



Admission and Concurrent Review Criteria for Clinical Stabilization Services (CSS)

I. Requirements for Admission to CSS LOC

A. Minuteman Health Insurance (MHI) requires that providers utilize the admission criteria for Substance Abuse (SA) Level 3.5 outlined by the ASAM to ensure medical necessity.

1. Members should meet BOTH dimension 1 and 2 criteria, and one or more of dimension 3-6 criteria.
 - a. **Dimension 1: Alcohol Intoxication and /or Withdrawal Potential:**
 - i. Member is at minimal risk of severe withdrawal and does not require admission into a higher LOC for treatment and monitoring.
 - b. **Dimension 2: Biomedical Conditions and Complications:**
 - i. Member has none or is currently stable; member is receiving concurrent medical monitoring by their provider and does not require a higher level of care.
 - c. **Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications:**
 - i. Member demonstrates repeated inability to control impulses; or personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills.
 - d. **Dimension 4: Readiness to Change:**
 - i. Member has marked difficulty with, or opposition to, treatment with dangerous consequences. Or there is high severity in this dimension but no other dimensions.
 - e. **Dimension 5: Relapse/Continued Use/Continued Problem potential:**
 - i. Member has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences.
 - f. **Dimension 6: Recovery Environment:**
 - i. Member's environment is dangerous and member lacks skills to cope outside of a highly structured 24-hour setting.

II. Requirements for Continued Stay Criteria in CSS level of Care

- A. The member meets the criteria for BOTH dimensions 1 and 2 of the ASAM criteria (listed above) for SA Level 3.5 and the criteria for one or more of dimensions 3-6.
- B. The member is an active participant in the treatment plan.
- C. The member is displaying evidence of clinical progress at CSS LOC, and there is an expectation that clinical progress will continue with continued CSS LOC.
- D. Member would not be expected to make equal or better clinical progress at a lower LOC.

III. Services Required

- A. Full therapeutic programming that must be provided seven days per week, 365 days per year, includes, but is not limited to the following;
 - 1. Aftercare planning and coordination with primary care providers
 - 2. Behavioral/health/medication education and planning
 - 3. Bio-psychosocial evaluation
 - 4. Case and family consultation (For adults who give consent, the provider makes documented attempts to contact the parent, guardian, family members, and/or significant others within 24 hours of admission, unless clinically or legally contraindicated.)
 - 5. Psychopharmacological consultation by referral
 - 6. Medical history and physical examination
 - 7. Nursing assessment and services
 - 8. Peer support and other recovery-oriented services
 - 9. Psychiatric consultation by referral
 - 10. Three 30-minute, face-to-face meetings per week for the purpose of individual care coordination/case management, review of the current treatment/recovery plan and aftercare planning.
 - 11. At least one therapeutic group per day and at least 10 hours of therapeutic groups per week
 - 12. At least 15 psycho-educational groups per week on topics including, but not limited to; SA disorder education, relapse prevention and co-occurring disorders
 - 13. At least three hours of individual counseling per week utilizing motivational interviewing, cognitive behavioral therapy, or other evidence-based practices.

IV. Documentation Required

- A. For reviews that occur between day seven and day 13 of combined/consecutive days of ATS/CSS treatment the provider must submit the MHI Inpatient Detoxification Clinical Review Form – Concurrent Review section to provide updates on the member's clinical status, the treatment plan and the aftercare plan.

- B. For reviews that are scheduled for or after day 14 of combined/consecutive days of ATS/CSS treatment, the provider must submit MHI Inpatient Detoxification Clinical Review Form – Concurrent Review section with documentation showing that the admission criteria for Substance Use Disorder Level 3.5 outlined by the ASAM that are listed in the previous section are still met and that the required services were provided.

- C. In addition to completing the Concurrent Review section of the MHI Inpatient Detoxification Clinical Review Form the provider may be required to attach documentation from the member's chart. The additional documentation required for any particular review will be determined by the MHI UM staff and may include, but is not limited to, the notes from all individual and group therapy sessions, psycho-educational groups, individual meetings for care coordination/case management, review of the current treatment/recovery plan and aftercare planning that were provided during the time period specified.

References:

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

The ASAM Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 2013