



# Level of Care Guidelines for Substance Use Disorders

ASAM Clinical Criteria for Substance Use Disorders (SUD)

April 2024

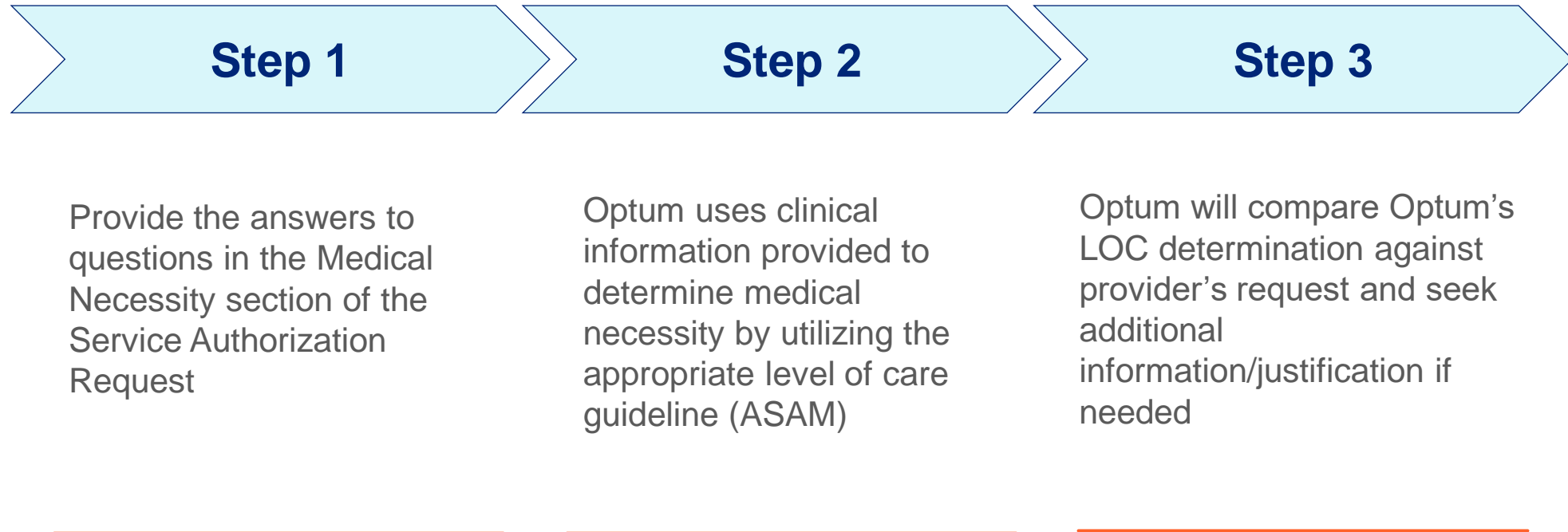
# Agenda / Objectives

- 1 Overview of Medical Necessity
- 2 Making Level of Care Determinations
- 3 ASAM and the Six Dimensions
- 4 Levels of Care on the ASAM Continuum
- 5 Summary

# What are Medical Necessity Criteria (MNC)?

- Objective criteria that create individualized level of care determinations taking into consideration diagnosis, impairment, and intervention
- Nonproprietary
- Optum uses MNC that are from professional organizations such as American Society of Addiction Medicine (ASAM)

# Making Level of Care Determinations



# American Society of Addiction Medicine (ASAM) and the Six Dimensions

# The ASAM Criteria®: Dimensions



## 1: Acute Intoxication and/or Withdrawal Potential

- Current withdrawal symptoms
- Past history of serious, life-threatening withdrawal



## 2: Biomedical Conditions/Complications

- Current health problems
- Medication interaction, abnormal labs



## 3: Emotional/Behavioral/Cognitive Conditions and Complications

- Presence of other psychiatric diagnosis, symptoms or behaviors
- Mental status and level of functioning



## 4: Readiness to Change

- Coerced, mandated, required assessment/treatment
- Motivation factors for treatment



## 5: Relapse/Continued Use/Continued Problem Potential

- Potential relapse triggers/relapse plan
- Past treatment results



## 6: Recovery Environment

- Immediate threats to safety, well-being, sobriety
- Availability and utilization of support systems

# American Society of Addiction Medicine (ASAM) Levels of Care

# ASAM Level 1.0 Outpatient Services – Adolescents and Adults (ASAM Level 1)

## Service Description:

ASAM Level 1.0 services are designed to meet the individual's needs and address major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment or to impair the individual's ability to cope with major life tasks without the addictive use of substances.

For adolescents, treatment strategies and engagement address adolescent stages of emotional, cognitive, physical, social, and moral development, as identified in the adolescent-specific considerations within the ASAM Criteria.



## ASAM Level 1.0 Outpatient Services – Adolescents and Adults (ASAM Level 1)

### Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Individualized assessment and clinically directed treatment
- Cognitive, behavioral, and other substance use disorder-focused therapies reflecting a variety of treatment approaches provided to the individual on an individual, group, and/ or family basis.
- Drug screening
- Psychoeducational services
- Linkage to medication services-including medication administration
- Crisis intervention services
- Linkage to recovery support and social support services

# ASAM Level 1.0 Outpatient Services – Adolescents and Adults (ASAM Level 1)

## Contraindicated Services:

- Home-Based Family Treatment Level 1
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.3

- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)
- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0

- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

## **ASAM Level 1.0 Outpatient Services – Adolescents and Adults (ASAM Level 1)**

### Service Requirements:

ASAM Level 1.0 for adolescents includes regularly scheduled services provided for a maximum of 5 hours a week.

ASAM Level 1.0 for adult includes regularly scheduled services provided for a maximum of 8 hours a week.

The amount of required treatment hours for this level of care is determined by the most current version of the ASAM Criteria adopted by reference 7 AAC 70.910.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

# ASAM Level 1.0 Outpatient Services – Adolescents and Adults (ASAM Level 1)

Service Location: Services may be provided in outpatient settings including:

02 - Telehealth, patient not located at home	10 - Telehealth, patient located at home	49 - Independent Clinic
03 - School	11 - Office	50 - Federally Qualified Health Center
04 - Homeless Shelter	14 - Group Home	53 - Community Mental Health Center
05 - Indian Health Service Free-standing Facility	18 - Place of Employment	57 - Non-residential Substance Abuse Treatment Center
06 - Indian Health Service- Provider Based Facility	22 - On Campus-Outpatient Hospital	71 - State or local Public Health Clinic
07 - Tribal 638 Free-standing Facility	23 - Emergency Room	72 - Rural Health Clinic
08 - Tribal 638 Provider-based Facility	26 - Military Treatment Center	99 - Other appropriate place of service

If the service is provided via telehealth, then the appropriate telehealth modifier must be appended.

## **ASAM Level 1.0 Outpatient Services – Adolescents and Adults (ASAM Level 1)**

Target Population: A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

Service Frequency/Limits: The amount of required treatment hours for this level of care is determined by the most current version of the ASAM Criteria adopted by reference 7 AAC 70.910.

Service Authorization: No service authorization required.

Service Code: Adolescent: H0007 V1 – Individual; H0007 HQ HA V1 – Group; Adult: H0007 V1 – Individual; H0007 HQ HB V1 – Group; Unit Value: 1 unit = 15 minutes

Additional Information:

Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 1.0 program(s); however, clinical services must be provided by a QAP to be eligible to draw down the per unit rate. Peer certification/designation alone does not meet the minimum requirement.

# ASAM Level 2.1 Intensive Outpatient Services for Adolescents and Adults

## Service Description:

ASAM Level 2.1 includes structured programming to an individual experiencing significant functional impairment that interferes with the individual's ability to participate in one or more life domains including home, work, school, and community. Treatment addresses the clinical issues which functionally impair the individual's ability to cope with major life tasks. ASAM Level 2.1 focuses on counseling and education for addiction related and co-occurring mental health problems. Such programs provide essential addiction education and treatment components while allowing individuals to apply their newly acquired skills within real world environments.

For adolescents, treatment strategies and engagement address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.

# ASAM Level 2.1 Intensive Outpatient Services for Adolescents and Adults

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Individualized assessment and clinically directed treatment.
- Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis.
- Drug screening
- Psychoeducational services
- Linkage to medication services-including medication administration
- Crisis intervention services
- Linkage to recovery support and social support services

# ASAM Level 2.1 Intensive Outpatient Services for Adolescents and Adults

## Contraindicated Services:

- Home-Based Family Treatment Level 1
- Intensive Outpatient Program
- Partial Hospitalization Program
- Children's Residential Treatment Level 1 & Level 2

- ASAM Level 1.0
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)

- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management



# ASAM Level 2.1 Intensive Outpatient Services for Adolescents and Adults

## Service Requirements:

ASAM Level 2.1 for adolescents includes structured programming services provided for a minimum of 6 hours with a maximum of 19 hours a week.

ASAM Level 2.1 for adults includes structured programming services provided for a minimum of 9 hours with a maximum of 19 hours a week.

The amount of required treatment hours for this level of care is determined by the most current version of the ASAM Criteria adopted by reference 7 AAC 70.910.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

# ASAM Level 2.1 Intensive Outpatient Services for Adolescents and Adults

Service Location: Services may be provided in outpatient settings including:

02 - Telehealth, patient not located at home	10 - Telehealth, patient located at home	50 - Federally Qualified Health Center
03 - School	11 - Office	53 - Community Mental Health Center
04 - Homeless Shelter	14 - Group Home	57 - Non-Residential Substance Abuse Treatment Center
05 - Indian Health Service Free-standing Facility	18 - Place of Employment	71 - State or local Public Health Clinic
06 - Indian Health Service Provider-based Facility	22 - On Campus Outpatient Hospital	72 - Rural Health Clinic
07 - Tribal 638 Free-standing Facility	23 - Emergency Room	99 - Other appropriate place of service
08 - Tribal 638 Provider-based Facility	26 - Military Treatment Center	
	49 - Independent Clinic	

If the service is provided via telehealth, then the appropriate telehealth modifier must be appended.

# ASAM Level 2.1 Intensive Outpatient Services for Adolescents and Adults

## Target Population:

A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

## Service Limits:

The amount of required treatment hours for this level of care is determined by the most current version of the ASAM Criteria adopted by reference 7 AAC 70.910.

Service Authorization: No service authorization required.

Relationship to Other Services: ASAM Level 2.1 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0015 V1 – Individual; H0015 HQ V1 – Group; Unit Value: 1 unit = 15 minutes

## Additional Information:

Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 2.1 program(s); however, clinical services must be provided by a QAP to be eligible to draw down the per unit rate. Peer certification/designation alone does not meet the minimum requirement.

# ASAM Level 2.5 Partial Hospitalization Program – Adolescent

## Service Description:

ASAM Level 2.5 partial hospital programs provide clinically intensive programming and typically have direct access to psychiatric, medical and laboratory services. ASAM Level 2.5 are appropriate for individuals who require daily monitoring and management in a structured outpatient setting. ASAM Level 2.5 are appropriate for adolescents with a substance use disorder who do not meet an inpatient level of care but still require intense monitoring to maintain the individual's level of functioning, to prevent relapse, and to prevent the need for residential/inpatient services.

ASAM Level 2.5 have the capacity to:

- Address major lifestyle, attitudinal, & behavioral issues which impair the adolescent's ability to cope with major life tasks without the addictive use of alcohol and/or other drugs.
- Treat the adolescent with substantial medical and psychiatric issues.

Treatment strategies and engagement address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.

# ASAM Level 2.5 Partial Hospitalization Program – Adolescent

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

The weekly program schedule includes a combination of:

- Individualized assessment and clinically directed treatment.
- Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis.
- Drug screening
- Psychoeducational services
- Medication services
- Linkage to occupational and recreational therapy services
- Crisis intervention services
- Linkage to recovery support and social support services
- Educational instruction (during regular school year)

ASAM Level 2.5 programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.

# ASAM Level 2.5 Partial Hospitalization Program – Adolescent

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2, and Level 3
- Intensive Outpatient Program
- Partial Hospitalization Program
- Children’s Residential Treatment Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)

- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

## ASAM Level 2.5 Partial Hospitalization Program – Adolescent

### Service Requirements:

ASAM Level 2.5 services must be provided at minimum 20 hours of treatment services per week. The minimum daily limit is 4 hours.

The amount of required treatment hours for this level of care is determined by the most current version of the ASAM Criteria adopted by reference 7 AAC 70.910.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

# ASAM Level 2.5 Partial Hospitalization Program – Adolescent

Service Location: Services may be provided in outpatient settings including:

03 - School	14 - Group Home	53 - Community Mental Health Center
04 - Homeless Shelter	18 - Place of Employment	57 - Non-Residential Substance Abuse Treatment Center
05 - Indian Health Service Free-standing Facility	22 - On Campus Outpatient Hospital	71 - State or local Public Health Clinic
06 - Indian Health Service Provider-based Facility	23 - Emergency Room	72 - Rural Health Clinic
07 - Tribal 638 Free-standing Facility	26 - Military Treatment Center	99 - Other appropriate place of service
08 - Tribal 638 Provider-based Facility	49 - Independent Clinic	
11 - Office	50 - Federally Qualified Health Center	
	52 - Partial Hospitalization Program	

Telehealth may be allowable for this service if prior authorization is obtained. Medicaid will not reimburse for hospital based ASAM Level 2.5.



# ASAM Level 2.5 Partial Hospitalization Program – Adolescent

Target Population: A youth at least 12 years of age and under age 18 with a substance use disorder.

Service Frequency/Limits: ASAM Level 2.5 services must be provided a minimum of 20 hours of treatment services per week. The minimum daily limit for ASAM Level 2.5 is 4 hours.

Service Authorization: No service authorization required.

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 2.5 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0035 V1; Unit Value: 1 unit = 1 day.

Additional Information:

Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 2.5 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which met the minimum per day requirement even if an individual discharges from treatment against medical advice.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

# ASAM Level 2.5 Partial Hospitalization Program – Adult

## Service Description:

ASAM Level 2.5 partial hospital programs provide clinically intensive programming and typically have direct access to psychiatric, medical and laboratory services. ASAM Level 2.5 are appropriate for individuals who require daily monitoring and management in a structured outpatient setting. ASAM Level 2.5 are appropriate for individuals with a substance use disorder who do not meet an inpatient level of care but still require intense monitoring to maintain the individual's level of functioning, to prevent relapse, and to prevent the need for residential/inpatient services.

ASAM Level 2.5 have the capacity to:

- Address major lifestyle, attitudinal, & behavioral issues which impair the individual's ability to cope with major life tasks without the addictive use of alcohol and/or other drugs.
- Treat the individual with substantial medical and psychiatric problems.

## ASAM Level 2.5 Partial Hospitalization Program – Adult

### Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

The weekly program schedule includes a combination of:

- Individualized assessment and clinically directed treatment.
- Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis.
- Drug screening
- Psychoeducational services
- Medication services
- Linkage to occupational and recreational therapy services
- Crisis intervention services
- Linkage to recovery support and social support services

# ASAM Level 2.5 Partial Hospitalization Program – Adult

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2, and Level 3
- Intensive Outpatient Program
- Partial Hospitalization Program
- Children’s Residential Treatment Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)

- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

## ASAM Level 2.5 Partial Hospitalization Program – Adult

### Service Requirements:

ASAM Level 2.5 services must be provided at minimum 20 hours of treatment services per week. The minimum daily limit is 4 hours.

The amount of required treatment hours for this level of care is determined by the most current version of the ASAM Criteria adopted by reference 7 AAC 70.910.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

# ASAM Level 2.5 Partial Hospitalization Program – Adult

Service Location: Services may be provided in outpatient settings including:

03 - School	18 - Place of employment	57 - Non-Residential Substance Abuse Treatment Center
04 - Homeless Shelter	22 - On Campus Outpatient Hospital	71 - State or local Public Health Clinic
05 - Indian Health Service Free-standing Facility	23 - Emergency Room	72 - Rural Health Clinic
06 - Indian Health Service Provider-based Facility	26 - Military Treatment Center	99 - Other appropriate place of service
07 - Tribal 638 Free-standing Facility	49 - Independent Clinic	
08 - Tribal 638 Provider-based Facility	50 - Federally Qualified Health Center	
11 - Office	52 - Partial Hospitalization Program	
14 - Group Home	53 - Community Mental Health Center	

Telehealth may be allowable for this service if prior authorization is obtained. Medicaid will not reimburse for hospital based ASAM Level 2.5.

# ASAM Level 2.5 Partial Hospitalization Program – Adult

Target Population: An adult 18 or older diagnosed with a substance use disorder.

Service Frequency/Limits: ASAM Level 2.5 services must be provided a minimum of 20 hours of treatment services per week. The minimum daily limit for ASAM Level 2.5 is 4 hours.

Service Authorization: No service authorization required.

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 2.5 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0035 V1; Unit Value: 1 unit = 1 day

Additional Information:

Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 2.5 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which met the minimum per day requirement even if an individual discharges from treatment against medical advice.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

# ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services for Adolescents and Adults

## Service Description:

The primary goal of ASAM Level 3.1 is to promote personal responsibility and reintegration of the individual into the network systems of work, education, and family life. Activities are provided within a 24-hour structured program with available trained personnel. It is a clinically managed, low intensity residential program which provides individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment.

For adolescents, treatment strategies and engagement address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.

ASAM Level 3.1 may also be a “step-down” for ASAM Level 3.5 residential program.



# ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services for Adolescents and Adults

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Clinically directed therapeutic treatment to facilitate recovery skills, increase emotional coping strategies and decrease recurrence of symptomology.
- Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis.
- Linkage to addiction pharmacotherapy
- Drug screening
- Motivational enhancement and engagement strategies
- Medication services-including medication administration and monitoring of adherence
- Linkage to occupational and recreational therapy services
- Psychoeducational services
- Relapse prevention
- Crisis intervention services
- Linkage to recovery support and social support services
- Education about medication for addiction treatment and referral to treatment as necessary

For adolescent ASAM Level 3.1 programs, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.

# ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services for Adolescents and Adults

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2 & Level 3
- Therapeutic Treatment Homes
- Community Recovery Support Services
- Intensive Outpatient Program
- Assertive Community Treatment (ACT)
- Partial Hospitalization Program
- Children's Mental Health Residential Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)
- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0

- ASAM Level 1.0 withdrawal management
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

## ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services for Adolescents and Adults

### Service Requirements:

ASAM Level 3.1 includes a minimum of 5 hours of treatment services per week.

The amount of required treatment hours for this level of care is determined by the most current version of the ASAM Criteria adopted by reference 7 AAC 70.910.

Inpatient residential substance use disorder treatment services under the 1115 waiver that are delivered during regular business hours must also be delivered during evening hours and on weekends and holidays based on provider staffing patterns and provider treatment services.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

## **ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services for Adolescents and Adults**

Target Population: A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder. Adults aged 18-21 who are best served in an adolescent setting.

Service Location: Services may be provided in the following settings:

22 - On Campus-Outpatient Hospital

55 - Residential Substance Abuse Treatment Facility

Telehealth may be allowable for this service if prior authorization is obtained.

Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of Social Security Act.

Service Frequency/Limits: 90 Days/units per State Fiscal Year.

Service Authorization: Service authorization may be requested after State Fiscal Year limits have been reached.

## **ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services for Adolescents and Adults**

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 3.1 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H2036 HA V1 – Adolescents aged 12-17 years; H2036 CG HA V1 – Adults aged 18-21 treated in an adolescent setting; H2036 HF V1 – Adults aged over 21. Unit Value: 1 unit = 1 day

Additional Information: Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.1 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

## ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services - Adult

### Service Description:

The primary goal of ASAM Level 3.3 is to provide a structured recovery environment to meet needs for individuals with functional limitations, such as severe cognitive impairment and/or traumatic brain injury, and to support recovery from substance use disorder. Individuals presenting for this level of care must be medically stable but require support to help manage their mental stability as well as their substance use. The presence of their cognitive impairment may be the result of substance induced impairment, or it may be more permanent impairment resulting from a neurological disorder like fetal alcohol spectrum disorders. This level of care moves at a slower pace allowing individuals experiencing cognitive impairments to process information.

# ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services - Adult

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Clinically directed therapeutic treatment to facilitate recovery skills, increase emotional coping strategies and decrease recurrence of symptomology.
- Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis.
- Linkage to addiction pharmacotherapy
- Drug screening
- Motivational enhancement and engagement strategies
- Medication services-including medication administration and monitoring of adherence
- Linkage to occupational and recreational therapy services
- Psychoeducational services
- Relapse prevention
- Crisis intervention services
- Linkage to recovery support and social support services
- Education about medication for addiction treatment and referral to treatment as necessary

Based on the patient's cognitive impairment, additional services may be required including medical services, nursing services, occupational and recreational therapies, art, music, or movement therapies, physical therapy, and vocational rehabilitation activities.

# ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services - Adult

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2 & Level 3
- Therapeutic Treatment Homes
- Community Recovery Support Services
- Intensive Outpatient Program
- Assertive Community Treatment (ACT)
- Partial Hospitalization Program
- Children's Mental Health Residential Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)
- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0

- ASAM Level 1.0 withdrawal management
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management



## ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services - Adult

### Service Requirements:

ASAM Level 3.3 includes a minimum of 15 hours of treatment services per week.

Inpatient residential substance use disorder treatment services under the 1115 waiver that are delivered during regular business hours must also be delivered during evening hours and on weekends and holidays based on provider staffing patterns and provider treatment services.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

## **ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services - Adult**

Target Population: An adult 18 or older diagnosed with a substance use disorder.

Service Location: Services may be provided in the following settings:

22 - On Campus-Outpatient Hospital

55 - Residential Substance Abuse Treatment Facility

Telehealth may be allowable for this service if prior authorization is obtained.

Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of Social Security Act.

Service Frequency/Limits

90 Days/units per State Fiscal Year.

Service Authorization

Service authorization may be requested after State Fiscal Year limits have been reached.

## **ASAM Level 3.3 Clinically Managed Population Specific High-Intensity Residential Services - Adult**

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 3.3 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0047 HF V1; Unit Value: 1 unit = 1 day

Additional Information: Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.3 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

## **ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services (ASAM Level 3.5 – Adolescents and Adults Served in an Adolescent Setting)**

### Service Description:

ASAM Level 3.5 is appropriate for adolescents whose addiction is so uncontrollable that they need a 24-hour supportive, safe, and structured treatment environment to initiate or continue a recovery process that has failed to progress. The programming promotes a variety of treatment approaches which may include harm reduction, abstinence, addresses addictive and antisocial behavior, and effects change in lifestyle, attitudes, and values. This level of care is appropriate for adolescents with patterns of maladaptive behavior, temperament extremes and/or cognitive disability related to mental health disorders.

Treatment strategies and engagement address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.

# ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services (ASAM Level 3.5 – Adolescents and Adults Served in an Adolescent Setting)

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Clinically directed therapeutic treatment to facilitate recovery skills, increase emotional coping strategies and decrease recurrence of symptomology.
- Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis.
- Linkage to addiction pharmacotherapy
- Drug screening
- Motivational enhancement and engagement strategies
- Medication services-including medication administration and monitoring of adherence
- Linkage to occupational and recreational therapy services
- Psychoeducational services
- Relapse prevention
- Crisis intervention services
- Linkage to recovery support and social support services
- Education about medication for addiction treatment and referral to treatment as appropriate
- Educational instruction (during regular school year)

ASAM Level 3.5 programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.

# ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services (ASAM Level 3.5 – Adolescents and Adults Served in an Adolescent Setting)

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2 & Level 3
- Therapeutic Treatment Homes
- Community Recovery Support Services
- Intensive Outpatient Program
- Assertive Community Treatment (ACT)
- Partial Hospitalization Program
- Children's Mental Health Residential Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adult)
- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0

- ASAM Level 1.0 withdrawal management
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

## **ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services (ASAM Level 3.5 – Adolescents and Adults Served in an Adolescent Setting)**

### Service Requirements:

ASAM Level 3.5 includes a minimum of 15 hours of treatment services per week, 10 hours of which must be clinical and 5 hours which may include other therapeutic interventions.

Inpatient residential substance use disorder treatment services under the 1115 waiver that are delivered during regular business hours must also be delivered during evening hours and on weekends and holidays based on provider staffing patterns and provider treatment services.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

## **ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services (ASAM Level 3.5 – Adolescents and Adults Served in an Adolescent Setting)**

Target Population: A youth at least 12 years of age and under age 18 with a substance use disorder. Adults aged 18-21 who are best served in an adolescent setting.

Service Location: Services may be provided in the following settings:

22 - On Campus-Outpatient Hospital

55 - Residential Substance Abuse Treatment Facility

Telehealth may be allowable for this service if prior authorization is obtained.

Providers are exempt from requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion, Section 1905 (a)(B) of Social Security Act.

Service Frequency/Limits: 90 Days/units per State Fiscal Year.

Service Authorization: Service authorization may be requested after State Fiscal Year limits have been reached.



## **ASAM Level 3.5 Clinically Managed Medium-Intensity Residential Services (ASAM Level 3.5 – Adolescents and Adults Served in an Adolescent Setting)**

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 3.5 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0047 HA V1 TF – Adolescents aged 12-17; H0047 CG V1 HA TF – Adults aged 18-21 treated in an adolescent setting. Unit Value: 1 unit = 1 day.

Additional Information: Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.5 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

# ASAM Level 3.5 Clinically Managed High-Intensity Residential Service – Adult (ASAM Level 3.5 Adult)

## Service Description:

ASAM Level 3.5 is appropriate for individuals whose addiction is so uncontrollable that they need a 24-hour supportive, safe, and structured treatment environment to initiate or continue a recovery process that has failed to progress. The programming promotes a variety of treatment approaches which may include harm reduction, abstinence, addresses addictive and antisocial behavior, and effects change in lifestyle, attitudes, and values.

# ASAM Level 3.5 Clinically Managed High-Intensity Residential Service – Adult (ASAM Level 3.5 Adult)

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Clinically directed therapeutic treatment to facilitate recovery skills, increase emotional coping strategies and decrease recurrence of symptomology.
- Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis.
- Linkage to addiction pharmacotherapy
- Drug screening
- Motivational enhancement and engagement strategies
- Medication services-including medication administration and monitoring of adherence
- Linkage to occupational and recreational therapy services
- Psychoeducational services
- Relapse prevention
- Crisis intervention services
- Linkage to recovery support and social support services
- Education about medication for addiction treatment and referral to treatment as necessary.

# ASAM Level 3.5 Clinically Managed High-Intensity Residential Service – Adult (ASAM Level 3.5 Adult)

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2 & Level 3
- Therapeutic Treatment Homes
- Community Recovery Support Services
- Intensive Outpatient Program
- Assertive Community Treatment (ACT)
- Partial Hospitalization Program
- Children’s Mental Health Residential Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0

- ASAM Level 1.0 withdrawal management
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

## **ASAM Level 3.5 Clinically Managed High-Intensity Residential Service – Adult (ASAM Level 3.5 Adult)**

### Service Requirements:

ASAM Level 3.5 includes a minimum of 20 hours of treatment services per week.

Inpatient residential substance use disorder treatment services under the 1115 waiver that are delivered during regular business hours must also be delivered during evening hours and on weekends and holidays based on provider staffing patterns and provider treatment services.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

## **ASAM Level 3.5 Clinically Managed High-Intensity Residential Service – Adult (ASAM Level 3.5 Adult)**

Target Population: An adult 18 or older diagnosed with a substance use disorder.

Service Location: Services may be provided in the following settings:

22 - On Campus-Outpatient Hospital

55 - Residential Substance Abuse Treatment Facility

Telehealth may be allowable for this service if prior authorization is obtained.

Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of Social Security Act.

Service Frequency/Limits: 90 Days/units per State Fiscal Year.

Service Authorization: Service authorization may be requested after State Fiscal Year limits have been reached.

## **ASAM Level 3.5 Clinically Managed High-Intensity Residential Service – Adult (ASAM Level 3.5 Adult)**

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 3.5 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0047 TG V1 – Adult; Unit Value: 1 unit = 1 day

Additional Information: Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.5 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

## **ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adolescents and Adults Served in an Adolescent Setting (ASAM 3.7 Adolescents)**

### Service Description:

ASAM Level 3.7 programs provide a planned and structure regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. ASAM Level 3.7 is appropriate for individuals whose biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.

For adolescents, typical presenting problems to ASAM Level 3.7 are in dimension 3 including co-occurring psychiatric disorders or symptoms of psychiatric disorders that may not meet criteria for a full diagnosis but are severe enough that they meet medical necessity for ASAM Level 3.7. For an adolescent, treatment at ASAM Level 3.7 often is necessary simply to orient the adolescent to the structure of daily life.

Treatment strategies and engagement address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.

These services are differentiated from ASAM Level 4.0 in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.



## ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adolescents and Adults Served in an Adolescent Setting (ASAM 3.7 Adolescents)

### Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Individualized assessment and medically monitored treatment
- Addiction pharmacotherapy and medication services
- Drug screening
- Cognitive behavioral and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis.
- Daily medical and nursing services
- Counseling and clinical/medical monitoring
- Daily treatment services focused on managing the individual's acute symptoms
- Psychoeducational services

ASAM Level 3.7 programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.

# ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adolescents and Adults Served in an Adolescent Setting (ASAM 3.7 Adolescents)

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2 & Level 3
- Therapeutic Treatment Homes
- Community Recovery Support Services
- Intensive Outpatient Program
- Assertive Community Treatment (ACT)
- Partial Hospitalization Program
- Children's Mental Health Residential Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0

- ASAM Level 1.0 withdrawal management
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

## **ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adolescents and Adults Served in an Adolescent Setting (ASAM 3.7 Adolescents)**

### Service Requirements:

At least one ASAM Level 3.7 service component per day must be provided by a medical professional with prescribing privileges.

Inpatient residential substance use disorder treatment services under the 1115 waiver that are delivered during regular business hours must also be delivered during evening hours and on weekends and holidays based on provider staffing patterns and provider treatment services.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

## ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adolescents and Adults Served in an Adolescent Setting (ASAM 3.7 Adolescents)

Target Population: A youth at least 12 years of age and under age 18 with a substance use disorder. Adults aged 18-21 who are best served in an adolescent setting.

Service Location: Services may be provided in the following settings:

<ul style="list-style-type: none"><li>• 05 - Indian Health Service Free-standing Facility</li><li>• 06 - Indian Health Service Provider-based Facility</li><li>• 07 - Tribal 638 Free-standing Facility</li><li>• 08 - Tribal 638 Provider-based Facility</li></ul>	<ul style="list-style-type: none"><li>22 - On Campus-Outpatient Hospital</li><li>• 26 - Military Treatment Center</li><li>• 49 - Independent Clinic</li><li>• 50 - Federally Qualified Health Center</li><li>• 51 - Inpatient Psychiatric Facility</li></ul>	<ul style="list-style-type: none"><li>• 55 - Residential Substance Abuse Treatment Facility</li><li>• 57 - Non-residential Substance Abuse Treatment Center</li><li>• 58 - Non-residential Opioid Treatment Facility</li><li>• 99 - Other appropriate place of service</li></ul>
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Telehealth may be allowable for this service if prior authorization is obtained.

Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of Social Security Act.

## **ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adolescents and Adults Served in an Adolescent Setting (ASAM 3.7 Adolescents)**

Service Frequency/Limits: 14 days/units per State Fiscal Year

Service Authorization: Service authorization may be requested after State Fiscal Year limits have been reached.

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 3.7 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0009 TF HA V1 – Adolescents aged 12-17; H0009 CG V1 HA TF – Adults aged 18-21 treated in an adolescent setting. Unit Value: 1 unit = 1 day.

Additional Information: Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.7 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down daily rate. Peer certification/designation alone does not meet the minimum requirement.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

## ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adult

### Service Description:

ASAM Level 3.7 programs provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. ASAM Level 3.7 is appropriate for individuals whose biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. ASAM Level 3.7 services are designed to meet the needs of individuals who have functional limitations in dimensions 1, 2 and/or 3.

These services are differentiated from ASAM Level 4.0 in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.

# ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adult

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Individualized assessment and medically monitored treatment
- Addiction pharmacotherapy and medication services
- Drug screening
- Cognitive behavioral and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis.
- Daily medical and nursing services
- Counseling and clinical/medical monitoring
- Daily treatment services focused on managing the individual's acute symptoms
- Psychoeducational services

# ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adult

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2 & Level 3
- Therapeutic Treatment Homes
- Community Recovery Support Services
- Intensive Outpatient Program
- Assertive Community Treatment (ACT)
- Partial Hospitalization Program
- Children's Mental Health Residential Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)
- ASAM Level 3.7 (adolescent)
- ASAM Level 4.0

- ASAM Level 1.0 withdrawal management
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management



## ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adult

### Service Requirements:

At least one ASAM Level 3.7 service component per day must be provided by a medical professional with prescribing privileges.

Inpatient residential substance use disorder treatment services under the 1115 waiver that are delivered during regular business hours must also be delivered during evening hours and on weekends and holidays based on provider staffing patterns and provider treatment services.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance-use-disorder care coordination services under the 1115 waiver.

Target Population: An adult 18 or older diagnosed with a substance use disorder.

# ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adult

Service Location - Services may be provided in the following settings:

05 - Indian Health Service Free-standing Facility	22 - On Campus-Outpatient Hospital	55 - Residential Substance Abuse Treatment Facility
06 - Indian Health Service Provider-based Facility	26 - Military Treatment Center	57 - Non-residential Substance Abuse Treatment Center
07 - Tribal 638 Free-standing Facility	49 - Independent Clinic	58 - Non-residential Opioid Treatment Facility
08 - Tribal 638 Provider-based Facility	50 - Federally Qualified Health Center	99 - Other appropriate place of service
	51 - Inpatient Psychiatric Facility	

Telehealth may be allowable for this service if prior authorization is obtained.

Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of Social Security Act.

## **ASAM Level 3.7 Medically Monitored High-Intensity Inpatient- Adult**

Service Frequency/Limits: 14 days/units per State Fiscal Year

Service Authorization: Service authorization may be requested after State Fiscal Year limits have been reached.

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130

Relationship to Other Services: ASAM Level 3.7 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0009 TF V1; Unit Value: 1 unit = 1 day

Additional Information:

Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.7 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down daily rate. Peer certification/designation alone does not meet the minimum requirement.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

# ASAM Level 4.0 Medically Managed Intensive Inpatient Services for Adolescents and Adults (ASAM 4.0)

## Service Description:

ASAM level 4.0 is appropriate for individuals with biomedical, emotional, behavioral, and/or cognitive conditions that are severe enough to warrant primary medical care and nursing care. ASAM Level 4.0 services required that individuals receive daily direct care from a licensed physician who is responsible for making shared treatment decisions with the individual (i.e., medically managed care). These services are provided in a hospital-based setting and include medically directed evaluation and treatment. ASAM Level 4.0 provides treatment 24 hours a day and the principle focus of the services is the stabilization of the individual and preparation to transfer to a less intensive setting for continuing care.

For adolescents, treatment strategies and engagement address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.

# ASAM Level 4.0 Medically Managed Intensive Inpatient Services for Adolescents and Adults (ASAM 4.0)

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Individualized assessment and medically directed & managed treatment
- Addiction pharmacotherapy and medication services
- Drug screening
- Cognitive behavioral and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis.
- Daily medical and nursing services
- Counseling and clinical/medical monitoring
- Daily treatment services focused on managing the individual's acute symptoms
- Psychoeducational services

For adolescent ASAM Level 4.0 programs that occur during school hours, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.

# ASAM Level 4.0 Medically Managed Intensive Inpatient Services for Adolescents and Adults (ASAM 4.0)

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2 & Level 3
- Therapeutic Treatment Homes
- Community Recovery Support Services
- Intensive Outpatient Program
- Assertive Community Treatment (ACT)
- Partial Hospitalization Program
- Children's Mental Health Residential Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)
- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)

- ASAM Level 1.0 withdrawal management
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

# ASAM Level 4.0 Medically Managed Intensive Inpatient Services for Adolescents and Adults (ASAM 4.0)

## Service Requirements:

At least one ASAM Level 4.0 service component per day must be provided by a medical professional with prescribing privileges.

Inpatient residential substance use disorder treatment services under the 1115 waiver that are delivered during regular business hours must also be delivered during evening hours and on weekends and holidays based on provider staffing patterns and provider treatment services.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

An individual who is receiving medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

# ASAM Level 4.0 Medically Managed Intensive Inpatient Services for Adolescents and Adults (ASAM 4.0)

Service Location: Services may be provided in the following settings:

05 - Indian Health Service Free-standing Facility	21 - Inpatient Hospital	55 - Residential Substance Abuse Treatment Facility
06 - Indian Health Service Provider-based Facility	22 - On Campus-Outpatient Hospital	57 - Non-residential Substance Abuse Treatment Center
07 - Tribal 638 Free-standing Facility	26 - Military Treatment Center	58 - Non-residential Opioid Treatment Facility
08 - Tribal 638 Provider-based Facility	51 - Inpatient Psychiatric Facility	99 - Other appropriate place of service

Telehealth may be allowable for this service if prior authorization is obtained.

Providers are exempt from the requirements of the Medicaid Institutions for Mental Disease (IMD) exclusion under Section 1905(a)(B) of Social Security Act.



# ASAM Level 4.0 Medically Managed Intensive Inpatient Services for Adolescents and Adults (ASAM 4.0)

Target Population: A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

Service Frequency/Limits: 14 days/units per State Fiscal Year.

Service Authorization: Service authorization may be requested after State Fiscal Year limits have been reached.

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 4.0 services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0009 TG V1; Unit Value: 1 unit = 1 day

## Additional Information:

Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 4.0 program(s); however, at least one clinical service per day must be provided by a QAP to be eligible to draw down daily rate. Peer certification/designation alone does not meet the minimum requirement.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

# **American Society of Addiction Medicine (ASAM) Levels of Care for Withdrawal Management**

# ASAM Level 1 WM: Ambulatory Withdrawal Management Without Extended On-site Monitoring for Adolescents and Adults

## Service Description:

ASAM Level 1 withdrawal management provides services in regularly scheduled sessions by medical staff and include medically supervised evaluation, withdrawal management and referral services. Medical and/or nursing staff are readily available to evaluate and confirm that withdrawal management in the less supervised setting is relatively safe.

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Individualized assessment
- Medical monitoring by physician and/or nurse
- Management of signs and symptoms of intoxication and withdrawal
- Medication services
- Psychoeducational services
- Nonpharmacological clinical support services
- Involvement of family members or significant others in the withdrawal management process as appropriate
- Referral for counseling services

# ASAM Level 1 WM: Ambulatory Withdrawal Management Without Extended On-site Monitoring for Adolescents and Adults

## Contraindicated Services:

<ul style="list-style-type: none"><li>• Children's Residential Treatment Level 1 and Level 2</li><li>• Adult Mental Health Residential Level 1 and Level 2</li></ul>	<ul style="list-style-type: none"><li>• ASAM Level 3.1</li><li>• ASAM Level 3.3</li><li>• ASAM Level 3.5 (adolescent)</li><li>• ASAM Level 3.5 (adult)</li><li>• ASAM Level 3.7 (adolescent)</li><li>• ASAM Level 3.7 (adult)</li><li>• ASAM Level 4.0</li></ul>	<ul style="list-style-type: none"><li>• ASAM Level 2.0 withdrawal management</li><li>• ASAM Level 3.2 withdrawal management</li><li>• ASAM Level 3.7 withdrawal management</li><li>• ASAM Level 4.0 withdrawal management</li></ul>
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# **ASAM Level 1 WM: Ambulatory Withdrawal Management Without Extended On-site Monitoring for Adolescents and Adults**

## Service Requirements:

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

If an individual is determined to need alcohol or drug withdrawal services after an assessment under 7 AAC 138.020(5), the provider must conduct an evaluation of the individual using the: (1) Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and (2) Clinical Opiate Withdrawal Scale, adopted by reference in 7 AAC 70.910.

## Target Population:

A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

# ASAM Level 1 WM: Ambulatory Withdrawal Management Without Extended On-site Monitoring for Adolescents and Adults

Service Location - Services may be provided in the following settings:

Children's Residential Treatment Level 1 and Level 2

- Adult Mental Health Residential Level 1 and Level 2
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)

- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

No inpatient or residential settings allowed. If the service is provided via telehealth, then the appropriate telehealth modifier must be appended.

## **ASAM Level 1 WM: Ambulatory Withdrawal Management Without Extended On-site Monitoring for Adolescents and Adults**

Service Frequency/Limits: None

Service Authorization: No Service Authorization required

Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130

Relationship to Other Services: ASAM Level 1 WM services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated

Service Code: H0014 V1; Unit Value: 1 unit = 15 minutes

Additional Information: Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 1 WM program(s); however, at least one clinical service per day must be provided by a medical professional with prescribing privileges or a nursing professional to be eligible to draw down the per unit rate

# ASAM Level 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring for Adolescents and Adults

## Service Description:

ASAM Level 2 withdrawal management provides services in regularly scheduled sessions by medical staff and include medically supervised evaluation, withdrawal management and referral services. Services include monitoring, assessment and management of signs and symptoms of intoxication and withdrawal. Medical and/or nursing staff are readily available to evaluate and confirm that withdrawal management in the less supervised setting is relatively safe.

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Individualized assessment
- Medical monitoring by physician and/or nurse
- Management of signs and symptoms of intoxication and withdrawal
- Medication services
- Psychoeducational services
- Nonpharmacological clinical support services
- Involvement of family members or significant others in the withdrawal management process as appropriate
- Referral for counseling services



# ASAM Level 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring for Adolescents and Adults

## Contraindicated Services:

- Children's Residential Treatment Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)
- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0

- ASAM Level 1.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

## **ASAM Level 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring for Adolescents and Adults**

### Service Requirements:

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

If an individual is determined to need alcohol or drug withdrawal services after an assessment under 7 AAC 138.020(5), the provider must conduct an evaluation of the individual using the: (1) Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and (2) Clinical Opiate Withdrawal Scale, adopted by reference in 7 AAC 70.910.

### Target Population:

A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

# ASAM Level 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring for Adolescents and Adults

Service Location - Services may be provided in the following settings:

02 - Telehealth, patient not located at home	25 - Birthing Center
05 - Indian Health Service Free-standing Facility	26 - Military Treatment Center
06 - Indian Health Service Provider-based Facility	33 - Custodial Care Facility
07 - Tribal 638 Free-standing Facility	49 - Independent Clinic
08 - Tribal 638 Provider-based Facility	50 - Federally Qualified Health Center
10 - Telehealth, patient located at home	53 - Community Mental Health Center
11 - Office	57 - Non-Residential Substance Abuse Treatment Center
19 - Off Campus Outpatient Hospital	58 - Non-Residential Opioid Treatment Facility
20 - Urgent Care Facility	71 - State or local Public Health Clinic
22 - On Campus Outpatient Hospital	72 - Rural Health Clinic
23 - Emergency Room	99 - Other appropriate place of service
24 - Ambulatory Surgical Center	

No inpatient or residential settings allowed. If the service is provided via telehealth, then the appropriate telehealth modifier must be appended.

## **ASAM Level 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring for Adolescents and Adults**

Service Frequency/Limits: None.

Service Authorization: No service authorization required.

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 2 WM services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0014 CG V1; Unit Value: 1 unit = 15 minutes

Additional Information:

Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 2-WM Program(s); however, at least one clinical service per day must be provided by a medical professional with prescribing privileges or nursing professional to be eligible to draw down the per unit rate.

# ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management for Adolescents and Adults

## Service Description:

ASAM 3.2 withdrawal management is an organized service that provides 24-hour supervision, observation and support for individuals who are intoxicated or experiencing withdrawal. This service is focused on peer and social support rather than medical and nursing care.

For adolescents, treatment strategies and engagement address adolescent stages of emotional, cognitive, physical, social, and moral development, as identified in the adolescent-specific considerations within the ASAM Criteria.

## Service Components

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Individualized assessment
- Physical examination by a medical provider (physician, APRN, physician assistant) as part of the initial assessment if self-administered and withdrawal management are to be used
- A range of cognitive, behavioral, medical, mental health and other therapies conducted on an individual or group basis
- Health education services
- Services to families and significant others
- Daily assessment of progress through withdrawal management
- Referral arrangements for continuing care

For adolescent ASAM Level 3.2 programs that occur during school hours, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.

# ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management for Adolescents and Adults

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2, and Level 3
- Therapeutic Treatment Homes
- Community Recovery Support Services
- Intensive Outpatient Program
- Assertive Community Treatment (ACT)
- Partial Hospitalization Program
- Children's Residential Treatment Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)

- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0
- ASAM Level 1.0 withdrawal management
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

## **ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management for Adolescents and Adults**

### Service Requirements:

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

If an individual is determined to need alcohol or drug withdrawal services after an assessment under 7 AAC 138.020(5), the provider must conduct an evaluation of the individual using the: (1) Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and (2) Clinical Opiate Withdrawal Scale, adopted by reference in 7 AAC 70.910.

### Service Location:

Services may be provided in the following settings:

22 - On Campus-Outpatient Hospital

55 - Residential Substance Abuse Treatment Facility

57 - Non-Residential Substance Abuse Treatment Center

Telehealth may be allowable for this service if prior authorization is obtained.

Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion, Section 1905(a)(B) of Social Security Act.

## **ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management for Adolescents and Adults**

**Target Population:** A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

**Service Frequency/Limits:** 14 days/units per State Fiscal Year

**Service Authorization:** Service authorization may be requested after State Fiscal Year limits have been reached.

**Service Documentation:** Must be documented in a progress note, in accordance with 7 AAC 135.130.

**Relationship to Other Services:** ASAM Level 3.2 WM services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

**Service Code:** H0010 V1; **Unit Value:** 1 unit = 1 day

**Additional Information:** Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.2WM program(s); however, at least one clinical service per day must be provided by a QAP to draw down the daily rate. Peer certification/designation alone does not meet the minimum requirement.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.



# ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management for Adolescents and Adults

## Service Description:

ASAM Level 3.7 withdrawal management is appropriate for individuals whose withdrawal signs and symptoms are severe enough to warrant 24-hour inpatient medical monitoring. ASAM Level 3.7 WM services are delivered by medical staff in setting designed to manage withdrawal symptoms 24 hours a day/7 day a week.

For adolescents, treatment strategies and engagement address adolescent stages of emotional, cognitive, physical, social, and moral development as identified in the adolescent-specific considerations within the ASAM Criteria.

These services are differentiated from ASAM Level 4.0 WM in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.

# ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management for Adolescents and Adults

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Individualized assessment
- A physical examination performed within 24 hours of admission by a medical provider (physician, APRN, physician assistant)
- A range of cognitive, behavioral, medical, mental health and other therapies provided on an individual or group basis.
- Psychoeducation to enhance individual's understanding of addiction
- Health education services
- Services to families and significant others
- Daily assessment of progress through withdrawal management
- Laboratory and toxicology tests
- Referral to an appropriate level of care for continuing treatment

For adolescent ASAM Level 3.7 programs that occur during school hours, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.

# ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management for Adolescents and Adults

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2, and Level 3
- Therapeutic Treatment Homes
- Community Recovery Support Services
- Intensive Outpatient Program
- Assertive Community Treatment (ACT)
- Partial Hospitalization Program
- Children's Residential Treatment Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)

- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0
- ASAM Level 1.0 withdrawal management
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 4.0 withdrawal management

## **ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management for Adolescents and Adults**

### Service Requirements:

At least one withdrawal management service component per day must be provided by a medical professional with prescribing privileges.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

If an individual is determined to need alcohol or drug withdrawal services after an assessment under 7 AAC 138.020(5), the provider must conduct an evaluation of the individual using the: (1) Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and (2) Clinical Opiate Withdrawal Scale, adopted by reference in 7 AAC 70.910.

### Target Population:

A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

# ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management for Adolescents and Adults

Service Location - Services may be provided in the following settings:

07 - Tribal 638 Free-standing Facility	51 - Inpatient Psychiatric Facility	57 - Non-Residential Substance Abuse Treatment Center
08 - Tribal 638 Provider-based Facility	52 - Psychiatric Facility Partial Hospitalization Program	58 - Non-Residential Opioid Treatment Facility
21 - Inpatient Hospital	55 - Residential Substance Abuse Treatment Facility	61 - Comprehensive Inpatient Rehabilitation Facility
22 - On Campus-Outpatient Hospital	56 - Psychiatric Residential Treatment Center	99 - Other appropriate place of service

Telehealth may be allowable for this service if prior authorization is obtained.

Providers are exempt from the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of the Social Security Act.

# ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management for Adolescents and Adults

Service Frequency/Limits: 14 days/units per State Fiscal Year

Service Authorization: Service authorization may be requested after State Fiscal Year limits have been reached.

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 3.7 WM services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0010 TG V1; Unit Value: 1 unit = 1 day

Additional Information: Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 3.7 WM program(s); however, at least one clinical service per day must be provided by a QAP. Peer certification/designation alone does not meet the minimum requirement.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

## **ASAM Level 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management for Adolescents and Adults**

### Service Description:

ASAM Level 4.0 withdrawal management is appropriate for individuals whose withdrawal signs and symptoms are severe enough to warrant 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting. Nursing staff is available for primary nursing care and observation 24 hours a day. ASAM Level 4.0 is appropriate for individuals with comorbid biomedical and/or psychiatric conditions.

For adolescents, treatment strategies and engagement address adolescent stages of emotional, cognitive, physical, social, and moral development, as identified in the adolescent-specific considerations within the ASAM Criteria.

# ASAM Level 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management for Adolescents and Adults

## Service Components:

All component services and strategies are individualized and appropriate to the individual's readiness to change. For individuals with a co-occurring diagnosis, services provided will be co-occurring enhanced or co-occurring capable.

- Individualized assessment
- A comprehensive nursing assessment performed at admission
- Approval of admission by medical provider (physician, APRN, physician assistant)
- A range of cognitive, behavioral, medical, mental health and other therapies provided on an individual or group basis.
- For individuals with severe comorbid psychiatric and/or biomedical disorders, interventions complement addiction treatment
- Psychoeducation to enhance individual's understanding of addiction
- Health education services
- Services to families and significant others
- Daily assessment of progress through withdrawal management
- Laboratory and toxicology tests
- Referral to an appropriate level of care for continuing treatment

For adolescent ASAM Level 4.0 programs that occur during school hours, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.



# ASAM Level 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management for Adolescents and Adults

## Contraindicated Services:

- Home-Based Family Treatment Level 1, Level 2, and Level 3
- Therapeutic Treatment Homes
- Community Recovery Support Services
- Intensive Outpatient Program
- Assertive Community Treatment (ACT)
- Partial Hospitalization Program
- Children's Residential Treatment Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 1.0
- ASAM Level 2.1
- ASAM Level 2.5
- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)

- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0
- ASAM Level 1.0 withdrawal management
- ASAM Level 2.0 withdrawal management
- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management

# ASAM Level 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management for Adolescents and Adults

## Service Requirements:

At least one withdrawal management service component per day must be provided by a medical professional with prescribing privileges.

SUD programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Individuals have a choice as to whether they would like to use medications to treat their substance use disorder.

If an individual is determined to need alcohol or drug withdrawal services after an assessment under 7 AAC 138.020(5), the provider must conduct an evaluation of the individual using the: (1) Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and (2) Clinical Opiate Withdrawal Scale, adopted by reference in 7 AAC 70.910.

## Target Population:

A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

# ASAM Level 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management for Adolescents and Adults

Service Location: Services may be provided in the following settings:

07 - Tribal 638 Free-standing Facility	51 - Inpatient Psychiatric Facility	57 - Non-Residential Substance Abuse Treatment Center
08 - Tribal 638 Provider-based Facility	52 - Psychiatric Facility Partial Hospitalization Program	58 - Non-Residential Opioid Treatment Facility
21 - Inpatient Hospital	55 - Residential Substance Abuse Treatment Facility	61 - Comprehensive Inpatient Rehabilitation Facility
22 - On Campus Outpatient Hospital	56 - Psychiatric Residential Treatment Center	99 - Other appropriate place of service

Telehealth may be allowable for this service if prior authorization is obtained.

Providers are exempt from the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a)(B) of the Social Security Act.

## **ASAM Level 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management for Adolescents and Adults**

Service Frequency/Limits: 14 days/units per State Fiscal Year

Service Authorization: Service authorization may be requested after State Fiscal Year limits have been reached.

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: ASAM Level 4.0 WM services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0011 V1; Unit Value: 1 unit = 1 day

Additional Information:

Programs may employ a multidisciplinary team of professionals to work in their ASAM Level 4.0 WM program(s); however, at least one service per day must be provided by a QAP to be eligible to draw down daily rate. Peer certification/designation alone does not meet the minimum requirement.

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

# Other Substance Use Disorders Services for Alaska

# Community Recovery Support Services (CRSS)

## Service Description:

CRSS includes skill building, counseling, coaching, and support services to help prevent relapse, improve self-sufficiency, and promote recovery from behavioral health disorders (i.e., mental health disorders and/or substance use disorders).

## Service Components:

- Recovery coaching including guidance, support, and encouragement with strength-based supports during recovery.
- Skill building services, including coaching and referrals, to build social, cognitive, and living skills and help identify resources for these skills.
- Facilitation of level-of-care transitions.
- Peer-to-peer services.
- o Family members of people experiencing SED, SMI, SUD, or Co-occurring disorders may provide services to these family members.
  - Family education, training and supports, like psychoeducational services with self-help concepts/skills that promote wellness, stability, self-sufficiency/recovery, and education for individuals and family members about mental health and substance use disorders using factual data about signs/symptoms, prognosis of recovery, therapies/drugs, family relationships, and other issues impacting recovery and functioning.
  - Relapse prevention services.
  - Child therapeutic support services, including linking child and/or parents with supports, services, and resources for healthy child development, and identifying development milestones, and educating parents about healthy cognitive, emotional, and social child development.

# Community Recovery Support Services (CRSS)

## Contraindicated Services:

- Children’s Residential Treatment Level 1 and Level 2
- Adult Mental Health Residential Level 1 and Level 2

- ASAM Level 3.1
- ASAM Level 3.3
- ASAM Level 3.5 (adolescent)
- ASAM Level 3.5 (adult)
- ASAM Level 3.7 (adolescent)
- ASAM Level 3.7 (adult)
- ASAM Level 4.0

- ASAM Level 3.2 withdrawal management
- ASAM Level 3.7 withdrawal management
- ASAM Level 4.0 withdrawal management

# Community Recovery Support Services (CRSS)

Service Location - Services may be provided in the following settings:

- |  |   |
|--|---|
| 02 - Telehealth, patient not located at home       | 22 - On Campus Outpatient Hospital  |
| 03 - School  | 23 - Emergency Room   |
| 04 - Homeless Shelter                              | 26 - Military Treatment Center  |
| 05 - Indian Health Service Free-standing Facility  | 49 - Independent Clinic   |
| 06 - Indian Health Service Provider-based Facility | 50 - Federally Qualified Health Center                                      |
| 07 - Tribal 638 Free-standing Facility             | 52 - Psychiatric Facility- Partial Hospitalization                          |
| 08 - Tribal 638 Provider-based Facility            | 53 - Community Mental Health Center   |
| 10 - Telehealth, patient located at home           | 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities |
| 11 - Office  | 57 - Non-Residential Substance Abuse Treatment Center                       |
| 12 - Home  | 58 - Non-Residential Opioid Treatment Facility                              |
| 13 - Assisted Living Facility                      | 71 - State or local Public Health Clinic                                    |
| 14 - Group Home                                    | 72 - Rural Health Clinic  |
| 15 - Mobile Unit                                   | 99 - Other appropriate place of service                                     |
| 16 - Temporary Lodging                             |   |
| 18 - Place of employment                           |   |
| 19 - Off Campus Outpatient Hospital                |   |

If the service is provided via telehealth, then the appropriate telehealth modifier must be appended.



## Community Recovery Support Services (CRSS)

Service Requirements: CRSS must be provided according to the criteria listed in 7 AAC 138.400.

Target Population: A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

Service Frequency/Limits: None.

Service Authorization: No service authorization required.

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: CRSS may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H2021 V1 – Individual; H2021 HQ V1 – Group; Unit Value: 1 unit = 15 minutes

Additional Information: Programs may employ a multidisciplinary team of professionals to perform community recovery support services(s).

# SUD Care Coordination

## Service Description:

Care coordination involves a wide range of services addressing individual health needs including medical, behavioral health, medication assisted treatment, and social services. Care coordination emphasizes the linkage between primary care and SUD services using a client-centered and team-based approach. Providers of this services are in regular communication and coordination about the individual's general health and SUD treatment needs.

## Service Components:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, behavioral health, educational, social, or other services
- Coordinate and integrate the delivery of behavioral health and medical services
- Assist the individual with level of care transitions with a focus from residential care setting to community-based settings
- Assist the individual to develop skills necessary for the self-management of treatment needs and the maintenance of long-term social supports
- Monitoring and supporting individual in follow up activities including when they obtain medical, behavioral health, or social services.

Contraindicated Services: None

# SUD Care Coordination

Service Requirements:

SUD Care Coordination must include:

- Integrating behavioral health services into primary care and specialty medical settings through interdisciplinary care planning, monitoring individual progress, and tracking individual outcomes;
- Facilitating smooth transitions from inpatient and residential care settings to community-based care settings;
- Supporting conversations between buprenorphine-waivered practitioners and behavioral health professionals to develop and monitor individual service plans;
- Linking individuals with community resources to facilitate referrals and respond to social service needs;
- Tracking and supporting individuals when they obtain medical, behavioral health, or social services.

An eligible individual under this chapter who is receiving or would benefit from medication-assisted treatment in an outpatient or inpatient care setting must also receive substance use disorder care coordination services under the 1115 waiver.

Target Population:

A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

## SUD Care Coordination

Service Location - Services may be provided in the following settings and if the service is provided via telehealth, then the appropriate telehealth modifier must be appended.

- |  |   |
|--|---|
| 02 - Telehealth, patient not located at home       | 26 - Military Treatment Center  |
| 03 - School  | 49 - Independent Clinic   |
| 04 - Homeless Shelter                              | 50 - Federally Qualified Health Center                                      |
| 05 - Indian Health Service Free-standing Facility  | 52 - Psychiatric Facility-Partial Hospitalization                           |
| 06 - Indian Health Service Provider-based Facility | 53 - Community Mental Health Center   |
| 07 - Tribal 638 Free-standing Facility             | 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities |
| 08 - Tribal 638 Provider-based Facility            | 55 - Residential Substance Abuse Treatment Facility                         |
| 10 - Telehealth, patient located at home           | 56 - Psychiatric Residential Treatment Center                               |
| 11 - Office  | 57 - Non-Residential Substance Abuse Treatment Center                       |
| 12 - Home  | 58 - Non-Residential Opioid Treatment Facility                              |
| 13 - Assisted Living Facility                      | 61 - Comprehensive Inpatient Rehabilitation Facility                        |
| 14 - Group Home                                    | 71 - State or local Public Health Clinic                                    |
| 15 - Mobile Unit                                   | 72 - Rural Health Clinic  |
| 16 - Temporary Lodging                             | 99 - Other appropriate place of service                                     |
| 18 - Place of employment                           |   |
| 19 - Off Campus Outpatient Hospital                |   |
| 22 - On Campus Outpatient Hospital                 |   |
| 23 - Emergency Room                                |   |

## SUD Care Coordination

Service Frequency/Limits: None

Service Authorization: No service authorization required

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.13.

Relationship to Other Services: SUD Care Coordination services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0047 V1 – Individual; Unit Value: 1 unit = 1 month

Additional Information: Programs may employ a multidisciplinary team of professionals to perform SUD care coordination services(s); however, each unit of service must be provided by a QAP to be eligible to draw down per unit rate.

# Intensive Case Management Services

## Service Description:

ICM is an individual-specific wraparound model. The case manager begins with the SUD service needs of the individual and identifies other resources as appropriate.

## Service Components:

Case manager serves as the central point of contact for an individual brokering and/or linking individual with mental health, SUD, medical, social, educational, vocational, legal, and financial resources in the community, including:

- Intensive outreach services outside of clinic, including street outreach, visiting the individual's home, work, and other community settings;
- Referring for individual, group or family therapy, medical, or other specialized services;
- Engaging natural supports (natural supports are family members/close kinship relationships and community members (e.g., friends, co-workers, etc.) that enhance the quality of life;
- Assessment;
- Regular monitoring of behavioral health services, delivery, safety, and stability;
- Triaging for crisis intervention purposes (e.g., determining need for intervention and referral to appropriate service or authority); and
- Assisting individuals in being able to better perform problem-solving skills, self-sufficiency, productive behaviors, conflict resolution.

# Intensive Case Management Services

Contraindicated Services: None

Service Requirements:

ICM services requirements are as follows:

- Broad focus on community-based SUD provider-specific services which may include engaging resources beyond that provider (e.g., schools, housing, employment, etc.)
- Advocacy and engaging natural supports
- Assisting with activities problem-solving skills, self-sufficiency, conflict resolution, & productive behaviors
- Monitoring SUD service delivery, safety, and stability
- Brokering and linking individuals with resources
- Triaging for crisis intervention purposes (e.g., determining need to intervention and referral to appropriate authorities)

Target Population:

A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder.

# Intensive Case Management Services

Service Location - Services may be provided in the following settings and If the service is provided via telehealth, then the appropriate telehealth modifier must be appended.

- |  |   |
|--|---|
| 02 - Telehealth, patient not located at home       | 26 - Military Treatment Center                        |
| 03 - School  | 49 - Independent Clinic                               |
| 04 - Homeless Shelter                              | 50 - Federally Qualified Health Center                |
| 05 - Indian Health Service Free-standing Facility  | 52 - Psychiatric Facility-Partial Hospitalization     |
| 06 - Indian Health Service Provider-based Facility | 53 - Community Mental Health Center                   |
| 07 - Tribal 638 Free-standing Facility             | 55 - Residential Substance Abuse Treatment Facility   |
| 08 - Tribal 638 Provider-based Facility            | 57 - Non-Residential Substance Abuse Treatment Center |
| 10 - Telehealth, patient located at home           | 58 - Non-Residential Opioid Treatment Facility        |
| 11 - Office  | 61 - Comprehensive Inpatient Rehabilitation Facility  |
| 12 - Home  | 71 - State or local Public Health Clinic              |
| 13 - Assisted Living Facility                      | 72 - Rural Health Clinic                              |
| 14 - Group Home                                    | 99 - Other appropriate place of service               |
| 15 - Mobile Unit                                   |   |
| 16 - Temporary Lodging                             |   |
| 18 - Place of Employment                           |   |
| 19 - Off Campus Hospital                           |   |
| 22 - On Campus Outpatient Hospital                 |   |
| 23 - Emergency Room                                |   |



## Intensive Case Management Services

Service Frequency/Limits: None.

Service Authorization: No service authorization required.

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: Intensive Case Management services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H0023 V1; Unit Value: 1 unit = 15 minutes

Additional Information: Programs may employ a multidisciplinary team of professionals to perform Intensive Case Management services(s); however, each unit of service must be provided by a QAP to be eligible to draw down the per unit rate.

# Peer-Based Crisis Services

## Service Description:

Peer-based crisis services are provided by a peer support specialist or a multi-disciplinary team of qualified addiction professionals of which at least one member is a PSS, to help an individual experiencing a crisis to avoid the need for hospital emergency department services or the need for psychiatric hospitalization. Peer support staff may engage in a range of other therapeutic activities to reduce or eliminate the emergent/crisis situation to support the individual or the family of individual in crisis. Peer services are provided by peer support professionals with lived experience and have received crisis training.

## Service Components:

- Triage of crisis intervention needs
- Crisis support services
- Facilitation of the transition to the community by accessing community resources and initiating natural supports
- Participation in planning for care needs if requested by the individual receiving the support
- Activation of resiliency strength services
- Advocacy services (e.g., services include acting as an advocate for an individual regarding preferred treatment, engagement to access services and supports, navigation to bridge services or to access necessary supports)

# Peer-Based Crisis Services

Contraindicated Services: None

Service Requirements:

Peer-based crisis services must be provided by a peer support specialist working under the supervision of a mental health professional clinician or SUD counselor.

The PSS may provide the following activities:

- Triaging for crisis intervention purposes to determine need for intervention and referral to appropriate service or authority
- Facilitation of transition to other community-based resources or natural supports
- Advocacy for individual needs with other service providers
- Providing the appropriate crisis intervention strategies.

The mental health professional clinician or SUD counselor is available to the PSS via onsite, telephonically or via telehealth to triage any emergent behavioral health crisis that may exceed the scope of practice for the PSS.

Target Population:

Individuals experiencing a behavioral health crisis who may benefit from peer-based crisis services to help avoid the need for hospital emergency department services or the need for psychiatric hospitalization.

## Peer-Based Crisis Services

Service Location: Services may be provided in the following settings and Telehealth may be allowable for this service if prior authorization is obtained.

- |  |   |
|--|---|
| 03 - School  | 26 - Military Treatment Center  |
| 04 - Homeless Shelter                              | 49 - Independent Clinic   |
| 05 - Indian Health Service Free-standing Facility  | 50 - Federally Qualified Health Center                                      |
| 06 - Indian Health Service Provider-based Facility | 52 - Partial Hospitalization Program  |
| 07 - Tribal 638 Free-standing Facility             | 53 - Community Mental Health Center   |
| 08 - Tribal 638 Provider-based Facility            | 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities |
| 11 - Office  | 55 - Residential Substance Abuse Treatment Facility                         |
| 12 - Home  | 56 - Psychiatric Residential Treatment Center                               |
| 13 - Assisted Living Facility                      | 57 - Non-Residential Substance Abuse Treatment Center                       |
| 14 - Group Home                                    | 58 - Non-Residential Opioid Treatment Facility                              |
| 15 - Mobile Unit                                   | 61 - Comprehensive Inpatient Rehabilitation Facility                        |
| 16 - Temporary Lodging                             | 71 - State or local Public Health Clinic                                    |
| 18 - Place of employment                           | 72 - Rural Health Clinic  |
| 19 - Off Campus Outpatient Hospital                | 99 - Other appropriate place of service                                     |
| 22 - On Campus Outpatient Hospital                 |   |
| 23 - Emergency Room                                |   |

## Peer-Based Crisis Services

Service Frequency/Limits: None.

Service Authorization: No service authorization required.

Service Documentation: Must be documented in a progress note in accordance with 7 AAC 138.450.

Relationship to Other Services: Peer Based Crisis Services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated. Time-based billing rules apply per 7 AAC 105.230.

Service Code: H0038 V1; Unit Value: 1 unit = 15 minutes

Additional Information: Programs may employ a multidisciplinary team of professionals to perform peer-based crisis service(s).

Qualified providers of peer-based crisis services are recommended to follow the SAMHSA “Essential Principles for Modern Crisis Care Systems” from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary (Attachment A):

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

## 23-Hour Crisis Observation and Stabilization (COS)

### Service Description:

23-hour Crisis Observation and Stabilization (COS) services provide prompt observation and stabilization for individuals who are at imminent risk of or are presently experiencing acute mental health symptoms or emotional distress. These services are provided for up to 23 hours and 59 minutes in a secure environment. COS services are provided to help an individual maintain safety and to avoid the need for hospital emergency department services or the need for psychiatric hospitalization.

### Service Components:

- Individual assessment
- Psychiatric evaluation services
- Nursing services
- Medication services-including prescription, administration, and management
- Crisis intervention services which include therapeutic interventions to decrease and stabilize the presenting crisis
- Identification and resolution of the contributing factors to the crisis when possible
- Stabilization of withdrawal symptoms if appropriate
- Advocacy, networking, and support to provide linkages and referrals to appropriate community-based services

Contraindicated Services: None

## 23-Hour Crisis Observation and Stabilization (COS)

### Service Requirements:

- COS services are provided for up to 23 hours and 59 minutes in a secure environment to an individual who is at imminent risk of, or is presently experiencing, acute mental health symptoms or emotional distress.
- COS services must be provided by a multidisciplinary team supervised by a physician, a physician assistant, or an advanced practice registered nurse.
- COS services result in prompt evaluation and stabilization of the individual's condition.
- COS services ensure that the individual is safe from self-harm, including suicidal behavior.
- COS services are provided in a secure environment. A "secure environment" means a level of security that will reasonably ensure that if a recipient leaves without permission, the individual's act of leaving will be immediately noticed.
- At least one COS service component per episode of care must be provided by a medical professional with prescribing privileges. Telehealth may be used by the medical professional with prescribing privileges.

### COS services have the additional service requirements:

- May vary in the number of observation chairs;
- Must be available 24/7 (i.e., 24 hours for each day of the week)
- Must coordinate with law enforcement. This includes securing written agreements with local and service area law enforcement regarding coordination and having the capacity to receive direct referrals from law enforcement;
- Must, if available, coordinate services with a crisis residential and stabilization services center;
- Must provide either co-occurring capable or enhanced evaluation or services;
- May share staffing with a crisis residential and stabilization services center, if co-located, when necessary, provided that adequate staffing remains (i.e. an LPN) in both units.

## 23-Hour Crisis Observation and Stabilization (COS)

Target Population: Individuals who are presenting with acute symptoms of mental or emotional distress who need a secure environment for evaluation and stabilization.

Service Frequency/Limits: None.

Service Authorization: No service authorization required.

Service Documentation: Must be documented in a progress note in accordance with 7 AAC 138.450.

Relationship to Other Services: COS services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated. Time-based billing rules apply per 7 AAC 105.230.

Service Code: S9484 V1; Unit Value: 1 unit = 60 minutes

Additional Information: Any member of the multidisciplinary team as listed under staff qualifications in consultation with a physician, a physician assistant or an advance practice registered nurse may draw down the hourly rate. At least one COS service component per episode of care must be provided by a medical professional with prescribing privileges.

Qualified providers of COS services are recommended to follow the SAMHSA “Essential Principles for Modern Crisis Care Systems,” from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary. (Attachment A)

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>



## 23-Hour Crisis Observation and Stabilization (COS)

Service Location: Services may be provided in the following settings and Telehealth may be allowable for this service if prior authorization is obtained.

05 - Indian Health Service Free-standing Facility  
06 - Indian Health Service Provider-based Facility  
07 - Tribal 638 Free-standing Facility  
08 - Tribal 638 Provider-based Facility  
11 - Office  
12 - Home  
13 - Assisted Living Facility  
14 - Group Home  
15 - Mobile Unit  
16 - Temporary Lodging  
18 - Place of Employment  
19 - Off Campus Hospital  
20 - Urgent Care Facility  
21 - Inpatient Hospital  
22 - On Campus Outpatient Hospital  
23 - Emergency Room  
26 - Military Treatment Center

34 - Hospice  
49 - Independent Clinic  
50 - Federally Qualified Health Center  
51 - Inpatient Psychiatric Facility  
52 - Psychiatric Facility-Partial Hospitalization  
53 - Community Mental Health Center  
54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities  
55 - Residential Substance Abuse Treatment Facility  
56 - Psychiatric Residential Treatment Center  
57 - Non-Residential Substance Abuse Treatment Center  
58 - Non-Residential Opioid Treatment Facility  
61 - Comprehensive Inpatient Rehabilitation Facility  
71 - State or local Public Health Clinic  
72 - Rural Health Clinic  
99 - Other appropriate place of service

# Mobile Outreach and Crisis Response (MOCR) Services

## Service Description:

MOCR services are provided to prevent a mental health crisis or to stabilize an individual during or after a mental health crisis. Services are available 24/7 to individuals and/or families who are experiencing a crisis or have received a MOCR service within 48 hours. MOCR services are delivered in the community in any location where the provider and the individual can maintain safety. MOCR services render rapid assessment and intervention, prevent crises from escalating, stabilize the individual/family, and connect the individual/family to appropriate services needed to resolve the crisis with essential follow up to ensure connection to resources and/or ensure the crisis has stabilized.

## Service Components:

- Triage and screening, including screening for suicidality
- Crisis assessment including causes leading to the crisis, safety and risk considerations, strengths and resources, recent behavioral health treatment, medications prescribed and recent compliance, and medical history as it relates to the crisis
- Peer support as part of the MOCR team
- Crisis planning included, such as the creation of a safety plan
- Coordination, referral and linkage with appropriate community services and resources
- Linkage to medication services as indicated
- Skills training designed to minimize future crisis situations

Contraindicated Services: None

# Mobile Outreach and Crisis Response (MOCR) Services

Service Requirements:

MOCR programs must be available 24 hours a day, 7 days of the week, make available psychiatric consultation, and provide rapid face-to-face response as follows:

- The person in crisis must be present for a majority of the service delivery duration.
- Urban teams on average must respond to individual within an hour.
- Rural and frontier teams are not required to respond within an hour but must document efforts taken with respect to a rapid face-to-face response.

For an initial individual crisis request, a MOCR program must ensure that a team of at least two staff respond, face-to-face, including a mental health professional clinician and a qualified behavioral health provider, such as a behavioral health associate.

- Rural and frontier programs may have only one staff person onsite to respond and may use telehealth to meet the requirement for at least one additional qualified staff (or more as needed).

MOCR programs must document attempt to crisis follow-up with an individual after a response within 48 hours to ensure support, safety, and confirm linkage with any referrals. This requirement may be satisfied through a phone call or a telehealth engagement with an individual.

MOCR programs must coordinate with law enforcement and a 23-hour crisis observation and stabilization (COS) services and crisis stabilization services, when available.

When appropriate, MOCR services may also be provided to the family or support system in support of an individual who is experiencing a behavioral health crisis.

# Mobile Outreach and Crisis Response (MOCR) Services

Target Population:

MOCR services are provided to: (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect an individual to other appropriate services that may be needed to resolve the crisis.

MOCR teams may work with immediate family, kinship relations, or non-kinship primary caregiver and child (when the service recipient is a minor), to reduce or deescalate the identified behavior. MOCR teams may work with immediate family, kinship relations, or non-kinship primary caregiver and child for the follow-up interaction to the initial face-to-face contact.

# Mobile Outreach and Crisis Response (MOCR) Services

Service Location: MOCR services may be provided in any location where the provider and the individual can maintain safety. If the service is provided via telehealth, then the appropriate telehealth modifier must be appended.

02 - Telehealth, patient not located at home	18 - Place of Employment	54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities
03 - School	19 - Off Campus Hospital	55 - Residential Substance Abuse Treatment Facility
04 - Homeless Shelter	20 - Urgent Care Facility	56 - Psychiatric Residential Treatment Center
05 - Indian Health Service Free-standing Facility	21 - Inpatient Hospital	57 - Non-Residential Substance Abuse Treatment Center
06 - Indian Health Service Provider-based Facility	22 - On Campus Outpatient Hospital	58 - Non-Residential Opioid Treatment Facility
07 - Tribal 638 Free-standing Facility	23 - Emergency Room	61 - Comprehensive Inpatient Rehabilitation Facility
08 - Tribal 638 Provider-based Facility	26 - Military Treatment Center	71 - State or local Public Health Clinic
10 - Telehealth, patient located at home	34 - Hospice	72 - Rural Health Clinic
11 - Office	49 - Independent Clinic	99 - Other appropriate place of service
12 - Home	50 - Federally Qualified Health Center	
13 - Assisted Living Facility	51 - Inpatient Psychiatric Facility	
14 - Group Home	52 - Psychiatric Facility-Partial Hospitalization	
15 - Mobile Unit	53 - Community Mental Health Center	
16 - Temporary Lodging		

## Mobile Outreach and Crisis Response (MOCR) Services

Service Authorization: No service authorization required.

Service Documentation: Must be documented in a progress note in accordance with 7 AAC 138.450.

Relationship to Other Services: MOCR services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: T2034 V1; Unit Value: 1 unit = Per Call Out

Additional Information:

Programs may employ a multidisciplinary team of professionals to perform MOCR; however, each unit of service must be provided by a mental health professional clinician or other qualified professional listed in staff qualifications to be eligible to draw down the per unit rate.

Qualified providers of MOCR services are recommended to follow the SAMHSA “Essential Principles for Modern Crisis Care Systems” from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary (Attachment A):

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

# Mobile Outreach and Crisis Response (MOCR) Service Follow Up

## Service Description:

MOCR services are provided to prevent a mental health crisis or to stabilize an individual during or after a mental health crisis. Services are available 24/7 to individuals and/or families who are experiencing a crisis or have received a MOCR service within 48 hours. MOCR services are delivered in the community in any location where the provider and the individual can maintain safety. MOCR services render rapid assessment and intervention, prevent crises from escalating, stabilize the individual/family, and connect the individual/family to appropriate services needed to resolve the crisis with essential follow up to ensure connection to resources and/or ensure the crisis has stabilized.

MOCR Crisis Services Follow Up are provided to individuals and/or families to ensure connection to resources and/or ensure the crisis has stabilized. The follow up continues to assess for safety and confirms linkage with any referrals.

Contraindicated Services: None.

# Mobile Outreach and Crisis Response (MOCR) Service Follow Up

## Service Components:

- Triage and screening, including screening for suicidality
- Crisis assessment including causes leading to the crisis, safety and risk considerations, strengths and resources, recent behavioral health treatment, medications prescribed and recent compliance, and medical history as it relates to the crisis
- Peer support as part of the MOCR team
- Crisis planning included, such as the creation of a safety plan
- Coordination, referral and linkage with appropriate community services and resources
- Linkage to medication services as indicated
- Skills training designed to minimize future crisis situations

## Service Requirements:

MOCR programs must document attempt to crisis follow-up with an individual after a response within 48 hours to ensure support, safety, and confirm linkage with any referrals. This requirement may be satisfied through a phone call or a telehealth engagement with an individual.



# Mobile Outreach and Crisis Response (MOCR) Service Follow Up

Target Population:

MOCR services are provided to: (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect an individual to other appropriate services that may be needed to resolve the crisis.

MOCR teams may work with immediate family, kinship relations, or non-kinship primary caregiver and child (when the service recipient is a minor) to reduce or deescalate the identified behavior. MOCR teams may work with immediate family, kinship relations, or non-kinship primary caregiver and child for the follow-up interaction to the initial face-to-face contact.

# Mobile Outreach and Crisis Response (MOCR) Service Follow Up

Service Location: MOCR Crisis Services Follow Up may be provided in any location where the provider and the individual can maintain safety. If the service is provided via telehealth, then the appropriate telehealth modifier must be appended.

02 - Telehealth, patient not located at home	12 - Home	22 - On Campus Outpatient Hospital	54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities
03 - School	13 - Assisted Living Facility	23 - Emergency Room	55 - Residential Substance Abuse Treatment Facility
04 - Homeless Shelter	14 - Group Home	26 - Military Treatment Center	56 - Psychiatric Residential Treatment Center
05 - Indian Health Service Free-standing Facility	15 - Mobile Unit	34 - Hospice	57 - Non-Residential Substance Abuse Treatment Center
06 - Indian Health Service Provider-based Facility	16 - Temporary Lodging	49 - Independent Clinic	58 - Non-Residential Opioid Treatment Facility
07 - Tribal 638 Free-standing Facility	18 - Place of Employment	50 - Federally Qualified Health Center	61 - Comprehensive Inpatient Rehabilitation Facility
08 - Tribal 638 Provider-based Facility	19 - Off Campus Hospital	51 - Inpatient Psychiatric Facility	71 - State or local Public Health Clinic
10 - Telehealth, patient located at home	20 - Urgent Care Facility	52 - Psychiatric Facility-Partial Hospitalization	72 - Rural Health Clinic
11 - Office	21 - Inpatient Hospital	53 - Community Mental Health Center	99 - Other appropriate place of service

## Mobile Outreach and Crisis Response (MOCR) Service Follow Up

Service Frequency/Limits: None.

Service Authorization: No service authorization required.

Service Documentation: Must be documented in a progress note in accordance with 7 AAC 138.450.

Relationship to Other Services: MOCR Crisis Services Follow Up may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: H2011 TS V1; Unit Value: 1 unit = 15 minutes

Additional Information: Programs may employ a multidisciplinary team of professionals to perform MOCR Crisis Services Follow Up; however, each unit of service must be provided by a mental health professional clinician or other qualified professional listed in staff qualifications to be eligible to draw down the per unit rate.

Qualified providers of MOCR services are recommended to follow the SAMHSA “Essential Principles for Modern Crisis Care Systems” from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary (Attachment A):

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

# Crisis Residential and Stabilization Services (CSS)

## Service Description:

Crisis Residential and Stabilization (CSS) is a short-term residential, medically monitored stabilization service for individuals presenting with acute mental or emotional disorders requiring psychiatric stabilization. CSS services are provided 24 hours a day, seven days a week and are designed to restore the individual to a level of functioning that does not require inpatient hospitalization.

## Service Components:

- Individualized crisis assessment
- Psychiatric evaluation services
- Nursing services
- Medication services-including prescription, administration, and management
- Crisis intervention services which include therapeutic interventions to decrease and stabilize the presenting crisis
- Identification and resolution of the contributing factors to the crisis when possible
- Stabilization of withdrawal symptoms if appropriate
- Advocacy, networking, and support to provide linkages and referrals to appropriate community-based services

Contraindicated Services: None.

# Crisis Residential and Stabilization Services (CSS)

## Service Requirements:

### CSS services must provide:

- A short-term residential program with 16 or fewer beds. The short-term residential program is not more than 7 days in length.
- Medically monitored stabilization services designed to restore the individual to a level of functioning that does not require inpatient hospitalization.
- Assessment for the need for medication services and other post-discharge and support services.
- Individuals must be seen by a physician, physician assistant, psychiatrist, or advanced practice registered nurse within 24 hours of admission to conduct an assessment, address issues of care, and write orders as required.
- An individualized crisis assessment based on an evidence-based risk assessment tool.
- An individualized crisis treatment plan.
- Daily documentation in the clinical record of the individual's progress toward resolution of the crisis.
- At least one CSS service component per day must be provided by a medical professional with prescribing privileges.

## Target Population:

Individuals who are presenting with acute mental or emotional disorders requiring psychiatric stabilization and care.

# Crisis Residential and Stabilization Services (CSS)

Service Location:

Services may be provided in the following settings:

05 - Indian Health Service Free-standing Facility

06 - Indian Health Service Provider-based Facility

07 - Tribal 638 Free-standing Facility

08 - Tribal 638 Provider-based Facility

23 - Emergency Room

53 - Community Mental Health Center

99 - Other appropriate place of service

Telehealth may be allowable for this service if prior authorization is obtained.

Service Frequency/Limits: 7 Days/units per State Fiscal Year.

Service Authorization: Service authorization may be requested after State Fiscal Year limits have been reached.

Service Documentation: Must be documented in a progress note in accordance with 7 AAC 138.450.

Relationship to Other Services: Crisis Residential and Stabilization services may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated. Time-based billing rules apply per 7 AAC 105.230.

Service Code: S9485 V1; Unit Value: 1 unit = 1 day

## Crisis Residential and Stabilization Services (CSS)

Additional Information:

Programs may employ a multidisciplinary team of professionals to perform Crisis Residential and Stabilization Services; however, to be eligible to draw down the per unit rate, each unit of services must be provided:

- directly by a physician, physician assistant, psychiatrist, or advanced practice registered nurse, or
- at the direction of a physician, physician assistant, psychiatrist, or advanced practice registered nurse.

Qualified providers of CSS services are recommended to follow the SAMHSA “Essential Principles for Modern Crisis Care Systems” from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary (Attachment A):

<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>

All minimum service requirements must be met to bill for the daily rate. If all minimum service requirements are not met, a provider may bill individually for the services the member participated in on that day.

## Treatment Plan Development or Review

### Service Description:

As an individual moves through treatment in any level of behavioral health services, his or her progress is formally assessed at regular intervals relevant to the individual's severity of illness and level of functioning, and the intensity of service and level of care. This includes the development and review of the individual's treatment plan that was developed in accordance with 7 AAC 135.120 to determine whether the level of care, services, and interventions remain appropriate or whether changes are needed to the individual's treatment plan.

### Service Components:

See 7 AAC 135.120

Contraindicated Services: None

### Target Population:

A youth at least 12 years of age and under age 18 with a substance use disorder. An adult 18 or older diagnosed with a substance use disorder



# Treatment Plan Development or Review

## Service Requirements:

A treatment plan review and any necessary revisions must be completed at least every 90 days. This includes documenting the results of the treatment plan review in the clinical record and including the name, signature, and credentials of the individual who conducted the review.

The treatment plan review must include the following:

- Progress toward achieving treatment goals;
- Review of identified problems and treatment services to assess if the treatment services are addressing the individual's current needs;
- Identification of new problems that require assessment or treatment services.

Resolution of treatment goals may result in the individual requiring a lower level of care. If this occurs, a referral is made to the appropriate level of care.

Identification of new problems or treatment services may result in the individual requiring a higher level of care. If this occurs, a referral is made to the appropriate level of care.

# Treatment Plan Development or Review

Service Location - Services may be provided in the following settings and if the service is provided via telehealth, then the appropriate telehealth modifier must be appended.

02 - Telehealth, patient not located at home	12 - Home	26 - Military Treatment Center	55 - Residential Substance Abuse Treatment Facility
03 - School	13 - Assisted Living Facility	49 - Independent Clinic	57 - Non-Residential Substance Abuse Treatment Center
04 - Homeless Shelter	14 - Group Home	50 - Federally Qualified Health Center	58 - Non-Residential Opioid Treatment Facility
05 - Indian Health Service Free-standing Facility	15 - Mobile Unit	52 - Psychiatric Facility-Partial Hospitalization	61 - Comprehensive Inpatient Rehabilitation Facility
06 - Indian Health Service Provider-based Facility	16 - Temporary Lodging	53 - Community Mental Health Center	71 - State or local Public Health Clinic
07 - Tribal 638 Free-standing Facility	18 - Place of Employment	54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities	72 Rural Health Clinic
08 - Tribal 638 Provider-based Facility	19 - Off Campus Hospital		99 - Other appropriate place of service
10 - Telehealth, patient located at home	22 - On Campus Outpatient Hospital		
11 - Office	23 - Emergency Room		

## Treatment Plan Development or Review

Service Frequency/Limits: At least every 90 days per participant; 5 maximum per recipient per State Fiscal Year.

Service Authorization: Service authorization is not allowed to extend State Fiscal Year Limit

Service Documentation: Must be documented in a progress note, in accordance with 7 AAC 135.130.

Relationship to Other Services: Treatment plan development or review may be provided concurrently with any service listed in the standards manual that is not otherwise contraindicated.

Service Code: T1007 V1 – Individual; Unit Value: 1 unit = 1 Treatment plan review

Additional Information: Programs may employ a multidisciplinary team of professionals to facilitate Treatment plan development or review; however, the directing clinician must sign and monitor the treatment plan review to draw down the per unit rate.

# Summary

## Summary

Providers must meet standards to bill Medicaid for 1115 SUD demonstration services, including the ASAM Standards of Care. The ASAM Criteria is adopted by reference (<https://www.asam.org/asam-criteria/about-the-asam-criteria>). American Society of Addiction Medicine (ASAM) Standards of Care.

Administrative Services Organization (ASO) Registration:

Providers must register on the Provider Express website and create a one Healthcare ID to obtain access to member eligibility information, claim status, remittance advices, authorization status, and to submit new, corrected, or voided claims.

# Q&A

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