Objective:

To provide members with safe and humane withdrawal from alcohol and dependence drugs, enabling them to become/remain alcohol and drug free.

Policy:

I. Chemical Dependency Treatment Services

HealthShare/Tuality Health Alliance (THA) covers outpatient chemical dependency treatment services, intensive outpatient chemical dependency treatment services, authorized hospital inpatient detoxification treatment services, and opioid substitution therapy services for all (Plus and Standard) members. THA will strive to provide for chemical dependency services that specifically serve the following member subgroups:

- Adolescents (taking adolescent development into consideration);
- Women (taking women’s specific issues into account);
- Ethnically and racially diverse individuals (allowing for language-appropriate and culturally relevant treatment environments);
- Intravenous drug users;
- Criminal justice system transgressors;
- People with co-occurring disorders (e.g. mental illness).

THA covered treatment and therapy services include:

- Level I – outpatient counseling and treatment;
- Level II – intensive outpatient counseling and treatment;
- Level IV – THA-authorized hospital inpatient detoxification counseling and treatment;
- Opioid substitution therapy.

**Early intervention/prevention services (Level 0.5) are not covered.**

**Inpatient detoxification in a freestanding, non-hospital setting (Level III) is not covered.**

If a member meets admission criteria, chemical dependency treatment and therapy services will be provided regardless of his/her prior treatment(s).

A member will be admitted immediately (within 24 hours) for emergency chemical dependency treatment. He/she will be admitted within 48 hours for urgent...
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treatment, and within 10 days (or the community standard time frame) for routine treatment.

a. Outpatient Chemical Dependency Treatment and Therapy Services
Outpatient chemical dependency treatment services will be provided to any member that meets the Addictions and Mental Health (AMH) Division of the Department of Human Services’ criteria for residential treatment services, community detoxification treatment services, or opioid substitution therapy services. A member may be referred to these outpatient services or may request treatment/therapy services of his/her own accord; no THA authorization is needed.

Outpatient chemical dependency treatment services are provided through various contracted counseling and addiction programs in community treatment facilities. These facilities include:

- CODA;
- CRC Health Group – Hooper Center and Allied Health Clinic;
- De Paul Treatment Centers;
- Lifeworks Northwest;
- Luke-Dorf;
- Western Psychology and Counseling Services.

Federal regulations allow short-term opioid substitution therapy of 30 days. Long-term opioid substitution therapy may be allowed for up to 180 days.\(^1\) THA opioid substitution providers include:

- CODA;
- CRC Health Group – Hooper Center.

b. Inpatient Chemical Dependency Treatment Services
Inpatient chemical dependency detoxification services will be provided when it is determined that a member’s life and health may be negatively affected if detoxification is not completed in the hospital setting. Inpatient detoxification services must be requested by the member’s provider, and then authorized by THA Medical Management prior to the member’s admission. If the member’s condition is life threatening, requiring sudden emergency admission, inpatient authorization must be requested within the first 24 hours of that admission. THA Medical Management will

\(^1\) http://www.ncbi.nlm.nih.gov/books/NBK64116/#A85631
determine the medical necessity of an inpatient admission using InterQual and AMH/ASAM PPC-2R criteria. Inpatient services must be provided by a multidisciplinary team and carried out by a plan which includes:

- Documentation of the initial treatment (within 24 hours of admission) that identifies the member’s working diagnosis and short-term treatment goals;
- Documentation of comprehensive treatment to replace or supplement the initial treatment within 72 hours of admission;
- Documentation of severe withdrawal symptom management;
- Daily documentation of the member’s status/progress and response to treatment.

II. THA Case Management

a. Case Management of Members with Chemical Dependency Issues

THA will make a good faith effort to utilize AMH-approved screening tools for early detection of members with chemical dependency issues. Dependent members will be provided with intervention counseling and suggested referral to outpatient chemical dependency treatment services.

THA Case Managers will review monthly reports of paid claims to identify members with chemical dependency treatments. Each member case will be reviewed at weekly Case Management Meetings. If it is determined that a member’s current level of treatment is not appropriate, a comprehensive review of that member’s chemical dependency treatment will be initiated; the following treatment plan components will be examined:

- 5 Axis Diagnosis;
- Evidence of the member’s participation in the development of his/her treatment plan;
- Measurable treatment objectives;
- Estimated treatment completion date.

If the comprehensive review deems the member’s treatment to be inadequate, treatment level will be adjusted.
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b. Case Management of Members with Controlled (Prescription) Substance Issues

Case Managers will run the monthly Controlled Substance Utilization Report; they will review this pharmacy report to evaluate controlled substance/drug usage for each identified member. Each member case will be reviewed at weekly Case Management Meetings. If a member is found to have controlled substance abuse issues, the Case Manager will notify the member’s PCP and/or prescribing practitioner. The Case Manager will work with the member to develop a plan of care.

If the member complies with the plan of care, the Case Manager will continue to monitor him/her; if the member does not comply with the plan of care, the Case Manager will hold a care conference with that member and other interested parties. The conference may be held over the phone or in person. During the conference, the Case Manager will discuss and develop a Coordinated Care Agreement, or controlled substance contract. The Case Manager will outline member compliance requirements. Further noncompliance may result in the removal or limitation of the member’s controlled substance prior authorization per Oregon Administrative Rule (OAR) 410-141-0263.

References: 2012 OHA Coordinated Care Organization Contract #139071
http://www.oregon.gov/DHS/addiction/resource_center.shtml#news
OAR 410-141-0263
OAR 410-141-0320
OAR 410-141-0480
OAR 415-0200-0000
OAR 415-051-0000

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THA Plan Director     THA Medical Director