Mississippi Department of Mental Health

Provider Bulletin

Number PR0102

Subject: Level of Care Mandate	**Issue Date**: March 8, 2021 **Effective Date:** July 1, 2021

Scope

All DMH Certified Alcohol and Drug Addiction Providers

Purpose

Effective July 1, 2021, all state certified and funded substance use treatment providers in Mississippi will be required to have established policies for its various Level of Care provisions. Policies must be in accordance with *The ASAM Criteria* as well as the content conveyed in this provider bulletin. The Department of Mental Health (DMH) is now requiring all certified SUD providers to determine the appropriateness of an individual's admission into a level of care to be in accordance with *The ASAM Criteria*.

A new Initial Intake and Placement Assessment tool (created in accordance to a scientifically validated criteria, *The ASAM Criteria*) was developed in an effort to institute parity of services across regions and enhance the process for placement into an appropriate required level of care.

Background

In November 2017, the Centers for Medicare & Medicaid Services (CMS) announced a new policy to allow states to design demonstration projects that increase access to addiction treatment. Under the policy update, states are required to design their system delivery to be in alignment with *The ASAM Criteria* or other validated addiction treatment criteria.

The ASAM Criteria, nationally recognized as the gold standard in treatment assessment, is the most widely used guideline for assessment, service planning, placement, continued stay and discharge of patients with addictive disorders.

The DMH *2020 Operational Standards* addresses the certification requirements for the certified levels of care.

Subject

Rule 49.1.C. Please adhere to the following changes marked bold and underlined:

> DMH certified providers of Substance Use Disorder Services are required by the Operational Standards (49.1.C.) to assist with appropriate referrals and **placement**.
>
> The new Initial Intake and Placement Assessment tool developed is required to be implemented by ALL certified SUD Treatment programs. Diagnoses are to be assessed and documented in

accordance to the DSM-5. In addition to the new Initial Intake and Placement Assessment tool, providers may utilize instruments (compatible with *The ASAM Criteria*) for treatment placement. Supplemental instruments that are DMH approved (that will achieve the desired placement outcomes) are as follow:

- Dimensional Assessment for Patient Placement Engagement and Recovery-3 (DAPPER-3).
- Level of Care Index- 3 (LOC-3).

Re-assessment Benchmarks:

- Individuals placed in a residential setting (Level 3.1 or higher) must be re-assessed at minimum every fourteen (14) days to ensure level of care appropriateness.
- Individuals placed in an Intensive Outpatient setting (Level 2.1) must be re-assessed at minimum every thirty (30) days to ensure level of care appropriateness.
- Individuals placed in an Outpatient setting (Level 1) must be re-assessed at minimum every ninety (90) days to ensure level of care appropriateness.

Changes to Operational Standards:

Chapter 49. Substance Use Disorders Prevention and Treatment Services. Please note the following additions:

Level 0.5: Early Intervention Services – The provision of secondary prevention services (assessment and education) for at-risk individuals who do not meet diagnostic criteria for substance use disorder, or a SUD diagnosis cannot be determined. Such interventions include Screening, Brief Intervention, Referral, and Treatment (SBIRT); risk advice; and education.

Rule 22. - Level 1: Outpatient Services. Please note new additions:

- Level 1 is low intensity outpatient designed for adults 18 years or older with a SUD or co-occurring disorder not requiring treatment intensity
- Can be used as the initial or sole level of care as a step down from IOP or PHP, residential or inpatient treatment
- Must be less than nine (9) hours a week (i.e., one or more times a week or one time every 2, 3, or 4 weeks). May be conducted during the day or at night to meet the individual's need.
- When utilized as a continuance of care, a group format is preferred (but not required) with groups limited to twelve (12) individuals a session. Individual therapy sessions to monitor progress, address specific issues, and/or provide case management services, as appropriate.
- Master level clinician

Rule 22.2. - Level 2.1 Intensive Outpatient Services (Adults). Please see changes.

- Removal of 10 week as it relates to length of the program
- Added language (underlined) in statement: *The service is directed to adults eighteen (18) years or older who need services more intensive than traditional outpatient services, but who have less severe substance use disorders or co-occurring emotional behavioral or cognitive disorders less severe than those typically addressed in Residential Treatment Services.*

- For IOP-SUD (Adults)
    - Removal of three sessions per week for at least ten weeks
    - Removal of statement about the number of Group Therapy sessions and hours an individual can receive daily
    - Added: *Individual must receive at least nine (9) total hours of group therapy a week, usually provided in three-week sessions*
    - Added a phrase "individual *and the family*" when referring to family involvement and meeting their needs

Rule 22.3 – Level 2.1 Intensive Outpatient Services (Adolescents)

- Added Level 2.1 Intensive Outpatient Services to the description to be in alignment with *The ASAM Criteria* and for consistency. No other changes made.

Rule 23.1. Level 2.5: Partial Hospitalization Programs for Individuals with Substance Use Disorders. Please see changes:

- Removal of phrase about PHP serving as a bridge from inpatient (residential) to outpatient treatment.
- PHP can be used as a step down from an inpatient or residential level of care or as an initial level care as determined by ASAM assessments.
- Individuals must receive a minimum of twenty (20) hours of service per week.

Rule 31.4. Please see changes and additions. Level 3.1: (Transitional) Clinically Managed Low Intensity Residential Services

- Removal of paragraph in section B regarding an individual having to complete primary residential treatment services in order to be admitted in a transitional SUD program. Removal of the number of weeks in the program.
- Added statement to convey that *an admission into a transitional program is based on the Level of Care Placement (ASAM) assessment and usually follows treatment in a more intensive level of care. The individual's length of stay is determined by the goals he or she has achieved on his or her Individual Service Plan.*
- There is no fixed length of stay in this level of care. Individuals must receive a minimum of five (5) hours of treatment a week.

Level 3.3: Clinically Managed Population-Specific High Intensity Residential Services. Please note newly additions.

- 24-hour support setting to meet the needs of people with cognitive difficulties, who need specialized individualized treatment services (who need a slower pace and could not otherwise make use of the more intensive Level 3.5 milieu).

- Level 3.3 is not a step-down residential level. It is qualitatively different from other Level 3 residential levels of care.

- The cognitive impairments manifested in individuals most appropriately treated in Level 3.3 services can be due to aging, traumatic brain injury, acute but lasting injury, or due to illness.

Level 3.5: Clinically Managed High Intensity Residential Services

- Added statement: *Individuals must be in imminent danger to justify admission and continued stay*.

Level 3.7: Medically Monitored Intensive Inpatient Services

- Added following statements:

    - This level of care provides services for individuals with SUBACUTE medical problems needing more structure found in a PHP and monitoring on a 24-hour basis but do not require the services of an acute care or psychiatric hospital. It can be a free-standing or a unit of a hospital.

    - Programs are staffed by an interdisciplinary team of appropriately credentialed professionals including a licensed physician who oversees the treatment process and Registered Nurse (usually 24/7).

    - Individuals must be in imminent danger to justify admission and continued stay.

    - Daily clinical services address the individual's biomedical *needs* (which may include appropriate medical and nursing *services*) and psychosocial needs. Clinical program activities *are* designed to enhance the individual's understanding of his or her substance use and/or mental disorder. Daily treatment services *are* provided to manage symptoms of the individual's biomedical, substance and mental disorder. Evidence-based practices are employed (i.e. motivational enhancement strategies).

Chapter 50: Withdrawal Management (WM) Services. Please note changes and additions:

- Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring is NOT a DMH certifiable LOC due to its limitations. Therefore, a description of this LOC will not be included in the Operational Standards revisions at this time.

- Level 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring which is withdrawal management combined with a PHP program in which the individual must first be evaluated by a physician. The individual must see the nurse each day prior to the start of the PHP program until withdrawal is completed.

    - Included Risks and Benefits:

        - RISKS for this level of withdrawal management are more psychosocial, related ASAM Dimension 4 Readiness to change, ASAM Dimension 5 Relapse, Continued Use and Continued Problem Potential, Dimension 6, Recovery Environment.

        - BENFITS for this level of withdrawal management are twofold: 1) cost-savings

over inpatient detox; 2) Many individuals who complete detoxification DO NOT ENTER continued treatment for their SUD. They are likely to return to drinking or using again, require detoxification again, and repeat the cycle; escalating costs and reduce opportunity for recovery.

- Level 3.2-WM: Clinically Managed Withdrawal Management Services. This level of care is thoroughly described in Rule 50.1 and Rule 50.2, and it shall remain unchanged.

- Level 3.7-WM: Medically Monitored Inpatient (Residential) Withdrawal Management Services. This level of Withdrawal Management most commonly occurs in conjunction with Level 3.7 Medically Monitored High Intensive Inpatient (Residential) Services as there must be 24/7 Registered Nurse coverage.

- Level 4-WM: Medically Managed Intensive Inpatient Services is NOT a DMH certifiable LOC certified by DMH at this time. DMH funded providers may request reimbursement for detoxification services obtained from a certified Level 4-WM vendor. Providers may provide DMH a copy of the contractual agreement(s) they have with a certified Level 4-WM provider for reimbursement considerations. Therefore, a description of this LOC will not be included in the Operational Standards revisions.

Chapter 53: Opioid Treatment Services. Please note changes:

- Opioid Treatment Program is NOT a level of care. OTP is a service of employing agonist or antagonist medications at any level of care.

- Office-based Opioid Treatment using an agonist such as buprenorphine (usually as Suboxone) in which the prescribing physician must be "Waivered" (having gone through 8-hour training program).

- Included antagonists such as naltrexone (daily dosing required). Vivitrol is another option to be used once a month, extended release, injectable naltrexone.

Provider Impact

Failure to comply with the adoption of the Initial Intake and Placement Assessment and data submission requirements will be considered non-compliant and subject the provider to administrative action. All DMH Certified Providers of Substance Use Disorder Services MUST receive training on *The ASAM Criteria* and utilize this criterion when conducting treatment assessments. Please contact the Bureau of Alcohol and Drug Addiction Services for upcoming training offerings. DMH is available to provide Technical Assistance to certified providers to assist with meeting this expectation.

For additional questions, please contact the Division of Substance Use Disorder Treatment Services at AddictiveServicesGrants@dmh.ms.gov or 601.359.6220.

End of Provider Bulletin