

Medical Necessity Criteria

24-Hour Diversionary Services Co-Occurring Enhanced Residential Rehabilitation Services (RRS) (Adult)

Co-Occurring Enhanced Residential Rehabilitation Services (RRS) meet the American Society for Addiction Medicine (ASAM) definition for Level 3.1 Co-Occurring Enhanced. This shall mean a 24-hour, safe, structured environment, located in the community, which supports Members' recovery from substance use disorders and moderate to severe mental health issues while reintegrating into the community and returning to social, vocation/employment, and/or educational roles. Scheduled, goal-oriented clinical services are provided in conjunction with psychiatry and medication management to support stabilization and development of skills necessary to achieve recovery.

Clinical services are provided a minimum of five hours a week and additional outpatient levels of care may be accessed concurrently as appropriate.

Criteria

For admission, exclusion, continued stay, and discharge criteria, refer to the current edition of *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*.

Level 3.1: Clinically Managed Low-Intensity Residential Services, Co-Occurring Enhanced

<http://www.asam.org/publications/the-asam-criteria>

Admission Criteria

Members eligible for a Co-Occurring Enhanced RRS level of care **must meet each of the following criteria:**

1. Following a clinical assessment based on the six dimensions of the American Society for Addiction Medicine (ASAM) Criteria, the Member is deemed appropriate for a Co-Occurring Enhanced RRS level of care. The Member is sufficiently stabilized to participate in the assessment process.
2. The Member is diagnosed as having both a substance use disorder and moderate to severe mental health condition, consistent with relevant DSM-5 diagnosis.
3. Mental health symptomology and presentation, inclusive of social, emotional, cognitive, and behavioral presentations, must be sufficiently acute that a small milieu and high staff to Member ratios are necessary for the Member to be successful in the program. Behavioral health presentation must be such that 24-hour clinical supervision may be required, and frequent individualized attention is necessary for the Member to be successful in the milieu and with treatment goals. Based on symptom presentation, the Member can be appropriately and safely treated in a community environment but would not likely be successful in a Co-Occurring Capable RRS program.
4. The Member is in immediate need of medication evaluation and reconciliation and requires support from a structured program environment in accessing community prescribers and achieving stability on a medication regimen.
5. The Member has a recent history of service utilization that highlights the need for co-occurring enhanced services. Within the past three months, a Member must have experienced at least one of the following events:

- a. An inpatient psychiatric hospitalization.
- b. At least two emergency department and/or Mobile Crisis Intervention (MCI) evaluations.
- c. Unsuccessful engagement and/or inability to succeed in other community-based services based on psychosocial or clinical complexity related to substance use and/or mental health disorders.

Note: *Members who do not meet the Admission Criteria and do not meet the Exclusion Criteria are still eligible for 3.1 co-occurring enhanced services if they meet either of the following criteria:*

1. The Member has been discharged from an inpatient psychiatric program and is able to participate in the treatment activities in a community-based setting. Members discharged to Co-Occurring Enhanced RRS programs from an acute psychiatric setting may benefit from additional services that offer psychiatric and clinical supports in conjunction with the Co-Occurring Enhanced RRS program. In such cases, treatment planning and service delivery must be coordinated and aligned.
2. Members who have gone through withdrawal management and/or are inducted on Medication-Assisted Treatment (MAT) are eligible for direct admission to Co-Occurring Enhanced RRS services provided that any symptoms of post-acute withdrawal are manageable in a community setting with access to low-intensity nurse monitoring and/or management with MAT. This includes Members discharged from the emergency department after receiving withdrawal management services.

Exclusion Criteria

Members are not eligible for a Co-Occurring Enhanced RRS Program if they meet any of the following criteria:

1. The Member does not have a mental health diagnosis or has a substance use disorder as a primary diagnosis and can be treated effectively in a Co-Occurring Capable RRS program.
2. The Member has substance use disorder and mental health diagnoses and can be effectively treated in a Co-Occurring Capable RRS program with access to outpatient mental health counseling.
3. The Member does not require overnight clinical supervision, does not require substantial individualized staff attention, and could be effectively treated in a Co-Occurring Capable RRS program.
4. The Member is experiencing symptoms of severe withdrawal that require the resources of a hospital, emergency department, and/or medically monitored withdrawal management facility, such as an acute treatment services program.
5. The Member cannot be appropriately treated and/or is not safe in a community-based setting based on acute psychiatric symptoms.