CHEMICAL DEPENDENCY LEVELS OF CARE

Under the OHP contract, ___ (FCHP) is required to provide Outpatient (Level I), Intensive Outpatient (Level II), Medically Managed Inpatient (Level IV) and Opiate Substitution Services (Methadone).

____ (FCHP) and OHP members must utilize facilities approved and licensed by the Department of Human Services, Office of Mental Health and Addiction Services (OMHAS).

The member’s level of service is determined through an assessment using criteria defined in the American Society of Addiction Medicine, Patient Placement Criteria (ASAM-PPC-2R). This criteria identifies and evaluates the member utilizing the six assessment dimensions in making placement decisions as it relates to substance abuse related disorders. A copy of the ASAM Patient Placement Criteria, is located in the ____________ Services Department on the ____________ reference shelf.

A member has the ability to self-refer to a provider. Chemical Dependency assessment, initiation of services, and therapy provided up to six months by a Par provider, does not require a prior authorization. However, _____(FCHP) does require submittal of treatment documentation within 30 days of initiating therapy and an authorization for services extending beyond the initial six month period of time.

Levels of Care

1. Outpatient – (Levels I) No physician referral required.

Outpatient treatment usually consists of less than 9 hours per week, a specified number of groups, individual treatment and urinalysis (UA) as identified in the client's treatment plan and guidelines identified in the ASAM criteria.

To ensure there are no barriers to care and consistent with the Office of Medical Assistance Programs (OMAP) Oregon Administrative Rule (OAR) 410-141-0220 (7)(B), members receive accommodations for access and determine what will be done to remove existing barriers and/or to accommodate the needs of the member. Our Par providers do not need to call ______ (FCHP) for an initial assessment and the first six months of treatment approval. Providers are required to submit and maintain this assessment and the treatment plan including placement criteria and measurable goals, to include: number of groups, individual one on one and UA’s per week, and the anticipated discharge date. Placement Criteria dimensions are subjective and should be accompanied by a narrative note which explains the basis for the treatment plan.

Members who are in concurrent mental health services at another facility may have their mental health and addiction treatment provided at the same facility in
the interests of treatment integration when possible. It is the members’ choice to integrate their mental health and addiction treatment services. If the member wishes to integrate services and the mental health agency has no formal agreement with _____ (FCHP), the Care Coordinator will work with providers to establish a plan for transition to a par provider who can provide both services, within 30 days and no more than ninety days.

Preference is always given to contracted providers and members will be required to see a Par provider when available. To ensure payment of services, all non-contracted providers must call ______ (FCHP) first for authorization to conduct an assessment or provide service.

Members may also have started CD treatment before coming onto ____ (FCHP). For continuity of care, it may be appropriate to authorize visits for 30 days to a maximum of 90 days while a transition plan to a par provider is completed.

2. Intensive Outpatient Treatment Services (Level II) No referral required.

Intensive Outpatient Treatment Services (IOP) usually consists of 9 plus hours per week, a specified number of groups, individual treatment and urinalysis (UA). These services are defined in the OMHAS OAR’s as being a structured, non-residential program for persons who need a greater number of therapeutic contacts per week than are provided by traditional Level 1 - outpatient services.

Many of _____ (FCHP)s’ outpatient CD providers also offer Intensive Outpatient Treatment Services; see our chemical dependency Par provider reference list and the types of services each provides. The determination of a members level of care is done by the provider at the initial assessment.

3. Residential Treatment (Level III)

Residential Chemical Dependency services are not a covered benefit under the Oregon Health Plan. The State provides the County entities with funding for both adult and adolescent residential CD treatment. Residential treatment programs are defined as a publicly or privately operated program to provide assessment, treatment, rehabilitation and 24-hour observation and monitoring for alcohol and other drug dependent client, consistent with Level III of the ASAM criteria.

In the event a member is placed on a waiting list for residential services, the _____ (FCHP) is responsible for providing IOP Chemical Dependency services while a person is on a waiting list for residential treatment. _____ (FCHP) is also responsible for assisting in transition to residential services and upon discharge to a local community provider if the member is enrolled with ____ (FCHP) for continuity of care.
4. Medically Managed Inpatient Hospital Detoxification (Level IV)

_____ (FCHP) is responsible for medically appropriate detoxification services and medical supplies required for prevention, diagnosis or treatment of a health condition which encompasses physical or mental conditions or injuries as identified in OMAPs’ OARs. If an emergency medical condition is found to exist, emergency medical services necessary to stabilize the condition must be provided. This includes all treatment that may be necessary to assure, with reasonable medical probability that no material deterioration of the patient’s condition is likely to result.

However, members may be detoxed on a hospital psychiatric unit if the presenting diagnosis was behavioral health. Usually, this only happens when the person presents at an ER or is taken there involuntarily for concurrent psychiatric symptoms. Most often these are suicidal ideation/attempt or psychotic symptoms. Sometimes after acute symptoms resolve, it becomes apparent that the primary problem is alcohol or drugs. This creates billing problems in that the patient may be admitted with a psychiatric diagnosis and be discharged with a chemical dependency diagnosis. Any case falling into this category needs to be reviewed with the _____________________Health Services Managers to address coordination of benefits.

Alternative to Inpatient Hospitalization: Sub – Acute Detoxification

_____ (FCHP) provides 24-hour, medically monitored detoxification services in a non-hospital based contracted facility where available, for persons who are suffering from alcohol intoxication and/or its withdrawal symptoms. Sub-Acute Detoxification is an alternative service to inpatient hospitalization. Admissions for OHP Members to this level of care shall be consistent with Level III, 7-D of the ASAM-PPC-2R and _____(FCHP) prior authorization requirements. Facilities or programs providing Medically Monitored detoxification services shall be accredited by a nationally recognized organization (e.g., Council on Accredited Rehabilitation Facilities or Joint Commission on Accreditation of Healthcare Organizations) and/or have a Letter of Approval or license from DHS.

5. Opiate Substitution Services (Methadone or other FDA approved drugs)

_____ (FCHP) provides these services in a federally licensed opioid treatment program, which dispenses and administers opioid agonist medications in conjunction with appropriate counseling, supportive, and medical services. An opioid medication is any drug approved the by the Food and Drug Administration (FDA) for use in the treatment of opiate addictions. At the present time, Methadone, LAAM and Buprenorphine are the only FDA approved drugs available.