

MACOMB COUNTY COMMUNITY MENTAL HEALTH SUBSTANCE USE DEPARTMENT

AUTHORIZATION MATRIX

| SERVICE CATEGORY | ASAM 3 RD ASAM 4th | | MCO SCREEN REQUIRED | COVERED SERVICES | INITIAL AUTHORIZATION | CONTINUED STAY | NOTES |
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| ADOLESCENT EARLY INTERVENTION | 0.5 | N/A | No | Assessment, individual sessions, care coordination | For up to a 90 day period: One (1) assessment, five (5) early intervention sessions and up to four (4) care coordination sessions to be completed in a school setting. *Prior authorization not required | Not eligible for continued stay. If concerns cannot be addressed within the six (6) sessions, referral to a MCCMH-SUD funded provider or covered healthcare provider is suggested. | |
| OUTPATIENT for SIGNIFICANT OTHER/CHILDREN | 0.5 | N/A | No | Assessment, individual, group | For up to a 90 day period: One (1) assessment and up to eleven (11) individual sessions. *Prior authorization not required | Not eligible for continued stay, if concerns cannot be addressed within the eleven (11) sessions, referral to a covered healthcare provider is suggested. | Client may be the significant other or child of someone with a substance use disorder who have been impacted by their use. Client must meet ASAM 0.5 criteria and not otherwise be eligible for MH services. |

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| <p>OUTPATIENT and RELAPSE PREVENTION</p> | <p>1</p> | <p>1.5</p> | <p>No</p> | <p>Assessment, individual sessions, group therapy, didactic groups.</p> | <p>For up to a 90 day period: One (1) Assessment, twelve (12) group sessions, five (5) individual sessions and twenty-four (24) didactic units (15 minute units) for individuals who have never been in treatment or have never received SUD education. Only one assessment allowed within a one year period.</p> <p>*Prior authorization not required</p> | <p>Group and individual sessions as appropriate based on clinical judgement, person centered plan and medical necessity.</p> | <p>Psychiatric Services: MCCMH-SUD can only fund psychiatric services for Block Grant funded clients. Clients funded by Medicaid/HMP must be set up with a provider paneled with their health plan.</p> <p>Psychiatric services not covered under relapse prevention regardless of funding type</p> |
| <p>OPIOID TREATMENT PROGRAM (OTP)</p> | <p>1.0</p> | <p>1.7</p> | <p>Yes</p> | <p>Assessment, individual, group therapy, didactic, OTP medication, dosing and related medical services.</p> | <p>For up to a 90 day period: One (1) assessment, twelve (12) group sessions, five (5) individual sessions, daily dosing, up to sixteen (16) didactic units (15 minute units) for individuals who have never been involved in OTP or who have not</p> | <p>Continued stay as clinically appropriate as long as medical necessity is met and clinical and medical staff agree that this level of care is appropriate.</p> | <p>Psychiatric Services: MCCMH-SUD can only fund psychiatric services for Block Grant funded clients. Clients funded by Medicaid/HMP must be set up with a provider paneled with their health plan.</p> |

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| | | | | | <p>received didactics in the last 12 months.</p> <p>Only one assessment allowed within a one year period.</p> <p>*Prior authorization not required</p> | | |
| SUD HEATH HOME | 1.7 | 1.7 | No | Care management, peer recovery coaching, team meetings, community referrals | <p>Health Home core services provided by a nurse care manager, peer recovery coach, community health worker or behavioral health specialist.</p> <p>Authorizations must be submitted within 7 days.</p> | <p>No limit on the number of Health Home services authorized per month. Health Home authorizations are valid for one year.</p> <p>During the initial 30 days, at least three (3) SUD-HH core services must be rendered with the initial SUD-HH service being in person.</p> <p>At least one HH service provider per month after the first 30 days of enrollment.</p> | <p>Clients are eligible if:</p> <ol style="list-style-type: none"> 1.) Macomb County Resident 2.) Have full Medicaid/HMP 3.) Diagnosed with Alcohol, Opioid, or Stimulant use disorder 4.) Have a co-morbid risk factor for asthma, elevated BMI, COPD, mental health condition, or diabetes 5.) Must be approved via the WSA |

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| INTENSIVE OUTPATIENT | 2.1 | 2.1 | Yes, must be screened by MCO or include documentation of medical necessity in Change in Level of Care form submitted to MCO for review. | Assessment, chair day, individual sessions. | <p>Chair days up to contracted fully program (must meet ASAM guidelines of at least 9 hours per week), one (1) assessment, two (2) individual sessions. Only one assessment is allowed within a one year period.</p> <p>*Clients who completed an intensive treatment episode within the past 12 months eligible for ten (10) chair days, one (1) assessment and two (2) individual sessions.</p> <p>Authorizations must be submitted prior to the next appointment.</p> | Reauthorization as clinically indicated by MCO. | Psychiatric Services: MCCMH-SUD can only fund psychiatric services for Block Grant funded clients. Clients funded by Medicaid/HMP must be set up with a provider paneled with their health plan. |
| PARTIAL/HIGH INTENSITY OUTPATIENT | 2.5 | 2.5 | Yes | Assessment, chair days. | Chair days up to contracted fully program (must meet ASAM guidelines of at least 20 hours per week), one (1) assessment. Only one assessment is allowed | Reauthorization as clinically indicated by MCO. | Psychiatric Services: MCCMH-SUD can only fund psychiatric services for Block Grant funded clients. Clients funded by Medicaid/HMP must be set up with a |

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| | | | | | <p>within a one year period.</p> <p>Authorizations must be submitted within one day.</p> | | <p>provider paneled with their health plan.</p> |
| WITHDRAWAL MANAGEMENT | 3.7 | 3.7 | Yes | <p>Withdrawal management days, room and board.</p> | <p>Up to five (5) days of withdrawal management based on medical need and withdrawal management symptomology.</p> <p>Authorizations must be submitted within one day.</p> | <p>Reauthorization as clinically indicated by MCO.</p> | |
| SHORT TERM RESIDENTIAL | 3.3 3.5 | 3.5 | Yes | <p>Residential days, room and board.</p> | <p>Up to twenty-one (21) residential days based on medical necessity.</p> <p>Clients who completed a residential program within the past 12 months, up to ten (10) residential days based on medical necessity.</p> <p>Authorizations must be submitted within one day.</p> | <p>Reauthorization as clinically indicated by MCO.</p> | <p>Medicaid and HMP funded clients will have room and board funded through Block Grant.</p> |

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| LONG TERM RESIDENTIAL | 3.1 | 3.1 | Yes | Residential days, room and board. | <p>Bed days up to contracted amount.</p> <p>Authorizations must be submitted within one day.</p> | Reauthorization as clinically indicated by MCO. | Medicaid and HMP funded clients will have room and board funded through Block Grant. |
| WOMEN'S SPECIALLY RESIDENTIAL | 3.5 | 3.5 | Yes | Residential days, room and board, child sitting. | <p>Up to twenty-one (21) residential days based on medical necessity.</p> <p>Clients who completed a residential program within the past 12 months, up to ten (10) residential days based on medical necessity.</p> <p>Authorizations must be submitted within one day.</p> | Reauthorization as clinically indicated by MCO. | |