



NMRE Substance Use Disorder Services (SUD) Eligibility Protocols

SUBJECT	ACCOUNTABILITY NMRE, NMRE Provider Network	Effective Date: August 27, 2014	Pages: 5
REQUIRED BY	BBA Section: PIHP Contract Section: 7.0, "Provider Network Services," P4.1.1, "Access Standards," P.II.B.A., "SUD Policy Manual" Other:	Last Review Date: July 26, 2019	Past Review Date:
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Review Cycle: Annual Author: NMRE Managing Director of Substance Use Disorder Services	Responsible Department: SUD	Reviewers: NMRE CEO

Definitions

American Society of Addiction Medicine (ASAM) Criteria: A national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.

Assessment: A comprehensive psychiatric evaluation, psychological testing, substance use disorder screening or other assessments conducted to determine a person's level of functioning and behavioral health treatment needs. Physical health assessments are not part of the CMH/PIHP services.

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

Co-Occurring: A term used when a beneficiary has co-existing mental health and substance use disorders.

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5): The 2013 update to the Diagnostic and Statistical Manual of Mental Disorders used by clinicians and psychiatrists to diagnose psychiatric illnesses. The DSM is published by the American Psychiatric Association and covers all categories of mental health disorders for both adults and children., the taxonomic and diagnostic tool published by the American Psychiatric Association (APA).

MDHHS: The Michigan Department of Health and Human Services.

Medical Necessity: A 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.

Northern Michigan Regional Entity (NMRE): The PIHP for Region 2, the 21-counties located in Michigan’s northern lower peninsula.

Prepaid Inpatient Health Plan (PIHP): One of ten organizations in Michigan responsible for managing Medicaid services related to behavioral health, development disabilities, and substance use.

State Disability Assistance (SDA): Cash assistance provided to adults with disabilities, are 65 or older, or care for a person with a disability.

Substance Use Disorder: The taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety or welfare, or a combination thereof.

Protocols

Eligibility for Substance Use Disorder (SUD) services under funding sources through the Northern Michigan Regional Entity (NMRE) will be:

A. Access

Screening is a function provided by the NMRE Access staff along with Care Coordination offered by the NMRE Care Managers. Services will be provided in the amount and for the duration and with the scope that is appropriate to reasonably achieve the desired treatment outcome. Level of care is determined by ASAM Placement Criteria used by the NMRE.

Seeking Assessment	Beneficiary may contact an outpatient provider directly.
Outpatient	Beneficiary may contact an outpatient provider directly.
Withdrawal Management	Beneficiary may contact a sub-acute detoxification provider directly.
Low Intensity Residential	Beneficiary should call the NMRE Access Center for screening.
High Intensity Residential	Beneficiary should call the NMRE Access Center for screening.
Medication Assisted Treatment	Beneficiary should call the NMRE Access Center for screening.

B. Clinical Need

The standard for determining need for service will be medical necessity. Services will be furnished in accordance with the individual’s service goals, and in the amount, duration, and scope sufficient to enable him/her to function at the highest possible level in the least restrictive environment for the severity of the disorder. For youth under age 18, services will also be provided so that they

contribute to developmental progress as individually appropriate. Funds will only be accessed for intensive services if the screening demonstrates a need for such services. Beneficiaries will meet DSM-V diagnostic criteria and ASAM PPC-2R criteria for the level of care requested.

1. Medicaid

Providers of Medicaid-covered services will accept beneficiaries referred by the NMRE Care Managers and render medically necessary services which the provider is qualified by law to render, customarily provides, and has the capacity to provide.

C. Residency

Community Block Grant	Residing in, around or homeless within the twenty-one counties within the NMRE region.
Medicaid	Has Medicaid through a county within the twenty-one county NMRE region.
Healthy Michigan Plan	Has Healthy Michigan Plan (HMP) through a county within the twenty-one county NMRE region.
SDA	N/A

D. Income

Community Block Grant	Financial eligibility.
Medicaid	NMRE does not have income eligibility guidelines for beneficiaries with Medicaid insurance. Any beneficiary with Medicaid will be eligible for NMRE SUD treatment services. Medicaid financial eligibility will be determined by MDHHS.
Healthy Michigan Plan	NMRE does not have income eligibility guidelines for beneficiaries with HMP insurance. Any beneficiary with HMP will be eligible for NMRE SUD treatment services. HMP financial eligibility will be determined by MDHHS.
SDA	SDA eligibility will be determined by MDHHS.

E. Verification

To receive substance use disorder treatment funding through Medicaid or HMP, verification of enrollment will be required will demonstrated “medical necessity” for the services provided. Verification of enrollment will occur prior to a provider billing for services to ensure accuracy and at the screening by the NMRE.

Community Block Grant	Income verification will be required in the form of proof of income or a beneficiary written, signed statement indicating why there is no proof of income.
Medicaid	Enrollment and county of residence will be verified for any service.
Healthy Michigan Plan	Enrollment and county of residence will be verified for any service
SDA	Verification will be in the form of proof of a letter stating to the beneficiary.

F. Additional Eligibility Requirements and Limitations

1. Residential and Withdrawal Management Services

The final day of treatment services will not be reimbursable.

2. Education

NMRE recognizes that education is a large and important part of treatment. Services that are exclusively educational in nature will not be covered through NMRE funding. For instance, Alcohol Highway Safety will not be covered.

3. Drunk Driving/Court-Ordered Assessments

No funding through the NMRE will permit DDA's or assessments performed solely for the purpose of providing information to a court system.

4. Driver's License Reinstatement Evaluations

Assessment solely for the purpose of a reinstatement of a driver's license will not be covered by NMRE funding.

5. Non-Substance Use Disorder Addictions

Eating disorders, gambling and other addictions that are not substance use disorders will not be funded through NMRE SUD services due to Medicaid, Healthy Michigan and Community Block Grant funding requirements.

6. Transportation

Funding for transportation to and from SUD treatment will not be funded unless the beneficiary meets the requirements for Women and Families and is traveling to a provider offering these specialized services. The NMRE may open this requirement for all beneficiaries as funding allows.

7. Medicare/Medicaid

Medicare will be the primary funding source. If a beneficiary has Medicare, services will be provided by a Medicare approved provider. If a Medicare approved provider is not available, services may be authorized using funding through the NMRE.

8. Medication Therapy & Management

While medication therapy is recognized as a potentially valuable treatment adjunct for certain beneficiaries, it will not be a covered service. Medicaid recipients will be able to obtain medication and/or medication management services under their medical benefit; however, they cannot access these through NMRE.

Note: The only exception to this may be if a beneficiary is part of a Methadone Maintenance program or other NMRE approved opiate treatment.

9. Actively Resistant/ Hostile Beneficiaries

Resistance is part of the treatment process, and it is not expected that beneficiaries express total commitment to treatment and recovery. Motivation in some form, however, must be present. For instance, a potential beneficiary may not want to quit drinking, but he/she may be motivated by a desire to avoid the consequences of being arrested for a second driving under the influence charge; this will be sufficient motivation for her to be eligible for Block Grant funded services. External motivators, such as the court system, will be acceptable if the beneficiary is open to working on a problem caused or exacerbated by alcohol and/or drugs.

Note: This only applies to adults. Adolescents who clearly demonstrate a need for services but do not see value in receiving them will be eligible for Block Grant funding. This will not be construed as superseding the beneficiary right to refuse services and to be told of the consequences for refusal.

Approval Signature



NMRE Chief Executive Officer

7/26/19

Date