

BENEFIT PLANS

Treatment decisions and services must be consistent with Medical Necessity standards and meet criteria for one or more selected substance use disorders as outlined in the MCOSA contract. **“Medical Necessity”** means determination that a specific service is medically/clinically appropriate, necessary to meet a consumer’s treatment needs, consistent with the identified diagnosis, symptoms and functional impairments, is the most cost-effective option in the least restrictive environment, and consistent with clinical Standards of Care. Consideration must also be given to social services and community supports that are crucial for full participation in community life, including environmental factors and other available resources that might address the situation.

“Medically Necessary Services” means substance use disorder services that are:

- Necessary for screening and assessing the presence of a substance use disorder and/or;
- Required to identify and evaluate a substance use disorder that is inferred or suspected and/or;
- Intended to treat, ameliorate, diminish or stabilize the symptoms of a substance use disorder, including impairment on functioning and/or;
- Expected to arrest or delay the progression of a substance use disorder and to forestall or delay relapse and /or;
- Designed to assist the individual to attain or maintain a sufficient level of functioning in order to achieve his/her goals of community inclusion and participation, independence, recovery or productivity.

The following criteria should be met in determining the appropriateness of care:

1. Consumer is experiencing a Substance Use Disorder reflected in a primary, validated, DSM Diagnosis that is identified as eligible for services in the MCOSA Quality Assurance Guidelines/Contract.
2. There is a reasonable expectation that the consumer’s presenting symptoms, condition, or level of functioning will improve through treatment.
3. The treatment is safe and effective according to nationally accepted standard clinical evidence generally recognized by substance use disorder professionals.
4. It is the most appropriate and cost-effective level of care that can safely be provided for the consumer’s immediate condition based on the American Society of Addiction Medicine Criteria.

COMMUNITY GRANT COVERED SERVICES

The following substance use disorder services are covered through specific Provider Agreements with MCOSA for Community Grant (Block and PA2 funds) consumers. These services are provided based on medical necessity level of care and contract guidelines to Community Grant consumers. Community Grant consumers are assessed a co-payment for services based on the MCOSA Sliding Fee Schedule as applicable. Consumers are given priority for admission in the following order: 1) Pregnant Injecting Drug User; 2) Pregnant drug user; 3) Injecting Drug User; 4) substance abusing parents with children removed or at risk of being removed from the home by the Department of Human Services; 5) all others.

Outpatient Treatment– Face to face individual, family and group counseling and didactic services as clinically appropriate. Prior Authorization by the Access Management System (AMS) is **not** required. Continued authorization is reviewed on a regular basis and is based on clinical necessity and appropriateness for this level of care.

Medication Assisted Treatment for Opioid Use Disorders – Face to face individual, family and group counseling and didactic services as clinically appropriate and approved medication services as medically indicated. Continued authorization is reviewed on a regular basis and is based on clinical necessity and appropriateness for this level of care. Prior authorization by AMS **is** required.

Intensive Outpatient Treatment – Planned didactic and group therapeutic services consisting of three hours of face to face treatment services per day, for a minimum of nine hours per week. Services are provided up to the number of contracted days for initial admissions. Readmissions for consumers having completed an intensive level of service within 12 months qualify for initial authorization of 10 days. Additional days are approved on an individual basis based on clinical necessity. **Prior Authorization by AMS is not required. In order to indicate to AMS that the client meets criteria, ASAM must be entered into the admission notes section.**

Residential Treatment - Planned face to face individual, group and didactic therapeutic and rehabilitative counseling services that are provided as an intense, organized, daily treatment regimen in a residential setting which includes an overnight stay. Services are provided up to the number of contracted days for initial admissions. Readmissions for consumers having completed an intensive level of service within 12 months qualify for initial authorization of 10 days. Additional days are approved on an individual basis based on clinical necessity. Prior Authorization by the AMS **is** required.

Sub-Acute Detoxification - Medically supervised care provided in a sub-acute residential setting for the purpose of managing the effects of withdrawal from alcohol and/or other drugs. Specifically, the service is designed to result in the reduction of the amount of a drug in the body or the elimination of a drug from the body, which may be concomitant with supportive treatment services. Length of stay will vary depending on the individual client's

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needs, up to the number of contracted days based on medical necessity. Prior Authorization by the AMS *is* required.

Psychiatric Evaluation and Medication Services - Psychiatric evaluation and medication review services for consumers with co-occurring mental illness when clinically indicated.

Use of Block Grant funds is prohibited in the following situations:

- to pay for inpatient hospital services except under conditions specified in federal law
- to make cash payments to intended recipients of services
- to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment
- to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding
- to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs
- to enforce state laws regarding the sale of tobacco products to individuals under the age of 18
- to pay the salary of an individual at a rate in excess of Level I of the Federal Executive Schedule, or approximately \$199,700

STATE DISABILITY ASSISTANCE (SDA) SERVICES

The following substance use disorder services are covered through specific Provider Agreements with MCOSA for Community Grant restricted, State Disability Assistance, for residential treatment services. In addition to requirements for residential treatment services, the Provider is responsible to comply with all Department of Health and Human Services requirements related to consumers qualifying for these funds.

Room and Board Associated with Residential Substance Use Disorder Services –

The Provider will be reimbursed the contracted amount per day for room and board, as budgeted in the MCOSA contract.

WOMEN'S SPECIALTY SERVICES

Pregnant women, women with children, and parents involved in the child protective services system are a priority for treatment.

Providers receiving funding from the state-administered funds set aside for pregnant women and women with dependent children must provide or arrange for all of the following services:

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1. Primary medical care for women, including referral for prenatal care if pregnant, and while the women are receiving such treatment, child care;
2. Primary pediatric care for their children, including immunizations;
3. Gender specific substance use disorders treatment and other therapeutic interventions for women, which may address issues of relationships, sexual and physical abuse, parenting, and childcare while the women are receiving these services;
4. Therapeutic interventions for children in custody of women in treatment, which may, among other things, address their developmental needs, issues of sexual and physical abuse, and neglect; and
5. Sufficient case management and transportation to ensure women and their dependent children have access to the above mentioned services.

MEDICAID COVERED SERVICES

The following substance use disorder services are covered through specific Provider Agreements with MCOSA for Medicaid (including Healthy Michigan Plan) eligible consumers. These services are provided based on medical necessity level of care guidelines to Medicaid consumers enrolled in Macomb County. Medicaid consumers are **not** charged a co-pay for Medicaid covered services.

Outpatient Treatment – Face to face individual, family and group counseling and didactic services as clinically appropriate. Prior Authorization by the AMS **is not** required. Continued authorization is reviewed on a regular basis and is based on clinical necessity and appropriateness for this level of care.

Medication Assisted Treatment for Opioid Use Disorders – Face to face individual, family and group counseling and didactic services as clinically appropriate and approved medication services as medically indicated. Continued authorization is reviewed on a regular basis and is based on clinical necessity and appropriateness for this level of care. Prior authorization by AMS **is** required.

Intensive Outpatient Treatment - Planned didactic and group therapeutic services consisting of three hours of face to face treatment services per day, for a minimum of nine hours per week. Services are provided up to the number of contracted days for initial admissions. Readmissions for consumers having completed an intensive level of service within 12 months qualify for initial authorization of 10 days. Additional days are approved on an individual basis based on clinical necessity. **Prior Authorization by AMS is not required. In order to indicate to AMS that the client meets criteria, ASAM must be entered into the admission notes section.**

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Residential Substance Use Disorder Services (excluding room and board and other domiciliary elements) - Planned face to face individual, group and didactic therapeutic and rehabilitative counseling services that are provided as an intense, organized, daily treatment regimen in a residential setting which includes an overnight stay. Services are provided up to the number of contracted days for initial admissions. Readmissions for consumers having completed an intensive level of service within 12 months qualify for initial authorization of 10 days. Additional days are approved on an individual basis based on clinical necessity. Room and board and other domiciliary elements are paid with MCOSA Community Grant funds. Prior Authorization by the AMS *is* required.

Sub-Acute Detoxification (excluding room and board and other domiciliary elements) - Medically supervised care provided in a sub-acute residential setting for the purpose of managing the effects of withdrawal from alcohol and/or other drugs. Specifically, the service is designed to result in the reduction of the amount of a drug in the body or the elimination of a drug from the body, which may be concomitant with supportive treatment services. Length of stay will vary depending on the individual client's needs, up to the number of contracted days based on medical necessity. Prior Authorization by the AMS *is* required.