



COLORADO

Department of Health Care
Policy & Financing

303 E. 17th Avenue
Denver, CO 80203

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Transplant Patients with SUD Diagnosis Protocol for SUD Treatment

Patients who are transplant recipients with an SUD diagnosis should receive comprehensive SUD treatment services in accordance with ASAM continuum of care guidelines.

To support SUD providers in planning SUD treatment services for these patients the following guidance is being provided regarding length of services to support level of care determinations based on medical necessity.

Either pre-transplant or post-transplant (ideally either pre-transplant or within 6 months post- transplant) members with an SUD diagnosis, who have agreed to receive SUD treatment as part of their organ transplant plan, are eligible to receive a full complement of SUD treatment services, detailed below.

The transplant team will notify the MCE of a member agreeing to transplant and SUD treatment, when the member is deemed a candidate for transplant, to coordinate a care plan. The MCE will flag the patient as being a transplant recipient agreeing to full continuum SUD treatment as part of organ receipt. A qualified Addiction Medicine provider will assess the member to determine ASAM level of care appropriate within 72 hours prior to a member's admission to SUD services. The MCE will be bound to initially authorize the specific level of care indicated by the assessing provider.

The MCE will work to coordinate care for the member by locating a facility/agency that can deliver the necessary level of SUD services and appropriate access to ongoing medical care at the transplant facility. The MCE will inform the agency/facility of the minimum pre-authorizations noted in this document as part of the care coordination arrangements within 48 hours of admission to SUD treatment services.

The MCEs will communicate with the SUD treatment agency/facility for progress updates regularly through ASAM levels of care (6 dimensions), not greater than every 14 days, to support member progress through the continuum and make any necessary adjustments to length of stay.

The MCE will authorize 90 days of Residential and High Intensity Outpatient services to include 3.7WM 3.7, 3.5, 3.1, 2.5 and 2.1 ASAM levels of care as deemed necessary for the individual as on-going ASAM level of care assessments are completed. The MCE will coordinate care for these individuals with the related Manage Service Organization (MSO) if Recovery Living, or other non-MCE managed service, is found to be an appropriate step in care.

