Sentara® Health Plans

Medicaid

ASAM Level 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adolescent) 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 3.1 Clinically Managed Low Intensity Residential Treatment for Substance Abuse (Adolescent) 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 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
- The individual is under the age of 18 and has **2 or more** of the following:
  - Dimension 1: The individual's intoxication and withdrawal status meets **1 of the following:**
    - The individual has no signs or symptoms of withdrawal
    - Intoxication or withdrawal symptoms/risks can be managed at an outpatient 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 limited residential supervision to ensure adequate treatment or to provide support to overcome the distraction.
    - Continued substance use would place the adolescent at risk of serious damage to his/her physical health because of a biomedical condition (such as pregnancy, HIV, etc.) or an imminently dangerous pattern of high-risk use (such as continued use of shared needles.
    - The individual is being admitted to a biomedical enhanced program and has a biomedical condition that requires a degree of staff attention that is not available at lower level of care programs (such as medication monitoring or assistance with mobility)
  - Dimension 3: The individual's emotional, behavioral, and cognitive status meets **1 or more** of the following:
    - The individual is at risk of dangerous consequences because of lack of a stable living environment (such as risk of prostitution, risk of assault, etc.)
    - The individual needs a stable living environment to promote sustained focus on recovery tasks
    - The individual's emotional, behavioral, or cognitive problem results in moderate impairment in social functioning. He/she therefore needs limited 24-hour supervision, which can be provided by program staff or in combination with an outpatient program. This might involve protection from antisocial peer influences in a motivated individual, reinforcement of improving behavior self-management techniques, etc.
    - The individual has moderate impairment in his/her ability to manage the activities of daily living and thus needs 24-hour supervision, which can be provided by program staff or through coordination with outpatient programs. The individual's impairments might require the provision of food and shelter, prompting for self-care, or supervised self-administration of medications.
    - The individual's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without 24-hour supervision or his/her emotional, behavioral, or cognitive condition suggests the need for low-intensity and/or longer-term reinforcement and practice recovery skills in a controlled environment
    - The individual's emotional, behavioral, or cognitive condition suggests the need for low-intensity and/or longer-term reinforcement and practice of recovery skills in a controlled environment
  - Dimension 4: The individual's readiness to change meets **1 or more** of the following:
    - The individual acknowledges the existence of a psychiatric condition and/or substance use problem. He/she recognizes specific negative consequences and dysfunctional behaviors and their effect on his/her desire to change
    - The individual is assessed as appropriately placed in outpatient or partial hospitalization program and is receiving residential services concurrently. The individual may be at an early stage of readiness to change and thus in need of engagement and motivational strategies

        - The individual requires a 24-hour structured milieu to promote treatment progress and recovery, because motivating interventions have failed in the past and such interventions are assessed as not likely to succeed in an outpatient setting
        - The individual's perspective impairs his/her ability to make behavior changes without the support of a structured environment.
    - 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 functioning. He/she thus is in imminent danger of relapse, with dangerous emotional, behavioral, or cognitive consequences, and needs 24-hour structure to help him/her apply recovery and coping skills
        - The individual understands his/her addiction and/or mental disorder but is at risk of relapse in a less structured level of care because he/she is unable to consistently address either or both
        - The individual needs staff support to maintain engagement in his/her recovery program while transitioning to life in the community
        - The individual is at high risk of substance use, addictive behavior, or deteriorated mental functioning, with dangerous emotional, behavioral, or cognitive consequences, in the absence of close 24-hour structured support and these issues are being addressed concurrently in an outpatient or partial hospitalization program
    - 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 severe emotional abuse, such that the individual is assessed as being unable to achieve or maintain recovery without residential secure placement
        - 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 recovery goals are accessed as unachievable without this level of care.
        - The individual's home environment or social network is too chaotic or ineffective to support or sustain treatment goals, so that recovery is accessed as unachievable without residential support
        - Logistical impediments (such as distance from a 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.

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 54, halfway house, group home, substance abuse, alcoholism, intoxication, relapse, drug abuse, alcohol abuse, SHP Low Intensity Residential Treatment for Substance Abuse, Clinically Managed Low Intensity Residential Treatment for Substance Abuse, ASAM Level 3.1, Initial, Medicaid, Adolescent