

Recovery Philosophy

Minnesota supports multiple pathways for individuals to recover from mental illness and substance use disorders. This encompasses all substances: opiates, central nervous system depressants such as alcohol or benzodiazepines, central nervous system stimulants such as amphetamine and cocaine etc. One pathway to recovery is Medication-Assisted Recovery—the use of medication, as prescribed and overseen by a physician knowledgeable about mental illness and addiction care.

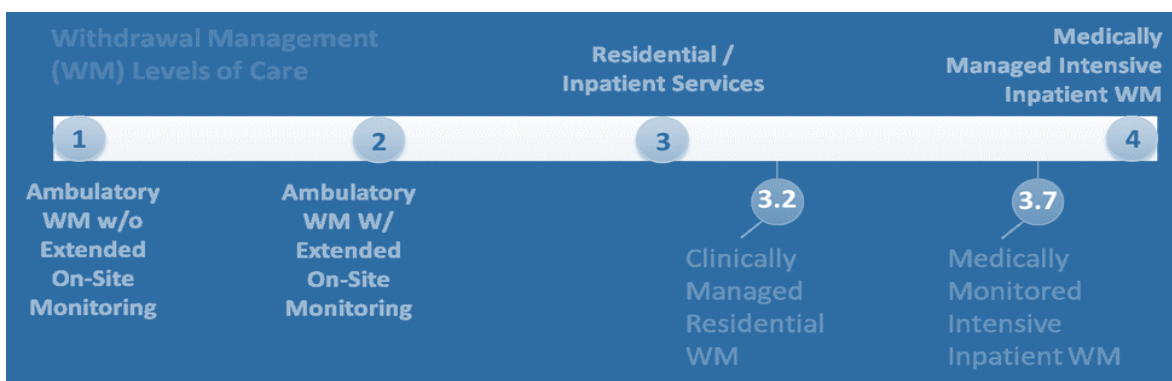
Medication, in combination with counseling and care coordination services, provide effective support for recovery from addictive substances. Medications may be provided in the short-term as Outpatient Withdrawal Management or in the long term as Medication Assisted Treatment (MAT).

Medication Assisted Recovery means managing the symptoms of withdrawal from addictive substances so that individuals can participate more fully in their recovery or using medications in the long term to maintain recovery. SAMHSA has identified 10 components of recovery: Self-Direction, Individualized and Person-Centered, Empowerment, Holistic, Non-Linear, Strengths-Based, Peer Support, Respect, Responsibility, and Hope. Medication Assisted Recovery is a logical component of these concepts for both mental illness and for substance use disorder. Just as medications are used to manage psychiatric symptoms, they also assist in managing the symptoms of withdrawal from addictive substances.

Outpatient (Ambulatory) Withdrawal Management

Overview

As described in the chart below, Outpatient, or Ambulatory (used interchangeably), Withdrawal Management (WM levels of care 1 and 2) utilizes medication to address the symptoms of mild to moderate or persistent withdrawal for people who are not at risk of severe withdrawal syndrome. Severe withdrawal syndrome requires a residential program providing medication along with 24-hour support or nursing care (WM levels of care 3.2, 3.7 and 4). In combination with other supportive services, Outpatient Withdrawal Management allows individuals to physically tolerate their symptoms while staying in their treatment program or recovery community. By remaining in the community, people can continue to build long term supports to increase their chances of long term success in recovery. A person’s treatment plan and subsequent care pathways are distinct for the substance used/misused.



Who is appropriate for Outpatient Withdrawal Management Services?

- People with Mild to Moderate or Persistent withdrawal symptoms
- This might include people recently discharged from a more intensive withdrawal management or treatment service, in an outpatient or residential treatment program or at home
- People who are engaged in other services to support their recovery; however, engagement in services is not required
- Person with adequate formal and informal support systems to support medication withdrawal in an outpatient setting

When does a person need Outpatient Withdrawal Management, and for how long?

- When a person is assessed and determined to have symptoms of mild to moderate or persistent withdrawal and who are not at risk of severe withdrawal syndrome at any point before, at the beginning of or throughout substance use disorder or mental health treatment services.
- When reassessed and determined to still be at mild to moderate risk of experiencing withdrawal symptoms
- This service would end when a person is no longer at risk of withdrawal symptoms or is determined to be at risk for severe (persistent) symptoms and needs a higher level of care

What is the service?

- A withdrawal management **assessment** including:
 - Information incorporated from previous evaluations:
 - History of withdrawal and detoxification
 - Substance use and medication history
 - Potential medical and psychiatric complications
 - Assessment of behavioral and physical symptoms of withdrawal
 - Clinical Institute Withdrawal Assessment (CIWA), Clinical Opiate Withdrawal Scale (COWS), Fagerstrom (Tobacco withdrawal) or other validated standardized withdrawal tool that indicates a need for withdrawal management services
- A withdrawal management **plan** including:
 - A withdrawal management monitoring schedule
 - A safety plan that addresses at a minimum:
 - patient health
 - emergency procedures/contacts
 - safe transportation for those requiring immediate care
 - Procedure for overdose
 - Linkages with residential withdrawal management services or emergency rooms
 - Supportive services or engagement strategies to support ongoing recovery
- **Support** services including:
 - Education
 - Counseling
 - Coaching and skill development
 - Family and significant other involvement
 - Coordination of care with and referrals to other treatment services

- **Monitoring** of ongoing symptoms of withdrawal
 - Observation of withdrawal symptoms by non-medical staff
 - Obtaining vitals and performing validated standardized withdrawal tools appropriate for the person’s needs, such as Clinical Institute Withdrawal Assessment (CIWA) or Clinical Opiate Withdrawal Scale (COWS), by medical staff or trained non-medical staff
 - Reporting results of observations, vitals and assessment tools to medical staff
 - Decision-making by medical staff

Organizations who can provide Outpatient Withdrawal Management Services in Minnesota Certified Community Behavioral Health Clinics that:

- Have a prescribing professional readily available on site or by phone for medication management
- Policies and procedures for providing the service
- Linkages with inpatient withdrawal services or emergency rooms

Who provides the services?

Outpatient withdrawal management services are provided by members of an interdisciplinary care team. Each member operates based on their own scope of practice and competency area to prescribe and manage medications; observe and monitor symptoms; and provide assessment, planning, and supportive services as follows:

Medication Prescribing

| Title | Qualifications | Functions Permitted |
|---|---|---|
| <ul style="list-style-type: none"> • Psychiatrists • Physicians • Clinical Nurse Specialist-Mental Health (CNS-MH) • Physician Assistants (PA) • Psychiatric Nurse Practitioner (NP) | <p>Licensure as a medical professional and prescriber</p> <p>For Opiate MAT services: received a waiver and the special DEA number to prescribe buprenorphine</p> | <ul style="list-style-type: none"> • Medical Examination • Medication prescribing according to established medical protocols • Medication management • A withdrawal management assessment • A withdrawal management plan • Monitoring of ongoing symptoms of withdrawal |

Monitoring of symptoms

| Title | Qualifications | Functions Permitted |
|---|----------------------------------|---|
| <ul style="list-style-type: none"> • Pharmacists | <p>Licensure as a pharmacist</p> | <ul style="list-style-type: none"> • A withdrawal management assessment • A withdrawal management plan • Education services • Medication Reconciliation |

MEDICATION ASSISTED RECOVERY WITHIN CCBHC

| Title | Qualifications | Functions Permitted |
|--|--|--|
| <ul style="list-style-type: none"> Registered Nurses (RN) Licensed Practical Nurses (LPN) | Licensure as a nurse | <ul style="list-style-type: none"> Monitoring of ongoing symptoms of withdrawal A withdrawal management assessment A withdrawal management plan Education services Medication Reconciliation Monitoring of ongoing symptoms of withdrawal |
| <p>Non-Licensed medical staff such as:</p> <ul style="list-style-type: none"> Trained Medication Aides Medical Assistants Community Health Workers | Required training and certification for role | <ul style="list-style-type: none"> A withdrawal management assessment A withdrawal management plan Obtaining vitals and performing validated standardized withdrawal tools Observation and reporting to licensed medical staff of ongoing symptoms of withdrawal |

Supportive Services

| Title | Qualifications | Functions Permitted |
|--|--|--|
| <ul style="list-style-type: none"> Mental Health Professionals | Licensure as a Mental Health Professional | <ul style="list-style-type: none"> A withdrawal management assessment A withdrawal management plan Support services Obtaining vitals and performing validated standardized withdrawal tools, with proper training Observation and reporting to licensed medical staff of ongoing symptoms of withdrawal |
| <ul style="list-style-type: none"> Licensed Alcohol and Drug Counselors | Licensure as an alcohol and drug counselor Staff exempt from licensure under chapter 148F | <ul style="list-style-type: none"> A withdrawal management assessment A withdrawal management plan Support services Obtaining vitals and performing validated standardized withdrawal tools, with proper training |

| Title | Qualifications | Functions Permitted |
|--|---|--|
| <p>Non-Licensed behavioral health staff such as:</p> <ul style="list-style-type: none"> • Mental Health Practitioners • Alcohol and Drug Counselors • Mental Health Rehabilitation Workers • Certified Peer Specialists • Certified Recovery Peers • Care Coordinators • SUD Treatment Coordinators | <p>Required training and certification for role</p> | <ul style="list-style-type: none"> • Observation and reporting to licensed medical staff of ongoing symptoms of withdrawal • Support services • Coordination of care with and referrals to other treatment services • Obtaining vitals and performing validated standardized withdrawal tools, with proper training • Observation and reporting to licensed medical staff of ongoing symptoms of withdrawal |

Medication Assisted Treatment

Overview

Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates; however, it is effective with alcohol use disorder and tobacco use disorder as well. Medication Assisted Treatment allows individuals to physically tolerate their withdrawal and ongoing symptoms while engaging in treatment and care coordination services as they build long term support to increase their chances of success.

Who is appropriate for Medication Assisted Treatment?

- People with Persistent withdrawal symptoms that are negatively impacting their sustained recovery and is recommended for treating opioid addiction.
- This might include people recently discharged from a withdrawal management service, in an outpatient or residential treatment program or at home
- People who are engaged in other services to support their recovery; however, engagement in services is not required
- More commonly used for those with Opioid Use Disorder, it can also be helpful for alcohol use disorder and others

What is the service?

- An MAT **assessment** including:
 - Information incorporated from previous evaluations:
 - History of withdrawal and detoxification
 - Substance use and medication history

- Potential medical and psychiatric complications
 - Assessment of behavioral and physical symptoms of withdrawal
- An MAT **plan** including:
 - A safety plan that addresses at a minimum
 - patient health
 - emergency procedures/contacts
 - safe transportation for those requiring immediate care
 - Procedure for overdose
 - Supportive services or engagement strategies to support ongoing recovery
- **Support** services including:
 - Education
 - Counseling
 - Coaching and skill development
 - Family and significant other involvement
- **Monitoring** of ongoing symptoms of withdrawal
 - Observation of withdrawal symptoms by non-medical staff then reported to medical staff
 - Obtaining vitals and performing validated standardized withdrawal tools appropriate for the person’s needs
 - Reporting results of observations, vitals and assessment tools to medical staff
 - Decision-making by medical staff

Who provides the services?

Medication Assisted Treatment is provided by members of an interdisciplinary care team. Each member operates based on their own scope of practice and competency area to prescribe and manage medications; observe and monitor symptoms; and provide assessment, planning, and supportive services as follows:

Medication Prescribing

| Title | Qualifications | Functions Permitted |
|---|---|---|
| <ul style="list-style-type: none"> • Psychiatrists • Physicians • Clinical Nurse Specialist-Mental Health (CNS-MH) • Physician Assistants (PA) • Psychiatric Nurse Practitioner (NP) | <p>Licensure as a medical professional and prescriber</p> <p>For Opiate MAT services: received a waiver and the special DEA number to prescribe buprenorphine</p> | <ul style="list-style-type: none"> • Medical Examination • Medication prescribing according to established medical protocols • Medication management • A medication assisted treatment assessment • A medication assisted treatment plan • Monitoring of ongoing symptoms |

Monitoring of symptoms

| Title | Qualifications | Functions Permitted |
|---|--|---|
| <ul style="list-style-type: none"> • Pharmacists | Licensure as a pharmacist | <ul style="list-style-type: none"> • A medication assisted treatment assessment • A medication assisted treatment plan • Education services • Medication Reconciliation • Monitoring of ongoing symptoms |
| <ul style="list-style-type: none"> • Registered Nurses (RN) • Licensed Practical Nurses (LPN) | Licensure as a nurse | <ul style="list-style-type: none"> • A medication assisted treatment assessment • A medication assisted treatment plan • Education services • Medication Reconciliation • Monitoring of ongoing symptoms |
| <p>Non-Licensed medical staff such as:</p> <ul style="list-style-type: none"> • Trained Medication Aides • Medical Assistants • Community Health Workers | Required training and certification for role | <ul style="list-style-type: none"> • A medication assisted treatment assessment • A medication assisted treatment plan • Observation and reporting to licensed medical staff of ongoing symptoms |

Supportive Services

| Title | Qualifications | Functions Permitted |
|---|--|---|
| <ul style="list-style-type: none"> • Mental Health Professionals | Licensure as a Mental Health Professional | <ul style="list-style-type: none"> • A medication assisted treatment assessment • A medication assisted treatment plan • Support services • Observation and reporting to licensed medical staff of ongoing symptoms |
| <ul style="list-style-type: none"> • Licensed Alcohol and Drug Counselors | Licensure as an alcohol and drug counselor Staff exempt from licensure under chapter 148F | <ul style="list-style-type: none"> • A medication assisted treatment assessment • A medication assisted treatment plan • Support services • Observation and reporting to licensed medical staff of ongoing symptoms |

| Title | Qualifications | Functions Permitted |
|---|--|---|
| Non-Licensed behavioral health staff such as: <ul style="list-style-type: none"> • Mental Health Practitioners • Alcohol and Drug Counselors • Mental Health Rehabilitation Workers • Certified Peer Specialists • Certified Recovery Peers • Care Coordinators • SUD Treatment Coordinators | Required training and certification for role | <ul style="list-style-type: none"> • Support services • Coordination of care with and referrals to other treatment services • Obtaining vitals and performing validated standardized withdrawal tools, with proper training • Observation and reporting to licensed medical staff of ongoing symptoms of withdrawal |

Billing for Outpatient Withdrawal Management (H0014)

The following services are billable as Outpatient (Ambulatory) Withdrawal Management – level 2:

A withdrawal management assessment including:

- Information incorporated from previous evaluations, such as:
- History of withdrawal and detoxification
- Substance use and medication history
- Potential medical and psychiatric complications
- Assessment of behavioral and physical symptoms of withdrawal
- Clinical Institute Withdrawal Assessment (CIWA), Clinical Opiate Withdrawal Scale (COWS), Fagerstrom (Tobacco withdrawal) or other validated standardized withdrawal tool that indicates a need for withdrawal management services
- Medication reconciliation

A withdrawal management plan including:

- A withdrawal management monitoring schedule
- A safety plan that addresses the following, at a minimum:
- Patient health
- Emergency procedures or contacts
- Safe transportation for those requiring immediate care
- Procedure for overdose
- Linkages with residential withdrawal management services or emergency rooms
- Supportive services or engagement strategies to support ongoing recovery

Support services including:

- Medication education
- Substance use and misuse education
- Counseling
- Coaching and skill development
- Family and significant other involvement
- Coordination of care with and referrals to other treatment services
- Monitoring of ongoing symptoms of withdrawal
- Observation of withdrawal symptoms by non-medical staff
- Obtaining vitals and performing validated standardized withdrawal tools appropriate for the person’s needs, such as Clinical Institute Withdrawal Assessment (CIWA) or Clinical Opiate Withdrawal Scale (COWS), by medical staff or trained non-medical staff
- Reporting results of observations, vitals and assessment tools to medical staff
- Decision-making by medical staff

Noncovered Services for 2-WM

- Lab work, urine screens
- CCBHC staff, while providing other services, could observe withdrawal symptoms

| Code | Mod | Brief Description | Units |
|-------|-----|--|----------|
| H0014 | | Outpatient Withdrawal Management - Level 2 | Per Diem |

Outpatient withdrawal management claims, whether the person has MA fee-for-service or is enrolled in an MCO, should be submitted and processed through the State of MN MA FFS process. Do not submit H0014 claims to MCOs.