

LEVEL I SA: OUTPATIENT INDIVIDUAL THERAPY - Adult

Definition

The following is based on the Adult Criteria of the Patient Placement Criteria for the Treatment of Substance-Related Disorders of the American Society of Addiction Medicine, Second Edition Revised (ASAM PPC-2R). Providers are responsible to refer to the ASAM PPC-2R ADULT PLACEMENT MANUAL Pages 45-53 for the complete criteria.

Outpatient Individual SA Therapy describes the professionally directed evaluation, treatment and recovery services for individuals experiencing a substance related disorder that causes moderate and/or acute disruptions in the individual's life. While the services follow a defined set of policies and procedures or clinical protocols, they must be tailored to each patient's individual level of clinical severity and must be designed to help the patient achieve changes in his or her alcohol or other drug using behaviors. Treatment must address major lifestyle, attitudinal and behavior issues that may undermine treatment goals or impair the individual's ability to function in at least one life area.

Level I services are appropriate in the following situations:

- As an initial level of care when the severity of the illness warrants this intensity of intervention. Treatment should be able to be completed at this level, thus using only one level of care unless an unanticipated event warrants a reassessment of the appropriateness of this level of care.
- As a "step down" from a more intensive level of care
- As an alternative approach to engage the resistant individual in treatment, who is in the early stages of change and who is not yet ready to commit to full recovery. This often proves more effective than intensive levels of care that lead to increased conflict, passive compliance, or leaving treatment. If this approach proves successful, the patient may no longer require a higher intensity of service, or may be able to better use such service.

Policy

Outpatient mental health services are available to Medicaid Managed Care eligible adult members, age 21 and over.

Program Requirements

Medicaid providers of substance abuse treatment services will adhere to all criteria outlined in the American Society of Addiction Medicine, Second Edition Revised (ASAM PPC-2R). Refer to the program standards common to all levels of care/programs for general requirements.

Licensing/Accreditation

Level I Outpatient Substance Abuse Treatment services are organized services which may be delivered in any appropriate community setting that is licensed in Nebraska as a Substance Abuse Treatment Center.

The agency must have written policies and procedures related to:

Refer to the “Standards Common to all Levels of Care” for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features/Hours

Services are provided in regularly scheduled sessions of fewer than nine contact hours per week. Outpatient treatment programs must have emergency services available by telephone 24 hours a day, 7 days a week; medical, psychiatric, psychological, laboratory and toxicology services, which are available on-site or through consultation or referral; medical and psychiatric consultation that are available within 24 hours by telephone or, if in person, within a timeframe appropriate to the severity and urgency of the consultation requested. Outpatient treatment programs must also have direct affiliation with, or close coordination through referral to, more intensive levels of care and medication management. Evening and weekend hours should be available by appointment.

- **Dual Diagnosis Capable Programs**

At level I, the patient may have a co-occurring mental disorder that meets the stability criteria for a Dual Diagnosis Capable program. Other patients may have difficulties in mood, behavior or cognition as a result of other psychiatric or substance-induced disorders, or the patient’s emotional, behavioral or cognitive symptoms are troublesome but not sufficient to meet the criteria for a diagnosed mental disorder. Patients in these programs may require the kinds of assessment and treatment plan review offered by Dual Diagnosis Enhanced programs, but at a reduced level of frequency and comprehensiveness, because their mental health problems are more stable.

- **Dual Diagnosis Enhanced Programs**

The patient who is identified as in need of Level I Dual Diagnosis Enhanced program services is assessed as meeting the diagnostic criteria for a Mental Disorder as well as a Substance Disorder as defined in the current DSM-IV. Level I Dual Diagnosis enhanced programs offer ongoing intensive case management for highly crisis-prone dually diagnosed individuals. Such services are delivered by cross-trained interdisciplinary staff through mobile outreach and engagement-oriented psychiatric and substance disorders programming. Staff of Level I Dual Diagnosis enhanced programs include credentialed mental health trained staff who are able to assess, monitor and manage severe and persistent mental disorders seen in a Level I setting, as well as other psychiatric disorders that are mildly unstable. Such staff are knowledgeable about the management of co-occurring mental and substance-related disorders, including assessment of the patient’s stage of readiness to change and engagement of patients who have co-occurring mental disorders. Level I Dual Diagnosis Enhanced programs must also provide a review of the patient’s recent psychiatric history and a mental status examination, reviewed by a psychiatrist, if necessary. A comprehensive psychiatric history and examination and a psycho diagnostic assessment are performed within a reasonable time, as determined by the patient’s psychiatric condition. Active reassessment of the patient’s mental status

and follow-through with mental health treatment and psychotropic medication must be provided and documented at each visit.

Service Expectations

- A Substance Abuse Assessment by a fully licensed clinician prior to the beginning of treatment
- Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis, adjusted as medically indicated, and signed by the treatment team including the individual
- Assessments, treatment, and referral should address co-occurring needs
- Monitoring stabilized co-occurring mental health diagnoses
- Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs
- Motivational interviewing
- If the client has a co-occurring diagnosis it is the provider's responsibility to coordinate with other treating professionals.

Staffing

Staff, licensed to practice in the State of Nebraska, enrolled with Nebraska Medicaid, contracted and credentialed with the ASO, and acting within their scope may provide this service and include:

- Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP/LADC, PLMHP/LADC, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance abuse and/or dual (MH/SA) outpatient treatment
- A dually licensed clinician is preferred for clients with a co-occurring disorder

Staff must be able to assess the patient's biopsychosocial needs, be knowledgeable about the biopsychosocial dimensions of alcohol and other drug disorders, and assess the patient's readiness to change. Staff must also be capable of monitoring stabilized mental health disorders and recognizing any instability of patients with co-occurring mental health concerns to make appropriate referrals.

Documentation

Individualized progress notes in the patient's record clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated. Documentation reflects ASAM Adult Patient Placement Criteria.

The clinical record will contain the Pretreatment Assessment, assessment updates, the master treatment/recovery and discharge plan and treatment/recovery and discharge plan updates, therapy progress notes, a complete record of supervisory contacts, narratives of others case management functions, and other information as appropriate.

Length of Stay

Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to benefit from individual treatment/recovery goals.

Special Procedures

None allowed.

Clinical Guidelines: Level I SA: Outpatient Individual Therapy - Adult

Admission Guidelines:

1. The individual is assessed as meeting the diagnostic criteria for a Substance-Related Disorder (including Substance Use Disorder or Substance-Induced Disorder), as defined in the most recent DSM as well as the dimensional criteria for admission.
2. The individual who is identified as in need of Level 1 Dual Diagnosis Enhanced program services is assessed as meeting the diagnostic criteria for a Mental Disorder as well as a Substance Use Disorder, as defined in the current DSM-IV as well as the dimensional criteria for admission.
3. There are significant symptoms as a result of the diagnosis that interfere with the individual's ability to function in at least one life area.
4. The individual is assessed as meeting specifications in ALL of the following six dimensions.
5. There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment.

The following six dimensions and criteria are abbreviated. **Providers are responsible to refer to the ASAM PPC-2R ADULT PLACEMENT MANUAL, Pages 45-53 for the complete criteria.**

DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL:

- Acute Intoxication &/or Withdrawal Potential: Not experiencing withdrawal/minimal risk of severe withdrawal.

DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS:

- Biomedical Conditions & Complications: None or very stable or receiving concurrent medical monitoring.

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

- None or very stable or receiving mental health monitoring.

DIMENSION 4: READINESS TO CHANGE:

- Ready for recovery but needs motivation and monitoring strategies to strengthen readiness OR High severity in this dimension but not in other dimensions. Needs a Level I motivational enhancement program.

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

- Able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support..

DIMENSION 6: RECOVERY ENVIRONMENT:

- Recovery environment is not supportive but, with structure and support, the client can cope.

Exclusionary Guidelines:

N/A in ASAM. Please refer to admission and continued stay criteria as noted.

Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

OR

2. The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

Discharge Guidelines:

It is appropriate to transfer or discharge the individual from the present level of care if he or she meets the following criteria:

1. The individual has achieved the goals articulated in his or her individualized treatment plan thus resolving the problem(s) that justified admission to the present level of care.

OR

2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service is therefore indicated.

OR

3. The individual has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service is therefore indicated.

OR

4. The individual has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the existing or new problem(s), the individual should be discharged or transferred, as appropriate. If not, refer to the Continued Service criteria.

9-09