



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

May 2, 2019

Ed Francell
Project Officer
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-25-26
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Mr. Francell:

This letter serves as the State of Michigan's formal acceptance of the Special Terms and Conditions (STCs) for the Section 1115 Demonstration Waiver known as Pathway to Integration (Project Number 11-W-00305/5), as provided in the CMS April 5, 2019 letter. The State appreciates the time and effort you and your colleagues at the Centers for Medicare & Medicaid Services (CMS) have provided over the past three years as we worked together to address the substance use disorder needs of individuals in Michigan.

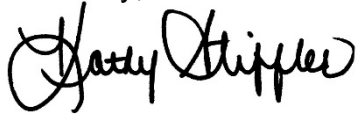
At this time, the State would also like to request two technical corrections to the STCs. Given the significant changes to the content of this demonstration since it was submitted three years ago, the State does not believe the current name "Pathway to Integration" describes the focus of the program. The State would like to propose that the name be changed to "Pathway to Substance Use Disorder Treatment Expansion" to more accurately reflect the purpose of the demonstration.

As part of the STCs, the initial Substance Use Disorder Implementation Plan (STC 18) that was submitted in 2016 was also approved. The State appreciates CMS' review of that implementation plan and the acknowledgement of the work that was completed at that time. As a significant amount of time has passed since the initial plan was developed, the State has updated the implementation plan with current information and would like this revised plan (included), to replace what has been initially approved. The State will be available to review this plan with CMS if needed.

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The State looks forward to its continued work with CMS as we implement the terms and conditions of this demonstration. If you have any questions or require any additional information, please contact Jacqueline Coleman at (517) 284-1190 or by e-mail at ColemanJ@Michigan.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathleen Stiffler, Acting Director
Medical Services Administration

cc: James Scott

STATE OF MICHIGAN
1115 DEMONSTRATION WAIVER
OPIOID USE DISORDER/SUBSTANCE USE DISORDER IMPLEMENTATION
PLAN

MAY 2018

Michigan 1115 OUD/SUD Waiver Implementation Plan

Access to Critical Levels of Care for Opioid Use Disorder (OUD) and other Substance Use Disorders (SUD)

While Michigan has historically maintained a robust network of SUD providers and services spanning from early intervention through inpatient withdrawal management services, the 1115 waiver authority will permit the state to broaden the array of treatment services available and provide Medicaid coverage for the full American Society of Addiction Medicine (ASAM) care continuum, including residential and withdrawal management services in an IMD setting for adults age 21-64.

In acknowledgement of the need to develop a strong SUD network capable of delivering a comprehensive benefit consistent with ASAM Level of Care requirements, MDHHS is embarking on a process intended to enable the state to generate comprehensive and refreshable reports for future planning and decision-making. Through this work, the Michigan Department of Health and Human Services (MDHHS) intends to develop a strategy to effectively utilize existing state-specific and other publicly available data to help with the following:

1. Ensure a Comprehensive Evidence-Based Benefit SUD Benefit
 - To guarantee a full continuum of evidence-based practices
 - To ensure use of evidence-based practices including Screening, Brief Intervention, and Referral to Treatment (SBIRT), withdrawal management, medication assisted treatment, care coordination, long-term recovery supports and services
 - To confirm service availability and use of services (e.g., short-term inpatient and short-term residential), including in IMDs
2. Ensure that SUD providers meet ASAM Program and Service Requirements
 - By establishing standards of care using ASAM criteria
 - By using ASAM standards to develop residential, withdrawal management, outpatient, early intervention and opioid treatment programs
 - By requiring all providers to meet ASAM level of care standards prior to participating in Medicaid
3. Ensure the Presence and Maintenance of a Strong SUD Provider Network
 - By developing and implementing a plan and strategy to ensure a sufficient network of providers across all ASAM levels
 - By ensuring that providers have the ability to deliver services consistent with ASAM criteria and provide evidence-based SUD practices
 - By ensuring that the provider network is robust in the event providers stop participating in Medicaid, are suspended or terminated

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Michigan provides coverage for an extensive array of SUD treatment and recovery support services. Below we list all of the SUD services available under the waiver, including those newly covered under the 1115 waiver. SUD treatment services are arrayed by the ASAM Level of Care. Recovery Support Services are available to individuals regardless of ASAM care level. Unless otherwise noted, all services are available to adults and children/adolescents. For each service we also provide definitions and components for each service.

Table: 1

ASAM Level of Care	Service Title	Service Description	Provider / Practitioner Qualifications	Limits	Availability
SUD TREATMENT					
0.5 - Early Intervention					
	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Assessment and education for at-risk individuals. A face-to-face service for the purpose of identifying functional, treatment, and recovery needs and a basis for formulating the Individualized Treatment Plan.	Primary care providers payable under the state’s managed care/ fee for service physical health care system.	NA.	Currently Available
	Early intervention services	Includes stage-based interventions for individuals with substance use disorders and individuals who may not meet the threshold of abuse or dependence but are experiencing functional/social impairment as a result of use.	Provider agency licensed and accredited as substance abuse treatment program. State approval for ASAM level of care. Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	Services are not subdivided by the number of hours received during a week. The amount and type of services provided are based on individual needs based on the beneficiary's motivation to change and other risk factors that may be present.	Currently Available

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ASAM Level of Care	Service Title	Service Description	Provider / Practitioner Qualifications	Limits	Availability
Level 1 - Opioid Treatment Program (OTP)					
	Approved pharmacological support services	Oral medication administration, direct observation, physician evaluations, individual and person centered assessments, nursing assessments, counseling and laboratory testing and access to primary care (approved for use of Methadone and/or Buprenorphine).	Services must be provided under the supervision of a physician licensed to practice medicine in Michigan. Programs must meet applicable state licensure, CSAT certification, DEA licensure and accreditation requirements. State approval for ASAM level of care.	Service limitations as indicated by state and federal requirements (e.g., physical examination, laboratory tests, etc.).	Currently Available
Level 1 - Outpatient Services					
	Psychiatric evaluation	Physician evaluation/exam	Psychiatrist or psychiatric mental health nurse practitioner.	Services provided as medically necessary.	Currently Available
	Assessment	A face-to-face service for the purpose of identifying functional, treatment, and recovery needs and a basis for formulating the Individualized Treatment Plan.	Provider agency licensed and accredited as substance abuse treatment program. State approval for ASAM level of care. Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	ASAM level 1 Services from one to eight hours during a week. Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies.	Currently Available
	Treatment planning	Activities associated with the development and periodic review of the plan of service, including all aspects of the person-centered	Provider agency licensed and accredited as substance abuse treatment program. State approval for ASAM level of care.	Services provided as medically necessary.	Currently Available

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		<p>planning process, such as pre-meeting activities, and external facilitation of person-centered planning.</p> <p>This includes writing goals, objectives, and outcomes; designing strategies to achieve outcomes (identifying amount, scope, and duration) and ways to measure achievement relative to the outcome methodologies; attending person-centered planning meetings per invitation; and documentation.</p> <p>Monitoring of the individual plan of service including specific services, when not performed by the case manager or supports coordinator, is included in this coverage.</p>	<p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p>		
	<p>Therapy (Individual, Group, Family)</p>	<p>Individual - Face to face counseling services with the beneficiary; Group - Face-to-face counseling with three or more beneficiaries, and can include didactic lectures, therapeutic interventions/counseling, and other group activities; Family - Face-to-face counseling with the beneficiary and the significant other and/or traditional or nontraditional family members.</p>	<p>Provider agency licensed and accredited as substance abuse treatment program. State approval for ASAM level of care. Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p>	<p>Services provided as medically necessary.</p>	<p>Currently Available</p>

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	Counseling (Individual, Group)	An interpersonal helping relationship that begins with the client exploring the way they think, how they feel, and what they do, for the purpose of enhancing their life. The counselor helps the client set the goals that pave the way for positive change to occur.	Provider agency licensed and accredited as substance abuse treatment program. State approval for ASAM level of care. Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS. Services can be provided by appropriately trained staff when working under the supervision of a SATS or SATP. A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.	Services provided as medically necessary.	Currently Available
	Didactics and education	Services that are designed or intended to teach information about addiction and/or recovery skills.	Provider agency licensed and accredited as substance abuse treatment program. State approval for ASAM level of care. Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS. Services can be provided by appropriately trained staff when working under the supervision of a SATS or SATP. A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.	Services provided as medically necessary.	Currently Available

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	Crisis Intervention	A service for the purpose of addressing problems/issues that may arise during treatment and could result in the beneficiary requiring a higher level of care if intervention is not provided.	Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS. Services can be provided by appropriately trained staff when working under the supervision of a SATS or SATP. A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.	Services provided as medically necessary.	Currently Available
	Medication review	Evaluating and monitoring medications, their effects, and the need for continuing or changing the medication regimen. Medication review includes the administration of screening tools for the presence of extra pyramidal symptoms and tardive dyskinesia secondary to untoward effects of neuroactive medications.	A physician, physician assistant, nurse practitioner, registered nurse, licensed pharmacist, or a licensed practical nurse assisting the physician may perform medication reviews. Only an MD or DO, or a licensed physician's assistant or nurse practitioner under the supervision of a physician may prescribe medications.	Services provided as medically necessary.	Currently Available
	Laboratory Tests	Laboratory analysis of specimens to detect presence of alcohol or drugs.	Medicaid eligible and enrolled laboratory services providers.	Services provided as medically necessary.	Currently Available

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ASAM Level of Care	Service Title	Service Description	Provider / Practitioner Qualifications	Limits	Availability
Level 2.1 – Intensive Outpatient Services					
	Intensive Outpatient Services (IOP)	<p>Includes assessment, counseling, crisis intervention, and activity therapies or education.</p> <p>Outpatient services can include any variety of the covered services and are dependent on the individual needs of the beneficiary. The assessment, treatment plan and recovery support preparations are the only components that are consistent throughout the outpatient levels of care as each beneficiary must have these as part of the authorized treatment services.</p>	<p>Provider agency licensed and accredited as substance abuse treatment program. State approval for ASAM level of care.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p>	<p>Provided as 9 to 19 hours of structured programming per week based on an individualized treatment plan. As a beneficiary’s needs increase, more services and/or frequency/duration of services may be utilized if these are medically necessary.</p>	Currently Available
Level 2.5 – Partial Hospitalization Services					
	Partial hospitalization (Expanded Intensive Outpatient)	<p>20 or more hours of service/week for multidimensional instability not requiring 24-hour care.</p>	<p>Provider agency licensed and accredited as substance abuse treatment program. State approval for ASAM level of care.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p>	<p>Authorization for the partial hospitalization admission and continued stay includes authorization for all services related to that admission/stay, including laboratory, pharmacy, and radiology services.</p>	Currently Available

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Level 3.1 – Clinically Managed Low-intensity Residential Services					
	Clinically Managed Low-Intensity Residential Services	<p>The services are directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual in work, education, and family life. Treatment services are similar to low intensity outpatient services focused on improving the individual’s functioning and coping skills in Dimension 5 and 6.</p> <p>Functional deficits found in this population may include problems in applying recovery skills to their everyday lives, lack of personal responsibility, or lack of connection to employment, education, or family life. The setting allows clients opportunity to develop and practice skills while reintegrating into the community.</p> <p>Services are inclusive of structured supervision within the 24-hour program, provided by available trained personnel; at least 5 hours of clinical service/week in which services are preparing individual for outpatient treatment.</p>	<p>Provider agency licensed and accredited as substance abuse treatment program.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p> <p>Providers assessed by the state or its designee and confirmed to meet ASAM program level requirements for this level of care.</p>	<p>At least 5 hours per week of clinical services (Assessment; Episode of Care Plan-addressing treatment, recovery, discharge and transition across episode; interaction/teaching to process skills and information adapted to the individual needs; includes alternative therapies, individual, group and family counseling, anger management, coping skills, recovery skills, relapse triggers, and crisis intervention); coordination and referral; medical evaluation and linkage to services; connection to next provider and medical services; preparation for next step.</p>	Currently Available

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ASAM Level of Care	Service Title	Service Description	Provider / Practitioner Qualifications	Limits	Availability
				At least 5 hours of life skills and self-care per week.	
Level 3.3 – Clinically Managed Population-specific High-Intensity Residential Services					
	Clinically Managed Population-specific High-Intensity Residential Services (Adult only)	<p>The program provides a structured recovery environment in combination with medium-intensity clinical services to support recovery. Services may be provided in a deliberately repetitive fashion to address the special needs of individuals who are often elderly, cognitively impaired, or developmentally delayed. Typically, they need a slower pace of treatment because of mental health problems or reduced cognitive functioning. Treatment services are directed to provision of simple interventions to increase awareness and understanding of dangerous consequences of behavior and improving functioning and coping in Dimensions 4 and 5.</p> <p>The deficits for clients at this level are primarily cognitive, either temporary or permanent. Clients in this LOC have needs that are more intensive and to benefit effectively from services, they must be provided at a slower pace and over a longer period</p>	<p>Provider agency licensed and accredited as substance abuse treatment program.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p> <p>Providers assessed by the state or its designee and confirmed to meet ASAM program level requirements for this level of care.</p>	<p>Not less than 13 hours per week of core services (Assessment; Episode of Care Plan-addressing treatment, recovery, discharge and transition across episode; interaction/teaching to process skills and information adapted to the individual needs; includes alternative therapies, individual, group and family counseling, anger management, coping skills, relapse triggers, and crisis intervention); coordination and referral; medical evaluation and linkage to services; connection to next</p>	Currently Available

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		<p>of time. The client’s level of impairment is more severe at this level, requiring services be provided differently in order for maximum benefit to be received.</p> <p>Services are inclusive of structured supervision 24/7, provided by trained counselors to stabilize the multidimensional aspects of imminent danger. Services are offered within the less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or the therapeutic community as they prepare for outpatient treatment.</p>		<p>provider and medical services; preparation for next step.</p> <p>Not less than 13 hours per week of life skills and self-care services.</p>	

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ASAM Level of Care	Service Title	Service Description	Provider / Practitioner Qualifications	Limits	Availability
Level 3.5 – Clinically Managed High-Intensity Residential Services					
	Clinically Managed High-Intensity Residential Services	<p>Services are inclusive of structured supervision within the 24-hour /7 day a week program, provided by available trained counselors who intervene to stabilize multidimensional aspects of imminent danger and other behaviors that are based in dysfunctional actions and require habilitation.</p> <p>Staff provide targeted interventions to rebuild social, psychological, educational/ vocational and employment limitations and support preparation and development for outpatient treatment.</p> <p>Clients must be able to tolerate and use full milieu or therapeutic community and began to address and make progress and improvements as they master life skills.</p>	<p>Provider agency licensed and accredited as substance abuse treatment program.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p> <p>Providers assessed by the state or its designee and confirmed to meet ASAM program level requirements for this level of care.</p>	<p>Not less than 20 hours per week of core services (services (Assessment; Episode of Care Plan-addressing treatment, recovery, discharge and transition across episode); coordination and referral; medical evaluation and linkage to services; connection to next provider and medical services; preparation for next step.</p> <p>Not less than 20 hours per week of life skills and self-care services.</p>	Currently Available

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ASAM Level of Care	Service Title	Service Description	Provider / Practitioner Qualifications	Limits	Availability
Level 3.7 – Medically Monitored High-Intensity Inpatient Services					
	Medically Monitored High-Intensity Inpatient Services	<p>Services are inclusive of structured supervision within the 24-hour/7 day a week program, provided by available trained counselors who intervene to stabilize multidimensional aspects of imminent danger and other behaviors that are based in dysfunctional actions and require habilitation. Programs provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring and addiction treatment.</p> <p>The service, when clinically indicated, is an alternative to acute medical care provided by licensed health care professionals in a hospital setting.</p> <p>The skills of the interdisciplinary team and the availability of support services can accommodate withdrawal management</p>	<p>Provider agency licensed and accredited as substance abuse treatment program.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p> <p>Providers assessed by the state or its designee and confirmed to meet ASAM program level requirements for this level of care.</p> <p>These services must be staffed 24-hours-per-day, seven-days-per-week by a licensed physician or by the designated representative of a licensed physician.</p>	<p>Not less than 20 hours per week of core services (services (Assessment; Episode of Care Plan-addressing treatment, recovery, discharge and transition across episode); coordination and referral; medical evaluation and linkage to services; connection to next provider and medical services; preparation for next step.</p> <p>Not less than 20 hours per week of life skills and self-care services.</p>	Currently Available

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ASAM Level of Care	Service Title	Service Description	Provider / Practitioner Qualifications	Limits	Availability
4 – Medically Managed Intensive Inpatient Services					
	Medically Managed Intensive Inpatient Services	Organized service delivered in an acute care inpatient setting. It is for patients whose acute biomedical, emotional, behavioral and cognitive problems are so severe that they require primary medical and nursing care.	<p>A hospital providing medically managed intensive inpatient services is accredited and licensed and staffed 24/7 to provide licensed nursing and physician services to patients requiring access to a range of services including ancillary such as laboratory, x-ray, nutrition services) and specialty physician services.</p> <p>The staff are licensed and credentialed by the hospital and meet the accreditation standards related to practice within their licensures.</p>	Service provided as medically indicated and through established medical protocols.	Currently Available
Level 1-WM – Ambulatory Withdrawal Management without Extended On-site Monitoring (Outpatient Withdrawal Management)					
	Ambulatory Withdrawal Management without Extended On-site Monitoring (Outpatient Withdrawal Management)	<p>Ambulatory sub-acute detoxification without extended on-site monitoring for patients expected to demonstrate mild withdrawal with daily or less than daily outpatient supervision.</p> <p>Supervised monitoring of withdrawal occurs by personnel trained in SUD and withdrawal management during identified hours.</p> <p>Services must have arrangements for access to licensed medical personnel as needed.</p>	<p>Provider agency licensed and accredited as substance abuse treatment program.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p> <p>Providers assessed by the state or its designee and confirmed to meet ASAM program level requirements for this level of care.</p>	Initial length-of-stay authorizations may be for up to three days, with additional days authorized if there is clinical evidence that detoxification is not successful or complete and authorization requirements continue to be met.	Currently Available

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ASAM Level of Care	Service Title	Service Description	Provider / Practitioner Qualifications	Limits	Availability
Level 2-WM – Ambulatory Withdrawal Management with Extended On-site Monitoring (Outpatient Withdrawal Management)					
	Ambulatory Withdrawal Management with Extended On-site Monitoring (Outpatient Withdrawal Management)	<p>Ambulatory sub-acute detoxification with extended on-site monitoring for patients expected to demonstrate moderate withdrawal with all day withdrawal management and support and supervision.</p> <p>Services must have arrangements for access to licensed medical personnel as needed.</p> <p>Patient has a supportive family or living situation at night.</p>	<p>Provider agency licensed and accredited as substance abuse treatment program.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p> <p>Ambulatory detoxification services must be monitored by appropriately credentialed and licensed nurses.</p> <p>Providers assessed by the state or its designee and confirmed to meet ASAM program level requirements for this level of care.</p>	Initial length-of-stay authorizations may be for up to three days, with additional days authorized if there is clinical evidence that detoxification is not successful or complete and authorization requirements continue to be met.	Currently Available
Level 3.2-WM – Clinically Managed Residential Withdrawal Management (Residential Withdrawal Management)					
	Clinically Managed Residential Withdrawal Management (Residential Withdrawal Management)	<p>Detoxification management and monitoring of services to client determined to need moderate withdrawal, and 24-hour support to complete withdrawal supervision and increase likelihood of continuing treatment or recovery. This residential setting for detoxification emphasizes peer and social support for persons who warrant 24-hour support.</p>	<p>Provider agency licensed and accredited as substance abuse treatment program. Licensure as a sub-acute detoxification program is required.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p> <p>Providers assessed by the state or its designee and confirmed to meet ASAM</p>	Initial length-of-stay authorizations may be for up to three days, with additional days authorized if there is clinical evidence that detoxification is not successful or complete and authorization	Currently Available

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ASAM Level of Care	Service Title	Service Description	Provider / Practitioner Qualifications	Limits	Availability
		Sub-acute detoxification provides supervised care to manage the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Detoxification is limited to stabilization of the medical effects of withdrawal and referral to ongoing treatment and/or support services. Services must have arrangements for access to licensed medical personnel as needed.	program level requirements for this level of care.	requirements continue to be met.	
Level 3.7 WM – Medically Monitored Inpatient Withdrawal Management					
	Medically Monitored Inpatient Withdrawal Management	<p>Services are inclusive of structured supervision within the 24-hour /7 day a week program, provided by available trained counselors who intervene to stabilize multidimensional aspects of imminent danger and other behaviors that are based in dysfunctional actions and require habilitation.</p> <p>The service is limited to stabilization of the medical effects of the withdrawal, and referral to necessary ongoing treatment and/or support services.</p>	<p>Provider agency licensed and accredited as substance abuse treatment program.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.</p> <p>These services must be staffed 24-hours-per-day, seven-days-per-week by a licensed physician or by the designated representative of a licensed physician.</p> <p>Providers assessed by the state or its designee and confirmed to meet ASAM program level requirements for this level of care.</p>	Initial length-of-stay authorizations may be for up to three days, with additional days authorized if there is clinical evidence that detoxification is not successful or complete and authorization requirements continue to be met.	Currently Available

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		The service, when clinically indicated, is an alternative to acute medical care provided by licensed health care professionals in a hospital setting.			
Level 4 WM – Medically Managed Intensive Inpatient					
	Medically Monitored Inpatient Withdrawal Management	<p>Severe, unstable withdrawal requiring 24-hour nursing care and daily physician visits.</p> <p>Inpatient medical acute detoxification services provided in a hospital setting must meet one of the following criteria as documented in the physician's orders and patient care plan: Vital signs, extreme and unstable; uncontrolled hypertension, extreme and unstable; delirium tremens, e.g., confusion, hallucinations, seizures or a documented history of delirium tremens requiring treatment; convulsions or multiple convulsions within the last 72 hours; unconsciousness; occurrence of SUD; with pregnancy, monitoring the fetus is vital to the continued health of the fetus; severe/complex medical conditions including insulin-dependent diabetes complicated by diabetic ketoacidosis; suspected</p>	<p>A hospital providing medically managed intensive inpatient services is accredited and licensed and staffed 24/7 to provide licensed nursing and physician services to patients requiring access to a range of services including ancillary such as laboratory, x-ray, nutrition services) and specialty physician services.</p> <p>The staff are licensed and credentialed by the hospital and meet the accreditation standards related to practice within their licensures.</p> <p>The inpatient unit must be staffed by a physician and nursing personnel.</p>	Service provided as medically indicated and through established medical protocols.	Currently Available

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		diagnosis of closed head injury based on trauma injury; congestive heart disease, ischemic heart disease, or significant arrhythmia as examples of active symptomatic heart disease; suicidal ideation and gestures necessitating suicidal precautions as part of treatment; blood alcohol level 350 mg/dl with a diagnosis of alcohol abuse; blood alcohol level 400 mg/dl with diagnosis of alcohol dependence; active presentation of psychotic symptoms reflecting an urgent/emergent condition.			
SUD SUPPORT SERVICES					
	Recovery Supports	To support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual's recovery. Recovery programs are designed and delivered to and offer social, emotional, and/or educational supportive services to help prevent relapse and promote recovery.	Services can be provided by appropriately trained staff when working under the supervision of a SATS or SATP. A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.	Available as medically necessary and appropriate (i.e., one to eight hours during a week; 9 to 19 hours in a week; 20 or more hours in a week.	Currently Available
	Peer Supports	To support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an	Services can be provided by appropriately trained staff when working under the supervision of a SATS or SATP. A recovery coach or SUD peer specialist must be	Available as medically necessary and appropriate (i.e., one to eight hours during	Currently Available

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ASAM Level of Care	Service Title	Service Description	Provider / Practitioner Qualifications	Limits	Availability
		individual's recovery. Peer recovery support programs are designed and delivered primarily by individuals in recovery (Recovery Coach) and offer social, emotional, and/or educational supportive services to help prevent relapse and promote recovery.	certified through an MDHHS-approved training program.	a week; 9 to 19 hours in a week; 20 or more hours in a week.	
	Case Management	Referral/linking/coordinating/management of services - For the purpose of ensuring follow-through with identified providers, providing additional support in the community if primary services are to be provided in an office setting, addressing other needs identified as part of the assessment and/or establishing the beneficiary with another provider and/or level of care. This service may be provided individually or in conjunction with other services based on the need of the beneficiary.	<p>Provider agency licensed and accredited as substance abuse treatment program.</p> <p>Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS. Services can be provided by appropriately trained staff when working under the supervision of a SATS or SATP. A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.</p>	Available as medically necessary.	Currently Available

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Use of Evidence-Based SUD Specific Patient Placement Criteria

One of the critical expectations that CMS set forth for 1115 demonstration waivers is a requirement that States use established standards of care in their design of the SUD benefit package, incorporating industry-standard benchmarks for defining medical necessity criteria, covered services, and provider qualifications. As previously indicated, Michigan has developed the continuum of SUD services using the treatment and recovery services for adolescents and adults recommended by the American Society of Addiction Medicine (ASAM).

To support the use of the ASAM criteria and aid in matching individuals with the appropriate level of care, Michigan is requiring the use of a standardized assessment tool that utilizes the ASAM criteria. Michigan is adopting the use of the Global Appraisal of Individual Needs Initial (GAIN-I) Core assessment that will be used statewide. The GAIN-I Core is a comprehensive assessment that supports clinical diagnosis, level of care placement and treatment planning. It collects necessary information to provide a Diagnostic and Statistical Manual based diagnosis and the recommended ASAM placement needs.

Michigan began statewide training with the Pre-paid Inpatient Health Plans (PIHP) SUD provider network on the GAIN-I Core in October 2017. The state has contracted with the GAIN Coordinating Center, through Chestnut Health Systems to train state providers and establish the necessary licensing agreements with the state to ensure full access to this instrument. Michigan is planning to require full use of the GAIN assessment by the provider system by October 1, 2020 to allow adequate time for training and system changes.

The PIHPs will continue to make authorization decisions for all treatment services regarding length of stay (including continued stay), change in level of care and discharge based on the ASAM criteria and the results of the GAIN-I Core assessments. The PIHP will apply these decisions for both adolescents and adults. No predetermined limits of care will be established for these services. Access and continued involvement in a level of care will be based on individual need as determined through established medical necessity criteria.

For residential and withdrawal management services, PIHPs, with the support of the GAIN-I Core assessment recommendations, will use the six ASAM dimensions as a component of decision making for needed level of care as follows:

Table 2:

Level of Care	Level 3.1	Level 3.3	Level 3.5	Level 3.7
Dimension 1 Withdrawal Potential	No withdrawal risk, or minimal/stable withdrawal; concurrently receiving Level 1-WM or Level 2-WM	Not at risk of severe withdrawal, or moderate withdrawal is manageable at Level 3.2-WM	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM	At high risk of withdrawal, but manageable at level 3.7 WM and does not require the full resources of a licensed hospital
Dimension 2 Medical conditions and complications	None or very stable; or receiving concurrent medical monitoring	None or stable; or receiving concurrent medical monitoring	None or stable; or receiving concurrent medical monitoring	Requires 24-hour medical monitoring but

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Level of Care	Level 3.1	Level 3.3	Level 3.5	Level 3.7
				not intensive treatment
Dimension 3 Emotional, behavioral, or cognitive conditions and complications	None or minimal; not distracting to recovery. If stable, a dual diagnosis capable program is appropriate. If not, a dual diagnosis-enhanced program is required	Mild to moderate severity; needs structure to focus on recovery. If stable, a dual diagnosis capable program is appropriate. If not, a dual diagnosis-enhanced program is required. Treatment should be designed to respond to any cognitive deficits	Demonstrates repeated inability to control impulses, or a personality disorder that requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A dual diagnosis enhanced setting is required for the seriously mentally ill client	Moderate severity, needs a 24-hour structured setting. If co-occurring mental health disorder present, requires concurrent mental health services in a medically monitored setting
Dimension 4 Readiness to change	Open to recovery but needs a structured environment to maintain therapeutic gains	Has little awareness and needs interventions available only at Level 3.3 to engage and stay in treatment; or there is high severity in this dimension but not in others. The client needs a Level I motivational enhancement program (Early Intervention)	Has marked difficulty engaging in treatment, with dangerous consequences; or there is high severity in this dimension but not in others. The client needs a Level I motivational enhancement program (Early Intervention)	Low interest in treatment and impulse control is poor, despite negative consequences; needs motivating strategies only safely available in a 24-hour structured setting
Dimension 5 Relapse, continued use, or continued problem potential	Understands relapse but needs structure to maintain therapeutic gains	Has little awareness and needs intervention only available at Level 3.3 to prevent continued use, with imminent dangerous consequences because of cognitive deficits or comparable dysfunction	Has no recognition of skills needed to prevent continued use, with imminently dangerous consequences	Unable to control use, with imminently dangerous consequences, despite active participation at less intensive levels of care
Dimension 6 Recovery/living environment	Environment is dangerous, but recovery achievable if Level 3.1 24-hour structure is available	Environment is dangerous and client needs 24-hour structure to cope	Environment is dangerous and client lacks skills to cope outside of a highly structured 24-hour setting	Environment is dangerous and the patient lacks skills to cope outside of a highly

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Level of Care	Level 3.1	Level 3.3	Level 3.5	Level 3.7
				structured 24-hour setting

The use of the GAIN-I Core will allow the appropriate review and application of the ASAM dimensions and assist in matching the individual with a residential program that has been approved to provide the identified level of care. The PIHPs will also use the ASAM dimensions and the GAIN-I Core for establishing the appropriate level of care for withdrawal management, outpatient and opioid treatment programs. This approach will solidify ASAM as the foundation of the entire SUD service system in Michigan.

Use of Nationally Recognized SUD-Specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

An expectation for this waiver is that the state implement a process to assess and demonstrate that residential providers meet ASAM criteria prior to participating in the Medicaid program. The State of Michigan ensures that providers meet key program requirements set forth by ASAM for each of the residential levels of care. Approximately 75 organizations provide the residential level of SUD treatment services in Michigan.

Currently, the State's laws and regulations that apply to organizations and practitioners rendering SUD services align with some of the ASAM program expectations. Michigan will maintain its robust process for ensuring the initial and ongoing qualification standards for individual providers of SUD treatment services. It utilizes state licensing, to ensure quality and competency of the provider network for publicly funded services based on educational and legal requirements for providing services as the initial standard. State licensure for programs has four general categories that apply to:

1. Outpatient
2. Residential
3. Withdrawal Management (called sub-acute detoxification)
4. Opioid Treatment Programs (Methadone)

Additionally, any organization that provides SUD services for Medicaid beneficiaries must also be accredited by a national body. The following accreditation bodies are recognized in Michigan:

- The Joint Commission;
- Commission on Accreditation of Rehabilitation Facilities (CARF);
- American Osteopathic Association (AOA);
- Council on Accreditation of Services for Families and Children (COA);
- National Committee on Quality Assurance (NCQA); or
- Accreditation Association for Ambulatory Health Care (AAAHC).

The next level of standards is the credentialing of the individual clinical providers of services within each program. This includes the counselors, psychologists, social workers and medical staff along with their identified supervisors. In addition to having to meet professional licensing standards for education and experience to practice in the state, Michigan further delineates that an individual SUD provider must also be certified through the state board for the International Certification and Reciprocity Consortium

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(IC&RC). This certification ensures that individuals providing services in the publicly funded SUD service system have received additional experience and education in SUD treatment. The ongoing educational requirements that must be met in order to maintain that credential keeps knowledge current.

Michigan has set forth various treatment policies that establish additional guidance to providers and PIHPs regarding expectations for the structure of specific services and qualifications of providers. The policies on outpatient, residential, withdrawal management and opioid treatment programs are reflective of the ASAM requirements and delineate the criteria for levels of care within each respective area. These policies were effective for the fiscal year 18 contract the state has with the PIHPs for providing Medicaid services.

While the combination of licensing and policy guidance provides a firm foundation for providers to meet the program requirements set forth by ASAM, the State has taken an additional step to review providers against those requirements. After licensure and accreditation are established, each organization that is seeking to provide SUD treatment services (for adults and adolescents) must apply to the state to have an ASAM level assigned to their program. An application, in which the provider describes their program and submits policy evidence of compliance with ASAM, must be submitted for review. Based on the information submitted, the state will assign the appropriate ASAM level or reject the application. An organization is only able to join a PIHP network after a level has been assigned. The state has initiated and completed the initial ASAM designation enrollment process for early intervention, outpatient, residential, withdrawal management and opioid treatment programs. All PIHP contracted SUD treatment providers currently have an established ASAM level of care. A copy of the residential, withdrawal management and outpatient application instruments are in Attachment A.

The ASAM designation application process is always open which allows new programs to apply so they may join a PIHP network. An online application process is being developed by the state to manage the assignment procedure. It is targeted to be available for use by the end of demonstration year two and moving forward. Until then, it will continue to be a manual, paper process.

Michigan is working directly with national experts, to provide training on the use of ASAM criteria. The training is targeted to providers to assist in overall education and program development. These trainings began in fiscal year 17 and will continue through fiscal year 19 and then as needed.

Standards of Care

The PIHPs are required to ensure that their providers and/or the intake agencies within their networks are all appropriately trained/educated in the application and use of ASAM. The frequency and duration of treatment services are expected to be guided by the ASAM criteria and individual need, not the designation of the provider program that may be conducting an assessment. PIHPs will provide evidence of initial training and ongoing training of providers during site reviews conducted by the state. Additionally, as part of quality monitoring during site reviews, clinical records will be reviewed to determine appropriate application and fidelity to the GAIN-I Core assessment and ASAM processes. This quality monitoring will address the expectations that the assessment for all SUD services, level of care and length of stay recommendations has an independent third party reviewing and determining if the provider has the necessary competencies on the use of ASAM in the assessment process and determining

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an appropriate level of care. If the PIHP, or the state, determines during this monitoring that the provider is not using ASAM to make the appropriate level of care and length of stay decisions and recommendations, the state and PIHP will take the necessary corrective action.

The PIHP, through its contract with the state, is required to ensure an ongoing validation and re-validation processes for credentials of all providers in their network. Records must be maintained that show that any applicable licensure and certification are being maintained in good standing, the person is not excluded from Medicaid or Medicare participation and that criminal background checks are being made every other year. In addition to this, the PIHP also has to ensure that any state licensing requirements surrounding scope of practice and supervision are being followed.

The contracts with the State require PIHPs to comply with the federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 C.F.R. §455.104-106. In addition, the contract requires all PIHP ensure that any and all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment or services provided under the Medicaid agreement require compliance with 42 C.F.R. §455.104-106.

At the time of provider enrollment or re-enrollment in the PIHP's provider network, the PIHP is required to search the Office of Inspector General's (OIG) exclusions database to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), have not been excluded from participating in federal health care programs. Because these search activities must include determining whether any individuals with ownership or control interests in the provider entity appear on the OIG's exclusions database, the PIHP mandates provider entity disclosure of ownership and control information at the time of provider enrollment, re-enrollment, or whenever a change in provider entity ownership or control takes place. The PIHP must notify the Division of Program Development, Consultation and Contracts, Behavioral Health and Developmental Disabilities Administration in MDHHS immediately if search results indicate that any of their network's provider entities, or individuals or entities with ownership or control interests in a provider entity are on the OIG exclusions database.

The MDHHS has responsibility and authority to make fraud and/or abuse referrals to the Office of the Attorney General, Health Care Fraud Division. Contractors who have any suspicion or knowledge of fraud and/or abuse within any of the MDHHS's programs must report directly to the MDHHS.

Sufficient Provider Capacity at Each Level of Care Including Medication Assisted Treatment for OUD

The ASAM enrollment work already completed by the state has established the initial provider capacity in the publicly funded system. The regional PIHPs are able to provide access to each ASAM Level of Care and the support services identified in Table 1. Residential treatment is available in all areas of the state. However, even with the use of IMD's, access to the more intensive level (3.7) has some limitations due to the geographic location of the program which may result in having to travel several hours to access this

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service from the rural areas of the state. Likewise, level 3.7-WM for withdrawal management, is in the same situation. There is access to this service however, getting to the program from a rural area may result in a significant amount of travel. The medically managed residential (4.0) and withdrawal management (4-WM) levels of care, which are not a component of this 1115 Waiver, are more readily available due to these services being provided in a medical hospital setting. These services are being identified to demonstrate that the full ASAM Level of Care continuum is available in the state.

Opioid Use Disorder treatment has accessibility beyond just the Opioid Treatment Programs due to the availability of the Office Based Opioid Treatment services through primary care and other private practice physicians. Many contracted providers work with these physicians to provide the required treatment and support services that are not typically available in a primary care or other practice setting. Additionally, the state recognizes the importance of having medication assisted treatment available to address opioid abuse (and other substances when appropriate) in any level of care. PIHPs are required to ensure that their network providers support all avenues to an individual's recovery by providing access to medication assisted treatment when it is requested. This access can be provided directly by a program or through an arrangement with another provider. In addition to providing access during treatment in a program, there must be appropriate arrangements for continuing treatment as part of the discharge and recovery plan for each beneficiary.

The state has a commitment to ensure the SUD treatment needs of children and adolescents are met. Statewide, an estimated 127,000 (14%) youth aged 16-21 have a substance use disorder. Thirty-seven percent of those youth also had identified mental health concerns. 4% of adolescents (12-16) used pain relievers for nonmedical reasons. In 2018, a total of 2,591 substance abuse treatment admissions for youth were reported by publicly funded SUD programs.

Adolescents require different models of service than adults. As indicated in Table 1, adolescents that are enrolled in the Medicaid program and have or are at risk of an SUD will have access to early intervention, treatment and recovery services. Specifically, adolescents will have access to the following services:

- Early Intervention Services, including, but not limited to Screening, Brief Intervention, and Referral to Treatment (SBIRT).
- Outpatient Services including initiation services (assessment and treatment planning), individual, group and family therapy, crisis intervention services
- Intensive Outpatient Program and Partial Hospitalization
- Residential Services (3.1, 3.5 and 3.7)
- Inpatient Services (4.0)

Adolescents will also have access to the various Withdrawal Management Services set forth in the Continuum of Care Sections. When appropriate, older adolescents will also have access to SUD medications as part of the State's Medication Assisted Treatment approach.

While the current continuum reflects services that can be effective for treating adolescents with SUD, the state is aware that the current system of care reflects poor penetration rates for the treatment of

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adolescents and transitional youth age. Only approximately 8% of those with an identified need are receiving SUD treatment services.

In response, the state has developed the Michigan Youth Treatment Improvement and Enhancement (MYTIE) initiative. This began with a two-year Planning project (SYT-P grant October 2015), and has extended an extra four years (SYT-I grant ending September 2021). MYTIE is guiding the state through the development and implementation of an effective continuum of care for transitional aged youth 16-21 years of age and their caregivers, with the goal of increased access to and improved quality of treatment and recovery support services. MYTIE has several goals, including:

- Establish state infrastructure that will increase service access, treatment and recovery support service use and quality for transitional youth aged 16-21;
- Establish partnerships with key stakeholders for the purpose of developing policies, expanding workforce capacity, disseminating age and developmentally appropriate evidence-based practices, and implementing financial mechanisms;
- Implementation of a statewide assessment tool to increase ease of transfer of services within the continuum of care and to reduce trauma caused by the recounting of historical traumatic events by the client;
- Identify issues and barriers that affect access and treatment of SUD and co-occurring disorders;
- Identify disparities that effect access to treatment;
- Promote the development of statewide family and youth support organizations;
- Develop a strategic plan to guide needed changes to the service delivery system.

Information regarding the MYTIE program and a description of current activities regarding the needs assessment and workforce development can be found at: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_4877_77211---,00.html. Information from the gaps analysis in the MYTIE program will assist the State and PIHPs in their network development strategies, including age-appropriate recovery support services for adolescents.

Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Former Governor Rick Snyder created a Prescription Drug and Opioid Task Force in 2015 to address the growing prescription drug and opioid problem in Michigan. The task force reported the following information on the escalation of Michigan's problem.

According to published raw data from the Michigan Automated Prescription System (MAPS), more than 11 million prescriptions for controlled substances were written in 2016. This is roughly one million more prescriptions than were written in 2011, despite the fact that Michigan's population slightly decreased over the same time period.

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Of the 11 million controlled substance prescriptions written in 2016, 10 million were for schedule II drugs. Schedule II drugs are classified by the U.S. Drug Enforcement Agency (DEA) as having a high potential for abuse and dependence. This compares with just four million schedule II prescriptions in 2011. This acute increase in schedule II prescriptions was due to the addition of Hydrocodone to the list of schedule II drugs in 2014.

The task force made recommendations under five areas: Prevention, Treatment, Regulation, Policy and Outcomes, and Enforcement. Many of the recommendations addressed the three critical areas set forth by the Secretary of Health and Human Services: provider education, increased access to Naloxone and strategies to increase Medication Assisted Treatment (MAT).

Prevention

1. Require additional training for all professionals who will be prescribing controlled substances, including training on the new CDC prescribing guidelines.
 - a. STR grant funds a project through the University of Michigan that has been offering training on the CDC prescribing guidelines.
 - b. Medicaid is also tracking prescribing outliers and offering technical assistance and guidance to reducing the prescribing appropriately. (State Opioid Response {SOR} grant funded)
2. Development and maintenance of relationships among state and local agencies to provide necessary information regarding prescription drug abuse, prevention and treatment.
 - a. Partnership for Success (PFS) funding provides resources to establish State and Community level infrastructure for Prevention Prepared Communities that includes the capacity to develop and implement data guided programming. PFS funds State and Community level Epidemiological Outcomes Workgroups charged with collecting, analyzing and reporting on morbidity, mortality, prevalence, incidence, trend and social indicator data need to identify the extent of prescription drug abuse and the need for prevention and treatment services at the State and Community levels.
3. Collaboration among local coalitions, pharmacies, health profession boards, state agencies and the DEA to increase the availability of prescription drop off bins.
 - a. Collaboration among coalitions, pharmacies, DEA State and local law enforcement continues to occur in various Prepaid Inpatient Health Plan target communities funded by the PFS and other federal, state and local resources.
4. Review programs and parameters established within the Medicaid system as well as actions taken by other states to determine the best route forward to eliminate doctor and pharmacy shopping. Recommend looking at programs already in use in Tennessee and Washington.
 - a. MDHHS employs a Benefits Monitoring System that flags Medicaid Beneficiaries that are pharmacy shopping and doctor shopping to acquire additional opioid prescriptions than legally prescribed. Beneficiaries that are flagged are contacted and limited to one pharmacy and one prescriber for opioid prescriptions.

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5. Public awareness campaign to inform the public of the dangers of abuse, how to safeguard and properly dispose of medicines, publicize improper prescribing practices, and reduce the stigma of addiction. (www.michigan.gov/opioids)

Treatment

1. Pursue increased public awareness regarding the laws that limit civil and criminal liabilities for administering Naloxone.
 - a. While Michigan has laws that limit civil and criminal liabilities for administering Naloxone, there has not been any major public campaigns to publicize the laws. Children's Services Agency staff are not allowed to carry it or be trained because of potential liability issues.
2. Explore the possibility of limited statutory immunity for low-level offenses involved in reporting an overdose and seeking medical assistance.
 - a. Michigan has a Good Samaritan Law which prevents drug possession charges against those that seek medical assistance in certain circumstances.
3. Explore ways for the State to increase access to care, including wraparound services and MAT, as indicated by national and state guidelines for treatment. In addition, the Task Force recommends that insurance companies consider providing health plans that cover the costs of MAT with reasonable quantity limits on medication used.
 - a. The State Targeted Response (STR) and SOR grant both increase access to care, increase access to case management and peer services, and increase access to MAT through DATA 2000 waiver training and development of a SUD specific curriculum for medical schools.
 - b. Initiation of an Opioid Health Home in a PIHP region to make treatment more assessable for Medicaid beneficiaries with an OUD. Look alike model being developed for Michigan's Upper Peninsula using SOR funding.
4. Explore ways to increase the number of addiction specialists practicing in Michigan.
 - a. SOR project promoting the development of a curriculum specific to substance use disorders to be used in medical schools to prepare physicians entering the field.
5. Additional training for law enforcement in the area of recognizing and dealing with addiction for those officers who do not deal directly with narcotics regularly. The Task Force also recommends expansion of treatment courts as called for by former Governor Rick Snyder in his 2015 Criminal Justice Message, as well as expanding the courts' ability to create pilot programs for the use of MAT.
 - a. There has been a significant increase in the number of Drug Courts implementing MAT programming. MDHHS has provided several trainings on the efficacy of MAT to Michigan Drug Court Professionals including judges.

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6. Require a bona-fide physician-patient relationship as defined in Michigan law prior to prescribing controlled substances.
7. The State should review current best practice guidelines for reducing the development of neonatal abstinence syndrome (NAS) and consider pilot programs for the development of testing of pregnant women to reduce the risk of NAS caused by prescription drug and opioid abuse.
 - a. The state and other entities are piloting several initiatives to identify pregnant women who are using opioids and connect them to any services needed including treatment and other supports.

Regulation

1. Consider legislation to better define and identify pain management practice for the purposes of licensing.
2. Update regulations to delineate licensing for clinics (methadone) based on the population being treated. The State should consider a tiered system of licensing that regulates the functions and prescription capabilities of the clinics and their staff.
3. Recommend the establishment of an exemption from civil liability when a pharmacist is acting in good faith and has reasonable doubt regarding the authenticity of the prescription or believes the prescription is being filled for non-medical purposes.
4. Review the Michigan College of Emergency Physicians policy and then endorse a best practices policy that hospitals and doctors could use as a model.
5. Review the limitation of the sale of pseudoephedrine by pharmacies only.

Policy and Outcomes

1. Create an ongoing Prescription Drug and Opioid Task Force or Commission to evaluate the efficacy of current proposals and continually develop new solutions to address societal changes.
2. Add outcomes to the State Dashboard to track the success of efforts.
3. The State should consider mechanisms to ensure patient continuity of care during an abrupt closure of a medical practice to ensure that necessary treatments can continue without interruption.
4. Document law enforcement efforts with local coalitions and focus groups that have resulted in a reduction of prescription overdose deaths to determine if replication and expansion are possible and warranted.

Enforcement

1. Review the budgetary requirements for updating or replacing the Michigan Automated Prescription System (MAPS.) There should be mandatory registration in MAPS by all licensed prescribers to ensure all are registered when the updated or new system is brought online.

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- a. The MAPS upgrades were completed with the new Appriss software. STR grant funds were used to help support the additional NarxCare portion of the Appriss program.
2. Allow broader access to MAPS for law enforcement purposes when investigating questionable business practices by prescribers.
 - a. Requires legislation which is being reviewed.
3. Require enhanced licensing sanctions for health professionals that violate proper prescribing and dispensing practices.

The Department of Licensing and Regulatory Affairs which oversees all healthcare professional and healthcare organization licensure is actively involved in providing education about the use of opiate medications and pain management. Information regarding the activities, groups and educational materials can be found at the following website: http://www.michigan.gov/lara/0,4601,7-154-72600_72603_45947---,00.html.

To compliment and implement the recommendations of the Task Force, the former Governor, in June 2016, established the Prescription Drug and Opioid Abuse Commission (PDOAC). Consequently, the former Governor and a bi-partisan group of legislators announced a package of bills to combat opioid and prescription drug misuse which were signed into law in December of 2017. The legislation included:

- Prescribers documenting a bona-fide patient relationship prior to prescribing opioids;
- A seven-day prescribing limit for acute pain;
- The development of a prescription drug education curriculum in schools; and
- Mandated greater patient education requirements including a new consent form effective 2018

MDHHS is actively involved in statewide efforts to address the increasing use of both illegal and prescription opiates in conjunction with recommendations made by the Task Force and the implementation strategies provided by the PDOAC. In addition to ensuring that a variety of treatment and recovery support services are available, MDHHS, under the direction of the Single State Authority, is actively involved in supporting prevention activities around the state that are aimed at decreasing opiate use and providing education on the impacts of use. Some of these efforts include:

- Increase multi-system collaboration at state and community levels
 - Assure and monitor PIHPs to develop and implement action plans for the prevention of prescription and over-the-counter drugs to prevent unintentional deaths from drug overdoses.
 - Provide training to strengthen infrastructure to enhance substance use disorder prevention and mental health promotion at the community/coalition level.
 - Promote to develop leadership structure combining MDHHS, Licensing and Regulatory Affairs, Law Enforcement and other stakeholders to oversee surveillance, intervention, education and enforcement to prevent illegal distribution and use of controlled substances.

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- Secure federal discretionary funding to implement the activity listed above.
- Broaden statewide media messages
 - Promote the use of statewide media campaigns entitled: Stop Overdoses (www.michigan.gov/stopverdoses) and Do Your Part: Be the Solution to Prevent Prescription Drug Abuse (www.michigan.gov/doyourpart), that include information portals for parents, physicians, youth, educators and the general public interested in learning about prescription drug and opioid abuse.
- Broaden Rx/OTC drug abuse education and use of brief screenings in behavioral and primary health care settings
 - Ensure that public health approaches to the delivery of early intervention such as SBIRT are implemented in behavioral and primary health care settings by providing funding and training
 - Ensure on-going surveillance to monitor data relevant to drug overdoses and deaths from drug overdoses

Michigan published Medication Assisted Treatment guidelines that are consistent with the federal guidelines and contain detailed guidance for treating people addicted to heroin and other opiates. The guidelines define mild, moderate and severe levels of addiction and then recommend appropriate medication and behavioral therapy that research has shown to be most effective for that level of addiction. These guidelines are considered best practice and have led efforts on changing how treatment should be delivered and viewed in Michigan during the implementation of the waiver.

Recent legislation has allowed Naloxone to be made available to first responders and law enforcement and it is being used in communities around the state. Additional legislation was passed to allow family members of those with opioid prescriptions to receive Naloxone as an additional way to prevent death from overdose.

SUD Health IT Plan

The state of Michigan assures CMS that it has sufficient health IT infrastructure at every appropriate level (i.e. state, delivery system, PIHP and individual provider) to achieve the goals of this demonstration.

The primary tool available at the state level is the MDHHS data warehouse. The warehouse supports the use of data sets related to SUD services for utilization monitoring, quality measurement, treatment outcome and other purposes. Data sets can be used independently or linked and include: capitation payments, claims/encounters, eligibility and benefit plan enrollment, demographics, vital records, level of need assessments, treatment outcome, MMIS provider enrollment, etc. MDHHS uses a quality measurement tool to generate rates on a quarterly basis, for all Medicaid beneficiaries. Rates are available state-wide and by PIHP on HEDIS measures, including:

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)
- Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET) within 14 days and 30 days.

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Michigan makes two important resources available to enable PIHPs and behavioral health providers to improve care coordination through use of health information: (1) The Michigan Health Information Network (MiHIN) is the state authority for electronic health information exchange. MiHIN is currently being used by providers of mental health, SUD and intellectual and developmental disability (IDD) services to facilitate and initiate electronic exchange with physical health providers. PIHPs are also eligible to participate as data sharing organizations in the MiHIN network; (2) Data analytics and population health management have been aided by the state's creation of a web portal, CareConnect 360 (CC360), which was created and launched as a care coordination tool. CC360 provides a comprehensive view of a beneficiary's health, or the overall health of a population, based on information pulled from the MDHHS data warehouse. Claims and encounters are the main data set available, including from behavioral and physical health providers. Medicaid Health Plans, PIHPs and CMHSPs use CC360 for a) alerts on admissions, discharges, deaths, b) joint care plans, c) self-review on performance measure rates, etc. These resources assist PIHPs and providers to identify a range of health conditions in individual beneficiaries and support both PIHP and provider-level care coordination activities.

Improved Care Coordination and Transitions Between Levels of Care

Benefit management for SUD services has been the responsibility of the PIHPs since 2014. The PIHP will employ its established utilization management system for prior authorization and continued stay reviews which will include applying the ASAM criteria to identify the more appropriate individual treatment and support needs. Eligibility to receive services is based on medical necessity criteria that are outlined through currently established guidelines. These criteria were created for both behavioral health and developmental disabilities services and read as follows:

Medical Necessity Criteria

Mental health, developmental disabilities, and substance use disorder services are supports, services, and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

The policy then further delineates how the medical necessity criteria are to be applied when determining the needs of an individual:

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Determination Criteria

The determination of a medically necessary support, service or treatment must be:

- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary;
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary;
- For beneficiaries with mental illness or developmental disabilities, based on person-centered planning, and for beneficiaries with substance use disorders, individualized treatment planning;
- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience;
- Made within federal and state standards for timeliness;
- Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose; and
- Documented in the individual plan of service.

Consistent with federal statutes and regulations that apply parity to the Medicaid program, the benefits available in this demonstration will not have preset limits placed on them. There will be individual determination of medical and clinical necessity by qualified providers for each beneficiary for initial and ongoing care needs. The frequency and duration of treatment services are expected to be guided by the ASAM criteria, which is a standardized process based on significant research evidence and application. As set forth in the Standards of Care discussion, PIHPs make authorization decisions (initial and continuing stay) regarding residential length of stay, change in LOC and discharge based on the ASAM criteria. PIHPs will continue to apply the ASAM criteria to both outpatient and residential services for adolescents and adults. In addition, PIHPs will make information regarding medical necessity and information regarding denials or changes in lengths of stay for residential services available to the client or the provider. The PIHP must disseminate all practice guidelines it uses to all affected providers and upon request to beneficiaries.

MDHHS is committed to integrating physical and behavioral health care services for beneficiaries with behavioral health conditions and has been implementing several solutions to improve care coordination and care transitions to ensure warm hand-offs and successful engagement in treatment and transitions across levels of care, particularly for high-risk cohorts with complex care needs. Michigan will work with stakeholders to develop a framework to evaluate successful care transitions to outpatient care, including hand-offs between levels of care within the SUD care continuum as well as linkages with primary care upon discharge.

A description of selected activities intended to ensure improved coordination of care among individuals with SUD are below. Michigan continues to explore and plan for an increasing number of care coordination and care integration strategies as part of the state's ongoing Medicaid system transformation:

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Medicaid Health Plan (MHP) and Prepaid Inpatient Health Plan Coordination Agreement Requirements

In contracts with managed care entities, Michigan requires Medicaid Health Plans (MHP) and PIHPs to establish and implement coordination agreements with each other to better integrate services covered by MHPs and the PIHPs as well as provide incentives to support behavioral health integration. Managed care entities are also contractually required to collaborate and develop shared metrics to measure the quality of care provided to beneficiaries jointly served by MHPs and PIHPs.

In carrying out this requirement, MHPs and PIHPs have collaborated to work with MDHHS to establish a uniform process for identifying high-risk individuals and stratify populations as required under the MHP [contract](#), which state in part that MHPs must work collaboratively with PIHPs to:

- Identify and coordinate the provision of services to shared members who have significant behavioral health issues and complex physical co-morbidities.
- Jointly create and implement a method for stratifying shared members who have significant behavioral health issues and complex physical co-morbidities.
- Jointly develop care management standards for providing care management services to shared members with significant behavioral health issues and complex physical co-morbidities based on patient needs and goals.
- Jointly develop and implement processes for providing coordinated complex care management services for shared members with significant behavioral health issues and complex physical co-morbidities.
- Jointly create a care management tool used by staff from each organization to document a jointly created care plan and to track contacts, issues, and services regarding shared members with significant behavioral health issues and complex physical co-morbidities.
- Hold case reviews at least monthly during which the care managers and other team members, including community health workers, pharmacists, medical directors and behavioral health providers, must discuss shared members with significant behavioral health issues and complex physical co-morbidities, and develop shared care management interventions.
- Work collaboratively with PIHPs, primary care providers, and MDHHS to develop and implement performance improvement projects involving shared metrics and incentives for performance.
- Report to MDHHS the results of shared metric performance incentive programs in a manner determined by MDHHS.

Quality measures

Reporting of Quality Measures

Michigan intends to develop a rigorous evaluation design that will utilize valid and reliable data, standardized measures and specifications, and robust methodology.

Measures

Michigan will use the following measures to assess quality and access to care throughout the demonstration. Where nationally-recognized specifications for these measures exist, they will be utilized.

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Measure	Steward	Data Source	Notes
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NQF #0004	Data Warehouse (encounter data)	Admin data only (have baseline data)
SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge	NQF # 1664	To be determined	Admin and medical records
Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	NQF # 2605	Data warehouse (encounter data)	Admin data only (have baseline data)
Readmission rates (Plan All Cause Readmission)	NQF # 1768	Data Warehouse (encounter data)	May currently be available in Symmetry
Emergency Department Utilization	Need to determine a specific measure	Data Warehouse (encounter data)	Admin data only
Inpatient Utilization (IPU)	NCQA	Data Warehouse (encounter data)	May currently be available in Symmetry
Number of People Engaged in Recovery Support	State-specific	Data Warehouse (encounter data)	Need to determine exactly what they're asking
Length of Time in Formal Treatment	State-specific	Data Warehouse (encounter data)	Need to determine exactly what they're asking
Improvement in Overall Health	State-specific	Survey	Need to determine exactly what they're asking
Adult Access to Preventive/Ambulatory Services	NCQA	Data Warehouse (encounter data)	May currently be available in Symmetry
Rate of completed follow up appointments with Specialty Service System providers	State-specific	Data Warehouse (encounter data)	Need to determine the best way to measure

Methodology

Baselines for two of the measures (Initiation and Engagement of Alcohol and Other Drug Dependence Treatment and Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence) have already been established and the state will continue to report on these data at least annually. For the remaining measures, we expect to establish baselines by the end of demonstration year 1. Data will be extracted for these measures for each PIHP and Michigan will allow the opportunity for stakeholder review and feedback on the methodology and results. Performance standards will be set using baseline data. Payment of bonus dollars will be contingent upon meeting quality thresholds. Reports will be published at intervals to be determined. Michigan's complete pay-for-performance strategy is outlined in Section 8.4.2 (Contract Withholds) and Section 8.4.2.1 (2016 Performance Bonus Integration of Behavioral Health and Physical Health Services) of the Medicaid

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Managed Specialty Supports and Services FY 16 Contract, Amendment #1, available at <http://www.midstatehealthnetwork.org/docs/AmendmentNo-1ToFY16MSHN-MDHHSContract.pdf>.

Improving partnerships

Building on work already done in Michigan, the demonstration will enhance the ability of Specialty Service System payers and providers to work with Medicaid Health Plans to improve service delivery by jointly developing processes, procedures, and methods for population identification and intervention.

Addressing Social Determinants of Health

The demonstration will afford Michigan the opportunity to develop meaningful linkages to community-based resources that can assist providers in address social determinants (including housing) to their patients.

Evaluation

The goal of the evaluation is to determine whether the waiver program impacts services utilization, cost, and health outcomes of SUD treatment. Michigan will work with an independent evaluator to ensure the highest rigor and adherence to evaluation methodology.

Because the demonstration is statewide, encompassing all patients who are eligible for the program Michigan will employ a time trend analysis evaluation design to validate the following hypotheses:

1. The demonstration increases access to services for patients in the intervention group.
2. The demonstration increases quality of care and enhances health outcomes for patients in the intervention versus the control group.
 - a. There are no differences in quality or outcomes by region, race/ethnicity, or other demographic factors.
3. The demonstration reduces overall utilization of emergency department visits, inpatient stays, and inpatient readmissions for patients in the intervention versus control group.
4. The demonstration reduces costs associated with utilization of emergency department visits, inpatient stays, and inpatient readmissions for patients in the intervention vs. control group.

Michigan will implement a formative evaluation design. In addition to the required mid-point evaluation report, the evaluator will develop interim reports on demonstration progress at intervals to be determined. The reports may be used to drive discussion, stakeholder engagement, and program/policy change at the state or provider level. A final evaluation report will be submitted as required.

Single State Agency

The Single State Agency for SUD is the Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration.

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Attachment A

Document #1: MDHHS ASAM Residential Level of Care Designation Questionnaire

Document #2: MDHHS ASAM Outpatient Level of Care Designation Application

Document #3: MDHHS ASAM Withdrawal Management Level of Care Designation Application

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The Michigan Department of Health and Human Services (MDHHS) is required to designate the ASAM level of care for all licensed **residential treatment** facilities. In order to make this determination, the following questionnaire is required to be filled out for each licensed facility seeking to provide publicly funded services. The information provided and submitted with this questionnaire will allow MDHHS to assign an ASAM level for the program.

Program/Facility Name:

Facility Address:

City/State/Zip:

License Number:

Treatment Capacity:

Please indicate the ASAM Level being applied for:

- 3.1 Clinically Managed Low Intensity
- 3.3 Clinically Managed Population Specific High Intensity
- 3.5 Clinically Managed High Intensity
- 3.7 Medically Monitored Intensive Inpatient Services

Please indicate the population served by the program:

- Adolescent
- Adult

Please indicate which Pre-paid Inpatient Health Plan(s) the program is currently contracted with or planning to contract with to provide services: (check all that apply)

- Community Mental Health Partnership of Southeast Michigan
- Detroit Wayne Mental Health Authority
- Lakeshore Regional Entity
- Macomb County Community Mental Health Services
- Mid-State Health Network
- Northcare Network
- Northern Michigan Regional Entity
- Oakland County Community Mental Health Authority
- Region 10 Pre-paid Inpatient Health Plan
- Southwest Michigan Behavioral Health

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SERVICE DELIVERY and SETTING

Please indicate the type of setting where services are provided.

- 1) Freestanding community setting.
- 2) Unit within a licensed health care facility.
- 3) Secure community setting in the criminal justice system.
- 4) On average, over the past 90 days, what percentage of residents were treated for moderate or severe substance use disorders: (Total must equal 100%)
 - a. Without a co-occurring mental health disorder – %
 - b. Combined with a co-occurring mental health disorder – %
 - c. Combined with functional limitations that were primarily cognitive in nature? (For example: Traumatic Brain Injury, Dementia, Memory Problems) – %

SUPPORT SYSTEMS

Please select “yes” or “no” for each of the following questions:

- 1) Telephone or in-person consultation with physician and emergency services available 24/7? Yes No
- 2) Direct affiliations with other levels of care and/or close coordination for referrals to other services? Yes No
- 3) Ability to conduct and/or arrange for laboratory/toxicology tests or other needed procedures. Yes No
- 4) Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications. Yes No
- 5) Psychiatric/psychological consultation available as needed. Yes No

STAFF

Please select “yes” or “no” for each of the following questions:

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- 1) Professional staff available on-site 24 hours a day.
Yes No

- 2) Treatment team consists of medical, addiction and mental health professionals.
Yes No

- 3) One or more clinicians available on site or by telephone 24 hours a day.
Yes No

- 4) Please indicate program staff conducting each service.

Check all that apply on the following table:

License or Certification/Registration	Individual Counseling Sessions	Group Counseling Sessions	Didactic/Educational Sessions	COD Treatment Services	Medical RX Services
MD/DO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LP/LLP/TLLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LMFT/LLMFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPC/LLPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN,NP,LPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LMSW/LLMSW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LBSW/LLBSW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CADC-M/CADC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAADC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCJP-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCDP-D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCS-M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCS-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DP-S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DP-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THERAPIES

Please describe the therapy services that are available:

- 1) Planned clinical program activities (professionally directed) hours per week:

- 2) Focus of counseling and clinical program activities:

- 3) Recovery support services available:

- 4) Involvement of family members and significant others?

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Yes No

5) Medication assisted treatment available?

Yes No

6) Monitoring of medication adherence (for behavioral health and physical health)?

Yes No

7) Use of random drug screens to monitor compliance?

Yes No

8) Please attach a weekly schedule of services with the individual, group, educational and/or other treatment services labeled, in order to validate the service hours listed above. Please attach other programmatic documentation that will support the ASAM Level for which approval is being sought.

ASSESSMENT/ TREATMENT PLAN REVIEW

Does the program's assessment & treatment plan review include:

1) Individualized, comprehensive bio-psychosocial assessment utilized?

Yes No

2) Individualized treatment plan, developed in collaboration with client and reflects client's personal goals?

Yes No

3) Daily assessment of progress and treatment changes?

Yes No

4) Physical examination by (MD/DO, PA, NP) performed as part of initial assessment/admission process?

Yes No

5) Ongoing transition/continuing care planning?

Yes No

I CERTIFY THAT THE INFORMATION PROVIDED REGARDING THE OPERATION OF THIS PROGRAM IS ACCURATE, TRUE, AND COMPLETE IN ALL MATERIAL ASPECTS. (Electronic signatures are acceptable)

AUTHORIZED INDIVIDUAL	TITLE	SIGNATURE	DATE
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ENTER THE CONTACT INFORMATION OF THE PERSON THAT CAN BE REACHED FOR FOLLOW-UP IF NEEDED.

NAME	TITLE	EMAIL	TELEPHONE

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The Michigan Department of Health and Human Services (MDHHS) is required to designate the ASAM level of care for all licensed **outpatient treatment** programs. In order to make this determination, the following questionnaire is required to be filled out for each licensed program seeking to provide publicly funded services. The information provided and submitted with this questionnaire will allow MDHHS to assign an ASAM level for the program.

Program/Facility Name:

Facility Address:

City/State/Zip:

License Number:

Treatment Capacity:
(If Applicable)

Please indicate the ASAM Level being applied for (select only one):

- 0.5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services

Please indicate the population served by the program:

- Adolescent
- Adult

Please indicate which Pre-paid Inpatient Health Plan(s) the program is currently contracted with (or planning to contract with for new programs) to provide services: (check all that apply)

- Community Mental Health Partnership of Southeast Michigan
- Detroit Wayne Mental Health Authority
- Lakeshore Regional Entity
- Macomb County Community Mental Health Services
- Mid-State Health Network
- Northcare Network
- Northern Michigan Regional Entity
- Oakland County Community Mental Health Authority
- Region 10 Pre-paid Inpatient Health Plan
- Southwest Michigan Behavioral Health

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SERVICE DELIVERY and SETTING

Please indicate the type of setting where services are provided.

- Behavioral health clinic/office based program
- Primary care office/clinic
- Integrated care clinic (combined physical and behavioral health)
- Work sites
- School
- Community based
- Individuals home

On average, over the past 90 days, what percentage of clients with a substance use disorder were served (**Level 0.5 programs can skip this**): (Total must equal 100%)

- d. Without a co-occurring mental health disorder – %
- e. Combined with a co-occurring mental health disorder – %

SUPPORT SYSTEMS

Please select “yes” or “no” for each of the following questions:

- 6) Does your program provide referral and linking to ongoing treatment?
Yes No
- 7) Does your program provide referral for community social services?
Yes No
- 8) Are emergency services available 24/7 outside normal program hours?
Yes No

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- 9) Does your program have direct affiliations with other levels of care and/or close coordination for referrals to other services?
Yes No
- 10) Does your program have the ability to conduct and/or arrange for laboratory/toxicology tests or other needed procedures?
Yes No
- 11) Does your program have the ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications?
Yes No
- 12) Are psychiatric and medical consultation available within 24 hours by phone and in person based on severity of condition (Level 1)?
Yes No
- 13) Are psychiatric and medical consultation available within 24 hours by phone and 72 hours in person (Level 2.1)?
Yes No
- 14) Are psychiatric and medical consultation available within 8 hours by phone and 48 hours in person (Level 2.5)?
Yes No

STAFF

Please select “yes” or “no” for each of the following questions:

- 4) Do you employ trained personnel who are knowledgeable about substance use and addiction?
Yes No
- 5) Is counseling/therapy provided by appropriately licensed and credentialed professionals?
Yes No
- 6) Is there a generalist physician(s) and/or physician assistant(s) available?
Yes No
- 7) Are nursing staff available?
Yes No
- 8) Is the physician(s) or physician assistant specially trained in addiction medicine?
Yes No

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9) Are staff cross-trained in mental health, psychotropic medications and interactions with addictive substances?

Yes No

7) Please indicate program staff conducting each service.

Check all that apply on the following table:

License or Certification /	Screening and/or Assessment	Individual Counseling Sessions	Group Counseling Sessions	Didactic/Educational Sessions	COD Treatment Services	Medical RX
MD/DO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LP/LLP/TLLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LMFT/LLMFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPC/LLPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN,NP,LPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LMSW/LLMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LBSW/LLBSW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CADC-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAADC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCJP-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCDP-D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCS-M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCS-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DP-S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DP-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specifically trained staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specifically trained staff explanation:

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THERAPIES

Please describe the following in reference to the program:

9) Focus of program activities for the level of care requested in this application:

10) Recovery support services:

Please select “yes” or “no” for each of the following questions:

11) Individual therapy/counseling/psychotherapy provided?

Yes No

12) Group therapy provided?

Yes No

13) Family therapy provided?

Yes No

a. If provided is there involvement of family members, guardians and significant others in the assessment, treatment and continuing care of the client?

Yes No

14) Educational/didactic services provided?

Yes No

15) Occupational therapy?

Yes No

16) Recreational therapy available?

Yes No

17) Medication management (SUD) available?

Yes No

18) Medication management (mental health) available?

Yes No

19) Monitoring of medication adherence (for behavioral health and physical health)?

Yes No

20) Use of laboratory and toxicology services (on-site/consultation/referral)?

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Yes No

21) For **Levels 2.1 and 2.5** please submit a weekly schedule of services with the individual, group, educational and/or other treatment services labeled to verify the minimum amount of hours of skilled treatment services for the level are available.

ASSESSMENT/ TREATMENT PLAN REVIEW

Indicate if the program's assessment & treatment plan review processes include the following?

- 6) Screening to rule in or out substance related addictive disorders?
Yes No
- 7) Assessment of ASAM dimensional risk and severity of need performed prior to and throughout the process of delivering services?
Yes No
- 8) Individualized, comprehensive bio-psychosocial assessment utilized?
Yes No
- 9) Physical examination by (MD/DO, PA, NP) available for conditions as warranted based on physician approved protocols?
Yes No
- 10) Individualized treatment plan, developed in collaboration with client and reflects client's personal goals?
Yes No
- 11) Treatment plan reviews are conducted at specified times, as noted in the plan or with a frequency as determined by appropriately credentialed staff?
Yes No
- 12) Documentation of mental health problems and relationship to substance use disorder?
Yes No
- 13) Documentation of progress and treatment changes?
Yes No
- 14) Ongoing recovery/continuing care planning?
Yes No

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I CERTIFY THAT THE INFORMATION PROVIDED REGARDING THE OPERATION OF THIS PROGRAM IS ACCURATE, TRUE, AND COMPLETE IN ALL MATERIAL ASPECTS. (Electronic signatures are acceptable)

AUTHORIZED INDIVIDUAL	TITLE	SIGNATURE	DATE

ENTER THE CONTACT INFORMATION OF THE PERSON THAT CAN BE REACHED FOR FOLLOW-UP IF NEEDED.

NAME	TITLE	EMAIL	TELEPHONE

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The Michigan Department of Health and Human Services (MDHHS) is required to designate the ASAM level of care for all licensed **withdrawal management** treatment facilities. In order to make this determination, the following questionnaire is required to be filled out for each licensed facility seeking to provide publicly funded services. The information provided and submitted with this questionnaire will allow MDHHS to assign an ASAM level for the program.

Program/Facility Name:

Facility Address:

City/State/Zip:

License Number:

Treatment Capacity:

Please indicate the ASAM Level being applied for: (Select Only One)

- Level 1-WM – Ambulatory Withdrawal Management without Extended On-site Monitoring (Outpatient Withdrawal Management)
- Level 2-WM – Ambulatory Withdrawal Management with Extended On-site Monitoring (Outpatient Withdrawal Management)
- Level 3.2-WM – Clinically Managed Residential Withdrawal Management (Residential Withdrawal Management)
- Level 3.7-WM – Medically Monitored Inpatient Withdrawal Management (Residential Withdrawal Management)

Please indicate the population served by the program:

- Adolescent
- Adult

Please indicate which Pre-paid Inpatient Health Plan(s) the program is currently contracted with or planning to contract with to provide services: (check all that apply)

- Community Mental Health Partnership of Southeast Michigan
- Detroit Wayne Mental Health Authority
- Lakeshore Regional Entity
- Macomb County Community Mental Health Services
- Mid-State Health Network
- Northcare Network
- Northern Michigan Regional Entity
- Oakland County Community Mental Health Authority
- Region 10 Pre-paid Inpatient Health Plan

Michigan 1115 OUD/SUD Waiver Implementation Plan

Southwest Michigan Behavioral Health

SERVICE DELIVERY and SETTING

Please indicate the type of setting where services are provided:

- 1) Client Home
- 2) Office or agency setting
- 3) Healthcare facility
- 4) Day hospital or residential type setting
- 5) Freestanding withdrawal management facility

Please indicate how services are provided in the program:

- Regularly scheduled services.
- Services delivered under physician approved policies and procedures or clinical protocols.

SUPPORT SYSTEMS

Please select "yes" or "no" for each of the following questions:

- 1) Available specialized psychological and psychiatric/clinical consultation and supervision. Yes No
- 2) Comprehensive medical history and physical examination completed as part of admission. Yes No
- 3) Affiliation with other levels of care, including other specialty substance use disorder treatment. Yes No
- 4) Ability to conduct and or arrange for laboratory/toxicology tests.
Yes No
- 5) 24 hour access to emergency medical consultation services.
Yes No
- 6) Ability to provide/assist with access to safe transportation services.
Yes No

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STAFF

Please select “yes” or “no” for each of the following questions:

- 1) Physicians and/or nurses present as needed. Yes No
- 2) Physicians and/or nurses readily available. Yes No
- 3) Physicians and/or nurses present at all times. Yes No
- 4) Counseling staff available or accessed through affiliation relationships.
Yes No
- 5) Recovery coach/peer support staff available or accessed through affiliation relationships. Yes No
- 6) Please indicate program staff conducting each service. Check all that apply:

License or Certification/Registration	Individual Counseling Sessions	Group Counseling Sessions	Didactic/Educational Sessions	COD Treatment Services	Medical RX Services
MD/DO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LP/LLP/TLLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LMFT/LLMFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPC/LLPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RN,NP,LPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LMSW/LLMSW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LBSW/LLBSW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CADC-M/CADC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAADC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCJP-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCDP-D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCS-M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCS-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DP-S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DP-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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THERAPIES

Please describe the therapy services that are available:

- 1) Medication supported withdrawal management.
Yes No
- 2) Self-administered withdrawal management medications.
Yes No
- 3) Supervised self-administered withdrawal management medications.
Yes No
- 4) Non-medication supported withdrawal management.
Yes No
- 5) Education/didactics.
Yes No
- 6) Involvement of family members and significant others.
Yes No
- 7) Discharge/transfer planning.
Yes No
- 8) Physician/nurse monitoring/management of intoxication and/or withdrawal.
Yes No
- 9) Range of therapies available in group and/or individual format (cognitive, behavioral, medical).
Yes No
- 10) Please submit a weekly schedule of services with the individual, group, educational and/or other treatment services labeled to verify what is reported above and attach other programmatic documentation that will support the ASAM Level being sought.

ASSESSMENT/TREATMENT PLAN REVIEW

Does the program's assessment and treatment plan review include:

- 1) Addiction focused history part of initial assessment and conducted or reviewed by physician. Yes No
- 2) Physical examination (by MD/DO, PA, NP) performed as part of initial assessment.
Yes No
- 3) Biopsychosocial screening assessments used to determine level of care and to

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address treatment priorities in ASAM dimensions 2-6.

Yes No

4) Interdisciplinary team available to participate in treatment and to obtain and interpret information regarding client needs.

Yes No

5) Individual treatment plan, with problem identification for ASAM dimensions 2-6, with treatment goals and measureable objectives.

Yes No

6) Daily assessment of progress and treatment changes.

Yes No

7) Transfer/discharge planning beginning at point of admission.

Yes No

8) Referral and linking arrangements for continuing care.

Yes No

9) Medical assessments, using appropriate measures of withdrawal.

Yes No

I CERTIFY THAT THE INFORMATION PROVIDED REGARDING THE OPERATION OF THIS PROGRAM IS ACCURATE, TRUE, AND COMPLETE IN ALL MATERIAL ASPECTS. (Electronic signatures are acceptable)

AUTHORIZED INDIVIDUAL	TITLE	SIGNATURE	DATE

ENTER THE CONTACT INFORMATION OF THE PERSON THAT CAN BE REACHED FOR FOLLOW-UP IF NEEDED.

NAME	TITLE	EMAIL	TELEPHONE