MACOMB COUNTY
COMMUNITY MENTAL HEALTH

Subject: **Utilization Management**	Procedure: **Authorizations for Outpatient Care of Substance Use Disorders**	
Last Updated: **3/25/2025**	Owner: **Managed Care Operations**	Pages: **4**

I. PURPOSE

To provide procedural and operational guidance to contract providers on the documentation requirements for authorizations of outpatient care of substance use disorders.

II. DEFINITIONS

American Society of Addiction Medicine (ASAM) Criteria:
A comprehensive set of standards for placement, continued service, and transfer of persons served with addiction and cooccurring conditions. A multidimensional assessment that considers the person's biomedical, psychological, and social needs.

ASAM Continuum:
An electronic assessment tool that allows clinicians, counselors, and other staff to leverage a computerized clinical decision support system (CDSS) to assess individuals with addictive substance use disorders and co-occurring conditions.

Block Grant Funding:
Persons served without Medicaid and with limited financial resources may qualify to have fees for substance use treatment subsidized through Block Grant (Community Grant or PA2) funding. Eligibility includes, but is not limited to, income eligibility requirements based on the current MCCMH-SUD sliding fee scale and a lack of third-party substance use coverage or having exhausted their third-party benefits.

High-Intensity Outpatient Program (HIOP):
A highly structured, non-residential treatment program that addresses SUD issues and relapse prevention for persons served who do not require medical detoxification or 24-hour supervision. Services are provided for at least twenty (20) hours per week and include therapy, psychoeducation, and recovery services as identified in the Individualized Treatment Plan.

Intensive Outpatient Program (IOP):
A highly structured, non-residential treatment program that addresses SUD issues and relapse prevention for persons served who do not require medical detoxification or 24-hour supervision. Services are provided from nine (9) to nineteen (19) hours per week.

Medical Necessity:
Determination that a specific service is medically (clinically) appropriate; necessary to meet needs; consistent with the person's diagnosis, symptomatology, and functional impairments; is the most cost-effective option in the least restrictive environment; and is consistent with clinical standards of care.

Medications for Opioid Use Disorders (MOUD):
An evidence-based approach that utilizes medication to treat persons served with opioid use disorders.

Outpatient Care:
Non-residential treatment services that can take place in an office-based location with clinicians educated/trained in providing directed alcohol and other drug treatment. Individual, family, or group treatment services may be provided individually or in combination. Services are provided from one (1) to eight (8) hours per week.

Substance Use Disorder (SUD):
A treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal and illegal drugs, alcohol, or medications.

III. PROCEDURE

A. When a person served is seeking SUD outpatient care, they directly contact the SUD provider of their choice to request treatment.

   1. The SUD provider will schedule an intake appointment as soon as possible but no later than fourteen (14) calendar days from the date of their request.

   2. If the SUD provider is unable to schedule an intake appointment within fourteen (14) calendar days from the date of their request, they must offer to connect the person served with the MCCMH Customer Service Department for further outpatient provider resources.

B. When a person served contacts the MCCMH Managed Care Operations (MCO) division to complete telephonic screening for SUD services, and the MCO screener recommends an Intensive Outpatient Program (IOP), a High-Intensity Outpatient Program (HIOP), or Medications for Opioid Use Disorder (MOUD) services then the MCO screener will assist in linking the person served to an SUD provider for the appropriate service.

   1. The MCO screener will contact the SUD provider for either IOP, HIOP, or MOUD with the person served on the line via a conference call.

   2. The SUD provider will schedule an intake appointment as soon as possible but no later than fourteen (14) calendar days from the date of their request.

3. Please note: While MCO can refer to these services via the telephonic screening process, persons served are not required to call MCO for this purpose. SUD providers can refer to these services based on their intake assessment by following this procedure.

C. The intake assessment process includes, but is not limited to, the following:

1. Identify the person's functional, treatment, and recovery needs and set the foundation for formulating the Individualized Treatment Plan.

2. The clinician will complete the ASAM Continuum assessment or review an ASAM Continuum assessment received from a previous provider, if applicable.

3. The clinician will complete a clinically focused interpretive summary that includes their clinical impression of the client and their recommendation of the appropriate level of care. This summary should speak to the rational for the six (6) dimensions of the ASAM especially when the clinician's clinical recommendations differ from the recommendations of the ASAM Continuum.

D. When the intake assessment supports the medical necessity for either the IOP or HIOP levels of care, the provider submits the prior authorization request to MCO in the FOCUS electronic medical record (EMR). The authorization request must include the following to support medical necessity:

1. Identify the number of sessions and timeframe the person served will participate in IOP or HIOP.

2. Documentation of all six ASAM dimensions with a description of the person's status in those dimensions.

3. Document all current medical and mental health diagnoses.

4. Provide clinical justification for the requested level of care.

E. MCO has fourteen (14) calendar days to make a medical necessity determination on these authorization requests.

1. When it is determined that the person served meets the medical necessity criteria for the authorization of IOP or HIOP, the authorization is approved in the FOCUS EMR, and an electronic notification is sent to the SUD provider.

2. When it is determined that the person served does not meet the medical necessity criteria for the authorization of IOP or HIOP, the authorization is denied in the FOCUS EMR, an electronic notification is sent to the SUD provider, and MCO sends a Notice of Adverse Benefit Determination (ABD) to the person served.

F. When a person served is actively engaged in SUD services through MCCMH and the SUD provider clinician is recommending a change in the level of care to IOP or HIOP services, they will complete the following:

1. The clinician completes the MCCMH SUD Change in Level of Care (CLOC) form and electronically submits this to MCO in the FOCUS EMR.

2. The clinician will complete a clinically focused interpretive summary that includes their clinical impression of the client and their recommendation of the appropriate level of care. This summary should speak to the rational for the six (6) dimensions of the ASAM especially when the clinician's clinical recommendations differ from the recommendations of the ASAM Continuum.

G. MCO has fourteen (14) calendar days to make a medical necessity determination on the CLOC request.

1. When it is determined that the person served meets the medical necessity criteria for the authorization of IOP or HIOP, the CLOC is approved in the FOCUS EMR, and an electronic notification is sent to the SUD provider.

2. When it is determined that the person served does not meet the medical necessity criteria for the authorization of IOP or HIOP, the CLOC is denied in the FOCUS EMR, an electronic notification is sent to the SUD provider, and MCO sends a Notice of ABD to the person served.

REFERENCES

None.

IV. RELATED POLICIES

A. MCCMH MCO Policy 4-020, "Medicaid and Non-Medicaid Notice of Adverse Benefit Determination"
B. MCCMH MCO Policy 12-004, "Service Authorizations"

V. EXHIBITS

None.

Annual Review Attestation/Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	2/19/2025	Creation of Procedure	MCCMH MCO Division
2	3/25/2025	Implementation of Procedure	MCCMH MCO Division