

	Behavioral Health and Developmental Disabilities (BHDD) Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: March 8, 2025
Policy Number: 535	Subject: SUD Clinically Managed Low-Intensity Residential (ASAM 3.1) Adult and Adolescent

Definition

ASAM 3.1 is a licensed community-based residential home that functions as a supportive, structured living environment. Members are provided stability and skills building to help prevent or minimize continued substance use. ASAM 3.1 includes a minimum of 5 hours per week of professionally directed treatment services.

Medical Necessity Criteria

Members must meet the moderate or severe SUD criteria as described in this manual and meet the ASAM criteria for diagnostic and dimensional admission criteria for ASAM 3.1 level of care.

Provider Requirements

- (1) ASAM 3.1 must be provided by a state-approved substance use disorder program licensed to provide this level of care.
- (2) Providers offering ASAM 3.1 services must have an interdisciplinary team.

Service Requirements

- (1) Services must be provided in accordance with all state and federal regulations pertaining to the administration of the service.
- (2) The provider must adhere to the ASAM criteria service standards for service planning and level of care placement characteristic category standards. These categories include:

- (a) Therapies;
 - (b) Support systems;
 - (c) Assessment/ITP review;
 - (d) Staff; and
 - (e) Documentation.
- (3) ASAM 3.1 is a bundled service that includes the availability of the following service components:
- (a) Individual SUD therapy;
 - (b) Group SUD therapy;
 - (c) Family SUD therapy;
 - (d) Educational groups; and
 - (e) Community-based psychiatric rehabilitation support services (CBPRS).
- CBPRS must be provided by on-site residential staff.
- (4) It is not required that each member receiving the ASAM 3.1 bundle receive every service component listed above. Medically necessary services must be provided and documented in the individualized treatment plan and the services received must be documented clearly in the member's treatment file.
- (5) In order for the provider to bill the bundled service, the member must receive the following:
- (a) Minimum five (5) hours of professionally directed treatment services listed in (3)(a)-(d) of this section, per week; and
 - (b) Two (2) or more service components per week.
- (6) Clinical services must be provided by licensed or credentialed clinical staff, listed under MCA 53-21-102 (11)(a)-(h).
- (7) Care/case management must be made available to members receiving services. Care/case management does not count towards the required hours. It is billable concurrently.
- (8) CBPRS does not toward the 5 required hours and may be billed concurrently if performed by separate and distinct staff, not the on-site residential staff required under licensure.

Utilization Management

- (1) Prior authorization is required. The department or the UR Contractor may issue the authorization for as many days as deemed medically necessary up to 90 days.

- (2) Continued stay review is required for up to 30 days.
- (3) Member must continue to meet the SUD criteria as described in this manual with a severity specifier of moderate or severe and meet the ASAM criteria diagnostic and dimensional admission criteria for SUD Clinically Managed Low-Intensity Residential (ASAM 3.1) level of care.