Substance Use Disorder Continuum of Services

The comprehensive continuum of services for the screening, assessment, and treatment of substance use disorders includes several new services based upon the American Society of Addiction Medicine's levels of care (ASAM LOC).

Item 1. ASAM Level 0.5, early intervention:

A. Screening, Brief Intervention, and Referral to Treatment (SBIRT)

1. Definition: SBIRT is a community-based practice designed to identify, reduce and prevent problematic substance use or misuse and co-occurring mental health disorders as an early intervention. SBIRT is delivered through a process consisting of universal screening, scoring the screening tool and a warm hand-off to a SBIRT trained professional who conducts a face-to-face brief intervention for positive screening results. If the need is identified for additional treatment, the staff member will refer to behavioral health services.

Screening is universal for recipients being seen in the medical setting, and referral relationships with mental health agencies and practices must be in place. Screening tools must be specific to age. Screening services do not require a diagnosis; brief interventions can be billed with a provisional diagnosis.

2. Providers: Services are provided in a medical setting including but not limited to:
   a. Primary care offices;
   b. Federally Qualified Health Centers;
   c. Tribal 638 clinics;
   d. Indian Health Service facilities;
   e. Urgent care centers;
   f. Hospital outpatient clinics;
   g. Emergency Departments;
   h. Rural health clinics;
   i. Specialty physical health offices/clinics;
   j. School based health centers

3. Practitioners delivering the service may include but are not limited to:
   a. Registered nurses;
   b. Certified nurse practitioners;
   c. Clinical nurse specialists;
   d. Behavioral health practitioners at all educational levels;
   e. Behavioral health interns under supervision;
   f. Certified peer support workers;

g. Certified family peer support workers;
h. Licensed physician assistants;
i. Physicians;
j. Medical assistants; and
k. Community health workers.

All practitioners must be trained in SBIRT through State approved SBIRT training entities.

B. Other validated screening tools are utilized with differing models in other settings such as, but not limited to, drug courts, juvenile justice systems, Indian Health Services and Tribal 638s, or early childhood settings for children's risk conditions based on caregiver impact on child utilizing dyadic modalities.

Item 2. ASAM Level 1, outpatient settings: less than 9 hours of services per week for adults, and less than 6 hours/week for adolescents for recovery or motivational enhancement therapies/strategies.

A. Peer Support Services

1. Definition: Peer Support Services are peer-to-peer support to develop and enhance wellness and health care practices. Most of the peer services are for substance use disorders, but may also be for justice involved individuals, veterans or other specialty types. A Certified Peer Support Worker (CPSW) provides practical assistance to people who have, or are receiving, other services to help them regain control over their lives. Through a collaborative peer process, information sharing promotes choice, self-determination and opportunities for the fulfillment of socially valued roles and connection to the recipient's community. The following are some examples of peer support services:
   a. Providing support for clients' physical health conditions or concerns
   b. Giving assistance with independent living skills (e.g. money management, problem solving, establishing boundaries, reducing stress);
   c. Working together to develop socialization and recreational skills;
   d. Aiding a person in crisis; and
   e. Developing recovery and resiliency skills.

2. Coverage criteria: Peer Support Services must be identified as a service need in the beneficiary's comprehensive assessment or diagnostic evaluation.

3. Provider Facilities: Peer Support Services take place in many different provider facility types:
   a. Federally qualified health centers;
   b. Community mental health centers;
   c. Core service agencies;
   d. Behavioral health agencies;
   e. Wellness centers;
   f. Crisis stabilization community centers;
   g. Crisis triage centers;
   h. Mobile crisis teams;
   i. Hospital emergency departments and outpatient clinics;
   j. Tribal 638 Clinics;
   k. Indian Health Service centers;
   l. Children Youth and Families Department service centers;
   m. Opioid treatment centers;
   n. CareLink NM health homes; and
   o. Political subdivisions of the State with a supervisory certificate.

Peer Support Workers must work under the direction of a licensed supervisor for rendering peer services. Certification by the Counseling and Therapy Practice Board is required for Medicaid reimbursement.

4. IHS and Tribal 638 clinics will bill utilizing the OMB reimbursement rate.

B. Family Peer Support Services (FPSS)

1. Definition: Family Peer Support Services enable parents and other primary caregivers to be recognized as valuable team members so their voice is included and incorporated into plans of care and their natural support systems are strengthened. FPSS helps families gain the knowledge, skills and confidence to effectively manage their own needs and the needs of the family member with the condition, ultimately moving to more family independence. FPSS workers serve as role models demonstrating effective relationships, interactions, and behaviors, sharing their experience, as appropriate, to establish a bond based on similar experience.

New Mexico trains two types of family peer support workers: 1) a parent or caregiver of a child with a substance use condition or serious emotional disturbance, and 2) a spouse, sibling, partner, or other primary support person for an adult with a substance use disorder or severe mental illness.

Family Peer Support Workers must work under the direction of a licensed supervisor for rendering FPSS services. Certification of the family peer support worker by the Counseling and Therapy Practice Board is required for Medicaid reimbursement.

The specific services provided are tailored to the individual needs of the recipient and family according to the individual's treatment or service plan.

2. Coverage criteria: Family Peer Support Services must be identified as a service need in the beneficiary's comprehensive assessment or diagnostic evaluation:

a. If the Medicaid recipient is a child or youth, the need for support for their parent or other primary caregiver must be identified in the Medicaid recipient's comprehensive assessment or diagnostic evaluation; or
b. If the Medicaid recipient is a parent or primary caregiver struggling with support of their child with a mental health or substance use diagnosis, the need for FPSS must be identified in their comprehensive assessment or diagnostic evaluation; or
c. If the Medicaid recipient is an adult providing primary support to either a partner or sibling or other identified family member the need for FPSS must be identified in the Medicaid recipient's comprehensive assessment or diagnostic evaluation; or
d. If the Medicaid recipient is an adult that is being primarily supported by a partner or sibling or other family member, the need for FPSS for that supporting family member must be identified in the Medicaid recipient's comprehensive assessment or diagnostic evaluation.

3. Providers: Family Peer Support Services take place in many different provider facilities:

a. Federally qualified health centers;
b. Community mental health centers;
c. Core service agencies;
d. Behavioral health agencies;
e. Wellness centers;
f. Crisis triage centers;
g. Hospital outpatient clinics and emergency departments;
h. Tribal 638 Clinics;
i. Indian Health Service centers;
j. Children Youth and Families Department service centers;
k. Opioid treatment centers;
l. CareLink NM health homes;
m. Patient centered medical homes;
n. Political subdivisions of the State with a supervisory certificate; and

o. Agencies in which care coordination has been delegated from the managed care organizations.

4. IHS and Tribal 638 clinics will bill utilizing the OMB reimbursement rate.

C. Dyadic therapy for a baby or child diagnosed with a behavioral health condition or at risk because of the caregiver's behavioral health condition includes the mother or primary caregiver together with the child. The dyadic therapy is covered under either the child or caregiver's Medicaid eligibility.

D. Level 1 withdrawal management: Ambulatory withdrawal management without extended on-site monitoring; and Level 2 withdrawal management: Moderate withdrawal management with extended on-site monitoring; at night has supportive family or living situation.

E. Crisis Stabilization Community Centers

1. Definition: Crisis Stabilization Community Centers are outpatient centers for up to 24-hour stabilization of crisis conditions providing services designed to ameliorate or minimize an acute crisis episode or to prevent incarceration, emergency department, inpatient psychiatric hospitalization, or medical detoxification. Services are provided to eligible recipients who have suffered a breakdown of their normal strategies or resources and who exhibit acute problems or disturbed thoughts, behaviors, or moods which could threaten the safety of self or others. Ambulatory withdrawal management may be included. Some Centers may also offer navigational services for individuals transitioning to the community from correctional facilities.

2. Providers: These Centers are a component of a variety of enrolled Medicaid agencies:

a. Core service agency (CSA);
b. Community mental health center (CMHC);
c. Federally qualified health center (FQHC);
d. Indian Health Services;
e. Tribal 638 clinics;
f. Hospital outpatient clinics;
g. Behavioral health agency with supervisory certificate (BHA);
h. Political subdivision of the state of NM with supervisory certificate;
i. Opioid treatment program within a methadone clinic with supervisory certificate; and

j. Agencies contracted with an eligible provider agency who is responsible for the outpatient crisis stabilization services provided by the subcontractor agency.

3. Coverage criteria: Crisis stabilization community centers must be minimally staffed during all hours of operation with:

a. one registered nurse with experience or training in crisis triage and managing intoxication and withdrawal management if offered;
b. one licensed master's level mental health practitioner;
c. one certified peer support worker; and
d. either on-site or on call one board certified physician or licensed clinical nurse specialist, or licensed certified nurse practitioner.

Item 3. Level 2.1, Intensive Outpatient Services (IOP): Over nine hours/weekly for adults, and six hours weekly for adolescents to treat multidimensional instability

A. IOP for SUD: Time limited IOP services utilizing a multi-faceted approach to treatment for an eligible recipient who requires structure and support to achieve and sustain recovery. IOP must utilize a research and evidence-based model approved by the IOP Interagency Council and target specific behaviors with individualized behavioral interventions.

1. Eligible provider agencies:
   a. a CMHC;
   b. a FQHC;
   c. an IHS facility;
   d. a PL93-638 tribal facility;
   e. a MAD CSA;
   f. a CLNM health home;
   g. a behavioral health agency with a BHSD supervisory certificate; or
   h. an opioid treatment program in a methadone clinic.
2. IOP services are provided through an integrated interdisciplinary approach including staff expertise in both addiction and mental health treatment. This team may have services rendered by non-independent practitioners under the direction of the IOP supervisor including LMSW, LMHC, LADAC, CADC, LSAA, and master's level psych associates.
3. Prior to engaging in a MAD IOP program, the eligible recipient must have a treatment file containing:
   (a) one diagnostic evaluation with a diagnosis of substance use disorder; and
   (b) one individualized treatment or service plan that includes IOP as an intervention.
4. Treatment for all co-occurring mental health conditions must occur either in the agency rendering the IOP service, or through referral arrangements with other behavioral health providers.

5. Each IOP program must have a clinical supervisor. Both clinical services and supervision by licensed practitioners must be conducted in accordance with respective licensing board regulations.

6. The IOP agency is required to develop and implement a program outcome evaluation system.

7. The agency must maintain the appropriate state facility licensure if offering medication treatment or medication replacement services.

8. The agency must hold an IOP interagency council approval letter and be enrolled by MAD to render IOP services to an eligible recipient. In the application process each IOP must identify if it is a youth program, an adult program, a transitional age program, or multiple programs. Transitional age programs must specify the age range of the target population. A MAD IOP agency will be provisionally approved for a specified timeframe to render IOP services to an eligible recipient. During this provisionally approved time, MAD or its designee will determine if the IOP meets MAD IOP requirements and if so, the agency will receive an approval letter for IOP full enrollment.

9. Reimbursement is through a bundled rate.

B. Intensive Outpatient for Mental Health Conditions
All conditions as IOP for SUD apply.

Item 4. Level 2.5, Partial hospitalization: 20 or more hours of service/week for multi-dimensional instability, not requiring 24-hour care.

A. Partial hospitalization updated coverage criteria:
1. Extend coverage to beneficiaries 14 years old and older;
2. Include SUD in addition to mental health;
3. Qualified agency types include acute care hospitals with psychiatric services and psychiatric hospitals as specialty hospitals.

Item 5. Level 3, Accredited Residential Treatment Centers for adults with SUD with three sub-levels:

A. Definition: Accredited Residential Treatment Center for Adults with Substance Use Disorder (ARTC) are facilities for recipients 18 years of age and older, who have been diagnosed as having a substance use disorder (SUD).

B. Coverage Criteria:
1. The need for ARTC must be identified in the recipient's diagnostic evaluation as meeting criteria of the American Society of Addiction Medicine (ASAM) level of care 3, and for whom a less restrictive setting is not appropriate;

2. The ARTC must be accredited by the joint commission (JC), the commission on accreditation of rehabilitation facilities (CARF), or the council on accreditation (COA);

3. The ARTC must be certified for program and staffing content prior to enrollment as a Medicaid provider;

4. Treatment must be provided under the direction of an independently licensed clinician/practitioner as defined by ASAM criteria level 3 for the sub-level of treatment being rendered.

5. Treatment is based on the individual's treatment plan rendered by the ARTC facility's practitioners, within the scope and practice of their professions.

6. Admission and treatment criteria are based on the sub-levels of ASAM level 3

7. criteria, and must be met. The differing sub-levels of ASAM 3 are based on the intensity of clinical services, particularly as demonstrated by the degree of involvement of medical and nursing professionals.

8. The defining characteristic of level 3 ASAM criteria is that they serve recipients who need safe and stable living environments to develop their recovery skills.

9. They are transferred to lower levels of care when they have established sufficient skills to safely continue treatment without the immediate risk of relapse, continued use, or other continued problems, and are no longer in imminent danger of harm to themselves or others.

10. Residential treatment services which are medically necessary for the diagnosis and treatment of the individual's condition are covered. Room and board is not covered.

11. A clinically-managed ARTC facility must provide 24-hour care with trained staff.

C. Sub-levels of care

1. Level 3.1: Clinically managed low-intensity residential service: 24-hour structure with trained personnel; at least 5 hours of clinical service/week. This level is often a step down from a higher level of care and prepares the recipient for outpatient treatment and community life.

2. Level 3.3, 3.5, and 3.2 withdrawal management are clustered together in a second level of service with specific programming for each sub type:
   a. Level 3.3, clinically managed population specific high intensity residential services: 24-hour structure with trained counselors to stabilize multi-dimensional imminent danger; less intense programming and group treatment for those with cognitive or other impairments

unable to use full therapeutic community; and preparation for outpatient treatment.

b. Level 3.5, clinically managed high intensity residential services: 24-hour care with trained counselors to stabilize multi-dimensional imminent danger; and preparation for outpatient treatment.

c. Level 3.2 withdrawal management, clinically managed residential withdrawal management: Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.

The recipient remains in a Level 3.2 withdrawal management program until:

i. withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care; or

ii. the recipient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified such that transfer to a more intensive level of withdrawal management services is indicated.

3. Level 3.7 and 3.7 withdrawal management are clustered together in a third level of service with specific programming for each sub type.

Services are provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists, peer support workers or other health and technical personnel under the direction of a licensed physician.

a. Level 3.7: medically monitored intensive inpatient services: 24-hour nursing care with physician availability for significant problems; 16 hour/day counselor availability.

b. Level 3.7 withdrawal management: medically monitored inpatient withdrawal management: Severe withdrawal, 24-hour nursing care and physician visits; unlikely to complete withdrawal management without medical monitoring.

The recipient remains in a level 3.7 withdrawal management program until:

i. withdrawal signs and symptoms are sufficiently resolved that he or she can be safely managed at a less intensive level of care; or

ii. the recipient's signs and symptoms of withdrawal have failed to respond to treatment and have intensified such that transfer to

a more intensive level of withdrawal management services is indicated.

Item 6. Level 3 Crisis Triage Centers (CTC)

A. Definition: Crisis Triage Centers are community-based alternatives to hospitalization or incarceration authorized by 2014 NM HB212 Crisis Triage Center. The facilities are either outpatient only, or outpatient and residential for a maximum stay of 8 days, with no more than 15 beds. They serve youth 14 years of age and older and adults to provide voluntary stabilization of behavioral health crises including emergency mental health evaluation,

withdrawal management, and care. Both the lower age limit (14 to 18), and withdrawal management services are optional.

B. Coverage Criteria:

1. The facility must be licensed by the Department of Health, and

2. The Program must be certified by the Behavioral Health Services Division of the Human Services Department.

3. The functions performed by staff whose practice is regulated or licensed by the State of New Mexico are within the scope allowed by State law and professional practice acts.

4. Minimum staffing includes:
   a. an administrator which can be the same person as the clinical director;
   b. a full time clinical director;
   c. a charge nurse on duty 24 hours/day, seven days/week;
   d. an on-call physician 24 hours/day, seven days/week;
   e. a master's level licensed mental health practitioner;
   f. two certified peer support workers; and
   g. a part time psychiatric consultant, hours dependent on the size of the facility.

5. The ratio of direct care staff to individuals shall increase on the basis of the clinical care needs of the individuals in residence as well as the number of beds operated.

C. Services: include physical and mental health assessment, de-escalation and stabilization; brief intervention and psychological counseling; clinical consultation and supervision for bio-medical, emotional, behavioral, and cognitive problems; psychological and

psychiatric consultation; other services determined through the assessment process; and may include ambulatory withdrawal management; and, if residential, all level 3 withdrawal management services.

D. Reimbursement: Crisis Triage Center services are reimbursed through an agency specific cost based bundled rate relative to type of services rendered:

1. Outpatient only with episode type bundled rate;
2. Residential daily rate with withdrawal management; or
3. Residential daily rate without withdrawal management.

Item 7: ASAM Level 3.7 and 4 – Medically Managed Intensive Inpatient Withdrawal Management and rehabilitation in an Institute for Mental Illness (IMD)

A. Definition: An organized service delivered by medical and nursing professionals that provides for 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services. Twenty-four- hour observation, monitoring, and treatment are available. Therapeutic programming must also include all concomitant biomedical, emotional, behavioral, and cognitive conditions.

B. Eligible recipients: All Centennial Care managed care enrolled adolescents and adults, and all fee-for-service enrolled adolescents and adults with a substance use disorder or co-occurring mental health and substance use disorder.

C. Eligible facilities: Joint Commission (JC) certified psychiatric hospitals and Department of Health IMDs with 16 beds or more.

D. Length of stay: The limited 15 day “in lieu of” service for managed care enrollees is waived, and the length of service is dependent on the medical necessity of the beneficiary.

E. Reimbursement: For services only; room and board are not covered.