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### **Modification to ASAM 3.5**

Due to the stress the COVID-19 pandemic is putting on our health care system, the Indiana Office of Medicaid Policy and Planning, in collaboration with Division of Mental Health and Addiction, will be enacting temporary modifications in the admission, documentation, service and prior authorization requirements for ASAM 3.5 providers.

The intent of this modification is to allow flexibility so that those at risk of SUD-related complications continue to have access to the appropriate level of care, while accommodating staffing limitations and safety concerns. OMPP and DMHA will monitor these changes very closely, and they may be modified as experience emerges.

The changes are as follows and will be effective at the time of this announcement:

- In the event that a physician or other advance practice provider (nurse practitioner or physician assistant) is unable to complete the initial medical assessment within the required timeframe of **48 hours** via an in person or virtual assessment, the following could be substituted within **24 hours of intake**
  - A documented physical risk screening including:
    - Substances used in last month
      - Benzodiazepines and alcohol use must indicate amount, frequency and presence of seizure history.
    - Current medications
    - Medical history
    - Vital signs
    - Screening for urgent medical needs including:
      - Diabetes
      - Pregnancy
      - Symptoms congruent with COVID-19
  - Documentation must clearly confirm or deny symptoms in the above categories
  - Collaboration with physician/APP via phone, telehealth or in-person consultation within 48 hours of admission must occur and be documented in the chart
    - Documentation must also include treatment direction recommendations
- Full clinical assessment may be completed within seven calendar days



- In the event that a physician or other advance practice provider (NP, PA) is unable to complete subsequent medical follow up visits within the required timeframe via an in person or virtual assessment, the following two items should be submitted:
  - A clinical update (progress in psychotherapy, etc.) by HSPP, LMHC, LCSW or LCAC
  - A physical health update including, vital signs, withdrawal symptoms, physical symptom changes and craving ratings
    - Documentation of communication with medical professional if there are increases in physical concerns including withdrawal symptoms. Changes to orders can then be verbally conveyed by the physician/APP and must be documented in the chart.
- Initial Prior Authorizations will have an expanded seven-calendar-day window for submission and include 21 days of approval instead of 14 days. Requests for additional days will be due by the 21st day at the latest.
- Treatment requirements are able to be modified for those who are documented as needing to be socially isolated. Documentation of daily contact and ongoing support must be present. These modifications can be made for clients who are in need of isolation due to:
  - New admission status
  - Symptoms congruent with COVID-19
  - Reported exposure to someone with COVID-19 or congruent symptoms
- All expanded telehealth guidelines are applicable to the ASAM 3.5 setting, including initial medical provider appointment.
- DMHA will be providing ongoing operational guidance.