Clinical Review Criteria

Chemical Dependency Treatment – Adult (≥18 years old)
Residential Treatment Admission

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Criteria

Admission to an approved facility for chemical dependency residential level of care is medically necessary when qualification for the benefit, treatment elements, AND dimensional criteria are satisfied:

1) Qualification for the benefit – to qualify for the benefit ALL of the following must be true:
   a) The member must have a DSM-5 diagnosis of Substance Use Disorder, moderate or severe, that is the primary reason for placement at the residential level of care.
   b) There must also be a reasonable expectation that either the member is capable of making changes (i.e. active treatment will improve this person's level of functioning) as a result of the treatment plan or that stabilization is possible.
   c) The proposed medical treatment must meet ALL of the following:
      i) Must involve a level of care with appropriate resources to assess and treat the patient's condition according to its severity and the consumer's health and level of functioning.
      ii) Must involve the most appropriate level of service which can be safely provided to the patient.
      iii) Could not have been provided and both safely and effectively managed at a lower level of care such as a provider's office, the outpatient department of a hospital or a non-residential facility without affecting the patient's condition or quality of health services rendered.
   d) The proposed level of care is not solely for the convenience of the patient, his/her family or the provider of the services or supplies.

2) Treatment Elements – Admission is indicated to a facility when ALL of the following treatment elements are provided:
   a) Individualized treatment plan with clear and measurable treatment goals, including plans related to co-morbidity, if applicable.
   b) Staff monitoring 24 hours a day.
   c) Review of Treatment Plan and clinical assessment of progress toward treatment goals is routinely conducted and documented at a least once per week.
   d) Daily individual, group and / or family counseling (optimally two times per day).
   e) Weekly educational groups (optimally daily).
   f) Transition / Discharge plan initiated at admission. Transition plan to include All of the following:
      i) date returning to intensive outpatient treatment for chemical dependency,
      ii) follow-up appointment time with mental health care provider, if applicable, and
      iii) medical appointments (including appointments for medication to reduce cravings, if applicable).

3) Dimensional Criteria - Admission is appropriate when ALL of the following exclusionary and indicating factors for a), b), and c) are satisfied.
   a) ACUTE INTOXICATION/WITHDRAWAL DIMENSION
      i) Member is stable, not requiring more intensive treatment of intoxication or withdrawal
   b) READINESS/MOTIVATION DIMENSION
      i) It is expected that the member has verbalized ALL of the following:
         a. Interest in recovery with identification of desired goals / outcomes related to request for residential treatment, including a desire/willingness to abstain from all substances of abuse (exception made for nicotine), including cannabis and abused prescription drugs.
         b. Willing to continue outpatient treatment post discharge.
         c. Willing to obtain additional clinical (chemical dependency or mental health) or medical work-ups, if necessary, to promote an integrated care plan.
         d. Willing to address post-treatment housing needs during treatment, if applicable.
   c) Indicating factors: There are indicating factors present in at least ONE of the following dimensions:
      i) BIOMETRIC CONDITION DIMENSION
a. Member is at risk for significant medical complications related to continued substance use during the current episode of illness as evidenced by recent hospital admissions or multiple acute medical presentations for medical problems other than substance withdrawal. (e.g. acute pancreatitis requiring hospitalization, abscess from IV drug use requiring inpatient treatment, diabetic ketoacidosis related to continued alcohol use impairing ability to perform diabetic self-care).

ii) COGNITIVE, BEHAVIORAL, AND EMOTIONAL CONDITION DIMENSION - At least ONE of the following behaviors usually associated with mental illness/personality disorder are interfering with the member’s ability to achieve and sustain abstinence and engage in lower levels of care:

a. Emotionally labile / frequent mood swings / social isolation / withdrawal with probable cause being significant psychiatric co-morbidity that impacts treatment participation and abstinence (e.g., behavior interferes with focus of group activity, liability causing disruption in treatment milieu, withdrawal/anxiety prevents engagement in group activity).

b. Interpersonal conflict, poor/inappropriate boundaries or severe personality disorder that impacts treatment participation and abstinence (e.g., consistently conflictual or otherwise disruptive in relations with others, frequently aggressive, dramatic and drawing attention of treatment groups away from focus on recovery, poor boundaries prevent appropriate engagement in treatment or disruptive to treatment milieu).

c. Member is not taking psychiatric medications properly (taking too much or too little) with risk of harm or impact on treatment participation and abstinence.

d. Reckless/impulsive behaviors (weapons, destructive, sexual, self-mutilation, gambling, anger) that impact treatment participation and abstinence

e. Difficulty following instructions due to chronic and persistent intoxication and/or effects of prolonged substance abuse that impact treatment participation and abstinence (e.g., repeated drinking and driving despite significant consequences).

f. Suicidal ideation related to substance abuse.

iii) RELAPSE/CONTINUED USE DIMENSION
Despite recent, active participation in treatment at a less intensive level of care (including medication assisted treatment if appropriate, e.g. buprenorphine or methadone maintenance with counseling for opioid dependence), the member continues to use alcohol or other drugs or deteriorates psychiatrically, with imminent serious consequences and is at high risk of continued substance use or mental deterioration in the absence of close 24-hour monitoring and structured treatment.

iv) RECOVERY ENVIRONMENT DIMENSION
Environment not conducive to abstinence as evidenced by at least ONE of the following, which interfere with engagement in lower levels of care:

I. Family/significant others undermine efforts to maintain abstinence (may include home environment exposure to active users/triggers or continued enabling in the home environment).

II. Recovery environment is not safe as evidenced by recent/ongoing physical or sexual abuse.