Subject: **Residential Substance Use Disorders Treatment***

Effective Date: **September 29, 2015**

Department(s): **Utilization Management**

Policy: Residential Substance use disorders treatment is reimbursable under plans administered by QualCare, Inc. when medical necessity criteria delineated in this policy are met.

Objective: To provide proper and consistent reimbursement and to define the indications for admission to and continued treatment in residential substance use disorders treatment.

Procedure: Medical documentation should support that the following services are needed: multidisciplinary treatment with 7-day a week, 24-hour supervision and monitoring that is focused on stabilization and improvement of functioning and not primarily for the purpose of maintaining long-term gains made in an earlier program; is transitional in nature for the purpose of returning the individual to the community with continued ambulatory treatment services as needed, as evidenced by the following admission or continued stay criteria being met:

Criteria for Admission to residential substance use disorders treatment:

1. **ALL** of the following must be met:

   A. The individual is expressing willingness to actively participate in this level of care.

B. The individual has a documented diagnosis of a moderate-to-severe substance use disorder, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

C. The individual's substance use disorder is pervasive and is significantly impairing functioning across multiple settings such as work, home, and in the community, and clearly demonstrates the need for 24 hour skilled psychiatric and nursing monitoring and intervention.

D. For individual's under 18 years, the individual's family is willing to commit to active regular treatment participation, with planned contact within the first 24 hours and on-site participation within the first week.

E. As a result of the interventions provided at this level of care, the symptoms and/or behaviors that led to the admission can be reasonably expected to show improvement such that the individual will be capable of returning to the community and to less restrictive levels of care. Target symptoms are to be identified and addressed in the treatment plan.

F. The individual is able to function with some independence, so as to be able to participate in structured activities in a group environment.

G. There is evidence that a less restrictive level of care is not likely to provide safe and effective treatment.

2. **None** of the following are present:

   A. Life-threatening symptoms of withdrawal.

   B. Current withdrawal symptoms that preclude active participation in treatment.

   C. Medical or psychiatric impairments that preclude active participation in treatment.

3. For individuals with a history of repeated relapses and/or multiple failed treatment episodes, the individual is demonstrating a commitment to actively engage in the implementation of a treatment plan that specifically addresses prior non-adherence and poor response to treatment and includes clear interventions that are likely to reduce the frequency and severity of future relapse with the goal of maintaining abstinence.

   - AND -

4. **One or more** of the following criteria must be met:

   A. The individual suffers from a severe, uncontrolled, co-occurring psychiatric illness or severe behavioral disturbance that interferes with his/her ability to successfully participate in a less restrictive level of care

B. The individual's living environment is such that his/her ability to successfully achieve abstinence is seriously jeopardized by either:

   i) A home environment that includes family/significant others that are actively opposed to the treatment efforts, or

   ii) A home environment that includes family/significant others that are actively involved in their own substance abuse

C. The individual's social, family, or occupational functioning is severely impaired secondary to substance abuse such that most of his/her daily activities revolve around obtaining, using and recuperating from substance abuse,

D. Although there is evidence of a history of active participation and commitment to sobriety in multiple outpatient rehabilitation programs, including intensive outpatient treatment and/or partial hospitalization in the past 12 months, the individual has not been successful in achieving sustained abstinence of 6 months or more.

E. Following multiple inpatient detoxifications in the past 12 months, the individual has not attempted to follow-up with outpatient rehabilitation programs, including intensive outpatient treatment and/or partial hospitalization.

F. The individual has demonstrated a repeated inability to control his/her impulses to use illicit substances and is at imminent risk of causing (medical or behavioral) harm to self or others. This is of such severity that it requires 24-hour monitoring/support/intervention.

NOTE- Substance Abuse Residential Treatment Facilities are staffed by a multidisciplinary treatment team under the leadership of a Board Certified/Board Eligible Psychiatrist or Addictionologist who conducts a face-to-face interview with each individual within 72 hours of admission and as frequently as clinically indicated throughout the duration of the admission, but no less than once weekly.

A nurse is on site and a psychiatrist is available 24 hours per day, 7 days per week to assist with crisis intervention and assess and treat medical and psychiatric issues, and administer medications as clinically indicated.

Treatment facility units and sleeping areas are generally not locked, although they may occasionally be locked when necessary in response to the clinical or medical needs of a particular patient.

Criteria for Continued Stay

All of the following must be met:

1. **One or more** of the following criteria must be met:
   A. The treatment provided is leading to measurable clinical improvements in acute symptoms and a progression towards discharge from the present level of care, but the individual is not sufficiently stabilized so that he/she can be safely and effectively treated at a less restrictive level of care, OR
   B. If the treatment plan implemented is not leading to measurable clinical improvements in acute symptoms and a progression towards discharge from the present level of care, there must be ongoing reassessment and, modification to the treatment plan, when clinically indicated, OR
   C. The individual has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.
2. **All** of the following must be met:
   A. The individual and family are involved to the best of their ability in the treatment and discharge planning process.
   B. Continued stay is not primarily for the purpose of providing a safe and structured environment.
   C. Continued stay is not primarily due to a lack of external supports.

NOTES

I. Residential treatment coverage is not based on a preset number of days. The length of a standardized program such as a "28-Day Treatment Program" is not considered as a medically necessary reason for admission and/or continued stay at this level of care. Individuals progress in their treatment at different rates. Medical Necessity and length of stay are to be assessed individually to ensure appropriate treatment for the appropriate length of time rather than based on a pre-determined program. Residential treatment is not a substitute for a lack of available supportive living environment(s) in the community.

II. There are a wide variety of non-psychiatric programs that provide residential services but are not licensed as Residential Treatment

Facilities for Substance Use Disorders and do not meet the criteria noted in the procedure section above, including but not limited to therapeutic group homes, therapeutic boarding schools, and wilderness programs.

III. Detoxification in Residential Substance Use Disorders Treatment: Some individuals who otherwise meet the Medical Necessity criteria for Residential Substance Use Disorders Treatment may also need a clinical withdrawal that is managed by appropriately trained staff that can provide 24 hour supervision, observation, and support. Such services are sometimes referred to as "Residential Detoxification" or "Social Detoxification"

• Detoxification at this level of care is characterized by its emphasis on peer and social support rather than intensive medical and nursing care.

• Residential Detoxification is only appropriate when substance use withdrawal symptoms are of moderate severity, such that an intensive medically monitored inpatient detoxification is not required.

IV. Detoxification in Residential Substance Use Disorders Treatment level of care is NOT appropriate if any of the following circumstances are present:

-The individual does not meet the Medical Necessity criteria for Residential Substance Use Disorders Treatment.

-Objective medical symptoms and/or a history that indicates a high level of risk for a severe alcohol and/or sedative, hypnotic withdrawal syndrome.

-An opiate withdrawal syndrome that is of such severity that the individual is not capable of active participation in the residential treatment program.

-An individual who is suffering from symptoms of a severe co-existing mental or physical disorder that is of such severity that the individual is not capable of active participation in the residential treatment program.

A need for initiation or continuation of detoxification and/ or symptoms associated with withdrawal or post-acute withdrawal should not be the primary criteria for admission or continued stay at substance residential level of care.

V. A Discharge Plan that starts at the time of admission and includes:

- At least weekly assessment of progress towards goals and status of aftercare plans
- Coordination with family, outpatient providers, and community resources to allow a smooth transition to less restrictive levels of care.
- Timely and clinically appropriate aftercare appointments
- A prescription for any prescribed medications sufficient to bridge the time between discharge and the scheduled follow-up psychiatric appointment.

References

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7) Texas Commission on Alcohol and Drug Abuse (TCADA) Guidelines, Standards for Reasonable Cost Control and Utilization Review for Chemical Dependency Treatment Centers, Texas Administrative Code, Title 28, Part 1, Chapter 3, Subchapter HH, 2011.
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Redacted from Cigna Standards and Guidelines/Medical Necessity Criteria for treatment of Behavioral Health and Substance Use Disorders 2015 and revised edition 2017.
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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.