

SUBJECT SUD Treatment Guidelines		CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines		SECTION Care Delivery		
WRITTEN BY Merindar Grant	REVIEWED BY		AUTHORIZED BY PIHP Board	

I. APPLICATION:

- PIHP Board
 CMH Providers
 SUD Providers
 PIHP Staff
 CMH Subcontractors

II. INTRODUCTION:

Region 10 PIHP has established the types of services to be reimbursable upon authorization to contracted providers. Region 10 is committed to operating in a Recovery Oriented System of Care comprised of a continuum of care with an array of services, prevention services, substance use treatment, recovery services and supports. A Recovery Oriented System of Care is a coordinated network of community-based services and supports that are person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improve health, wellness, and quality of life for those with or at risk for substance use disorder programs.

Adult

1. Early Intervention (Adults & Adolescents)
2. Outpatient Treatment (ASAM Level I; Adults & Adolescents)
3. Opioid Maintenance Treatment (ASAM Level I)
4. Intensive Outpatient (ASAM Level II.1; Adults & Adolescents)
5. Intensive Outpatient/Partial Hospitalization (ASAM Level II.5)
6. Recovery Housing (ASAM Level III.05)
7. Residential Treatment (ASAM Level III.5; Adult & Adolescents)
8. Medically Monitored (Sub acute) Inpatient Detoxification (ASAM Level III.7-D Adult Criteria)

Adolescent

1. Outpatient Treatment (ASAM Level I)
2. Intensive Outpatient (ASAM Level II.1)
3. Residential Treatment (ASAM Level III.5)

Other

1. Women and Family Specialty Services (ASAM Level I, II, and III)
2. Case Management Services (ASAM Level I and II)
3. Recovery Coaching and/or Peer Support Services (ASAM Level I, II, and III)
4. Psychiatric services (mild to moderate co-occurring) (ASAM Level I and II)

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

III. DEFINITIONS:

American Society of Addiction Medicine (ASAM) criteria is most widely used as a comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.

Case management a substance use disorder case management program coordinates, plans, provides, evaluates and monitors services or recovery from a variety of resources on behalf of and in collaboration with an individual who has a substance use disorder. A substance use disorder case management program offers these services through designated staff working in collaboration with the substance use disorder treatment team and as guided by the individualized treatment planning process.

Confidentiality: The confidentiality of individuals receiving services identifying information shall be maintained in accordance with 42 CFR 2 (confidentiality of alcohol and drug abuse records).

Contingency management shall be applied to assist individuals work to build on a substance-free lifestyle. Research has shown that reinforces work to promote treatment retention and sustained abstinence.

Didactics consists of a presentation of educational material delivered by lecture, printed material or film with the purpose of educating on a specific topic related to the consumer's individual plan of service. A didactic group shall consist of a minimum of three (3) and no more than fifteen (15) individuals.

Family therapy is a form of psychotherapy that involves all the members of a nuclear or extended family. It may be conducted by a pair or team of therapists. In many cases the team consists of a man and a woman in order to treat gender-related issues or serve as role models for family members. Although some forms of family therapy are based on behavioral or psychodynamic principles, the most widespread form is based on family systems theory. This approach regards the family, as a whole, as the unit of treatment, and emphasizes such factors as relationships and communication patterns rather than traits or symptoms in individual members.

Group counseling shall consist of a minimum of three (3) and no more than (15) individuals. Group sessions can be comprised no more than 25% by film or educational material. The remaining 75% of the time shall consist of discussion of the material presented and individual's identification of its relevance for her/his recovery.

Individual counseling shall be conducted by a privileged and credential professional. The session can consist of several different practices to address the individual needs included but not limited to Cognitive Behavioral Therapy, Motivational Enhancement and Psychotherapy techniques.

Motivational enhancement and engagement strategies are used in preference to confrontational approaches. For individuals with mental health problems, the issues of psychotropic medication, mental health treatment, and their relationship to substance use disorders are addressed as the need arises.

Recovery Coach / Peer Support Services is recognized as a means for individuals in recovery, their families, and their community as allies and critical resources that can effectively extend, enhance, and improve formal treatment services. Support services are designed to assist individuals in achieving personally identified goals for their recovery by selecting and focusing on specific services, resources, and supports. These services are

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

available within most communities employing a peer-driven, strength-based, and wellness-oriented approach that is grounded in the culture(s) of recovery and utilizes existing community resources.

IV. SERVICE DESCRIPTIONS:

A. **Early Intervention:**

Treatment services that address the needs of individuals who are exposed and have known risk of developing alcohol or other drug abuse or dependence. If the individuals presenting alcohol or drug use history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from the information submitted by collateral parties. Additionally, individuals may not meet the threshold of abuse or dependence but are experiencing functional/social impairment as a result of use within the last 6 months. Most individuals are within the age groups of adolescents or young adults (ages 12-25). Substance abuse treatment early intervention programs are effective with individuals who are considered risky users, those experiencing mild or moderate problems, as well as those who are experiencing some of the symptoms of abuse or dependence. The treatment shall occur in regularly scheduled sessions, usually totaling fewer than four (4) hours per week.

Early Intervention License Requirements

The provider shall be licensed under the appropriate treatment setting and service category. An activity that occurs in the context of an existing licensed substance abuse program does not require distinct licensure. The service category licensure threshold is:

- a. Shall meet the threshold of a 'program';
- b. Shall be identifiable and distinct within the Providers service configuration; and
- c. The Provider offers or purports to offer the service (program) category as a distinct service.

Relationship to other treatment services: Concurrent enrollment in other modalities such as case management or recovery support is acceptable.

Therapies:

Therapies offered by Early Intervention programs involve skilled treatment services, which should include individual and group counseling, motivational enhancement, family therapy, educational groups, psychotherapy and other therapies. Such services are provided in an amount, frequency and intensity appropriate to the individualized treatment plan.

Staffing:

Staff providing treatment services in Early Intervention programs shall be appropriately credentialed per MDCH requirements. Treatment professionals shall possess the ability to assess and treat substance-related disorders. Staff is able to obtain and interpret information regarding the individual bio-psychosocial needs, and is knowledgeable about the bio-psychosocial dimensions of alcohol and other substance use disorders, including the assessment of the individual's readiness to change. Program staff is capable of identifying and monitoring stabilized mental health problems and recognizing any instability of individuals with co-occurring mental health problems.

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

Documentation:

Individualized progress notes in the medical record that clearly reflect implementation of the treatment plan, the individuals response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Other

- a. Consent shall be sought by each provider; if consent is granted, individuals shall be given reminders regarding all of their appointments.
- b. Access to public transportation shall be addressed, which includes offering bus passes.

B. Outpatient Treatment**Admission Criteria for Outpatient Treatment (ASAM Level I)**

The individual who is appropriately placed in a Level I program is assessed as meeting the diagnostic criteria for a substance-related disorder as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM).

1. Characteristics of Outpatient Treatment – Adult Criteria (ASAM Level I)**Setting**

Level I program services shall be offered in any appropriate setting that meets state licensure criteria and has a current contract with Region 10/PIHP.

Support Systems:

- a. Medical, psychiatric, laboratory, and toxicology services, which are available on-site or through consultation or referral. Medical and psychiatric consultations are available within 24 hours by telephone or in person, within a timeframe appropriate to the severity and urgency of the consultation requested.
- b. Direct affiliation with (or close coordination through referral to) more intensive levels of care and medication management. Ideally, the selected provider(s) would offer a continuum of services beyond the detoxification/residential level of care.
- c. Emergency services available by telephone 24 hours a day, 7 days a week.

Staffing:

Level I programs are staffed by appropriately credentialed per Region 10 policy requirements treatment professionals who assess and treat substance-related disorders. Staff is able to obtain and interpret information regarding the individual bio-psychosocial needs, and is knowledgeable about the bio-psychosocial dimensions of alcohol and other substance use disorders, including the assessment of the individual's readiness to change. Program staff is capable of identifying and monitoring stabilized mental health problems and recognizing any instability of individuals with co-occurring mental health problems.

Therapies:

Therapies offered by Level I programs involve skilled treatment services, which should include individual and group counseling, motivational enhancement, family therapy, educational groups, psychotherapy and other therapies. Such services are provided in an amount, frequency and

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

intensity appropriate to the individualized treatment plan. Programming that may include up to nine (9) hours of treatment services per week to accommodate the service needs of the individual.

Assessment/Treatment Plan Review:

The assessment and treatment plan review include:

- a. An individualized bio-psychosocial assessment of each individual admitted into the PIHP provider network yearly.
- b. Use of the Region 10/PIHP MIX system is required. The following forms shall be completed by the network provider SARF, Admission, Discharge and Authorization for payment of units for each individual admitted into the PIHP system. Substance Use Disorder standardized medical record is required and shall be incorporated into an existing provider medical record.
- c. An individualized treatment plan, which involves problem formulation and articulation of short-term measurable goals and activities designed to achieve those goals. The plan is developed in collaboration with the individual and reflects the Individuals personal goals.
- d. Treatment plan reviews shall be conducted minimally after 1 year of consecutive treatment services.

Documentation:

Individualized progress notes in the medical record that clearly reflect implementation of the treatment plan, the individuals response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Other:

- a. Consent shall be sought by each provider; if consent is granted, individuals shall be given reminders regarding all of their appointments.
- b. Access to public transportation shall be addressed, which includes offering bus passes.

2. Admission Criteria for Outpatient Treatment (ASAM Level I)

The individual who is appropriately placed in a Level I program is assessed as meeting the diagnostic criteria for a substance-related disorder as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) and administering the ASAM tool.

Opioid Maintenance Treatment (OMT) (Adult ASAM Level I Setting:

OMT shall be offered in a licensed program which holds an active contract with Region 10/PIHP with the necessary and appropriate licenses. OMT programs shall follow the most current Federal Guidelines published by SAMSHA.

Support Systems:

In OMT programs, necessary support systems include:

- a. Linkage with or access to psychological, medical, and psychiatric consultation.
- b. Linkage with, or access to, emergency medical and psychiatric care through affiliations with more intensive levels of care.
- c. Linkage with or access to evaluation and ongoing primary medical care.
- d. Ability to conduct or arrange for appropriate laboratory and toxicology tests.

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

- e. Availability of physicians and/or physician assistants to evaluate, prescribe and monitor use of methadone or of nurses and pharmacists to dispense and administer methadone.
- f. Ability to provide or assist in arrangements for transportation services for individuals who are unable to drive safely or who lack transportation.

Staffing:

OMT programs are staffed by:

- a. An interdisciplinary team of appropriately trained and credentialed addiction professions, including a medical director, counselors, and the medical staff delineated in (2) below. The team will include licensed social workers, licensed counselors and/or licensed psychologists, as needed. Team members shall be knowledgeable in the assessment, interpretation, and treatment of the bio-psychosocial dimensions of alcohol or other drug dependence. They would receive supervision appropriate to their level of training and experience.
- b. Licensed medical, nursing or pharmacy staff, are available to administer medications in accordance with the physician's prescriptions or orders. The intensity of nursing care is appropriate to the services provided by an outpatient treatment program that uses methadone.
- c. A physician, who is available during medication dispensing and clinic operating hours, either in person or by telephone.

Therapies:

Therapies offered in OMT programs include:

- a. Individualized assessment and treatment.
- b. Medication: Assessing, prescribing, administering, reassessing and regulating dose levels appropriate to the individual; supervising detoxification from opiates, methadone; overseeing and facilitating access to appropriate treatment, including medication for other physical and mental health disorders, provided as needed.
- c. Monitored urine testing no less than 1x weekly random drug screens.
- d. Counseling: A range of cognitive, behavioral and other addiction-focused therapies, reflecting a variety of treatment approaches, with an individual session, group therapy and/or family therapy basis.
- e. Group counseling.
- f. Didactics.
- g. Psycho-education, including HIV/AIDS, other communicable diseases, and other health education services.

Assessment/Treatment

In OMT programs, the assessment and treatment plan review include:

- a. A comprehensive medical history, physical examination and laboratory tests, provided or obtained in accordance with federal regulations. The tests shall be done at the time of admission and reviewed by a physician as soon as possible, but no later than fourteen (14) days after admission (FDA 21 CAR Part 291).
- b. Use of the Region 10/PIHP MIX system is required. The following documents shall be completed by the network provider SARF, Admission, Discharge and Authorization request for payment of units for each individual admitted into the PIHP system. Substance Use Disorder standardized medical record is required and shall be incorporated into an existing provider medical record.

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

- c. An individualized treatment plan completed with the individual receiving services involves problem formulation in the individuals own language with articulation of measurable treatment goals and activities designed to achieve those goals.
- d. An appropriate regimen of methadone (as required by FDA regulation), at a dose established by a physician at the time of admission and monitored carefully until the individual is stable and an adequate dose has been established. The dose then is reviewed as indicated by the individual's course of treatment.
- e. Continuing evaluation and referral for care of any serious biomedical problems.
- f. Treatment plan reviews are conducted at specified times, as noted in the plan.
- g. Treatment shall be funded at a maximum of 2 years. Exceptions will be made on an individual/case by case basis.

Documentation:

Documentation standards of OMT programs include individualized progress notes in each individual's record for every shift. Such notes clearly reflect implementation of the treatment plan and the individual's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Because of special record keeping requirements for OMT programs, records also should include documentation of each dose of methadone administered, with a copy of the physician's order for methadone.

C. Level II Intensive Outpatient (ASAM Level II.1)

1. Characteristics of Intensive Outpatient – ASAM Level II.1

Setting

Level II.1 program services shall be offered in any appropriate setting that meets state licensure.

Support Systems

Necessary support systems include:

- a. Medical, psychological, psychiatric, and urine toxicology services which are available through consultation or referral. Psychiatric and other medical consultation is available within eight (8) hours by telephone and within 48 hours in person.
- b. Emergency services which are available 24 hours a day, 7 days a week when the treatment program is not in session.
- c. Direct affiliation (or close coordination through referral to) more and less intensive levels of care and supportive housing services. Ideally, the selected provider(s) would offer a continuum of services beyond the detoxification/residential level of care.

Staff

Level II.1 programs are staffed by an interdisciplinary team of appropriately credentialed addiction treatment professionals. Program staff is able to obtain and interpret information regarding the individual's bio-psychosocial needs.

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

Some, if not all, program staff have had sufficient cross-training to understand the signs and symptoms of mental disorders and to understand and explain the uses of psychotropic medications and their interactions with substance related disorders.

Therapies

- a. Intensive outpatient programs (II.1) shall provide a minimum of nine (9) hours per week of skilled treatment services or three (3) hours per day, three (3) days per week. Services shall include individual and group counseling, medication management, family therapy, educational groups, and other therapies. These are provided in the amounts, frequencies, and intensities appropriate to the objectives of the treatment plan. A minimum of one (1) individual counseling/family counseling session (45-50 minutes) shall be provided every third day of service delivery. The individual session shall be included in the nine (9) hour minimum standard; i.e., will be considered a full hour (60 minutes). If an individual misses more than three (3) days of service at any time during the course of treatment, the individual shall be referred to the Region 10/PIHP for another Level of Care screening.
- b. Motivational enhancement, engagement strategies and contingency management, which are used in preference to confrontational approaches.

Assessment/Treatment Plan Review

The assessment and treatment plan review include:

- a. A comprehensive substance use history obtained as part of the initial assessment. Use of the Region 10 SUD MIX system is required. The following documents shall be completed by the provider for all individuals entering the Region 10/PIHP provider network SARF, Admission, Discharge and Authorization request. Otherwise, all elements of the standardized record shall be incorporated into an existing provider medical record.
- b. An individualized treatment plan, which involves problem formulation and articulation of short-term measurable goals and activities designed to achieve those goals. The plan is developed in collaboration with the individual receiving services and reflects individual goals.

Documentation

Individualized progress notes in the individual's record that clearly reflect implementation of the treatment plan the individual's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Other

Providers shall provide access to public transportation which includes offering bus passes.

Admission Criteria for IOP – ASAM II.1

The individual who is appropriately placed in a Level II program is assessed as meeting the diagnostic criteria for a substance-related disorder as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM).

Direct admission to a II.1 program is advisable for the individual who meets specifications in Dimension 2 as well as one of Dimensions 4, 5, or 6.

Transfer to a Level II.1 program is advisable for the individual who (a) has met essential treatment objectives at a more intensive level of care and (b) requires the intensity of services provided at Level II.1 in at least one dimension utilizing ASAM criteria.

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

D. Partial Hospitalization/Day Treatment (ASAM Level II.5)

2. Characteristics of Day Treatment/Partial Hospitalization – ASAM Level II.5

Setting

Level II.5 program services shall be offered in any appropriate setting that meets state licensure.

Support Systems

Necessary support systems include:

- a. Medical, psychological, psychiatric, and urine toxicology services which are available through consultation or referral. Psychiatric and other medical consultation is available within eight (8) hours by telephone and within 48 hours in person.
- b. Emergency services which are available 24 hours a day, 7 days a week when the treatment program is not in session.
- b. Direct affiliation (or close coordination through referral to) more and less intensive levels of care and supportive housing services. Ideally, the selected provider(s) would offer a continuum of services beyond the detoxification/residential level of care.

Staff

Level II.5 programs are staffed by an interdisciplinary team of appropriately credentialed addiction treatment professionals. Program staff is able to obtain and interpret information regarding the individual's bio-psychosocial needs.

Some, if not all, program staff have had sufficient cross-training to understand the signs and symptoms of mental disorders and to understand and explain the uses of psychotropic medications and their interactions with substance related disorders.

Therapies

- a. Partial hospitalization programs (II.5) shall provide a minimum of twenty (20) hours per week of skilled treatment services or four (4) hours per day, five (5) days per week. Services shall include individual counseling, medication management, family therapy, educational groups, and other therapies. These are provided in the amounts, frequencies, and intensities appropriate to the objectives of the treatment plan. A minimum of one (1) individual and group therapy counseling/family counseling session (45-50 minutes) shall be provided weekly. The individual session shall be included in the 20-hour minimum standard; i.e., will be considered a full hour (60 minutes). If an individual misses more than three (3) days of service at any time during the course of treatment, the individual shall be referred to the Region 10/PIHP for another Level of Care screening. Group counseling and Didactic sessions are also offered through-out the course of treatment.
- b. Motivational enhancement, engagement strategies and contingency management, which are used in preference to confrontational approaches.

Assessment/Treatment Plan Review

The assessment and treatment plan review include:

- a. A comprehensive substance use history obtained as part of the initial assessment. Use of the Region 10 SUD MIX system is required. The following documents shall be completed by the provider

SUBJECT	CHAPTER	SECTION	SUBJECT
SUD Treatment Guidelines	05	03	07
CHAPTER	SECTION		
Clinical Practice Guidelines	Care Delivery		

for all individuals entering the Region 10/PIHP provider network SARF, Admission, Discharge and Authorization request. Otherwise, all elements of the standardized record shall be incorporated into an existing provider medical record.

b. An individualized treatment plan, which involves problem formulation and articulation of short-term measurable goals and activities designed to achieve those goals. The plan is developed in collaboration with the individual receiving services and reflects individual goals.

Documentation

Individualized progress notes in the individual's record that clearly reflect implementation of the treatment plan the individual's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Other

Providers shall provide access to public transportation which includes offering bus passes.

Admission Criteria for Day Treatment/Partial Hospitalization – ASAM Level II.5

1. The individual who is appropriately placed in a Level II program is assessed as meeting the diagnostic criteria for a substance-related disorder as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM).
2. Direct admission to a Level II.5 program is advisable for the individual who meets specifications in Dimension 2 as well as one of Dimensions 4, 5, or 6.
3. Transfer to a Level II.5 program is advisable for the individual who (a) has met essential treatment objectives at a more intensive level of care and (b) requires the intensity of services provided at Level II.5 in at least one dimension utilizing ASAM criteria.

E. Characteristics of Recovery Housing (as developed by Region 10/PIHP) – ASAM Level III.05

Note: Applicants for Recovery Housing shall apply to be licensed under the Peer Recovery & Recovery Support Licensing Service Category. As stated in the Licensing rules, the applicant shall be licensed under the appropriate treatment setting (outpatient, residential, or methadone clinic) and service category. An activity that occurs in the context of an existing licensed substance use programs does not require distinct licensure. The service category licensure threshold is:

- a. Shall meet the threshold of a 'program;'
- b. Shall be identifiable and distinct within the Providers service configuration; and
- c. The Provider offers or purports to offer the service (program) category as a distinct service.

Relationship to other treatment services: Concurrent enrollment in other modalities, such as case management or recovery support, is acceptable. For recovery support services provided in a prevention program, concurrent enrollment in integrated treatment, early intervention, outpatient, residential, or methadone is not permissible.

Caseload requirements and staffing ratios are local decisions and should be made with consideration to service recipient needs and characteristics.

Accreditation: Specific accreditation for each of the service categories below is not required; however, provider accreditation continues to be required per MDCH/Region10/PIHP contract.

Minimum Requirements for Peer Recovery and Recovery Support Programs (in addition to requirements outlined in the chart):

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

- a. Programs shall promote and support the recovery of the participant;
- b. Services shall be necessary to the individual's recovery;
- c. Ethics and confidentiality training for program leadership required;
- d. Block grant agreement funds cannot be used for services and costs that are not otherwise allowable; and
- e. Block grant agreement funds cannot be used for recreational events.

1. Recovery Home Guidelines

In order to be called a Recovery Home, the home shall:

- a. Provide a structured alcohol and drug-free environment for congregate living that shall offer regularly scheduled peer-led or community gatherings (self-help groups, etc.) that are held a minimum of five (5) days per week and provide recovery education groups weekly;
- b. Establish a referral network to be utilized by residents for any necessary medical, mental health, substance abuse, vocational, or employment resources.
- c. Maintain records of compliance with all applicable zoning, local building ordinances, and inspection requirements, and make records available as requested.
- d. Maintain proof of fire, hazard, liability and other insurance coverage appropriate to the administration of a recovery home;
- e. Employ at least one full-time Recovery Home Operator who is responsible for the daily operations at the Recovery Home (i.e., fiscal, personnel, rule compliance, etc.) who shall either:
 - i. Hold MCBAP certification or receive that certification within two years after the date of employment; or
 - ii. Have a minimum of 2000 hours of work experience or 4000 hours of volunteer experience in the field of substance abuse of which 1500 hours shall have been in direct Recovery Support Systems Services (i.e., Residential Extended Care Facility or Recovery Home); and
- f. Have on-site at least one Recovery Home Manager who oversees all Recovery Home activities under the direction of the Recovery Home Operator. Recovery Home Managers shall:
 - i. Hold MCBAP certification or receive such certification within two years after the date of employment; or
 - ii. Have a minimum of 1000 hours of work experience or 2000 hours of volunteer experience in the field of substance abuse of which 750 hours shall have been in direct Recovery Support Systems Services.

The Recovery Home Operator shall also function as the Recovery Home Manager as long as the requirements for both positions are met.

F. Characteristics of Residential Treatment- ASAM III.5

Setting

All programs are offered in an appropriately licensed facility located in a community setting or specialty unit within a licensed health care facility.

Support Systems

Support systems features include:

- a. Telephone or in-person consultation with a physician and emergency services, available 24 hours a day, 7 days a week.

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

- b. Direct affiliations with other levels of care or close coordination through referral to more and less intensive levels of care and other services (such as vocational assessment and training, literacy training and adult education).
- c. The program is able to arrange for needed medical, psychiatric, psychological, and laboratory services as appropriate to the severity and urgency of the resident's condition.

Staff

Level III.5 programs are staffed by:

- a. Professional staffs such as counselor aides are on site 24 hours a day as required by licensing regulations. One or more clinicians with competence in the treatment of substance dependence disorders are available onsite or by telephone 24 hours a day.
- b. Clinical staff is knowledgeable about the biological and psychosocial dimensions and are able to identify symptoms of acute psychiatric conditions, including psychiatric decompensation.

Therapies

Therapies offered by programs include:

- a. Daily clinical services to improve the individual ability to structure and organize the tasks of daily living and recovery, such as personal responsibility, personal appearance and punctuality. Such services are designed to accommodate the cognitive limitations frequently seen in this population.
- b. Planned clinical program activities designed to stabilize and maintain the stability of the resident's substance dependence symptoms and to help him or her develop and apply recovery skills. Activities shall include relapse prevention, interpersonal choices and development of a social network supportive of recovery. Group therapy and didactic sessions are offered throughout the course of treatment.

Level III.5 only:

Planned clinical activities shall be minimally five (5) hours per day, five (5) days per week (typically Monday through Friday) and conducted by professional staff. Other days (typically weekends, holidays) shall minimally contain three (3) hours of structured activity and may be monitored by non-professional staff.

Individual counseling shall occur minimally one time per week (45-50 minutes) and is included in the minimum three-hour total

Failure to deliver the minimum amount of clinical activities including the date of discharge will result in recoupment of paid services totaling the daily rate minus domiciliary care.

Level III.5:

Therapies offered by programs include:

- a. Counseling and clinical monitoring to promote successful initial involvement or re-involvement in regular, productive daily activity, such as work or school and, as indicated, successful reintegration into family living.
- b. Random drug screening to shape behavior and reinforce treatment gains, as appropriate to the resident's individual treatment plan.
- c. Services may involve (but are not limited to) a range of cognitive, behavioral and other therapies administered on an individual and group basis, medication education and management, educational

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

- groups, and occupational or recreational activities, and are adapted to the resident's developmental stage and level of comprehension. Recreational activities shall not exceed one (1) hour per day.
- d. For residents with significant cognitive deficits (such as chronic brain syndrome, mental retardation, or traumatic brain injury), therapies are delivered in a manner that is slower-paced, more concrete, and more repetitive.
 - e. Counseling and clinical monitoring to assist the resident with successful initial involvement or re-involvement in regular, productive daily activity (such as work or school) and, as indicated, successful reintegration into family living. Health education services are provided.
 - f. Regular monitoring of the resident's compliance in taking any prescribed medications is provided.
 - g. Daily scheduled professional addiction and mental health treatment services, designed to develop and apply recovery skills. These may include relapse prevention, interpersonal choices, and development of a social network supportive of recovery from the psychiatric and/or addictive disorder. Such services also may include medical services, individual and group counseling, family therapy, educational groups, occupational and recreational therapies, art, music or movement therapies, physical therapy, and vocational rehabilitation activities.

Contingency management shall be applied to assist individuals to build a substance-free lifestyle. Contingency management programs are to be used to retain individuals in an episode of care which includes follow up at another level of care.

Assessment/Treatment Plan Review

The assessment and treatment plan review include:

- a. An individualized, comprehensive bio-psychosocial assessment of the resident's substance dependence disorder conducted or updated by staff that are knowledgeable about addiction treatment, to confirm the appropriateness of placement at Level III, III.3 and III.5 and to help guide the individualized treatment planning process.
- b. The bio-psychosocial assessment shall be completed within three (3) business days. Failure to provide the full number of hours of treatment shall result in recoupment of funds billed for services provided. A psychiatric evaluation and medication review may be provided if indicated.
- c. An individualized treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. The plan is developed in collaboration with the individual receiving services and reflects the individual's personal goals.
- d. A bio-psychosocial assessment, treatment plan and treatment plan updates that reflect the resident's clinical progress, as reviewed by an inter-disciplinary treatment team.
- e. A physical examination, performed within a reasonable time, as determined by the resident's medical condition.
- f. The treatment plan reflects case management conducted by on-site staff; coordination of related addiction treatment, health care, mental health, and social, vocational or housing services (provided concurrently); and the integration of services at this and other levels of care.

Documentation

Documentation standards for Level III, III.3 and III.5 programs include individualized progress notes in the resident's record that clearly reflect implementation of the treatment plan and the resident's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

the plan. Treatment plan reviews are conducted at specified times and recorded in the treatment plan.

G. Characteristics of Medically Monitored (Sub-acute) Inpatient Detoxification – Adult Criteria (ASAM Level III.7-D)

Setting

ASAM Level III.7-D detoxification may be conducted in a freestanding or other appropriately licensed health care or addiction treatment facility.

Support Systems

Support systems features include:

- a. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.
- b. Availability of medical and nursing care and observation is warranted based on clinical judgment.
- c. Direct affiliations with other levels of care. Ideally, the selected provider(s) would offer a continuum of services beyond the detoxification/residential level of care within Region 10/PHIP SUD network. This would include intensive outpatient and outpatient.
- d. Ability to conduct or arrange for appropriate laboratory and toxicology tests.

Staff

Programs are staffed by:

- a. Physicians who are available 24 hours a day by telephone. A physician is available to assess the individual within 24 hours of admission (or earlier if medically necessary), and is available to provide on-site monitoring of care and further evaluation on a daily basis.
- b. A registered nurse or other licensed and credentialed nurse is available to conduct a nursing assessment on admission.
- c. A nurse is responsible for overseeing the monitoring of the individuals progress and medication administration on an hourly basis if needed.
- d. Appropriately licensed and credentialed staff is available to administer medications in accordance with physician orders. The level of nursing care is appropriate to the severity of the individual's needs.
- e. Licensed, certified, or registered clinicians provide a planned regimen of 24-hour, professionally directed evaluation, care, and treatment services for individuals and their families.
- f. An interdisciplinary team of appropriately trained clinicians (such as physicians, nurses, counselors, social workers and psychologists) is available to assess and treat the individual and to obtain and interpret information regarding their needs. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

SUBJECT	CHAPTER	SECTION	SUBJECT
SUD Treatment Guidelines	05	03	07
CHAPTER	SECTION		
Clinical Practice Guidelines	Care Delivery		

Therapies

Therapies offered include:

- a. Daily clinical services to assess and address the individual needs for services shall be provided. Clinical services shall involve appropriate medical services, individual sessions, group therapy, family and activity services.
- b. Hourly nurse monitoring of the individual's progress and medication administration are available if needed.
- c. The following therapies are provided as clinically necessary, depending on the individual's progress through detoxification and the assessed needs in ASAM Dimensions 2 through 6.
 - i. A range of cognitive, behavioral, medical, mental health and other therapies are administered to the individual receiving services on an individual or group basis.
 - ii. Multidisciplinary individualized assessment and treatment.
 - iii. Health education services provided by entity qualified to deliver HIV/EIP services
 - iv. Services to families and significant others.

Assessments/Treatment Plan Review

Elements of the assessment and treatment plan include:

- a. An addiction-focused history. Use of the Region 10 SUD MIX system is required. The following documents shall be completed by the provider for all individuals entering the PHIP provider network SARF, Admission, Discharge and Authorization request. Otherwise, all elements of the standardized record shall be incorporated into an existing provider medical record.
- b. A physical examination by a physician, physician assistant or nurse practitioner within 24 hours of admission, and appropriate laboratory toxicology tests.
- c. An individualized treatment plan, including problem identification in ASAM Dimensions 2 through 6 and development of treatment goals and measurable treatment objectives and activities designed to meet those objectives.
- d. Daily assessment of individual's progress through detoxification and any treatment changes.
- e. Discharge/transfer planning beginning at admission.

Documentation

Documentation standards include the following:

Progress notes in the individual record that clearly reflect implementation of the treatment plan and the individual response to treatment, as well as subsequent amendments to the plan. Detoxification rating scale tables and flow sheets (which shall include tabulation of vital signs) are used as needed.

Admission Criteria for ASAM III.7-D

The individual who is appropriately placed in a Level III.7-D shall meet the criteria for a Substance Induced Disorder of the current diagnostic and Statistical Manual of Mental disorders of the American Psychiatric Association.

Dimensional Admission Criteria

The individual who is appropriately placed in a Level III.7-D detoxification program shall meet specifications in a or b:

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

- a. The individual is experiencing signs of symptoms of severe withdrawal, or there is evidence (based on history of substance intake, age, gender, previous withdrawal history, present symptoms, physical condition, and/or emotional, behavioral or cognitive condition) that a severe withdrawal syndrome is imminent.
- b. The severe withdrawal syndrome is assessed as manageable at this level of service. Examples include:
 - Alcohol: The individual who is withdrawing from alcohol, CIWA-Ar (Clinical Institute Withdrawal Assessment-alcohol Revised) score is 10 or greater.
 - Sedative-hypnotics: The individual has ingested sedative hypnotics at more than therapeutic levels daily for more than four (4) weeks and is not responsive to appropriate recent efforts to maintain the dose at therapeutic levels.
 - The individual has ingested sedative hypnotics at more than therapeutic levels daily for more than four (4) weeks, in combination with daily alcohol use or another mind altering drug known to pose a severe risk of withdrawal. Signs and symptoms of withdrawal are of moderate severity.
 - Alcohol and Sedative-hypnotics: The individual has marked lethargy or hyper somnolence due to intoxication with alcohol or other drugs, and a history of severe withdrawal syndrome.
 - Opiates (for withdrawal management not using opiate substitution methods of detoxification): the individual has used injectable opiates daily for more than two weeks and has a history of inability to complete withdrawal in an outpatient setting.
 - Opiates: Antagonist medication is to be used in withdrawal in a brief but intensive detoxification
 - Stimulants: The individual has marked lethargy, hyper-somnolence, agitation, paranoia, depression, or mild psychotic symptoms due to stimulant withdrawal, and has poor impulse control and/or coping skills to prevent immediate continued drug use.
- c. The individual requires medication marked by past and current inability to complete detoxification and enter into continuing addiction treatment. The individual continues have insufficient skills or supports to complete detoxification; or
- d. The individual has a co morbid physical, emotional, behavioral or cognitive condition (such as chronic pain with active exacerbation or post-traumatic stress disorder with brief dissociative episodes) that is manageable in a Level III.7-D setting but which increases the clinical severity of the withdrawal and complicates detoxification.

Length of Service/Continued Service and Discharge Criteria

- a. The individual continues in a Level III.7-D detoxification program until withdrawal signs and symptoms are sufficiently resolved so that he or she can be safely managed at a less intensive level of care; or
- b. Alternatively, the individual symptoms of withdrawal have failed to respond to treatment and have intensified (as confirmed by higher scores on the CIWA-Ar or other comparable standardized scoring system) such that a transfer to a Level IV-D detoxification is indicated.

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

H. Adolescent Services (Adolescents are individuals 12 to 17 years of age)

1. Outpatient Treatment (Adolescent ASAM Level I)

Setting

Age-appropriate settings that meet state licensing criteria.

Support Systems

Medical, psychological, psychiatric, laboratory and toxicology, and other necessary services are available through consultation or referral. Medical and psychiatric consultation is available within a time appropriate to the severity and urgency of the consultation requested. Direct affiliations with more and less intensive levels of care are available. In particular, the program is able to facilitate placements at more intensive levels of care as needed, including placements for treatment of intoxication and withdrawal. Emergency services are available by telephone 24 hours a day, 7 days a week.

Staff

These are appropriately credentialed treatment professionals (including counselors, psychologists, social workers and others) who assess and treat substance-related and co-occurring psychiatric disorders. Staff is able to obtain and interpret information regarding the adolescent's bio-psychosocial needs and is knowledgeable about the bio-psychosocial dimensions of alcohol and other drug disorders and co-occurring psychiatric disorders. They also are knowledgeable about adolescent development and experienced in working with and engaging adolescents. Clinical staff shall be able to assess and treat adolescents, recognize the need for specialty evaluation and treatment for intoxication or withdrawal and are able to arrange for such evaluation or treatment in a timely manner.

Therapies

Therapies offered to individuals with substance abuse with/without psychiatric disorders include: individual and group counseling, family therapy, cognitive/behavioral modification, educational groups, psychotherapy, and other therapies (such as access to a speech therapist or learning disorders specialist). Recreational therapy may also occur, but shall not constitute a majority of professionally delivered service hours. Such services are provided in an amount, frequency and intensity appropriate to the objectives of the individualized treatment plan. Additionally, Group counseling and Didactic sessions shall offered through the course of treatment.

Assessment/Treatment Plan Review

In ASAM Level I adolescent programs, the assessment and treatment plan review includes:

- An individual bio-psychosocial assessment of every individual receiving service.
- An individualized treatment plan completed with the individual, which involves problem formulation in the individual's language with articulation of treatment goals and measurable treatment objectives.
- The plan includes a conflict resolution statement, which is the informal method the individual will follow if he/she disagrees with the treatment plan.

SUBJECT	CHAPTER	SECTION	SUBJECT
SUD Treatment Guidelines	05	03	07
CHAPTER	SECTION		
Clinical Practice Guidelines	Care Delivery		

- d. A copy of the plan is offered to the individual and documentation of that offer is indicated on the plan.
- e. Treatment plan reviews are conducted at specified times, as noted in the plan.

Documentation

Documentation standards include progress notes in the individual record that clearly reflect implementation of the treatment plan and the adolescent's response to treatment, as well as subsequent amendments to the plan.

I. Intensive Outpatient (Adolescent ASAM Level II)

1. Intensive Outpatient/Partial Hospitalization Treatment (Adolescent ASAM Level II.1 and II.5)

Setting

Age-appropriate setting's that meets state licensing criteria.

Support Systems

Support services include:

- a. Medical, psychological, psychiatric, laboratory and toxicology, educational and occupational services, and other services needed by adolescents are available through consultation or referral. Medical and psychiatric consultation is available within eight (8) hours by telephone and within 48 hours face-to-face (depending on the urgency of the situation) through onsite services, referral to off-site services, or transfer to another level of care.
- b. Emergency services, which are available by telephone 24 hours a day, 7 days a week when the program is not in session.
- c. Direct affiliation with more and less intensive levels of care.

Staff

An interdisciplinary team of appropriately trained clinicians who assess and treat the adolescent's substance-related and co-occurring psychiatric disorders staffs adolescent programs. One or more professional addiction clinicians are onsite during program hours. Staff is knowledgeable about adolescent development and experienced in working with and engaging adolescents.

Therapies

Therapies include:

- a. A planned format of therapies, delivered on an individual and group basis. Such therapies are designed and adapted to address the adolescent's developmental stage and comprehension level, according to his or her condition.
 - i. Partial hospitalization programs (II.5) shall provide a minimum of 20 hours per week of skilled treatment services or 4 hours per day, 5 days per week. Services may include individual and group counseling, medication management, family therapy, educational groups, and other therapies. These are provided in the amounts, frequencies and intensities appropriate to the objectives of the treatment plan. A minimum of one individual counseling/family counseling session (45-50 minutes) shall be provided weekly. The individual session may be included in the 20 hour minimum standard i.e. will be considered

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

a full hour (60 minutes). If an individual misses more than 3 days of service at any time during the course of treatment, the individual shall be referred to PIHP for another Level of Care screening.

- ii. Intensive outpatient programs (II.1) shall provide a minimum of 9 hours per week of skilled treatment services or 3 hours per day, 3 days per week. Services may include individual and group counseling, medication management, family therapy, educational groups, and other therapies. These are provided in the amounts, frequencies and intensities appropriate to the objectives of the treatment plan. A minimum of one individual counseling/family counseling session (45-50 minutes) shall be provided every third day of service delivery. The individual session may be included in the 9 hour minimum standard i.e. will be considered a full hour (60 minutes). If an individual misses more than 3 days of service at any time during the course of treatment, the individual shall be referred to the Region 10/PIHP for another Level of Care screening.
- b. Group counseling and Didactic sessions are offered through-out the course of treatment.
- c. Recreational therapy may also occur, but shall not constitute a majority of professionally delivered service hours. These services are provided in amounts, frequencies, and intensities appropriate to achieve the objectives of the treatment plan.
- d. Family therapy involves significant family members or guardians in the assessment, treatment and continuing care of the adolescent. In the event family therapy is contraindicated, one (1) forty-five-minute session per week of individual counseling may be substituted.
- e. Educational services (when not available through other resources), which are designed to maintain the educational and intellectual development of the individual and, when indicated, to provide opportunities to remedy deficits in the adolescent's education.

Assessment/Treatment Plan Review

In ASAM Level II.5 adolescent programs, elements of the assessment and treatment plan review include:

- a. A comprehensive substance use history, obtained as part of the initial assessment, and reviewed by a physician, if necessary. Such determinations are made according to established protocols that include reliance on the adolescent's personal physician when possible, based on the staff's capabilities and the individuals severity, and are approved by a physician. (In Michigan where physician assistants or nurse practitioners are licensed as physician extenders, they may perform the duties designated here for a physician.)
- b. An individual bio-psychosocial assessment.
- c. Information obtained from a parent, guardian or other important resource (such as a teacher or probation officer).
- d. An individualized treatment plan completed with the individual, which includes problem formulation in the individuals language with articulation of treatment goals and measurable treatment objectives, as well as activities designed to meet those goals.
- e. The plan includes a conflict resolution statement, which is the informal method the individual will follow if he/she disagrees with the person-centered plan.
- f. A copy of the plan is to be offered to the individual and documentation of that offer is indicated on the plan.
- g. Treatment plan reviews are conducted at specified times, as noted in the treatment plan.

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

Documentation

Documentation standards of ASAM Level II.5 adolescent programs include progress notes in the individual record that clearly reflect implementation of the treatment plan and the adolescent's response to treatment, as well as subsequent amendments to the plan.

J. Clinically Managed Medium Intensity Residential Treatment (Adolescent ASAM Level III.5)

Setting

ASAM Level III.5 adolescent programs may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting, or a specialty unit within a licensed health care facility.

Support Systems

In ASAM Level III.5 adolescent programs, necessary support systems include:

- a. Availability of emergency consultation with a physician (by telephone or in person) and emergency services.
- b. Ability to arrange for appropriate medical procedures, including indicated laboratory and toxicology testing. A health assessment that shall include the adolescent's immunization status, and if not current with requirements of the Department, reasonable attempts to secure needed immunizations shall be documented.
- c. Ability to arrange for appropriate medical and psychiatric treatment through consultation, referral to off-site concurrent treatment services, or transfer to another level of care.
- d. Direct affiliation with other levels of care.

Staff

ASAM Level III.5 programs are staffed by:

- a. Allied health professional staff, such as counselor aides or group living workers, who are onsite 24 hours a day or as required by licensing regulations. One (1) or more professional addiction clinicians are onsite at least 40 hours a week.
- b. Clinical staff that are knowledgeable about the biological and psychosocial dimensions of substance use disorders, and who have specialized training in behavioral management techniques. Staff is knowledgeable about adolescent development and experienced in working with and engaging adolescents.
- c. Appropriately trained staff is available to supervise the self-administration of medications.
- d. Appropriately trained addiction counselors or licensed, certified or registered addiction clinicians, who provide a planned treatment regimen of 24-hour professionally directed evaluation, care and treatment for adolescent individuals and their families.

Therapies

Therapies offered by ASAM Level III.5 adolescent programs include:

A structured therapeutic milieu in which behavior modification techniques are used to foster group living skills and an atmosphere of individual participation in a community of recovery. Programming shall be structured and cover a minimum of eight hours per day of planned therapeutic and recreational activities, including weekends.

- a. Trained clinical staff provides professional services adapted to the adolescent's developmental and cognitive level to assess and address the adolescent's individual needs. Programs shall provide a

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

- minimum of 35 hours of professionally delivered services weekly, which includes one (1) session (45-50 minutes) of individual or family therapy weekly. Professionally delivered services shall be minimally five 5 hours a day, 7 days a week. Such professionally delivered services encompass individual and group counseling, psychotherapy, family therapy, educational services, vocational, and expressive therapies. Recreational therapy may also occur, but shall not constitute a majority of professionally delivered service hours. These are provided in the amounts, frequencies, and intensities appropriate to the objectives of the treatment plan. Group counseling and Didactic sessions are offered through-out the course of treatment.
- b. Planned clinical program activities that are designed to develop and apply recovery skills (including relapse prevention), promote development of a social network supportive of recovery, reinforce pro-social values, enhance the adolescent's understanding of addiction, promote successful involvement in regular, productive daily activity (such as school or work), enhance personal responsibility and developmental maturity and, as indicated, promote successful reintegration into community living.
 - c. Family therapy involves significant family members or guardians in the assessment, treatment and continuing care of the adolescent. Family therapy shall minimally include one (1) forty-five to fifty-minute (45-50) session per week or documentation of significant clinical contraindication and attempts to secure family involvement shall be recorded in the individual record. In the event family therapy is contraindicated, one (1) forty-five (45) minute session per week of individual counseling session may be substituted.
 - d. Educational services are provided in accordance with local regulations (typically on-site) and are designed to maintain the educational and intellectual development of the adolescent and, when indicated, to provide opportunities to remedy deficits in the educational level of adolescents who have fallen behind because of their involvement with alcohol and other drugs. A minimum of ten (10) hours of educational services per week shall be provided by direct contact with a certified teacher;
 - e. Coordination of treatment and discharge planning with the individual's ongoing educational setting. With the individual consent, the provider shall assist in identifying the responsible educational facilities, the individuals need for special learning, behavior problems, teachers, tutors, classroom teaching, or vocational education needs, as appropriate.
 - f. Random drug screening used to shape behaviors and reinforce treatment gains, as appropriate to the adolescent's individualized treatment plan.

Assessment/Treatment Plan Review

In ASAM Level III.5 adolescent programs, the assessment and treatment plan review include:

- a. An individualized bio-psychosocial assessment, which is conducted or updated to confirm the appropriateness of placement in this level of care and to help guide the individualized treatment planning process.
- b. An individualized treatment plan, which is formulated and updated at specified intervals to document the adolescent's clinical problems, measurable treatment goals and objectives, and planned therapeutic interventions.
- c. Planning that reflects case management conducted by on-site staff and coordination of related addiction treatment, health care, mental health, and social, vocational and housing services provided concurrently, as well as the integration of services in this and other levels of care.

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

Documentation

Documentation standards of ASAM Level III.5 programs include progress notes in the individual receiving services record that clearly reflect implementation of the treatment plan and the adolescent's response to treatment, as well as subsequent amendments to the plan.

Additional Treatment Services: The following additional treatment services are offered in conjunction with the identified treatment categories listed above to support and sustain recovery efforts.

K. Women and Family Specialty Services

At a minimum, contractors shall provide comprehensive service delivery including the provision or arrangement for the following five (5) federal requirements:

1. Primary medical care for women who are receiving substance abuse services, including prenatal care; and while women are receiving such treatment, child care: This would include family planning, including contraceptive counseling and contraceptives and counseling for post-partum depression, and for guilt about the effects of prenatal drug use on the infant, as needed.
2. Primary pediatric care for their children including immunizations: This would include routine check-ups and immunizations for all children through the local County Health Department's or well-baby clinic; care by a pediatrician or other physician for specific health concerns as long as needed, and referral to early intervention programs.
3. Gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, and parenting and child care while the women are receiving these services:
 - a. These gender-specific services are also culturally and ethnically sensitive. These services shall respond to women's needs regarding reproductive health, sexuality, relationships, and all forms of victimization.
 - b. Training in stress management and reduction; assertiveness; issues of sexism, racism, and class bias; and anger management.
 - c. Personal care, issues of sexuality, and image enhancement.
4. Planning and counseling for reunification with the individual's children.
 - a. Counseling for women who wish to breastfeed regarding the risks to the infant of maternal drug use and from possible transmission of HIV; training in breastfeeding procedures, as appropriate.
 - b. Education about and training in child growth and development patterns
 - c. Training in support for non-punitive child rearing practices.
 - d. Assistance with and counseling about maternal and child bonding; participation in parental support groups.
 - e. Counseling for couples or significant others in communication, money management, crisis management, and parenting.
5. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs and their issues of sexual and physical abuse and neglect; and

SUBJECT	CHAPTER	SECTION	SUBJECT
SUD Treatment Guidelines	05	03	07
CHAPTER	SECTION		
Clinical Practice Guidelines	Care Delivery		

6. Sufficient case management and transportation services to ensure those women and their children have access to the services provided by numbers 1-5 above. Transportation services include offering cab services, bus tokens, and alternatives for women who live in communities where public transportation is cumbersome, unreliable, or unsafe.

Women Specialty Services can only be rendered in a facility licensed by the State of Michigan and / or designated by the PIHP as a gender competent organization.

- L. **Case Management Services Include:** (up to four (4) hours per month for Outpatient and Intensive Outpatient levels of care)
 - a. Appropriate referrals for prenatal care and assistance on following up on those referrals; assistance setting up appointments. Whenever possible, case management services should schedule a specific prenatal appointment for the woman and initiate other need services.
 - b. Appropriate referrals for psychiatric services. The referral linkages should be made in conjunction with plan for ongoing communication about the individual's status.
 - c. Monitoring the individual's progress in the programs in which she is enrolled with follow-up contacts made if she fails to participate as planned and scheduled.
 - d. Transportation and linkage with child care services. Meaningful child care and babysitting should be offered as linkages in the community;
 - e. Housing assistance to find drug-free, affordable family housing, emergency shelter, and safe homes.
 - f. Financial assistance through DHS and Women, Infants, and Children (WIC), if eligible.
 - g. Vocational and job skills training with child care and transportation.
 - h. Vocational and educational services leading to training for meaningful employment, a GED, and higher education. There is also linkage to drug-free, safe housing.

- M. **Recovery Coach / Peer Support Services:** Support services are recognized as a means for individuals in recovery, their families and, community allies are critical resources that can effectively extend, enhance and improve formal treatment services. Support services are designed to assist individuals in achieving personally identified goals for their recovery by selecting and focusing on specific services, resources and supports. The services are available within the community to employing a peer-driven, strength-based and wellness-oriented approach that is grounded in the culture(s) of recovery and utilizes existing community resources. Recovery services are offered as an adjunct to the array of services offered within the Region 10 SUD network.

- N. **Psychiatric services** (mild to moderate co-occurring) (ASAM Level I, II, and III)
 Psychiatric services may be provided to individuals as an adjunct to a treatment service. The services are offered to individuals who have no other funding sources available to stabilize their mental health disorders. The individuals being served must meet diagnostic criteria according to the current Diagnostic and Statistical Manual for a mental illness and a substance use disorder. The program shall provide a minimum of (1) hour of individual, group and / or family therapies weekly. Drug testing shall be conducted minimally one (1) on a monthly basis for each individual participating in medication treatment services. Provision of such services shall be provided under the supervision of a State of Michigan licensed Physician. The Physician shall be licensed to prescribe medications in Michigan. Coordination of care with the individual healthcare providers shall be done at admission

SUBJECT SUD Treatment Guidelines	CHAPTER 05	SECTION 03	SUBJECT 07
CHAPTER Clinical Practice Guidelines	SECTION Care Delivery		

and throughout the course of treatment. Services providers must be designated by Region 10 to provide the Psychiatric services benefit.

Region 10 SUD Network provides policies and updates continuously on the current benefit plan for each service category and additional billable services identifying specific minimum and maximum guidelines for each unit of service in each category. (Please see the Region 10 website for the most up to date information).

V. DEVELOPMENT AND EVALUATION

The Region 10 PIHP Provider Network Management for Substance Abuse Treatment will annually review this policy.

VI. REFERENCES

Resources for contingency management include the following:

- Treatment Improvement Protocol (TIP) Series #35, Enhancing Motivation for Change in Substance Abuse Treatment
- “Contingency Management “ Improves Addiction Recovery
www.alcoholism.about.com/od/relapse/a/blru050402.htm
- American Journal of Drug and Alcohol Abuse, November 2003 Improving on-time counseling attendance in a methadone treatment program: a contingency management approach
- www.atforum.com Vol.14 #2 Spring 2005 Clinical concepts, contingency management What is it? Does it work?
- www.atforum.com Vol.14 #2 Spring 2005 Interview: Nancy Petry, PhD – Cost Effective Contingency Management
- www.psychologymatters.org/higgins.html Accentuate the Positive” Vouchers Help Drug Abusers Stay in Treatment
- Petry NM, Bohn MJ. Fishbowls and candy bars; using low cost incentives to increase treatment retention. Science & Practice Perspectives. 2003; 2(1); 55-61.
- SAMSHA March 2015: Federal Guidelines for opioid treatment Programs