

Service Name	Adult Substance Use Disorder Community Support Services ASAM Level 1
Setting	Community Support SUD is primarily provided in the following settings: • Home • Community setting that is appropriate for the provision of Community Support SUD services May also be provided in the following settings: • Clinic • Office
Licensure, Certification, or Accreditation	If this service is provided by a Mental Health Substance Abuse Treatment Center, they must be licensed by the DHHS Division of Public Health and accredited by CARF, TJC, or COA, and accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC) If this service is provided by a hospital, the hospital must be licensed by the DHHS Division of Public Health and accredited by TJC or AoA and must be accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC) Individual providers must be licensed by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC)
Basic Definition	Community Support - Substance Use Disorder is a rehabilitative and support service for individuals with primary substance use disorders and extensive treatment needs. Community Support Workers provide direct rehabilitation and support services to the individual in the community with the intention of supporting the individual in recovery, stable community living, and preventing exacerbation of illness and admission to higher levels of care Community Support SUD services complement clinical services that are being utilized by the individual and support the individual's attainment of the clinical treatment, recovery, and rehabilitation plan goals
Service Expectations (Information about this service is referenced in Title 471 Chapter 20)	• A Substance Use Disorder Assessment must be completed prior to the beginning of treatment by a licensed clinician operating within their scope of practice. The SUD Assessment must meet the requirements as noted in the SUD Assessment Medicaid Service Definition ○ If a substance use disorder assessment was conducted within the previous 12 months prior to admission to the service, and is determined to be clinically relevant, it can serve as the SUD assessment for this service. If there is new information available, an update to the SUD assessment must be documented in the form of a SUD addendum. The SUD addendum must reflect the individual's current status ○ If a substance use disorder assessment is indicated and was not conducted within the previous 12 months prior to admission to

	the service, or the prior SUD assessment is not relevant and does not contain the necessary information, then a substance use disorder assessment must be performed • Clinically appropriate programmatic assessments, as determined necessary, which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the individual, must be completed within 30 days of admission • An initial treatment, recovery, and rehabilitation plan must be developed within 24 hours to guide the first 30 days of treatment • Under clinical supervision, develop an Individualized Treatment, Rehabilitation, and Recovery Plan, including discharge plan and relapse prevention, with the individual (consider community, family and other supports) within 30 days of admission • Review and update the Individualized Treatment, Rehabilitation, and Recovery Plan every 90 days or more often as clinically indicated. Review must be completed under a licensed clinician with the individual and must include family, guardians, other supports as authorized by the individual • Provide access to Medication Assisted Treatment (MAT) as medically appropriate • This service must provide service coordination and case management activities, including coordination or assistance in accessing medical, psychopharmacological, psychological, psychiatric, social, education, employment, transportation, housing, or other appropriate treatment or support services as well as linkage to other community services identified in the Individual Treatment, Recovery, and Rehabilitation plan • Develop and implement strategies to encourage the individual's engagement in necessary substance use disorder and mental health treatment services as recommended and included in the Individual Treatment, Recovery, and Rehabilitation plan • Participate with and report to the treatment/rehabilitation team on the individual's progress and response to community support intervention in the areas of relapse prevention, substance use disorder, application of education and skills, and the recovery environment (areas identified in the plan) • Community Support SUD services must be designed to assist individuals in improving their daily living skills, so they are able to perform them independently or access services to support them in doing so. These active rehabilitation and support interventions include activities of daily living, medication compliance, medication self-administration (as appropriate), crisis intervention and prevention plan, relapse prevention, social skill development, budgeting, recovery, wellness, and self-help supports, independent living skills • It is the provider's responsibility to coordinate with other treating professionals • The Community Support Worker facilitates the active involvement of the authorized family and natural supports
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	• Provide therapeutic support and intervention to the individual in time of crisis • If hospitalization or residential care is necessary, The Community Support Worker facilitates, in cooperation with the treatment provider, the individual's transition back into the community upon discharge • Discharge planning is an ongoing process that occurs through the duration of service. A discharge summary must be completed prior to discharge • Initial and full Individualized Treatment, Rehabilitation, and Recovery Plans, Discharge Planning and Discharge Summaries must be completed in accordance with the requirements outlined in the document titled <i>Medicaid Requirements for Behavioral Health Services</i> • All services must be provided with cultural competence • Crisis assistance must be available 24 hours a day, 7 days a week • This service is not available for individuals who are also receiving ASAM level 3 or greater substance use disorder treatment services. • Providers must bill community support services in 15-minute increments for a maximum of 144 units per 180 days
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay. The anticipated duration of the service must be documented in the treatment, recovery, and rehabilitation plan
Staffing (Detailed training and licensure requirements are referenced in <i>Medicaid Requirements for Behavioral Health Services</i>)	Clinical Director May be a: • Psychiatrist • Physician • Advanced practice registered nurse (APRN) • Physician Assistant (PA) • Psychologist • Registered Nurse (RN) • Licensed independent mental health practitioner (LIMHP): dual license preferred The Clinical director will review individual clinical needs with the worker every 30 days. The review should be completed preferably face to face, but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned individuals and identifying any clinical recommendations. The clinical supervisor may complete the review in a group setting with more than one worker as long as each individual on the worker's case load is reviewed Community support worker All staff must meet the qualifications and supervision requirements as defined in the document titled <i>Medicaid Requirements for Behavioral Health Services</i> All staff are required to work within their scope of practice to provide mental

	health, substance use, or co-occurring mental health and substance use disorder treatment.
Staffing Ratio	Clinical Director to Community Support Worker ratio as needed to meet all clinical supervision responsibilities outlined above Community support worker to individual 1:25.
Hours of Operation	Typical business hours with evening and weekend hours available by appointment A licensed clinician must be available on-call 24 hours a day to guide crisis management
Desired Individual Outcome	• The individual has substantially met the treatment, recovery, and rehabilitation plan goals and objectives • The precipitating condition and relapse potential is stabilized such that there is sustained improvement in health and psychosocial functioning • The individual's condition can be managed without the professional external supports and intervention at this level of care • The individual has alternative support systems secured to help maintain active recovery and stability in the community • The individual is connected to the next appropriate level of care necessary to treat the condition
Admission Guidelines	• The individual meets the diagnostic criteria for a Substance Use Disorder as defined in the Diagnostic and Statistical Manual (DSM), current edition, as well as American Society of Addiction Medicine (ASAM), current edition, dimensional criteria for admission to this service • The individual meets specifications in each of the six ASAM dimensions • It is expected that the individual will be able to benefit from this treatment • This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the individual
Continued Stay Guidelines	It is appropriate to retain the individual at the present level of care if: • The individual is making progress but has not yet achieved the goals articulated in the individualized treatment, recovery, and rehabilitation plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward their treatment goals, or • The individual is not yet making progress but has the capacity to resolve their problems. The individual is actively working toward the goals in the individualized treatment, recovery, and rehabilitation plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward their treatment goals, or • New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively • To document and communicate the individual's readiness for discharge or

	need for transfer to another level of care, each of the six dimensions of the ASAM criteria must be reviewed. If the criteria apply to the individual's existing or new problem(s), they should continue in treatment at the present level of care
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