



LEVEL OF CARE GUIDELINES: OPIOID TREATMENT PROGRAM HEALTH HOME – RHODE ISLAND MEDICAID

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Guideline Number:

Effective Date: October, 2017

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- Relevant Services**
- Opioid Treatment Program Health Home – Rhode Island Medicaid

- Related Behavioral Clinical Policies & Guidelines:**
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INTRODUCTION

The Level of Care Guidelines is a set of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing<sup>1</sup> for behavioral health benefit plans that are managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)).

The Level of Care Guidelines is derived from generally accepted standards of behavioral health practice. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). The Level of Care Guidelines is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

For more information on guiding principles for the Level of Care Guidelines and their development, approval, dissemination, and use, please see the Introduction to the Level of Care Guidelines, available at: [www.providerexpress.com](http://www.providerexpress.com) > Clinical Resources > Level of Care Guidelines.

**Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.**

INTEGRATED HEALTH HOME

**OPIOID TREATMENT PROGRAM HEALTH HOME (OTP HH)** is built upon the evidence-based practices of the patient-centered medical home (PCMH) model. OTP Health Home coordinates care for persons with opioid dependence who have or are at risk of another chronic condition and builds linkages with and among behavioral healthcare providers, primary care, specialty medical providers, and other community and social supports, and enhances

<sup>1</sup> The terms “recovery” and resiliency” are used throughout the Psychological and Neuropsychological Testing Guidelines. SAMHSA defines “recovery” as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA defines “resilience” as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines “recovery” as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.

coordination of medical and behavioral healthcare. The goal of the OTP Health Home is to address more effectively the complex needs of the OTP Health Home members. The OTP Health Home program is a service provided to community-based members and collateral providers by a team of professional and paraprofessional staff who are experienced in addiction in accordance with an approved treatment plan for the purpose of ensuring the member's stability, improved medical outcomes and less reliance on more restrictive services, such as the emergency department, inpatient medical-surgical, and/or inpatient psychiatric care. The desired outcome is increased community stability, recovery from opioid dependence, improved health outcomes for the member's other chronic conditions, or reduced risk of those chronic conditions. OTP Health Home teams coordinate care and ensure that medically necessary interventions are provided to help the member manage symptoms of their illness. The OTP Health Home also helps the members, their providers, and their natural community supports to address the social determinants affecting the member's well-being with the goal of improving the member's overall life situations. Members receive assistance in accessing needed medical, social, educational, vocational, and other services necessary to meeting basic human needs.

#### 1. Admission Criteria

- see "*Common Criteria and Best Practices for All Levels of Care*":  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>  
AND
  - The State of Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) determines the member is eligible for IHH. Eligibility criteria includes either/both of the following:
    - The member has been diagnosed with Opioid Dependence.
    - The member has any of the following conditions:
      - Any mental health condition
      - A secondary/tertiary Substance-Related Disorder
      - Asthma
      - Diabetes
      - Heart Disease
      - Hypertension
      - HIV
      - Hepatitis C Virus (HCV)
      - BMI >25
      - Tuberculosis
      - COPD
      - Another chronic condition
    - The member has one or more of the following risk factors for developing other, secondary, chronic conditions.
      - Age
      - Tobacco use
      - Obesity
      - Poor nutrition
      - Intravenous drug use
      - History of or current use of substances other than opioids
      - Family health history
      - Childhood trauma
      - Unsafe sex practices
      - Domestic violence/Intimate Partner Violence
      - Homelessness
      - Poverty
      - Other risk factors
- AND
- Services are medically necessary<sup>i</sup>

#### 2. Continued Service Criteria

- see "*Common Criteria and Best Practices for All Levels of Care*":  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

#### 3. Discharge Criteria

- see "*Common Criteria and Best Practices for All Levels of Care*":  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

OR

- The enrollee has successfully reached individually established goals for discharge, and the enrollee and program staff agree to terminate services.
- Follow-up assessments (e.g., biopsychosocial, treatment plan, toxicology screen) indicate a need for higher or lower level of care.
- The enrollee moves outside the geographic area of the OTP HH.
- The enrollee declines or refuses services and requests discharge despite the team's best efforts to develop an acceptable treatment plan with the enrollee.
- The enrollee does not consistently participate in services for 90 calendar days despite demonstrated engagement and outreach efforts by program staff.
- The enrollee no longer meets eligibility criteria for OTP HH, or is no longer eligible for medication assisted treatment.
- The enrollee enrolls in another agency's Health Home services including OTP HH, Integrated Health Home or ACT.

4. Clinical Best Practices

- see "*Common Criteria and Best Practices for All Levels of Care*":  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locq.html>

REFERENCES\*

1. State of Rhode Island, Department of Behavioral Healthcare, Developmental Disabilities and Hospital. (2016). Opioid Treatment Program Health Homes.
2. State of Rhode Island, Executive Office of Health and Human Services. (2016). Opiate Treatment Program (OTP) Health Home (HH) Provider Billing Manual.

\*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines and in the related Behavioral Clinical Policy

HISTORY/REVISION INFORMATION

Date	Action/Description
August, 2016	• Version 1
October, 2017	• Version 2

<sup>1</sup> Per the contract between State of Rhode Island Executive Office of Health and Human Services and UnitedHealthcare Community Plan Rhode Island I the term "medical necessity" or "medically necessary service" refers to medical, surgical, or other services required for the prevention, diagnosis, cure, or treatment of a health-related condition, including such services necessary to prevent a detrimental change in either medical or mental health status. Medically necessary services must be provided in the most cost-effective and appropriate setting and shall not be provided solely for the convenience of the member or service provider.