

Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Recovery Support Navigator		
MNG #: 78	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care	Prior Authorization Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 7/1/2021	Effective Date: 9/28/2021
Last Revised Date:	Next Annual Review Date: 7/1/2022	Retire Date:

OVERVIEW: Recovery Support Navigator (RSN) services are staffed by paraprofessionals that provide care management and system navigation supports to Members with a diagnosis of substance use disorder and/or co-occurring mental health disorders. The purpose of RSN services is to engage Members as they present in the treatment system and support them in accessing treatment services and community resources.

RSN services are appropriate for Members with substance use disorder and/or co-occurring disorders who are in need of additional support in remaining engaged in treatment; identifying and accessing treatment and recovery resources in the community including prescribers for addiction and psychiatric medications; and/or developing and implementing personal goals and objectives around treatment and recovery from addiction and/or co-occurring disorders. The RSN explores treatment recovery options with the Member, helps clarify goals and strategies, provides education and resources, and assists Members in accessing treatment and community supports. The RSN is not responsible for a Member’s comprehensive care plan or medical or clinical service delivery, but supports the Member in accessing those services and participates as part of the overall care team when appropriate.

The RSN service is based within a Licensed Behavioral Health Outpatient Clinic or an Opioid Treatment Center, and RSNs can be deployed to any setting.

DECISION GUIDELINES:

Clinical Eligibility:

All of the following criteria are necessary for admission to this level of care:

1. The Member demonstrates symptomatology consistent with a DSM-5 diagnosis for a substance use disorder, which requires and can reasonably be expected to respond to therapeutic intervention;

AND at least one (1) of the following:

2. The Member is at a transition point in his or her treatment and/or recovery and/or at risk for admission to 24-hour behavioral health inpatient/diversionary services, as evidenced by one or more of the following:
 - a. Discharge from a 24-hour behavioral health inpatient/diversionary level of care within the past 180 days
 - b. Multiple ESP and/or emergency department (ED) encounters within the past 90 days
 - c. Documented barriers to accessing and/or consistently utilizing essential medical and behavioral health services
 - d. Initiating or changing an addiction pharmacotherapy or medication assisted treatment (MAT) regimen and/or changing MAT provider
 - e. Release from incarceration within 90 days

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- f. Loss of housing stability within 90 days
- g. Loss of employment within 90 days
- h. Loss of family support and connection within 90 days
- i. Currently pregnant or up to 12 months postpartum, with or without custody

OR

3. The Member is referred by a primary care practitioner for assistance with necessary medical follow-up.

Determination of need: Members can access RSN services based on medical necessity and/or a referral by a medical or behavioral health provider, Community Partner (CP), or other care manager, that has contact with the Member and is able to identify the need for RSN services.

LIMITATIONS/EXCLUSIONS: Any of the following criteria may be sufficient for exclusion from this level of care:

1. The Member is at acute risk to harm self or others, or sufficient impairment exists to require a more-intensive level of service beyond community-based intervention;
2. The Member has severe medical conditions or impairments that would prevent beneficial utilization of services;
3. The Member is receiving similar supportive services and does not require this level of care; or
4. The Member, and his/her parent/guardian/caregiver when applicable, does not consent to Recovery Support Navigator services.

KEY CARE PLANNING CONSIDERATIONS: Any of the following criteria is sufficient for discharge from this level of care:

1. The Member no longer meets admission criteria;
2. Recovery Support Navigator Wellness Plan goals and objectives have been met;
3. The Member or Member and parent and/or legal guardian is/are not utilizing or engaged in the RSN service as demonstrated by fewer than five (5) contacts within a 30-day period (see performance specifications);
4. Consent for Recovery Support Navigator Services is withdrawn; or
5. Support systems that allow the Member to be maintained in the community have been established.

AUTHORIZATION:
No prior authorization required.

REGULATORY NOTES:
N/A

RELATED REFERENCES:
N/A

EXHIBIT A:	
EXHIBIT B	

REVISION LOG:

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REVISION DATE	DESCRIPTION

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7/1/2021

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