Admission and Concurrent Review Criteria for Inpatient Rehabilitation for Substance Use Disorder

I. Requirements for Admission to Inpatient Rehabilitation for Substance Use Disorder:

A. Minuteman Health, Inc. (MHI) requires that providers utilize the admission criteria for Substance Abuse Level 3.7 outlined by the American Society of Addiction Medicine (ASAM) to ensure medical necessity.

B. Members should meet the specifications in Dimension 1 and 2 and in at least two of the other four dimensions:

1. **Dimension 1:** Alcohol Intoxication and / or Withdrawal Potential:
   
   a. Member is at minimal to no risk of severe withdrawal and does not require admission into a higher level of care for treatment and monitoring.

2. **Dimension 2:** Biomedical Conditions and Complications:
   
   a. The member’s status in Dimension 2 is characterized by one of the following:
      
      b. The interaction of the member’s biomedical condition and continued alcohol and /or other drug use places the patient at significant risk of serious damage to physical health or concomitant biomedical conditions;
      
      c. A current biomedical condition requires 24 hour nursing and medical monitoring or active treatment, but not the full resources of an acute care hospital.

3. **Dimension 3:** Emotional/Behavioral/Cognitive Conditions and Complications:
   
   a. Member 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.

4. **Dimension 4:** Readiness to Change:
   
   a. The member’s status in Dimension 4 is characterized by at least one of the following:
• Despite experiencing serious consequence or effects of the addictive disorder and/or behavioral health problem, the member does not accept or relate the addictive disorder to the severity of the presenting problem;
  Or
• The member is in need of intensive motivating strategies, activities, and processes available only in a 24-hour structured, medically monitored setting
  Or
• The member needs ongoing 24-hour psychiatric monitoring to assure follow through with the treatment regimen, and to deal with issues such as ambivalence about adherence to psychiatric medications and a recovery program.

5. **Dimension 5**: Relapse/Continued Use/Continued Problem potential:

   a. The member’s status in Dimension 5 is characterized by at least one of the following:

   • The member is experiencing an acute substance use or psychiatric crisis, marked by intensification of symptoms of his or her addictive or mental disorder (such as poor impulse control, drug seeking behavior, or increasing severity of anxiety or depressive symptoms).
     Or
   • The member is experiencing an escalation of relapse behaviors and/or reemergence of acute symptoms, which places the member at serious risk to self or others in the absence of 24-hour monitoring and structured support found in a medically monitored setting.
     Or
   • The modality or intensity of treatment protocols to address relapse require that the member receive care in a level 3.7 program (such as initiating or restarting medication for medical or psychiatric conditions), to safely and effectively initiate antagonist therapy (such as naltrexone for severe opioid disorder), or agonist therapy (such as methadone or buprenorphine for severe opioid use disorder).

6. **Dimension 6**: Recovery Environment:

   a. The member’s status in Dimension 6 is characterized by at least one of the following:

   • The member requires continuous medical monitoring while addressing his or her substance use because his or her current living situation is characterized by
a high risk ongoing substance use, such that the member is assessed as being unable to achieve or maintain recovery at a less intensive level of care.

Or

- Family members or significant others living with the member are not supportive of his or her recovery goals and are actively sabotaging treatment, or their behavior jeopardizes recovery efforts. The situation requires structured treatment services and relief from the home environment in order for the member to focus on recovery.

Or

- The member is unable to cope, for even limited periods of time, outside of the 24 hour care. The member needs staff monitoring to learn to cope with Dimension 6 problems before he or she can be transferred to a less intensive setting.

II. Requirements for Continued Stay in Inpatient Rehabilitation for Substance Use Disorder:

A. Members should meet the specifications in dimensions 1 and 2 and in at least two of the other four dimensions.

   1. The member is an active participant in the treatment plan, And

   2. The member is displaying evidence of clinical progress at Inpatient Rehabilitation LOC, and there is an expectation that clinical progress will continue with continued inpatient Rehabilitation LOC, And

   3. The member would not be expected to make equal or better clinical progress at a lower LOC.

B. Services Required

   1. Full therapeutic programming that must be provided seven days per week, 365 days per year, includes, but is not limited to the following:

      a. Aftercare planning and coordination with primary care providers
      b. Behavioral/health/medication education and planning
      c. Bio-psychosocial evaluation
      d. Case and family consultation (For adults who give consent, the provider makes documented attempts to contact the parent,
guardian, family members, and/or significant others within 24 hours of admission, unless clinically or legally contraindicated.)

e. Psychopharmacological consultation by referral
f. Medical history and physical examination
g. Nursing assessment and services
h. Peer support and other recovery-oriented services
i. Psychiatric consultation by referral
j. Three 30-minute, face-to-face meetings per week for the purpose of individual care coordination/case management, review of the current treatment/recovery plan and aftercare planning.
k. At least one therapeutic group per day and at least 10 hours of therapeutic groups per week
l. At least 15 psycho-educational groups per week on topics including, but not limited to; substance use disorder education, relapse prevention and co-occurring disorders
m. At least three hours of individual counseling per week utilizing motivational interviewing, cognitive behavioral therapy, or other evidence-based practices.

III. Required Documentation

A. For initial requests Providers in Massachusetts must submit the BH Level Of Care Request Form and providers not in Massachusetts must submit the Inpatient Detoxification Clinical Review Form

1. For concurrent reviews all providers must submit the MHI Inpatient Detoxification Clinical Review Form – Concurrent Review section with documentation showing that the admission criteria for Substance Use Disorder Level 3.7 outlined by the ASAM that are listed in the previous section are still met and that the required services were provided.

B. In addition to completing the Concurrent Review section of the Inpatient Detoxification Clinical Review Form the provider may be required to attach documentation from the member’s chart. The additional documentation required for any review will be determined by the UM staff and may include, but is not limited to, the Medication Administration Records (MARs), the notes from all individual and group therapy sessions, psycho-educational groups, individual meetings for care coordination/case management, review of the current treatment/recovery plan and aftercare planning that were provided during the time period specified.
IV. References

NCQA standard UM2, Clinical Criteria for Utilization Management Decisions, Element A

The ASAM Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 2013

V. Summary of Changes

06/29/2017: New policy

VI. Review Dates

HNE Review Dates: 06/01/2017
MHI Review Dates: 06/29/2017
Medical Guideline Disclaimer
The treating physician or primary care provider must submit to Minuteman the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Minuteman will not be able to properly review the request for prior authorization. The clinical review criteria expressed herein reflects how Minuteman determines whether certain services or supplies are medically necessary. Minuteman established the clinical review criteria based upon a review of currently available clinical information (including, without limitation clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). Minuteman expressly reserves the right to revise these criteria as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by Minuteman. If there is a discrepancy between this policy and a member’s benefit program, the benefit program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the federal government or the Centers for Medicare & Medicaid Services (CMS). Minuteman has adopted the herein policy in providing management, administrative and other services to its members.