Sentara Health Plans

Medicaid

ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services for Substance Abuse (Adolescent) Concurrent

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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 Medium-Intensity Residential Services for Substance Abuse (Adolescent) Concurrent.

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:

- 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
- Continuation of services with **1 or more** of the following
    - The individual is making progress, but has not yet achieved the goals in the ISP and continued treatment at the present level is assessed as necessary to permit the individual to continue to work towards treatment goals
    - The individual is not yet making progress but has the capacity to resolve the problem and is actively working on the goals in the ISP
    - New problems have been identified that are appropriately treated at the present LOC and this level is the least intensive/restrictive at which the individual's new problems can be addressed effectively
- The individual is under the age of 18 and has **2 or more** of the following:
    - Dimension 1: The individual is experiencing mild to moderate withdrawal (or is at risk of withdrawal) but does not need pharmacological management or frequent medical monitoring as evidenced by **1 or more of the following:**
        - The adolescent is at risk of or experiencing acute or subacute intoxication or withdrawal, with mild to moderate symptoms
        - He/she needs secure placement and increased treatment intensity (without frequent access to medical or nursing services) to support engagement in treatment, ability to tolerate withdrawal, and prevention of immediate continued use.
        - The adolescent has a history of failure in treatment at the same or less intensive level of care.
    - Dimension 2: The individual's biomedical status is characterized by **1 or more** of the following:
        - Biomedical conditions, distract from recovery efforts and require residential supervision to ensure their adequate treatment or they require medium-intensity residential treatment to provide support to overcome the distraction
        - Continued substance use would place the individual at risk of serious damage to his/her physical health because of a biomedical condition (such as pregnancy or HIV) or an imminently dangerous pattern of high-risk use
        - The individual is being admitted to a biomedical enhanced program and he/she 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 meets **1 or more** of the following:
        - The individual is at moderate but stable risk of imminent harm to self or others, and needs medium-intensity 24-hour monitoring and/or treatment for protection and safety. However, he/she does not require access to medical or nursing services
        - The individual's recovery efforts are negatively affected by his/her emotional, behavioral, cognitive problems in significant and distracting ways. He/she requires 24-hour structured therapy and/or programmatic milieu to promote sustained focus on recovery tasks because of active symptoms
        - The individual has significant impairments, with moderate to severe symptoms (such as poor impulse control, disorganization, etc.). These seriously impair his/her ability to function in family, social, school, or work settings, and can not be managed at a less intensive level of care
        - The individual has moderate impairment in his/her ability to manage activities of daily living and thus requires 24-hour supervision and staff assistance, which can be provided by the program.

        - The individual's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without 24-hour supervision and a medium-intensity structured programmatic milieu
- Dimension 4: The individual's 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 addressing 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
- Dimension 5: The 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 and 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
- **Dimension 6:** The individual's recovery environment meets 1 or more of the following:
    - The individual has been living in an environment in which there is a high risk of neglect or 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 has a family or other household member who has an active substance use disorder, or substance use is endemic in his/her home environment or broader social network, so that recovery goals are assessed as unachievable without residential treatment
    - The individual's home environment or social network is too chaotic or ineffective to support or sustain treatment goals, so that recovery is assessed as unachievable without residential treatment
    - Logistical impediments (such as distance from treatment facility, mobility limitations, lack of transportation, etc.) preclude participation in treatment at a lower 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.

Continued Service Criteria:

ASAM Criteria states it is appropriate to retain the member at the present level of care if:

1. The member is making progress, but has not yet achieved the goals articulated in the ISP. Continued treatment at the present level of care is assessed as necessary to permit the member to continue to work towards treatment goals; or
2. The member is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working on the goals articulated in the ISP. Continued treatment at the present level of care is assessed as medically necessary to permit the member to continue to work toward his or her treatment goals; and/or
3. New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive and or restrictive at which the member's new problems can be addressed effectively.

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.

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.

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:

Reviewed Dates:

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- June 2023

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).

DMAS Manual- Addiction and Recovery Treatment Services

DMAS Medallion 4.0 Contract: Section 8.2.A, 8.2.B

DMAS CCC Plus Contract: Section 4.2.4

Cardinal Care Contract: Section 5.5.6

MCG 26th Edition: https://careweb.careguidelines.com/ed26/index.html

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 59, substance abuse, addiction, intoxication, withdrawal, relapse, readiness to change, alcohol abuse, drug abuse, tobacco, SHP Clinically Managed High-Intensity Residential Services for Substance Abuse, Adolescent, ASAM Level 3.5, Concurrent, Medicaid