapsed since last use; recent quantity used compared to capacity; VS, CIWA-Ar; types of drug used related to withdrawal potential/timeframe of withdrawal; ability to cope with withdrawal s/s.

2.3.1.3. Questions:

2.3.1.3.1. What risk is associated with the patient's current level of acute intoxication?

2.3.1.3.2. Is there significant risk of severe withdrawal symptoms or seizures, based on the patient's previous withdrawal history, amount, frequency, chronicity and recency of discontinuation or significant reduction of alcohol or other drug use?

2.3.1.3.3. Are there current signs of withdrawal?

2.3.1.3.4. Does the patient have supports to assist in ambulatory detoxification, if medically safe?

2.3.2. Biomedical conditions and complications do not exist or are not sufficient to distract from treatment (manageable at level 3; stable; receiving concurrent medical monitoring).

2.3.2.1. History:

2.3.2.1.1. History of hypertension; diabetes; GI bleed; advance liver disease; esophageal varices; HIV/AIDS; Hep. B or C; other autoimmune diseases, severe polyneuropathy, CAD, COPD, hx CVA; chronic pain; hx of volatile substances use

2.3.2.2. Current Status:

2.3.2.2.1. Current HTN; elevated BG; GI Bleed, pregnancy; need for regular medical treatment not provided by addiction treatment providers (e.g. dialysis, chemotherapy, PT); chronic pain; any current medical problems that precludes ability to participate

2.3.2.3. Questions:

2.3.2.3.1. Are there current physical illnesses, other than withdrawal, that need to be addressed or that may complicate treatment?

2.3.2.3.2. Are there chronic conditions that affect treatment?

2.3.3. Emotional, behavioral, or cognitive conditions or complications of mild to (most often) moderate severity requiring a 24-hour structured setting.

2.3.3.1. History:

2.3.3.1.1. Diagnoses mental disorders with poor response or engagement with tx; suicide attempts; family hx of suicide; SIB; hostile/aggression; poor impulse control; distractibility; history of ADHD; victimization hx; subthreshold mental health issues (e.g. anger, impulsive)

2.3.3.2. Current Status:

2.3.3.2.1. Significant depression, mania or anxiety; poor or tenuous reality contact; current SIIHI with plan; poor coping skills; significant impaired judgement;; diagnosed unstable MH with non-adherence to Tx or lack of response; subthreshold MH issues; guilt/shame paralyzing recovery efforts

2.3.3.3. Questions:

2.3.3.3.1. Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed because they create risk or complicate treatment?

2.3.3.3.2. Are there chronic conditions that affect treatment?

2.3.3.3.3. Do any emotional, behavioral or cognitive problems appear to be an expected part of addictive disorder or do they appear to be autonomous?

2.3.3.3.4. Even if connected to the addiction, are they severe enough to warrant specific mental health treatment or attention?

2.3.3.3.5. Is the patient able to manage the activities of daily living?

2.3.3.3.6. Can he or she cope with any emotional, behavioral or cognitive problems?

2.3.4. **Resistance high & impulse control poor despite negative consequences Needs motivating strategies in a 24-hour structured setting.**

2.3.4.1. History:

2.3.4.1.1. Previous treatment hx with positive or negative treatment and self-help responses/outcomes; attitudes about treatment and self-help groups based on hx; awareness of relationship between substance use and problems; demonstrated ability to adhere to treatment recommendations for other medical conditions

2.3.4.2. Current Status:

2.3.4.2.1. Current awareness of relationship between substance use and problems (including mental health); stages of change; current drug craving; internal vs external motivation; follow through (or lack) on referral for treatment/assessment; view of value in recovery

2.3.4.3. Questions:

2.3.4.3.1. What is the individual's emotional and cognitive awareness of the need to change?

2.3.4.3.2. What is his or her level of commitment to and readiness for change?

2.3.4.3.3. What is his or her perceived value of recovery?

2.3.4.3.4. What is or has been his or her degree of experiencing positives experience in treatment?

2.3.4.3.5. What is his or her awareness of the relationship of alcohol of other drug use to negative consequences?

2.3.5. Despite active participation in a Level 1 or 2 program (when applicable), unable to control use, with imminently dangerous consequences needing 24-hr monitoring and structured support.

2.3.5.1. History:

2.3.5.1.1. Past hx of ability to remain abstinent; past relapse hx

2.3.5.1.1.1. Chronicity of the problems Use: Since when and how long has the individual had problem use or dependence and at what level of severity?

2.3.5.1.1.2. Treatment or change response: Has he/she managed brief or extended abstinence or reduction in the past?

2.3.5.2. Current Status:

2.3.5.2.1. Source of motivation (e.g. internal or external); stage of readiness to change; current use; craving and ability to manage cravings; ability to management high risk situations in their environment; pharmacological responsivity

2.3.5.2.2. Pharmacology Responsivity:

2.3.5.2.3. Positive Reinforcement (pleasure, euphoria)

2.3.5.2.4. Negative Reinforcement (withdrawal discomfort, fear)

2.3.5.2.5. External Stimuli Responsivity

2.3.5.2.6. Reactivity to Acute Cues (trigger objects and situations)

2.3.5.2.7. Reactivity to Chronic Stress (positive and negative

2.3.5.2.8. Cognitive and behavioral measures of strengths and weaknesses

2.3.5.2.9. Loss of control and self-efficacy: Is there an internal sense of self-determination and confidence that the individual can direct his/her own behavioral change?

2.3.5.2.10. Coping skills

2.3.5.2.11. Impulsivity (risk-taking, thrill-seeking)

2.3.5.2.12. Passive and passive/aggressive behaviors:

2.3.5.2.12.1. Does the individual demonstrate active efforts to anticipate and cope with internal and external stressors, or is there a tendency to leave or assign responsibility to others?

2.3.5.3. Questions:

2.3.5.3.1. Is the patient in immediate danger of continued severe mental health distress and or alcohol or drug use?

2.3.5.3.2. Does the patient have any recognition of, understanding of, or skills with which to cope with his or her addictive or mental disorder in order to prevent relapse, continued use or continued problems such as suicidal behavior?

2.3.5.3.3. How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment at this time?

2.3.5.3.4. How aware is the patient of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use or impulses to harm self or others?

2.3.6. Dangerous recovery environment, and lacks skill to cope outside of structured 24-hr setting.

2.3.6.1. History:

2.3.6.1.1. Lack of experience with education, employment or developing positive social support system

2.3.6.2. Current Status:

2.3.6.2.1. Lack of positive social support system; environment in which there is direct or indirect pressure to use; opportunity is so limited there is little advantage to recovery; illiteracy; lack of education; unemployment; lack of job skills; housing problems; child care problems; lack of adequate transportation; lack of parenting skills, single parent

2.3.6.3. Questions:

2.3.6.3.1. Do any family members, significant others, living situations or school or work situations pose a threat to the patients safety or engagement in treatment?

2.3.6.3.2. Does the patient have supportive friendships, engagement with self-help, financial resources, or educational/ vocational resources that can increase the likelihood of successful treatment and recovery?

2.3.6.3.3. Are there legal, vocational, social service agency or criminal justice mandates that may enhance the patient's motivation for engagement in treatment?

2.3.6.3.4. Are there transportation, child care, housing or employment issues that need to be clarified and addressed?

2.3.7. In addition to the above, the participant must be willing to commit to the treatment requirements; this LOC may also be appropriate when a logistical impediment to less intensive treatment exists.

2.3.8. Residential levels of care are mutually exclusive, therefore a patient can only receive services through one level of care at a time.