

STATE OF WASHINGTON
ACCESS TO CARE STANDARDS
for
BEHAVIORAL HEALTH
ORGANIZATIONS
APRIL 2016

DBHR Webpage - ACS/ICD Information

For the current ACS and other useful information please visit:

<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/access-care-standards-acs-and-icd-information#overlay-context=bha>

You may also submit ACS related questions to:

icdinquiries@dshs.wa.gov

Background

- **The What, How, and Why of
*Access To Care Standards***

Intention of ACS

ACS provides:

- Initial entrance criteria for Behavioral Health Organizations' behavioral health services

ACS does not provide:

- Sole criteria for continued stay
- Level of Care determination

Introduction and Scope

- The statewide *Access to Care Standards (ACS)* describes the *minimum standards and criteria* for clinical eligibility for behavioral health services for the newly redesigned Behavioral Health Organization (BHO) system.
- The State of Washington ACS provide BHOs with rules to determine eligibility for authorization of behavioral health services within the state of Washington.
- These rules describe eligibility for services available to Medicaid enrollees throughout the Washington state public behavioral health system.

Background to the ACS

- These standards are the result of an emphasis that began 30 years ago to establish medical treatment policy for those individuals experiencing symptoms of a major mental illness.
- Stakeholders were invested in the development of medically necessary community-based mental health services with the intent of decreasing disability and mortality in the “chronically mentally ill” populations.
- With the integration of MH and SUD treatment services on **April 1, 2016** - ASAM criteria has now been added to the ACS.
- ASAM criteria was first published in 1991 and accepted by the State of Washington in 1998. Its purpose is to establish admission and continuing stay criteria for individuals with substance use disorders.

Background Cont.

- In 2002 the President's New Freedom Commission was formed to study the mental health service delivery system within communities across the nation. Inadequate, non-standardized access to services was among the concerns identified by the Commission.
- Washington State formed a workgroup to create Access to Care Standards eligibility and authorization criteria for services for this population. The standards were established and made available to each Regional Support Network (RSN) on January 1, 2003.

Background Cont.

- More recently, several changes occurring within a close time frame have necessitated the revision of the State of Washington's Access to Care Standards.
- The major changes were:
 - ✓ Deployment of the *DSM-5 in 2014* which *eliminates* the Global Assessment of Functioning Scale (GAF) and the Children's Global Assessment of Functioning Scale (CGAS).
 - ✓ The CMS mandate to *implement ICD-10-CM coding by October 1, 2015*.
- Without the use of the GAF score, *a way to assess level of functioning was still necessary* to determine clinical eligibility for RSN enrollees.

Background Cont.

- To address these changes, the State of Washington formed the ICD-10-CM/ACS workgroup.
- The workgroup was tasked with identifying a *standardized* way to help providers identify *eligible diagnoses* and determine *functional impairment*.
- *ACS does not* address or endorse specific services.
- *ACS does* provide standardized methodology and guidance for determining clinical eligibility for publically-funded behavioral health services.

Background Cont.

Who was involved in the BHO ACS Workgroup?

- Psychiatrists and Licensed Mental Health Professionals
- Consumer representatives
- Geriatric Mental Health Specialists
- Chemical Dependency Professionals
- Child Mental Health Specialists
- RSN/BHO and provider clinical staff
- RSN/BHO and provider coding/IT staff
- State and community hospital providers

Implementation – 2016 ACS

- SUD - CLINICAL EXAMPLE(S)
- PRACTICAL APPLICATION

Implementation 2016

- **Beginning April 1, 2016, SUD** diagnoses and associated medical necessity criteria have been added to ACS, and are addressed in the remainder of this presentation.
- *Please refer to the **ACS website** for more information on the **mental health** medical necessity criteria explained in a *previous* training presentation.

Implementation 2016 – Cont.

For substance use disorder (SUD) services only the two (2) medical necessity criteria are presented below:

1. The individual has a **SUD** as determined by a **Chemical Dependency Professional (CDP)** or a **Chemical Dependency Professional Trainee (CDPT)** under the *supervision* of a CDP and the diagnosis is included in the list of SUD covered Diagnoses.
2. Using the **American Society of Addiction Medicine (ASAM) Criteria** a multidimensional assessment of the individual's risk(s), impairments(s), and corresponding need(s) are documented.

Implementation 2016 – Cont.

- If a covered substance use disorder is determined to be present, an individual is eligible for placement into a clinically appropriate level of care using **ASAM criteria**.
- **Functional criteria for SUD only is demonstrated by meeting ASAM criteria.**

ASAM Dimensions

Dimension 1 - Acute Intoxication and/or withdrawal potential

Dimension 2 - Biomedical conditions and complications

Dimension 3 - Emotional, behavioral or cognitive conditions and complications

Dimension 4 - Readiness to change

Dimension 5 - Relapse, continued use, or continued problem potential

Dimension 6 - Recovery/living environment

SUD Clinical Case Example – 1 (3 slides)

- Individual is a 45 year old male with a 22 year history of increasing alcohol intake now described as 18 beers a day. He reports being told that he has liver damage by his doctor and also states that he gets very shaky if he doesn't drink every day. He has tried to go to AA but was not able to abstain for more than a day. He also lost his job as a mechanic due to drinking on the job and was recently in jail for public intoxication. He reports "my family is tired of me" and is threatening to "kick me out".
- Alcohol is taken in larger amounts and over a longer period than intended, unsuccessful attempts to cut down/control use, recurrent use resulting in failure to fulfill major role obligations (lost his job), history of withdrawal, and continued use despite persistent or recurrent physical or psychological problems exacerbated by continued alcohol use.
- Demonstrates a problematic pattern of alcohol use leading to clinically significant impairment or distress as manifested by evidence of meeting 4-5 out of 11 criteria.
- **New Access to Care Standards (ACS): Meets ACS diagnostic and level of functioning criteria for Substance Use Disorder (SUD) only as determined by a CDP.**

SUD Clinical Case Example - 1 Cont.

Transforming
Lives

ASAM Dimensional Scoring:

- **Dimension 1** - report of getting very shaky if he doesn't drink, report of liver damage-recommend medically monitored withdrawal management, **risk rating of 2.**
- **Dimension 2** - individual reported history of liver damage, no current treatment reported, **risk rating 0.**
- **Dimension 3** - individual reports no emotional, behavioral, or cognitive conditions and denies any current medications for mental health treatment or any mental health diagnosis, does report loss of job and family issues related to drinking, **risk rating 1.**
- **Dimension 4** - individual motivation may be related to "family being tired of him & threatening to kick him out" appears to have a desire to engage in educational services to explore how current alcohol use may affect life goals, reports having tried AA, appears aware of negative consequences, no indication of commitment to make change, **risk rating 2.**
- **Dimension 5** - individual articulates a lack of alternatives to current alcohol related activities that result in high risk behavior, e.g. drinking and driving, little recognition/understanding of relapse issues, poor coping skills, **risk rating 3.**
- **Dimension 6** - individual reported not having skill base to utilize when peers invite him/her to participate in alcohol related social activities, risk of job loss due to legal charge. Lives with a family who are supportive of his seeking services and where there are no other reported substance abusing members.
need additional information about the current living environment, unclear about use in the home, if the home is an ongoing option or if the individual needs alternative housing, **risk rating 2-3.**



Transforming lives

SUD Clinical Case Example - 1 Cont.

Conclusions:

- Individual meets diagnostic criteria for Moderate Alcohol Use Disorder in DSM-5; **Alcohol Use Disorder (Diagnosis for Adult)**
ICD-10-CM code F10.20
- **Recommend medically monitored withdrawal management** followed by outpatient SUD treatment; need to continue to gather additional information and assess criteria for ongoing treatment/level of care.

SUD Clinical Case Example - 2 (2 slides)

- Parents report 14 year old youth has been diagnosed with attention Attention-Deficit / Hyperactivity Disorder and in the past two months has admitted to using cannabis on at least 3 separate occasions at the prompting of peers. He reports listening to those peers because he thought that the Cannabis would be better than the meds he takes for his ADHD.
- He states “it wasn’t all better” and he hasn’t tried it since. The youth and his parents confirm that there have been no negative impacts on his academic performance, his interpersonal relationships or his extra-curricular functioning. The youth reports no cravings or efforts to obtain any more Cannabis.

SUD Clinical Case Example - 2 cont.

ASAM Dimensional Scoring:

- **Dimension 1** - youth does not report any symptoms of withdrawal, **risk rating 0.**
- **Dimension 2** - youth reported no current medical issues, **risk rating 0.**
- **Dimension 3** - youth reports history of ADHD and is currently taking medication to manage symptoms of his ADHD, the youth appears to be functioning well in his relationships, ADHD symptoms appear stable, some struggle with impulse control as evidenced by using the marijuana under pressure from peers, **risk rating 0 to 1.**
- **Dimension 4** - youth reported he didn't like the effects of the marijuana, reports no interest in continued use, **risk rating 0.**
- **Dimension 5** - youth reports no interest in continued use, **risk rating 0.**
- **Dimension 6** - no report of parental alcohol/drug use, youth reports extracurricular activities, **risk rating 0.**

Conclusions:

- The youth does not meet diagnostic criteria for Cannabis Use Disorder, per DSM-5.

SUD Clinical Case Example – 3 (3 slides)

- Individual is a 32 year old female who is referred for treatment by the court due her recent shoplifting charges. She admits to taking 8 -10 mg of Alprazolam (Xanax) each day, even though her doctor only prescribes her 1.5mg/daily. She started on Alprazolam approximately 5 years ago when it was first prescribed for panic attacks, but her usage has escalated progressively over the past 12 months. She obtains the additional amounts illicitly and supports this “habit” by shoplifting, stealing from her family or exchanging sex for drugs. She has one prior traffic violation when she was pulled over for erratic driving shortly after ingesting a large quantity of Alprazolam. She reports being unable to stop and that it takes “more and more” of this medication to calm her “shakes”. She also states she must take the Alprazolam every day or she gets very tremulous and panicky.

SUD Clinical Case Example – 3 Cont.

Individual meets the following diagnostic criteria for Severe Alprazolam Use Disorder (**Sedative-, Hypnotic-, or Anxiolytic (Alprazolam) Use Disorder (Diagnosis for Adult) ICD-10-CM F13.20**):

- ✓ Demonstrates a problematic pattern of Alprazolam use leading to significant impairment or distress as manifested by meeting 6 or more of the 11 criteria for this class of substance in DSM-5.
- ✓ Long-term use of either non-prescribed Alprazolam or over use/misuse of prescribed. Increased amounts over long periods of time, Tolerance e.g. the need to increase amounts to achieve desired effect, over using prescription, Withdrawal using substance to recover from or avoid withdrawal from this or another substance, e.g. using Alprazolam to avoid stimulant (Methamphetamine) withdrawal, great deal of time spent in activities necessary to obtain Alprazolam, e.g. buying substance off the street (non-prescribed). Recurrent use in situations which are physically hazardous, e.g. driving while under the influence of Alprazolam.

SUD Clinical Case Example - 3 Cont.

- **ICD-10-CM:** Specify with or without perceptual disturbance; also specify for Sedative, Hypnotic or Anxiolytic Intoxication with or without comorbid sedative Hypnotic induced Disorder.
- **Specify ICD-10-CM Sedative/Hypnotic Intoxication F13.229 to determine ASAM Risk Rating for immediate need for Withdrawal Management**, e.g. Risk rating of 4 indicates patient is evidencing severe signs and symptoms and is in imminent danger from either continued use of sedatives/hypnotics or abrupt discontinuation of use. Indicates medical referral for stabilization. **NOTE:** This criterion is not considered met if the individual is prescribed sedatives, hypnotics or anxiolytics under medical supervision AND is medication compliant.
- **New Access to Care Standards (ACS):** Meets ACS diagnostic and level of functioning criteria for Substance Use Disorder (SUD) only as determined by CDP (1) meets ASAM Criteria for **medically monitored withdrawal management** followed by a full assessment to determine continued treatment needs (2) and no existing comorbid disorder present.

SUD Clinical Case Example – 4 (3 slides)

- Recent legal charge of negligent driving (alcohol involved), no previous alcohol related charges or problems reported. The individual reports that he was stopped after a work party where he drank “more than I should”. He denies any prior incidents, his family confirms that he is only an occasional drinker (less than once a week with friends) and he denies any tolerance to alcohol or physical health consequences from intake. His reports are corroborated by collateral historians from his family. They also confirm that there are no social or occupational consequences due to alcohol (or any substance) use.
- **Does not meet DSM-5 criteria for Alcohol Use Disorder:** Information does not meet minimal criteria to indicate clinically significant impairment or distress as manifested by at least two of the criteria listed for this class of substances within a 12-month period.

SUD Clinical Case Example – 4 Cont.

ASAM Dimensional Scoring:

No concerns documented in ASAM Risk Rating for Dimensions 1-6; scoring supports a placement level of care 0.5 (Early Intervention).

- **Dimension 1** - Individual reports/presents no symptoms for withdrawal or history of withdrawal. At interview, he did not appear intoxicated and did not show signs of withdrawal. UA done and indicated no current use of mind altering drugs, **risk rating 0.**
- **Dimension 2** - Individual appears healthy and of average weight. He reported no medical concerns or diagnosis. Has had recent health physicals, dental check-ups. Reported he takes no prescribed medications. PCP confirms good health with no current concerns, **risk rating 0.**
- **Dimension 3** - Individual reports stability in his/her emotional, behavioral or cognitive conditions and denies any current medications for mental health treatment or any mental health diagnosis. Confirmed by PCP, **risk rating 0.**

SUD Clinical Case Example - 4 Cont.

- **Dimension 4** - Readiness to change articulates his/her willingness to engage in educational services to explore how current alcohol use may affect life goals, **risk rating 1.**
- **Dimension 5** - Individual reports many social activities where alcohol is served. He states he is beginning to explore new hobbies and healthier activities, **risk rating 2.**
- **Dimension 6** - Individual reported not having skill base to utilize when peers invite him/her to participate in alcohol related social activities, risk of job loss due to legal charge. Lives with a family who are supportive of his seeking services and where there are no other reported substance abusing members, **risk rating 2.**
- **Access to Care Standards not met** as evidenced by the lack of clinically significant impairments or distress, does not meet full criteria for any specific alcohol related disorder or in any of the disorders in the substance related and addictive disorders diagnostic class. **Recommendation using ASAM Criteria is for early intervention, Level 0.5 Alcohol Drug Information School (ADIS). Does not meet criteria for Access to Care.**

SUD Clinical Case Example – 5 (2 slides)

- Individual presents to ER with full onset opioid withdrawals, sweats, muscle aches, running nose, chills, and diarrhea. Reports a 15 year history of Heroin addiction using the drug intravenously up to 6 times per day, using 40-50 mg per dose. On occasions where he is unable to access Heroin, patient reports buying 20 Hydrocodone tabs (on the street) and using them all within a 24 hour period of time. It has been 6-hours since his last “dose” of Heroin. He has been arrested twice for stealing to support his “habit” and no longer has a home due to having been evicted by his landlord due to his drug-seeking behaviors.
- Referral made to **Withdrawal Management** for detoxification and stabilization using clinically appropriate medication assisted treatment (such as buprenorphine).
- Complete assessment following stabilization to determine ASAM criteria for continued care placement.

SUD Clinical Case Example – 5 Cont.

- **DSM-5 Diagnosis: Adult Opioid Use Disorder (Severe) ICD-10-CM F11.20** as evidenced by: Great deal of time spent in activities necessary to obtain opioid, cravings, recurrent use resulting in failure to fulfill major role obligations at work, school or home. Continued use in situations in which it is physically hazardous. Tolerance needs increased amounts to achieve intoxication or desired effect. Withdrawal, using opioid to relieve or avoid withdrawal symptoms.
- **Meets ACS diagnostic and level of functioning criteria for Substance Use Disorder (SUD) only as determined by CDP. Also meets ASAM Criteria for medically monitored withdrawal management.**
- **Note: This criterion is not considered to be met for those individuals taking opioid solely under appropriate medical supervision. Specify if patient is on maintenance therapy.**

Please submit your questions to:

icdinquiries@dshs.wa.gov

end

Special thanks to:

Jason Bean-Mortinson and Thurston-Mason BHO

Jamie Rundhaug and Greater Columbia BHO

Larry Horne and Thurston-Mason BHO

Michael White and North Sound BHO

DBHR staff:

Ruth Leonard

David Reed

AND

The ACS workgroup

In Memoriam of:

Tracy Thompson