Sentara® Health Plans

Medicaid

ASAM Level 3.3 Clinically Managed Population Specific 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 3.3 Clinically Managed Population Specific High-Intensity Residential Services for Substance Abuse (Adult) Initial.

Description & Definitions:

Clinically managed Population specific high-intensity residential services are for individuals with cognitive impairment including developmental delay. They 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. Examples include therapeutic rehabilitation facility or a traumatic brain injury program.

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's intoxication and withdrawal symptoms/risks 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 availability of medical or nursing 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 (such as monitoring of medications or assistance with mobility).
- Dimension 3: The individual's emotional, behavioral and cognitive status meets **1 or more of the following**:
  - The individual does not have any emotional, behavioral or cognitive symptoms present
  - The individual is being admitted to a co-occurring capable program and has **ALL of the** following:
    - The individual's mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to permit the individual to participate in the therapeutic interventions provided at this level of care.
    - The individual's mental status meets **1 or more** of the following:
      - The individual's psychiatric condition is stabilizing, but he/she is assessed as needing 24-hour structured environment as evidenced by **1 or more of the following:**

- Depression or other emotional, behavioral, or cognitive conditions significantly interfere with activities of daily living and recovery
- The individual exhibits violent or disruptive behavior while intoxicated and is assessed as posing a danger to self or others
- The individual exhibits stress behaviors related to recent or threatened losses in work, family or social arenas, such that activities of daily living are significantly impaired, and the individual requires a secure environment to focus on the substance use or mental health problem
- Concomitant personality disorders are of such severity that the accompanying dysfunctional behaviors require continuing structural interventions
  - The individual's symptoms and functional limitations, when considered in context of his/her home environment, are assessed as sufficiently severe that the individual is not likely to maintain mental stability and/or abstinence if treatment is provided in a non-residential setting. Functional limitations may include, but are not limited to, cognitive impairment, developmental disability, manifest chronic city and intensity of the primary addictive disease process, residual psychiatric symptoms, cognitive deficit resulting from traumatic brain injury, limited educational achievement, poor

vocational skills, inadequate anger management skills, and other equivalent indications that services need to be presented at a pace that is slower and/or more repetitive and concrete then is found at other levels of care. These deficits may be complicated by problems in dimensions two through 6
        - The individual is at mild risk of behaviors endangering self, others, or property, and is in imminent danger of relapse without 24-hour support and structure of a residential program
    - The individual is being admitted to a co-occurring enhanced program and has **1 or more of the following:**
        - The individual has a diagnosed emotional, behavioral, or cognitive disorder that requires active management (such as monitoring of medications or assessment of symptoms). Such disorders complicate treatment of the individual's substance use or substance-induced disorder and require differential diagnosis. The individual thus requires stabilization of psychiatric symptoms concurrent with addiction treatment
        - The individual is assessed as at mild to moderate risk of behaviors endangering self, others or property
- 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 cognitive limitations, he/she has 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 impaired coping skills and level of functioning
    - The individual's continued substance use poses a danger of harm to self or others, and he/she demonstrates no awareness of the need to address the severity of his/her addiction or psychiatric problem or does not recognize the need for treatment. However assessment indicates that treatment interventions at this level may increase the individual's degree of readiness to change
    - The individual's perspective impairs his/her ability to make behavior changes without repeated, structured, clinically directed motivational interventions, delivered in a 24-hour milieu.
    - The individual is being admitted to a co-occurring enhanced program and has ambivalence in his/her commitment to change and is reluctant to address a co-occurring mental health problem
- Dimension 5: The individual's relapse potential meets **1 or more of the following**:
    - The individual does not recognize relapse triggers and has little awareness of the need for continuing care. Because of the intensity or chronicity of the individual's addictive disorder or the chronicity of the mental health problem or cognitive limitations, he/she is in imminent danger of continued substance use or mental health problems, with dangerous emotional, behavioral, or cognitive consequences. The patient thus needs 24 hour monitoring and structure to assist in the application of recovery and coping skills, as well as addictive staff interventions to prevent relapse.
    - The patient is experiencing an intensification of symptoms of his/her substance use disorder or mental disorder and his/her level of functioning is deteriorating despite amendment of the treatment plan
    - The individual's cognitive impairment has limited his/her ability to identify and cope with relapse triggers and high-risk situations. He/she requires relapse prevention activities that are delivered at a slower pace, more concretely and more repetitively, in a setting that provides 24-hour structure and support to prevent imminent dangerous consequences
    - 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. For mandated individuals, serious consequences may be criminal and addictive behavior of such instability that the individual demonstrates imminent risk to public safety. There is high risk of continued substance use, addictive behavior, or mental deterioration without close 24-hour monitoring and structured treatment

        - The individual is being admitted to a co-occurring enhanced program and has psychiatric symptoms that pose a moderate risk of relapse to a substance use or mental disorder. The individual demonstrates limited ability to apply relapse prevention skills, as well as poor skills in coping with mental disorders and/or avoiding or limited relapse, with imminent serious consequences.
    - 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 moderately high risk of 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 is in significant danger of victimization and thus requires 24-hour supervision
        - The individual's social network includes regular users of alcohol/other drugs, such that recovery goals are assessed as unachievable at a lower 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
        - Because of cognitive limitations, the individual is in danger of victimization by another and thus requires 24-hour supervision
        - The individual is able 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 may be too ill to benefit from skills training to learn to cope with problems in the recovery environment. Individual requires planning for assertive community treatment, intensive case management, or other community outreach and support services. The individual's environment is not supportive of good mental health functioning
    - 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
        - Not applicable – Initial authorization

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 3.3 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:

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- 2023: June
- 2019: October

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- 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, behavioral health 11, substance abuse, addiction, SHP Clinically Managed Population Specific High-Intensity Residential Services for Substance Abuse, ASAM Level 3.3, Adult, Initial, detoxification, Medicaid