

## Louisiana Medicaid UM Guideline

Subject: Substance Use Disorders-Residential  
Treatment  
Status: New

Current Effective Date: 9/1/2019

Last Review Date: 1/14/2020

Description
-------------

**Louisiana Behavioral Health Provider Manual (“LBHPM”)**

**The Louisiana Behavioral Health Provider Manual (LBHPM) is the basis for all medically necessary decisions in Louisiana. It clearly references the American Society of Addiction Medicine (ASAM) substance use criteria for Medically Necessity in Louisiana. The LBHPM states that these clinical criteria are used to determine medical necessity for residential treatment services that are requested by the provider and/or member for the identified levels of care.**

**See the following for additional treatment services:**

**Withdrawal Management, refer to the Louisiana Medicaid UM Guideline:**

- **Substance Use Disorder: Withdrawal Management**

**Psychiatric Residential Treatment Facility, refer to the Louisiana Medicaid UM Guideline:**

- **Substance Use Disorder: Psychiatric Residential Treatment Facility (PRTF)**

**The Louisiana residential treatment level of care in the LBHPM is listed below, as currently applicable – page references may be updated as new policy version are issued by the Louisiana Department of Health:**

- **Level 3.7: Medically monitored high intensity inpatient treatment-adult (residential setting)**

**This co-occurring disorder (COD) residential treatment facility provides 24-hour care including psychiatric and substance use assessments, diagnosis, treatment, habilitative and rehabilitation services to individuals with co-occurring psychiatric and substance disorders, whose disorders are of sufficient severity to require a residential level of care. It also features professionally directed evaluation, observation and medical monitoring of addiction and mental health treatment in a residential setting. They feature permanent facilities, including residential beds, and function under a defined set of policies, procedures and clinical protocols. Appropriate for patients whose sub-acute biomedical and emotional, behavioral or cognitive problems are so severe that they require co-occurring capable or enhanced residential treatment, but who do not need the full resources of an acute care general hospital. In addition to meeting integrated service criteria, COD treatment providers must have experience and preferably licensure and/or certification in both addictive disorders and mental health. LBHPM, Section 2.4.**

- **Level 3.5: Clinically managed high intensity residential treatment- adult**

**The level 3.5 adult residential treatment program is designed to treat persons who have significant social and psychological problems. Programs are characterized by their reliance on the treatment community as a therapeutic agent. Treatment goals are to promote abstinence**

from substance use and antisocial behavior and to effect a global change in members' lifestyles, attitudes and values. Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological Problems, impaired functioning and disaffiliation from mainstream values (Example: therapeutic community or residential treatment center). LBHPM, Section 2.4.

- Level 3.5: Clinically managed medium intensity residential treatment – adolescent  
The member who is treated in this setting had both “significant social and psychological problems.” “Individuals typically have multiple deficits, which may include substance-related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values.” LBHPM, Section 2.4.
- Level 3.3: Clinically managed population specific high intensity residential treatment-adult  
Level 3.3 residential programs offer at least 20 hours per week of a combination of medium intensity clinical and recovery-focused services. Frequently referred to as extended or long-term care, Level 3.3 programs provide a structured recovery environment in combination with medium intensity clinical services to support recovery from substance-related disorders. LBHPM, Section 2.4.
- Level 3.1: Clinically managed low-intensity residential treatment-adults  
Low-intensity residential treatment services for adults are directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education and family life.” LBHPM, Section 2.4.
- Level 3.1: Clinically managed low-intensity residential treatment-adolescent  
Low-intensity residential treatment services for adolescents are directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the worlds of work, education and family life.” LBHPM, Section 2.4.

#### Clinical Indications

Medically Necessary:

Eligibility Criteria-Initial Review:

To meet Medical Necessity during an initial review, the following elements must be present in the documentation for medical necessity to be met:<sup>1</sup>

1. All of the elements must be documented that are required in Bio-Psychosocial Assessment, Treatment Plan and those Required Elements that are listed below:

<sup>1</sup>“*Adolescent*—an individual 13 through 17 years of age.” (Louisiana Administrative Code, Title 48, Part I, Chapter 56, Behavioral Health Service Providers, Section 5603, Definitions, p. 294 (Louisiana Administrative Code - February 2017).)

2. A substantial likelihood must be present that the Treatment Plan's goals will be achieved, accomplished and/or realized if the initial authorization request is approved.

Admission Criteria:

ASAM level 3.7 services for who may have co-occurring addiction and mental health disorders that meet the eligibility criteria for placement in a co-occurring disorder-capable program or difficulties with mood, behavior or cognition related to a substance use or mental disorder or emotional behavioral or cognitive symptoms that are troublesome, but do not meet the Diagnostic and Statistical Manual for Mental Disorders (DSM) criteria for mental disorder. ASAM level 3.7 Medically Monitored Intensive Residential Treatment – Adult services are available to recipients who meet the following criteria. The recipient exhibits:

- Acute intoxication and/or withdrawal potential – None or minimal/stable withdrawal risk.
- Biomedical conditions and complications – Moderate to severe conditions (which require 24-hour nursing and medical monitoring or active treatment but not the full resources of an acute care hospital). Or the interaction of the patient's biomedical conditions and continued alcohol or drug use places the patient at significant risk of damage to physical health.
- Emotional, behavioral or cognitive conditions and complications – Moderate to severe psychiatric conditions and complications or history of moderate to high psychiatric decompensation or moderate to high risk of harm to self, other, or property or is in imminent danger of relapse without 24-hour structure and support and medically monitored treatment, including stabilization with psychotropic medications.
- Readiness to change – Member is in need of intensive motivating strategies, activities and processes available only in a 24-hour structured medically monitored setting (but not medically managed).
- Relapse, continued use or continued problem potential – Member is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or re-emergence of acute symptoms and is in need of 24-hour monitoring and structured support.
- Recovery environment – Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the member is assessed as unable to achieve or maintain recovery at a less intensive level or care.

ASAM level 3.5 services for adolescents and adults are available to recipients who meet the following criteria. The recipient exhibits:

- Acute intoxication and/or withdrawal potential: None or minimal risk of withdrawal.
- Biomedical conditions and complications: None or stable or receiving concurrent medical monitoring.
- Emotional, behavioral or cognitive conditions and complications: Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping

skills. A co-occurring disorder-enhanced setting is required for severely and persistently mentally ill (SPMI) patients.

- Readiness to change: Motivational interventions have not succeeded at a less intensive level of care. Has limited insight or awareness into the need for treatment. Has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health, or life problems and his/her impaired coping skills and level of functioning that may result in severe life consequences from continued use indicating a need for a 24-hour level of care.
- Relapse, continued use or continued problem potential: Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences to self or others. Demonstrates a history of repeated incarcerations with a pattern of relapse to substances and uninterrupted use outside of incarceration. Unable to control use of alcohol or other drugs and/or antisocial behaviors with risk of harm to self or others.
- Recovery environment: Living and social environments has a high risk of neglect or abuse, and member lacks skills to cope outside of a highly structured 24-hour setting.

ASAM level 3.3 services for adults are available to recipients who meet the following criteria.

The recipient exhibits:

- Acute intoxication and/or withdrawal potential – None, or minimal risk of withdrawal.
- Biomedical conditions and complications – None or stable. If present, the member must be receiving medical monitoring.
- Emotional, behavioral or cognitive conditions and complications – Mild to moderate severity; need structure to focus on recovery. Mental status is assessed as sufficiently stable to permit the member to participate in therapeutic interventions provided at this level of care. If stable, a co-occurring disorder capable program is appropriate. If not, a co-occurring disorder enhanced program is required. Treatment should be designed to respond to the member’s cognitive deficits.
- Readiness to change – Has little awareness of the need for continuing care or the existence of his/her substance use or mental health problem and need for treatment and thus has limited readiness to change. Despite experiencing serious consequences of effects of SUD the member has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health or life problems and impaired coping skills and level of functioning.
- Relapse, continued use or continued problem potential – Has little awareness and needs intervention available to prevent continued use, he or she is in imminent danger of continued substance use or emotional health problems with dangerous emotional, behavioral or cognitive consequences. The member’s cognitive impairment has limited his/her ability to identify and cope with relapse triggers and high-risk situations. He/she requires relapse prevention activities that are delivered at a slower pace, more concretely, and more repetitively in a setting that provides 24 hour structure and support to prevent imminent dangerous consequences.

- Recovery environment – Environment is dangerous, but recovery is achievable within a 24-hour structure.

ASAM level 3.1-services for adolescents and adults are available to recipients who meet the following criteria. The recipient exhibits:

- Acute intoxication and/or withdrawal potential – None or minimal/stable withdrawal risk;
- Biomedical conditions and complications – None or stable. If present, the member must be receiving medical monitoring;
- Emotional, behavioral or cognitive conditions and complications – None or minimal. If present, conditions must be stable and not too distracting to the member's recovery;
- Readiness to change – Member should be open to recovery, but in need of a structured, therapeutic environment;
- Relapse, continued use or continued problem potential – Member understands the risk of relapse, but lacks relapse prevention skills or requires a structured environment; and
- Recovery environment – Environment is dangerous, but recovery is achievable within a 24-hour structure.

Treatment Plan must be in conformity with Core Elements, and it must be developed within 72 hours of admission; re-evaluated as needed, but not less than 90 days.

Continued Stay Criteria:

To meet Medical Necessity during the concurrent review, the following elements must be documented:

1. Significant progress in meeting the treatment plan's goals must be present in the patient care documentation.
2. A substantial likelihood must be present that the treatment plan's goals will be achieved, accomplished and/or realized if the concurrent authorization request is approved.
3. If inadequate progress is being made during the stay, then the treatment plan should be revised to address any barriers to the member's achievement of the treatment goals.

Discharge Criteria:

Discharge Planning begins upon admission.

Members must be considered for discharge from treatment or transferred to another level of care when they meet any of the following criteria:

- The member no longer meets medical necessity
- The member requires either a higher or lower level of care
- Administrative discharge due to behavior that is inconsistent with treatment program standards or lack of participation in treatment.

Limitations on Coverage:

None

<b><u>Program Requirements</u></b>
------------------------------------

According to the Louisiana Behavioral Health Provider Manual (LBHPM), the following are the program requirements:

Screening/Assessment/Treatment Plan Review

A triage screening must be completed to determine eligibility and appropriateness (proper patient placement) for admission and referral. (The MCO ensures that pre-certification requirements are met.)

A comprehensive bio-psychosocial assessment and ASAM Dimension 6 must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. The assessment must be reviewed and signed by a qualified professional.

A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.

A drug screening is conducted when the member’s history is inconclusive or unreliable. An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.

For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.

An individualized, interdisciplinary treatment plan, must be completed within 72 hours within residential facilities, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. This plan should be developed in collaboration with the member, family and providers and meet the following criteria:

- The treatment plan is reviewed/updated in collaboration with the member, as needed, or at a minimum of every 30 days;
- Discharge/transfer planning must begin at admission; and
- Referral arrangements made prior to discharge.

<b><u>Coding</u></b>			
<b><u>Procedure Code</u></b>	<b><u>Service Description</u></b>	<b><u>Rate</u></b>	<b><u>Billing Frequency</u></b>
<b><u>H2036</u></b>	<b><u>Level 3.7 Adult Inpatient</u></b>	<b><u>\$290</u></b>	<b><u>Daily</u></b>
<b><u>H2036</u></b>	<b><u>Level 3.5 Adult Residential</u></b>	<b><u>\$212</u></b>	<b><u>Daily</u></b>

<u>H2036</u>	<u>Level 3.5 Adolescent Residential</u>	<u>\$212</u>	<u>Daily</u>
<u>H0019</u>	<u>Level 3.3 Adult Residential</u>	<u>\$83</u>	<u>Daily</u>
<u>H2024</u>	<u>Level 3.1 Adult Low Intensity</u>	<u>\$60</u>	<u>Daily</u>
<u>H2034</u>	<u>Level 3.1 Adolescent Low Intensity</u>	<u>\$70</u>	<u>Daily</u>

**Discussion/General Information**

**Eligible Provider Information:**

**For Staffing requirements of House Manager and qualifications requirements of the medical director, clinical supervisor, unlicensed professionals and LMHPs, please refer to the Louisiana Behavioral Health Provider Manual as necessary.**

**According to the Louisiana Behavioral Health Provider Manual (LBHPM), the provider must have at least the following staffing:**

<p><b><u>Level 3.7-- Medically monitored high intensity inpatient treatment-adult</u></b></p> <ul style="list-style-type: none"> <li>• <b><u>Facilities that provide ASAM level 3.7 services must have both qualified professional and support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.</u></b></li> <li>• <b><u>The provider must ensure the following staffing:</u></b> <ul style="list-style-type: none"> <li>○ <b><u>The provider shall have a medical director (physician);</u></b></li> <li>○ <b><u>There is a physician on call 24 hours per day and on duty as needed for management of psychiatric and medical needs;</u></b></li> <li>○ <b><u>The provider shall have a clinical supervisor available for clinical supervision and by telephone for consultation;</u></b></li> <li>○ <b><u>There is at least one LMHP or UP under the supervision of an LMHP on duty at least 40 hours/week;</u></b></li> <li>○ <b><u>Each LMHP/UP caseload shall not exceed 1:10;</u></b></li> <li>○ <b><u>There is at least one RN on call 24 hours per day, seven days per week to perform nursing duties and at least one licensed nurse is on duty during all shifts with additional licensed nursing staff to meet the nursing needs of the clients;</u></b></li> <li>○ <b><u>On-site nursing staff is solely responsible for the 3.7 program and does not provide services for other levels of care at the same time;</u></b></li> <li>○ <b><u>There is at least one direct care aide on duty on all shifts with additional as needed</u></b></li> <li>○ <b><u>There is an activity or recreational therapist on duty at least 15 hours per week</u></b></li> </ul> </li> </ul>
---



- There shall be a care coordinator (one FTE per day shift, and/or duties may be assumed by clinical staff); and
- There shall be a clerical support staff (One FTE per day shift)

**Level 3.5-- Clinically managed medium intensity residential treatment – adolescent and adults**

- Facilities that provide ASAM level 3.5 services must have both qualified professional and support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.
- The provider must ensure the following staffing:
  - The provider shall have a medical director (physician);
  - There is a physician on call 24 hours per day and on duty as needed for management of psychiatric and medical needs;
  - The provider shall have a clinical supervisor available for clinical supervision and by telephone for consultation;
  - There is a psychologist available when needed;
  - There shall be at least one LMHP or UP under the supervision of an LMHP on duty at least 40 hours per week;
  - Each LMHP/UP's caseload shall not exceed 1:8 (adolescents), 1:12 (adults);
  - The provider shall have one licensed RN on call 24/7 to perform nursing duties for the provider;
  - Nursing availability on duty during the day and evening shifts to meet nursing needs of clients. Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider must maintain documentation of such arrangement;
  - For adolescents, there shall be at least two direct care aides on duty (two FTE) during all shifts with additional as needed. The ratio of aides to clients shall not exceed 1:8. On therapy outings, the ratio shall be at least 1:5;
  - For adults, there shall be at least one direct care aide on duty on all shifts with additional as needed;
  - There shall be a care coordinator (one FTE per 50 members per day shift, and/or duties may be assumed by clinical staff); and
  - There shall be a clerical support staff (One FTE per day shift).

**Level 3.3-- Clinically managed population specific high intensity residential treatment-adult**

- Facilities that provide ASAM level 3.3 services must have both qualified professional and support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.
- The provider must ensure the following staffing:
  - The provider shall have a medical director (physician);
  - There is a physician on call 24 hours per day and on duty as needed for management of psychiatric and medical needs;
  - The provider shall have a clinical supervisor available for clinical supervision and by telephone for consultation;



- There is an LMHP or UP under supervision of an LMHP on-site 40 hours a week to provide direct client care;
- Each LMHP/UP caseload shall not exceed 1:12;
- There is 24 hour on-call availability by an RN plus a licensed nurse on duty whenever needed to meet the professional nursing requirements;
- There is at least one direct care aide on duty for each shift plus additional aides as needed;
- There shall be a care coordinator (one FTE per 50 members per day shift, and/or duties may be assumed by clinical staff); and
- There shall be a clerical support staff (One FTE per day shift).

**Level 3.1-- Clinically managed low-intensity residential treatment-adolescent and adults**

- Facilities that provide ASAM level 3.1 services must have both qualified professional and support staff necessary to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program.
- The provider must ensure the following staffing:
  - The provider shall have a medical director (physician);
  - The provider shall have a clinical supervisor available for clinical supervision and by telephone for consultation;
  - LMHP or UP under supervision of an LMHP caseload shall not exceed 1:8 active clients (adolescents), 1:25 active clients (adults);
  - At least one LMHP or UP is on duty at least 40 hours a week when majority of individuals are awake and on-site;
  - The provider shall have a house manager;
  - • The provider shall have at least two direct care aides (two FTE) on duty during each shift adolescents, and one direct care aides for adults;
  - For adolescents, there shall be a ratio of 1:8 direct care aides during all shifts and a ratio of 1:5 direct care aides on therapy outings; and
  - There shall be a care coordinator and/or duties may be assumed by clinical staff

**Definitions**

**Clinically Managed Low Intensity Residential Treatment (ASAM Level 3.1) – A residential program that offers at least five hours a week of a combination of low intensity clinical and recovery-focused services for substance-related disorders. Services may include individual, group and family therapy, medication management and medication education, and treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the client into the worlds of work, education and family life (e.g., halfway house).**

**Clinically Managed Medium-Intensity Residential Treatment (ASAM Level 3.3) – A residential program that offers at least 20 hours per week of a combination of medium-intensity clinical and recovery focused services in a structured recovery environment to support recovery from substance-related disorders; is frequently referred to as extended or long term care.**

Clinically Managed High-Intensity Residential Treatment (ASAM Level 3.5) - A residential program that offers continuous observation, monitoring, and treatment by clinical staff designed to treat clients experiencing substance-related disorders who have clinically-relevant social and psychological problems, such as criminal activity, impaired functioning and disaffiliation from mainstream values, with the goal of promoting abstinence from substance use and antisocial behavior and affecting a global change in clients' lifestyles, attitudes and values.

Licensed Mental Health Professional (LMHP) - An individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license. An LMHP includes the following individuals who are licensed to practice independently: Medical psychologists, licensed psychologists, licensed clinical social workers (LCSWs), licensed professional counselors (LPCs), licensed marriage and family therapists (LMFTs), licensed addiction counselors (LACs), and advanced practice registered nurses (APRNs)<sup>2</sup>. See Appendix B & Appendix D of the LBHSPM for further details.

Medically Monitored Intensive Residential Treatment (ASAM Level 3.7) – Residential program that provides a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring and addiction treatment to clients with co-occurring psychiatric and substance disorders whose disorders are so severe that they require a residential level of care but do not need the full resources of an acute care hospital. The program provides 24 hours of structured treatment activities per week, including, but not limited to, psychiatric and substance use assessments, diagnosis treatment, and habilitative and rehabilitation services.

#### Unlicensed Professionals

UPs of addiction services must be registered with the Addictive Disorders Regulatory Authority (ADRA) and meet regulations and requirements in accordance with La. RS 37:3387 et seq.. Written verification of ADRA registration shall be maintained in the individual's personnel record. Unlicensed staff who fall under a professional scope of behavioral health practice with formal board approved clinical supervision and whose scope includes the provision of addiction services will not need to register with ADRA. Unlicensed addiction providers must meet at least one of the following qualifications:

- Be a master's-prepared behavioral health professional that has not obtained full licensure privileges and is participating in ongoing professional supervision. When working in addiction treatment settings, the master's-prepared UP must be supervised by an LMHP, who meets the requirements of this Section;
- Be a registered addiction counselor;
- Be a certified addiction counselor; or
- Be a counselor-in-training (CIT) that is registered with ADRA and is currently participating in a supervision required by the Addictive Disorders practice act.

LOUISIANA MEDICAID PROGRAM ISSUED: 01/01/20, REPLACED: 06/12/19, CHAPTER 2: BEHAVIORAL HEALTH SERVICES, SECTION 2.4 ADDICTION SERVICES PAGE(S) 63, Page 10 of 63 Section 2.4

---

<sup>2</sup> The LMHP definition taken directly from the Louisiana Behavioral Health Services Provider Manual. Staffing requirements are also found in the LBHSPS under Section 2.4 Addiction Services. Definition may be updated as new policy version are issued by the Louisiana Department of Health.

**Acronyms**

**APRN: Advanced Practice Registered Nurse**  
**ASAM: American Society of Addiction Medicine**  
**DSM: Diagnostic and Statistical Manual of Mental Disorder**  
**FTE: Full Time Employee**  
**ICOPSD: Individuals with Co-Occurring Psychiatric and Substance Disorders**  
**LMHP: Licensed Mental Health Professional**  
**LBHPM: Louisiana Behavioral Health Provide Manual**  
**MCO: Managed Care Organization**  
**PA: Physician Assistant**  
**RN: Registered Nurse**  
**SUD: Substance Use Disorder**  
**WM: Withdrawal Management**

**References**

**Government Agency, Medical Society, and Other Authoritative Publications:**

- 1. State of Louisiana, Department of Health.**
- 2. PRTF – 42 CFR 483.354**
- 3. LAC 48:1 Chapter 90**
- 4. Louisiana Office of Behavioral Health ASAM level of care inquiries: May 28, 2019 and June 14, 2019.**

**Websites for Additional Information**

- 1. Louisiana Behavioral Health Provider Manual**
- 2. American Society of Addiction Medicine**

**History**

<b>Status</b>	<b>Date</b>	<b>Action</b>
<b>New</b>	<b>8/1/2019</b>	<b>New Guideline Created.</b>
<b>Active</b>	<b>8/7/2019</b>	<b>MOC Approved.</b>
<b>Approved</b>	<b>5/27/2021</b>	<b>MOC Approved.</b>