



CORPORATE POLICY & PROCEDURE

Policy Name: Substance Use Disorder Services	
Department: Clinical Engagement	Policy Number: CE19
Version: 3	Creation Date: 8/20/2018
Revised Date: 7/31/19, 10/14/19	Review Date:
Line of Business: <input type="checkbox"/> All <input checked="" type="checkbox"/> Umpqua Health Alliance <input type="checkbox"/> Umpqua Health Management <input type="checkbox"/> Umpqua Health - Newton Creek <input type="checkbox"/> Physician eHealth Services <input type="checkbox"/> UHA Community Activities <input type="checkbox"/> Umpqua Health Network <input type="checkbox"/> Professional Coding and Billing Services <input type="checkbox"/> ACE Network	
Signature:	
<i>F Douglas Carr, MD</i>	
Approved By: F. Douglas Carr, MD, Chief Medical Officer	Date: 10/31/19

POLICY STATEMENT

Umpqua Health Alliance (UHA) shall provide medically appropriate substance use disorder (SUD) services and detoxification services to members based on approved criteria and medical necessity in accordance with Coordinated Care Organization (CCO) Contract Exhibit B, Part M Section 7.

PURPOSE

The purpose of this policy is to demonstrate how UHA provides substance use disorder services and detoxification services using nationally recognized guidelines to review services for medical necessity and benefit coverage. This approach is based on the Oregon Administrative Rules (OARs), our contract with the State of Oregon and its requirements, as well as, evidence-based guidelines and clinical judgement.

RESPONSIBILITY

Clinical Engagement

DEFINITIONS

Alcohol: The treatment of individuals that have a substance use disorder with the substance “Alcohol” per Oregon Health Authority (OHA).

Covered Services: Medically appropriate health services described in ORS Chapter 414 and applicable administrative rules that the legislature funds, based on the Prioritized List of Health Services.

Drug Services: Substance use disorder (SUD) treatment services.

Drugs: The treatment of individuals who have a substance use disorder with “drugs” substances such as heroin, OxyContin, benzodiazepines, marijuana, meth, etc. per Oregon Health Authority.

FKA: Formerly known as.



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Intensive Care Coordination: A specialized case management service provided by CCOs to members identified as age, blind, or disabled members who have complex health needs, high health care needs, multiple chronic conditions, behavioral health issues including chemical dependency or with severe and persistent behavioral health issues, or those receiving Medicaid-funded long-term care or long-term services and supports. Children and youth shall be provided intensive care coordination and behavioral health services according to presenting needs consistent with OAR 410-141-3855 (fka 410-141-3170).

Medication Assisted Treatment (MAT): The use of medications in combination with counseling and behavioral health therapies for treatment of Substance Use Disorder (SUD).

Substance Use Disorder: Disorders related to the taking of a drug of abuse including alcohol, to the side effects of a medication or to a toxin exposure. The disorder includes substance use disorders, such as substance dependence and substance abuse, and substance-induced disorder, such as substance intoxication, withdrawal, delirium, dementia, and substance-induced psychotic or mood disorder, as defined in DSM-V criteria.

PROCEDURES

1. UHA will provide Substance Use Disorder (SUD) services to members, which include outpatient, intensive outpatient, medication assisted treatment (MAT) including opiate substitution services, and residential and withdraws management services, consistent with OAR Chapter 309, division 18, 19, and 22 and chapter 415, division 20 and 50.
2. UHA will inform all members, using culturally and linguistically appropriate means, that SUD services are covered services consistent with OAR 410-141-3585 (fka 410-141-3300).
 - a. UHA will provide culturally and linguistically appropriate alcohol, tobacco and other drug abuse prevention/education and information that reduce members risk to SUD.
 - b. UHA prevention program will meet or model national quality assurance standards.
 - c. UHA will monitor the use of its preventative programs and assess their effectiveness on members.
 - d. UHA will provide culturally and linguistically appropriate SUD services for any member who meets American Society of Addiction Medicine (ASAM) PPC -2R placement criteria for:
 - i. Outpatient, intensive outpatient, residential, detoxification, and medication assisted treatment including opiate substitution treatment, regardless of prior alcohol or other drug treatment or education and;
 - ii. Specialized programs in each service area in the following categories: drug court, referrals, child welfare referrals, job opportunities and basic



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skills (JOBS) referrals, and referrals for persons with co-occurring disorders.

3. Prior authorization request for substance use disorder will have a determination on at least 95 percent of valid prior authorization requests within two (2) working (two (2) business) days of receipt of a prior authorization or reauthorization request related to OAR 410-141-3835(9)(f)(D)(i-iii) (fka 410-141-3225(9)(e)(D)) and CE12 – Prior Authorization):
 - a. Drugs;
 - b. Alcohol;
 - c. Drug services; or
 - d. Care required while in a skilled nursing facility.
4. UHA will not apply more stringent utilization or prior authorization standards to out of network services, than standards that are applied to medical/surgical benefits, please refer to UHA policy CE 24 – Mental Health Parity for further information.
5. SUD services to members, which includes outpatient, intensive outpatient, medication assisted treatment (including opiate substitution services), as well as residential and detoxification treatment services, consistent with OAR Chapter 309, Division 18, 19 and 22 and Chapter 415, Division 20 and 50.
 - a. Will make decisions about access to SUD services, continued stay, discharges and referrals based upon national approved criteria, which are deemed to be medically appropriate.
 - b. Ensure those who evaluate members for access to, and length of stay, SUD services have the training and background in SUD services and working knowledge of American Society of Addiction Medicine (ASAM) Patient revised (PPC-2R).
6. UHA will ensure that specialized, trauma informed, SUD services are provided in environments that are culturally and linguistically appropriate, designed specifically for the following groups:
 - a. Adolescents, taking into consideration adolescent development;
 - b. Women, and women’s specific issues;
 - c. Ethnically and racially diverse groups;
 - d. Intravenous drug users;
 - e. Individuals involved with the criminal justice system;
 - f. Individuals with co-occurring disorders;
 - g. Parents accessing residential treatment with an accompanying dependent child(ren); and
 - h. Individuals accessing residential treatment with medication assisted therapy.
7. UHA where medically appropriate, provide detoxification in a non-hospital facility. Non-hospital facilities or programs providing detoxification services must have a



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certificate of approval or license from OHA in accordance with OAR Chapter 415, Division 12.

8. Will provide coordinated referrals and follow-up for members to non-covered services. Designated persons providing SUD services shall provide to member, to the extent of available community resources and as clinically indicated, information and referral to community services which may include, but are not limited to:
 - a. Child care;
 - b. Elder care;
 - c. Housing;
 - d. Transportation;
 - e. Employment;
 - f. Vocational training;
 - g. Educational services;
 - h. Mental health services;
 - i. Financial services; and
 - j. Legal services.
9. Designated employee providing SUD services will report to OHA, within 30 days of admission or discharge, with all information required by OHA’s most current data system.
10. Will utilize OHA approved SUD screening tools for prevention, early detection, brief intervention and referral to substance use disorders treatment.
11. Will make a good faith effort to screen all members and provide prevention, early detection, brief intervention and referral to substance use disorders treatment who are in any of the following circumstances:
 - a. At an initial contact or routine physical exam;
 - b. At an initial prenatal exam;
 - c. When the member shows evidence of substance use disorders or abuse (as noted in the OHA approved screening tools); or
 - d. When the member over-utilizes covered services.
12. Ensure that individuals or programs have a letter of approval or license from Oregon Health Authority (OHA) for the substance use disorders services they provide and meet all other applicable requirements of this contract, except that providers under “The Drug Addiction Treatment Act of 2000,” Title 42 Section 3502 Waiver may treat and prescribe buprenorphine for opioid addiction in any appropriate practice setting in which they are otherwise credentialed to practice and in which such treatment would be medically appropriate.
13. Will comply with the following access requirements:
 - a. Members are seen the same day for emergency SUD treatment care.
 - b. Pregnant women and IV drug users must be provided with an immediate assessment and intake;



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- c. Members with opioid use disorder must be provided with an assessment and intake within seventy-two (72) hours;
- d. Veterans and their families must be provided with an immediate assessment and intake;
- e. Members requiring Medication Assisted Treatment (MAT) must be provided with an assessment and induction no more that seventy-two (72) hours, UHA will document efforts to provide case as soon as possible and consider providing intensive care coordination services as applicable under OAR 410-141-3870 (fka 410-141-3170).
 - i. UHA will assist MAT members in navigating the health care system and utilize community resources such as hospitals, peer support specialist, and the like, as needed until assessment and induction can occur;
 - ii. UHA will ensure providers provide interim services daily until assessment and induction can occur and barriers to medication are removed. Daily services may include hospitals, peer support specialists or other types of provider settings. UHA or providers will not require members to follow a detox protocol as a condition of providing such members with assessment and induction.
 - iii. UHA will provide members with an assessment that includes a full physical as well as a bio-psycho-social spiritual assessment and prescribe and deliver any necessary medication taking into consideration the results of such assessment and also the potential risks and harm, to the member in light of the presentation and circumstances; and
 - iv. Provide no less than two (2) follow up appointments to such members within 1 week after the assessment and induction.
- 14. Members have the right to obtain MAT for SUD, including opioid use disorders, without prior authorization of payment during the first 30 days of treatment. In the event a member is unable to receive timely access to care as required under the CCO Contract, such affected member shall have the right to receive the same treatment from a non-participating provider outside of or with UHA's service area. The right of members under CCO Contract Exhibit B, Part 2, Section 3(b)(5). will apply to each episode of care.
- 15. In addition to any other confidentiality requirements described in the CCO Contract, UHA will comply with Federal confidentiality laws and regulations (42 CFR Part 2) governing the identity and medical/client records of members who receive SUD services.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
NA	NA	NA	NA	NA

