IMPLEMENTING ASAM

PRESENTER:

MARK MILLER, LMFT

MARK.MILLER@CENTERFORBEHAVIORALHEALTH.COM

502-894-0234

SPECIAL THANKS

- Lesley Middleton, LCADC, LCSW

WHO IS THIS GUY, ANYWAYS?

- Mark Miller
- Licensed Marriage and Family Therapist
- Center for Behavioral Health for the last 12 years
- Last 2 years as State Director
- CARF Surveyor (8 years)
- Former President of the Board of MensWork, Inc.
- Community Council member of SJNP (17 years)
- Husband and father of one super cute 10 year old and a year and half old hound dog!

LEARNING OBJECTIVES

- Understand and identify the rationale and reasons for changes in the New Edition of the ASAM Criteria.
- Effectively utilize case study material to structure and organize the various multi-dimensional data to individualize treatment and placement.
- Explain the utilization of the ASAM criteria in developing, implementing, and managing persons-centered recovery plans.

WHO HERE USES ASAM AND IN WHAT WAYS? (WHO ARE YOU ALL AND WHAT ARE YOU DOING HERE?!)

- How often do you complete an ASAM?
- What particular challenges do you run across?

GOAL OF THE ASAM CRITERIA:

To unify the addiction field around a single set of criteria

HISTORY OF ASAM

- The ASAM Placement Criteria came out around the same time as two separate placement measures, the Cleveland Placement Criteria and the The National Association of Addiction Treatment Providers (NAATP) Criteria.
- Eventually, ASAM and NAATP opted to merge and unify the placement criteria and came up in 1991 with the second ASAM Placement Criteria.
- The goal was to uniformly identify placement and treatment options for patients presenting for care.

HISTORY OF ASAM (CONTINUED)

- The second generation ASAM took both the initial ASAM and NAATP Criteria into consideration.
- Originally primarily a placement criteria.
- Now, ASAM assists in identifying placement as well as identifying treatment options

WHAT IS THE ASAM CRITERIA

- Updated Definition of Addiction
- First published in 1991 as the ASAM Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders (ASAM PPC). (1996) ASAM PPC-2, (2001) ASAM PPC-2R
- Current publication (2013) "The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions"
- Goal with changing the name was partly to de-emphasize the notion of "placement checklist"
- Set of criteria to guide patient placement decisions
- Subjective Interpretation required

WHAT'S NEW IN ASAM (CONTINUED)

- Additional text to address addiction treatment for special populations:
  - Older adults
  - Persons in Safety Sensitive Populations
  - Parents with Children and Pregnant Women
  - Persons in the Criminal Justice System

WHAT'S NEW IN ASAM (CONTINUED)

- Opioid use disorder specialized services
  - Opioid Maintenance Therapy (OMT) becomes Opioid Treatment Services (OTS)
    - Opioid antagonist medications
    - Opioid agonist medications
    - Their use in OTP or in office based opioid treatment (OBOT)

WHAT'S NEW IN THE ASAM CRITERIA

- Additional text to address conditions not traditionally included:
  - Tobacco Use Disorder
  - Gambling Disorder

WHAT'S NEW IN THE ASAM CRITERIA (CONT.)

- Implications for Substance Use Disorders and other Addictive Disorders
  - "The pathological pursuit of reward or relief"
  - Involves alcohol, tobacco, and/or other substance use
  - Also involves addictive behaviors
- In line with DSM 5
- Eliminated Roman Numerals
- "Detoxification Services" are now "withdrawal management"
- "Dual Disorder" is now "Co-occurring Disorders or conditions"

CONCURRENT LEVELS OF CARE

- Treatment does not have to be exclusive of one another
- Importance of building relationships with other treatment providers
- Important for addressing level of care needs that change over time

ASSESSMENT AND PLACEMENT DECISIONS

USING CRITERIA

- Starts with a Multidimensional assessment
  - Biopsychosocial assessment
  - 6 ASAM dimension
- Patient centered care planning
- Assist treatment providers in making decisions about admission, continued care and patient transitioning

DECISIONAL FLOW – PLACEMENT DECISION

Intake and Assessment

- What does the patient want?
- Does the patient have any urgent needs?
- Biopsychosocial Assessment
- DSM Diagnoses

Treatment Planning and Placement

- Multidimensional Assessment, Severity / Level of Function
- Which dimensions are most important? (Driving Dimensions)
- Choose specific focus and target for each priority dimensions
- What specific services are needed for each dimension

LOC Placement

- What intensity/frequency of services is needed for each dimension?
- Where can these services be provided in the least intensive but safe level of care?
- What is the progress of the treatment plan and placement decisions; outcomes measurements?

HOW TO ORGANIZE ASSESSMENT DATA TO MATCH LEVEL OF CARE

	Client	Clinical Assessment	Treatment Plan
What?	What does the client want?	What does the client need?	What is the treatment contract?
Why?	Why now? What's the level of commitment?	Why? What reasons are revealed by the assessment data?	Is it linked to what client wants?
How?	How will s/he get there?	How will you get him/her to accept the plan?	Does the client buy into the link?
Where?	Where will s/he do this?	Where is the appropriate setting for treatment? What is indicated by the placement criteria?	Referral to level of care
When?	When will this happen? How quickly? How badly does s/he want it?	When? How soon? What are realistic expectations? What are milestones in the process?	What is the degree of urgency? What is the process? What are the expectations of the referral?

LEVELS OF CARE

Level of Care	Adult Title	Description
0.5	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder
1	Outpatient Services	Less that 9 hours of service/week for recovery or motivational enhancement therapies/strategies
2.1	Intensive Outpatient Services	9 hours or more of service/week to treat multidimensional instability

LEVELS OF CARE

Level of Care	Adult Title	Description
2.5	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24 hour care
3.1	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	Clinically Managed Population-Specific High Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community.

LEVELS OF CARE CONT.

Level of Care	Adult Title	Description
3.5	Clinically Managed Medium-Intensity Residential Services	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.
3.7	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor availability.
4	Medically Managed Intensive Inpatient Services	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3. Counseling available to engage patient in treatment.
OTP (Level 1)	**Opioid Treatment Program**	**Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder**

WHICH OF THESE SERVICES ARE OFFERED IN YOUR AREA? WHICH ARE NOT?

THE 6 DIMENSIONS

DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

DIMENSION 2: Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

DIMENSION 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's thoughts, emotions, and mental health issues

DIMENSION 4: Readiness to Change

Exploring an individual's motivation level to make changes in their life.

DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

Exploring an individual's unique relationship with relapse or continued use problems

DIMENSION 6: Recovery/Living Environment

Exploring an individual's recovery or living situation, and the surrounding people, places, and things

CLINICAL EXAMPLE: LISA
POP QUIZ! LET'S GIVE LISA AN ASAM!

- 54-year old female with a history of depression. She was prescribed Xanax by her family physician for the depression and to allow her to sleep. She has been taking three .25 mg tablets daily for the past four years.
- After seeing a television program about the addictive potential of this medication, she attempted to stop on her own. The following day, she began to experience an increase in her pulse rate, mild nausea, and feelings of anxiety. She was unable to sleep that night, resumed use of the medication, and came to the clinic the following day seeking help.
- Lisa has also been diagnosed with high blood pressure and is on medication for this.

CLINICAL EXAMPLE: ASAM FOR LISA

DIMENSION 1: **Acute Intoxication and/or Withdrawal Potential**

Exploring an individual's past and current experiences of substance use and withdrawal

DIMENSION 2: **Biomedical Conditions and Complications**

Exploring an individual's health history and current physical condition

DIMENSION 3: **Emotional, Behavioral, or Cognitive Conditions and Complications**

Exploring an individual's thoughts, emotions, and mental health issues

DIMENSION 4: **Readiness to Change**

Exploring an individual's motivation level to make changes in their life.

DIMENSION 5: **Relapse, Continued Use, or Continued Problem Potential**

Exploring an individual's unique relationship with relapse or continued use problems

DIMENSION 6: **Recovery/Living Environment**

Exploring an individual's recovery or living situation, and the surrounding people, places, and things

LISA'S ASAM

- Dimension 1: Lisa reported withdrawals from this substance when attempting to quit. Given the potential problem of eliminating Xanax from one's system immediately, would be better suited to taper off of it or do so inpatient where she can be monitored. She is therefore at a high severity.
- Dimension 2: She reported high blood pressure which will be exacerbated by her discontinuing this substance. She will need to be monitored closely as she attempts to stop or taper this substance. She is at a medium severity for this issue.
- Dimension 3: She may have a past issue with depression and anxiety and would benefit from considering mental health treatment to resolve these issues. Her PCP prescribed her medication but there did not appear to be any counseling along with it. As she discontinues use of this medication, her potential to experience depression or anxiety will go up, making this a medium to high severity rating.

LISA'S ASAM (CONTINUED)

- Dimension 4: She reported an attempt to discontinue this on her own and did so after seeing news reports about this medication. She therefore is a low level of severity on this dimension.
- Dimension 5: Due to what she was prescribed and why, she is at a medium level of severity as it could be difficult for her to discontinue this medication without assistance.
- Dimension 6: Lisa's support by her family was unclear at intake. She will benefit from support and monitoring to be successful.

SEVERITY LEVEL DISTINCTIONS:

Low:

- No risk or low risk
- No management or monitoring needed, or a low degree of management/monitoring needed

Medium:

- Some risks or impact on functioning
- Issues require a moderate degree of ongoing management or monitoring on an outpatient basis, either within the program of care, or through referrals and care coordination with other providers.

High:

- Significant degree of risks or impact on functioning
- Issue is likely to require a high degree of management or monitoring, most likely on an inpatient basis

DIMENSION 1: SEVERITY PROFILE

Low Severity:

- Person is using substances, but is not currently under the influence or significantly intoxicated.
- Person is able to stop use without the presence of a significant withdrawal syndrome related to their substance use.
- Person has mild withdrawal symptoms but demonstrates an ability to tolerate withdrawal discomfort.

ASSESSING SEVERITY AND LEVEL OF FUNCTION (*THE ASAM CRITERIA* 2013, PP 54-56)

The three H's-History, Here and now and How worried now

- The *History* of past signs, symptoms and treatment is important but never overrides the *Here and Now* of how they currently present
- The *Here and now* can override the *History*. For example: a person has never had serious suicidal behavioral before by *History* and in the *Here and Now* is depressed and suicidal
- *How worried now* you are as the clinician determines your severity or level of function rating

DIMENSION 1: SEVERITY PROFILE

Medium Severity:

- Person is under the influence of substances and may require monitoring, but is able to engage in conversation and is not an imminent risk to themselves or to others.
- Person experiences mild to moderate withdrawal symptoms and has some difficulty tolerating/coping with symptoms, but there is minimal risk for severe symptoms (such as seizure risks with significant alcohol or sedative-hypnotic use)

DIMENSION 1: SEVERITY PROFILE

High Severity:

- Person is currently intoxicated and is presenting as a potential risk to self or others
- Person is presenting with severe withdrawal symptoms or presents with a *risk* for severe withdrawal symptoms based on their history of withdrawal (such as seizure risks with significant alcohol or sedative-hypnotic use) and will likely require withdrawal management services in an inpatient/highly monitored setting.

Extreme Risk: Person is so intoxicated that they present as a significant danger to themselves, or have a significant likelihood of high risk withdrawal symptoms like seizure or delirium tremors.

DIMENSION 1: ITEMS TO CONSIDER

- What type of substance are they abusing?
- How does that substance impact their daily functioning?
- What will the withdrawal symptoms be like from that substance?
- How would those withdrawal symptoms be managed? Which setting would they be managed best in?

DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS

- Does the person have any co-occurring medical conditions or physical disabilities?
- Are there chronic conditions that require ongoing management?
- Do they have a communicable disease?
- Are they pregnant?
- If they have co-occurring physical conditions, are these conditions managed or are they having active symptoms which could disrupt daily functioning or place their ongoing health at risk?

DIMENSION 2: SEVERITY PROFILE

Low Severity:

- Person has no medical conditions
- Person has mild medical conditions which are well managed or have no active signs/symptoms (e.g. hypertension well managed with medication or asymptomatic Hep C which does not require treatment).
- Person has some physical conditions/symptoms which cause mild/moderate discomfort, but demonstrate adequate ability to tolerate and cope with physical discomfort (e.g. chronic back condition where discomfort does not interfere extensively with daily functioning).

DIMENSION 2: SEVERITY PROFILE

Medium Severity:

- Person has chronic medical conditions which require ongoing monitoring and care to manage symptoms and prevent problems related to the condition (e.g. diabetes requiring insulin, HIV/AID, symptomatic Hep C requiring monitoring and treatment).
- Person has a condition that is currently somewhat unstable or is not accessing necessary medical care which could place them at risk for problems related to their medical conditions

DIMENSION 2: SEVERITY PROFILE

High Severity:

- Person has serious medical conditions which are acute or unstable.
- Person had a chronic condition which is poorly managed and unstable with an associated likelihood of deterioration.
- Person needs urgent medical evaluation or will likely need ongoing medical monitoring or supervision.

Extreme Risk:

- Person is so acutely unstable that they require immediate/emergency medical care or intensive medical supervision.

DIMENSION 2: ITEMS TO CONSIDER

- What, if any, type of biomedical issues does the patient have?
- How are those mediated (or not mediated)?
- What level of care is least restrictive for the patient given those biomedical issues?
- Question—how do you handle those with pain management and addiction? How do you determine abuse versus dependence, pain versus illicit use?

DIMENSION 3: EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS

- Does the person have a psychiatric illness, mental health disorder, behavioral, emotional or cognitive condition?
- Are they receiving appropriate care for these conditions?
- Do the emotional/behavioral symptoms appear to be an expected part of their addiction illness or do they appear autonomous?
- Are there any risks for self-injurious behaviors, high risk behaviors, suicide attempts, threat to others?
- To what extent do their symptoms impact their daily functioning? To what degree are they able to successfully cope with or tolerate their symptoms?

DIMENSION 3: SEVERITY PROFILE

Low Severity:

- Patient has no mental health concerns.
- Patient has mental health concerns which are currently stable and well managed.
- Mental health concerns are present but are not interfering significantly in their daily tasks, social functioning or ability for self-care.
- Patient has a history of mental health concerns with no current or acute symptomology.

DIMENSION 3: SEVERITY PROFILE

Medium Severity:

- Person presents with mental health concerns which are somewhat unstable or not currently under adequate care.
- Person's mental health condition will require intervention and support, but not urgent care or significant medical monitoring
- Person's condition is creating some interference with normal functioning and ability to care for self.
- Person may present with some suicidal ideation without plan or intent but has adequate impulse control and skills to cope with thoughts of self-harm.

DIMENSION 3: SEVERITY PROFILE

High Severity:

- Person has a mental health condition that is currently acute and unstable.
- Person has significant disability and dysfunction associated with their mental health condition.
- Person presents with active risk of suicide or self-harm or risks of harm to others

Extreme Risk:

- Person requiring immediate hospitalization due to an active psychotic episodes or immediate risk of suicide.

DIMESION 3: ITEMS TO CONSIDER

- What type of mental health diagnosis have they had in the past?
- Did that mental health diagnosis take into consideration their use history—may present as BiPolar Disorder (with manic ups and downs) but may in reality be someone who actively uses who does not maintain well.
- If they have not been diagnosed with a mental health disorder, do they have symptoms consistent with such a disorder and if so do you do a rule out?
- Question: how does your agency handle those who are dually diagnosed—or, more precisely, may need to be dually diagnosed?
  - Individual has never been formally diagnosed with a mental health issue but presents as anxious and withdrawn. Once stable on addiction, still presenting that way—do you concurrently treat this? If so, how?

DIMENSION 4: READINESS TO CHANGE

- Is this person presenting as a voluntary or an involuntary admission into treatment?
- Does the person feel coerced into treatment?
- What is the Stage of Change you would place this person in?
- To what degree does the person see their use of substances as a problem?
- To what degree does this person agree with others' perceptions of his addiction problem?
- Is this person desiring change as a result of internal distress and self-motivation, or only to avoid a negative consequence?

DIMENSION 4: SEVERITY PROFILE

Low Severity:

- Person is self-motivated, engaged in treatment, proactive in their participation and committed to change.
- Any ambivalence about change appears largely resolved.
- Patient is accepting and willing to comply with recommendations for treatment.
- Stage of Change would likely be Action or Maintenance.

DIMENSION 4: SEVERITY PROFILE

Medium Severity:

- Person may recognize a need for treatment, but has remaining, unresolved ambivalence about change.
- Person may be willing to address the primary substance of use, but not a secondary substance causing fewer consequences. Patient may be willing to consider cutting down, but does not want to give up their substance use completely.
- Person is inconsistent in their acceptance and following of treatment recommendations.
- Stage of Change would likely be Contemplation or Preparation.

DIMENSION 4: SEVERITY PROFILE

High Severity:

- Person may be mandated to treatment and have no internal motivation to make changes.
- Person does not recognize any need to make changes or is uninterested in making changes and is not currently considering change.
- Person rejects and is unwilling to follow treatment recommendations.
- Stage of change would likely be considered Pre-contemplation.

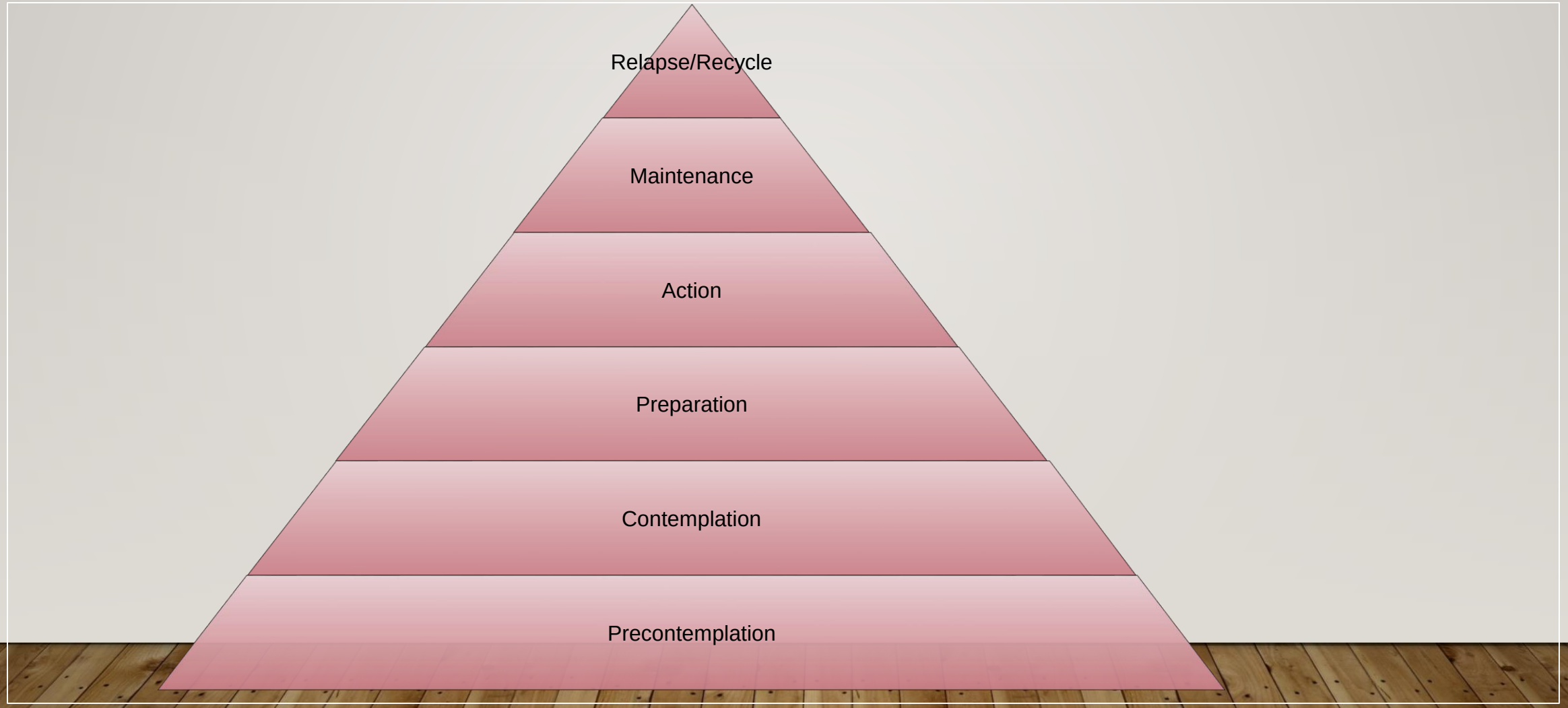
Extreme Risk:

- Person is rejecting treatment or shows an inability to follow through with treatment recommendations despite imminent danger of harm to self or others as a result of continued use.

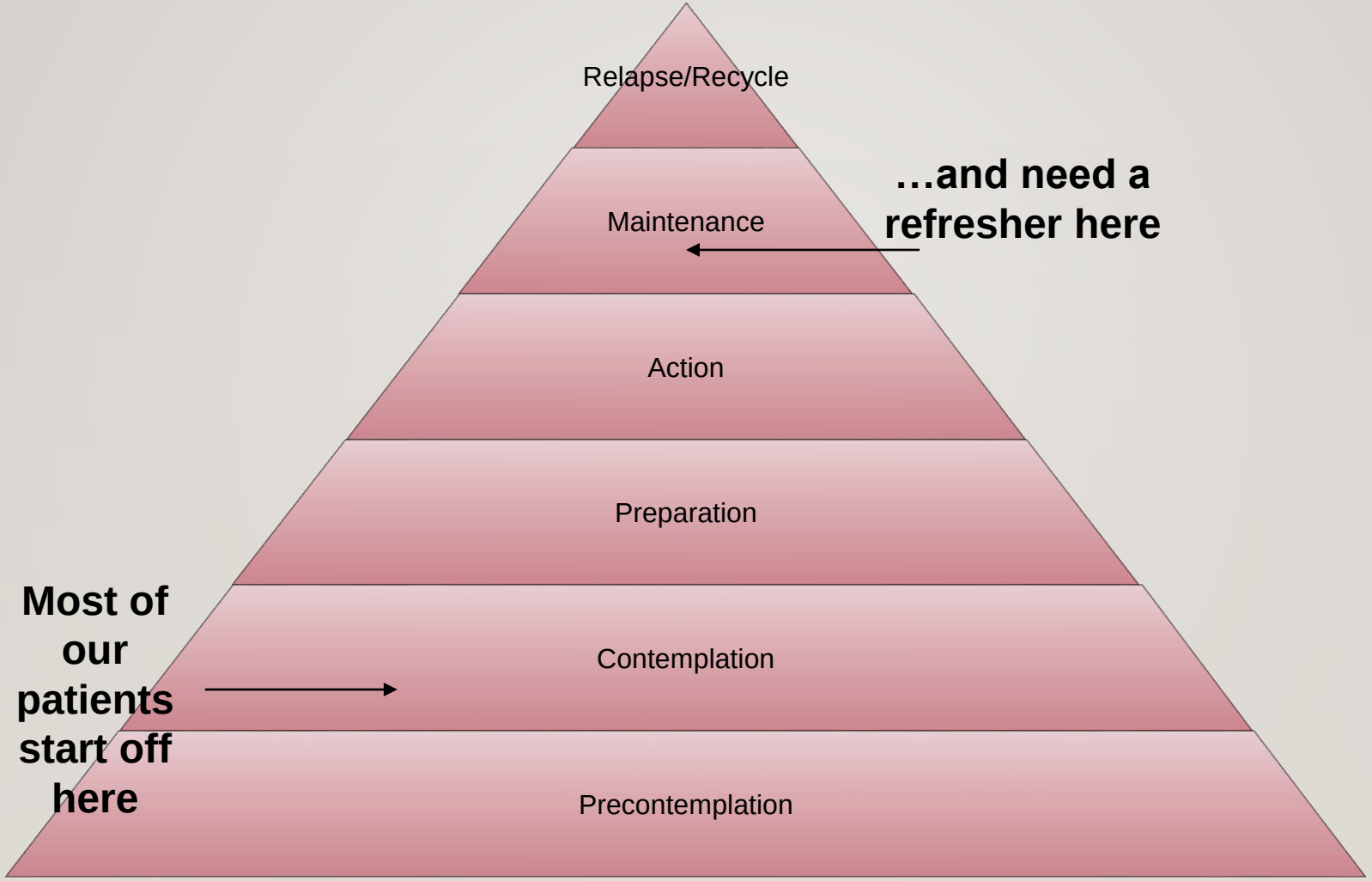
DIMENSION 4: ITEMS TO CONSIDER

- Which stage of change is the patient at?
- Did someone bring them into treatment or did they come on their own? This could show a connection or possible lack of connection to treatment.
- If this is their second (or twelfth) time in treatment—what is different about this, how will this time differ from previous attempts?
- What might have changed in the patient's life that may lead to an understanding about this stage?
- Eliminated the idea of "denial"—this used to be the dimension to consider denial of the patient. Now, we consider which stage they are in.

WHERE WOULD YOU PUT THE PATIENTS YOU SEE?



MODEL OF CHANGE (PROCHASKA, DICLEMENTE, & NORCROSS, 1992)



DIMENSION 5: RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

- Is there an imminent danger of continued severe distress and/or drinking/drug-taking behaviors?
- What is the *severity* of problems and/or further distress that will potentially continue or occur if the person does not successfully engage in treatment?
- Does the person have any current skills to prevent relapse, continued use or continued problems? Do they currently possess skills to cope with cravings or control impulses?
- How aware are they of relapse triggers? How well can they cope with stressors or peer pressure?
- Have addiction medications assisted in recovery before?

DIMENSION 5: SEVERITY PROFILE

Low Severity:

- Person has no potential for further substance use problems OR has mild/low potential but possesses good coping skills.
- Person has had a recent lapse/relapse, but has successfully re-engaged in their recovery program and has learned additional skills and is back on track.
- Person possesses good awareness of their addiction illness, relapse triggers and has developed relapse prevention strategies and has well developed impulse control.

DIMENSION 5: SEVERITY PROFILE

Medium Severity:

- Person has some limitations in their recognition and understanding of relapse issues. (limited insight/judgment)
- Person has limited skills to cope with stressors, cravings and impulses or has poorly developed strategies for preventing relapse.
- Person requires frequent monitoring, check-ins, drug-screens or treatment encounters to support or maintain control of substance use.

DIMENSION 5: SEVERITY PROFILE

High Severity:

- Person has no skills to cope with and/or interrupt addiction problems or to prevent/limit relapse.
- Person is in need of a high degree of supervision and monitoring to maintain control of substance use.
- Continued use of substance is likely to cause significant distress or consequences.

Extreme risk:

- Person can only maintain control of substance use in a highly monitored/secured setting. Continued use would present significant risk to the person or to others.

DIMENSION 5: ITEMS TO CONSIDER

- Can go back to what they are using—the biological response to that drug may lead to a higher degree of relapse or relapse potential.
- How many times have they attempted treatment in the past—this is not a judgement but does inform us that this area could be a challenge.
- Are they using multiple illicit substances and if so how does that impact their likelihood of relapse?
- Any biological or emotional issues that may also be considered here.
- This dimension may take into consideration many (if not all) of the other dimensions but, again, be focused more on relapse and the potential for relapse.

DIMENSION 6: RECOVERY/LIVING ENVIRONMENT

- Are there any family members, friends, significant others, school or work situations that pose a threat to the person's safety or engagement in treatment?
- What are the person's resources? Do they have supportive friendships/relationships? Do they have vocational/financial resources which will increase likelihood of success in treatment?
- Are their legal, vocational, social agency, criminal justice mandates that may enhance the person's motivation to engage successfully in treatment?
- Are there transportation, childcare, housing or employment issues that need to be addressed for successful engagement in treatment?

DIMENSION 6: SEVERITY PROFILE

Low Severity:

- Person has a place to live.
- Person has a helpful support system.
- Person has passive supports who may not be interested in the person's addiction recovery, but do not pose a threat or a distraction to treatment.
- Person has employment/financial resources.
- Person may have involvement of an outside agency which enhances the person's motivation for change and provide additional degrees of accountability and monitoring.

DIMENSION 6: SEVERITY PROFILE

Medium Severity:

- Person has a place to live, but may have others who are using in the home or may have significant gaps in their support system.
- Person's environment is somewhat stressful and/or not supportive of treatment. May be some substance use within the home/work/social environments.
- Patient may have difficulty with vocational/financial resources, transportation, childcare which makes engagement in treatment difficult.

DIMENSION 6: SEVERITY PROFILE

High Severity:

- Person has no stable living situation.
- Person's living situation is highly toxic and chronically hostile to addiction recovery and treatment.
- There is a significant amount of drug-use with the person's home or primary environments and drugs are readily available to the person.
- Person has chronic lifestyle problems which make sustained engagement in treatment difficult (repeated arrests/involvement in the criminal justice system, lack of consistent transportation and childcare, chronic unemployment, etc.)

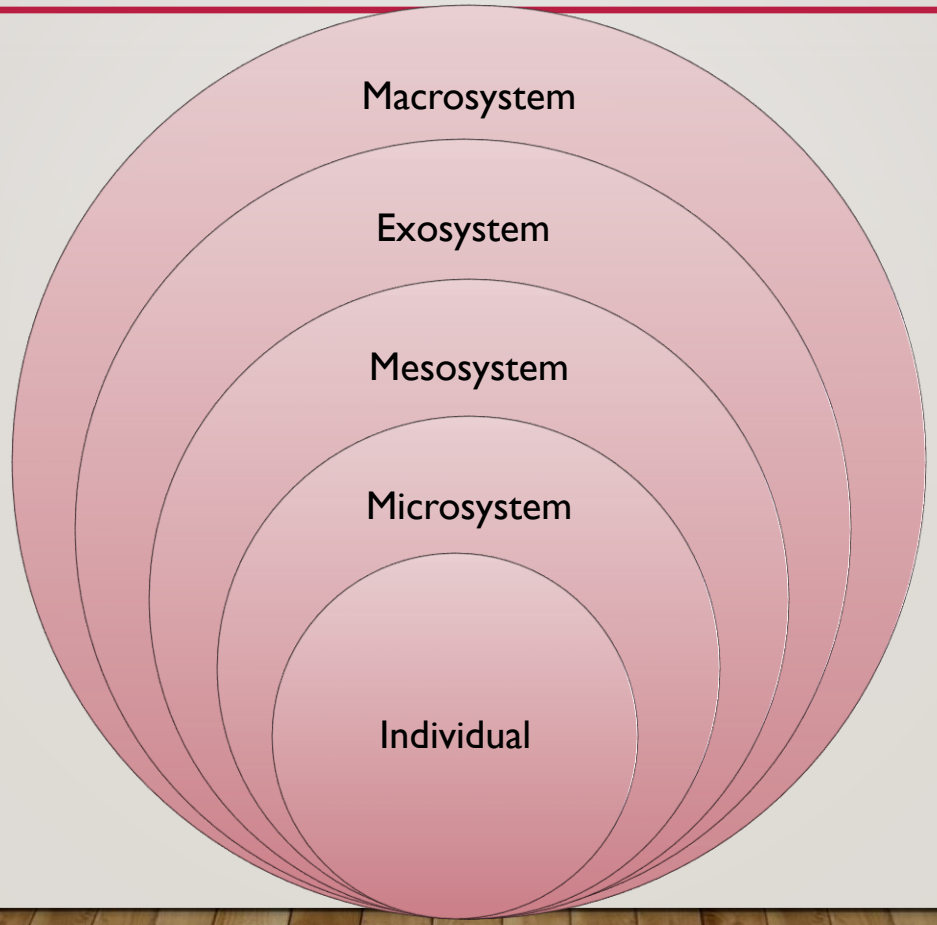
Extreme Risk:

- Person is homeless with no place to go or is living in an environment which poses an immediate threat to the person's safety and well-being.

DIMENSION 6: ITEMS TO CONSIDER

- Who in their life is supportive or not supportive of their treatment?
- Who helped them get into treatment?
- Will they be involved with their treatment?
- What is their response to their use, their treatment, and their previous successes?
- May even consider the culture around them—where they live, who they hang out with, the attitude toward both treatment and use in general.
- If possible, consider Bronfenbrenner's Eco Model.

BRONFENBRENNER'S ECO MODEL



AND, SPEAKING OF THE MACROSYSTEM…A FEW WORDS ON MEDICAL NECESSITY

- The idea of Medical Necessity comes out of the idea of Parity—basically, if providers get paid X for Y medical services, then they should be paid XA for YA behavioral health service. Now, XA and YA may be COMPLETELY different numbers than X and Y from the medical side, but it should be consistent.

SOLVING FOR XA AND YA:

- Medical Necessity basically comes down to is a service or intervention the least intrusive to the patient, the least restrictive to the patient, and in the patient's best interest?
- In medical terms, did you set the broken bone in a way that still allowed the patient to experience mobility as best as possible? Did you only perform surgery on an ailing gall bladder and not one that could have been treated with medication?
- How does that translate into what we do?
- Did we place Johnny, who uses marijuana once a week, in a 28 day intensive, medically monitored treatment facility?
- Did we attempt to use any different, less intensive interventions prior to this one?

PER THE KENTUCKY.GOV, THERE ARE CURRENTLY 5 MCO PLANS IN KENTUCKY

Available MCO Plan	Telephone	Statewide
Aetna Better Health of Kentucky	(855) 300-5528	X
Anthem	(855) 690-7784	X
Humana CareSource	(855) 852-7005	X
Passport Health Plan	(800) 578-0603	X
WellCare of Kentucky	(877) 389-9457	X

MEDICAL NECESSITY--AETNA

- Defines Medical Necssity as (from provider manual 2016)
- **MEDICALLY NECESSARY**
- Medically necessary services, supplies, procedures, etc., are those covered benefits or services that are:
- ☐ Reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability or other medical condition, including pregnancy;
- ☐ Appropriate in terms of the service, amount, scope and duration based on generally-accepted standards of good medical practice;

MEDICAL NECESSITY--AETNA

- Provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons;
- ☐ Provided in the most appropriate location, with regard to generally-accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;
- ☐ Needed, if used in reference to an emergency medical services, to exist using the prudent layperson standard;
- ☐ Provided in accordance with EPSDT requirements established in 42 U.S.C. 1396(r) and 42 CFR 441, Subpart B for individuals under age 21; and
- ☐ Provided in accordance with 42 CFR 440.230.

AETNA

- Has a 2 day authorization time frame.
- However, does have a 7 day window post-inpatient to follow up with an outpatient provider.

AETNA—EXAMPLE OF ADMISSION TO INPATIENT LEVEL OF CARE (FROM BEHAVIORAL HEALTH GUIDELINES 2016) :

- Judged appropriate as indicated by 1 or more of the following:
- – Imminent danger to self is present
- – Imminent danger to others is present
- – Behavioral health disorder is present with **ALL** of the following:
- » Severe psychiatric or behavioral symptoms or conditions are present

AETNA—INPATIENT LEVEL OF CARE CONSIDERATIONS CONTINUED

- Severe dysfunction in daily living is present
- • Treatment situation and needs are appropriate for inpatient level (instead of lower
- level of care)
- – Inpatient treatment is needed due to presence of significant delirium.
- – Patient has behavioral health disorder and requires somatic treatment for
- which around-the-clock medical or nursing care must be used because of
- severe adverse effect risk or medical comorbidity.

MEDICAL NECESSITY--ANTHEM

- Anthem lays out medical necessity by which type of intervention you wish to use. Thus, for Inpatient Withdrawal Management (detoxification), the member must have one of the following to be justified for that level of care (from Clinical MU Guideline, 2016):

MEDICAL NECESSITY—ANTHEM DEFINITION:

- *The Member is experiencing signs and symptoms of severe withdrawal, or severe withdrawal is imminent based on history of prior withdrawals, present symptoms and signs, and the member's medical, emotional, and behavioral or cognitive condition is incapaciting:*

a. For alcohol: seizures, delirium, psychotic symptoms, the need for intravenous medication or infusion requires close monitoring due to high levels of agitation, confusion or extremes of vital signs (that is heart rate greater than 120 beats per minute); or

b. For sedative/hypnotics: seizures, delirium, psychotic symptoms and the member has an acute mental or physical disorder that is complicating the withdrawal (such as a heart rate greater than 120 beats per minute); or

MEDICAL NECESSITY—ANTHEM DEFINITION (CONTINUED):

c. *For opioids: the member has a severe withdrawal syndrome (debilitating vomiting and diarrhea, agitation, and gross tremor, fever, severe elevation of blood pressure or other signs and symptoms requiring hospital services including electrolyte abnormality such as serum potassium less than 2.5 mEg/L or serum sodium less than 130 mEq/L); or*

d. *For stimulants: the member has psychotic, impulsive behavior or depression suicidality that requires hospital care that is a result of stimulant withdrawal; or*

Hospital care is the only available level of care that can provide the medial support, comfort, and care for a pregnant member and withdrawal is complicated by risk of pregnancy complications including but limited to pre-eclampsia

ANTHEM

- Thus, as you are going through your ASAM, you can be thinking about how they fit the particular criteria that this MCO will care for your patient at.
- There is a caveat that if that particular service is not provided in the geographical area, then a member can be authorized at the next level of care.
- When a member does not fit the criteria the level of care does not fit under medical necessity. Again, unless there is a geographical issue.

HUMANA CARE SOURCE

- Contracts with Beacon Health Options to oversee Behavioral Health claims.
- Beacon lays out the admission, continued stay, and discharge criteria in their Medical Necessity National Criteria Set rev 100515.
- That is a draft that I found, so may want to verify with Beacon/Humana that the following is how it works:

HUMANA CARESOURCE/BEACON HEALTH OPTIONS

- National Medical Necessity/Level of Care Criteria
- Beacon Health Options (Beacon) uses its Medical Necessity Criteria (MNC) as guidelines, not absolute standards, and considers them in conjunction with other indications of a member's needs, strengths, and treatment history in determining the best placement for a member. Beacon's MNC criteria are applied to determine appropriate care for all members. In general, members will only be certified if they meet the specific medical necessity criteria for a particular level of care. However, the individual's needs and characteristics of the local service delivery system and social supports are taken into consideration.

HUMANA CARESOURCE/BEACON HEALTH OPTIONS--CONTINUED

- Medically Necessary Services are defined as those that are:
- 1. Intended to prevent, diagnose, correct, cure, alleviate or preclude deterioration of a diagnosable condition (most current version of ICD or DSM) that threatens life, causes pain or suffering, or results in illness or infirmity.
- 2. Expected to improve an individual's condition or level of functioning.
- 3. Individualized, specific, and consistent with symptoms and diagnosis, and not in excess of patient's needs.

BEACON HEALTH, CONTINUED

- 4. Essential and consistent with nationally accepted standard clinical evidence generally recognized by mental health or substance abuse care professionals or publications.
- 5. Reflective of a level of service that is safe, where no equally effective, more conservative, and less resource intensive treatment is available.
- 6. Not primarily intended for the convenience of the recipient, caretaker, or provider.
- 7. No more intensive or restrictive than necessary to balance safety, effectiveness, and efficiency.
- 8. Not a substitute for non-treatment services addressing environmental factors
- **Beacon never requires the attempt of a less intensive treatment as a criterion to authorize any service**

FROM THE PASSPORT HEALTH PLAN BEHAVIORAL HEALTH PROVIDER TRAINING: PROGRAM OVERVIEW AND HELPFUL INFORMATION

- **Utilization Management**
- •The Passport Behavioral Health Program uses a Interqual medical necessity criteria (effective 4/1/17) that complies with regulatory mandates for behavioral health services and the American Society of Addiction Medicine (ASAM) criteria for substance use disorder services. Use of these criteria are required by the state of Kentucky.
- •We provide utilization management for inpatient, outpatient and community support services using the appropriate level of care (LOC) criteria based on the service requested.
- •

PASSPORT (CONTINUED)

- This LOC criteria is available to Passport network providers through eServices. Please go to **https://provider.beaconhs.com/** and choose the Provider Materials link to review the criteria. You can also call Provider Services at 1-855-834-5651.
- •Our application of LOC criteria and authorization procedures represent a set of formal techniques designed to monitor the use of, and/or evaluate the medical necessity, appropriateness, and efficacy of behavioral health care services.
- •Depending on the LOC, providers may request authorizations online for convenience.

PASSPORT (CONTINUED)

- **INPATIENT AUTHORIZATIONS**
- **Telephonic Prior Authorization is Required for the following:**
- •Inpatient Mental Health
- •Extended Care Unit (EPSDT Residential)
- •Psychiatric Residential Treatment Facility (Level I and II)
- •Substance Abuse Detoxification (in IMD and/or psych unit)
- •Inpatient SA Rehabilitation
- •Residential Services for Substance Abuse
- •EPSDT Residential for Specialized Children Services
- •Crisis Stabilization Unit
- •ECT

PASSPORT

- **Telephonic Prior Authorization is Required**
- **for the following:**
- **•Partial Hospitalization**
- **•Intensive Outpatient**
- **•Assertive Community Treatment**

WELLCARE OF KENTUCKY

- Per their Quick Reference Guide (January 2017):
- Emergency behavioral services do not require authorization. **Inpatient admission notification is required on the next business day following admission.**
- • Care including inpatient, residential treatment, partial hospitalization, intensive outpatient, ECT, psychological testing and some outpatient services require contact with WellCare for authorization.
- • Inpatient concurrent review will be done telephonically. All other levels of care requiring authorization can be submitted by fax.
- Please submit your request for more sessions no more than two weeks prior to the completion of the current authorized session(s).
- However, please note that the following services do need pre-authorization:
  - Acute Behavioral Health & Alcohol and Substance Abuse Admissions

PRACTICE ASAMS

- We will practice one or more of these, then I want you to provide an example we will all work on.

CLINICAL EXAMPLE #1: TIM

- 45-year old male, married, two teenage children. He works as a high school English teacher at a private school. He reports drinking alcohol for approximately 25 years, beginning in college. He describes his drinking as a "social use" until approximately 3 years ago when he received his first DUI. He was mandated by the court to attend a DUI program and completed it without any incidents.
- He reports no period of sobriety beyond 24 hours in the past six months and he typically consumes 10 to 12 beers every evening.
- Prior to school letting out, the principal of his school requested a meeting with Tim and expressed concern that his work performance had decreased and that fellow teachers had reported smelling alcohol on his breath in the mornings. No action was taken, however, Tim has been increasingly anxious that his job could be in jeopardy this fall. He doesn't believe that he is an alcoholic but does admit that he needs help to stop drinking. There is no history of DTs, seizures, or hallucinations, although he does admit to experiencing both internal and external tremors when attempting to cut back on alcohol consumption.
- Tim did report that he was recently diagnosed as Type 2 diabetes and is awaiting his test results to determine the next step for treatment.

TIM'S ASAM?

DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

DIMENSION 2: Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

DIMENSION 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's thoughts, emotions, and mental health issues

DIMENSION 4: Readiness to Change

Exploring an individual's motivation level to make changes in their life.

DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

Exploring an individual's unique relationship with relapse or continued use problems

DIMENSION 6: Recovery/Living Environment

Exploring an individual's recovery or living situation, and the surrounding people, places, and things

TIM'S ASAM

- Dimension 1: Minimal risk for severe withdrawals—no DTs, seizures, or hallucinations. Internal/external tremors which should be watched and educated on.
- Dimension 2: He is at a medium risk for biomedical conditions. He has early diagnosis of diabetes which could worsen if he continues to use. Depending on if he follows through with his treatment, he could be at a minimal or high risk.
- Dimension 3: He is experiencing mild emotional, behavioral, and cognitive complications but these do not appear to be negatively impacting his functioning and should not impact his participation in treatment. Minimal level of risk.
- Dimension 4: He expresses a denial about his alcoholism and requires structured treatment several times a week to help him with the severity of his treatment. Medium initially—this level of risk could go up to high depending on his response to the assessment.
- Dimension 5: He has attempted to stop both on his own and with limited intervention, and it is unlikely that without some close monitoring and continued support he will be able to stop on his own. Medium level of risk.
- Dimension 6: It is unclear from intake just how involved his family will be in his treatment. However, he has external constraints that include his work that may encourage him to develop appropriate coping skills to move forward. Minimal level of risk.

CLINICAL EXAMPLE #2: KAYLA

- 32-year old female who is a stay-at-home mother of two small children (2 yo and 5 yo). She reports using methamphetamine periodically over the last several months. Initially, she began using in order to lose weight gained from her last pregnancy but admits that the energy she gets from it helps her take care of everything.
- Last month, she went on what she called a "break" and left her children unattended for several hours. Her husband came home from work to find the children alone. He is demanding that she seek help or he will divorce her and has threatened that he will take the children with him.
- He is not willing to be involved in her treatment at this time and wants to see her take responsibility for herself, not because he is threatening to leave her.
- Kayla worked full time until she had her children.

KAYLA'S ASAM?

DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

DIMENSION 2: Biomedical Conditions and Complications

Exploring an individual's health history and current physical condition

DIMENSION 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's thoughts, emotions, and mental health issues

DIMENSION 4: Readiness to Change

Exploring an individual's motivation level to make changes in their life.

DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

Exploring an individual's unique relationship with relapse or continued use problems

DIMENSION 6: Recovery/Living Environment

Exploring an individual's recovery or living situation, and the surrounding people, places, and things

KAYLA'S ASAM

- Dimension 1: Minimal risk of withdrawal due to her drug of use.
- Dimension 2: No biomedical concerns are noted at this time. Perhaps consider having her assessed with her doctor for health-related issues pertaining to her issues with weight gain. Minimal risk.
- Dimension 3: Mild severity on emotional, behavioral, and cognitive. Her concern that she needs to lose weight, her denial about her use, her leaving her children will all impact how she views sobriety.
- Dimension 4: Very motivated from her husband's threats to dissolve their marriage and to not lose her children. However, also has a lack of awareness about the impact and extent of her use. Medium level of risk overall—her lack of awareness could trump his threats.
- Dimension 5: leaving her children to use and the emotionally charged atmosphere with her husband make it highly likely that relapse will happen. She will need to be monitored closely to achieve success. Medium level of risk.
- Dimension 6: As her husband will not participate in her program, she will need support and structure to maintain abstinence from illicit drugs. Medium level of risk.

QUESTIONS?

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