Sentara Health Plans

Medicaid

ASAM Level 3.5 Clinically Managed High-Intensity Residential Services for Substance Abuse (Adult) Initial

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

Purpose:

This policy addresses ASAM Level 3.5 Clinically Managed High-Intensity Residential Services for Substance Abuse (Adult) Initial.

Description & Definitions:

Clinically managed high-intensity residential services provide structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of individuals to support recovery from substance abuse disorders. Example includes residential treatment center.

Biomedical enhanced services are delivered by appropriately credentialed medical staff, who are available to assess and treat co-occurring biomedical disorders and to monitor the resident's administration of medications in accordance with a physician's prescription. The intensity of nursing care and observation is sufficient to meet the patient's needs.

Co-Occurring Capable - Treatment programs that address co-occurring mental and substance related disorders. They provide assessment, treatment planning, program content and discharge planning. They can provide psychopharmacologic monitoring and psychological assessment and consultation, either on site or through coordinated consultation with off-site providers.

Co-Occurring Enhanced - Describes treatment programs that incorporate policies, procedures, assessments, treatment, and discharge planning processes that accommodate patients who have co-occurring mental and substance related disorders. Mental health symptom management groups are incorporated into addiction

treatment. Motivational enhancement therapies specifically designed for those with co-occurring mental and substance-related disorders are more likely to be available (particularly in out-patient settings) and, there is close collaboration or integration with a mental health program that provides crisis backup services and access to mental health case management and continuing care. In contrast to Co-Occurring Capable services, Co-Occurring Enhanced services place their primary focus on the integration of services for mental and substance-related disorders in their staffing, services, and program content.

Criteria:

High level residential treatment level of care for substance-related disorder is considered medically necessary for **all of the following are met:**

- Individual is 18 years of age or older
- *Diagnosis:* The individual has at least one diagnosis from the most recent Diagnostic and Statistical Manual of Mental Disorders for Substance-Related and Addictive Disorders with the exception of tobacco-related disorders, caffeine use disorder or dependence, and nonsubstance-related addictive disorders
- *Dimension 1:* The individual has no signs or symptoms of withdrawal or their withdrawal needs can be managed at this level of care
- *Dimension 2:* The individual's biomedical status is characterized by **1 or more of the following**:
  - Biomedical conditions, if any, are stable and do not require 24-hour medical or nurse monitoring, and the individual is capable of self-administering any prescribed medications
  - Biomedical conditions are not severe enough to warrant inpatient treatment but are sufficient to distract from recovery efforts. Such conditions require medical monitoring, which can be provided by the program or through a concurrent agreement with another provider.
  - The individual is being admitted to a biomedical enhanced services program and has a biomedical problem that requires a degree of staff attention that is not available in other residential programs.
- *Dimension 3:* The individual's emotional, behavioral, and cognitive status demonstrates repeated inability to control impulses, or unstable and dangerous signs/symptoms require stabilization and meets **1 or more of the following**:
  - The individual does not have any emotional, behavioral or cognitive conditions present
  - The individual is being admitted to a co-occurring capable program and has **all of the following**:
    - The individual's mental status is assessed as sufficiently stable to permit the individual to participate in the therapeutic interventions provided at this level of care
    - The individual's psychological needs meet **1 or more of the following**:
      - The individual's psychiatric condition is stabilizing. However, despite his/her best efforts, the individual is unable to control his/her use of alcohol, tobacco, and/or drugs and/or antisocial behaviors, with attendant probability of imminent danger
      - The individual demonstrates repeated inability to control his/her impulses to use alcohol and/or other drugs and/or to engage in antisocial behavior, and is imminent danger of relapse, with attendant likelihood of harm to self, others, or property. The resulting level of dysfunction is of such severity that it precludes participation in treatment in the absence of the 24-hour support and structure of this level of care
      - The individual demonstrates antisocial behavior patterns and which prevents movement toward positive change and precludes participation in a less structured and intensive level of care
      - The individual has significant functional deficits, which are likely to respond to staff interventions. These symptoms and deficits, when considered in the context of his/her home environment, are sufficiently severe that the individual is not likely to maintain mental stability and/or abstinence if treatment is provided in a non-residential setting. The functional deficits are of a pervasive nature, requiring treatment that is primarily habilitative in focus; they do not require medical monitoring or management
      - The individual's concomitant personality disorders (eg, antisocial personality disorder with verbal aggressive behavior requiring consistent limit-setting) are of such severity

that the accompanying dysfunctional behaviors provide opportunities to promote continuous boundary setting interventions

- The individual is being admitted to a co-occurring enhanced program and has psychiatric symptoms that require active monitoring, such as low anger management skills, These are assessed as posing a risk of harm to self or others if the individual is not contained in a 24-hour structured environment

- *Dimension 4:* The individual's has marked difficulty with, or opposition to, treatment, with dangerous consequences and his/her readiness to change meets **1 or more of the following**:
  - Because of the intensity and chronicity of the addictive disorder or the individual's mental health problems, he/she has limited insight and little awareness of the need for continuing care or the existence of his/her substance use or mental health problem and need for treatment, and thus has limited readiness to change.
  - Despite experiencing serious consequences or effects of the addictive disorder or mental health problem, the individual has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health, or life problems and his/her impaired coping skills and level of functioning, often blaming others for his/her addiction problems
  - The individual demonstrates passive or active opposition to addresses the severity of his/her mental or addiction problem, or does not recognize the need for treatment. Such continued substance use or inability to follow through with mental health treatment poses a danger to self or others
  - The individual requires structured therapy and a 24-hour programmatic milieu to promote treatment progress and recovery, because motivational interventions have not succeeded at less intensive levels of care and such interventions are assessed as not likely to succeed at a less intensive level of care
  - The individual's perspective impairs his/her ability to make behavior changes without repeated, structured, clinically directed motivational interventions, which will enable his/her to develop insight into the role he/she plays in his/her substance use and/or medical condition, and empower him/her to make behavioral changes which can only be delivered in a 24-hour milieu
  - Despite recognition of a substance use or addictive behavior problem and understanding of the relationship between his/her substance use, addiction, and life problems, the individual expresses little to no interest in changing. Because of the intensity or chronicity of the individual's addictive disorder and high-risk criminogenic needs, he/she is in imminent danger of continued substance use or addictive behavior. This poses imminent serious life consequences and/or a continued pattern of risk of harm to others while under the influence of substances
  - The individual attributes his/her alcohol, drug, addictive, or mental health problem to other persons or external events, rather than to a substance use or addictive or mental disorder. The individual requires clinic directed motivational interventions that will enable him/her to develop insight into the role he/she plays in his/her health condition and empower him/her to make behavioral changes. Interventions are adjusted as not feasible or unlikely succeed at a less intensive level of care
  - The individual is being admitted to a co-occurring enhanced program and displays a lack of commitment to change and reluctance to engage in activities necessary to address a co-occurring mental health problem

- *Dimension 5:* The individual has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences and individual's relapse potential meets **1 or more of the following**:
  - The individual does not recognize relapse triggers and lacks insight into the benefits of continuing care, and is therefore not committed to treatment. His/her continued substance use poses an imminent danger to self or others in the absence of 24-hour monitoring and structured support
  - The individual's psychiatric condition is stabilizing. However, despite his/her best efforts, the individual is unable to control his/her use of alcohol, other drugs, and/or antisocial behaviors with attendant probability of harm to self or others. The individual has limited ability to interrupt the relapse process of continued use, or to use peer supports when at risk for relapse to his/her addiction or mental disorder. His/her continued substance use poses an imminent danger to self or others in the absence of 24-hour monitoring and structured support
  - The individual is experiencing psychiatric or addiction symptoms such as drug craving, insufficient ability to post pone immediate gratification, and other drug-seeking behaviors. The situation poses an imminent danger of harm to self or others in the absence of close 24-hour monitoring and structured

support. The introduction of psychopharmacologic support is indicated to decrease psychiatric or addictive symptoms that will enable to individual to delay immediate gratification and reinforce positive recovery behaviors.
        - The individual is in imminent danger of relapse or continued use, with dangerous emotional, behavioral, or cognitive consequences, as a result of a crisis situation
        - Despite recent, active participation in treatment at a less intensive level of care, the individual continues to use alcohol and/or drugs or to continue other addictive behavior or to deteriorate 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
        - The individual demonstrates a lifetime history of repeated incarceration with a pattern of relapse to substances and uninterrupted use outside of incarceration, with imminent risk of relapse to addiction or mental health problems and recidivism to criminal behavior. This poses imminent risk of harm to self or others. The individual requires 24-hour monitoring and structure to assist in the initiation and application of recovery and coping skills
        - The individual is being admitted to a co-occurring enhanced program and has psychiatric symptoms that pose a moderate to high risk of relapse to substance use or mental disorder. Individual has limited ability to apply relapse prevention skills.
    - *Dimension 6:* The individual's recovery environment is dangerous and the individual lacks skills to cope outside of a highly structured 24-hour setting which is evident by **1 or more of the following**:
        - The individual has been living in an environment in which there is a moderately high risk of neglect; initiation or repetition of physical, sexual or emotional abuse, or in which substance use is so endemic that the individual is assessed as being unable to achieve or maintain recovery at a lower level of care
        - The individual's social network includes regular users of alcohol, tobacco, and/or other drugs, such that recovery goals are assessed as unachievable at a lower level of care
        - The individual's social network includes significant social isolation or withdrawal, such that recovery goals are assessed as inconsistently unachievable at a less intensive level of care
        - The individual's social network involves living with an individual who is regular user, addicted user, or dealer of alcohol or other drugs, or the individual's living environment is so highly invested in alcohol or other drug use that his/her recovery goals are assessed as unachievable
        - The individual is unable to cope, for limited period of time, outside the 24-hour structure of a residential program. He/she needs staff monitoring to assure his/her safety and well-being
        - The individual is being admitted to a co-occurring enhanced program and has severe and chronic mental illness. He/she may be too ill to benefit from skills training to learn to cope with problems in the recovery environment. His/her living, working, social, and/or community environment is not supportive of good mental health functioning. Such an individual needs to the support and structure of this level of care.

There is insufficient scientific evidence to support the medical necessity of residential treatment for substance abuse for uses other than those listed in the clinical indications for procedure section.

Service Units and Limitations:

- Members shall be discharged from this service when other less intensive services may achieve stabilization, the member requests discharge, the member ceases to participate, or the member demonstrates a need for a higher level of care. Discharge planning shall document realistic plans for the continuity of MOUD services with an in-network Medicaid provider.
- ASAM Level 3.5 services may be provided concurrently with Preferred OBOT/OTP, partial hospitalization services, intensive outpatient services and outpatient services.
- Group substance use counseling by CATPs, CSACs and CSAC supervisees shall have a maximum limit of 12 individuals in the group or less depending on the clinical model. Group size may exceed this limit based on the determination of the CATP. Such counseling shall focus on the needs of the members served.
- CSACs and CSAC-supervisees by scope of practice are able to perform group substance use counseling, thus could provide counseling and psychoeducational services in this level of care.

- Providers may not bill another payer source for any supervisory services; daily supervision, including one-on-one, is included in the Medicaid per diem reimbursement.
- Residential treatment services do not include interventions and activities designed only to meet the supportive non-mental health special needs, including but not limited to personal care, habilitation, or academic-educational needs of the member.
- Staff travel time is excluded.
- One unit of service is one day.
- There are no maximum annual limits but shall meet ASAM Criteria for the level of care.

Discharge/Transfer Criteria It is appropriate to transfer or discharge the member from the present level of care if he or she meets the following criteria:

- The member has achieved the goals articulated in the ISP, thus resolving the problem(s) that justified admission to the current level of care; or
- The member has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the ISP. Treatment at another level of care or type of service therefore is indicated; or
- The member has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated; or
- The member has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

Coding:

Medically necessary with criteria:

Coding	Description
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2023: June
- 2019: October

Reviewed Dates:

- 2021: November
- 2020: November
- 2019: December
- 2018: May

Effective Date:

- March 2017

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

1. DMAS Manual- Addiction and Recovery Treatment Services
2. DMAS Medallion 4.0 Contract: Section 8.2.A, 8.2.B
3. DMAS CCC Plus Contract: Section 4.2.4
4. Cardinal Care Contract: Section 5.5.6
5. MCG 26th Edition: https://careweb.careguidelines.com/ed26/index.html
6. American Society of Addiction Medicine (ASAM) Edition 3

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Residential, SHP behavioral health 12, substance abuse, addiction, intoxication, withdrawal, relapse, readiness to change, alcohol abuse, drug abuse, tobacco, SHP Clinically Managed High-Intensity Residential Services for Substance Abuse, Adult, ASAM Level 3.5, initial, Medicaid