Sentara Health Plans

Medicaid

ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adult) Initial

Table of Content

Purpose
Description & Definitions
Criteria
Coding
Document History
References
Special Notes
Keywords

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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 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adult) Initial.

Description & Definitions:

Low intensity residential services include a clinical component including at least 5 hours per week that may include individual, group, and family therapy. It also includes a 24-hours a day staff to provide a structured recovery residence. Examples of low intensity residential services include halfway houses, group homes, etc.

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:

Low level residential treatment level of care for substance-related disorder is considered medically necessary when an individual is 18 years of age or older and meets **ALL of the** following:

- *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 status is **1 or more** of the following:
    - The individual has no signs or symptoms of withdrawal
    - Intoxication or 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 client can self-administer 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 meets **1 or more** of the following:
    - The individual has no significant emotional, behavioral, or cognitive problems
    - The individual is being admitted to a co-occurring capable program and has **ALL of the** following:
      - The individual's psychiatric condition is stable and individual is able to participate in the therapeutic interventions provided at this level of care
      - The individual must meet **1 or more** of the following:
        - The individual is stable and assessed as having minimal problems in this area
        - The individual's symptoms and functional deficits, when considered in the context of his or home environment, are sufficiently severe that he or she is assessed as not likely to maintain mental stability and/or abstinence if treatment is provided in a non-residential setting. Functional deficits may include but are not limited to: residual psychiatric symptoms, chronic addictive disorder, history of criminality, marginal intellectual ability, limited educational achievement, poor vocational skills, inadequate anger management skills, and the sequelae of physical, sexual or emotional trauma
        - The individual demonstrates (through distractibility, negative emotions, or generalized anxiety) an inability to maintain stable behavior over a 24-hour period without the structure and support of a 24-hour setting
        - The individual's co-occurring psychiatric, emotional, behavioral, or cognitive conditions are being addressed concurrently through appropriate psychiatric services
    - The individual is being admitted to a co-occurring enhanced program and must meet **all of the** following:
      - The individual's must meet **1 or more** of the following:
        - The individual's co-occurring psychiatric, emotional, behavioral, or cognitive conditions that requires monitoring of medications because the individual's history suggests that these disorders are likely to distract them from treatment efforts
        - The individual needs monitoring of psychiatric symptoms concurrent with addiction treatment.
      - The individual is assessed as able to safely access the community for work, education, and other community resources
  - *Dimension 4:* The individual's readiness to change meets **1 or more** of the following:

  - The individual recognizes and verbalizes specific negative consequences and dysfunctional behaviors and their role in relapse, and is sufficiently cooperative to respond to treatment at this level of care
  - The individual is assessed as appropriately placed at Outpatient or Intensive Outpatient and is receiving residential services concurrently
  - The individual requires a 24-hour structured milieu to promote treatment progress and recovery, because motivating interventions have failed in the past and are assessed as not likely to succeed in the future in an outpatient setting
  - The individual's perspective impairs his/her ability to make behavior changes without the support of a structured environment. For example, the client attributes his or her alcohol, drug or mental health problem to other persons or external events, rather than to a substance dependence or mental disorder. Interventions are assessed as not likely to succeed in an outpatient setting.
  - The individual is being admitted to a co-occurring enhanced program and is characterized by ambivalence in his or her commitment to change a co-occurring mental health problem. Similarly, the client who is not consistently able to follow through with treatment, or who demonstrates minimal awareness of a problem, or who is unaware of the need to change requires active interventions with family, significant others and other external systems to create leverage and align incentives so as to promote engagement in treatment
- *Dimension 5:* The individual's chance of relapse meets **1 or more** of the following:
  - The individual demonstrates limited coping skills to address relapse triggers and urges and/or deteriorating mental function, is in imminent danger of relapse, and needs 24-hour structure to help apply recovery and coping skills
  - The individual understands his or her addiction problems but is at risk of relapse in a less structured level of care because of inability to apply recovery skills
  - The individual is at risk of relapse without close 24-hour monitoring and structured support (as evidenced, for example, by lack of awareness of relapse triggers, difficulty postponing immediate gratification or ambivalence/resistance to treatment), and these issues are being addressed concurrently in outpatient or intensive outpatient programs
  - The individual needs staff support to maintain engagement in his or her recovery program while transitioning to life in the community
  - The individual is at high risk of substance use or deteriorated mental functioning with dangerous emotional, behavioral, or cognitive consequences, in the absence of close 24-hour structured support (as evidenced, by lack of awareness of relapse triggers, difficulty in postponing immediate gratification or ambivalence toward or resistance to treatment,) and these issues are being addressed concurrently in outpatient or intensive outpatient programs
  - The individual is being admitted to a co-occurring enhanced program and is characterized by psychiatric symptoms that pose a moderate risk of relapse to a substance dependence or mental disorder. Such a resident demonstrates limited ability to apply relapse prevention skills, as well as deteriorating psychiatric functioning, which increases his or her risk of serious consequences and requires the types of service and 24-hour structure of this level of care
- *Dimension 6:* The individual's recovery environment meets **1 or more** of the following:
  - The individual's substance use treatment must meet **all of the** following:
    - The individual is able to cope, for limited periods of time, outside a 24-hour structure
    - The individual's substance use treatment must meet **1 or more** of the following:
      - The individual has been living in an environment in which there is a 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
      - The individual lacks social contacts or their social network involves high-risk social contacts who are regular users/abusers of alcohol/other drugs, or the client's living environment is so highly invested in drug use that recovery goals are assessed as unachievable
      - The individual's social/interpersonal network is characterized by significant social isolation or withdrawal, such that recovery goals are assessed as unachievable in a level of care less intensive than low level residential care

- Continued exposure to the individual's school, work or living environment makes recovery unlikely, and the resident has insufficient resources and skills to maintain an adequate level of functioning outside of a 24-hour supportive environment
- The individual is in danger of victimization by another and thus requires 24-hour supervision

The individual is admitted to a co-occurring enhanced program, are too ill to benefit from skills training to learn to cope with problems in the recovery environment, and their environment is not supportive of good mental health functioning

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 3.1 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.
- Staff travel time is excluded.
- Medicaid does not pay for room and board.
- 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
H2034	Alcohol and/or drug abuse halfway house services, per diem

Considered Not Medically Necessary:

Coding	Description
	None

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

Document History:

Revised Dates:

Reviewed Dates:

Effective Date:

- 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).

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:

Low intensity Residential, behavioral health 10, shp, halfway house, group home, substance abuse, alcoholism, intoxication, relapse, drug abuse, alcohol abuse, SHP Low Intensity Residential Treatment for Substance Abuse, SHP Clinically Managed Low Intensity Residential Treatment for Substance Abuse, ASAM Level 3.1, Adult, Initial Medicaid