

Clinically Managed Population-Specific High Intensity Residential Service (ASAM Level 3.3)

Last Updated: 10/20/2023

Service Type:

0051 SPO Substance Abuse

Procedure Code:

H0010 TG

Clinically managed population-specific high intensity residential services (ASAM Level 3.3) as defined in 12VAC30-130-5120 and 12VAC35-105-1590 to 1620, must have all the following service components through service provision or through referral:

- Access to consulting physician or physician extender and emergency services 24 hours a day and seven days a week via telephone and in person.
- Arrangements for higher and lower levels of care, including direct affiliations or close coordination through referral to more and less intensive levels of care and other services such as IOP, vocational assessment and placement, literacy training, and adult education.
- Arrangements for laboratory and toxicology services appropriate to the severity of need. Arrangements for addiction pharmacotherapy including pharmacotherapy for psychiatric or anti-addiction medications including drug screenings. For members who have not been screened for infectious diseases within previous 12 months, screening provided on-site or referral for screening of infectious diseases such as HIV, Hepatitis B and C, and tuberculosis at treatment initiation.
- Regular monitoring and documentation of the member's medication adherence.
- Weekly face-to-face meetings with the member and the treatment team or CATP who prepared the ISP will be required to document treatment progress and progress toward discharge.
- Clinically-directed treatment to facilitate recovery skills, relapse prevention, and emotional coping strategies. Services shall promote personal responsibility and reintegration of the member into the network systems of work, education, and family life. Daily clinical services shall be provided to improve organization, daily living skills, recovery, personal responsibility, personal appearance and punctuality.
- Range of cognitive and behavioral therapies administered individually and in family and group settings to assist the member in initial involvement or re-engagement in regular productive daily activity. • Recreational therapy, art, music, physical therapy and vocational rehabilitation. These services do not constitute the primary mode of treatment.
- Clinical and didactical motivational interventions to address readiness to change and understanding of disorder life impacts.
- SUD counseling and psychoeducation activities provided individually and or in group and family settings to promote recovery.
- Services for the member's family and significant others, as appropriate to advance the member's treatment goals and objectives identified in the ISP.
- Education on benefits of medication assisted treatment and arrangements for addiction pharmacotherapy provided on-site or thorough referral as necessary.
- Withdrawal management services may be provided as necessary. Providers should refer to the ASAM Criteria for Intoxication/Withdrawal Management guidelines.