



Utilization Management Training

Clinical Criteria and Level of Care Guidelines
for Substance Use Disorders (SUD)

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Agenda / Objectives

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Overview of Medical Necessity

2

Level of Care Guidelines

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ASAM and the Six Dimensions

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Matching Risk to Level of Care – A High Level Crosswalk

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Helpful Resources

What are Medical Necessity Criteria (MNC)?

- Objective criteria that create individualized level of care (LOC) determinations
- Nonproprietary
- Optum uses MNC that are from professional organizations such as the American Academy of Child and Adolescent Psychiatry (AACAP) and American Association of Colleges of Pharmacy
 - American Society of Addiction Medicine (ASAM)
 - Level of Care Utilization System (LOCUS)
 - Level of Care Utilization System/Child and Adolescent Service Intensity Instrument (CALOCUS-CASII)
 - Early Childhood Service Intensity Instrument (ECSII)

Why are medical necessity evaluations required?

- Improve the Quality of Care:
 - Organize clinical observations
 - Objective frame for evaluating risks and resiliencies of the person being evaluated
- Audits/Compliance
- Financial Sustainability

For previous training on medical necessity, please visit:

<https://alaska.optum.com/content/ops-alaska/alaska/en/providers/provider-trainings.html>

Previous Trainings

HDJ0

▼ Technical Assistance Teleconference		
Date	Description	Presentation Name
03/09/2022	Claims Status Summary How to Adjust, Correct and Void Claims; Top 5 Trending Denials.	Reprocessed Claims <ul style="list-style-type: none"> ◦ Slides [🔗] ◦ Recording [🔗] (40 min)
02/23/2022	Clinical Criteria: A clinical approach to understanding medical necessity Dr. Vanessa Venezia, Optum Chief Medical Officer Heather Brady, Optum Director of Clinical Operations	Clinical Criteria <ul style="list-style-type: none"> ◦ Slides [🔗] ◦ Recording [🔗] (45 min)

Slide 4

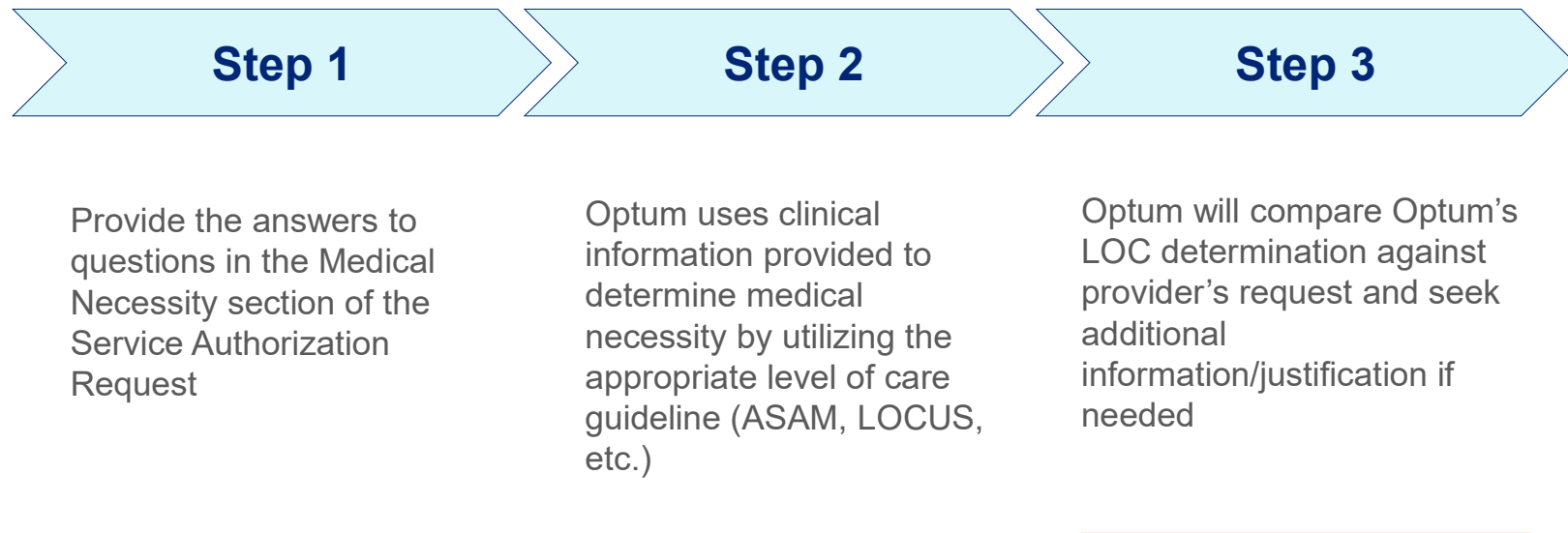
HDJO I changed the color of Previous Trainings to grayscale. The "old" Optum orange is not approved branding now. I also changed orange bullets.

Hurst, Donna J, 2023-06-29T19:55:10.890

DLO 0 Thank you Donna.

Dunn, Kourtenay L, 2023-06-29T22:04:24.844

Making Level of Care Determinations



American Society of Addiction Medicine (ASAM) and the Six Dimensions

The ASAM Criteria®: Dimensions



1: Acute Intoxication and/or Withdrawal Potential

- Current withdrawal symptoms
- Past history of serious, life-threatening withdrawal



2: Biomedical Conditions/Complications

- Current health problems
- Medication interaction, abnormal labs



3: Emotional/Behavioral/Cognitive Conditions and Complications

- Presence of other psychiatric diagnosis, symptoms or behaviors
- Mental status and level of functioning



4: Readiness to Change

- Coerced, mandated, required assessment/treatment
- Motivation factors for treatment



5: Relapse/Continued Use/Continued Problem Potential

- Potential relapse triggers/relapse plan
- Past treatment results



6: Recovery Environment

- Immediate threats to safety, well-being, sobriety
- Availability and utilization of support systems

Helpful Hints for Providing Clinical Information for Completing Service Authorizations

For SUD reviews:

Must send in an updated ASAM with dimensions fully filled out with current participant presentation. Date the ASAM was completed must be noted.

Dimension 1: Acute Intoxication and/or Withdrawal Potential:

- Current withdrawal symptoms (*No Post Acute Withdrawal Symptoms - PAWS - comes after withdrawal is over, does not require any specific Level of Care, symptoms are general, and not specific to the drug used and can go on, for up to 2 years and is not a symptom of withdrawal*)
 - History of serious, life-threatening withdrawal/History of overdose, seizures, or Delirium Tremens (DTs)
 - Clinical Opiate Withdrawal Scale (COWS) and/or Clinical Institute of Withdrawal (CIWA) scale scores
 - Vital signs (blood pressure, temperature, pulse rate)
 - Current medications used for Withdrawal Management (WM) including tapers such as Librium, Valium, etc.
 - How are these symptoms affecting treatment progress and being addressed?
 - Reported time and date of last substance last use
- Dimension 2: Biomedical Conditions/Complications:
 - Current acute or chronic health problems related or unrelated to SUD
 - Medications for Biomedical Conditions/interaction(s)/medication adherence
 - Pregnant? Communicable diseases?

Helpful Hints for Providing Clinical Information for Completing Service Authorizations

HDJO

For SUD reviews (continued):

- **Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications**
 - Any acute or chronic Psychiatric diagnosis, symptoms or behaviors **that are unrelated to SUD**
 - Present Suicidal Ideation (SI), Homicidal Ideation (HI), Self-Injurious Behaviors (SIB), Psychosis
 - Current Mental Status Exam
 - Current mental health medications
 - Ability to perform activities of daily living (ADLs) - showering, sleep, appetite, etc.
- **Dimension 4: Readiness to Change**
 - Coerced, mandated, required assessment/treatment
 - Stage of change
 - Motivation factors for treatment
 - Level of motivation to change with each substance used. (Willing to stop all substance use or just one or two substances?)
 - Level of recipient's awareness of the impact of use on their functioning
 - Post Acute Withdrawal Symptoms (PAWS) - anxiety, insomnia, "using dreams", etc.

Slide 9

HDJO Is "using" correct here?

Hurst, Donna J, 2023-06-29T20:10:15.322

DLO 0 It is correct - dreams of substance usage are known as "using dreams"

Dunn, Kourtenay L, 2023-06-29T22:05:24.346

Helpful Hints for Providing Clinical Information for Completing Service Authorizations

For SUD reviews (continued):

- **Dimension 5: Relapse/Continued use/Continued Problem Potential**
 - Potential relapse triggers. Longest period of sobriety
 - Cravings rated 1-10 on 10-point scale
 - Past treatment and results
 - Any coping skills to manage addiction, relapse prevention plan development
- **Dimension 6: Recovery Environment**
 - Immediate threats to safety, well-being, sobriety
 - Availability and utilization of support systems including Recovery/Alcoholics Anonymous (AA), Narcotics Anonymous (NA) involvement
 - Employment, transportation, housing, legal situation, cultural needs, barriers. (People, places, and things that may make recovery easier or difficult after treatment)

Additional SUD information *always* needed:

- Substance(s), First Use, Last Use, Quantity, Frequency, and Method; Urine Drug Screen (UDS) results
- Medications for Alcohol Use Disorder (MAUD) and/or Medications for Opioid Use Disorder (MOUD)? Offered, refused, taken in past, etc.
- Plan for step down or discharge
- Full list of medications, dosages, and start dates

Slide 10

HDJ0 MAT has been replaced with MAUD-/MOUD, which stands for Medications for Alcohol Use Disorder and Medications for Opioid Use Disorder

Hurst, Donna J, 2023-06-29T20:18:07.820

DL0 0 Thank you for letting me know, Donna.

Dunn, Kourtenay L, 2023-06-29T22:06:05.128

DL0 1 I made the update to your suggestion on the slide.

Dunn, Kourtenay L, 2023-07-10T16:48:18.111

Matching risk to level of care - a high-level crosswalk

NOTE: This slide is to illustrate examples and is NOT prescriptive

Risk Level	ASAM/SUD	Behavioral Health
<ul style="list-style-type: none"> • Low Risk - Recovery and Health Maintenance • Moderate Risk • High Risk • Very High Risk • Secure Monitored 	<ul style="list-style-type: none"> • ASAM 1.0 Outpatient services • ASAM 2.1 Intensive Outpatient; SUD Care coordination; ICM • ASAM 2.5- PHP • ASAM 3.1/3.3/3.5 • ASAM 3.7/4.0 	<ul style="list-style-type: none"> • LOCUS/CASII 10-16; ESCII 9-17 <ul style="list-style-type: none"> • Treatment plan and review; psychotherapy services; HBFT level 1 or 2 • LOCUS/CASII 17-19; ESCII 18-22 <ul style="list-style-type: none"> • BH IOP; HBFT level 3; ICM • LOCUS/CASII 20-23; ESCII 23-26 <ul style="list-style-type: none"> • BH PHP, ACT, TTH • LOCUS/CASII 23-17; ESCII 27-30 <ul style="list-style-type: none"> • Adult/Children's MH Residential level 1 or 2 • LOCUS/CASII 28+ <ul style="list-style-type: none"> • Locked residential vs acute inpatient • This level not available for ESCII

Helpful Resources for Completing Service Authorizations

Helpful Hints for Providing Clinical Information for Completing Service Authorizations

For SUD reviews (continued):

- If a current (within last couple days of request) full updated ASAM is not available to send, send in most recent clinical progress notes, clinical documentation, medication list, etc. that addresses current clinical presentation as outlined in the ASAM.
- Assigning risk or severity to each dimension: Keep in mind the three H's.
 - “History”- the history of a client’s past signs, symptoms, and treatment is important but never overrides *the here and now*.
 - “Here and now” is the most important. The current presentation of a client’s substance use, mental health signs, and symptoms can override the History.
 - “*How worried now*” as the clinician determines your severity level of functioning for the rating for each ASAM dimension

Helpful Hints for Providing Clinical Information for Completing Service Authorizations

For all reviews (continued):

- Clinical information must be current within the last 2 days (for Inpatient and Detox) or 3-4 days [for Residential and Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP) and Outpatient Level Of Care (LOC) requests]
- Include detailed clinical information (examples are good) to gain a full picture of medical necessity for requested level of care. Vague information can lead to Optum requesting more detailed explanation to make a Medical Necessity decision
- Is admission voluntary or involuntary?
- Clear documentation on the LOC being requested - Codes with Modifiers

Special service authorization circumstances

Distance and availability of resources:

- It will be important to note special circumstances when writing the medical necessity essay on your Service Authorization Request
- Providers are encouraged to acknowledge extenuating circumstances for extended stay at current level of care if impacted by geographic, weather, transportation or other special or unavoidable circumstance
- Example: Currently in OP, need IOP or PHP but request is for Inpatient LOC. You may need to request a higher LOC if the level you assess is not available. Example: member meets criteria for 3.1, but the only residential option available in the region is 3.5
- Extenuating circumstances **DO NOT GUARANTEE APPROVAL** of Service Authorization but should be pointed out for consideration of the request

In summary:

- Service authorizations are required when the participant's SFY limits are exhausted but can be requested if participant's SFY limit is unknown to avoid a claim denial
- There are two options for completing service auth requests: paper/fillable form or online (via Alaska Optum website)
- Approved authorization units will be tracked by participant and by provider within the claims system automatically. Authorization number is NOT needed on the claim submission
- All areas of the Service Authorization are to be filled out

Q&A



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