Sentara® Health Plans

Medicaid

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

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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 for Medicaid.

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:

Admission to low intensity residential services level of care for substance-related disorder is considered medically necessary when the following ASAM dimensions are met. The individual, 18 years or older meets ASAM criteria for low intensity residential services when dimensions 1,2,3 4,5 and 6 are met initial services.

- Individual must meet **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** : Acute intoxication and/or withdrawal potential: No withdrawal risk, or minimal, or stable withdrawal
    - **Dimension 2** : Biomedical conditions/complications: None/stable or receiving concurrent treatment-moderate stability
    - **Dimension 3** : Emotional/Behavioral/Cognitive Conditions: None or minimal; not distracting to recovery
    - **Dimension 4:** Readiness to Change: Open to recovery but requires a structure environment
    - **Dimension 5:** Relapse, Continued use or Continued Problem Potential: Understands relapse but needs structure.
    - **Dimension 6:** Recover Living Environment: Environment is dangerous, patient needs 24-hour structure to learn to cope.

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:

CPT/HCPCS codes considered **medically necessary** if policy criteria are met:

Coding	Description
H2034	Alcohol and/or drug abuse halfway house services, per diem

CPT/HCPCS codes considered **not medically necessary** per this policy:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Document History:

Revised Dates:

2025: April – Annual review completed. Criteria simplified and housekeeping to update policy to new format. Effective date 7.1.2025
2023: May
2019: October

Reviewed Dates:

2026: March – No changes to criteria. Updated reference links only. Effective date 7.1.2026.
2024: September – Review completed, no changes.
2022: December
2021: November
2020: November
2019: November
2018: May

Original Date: April 2017

References:

Commonwealth of Virginia. Department of Medical Assistance Services (DMAS), Addiction and Recovery Treatment Services (ARTS) Manual, Chapter IV; Covered Services and Limitations, Revision Date 07/07/2025. ARTS Covered Services and Limitations 07/07/2025

The American Society of Addiction Medicine Criteria (ASAM): Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions--Third Edition (2013), pg. 175-176.

MCG 29th Edition: MCG Health - 29th Edition

Policy Approach and Special Notes:

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plans Virginia Medicaid Products Only.
  - See MCG guidelines for all other Lines of Business.
- Authorization Requirements: Pre-certification by the Plan is required.
- 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.
- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

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