





NC Department of Health and Human Services

1115 SUD Waiver and ASAM Level of Care 3.3- Substance Use and Traumatic Brain Injury

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1115 SUD Waiver

Workgroup objectives:

- **Review draft clinical coverage policy for Clinically Managed Population Specific High Intensity Residential Programs**

ASAM level 3.3

- ***This level provides a structured recovery environment, in combination with high-intensity clinical services, provided in a manner to meet the functional limitations of individuals to support recovery from substance use disorders.***
- ***Individuals have cognitive limitations that are significant enough that outpatient treatments are not feasible or effective***

Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-related, and Co-Occurring Conditions.* 3rd ed. Carson City, NV: The Change Companies; 2013

ASAM level 3.3 (cont.)

- **Functional limitations can be temporary or permanent**
- **They can result in problems with:**
  - **Interpersonal relationships**
  - **Emotional coping skills or comprehension**
- **Treatment needs to be both habilitative and rehabilitative in nature, also often slower paced and include lots of repetition**

Traumatic Brain Injury and Substance Use

What are the unique needs of these beneficiaries?



Clinically Managed Population Specific High Intensity Residential Program

- **Section 1.0-**
  - **An organized service delivered by medical, nursing, clinical, and professional staff**
  - **Provides 24-hour care in a structured recovery and high intensity clinical interventions in a residential environment**
  - **Acknowledges that the treatment pace can be slower due to the co-occurrence of SUD and TBI**

For this service, the definition of TBI is:

An injury to the brain caused by an external physical force resulting in total or partial functional disability, psychosocial impairment, or both, and meets all of the following criteria:

a. **Involves an open or closed head injury;**
b. **Resulted from a single event or resulted form a series of events which many include multiple concussions;**
c. **Occurs with or without a loss of consciousness at the time of injury;**
d. **Results in impairments in one or more areas of the following functions: cognition, language, memory, attention, reasoning, abstract thinking, judgement, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and speech, and**
e. **Does not include brain injuries that are congenital or degenerative.**

Section 2- Eligibility Requirements

- **Must be 18 years or older**

Section 3- When the Service is Covered

- Must have a substance use disorder as defined by the DSM-5
- Must meet ASAM level 3.3 admission criteria
- Must have a documented diagnosis of TBI as defined in Section 1.1

Section 3- When the Service is Covered

- **Admission Criteria: the Medical Director or physician extender must establish medical necessity for this services through the completion of an initial abbreviated assessment. The assessment must contain:**
  - **Presenting problem**
  - **Needs and strengths**
  - **Provisional/admitting diagnosis**
  - **Physical exam within 24 hours**
  - **Confirmation of TBI diagnosis**
  - **Pertinent social, family, and medical history**
  - **Other evaluations/assessments as appropriate**

Section 3- When the Service is Covered

- **The medical professional completing the initial abbreviated assessment can bill an E/M code separately**
- **Within 3 calendar days, a Comprehensive Clinical Assessment shall be completed**
- **The CCA must include a completed NC TBI Waiver Risk Support Needs Assessment**


TIME TO
THINK

Section 3- When the Service is Covered

- **Continued Stay Criteria**
  - **Making progress and could make more progress if service continued**
  - **Making some progress but the PCP needs to be modified**
  - **Not making progress and the PCP needs to be modified**

Section 3- When the Service is Covered

- **Discharge Criteria**
  - **Achieved positive life outcomes that support stable and ongoing recovery**
  - **Signs and symptoms have failed to respond to treatment, indicating a need for a more intensive level of residential care**
  - **Not making progress or regressing, and needs more intensive services**
  - **The beneficiary or legally responsible person no longer wish to receive the service**

Section 4- When the Procedure, Product, or Service Is Not Covered

- **Criteria not covered**
  - **Transportation**
  - **Habilitation activities**
  - **Recreational activities unless tied to specific planned social skill assistance**
  - **Clinical/administrative supervision of staff**
  - **Services that have not been rendered**
  - **Childcare**
  - **Tutoring**
  - **Interventions not identified in the plan**
  - **Services to family/significant others not related to a need listed in the PCP**
  - **Room and board**

Section 5- Requirements for and Limitations on Coverage

- **Prior approval is required before or on the first day of service**
- **Initial authorization covers 90 days of service**
- **Reauthorization can cover an additional 90 days of service**

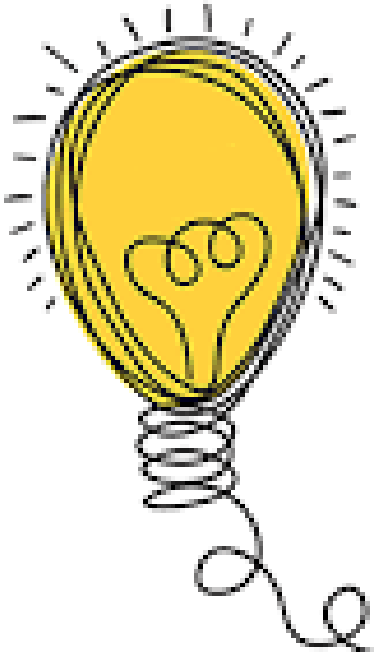
Section 5- Requirements for and Limitations on Coverage

- **Cannot receive the following services (except on day of admission/discharge)**
  - **Residential levels of care**
  - **Withdrawal management services**
  - **Outpatient treatment services**
  - **SAIOP/SACOT**
  - **ACT/CST**
  - **SE**
  - **PSR**
  - **PSS**
  - **MCM/FBC**
  - **Partial hospitalization**
  - **TBI waiver services**

Section 5- Requirements for and Limitations on Coverage

- **Documentation requirements:**
  - **Shift note every 8 hrs**
  - **Service note for focused interventions due to a significant life event which required additional activities**
  - **Medication Administration Record**

Time to think!



6.2 Provider Certifications-Staffing Requirements

- **Medical Director**
  - **0.25 FTE, must be a licensed physician, have one year experience in SUD treatment, and prefer experience working with beneficiaries with TBI**
  - **Help develop policies and protocols, provide medical services, supervise physician extender staff**
  - **Available for emergency medical consultation services 24/7/365 either directly or for consultation with extenders**

6.2 Provider Certifications-Staffing Requirements

- **Medical Director (continued)**
  - Perform medical history/physical exam at admission
  - Determine SUD diagnosis per program eligibility requirements
  - Ensure there is after-hours medical back up coverage
  - Prescribe/monitor/manage medications
  - Order toxicology and lab testing
  - Case consultation and treatment planning with the care team
  - Assess for TBI, and other co-occurring medical and psychiatrist disorders

6.2 Provider Certifications-Staffing Requirements

- **Physician Extender**
  - **0.50 FTE Physician Assistant or Nurse Practitioner, must be licensed, have one year experience in SUD treatment, and prefer experience working with beneficiaries with TBI**
  - **Work under the direction of the Medical Director**
  - **Perform similar responsibilities as delegated by the Medical Director and their scope of practice**

6.2 Provider Certifications-Staffing Requirements

- **Nursing staff**
  - **1.5 FTE RN AND 2.5 FTE LPN/CMA/CAN**
  - **Must be registered and in good standing with the NC Board of Nursing**
  - **Work under the supervision of the Medicaid Director and Physician Extenders**

6.2 Provider Certifications-Staffing Requirements

- **Nursing staff (continued)**
  - **Conduct a nursing evaluation**
  - **Monitor the CSRS when delegated to do so**
  - **Prepare, dispense and monitor the effects of prescribed medication/track adherence**
  - **Provide daily assessment of progress and treatment**
  - **Monitor signs of intoxication and withdrawal as needed**
  - **Provide psychoeducation on health conditions**
  - **Consult with other medical staff**

6.2 Provider Certifications-Staffing Requirements

- **Program Director**
  - **1.0 full-time dedicated QP, must be a Certified Brain Injury Specialist (CBIS) or a Certified Brain Injury Specialist Trainer (CBIS-T)**
  - **Responsible for the general oversight of the program, scheduling staff, managing admissions/discharges, participating in the development of the program policies and procedures**
  - **Ensures there is access to on-call staff 24/7/365 if a beneficiary experiences a crisis and on-site staff need support**

6.2 Provider Certifications-Staffing Requirements

- **Program Director (continued)**
  - **Oversee the administrative operation of the program**
  - **Coordinate with the Medical Director on policy and procedure development**
  - **Ensure the layout of the program takes into consideration the unique needs of beneficiaries with TBI**
  - **Provide programmatic supervision to staff**
  - **Facilitate recurring meetings**
  - **Assist with crisis interventions**

6.2 Provider Certifications-Staffing Requirements

- **Program Director (continued)**
  - **Monitor and evaluate services**
  - **Facilitate transition to the discharge level of care**
  - **Directly work with TP Care Managers, community-based providers and other organizations to facilitate warm handoffs**

6.2 Provider Certifications-Staffing Requirements

- **Clinical Staff**
  - **1.5 FTE LCAS/LCAS-A**
  - **Responsible for providing SU focused and co-occurring assessment services, making an ASAM level of care determination, and referral/coordination to SU tx. and recovery services**
  - **Completion of a CCA, leading PCP development**
  - **Plan and deliver motivational interventions based on the beneficiary's stage of change readiness**

6.2 Provider Certifications-Staffing Requirements

- **Clinical Staff (continued)**
  - **Facilitate individual and group therapy**
  - **Supervise CADCs**
  - **Provide crisis interventions**
  - **Engage with family/natural supports**
  - **Link to clinically appropriate and effective services**
  - **Participate in staff meetings and treatment team meetings**

6.2 Provider Certifications-Staffing Requirements

- **Certified Alcohol and Drug Counselor (CADC)**
  - **2.0 FTE CADC (CSAC)**
  - **Coordinate with the LCAS/LCAS-A**
  - **Ensure there is access to counseling supports, psychoeducation, and crisis interventions**
  - **Play a lead role in case management and coordination of care**
  - **Assist with the development of relapse prevention/disease management strategies**

6.2 Provider Certifications-Staffing Requirements

- **CADC (continued)**
  - **Engage with family members and natural supports**
  - **Link and refer to recovery services and supports**
  - **Support with skill building interventions**
  - **Participate in staff meetings and treatment team meetings**

6.2 Provider Certifications-Staffing Requirements

- **Certified Peer Support Specialist (CPSS)**
  - **2.0 FTE, must be fully certified and have 1 year experience working with beneficiaries with SUD, prefer experience working with beneficiaries with TBI**
  - **Use lived experience and recovery journey to support beneficiaries as they begin their own recovery journey**
  - **Model and mentor recovery values, attitudes, beliefs and person actions to encourage wellness and resilience**

6.2 Provider Certifications-Staffing Requirements

- **CPSS (continued)**
  - **Explore the importance and creation of a recovery and wellness identity**
  - **Promote opportunities for personal growth**
  - **Model and share examples of health social interactions**
  - **Facilitate connection to local community recovery supports, like mutual aid groups**
  - **Assist and promote self-determination**
  - **Assist with crisis interventions**
  - **Participate in team meetings and treatment team meetings**

6.2 Provider Certifications-Staffing Requirements

- **Paraprofessional Staff**
  - **5.0 FTE, must have 1 year experience working with adults with SUD or adults with TBI**
  - **Ensure beneficiaries are medically able to receive support at this level of care, work closely and coordinate with medical staff and with clinical staff**
  - **Use psychoeducation strategies and recovery interventions to support beneficiaries**
  - **Take, record, and report out on vital signs**

6.2 Provider Certifications-Staffing Requirements

- **Paraprofessional Staff (continued)**
  - **Communicate observations and recommendations**
  - **Assist in skill building interventions**
  - **Assist with crisis interventions**
  - **Learn and apply recovery-oriented practices and person-centered approaches**
  - **Participate in team meetings and person centered planning**

Time to think!



6.3 Program Requirements

- **Service is provided by medical, clinical, and professional staff that have experience working with beneficiaries with SUD and TBI.**
- **Protocols developed by the Medical Director and the Program Director, and include conditions that would warrant a beneficiary transferring to a higher level of care**

6.3 Program Requirements

- **Must be staffed and able to accept admissions a minimum of eight hours a day, five days a week**
- **Must have protocols that address admission, intake, staffing coverage and expectations, back up and consultation coverage**

6.3 Program Requirements

- **Required components include:**
  - **Initial assessment at admission, CCA within 3 days of admission, PCP within 30 days of admission**
  - **Daily clinical services to support the beneficiary in meeting their treatment goals**
  - **A range of therapist administered on an individual and group basis**
  - **Ability to refer to vendors that provide cognitive rehabilitation when clinically needed**
  - **Monitoring of medication adherence**

6.3 Program Requirements

- Clinical and didactic motivational interventions appropriate to the beneficiary's stage of change readiness
- Vital sign monitoring
- Access to behavioral health crisis interventions, as needed
- Ability to arrange for laboratory and toxicology tests
- Health education, including medication education
- Peer support services that focus on mutual aid, recovery, wellness and self-adovocacy

6.3 Program Requirements

- Engaging and involving family members and significant others
- Direct coordination with other levels of care
- Affiliation with other ASAM levels of care for referrals
- Discharge planning
- Must be open 24/7/365
- A physician must be available for consultation 24 hrs./day

Time to think!



Staff Training Requirements

Time Frame	Training Required	Who	Total Minimum Hours Required
Within **30 calendar days** of hire to provide service	▪ 2 hours Clinically Managed Population Specific High-Intensity Residential Program Service Definition Required Components ▪ 3 hours of Crisis Response training, with at least 1 hour of training on supporting individuals with brain injury experiencing crisis ▪ 2 hours of Substance Use and Traumatic Brain Injury Training ▪ 1.5 hours of behavioral and cognitive challenges associated with traumatic brain injury	All Staff	8.5 hours
	▪ 6 hours of ASAM Criteria Training	MD, PA, NP, Program Manager, LCAS/LCAS-A, CADC	6 hours
	▪ 3 hours Measuring Vital Signs (to include how to effectively and accurately obtain, record, and report the vital signs of temperature, heart rate, respiratory rate, blood pressure, pulse oximetry, and pain.) ▪ 2 hours Medication Administration training	Program Manager, CADC, CPSS, Paraprofessionals	5 hours

Staff Training Requirements

Within **90 <u>calendar days</u>** of hire to provide this service	▪ 6 hours of Introductory Motivational Interviewing* (MI)	Program Manager, LCAS/LCAS-A, CADC	6 hours
	▪ 2 hours Trauma informed care ▪ 2 hours Co-occurring conditions	Program Manager, LCAS/LCAS-A, CADC, CPSS, Paraprofessionals	4 hours

Staff Training Requirements

Annually	▪ 3 hours of Crisis Response Training**,** with at least 1 hour of training on supporting individuals with brain injury experiencing crisis ▪ 10 hours of continuing education in evidence-based and promising treatment practices, with at least 5 hours focusing specifically on working with beneficiaries with TBI	All Staff	13 hours

Time to think!



Expected Clinical Outcomes

- Sustained improvement in health and psychosocial functioning
- Development of compensatory strategies to increase beneficiary's level of independence, self-sufficiency and independent activities of daily living
- A reduction in the risk of relapse as evidenced by improvement in empirically-supported modifiable relapse risk factors
- Increased use of peer support services to facilitate recovery and link beneficiaries to community-based peer support and mutual aid groups
- Linkage to appropriate treatment and other supportive services post discharge
- Increased links to community-based resources to address unmet needs
- Reduction or elimination of psychiatric symptoms, if applicable

Questions?

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