Sentara Health Plans

Medicaid

ASAM Level 2.5 Partial Hospitalization 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 2.5 Partial Hospitalization Services for Substance Abuse (Adolescent) Concurrent.

Description & Definitions:

Partial hospitalization services or day treatment for substance abuse is a treatment program that provides 20 or more hours of clinically intensive programming per week.

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:

Adolescent meets continued stay medical necessity criteria when the following ASAM dimensions are met: Dimension 1 and 2 and one of Dimensions 3, 4, 5, and 6 as evidence by all of the following.

- Individual is under the age of 18 years old and their mental and behavioral health status 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 except for 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
    - Dimension 1: Acute intoxication and/or withdrawal situation meets **1 or more** of the following:
        - The individual is able to tolerate mild withdrawal symptoms
        - The individual has made a commitment to sustain treatment and to follow treatment recommendations
        - The individual has external supports (family and/or court) that promote engagement in treatment
    - Dimension 2: The individual's biomedical conditions and problems are severe enough to distract from recovery and treatment at a less intensive level of care, but will not interfere with recovery in a partial hospitalization level of care. Examples include hypertension, diabetes, asthma, etc.

- Individual is under the age of 18 years old and their mental and behavioral health status meets one **of the following**:
    - Dimension 3: The individual's current emotional, behavioral, or cognitive status meets **1 or more** of the following:
        - There is mild risk of behaviors endangering self, others or property and requires frequent monitoring. However, his/her condition is not severe as to require 24-hour supervision
        - Recovery efforts are affected by current status and require moderate interference and requires increased intensity of this level of care to support treatment engagement
        - The individual's symptoms are causing mild to moderate difficulty in social functioning, but not to such a degree that he or she is unable to manage the activities of daily living or to fulfill responsibilities at home, school, work, or community.
        - The individual is experiencing moderate impairment in ability to manage the activities of daily living, and thus requires near-daily monitoring and treatment interventions.
        - The individual's history and present situation suggest that an emotional, behavioral, or cognitive conditions would become unstable w/o frequent monitoring and maintenance.
    - Dimension 4: Requires a near-daily structured program to promote progress through the stages of change because of little treatment engagement, or escalating use and impairment, or no awareness of the role of alcohol/drugs play in his or her present problems as demonstrated by **1 or more** of the following:
        - The individual requires structured therapy and a programmatic milieu to promote treatment progress through the recovery because motivational interventions at a lower level of care have failed
        - The individual's perspective and lack of impulse control inhibit his/her ability to make behavioral changes without repeated structured, clinically directed motivational interventions

- Dimension 5*:* High risk for relapse or continued use potential and the individual has minimal prevention skills and needs near-daily monitoring and support as indicated by **1 or more** of the following:
    - The individual is at high risk of relapse or continued use without almost daily outpatient monitoring and structured therapeutic services and treatment at a lower level of care has been attempted or given serious consideration and been judged as insufficient to stabilize the individual's condition
    - The individual demonstrated impaired recognition and understanding of relapse or continued use issues. He or she has such poor skills in coping with and interrupting substances use problems, and avoiding or limited relapse, that the near structure is needed to prevent or arrest significant deterioration in function.

- Dimension 6: The individual's environment renders recovery unlikely without near-daily monitoring and support, or frequent relief from his or her home environment which is characterized by **1 or more** of the following:
    - Continued exposure to the individual's current school, work, or living environment will not render recovery unlikely. The individual lacks the resources or skills necessary to maintain an adequate level of functioning without this level of service.
    - Family members and/or significant other(s) who live with the individual are not supportive of his/her recovery goals or are passively opposed to his/her treatment
    - The individual lacks social contacts, or has high-risk social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs.

There is insufficient scientific evidence to support the medical necessity of partial hospitalization services 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.
- Partial Hospitalization Services may not be authorized concurrently with ASAM Level 2.1, 3.3, 3.5, 3.7 or 4.0; Mental Health Services including Mental Health Intensive Outpatient Services, Mental Health Partial Hospitalization Programs, Psychosocial Rehabilitation, Therapeutic Day Treatment, Intensive In-Home Services, Therapeutic Group Home, Community Stabilization, Residential Crisis Stabilization Unit (RCSU), Assertive Community Treatment, Multisystemic Therapy, Functional Family Therapy, Psychiatric Residential Treatment or inpatient admission. A seven day overlap with any outpatient or community based behavioral health service may be allowed for care coordination and continuity of care.
- Staff travel time is excluded and therefore not reimbursable.
- One unit of service is equivalent to one day. The minimum number of service hours per week is 20 hours with at least five service hours per service day of skilled treatment services, with regards to the first and last week of treatment. The transition step down needs to be approved by the MCO or the BHSA (depending on the member's benefit) and documented and supported by the member's ISP.
- 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 by scope of practice are able to perform group substance use counseling, thus could provide counseling and psychoeducational services in this level of care.
- Time not spent in skilled, clinically intensive treatment is not billable.
- There are no maximum annual limits

Continued Service Criteria: ASAM Criteria states it is appropriate to retain the member at the present level of care if: DMAS ARTs manual covered Services and limitations Ch 4 page 47

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.

Coding:

Medically necessary with criteria:

Coding	Description
S0201	Partial hospitalization services, less than 24 hours, 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:

Partial hospitalization, substance abuse, addiction, recovery, behavioral health, shp 53, SHP Partial Hospitalization Services for Substance Abuse, SHP Behavioral Health 53, ASAM Level 2.5, adolescent, concurrent, Medicaid