ASAM Criteria and Levels of Care

Substance Use and Co-Occurring Disorders

Why a Continuum of Care
1. To help clients/patients to receive the most appropriate and highest quality treatment services,
2. To encourage the development of a comprehensive continuum of care,
3. To promote the effective, efficient use of care resources,
4. To help protect access to and funding for care.

Guiding Principles
Promote the development and application of clinically driven criteria that preserves access to care and the resources (necessary) for all who suffer from addiction by:
- Move from program-driven to clinically, outcomes-driven care
- Move from fixed to variable lengths of stay
- Move from a limited number of discrete levels of care to a broad and flexible continuum of care
- Focus on Treatment Outcomes
Cost and Care Benefits
- Promotion of quality, individualized care which has been shown to increase patient engagement and retention:
  - Patients receiving appropriate level of care show improved treatment outcomes
- Improved quality of assessments and targeting appropriate interventions
- Enables focused research studies on treatment: efficacy and efficiency
- Establishment of generally accepted practice in the SUD treatment field

Dimensional Criteria Assessment
- **Dimension 1**: Acute Intoxication/Withdrawal Potential
- **Dimension 2**: Biomedical Conditions and Complications
- **Dimension 3**: Emotional/Behavioral/Cognitive Conditions and Complications
- **Dimension 4**: Readiness to Change
- **Dimension 5**: Relapse/Continued Use/Continued Problem Potential
- **Dimension 6**: Recovery/Living Environment

<table>
<thead>
<tr>
<th>Assessment Dimensions</th>
<th>Assessment and Treatment Planning Focus</th>
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<td>1. Acute Intoxication and/or Withdrawal Potential</td>
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**Assessment Dimensions**

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<td>4. Readiness to Change</td>
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<td>5. Relapse, Continued Use or Continued Problem Potential</td>
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<td>6. Recovery Environment</td>
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**Focus Assessment and Treatment**

**INTAKE AND ASSESSMENT**

**WHAT DOES THE CLIENT WANT?**

**DOES CLIENT HAVE IMMEDIATE NEEDS DUE TO IMMINENT RISK IN ANY OF SIX DIMENSIONS?**

Conduct **MULTIDIMENSIONAL Assessment**

What are the **DSM Diagnosis**?

**What guides placement?**

- The highest severity problem (Dimensions 1, 2, 3, 4, 5, and 6) should determine the patient’s entry point into the treatment continuum.

- Resolution of any acute problem(s) provides an opportunity to shift the patient down to a less intensive level of care. Similarly, a digression within any of the six dimensions suggests the need to move the patient up to a more intensive level of care.
“Imminent Danger”

1. A strong probability that certain behaviors will occur (e.g., continued alcohol or drug use or relapse or non-compliance with psychiatric medications); AND,
2. The likelihood that these behaviors will present a significant risk of serious adverse consequences to the individual and/or others (as in a consistent pattern of driving while intoxicated); AND,
3. The likelihood that such adverse events will occur in the very near future

In order to constitute “imminent danger” ALL THREE ELEMENTS MUST BE PRESENT

Assessing Risk for Each Dimension - Assign a rating

4. Utmost severity. Critical impairments/symptoms indicating imminent danger
3. Serious issue or difficulty coping. High risk or near imminent danger
2. Moderate difficulty in functioning with some persistent chronic issues
1. Mild difficulty, signs, or symptoms. Any chronic issue likely to resolve soon
0. Non-issue, or very low-risk issue. No current risk and any chronic issues likely to be mostly or entirely resolved

So, what do we do with all of this information?

Dimension 1
Risk 0

Dimension 2
Risk 1

Dimension 3
Risk 2

Dimension 4
Risk 3

Dimension 5
Risk 4

Dimension 6

Levels of Withdrawal Management (Level 1-4, WM)

Levels of Care Placement (Level 0.5 – 4)
Focus Assessment and Treatment
SERVICE PLANNING AND PLACEMENT

MULTIDIMENSIONAL SEVERITY/LEVEL OF FUNCTION Profile

Which DIMENSIONS are currently MOST IMPORTANT to DETERMINE TREATMENT PRIORITIES?

What SERVICES are NEEDED for Each Dimension?

What “DOSE” or INTENSITY

Where—at least intense but “Safe” LOC

Levels of Care (ASAM Third Ed.)
Overall Structure of Levels of Care & Services

Within the five broad levels of care, decimal numbers are used to further express gradations of intensity of services.

- Level 0.5 - Early Intervention
- Level 1 - Outpatient
- Level 2 - Intensive Outpatient/Partial Hospitalization
- Level 3 - Residential/Inpatient Treatment
- Level 4 - Medically Managed Intensive Inpatient Treatment

In addition, ASAM has developed 4 Levels of Care for Withdrawal Management

A Continuum of Services within Levels of Care

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
Level 0.5

Level 0.5 is NOT a level of care or treatment but the combination of psycho-education and assessment. If the assessment indicates the need for treatment, the individual may receive treatment at the conclusion of or concurrently with the 0.5 service.

- Facility: Outpatient
- Typical Services
  - SBRIT
  - DUI Services
  - Programs targeting "At Risk" individuals/populations

Outpatient – Level 1

Less than 9 hours of Outpatient Service per week (6 hours/week for adolescents) providing recovery or motivational treatment.

- Facility - Outpatient Clinic
- Staff - Licensed/Certified MH and/or SUD Counselors
- Services -
  - Individual and Group Counseling
  - Best-Practices (MET, Family, Occupational/Recreation)
  - Addictions Pharmacology

Outpatient/Partial Hospitalization – Level 2.1

9 hours of more or outpatient services per week to treat multidimensional instability requiring high-intensity, outpatient SUD treatment

- Facility - Outpatient Clinic
- Staff - Licensed/Certified MH and/or SUD Counselors
- Services -
  - Individual and Group Counseling
  - Best-Practices (MET, Family, Occupational/Recreation)
  - Addictions Pharmacology
Outpatient/Partial Hospitalization – Level 2.5
20 hours or more of outpatient services per week to treat multidimensional instability requiring high-intensity, outpatient treatment but not 24-hour care.

- Facility: Outpatient Clinic
- Staff: Interdisciplinary team
  - Licensed/Certified MH and/or SUD Counselors
  - Medication Management by appropriate staff
- Services:
  - Individual and Group Counseling
  - Best-Practices (MET, Family, Occupational/Recreation)
  - Direct access to psychiatric and medical services
  - Addictions Pharmacology

Residential/Inpatient Services– Level 3.1
Planned, and structured SUD treatment/recovery services that are provided in a 24-hour residential care setting with patients receiving at least 5 hours of clinical services per week.

- Facility: Freestanding licensed residential facility
- Staff:
  - Allied Health Professionals (occupational therapist; medical technologists; dietician, etc)
  - Licensed/Certified MH and/or SUD Counselors
- Services:
  - Planned clinical activities (minimum 5 hours/week)
  - Counseling and clinical monitoring
  - Recovery support services
  - Drug Screening/Addictions Pharmacology

Residential/Inpatient Services– Level 3.3
Clinically Managed, Population Specific, High-Intensity Residential Services. 24-hour structured living environment with high-intensity clinical services for individuals with significant cognitive impairments.

- Facility: Licensed Residential Facility
- Staff:
  - Allied Health Professionals
  - Licensed/Certified MH and/or SUD Counselors
  - Physicians and physician extenders
- Services:
  - Daily clinical services to include counseling and clinical monitoring
  - Recovery support services
  - Drug Screening/Addictions Pharmacology
Residential/Inpatient Services—Level 3.5

Clinically Managed, High-Intensity Residential Services. 24-hour structured living environment with high-intensity clinical services for individuals who have multiple challenges to recovery and require a safe, stable recovery environment combined with a high level of treatment services.
- Facility: Licensed Residential Treatment Center
- Staff: Professional Interdisciplinary Team
  - Allied Health Professionals
  - Licensed/Certified MH and/or SUD Counselors
  - Physicians (Medical Staff) are not involved in direct service but may deliver biomedical "enhanced" services
- Services:
  - Daily planned clinical activities and professional services: counseling and clinical monitoring
  - Drug Screening/Addictions Pharmacology

Inpatient Services—Level 3.7

Medically Monitored, High-Intensity Inpatient Services. 24-hour, professionally directed medical monitoring and addiction treatment in an inpatient setting.
- Facility: Licensed Health Care or Psychiatric Facility
- Staff: Interdisciplinary Staff
  - Physicians, nurses, social workers, licensed/certified MH and SUD Counselors
  - Licensed Physician oversees the treatment process and assures the quality of care
- Services:
  - Daily clinical and professional services directed at stabilizing the acute MH/SUD crisis
  - Best practices to include cognitive-behavioral therapies
  - Daily treatment to manage biomedical issues
  - Physician monitoring and nursing care

Inpatient Services—Level 4

Medically Managed Intensive Inpatient Services. 24-hour, services delivered in an acute care, inpatient setting.
- Facility: Licensed Acute Care Facility
- Staff: Interdisciplinary staff
  - Physicians, nurses, social workers, licensed/certified MH and SUD Counselors
  - Licensed Physician oversees the treatment process and assures the quality of care
- Services:
  - Daily clinical and professional services directed at stabilizing the acute MH/SUD crisis
  - Best practices to include cognitive-behavioral and pharmacological therapies
  - Daily treatment to manage acute biomedical issues
  - Physician monitoring and 24-hour nursing care
### Levels of Withdrawal Management

<table>
<thead>
<tr>
<th>Withdrawal Management</th>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>Ambulatory Withdrawal Management with</td>
<td>1-WM</td>
<td>Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery</td>
</tr>
<tr>
<td>Extended On-Site Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Withdrawal Management without</td>
<td>2-WM</td>
<td>Moderate withdrawal with all day withdrawal management support and supervision, at night, has supportive family or living situation; likely to complete withdrawal management</td>
</tr>
<tr>
<td>Extended On-Site Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinically Managed Residential Withdrawal</td>
<td>3-WM</td>
<td>Moderate-severe withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery</td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Managed Intensive Inpatient</td>
<td>4-WM</td>
<td>Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability</td>
</tr>
<tr>
<td>Withdrawal Management</td>
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### In your current Alcohol and Other Drug treatment system of care what ASAM levels of care do you provide?

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### Required County Service Under DMC Waiver

- The following services must be provided, as outlined, to all eligible DMC-ODS beneficiaries for the identified level of care as follows.
- DMC-ODS benefits include a continuum of care that ensures that clients can enter SUD treatment:
  - At a level appropriate to their needs and,
  - Be able to step up or down to a different intensity of treatment based on their responses.
**Required County Service Under DMC Waiver**

<table>
<thead>
<tr>
<th>Service</th>
<th>Required</th>
<th>ASAM Optional</th>
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<tbody>
<tr>
<td>Early intervention (SBIRT)</td>
<td>(Provided through FFS Managed Care)</td>
<td>0.5</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Outpatient Intensive Outpatient</td>
<td>1.0 Partial Hospitalization (2.5)</td>
</tr>
<tr>
<td>Residential</td>
<td>At least one level initially. Within 3 years 3.1, 3.3, and 3.5 required</td>
<td>3.1 Additional levels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.5</td>
</tr>
<tr>
<td>OTP</td>
<td>Required</td>
<td>WM Additional levels 1-4</td>
</tr>
<tr>
<td>Withdrawal Management</td>
<td>At least one level of service</td>
<td>Optional</td>
</tr>
<tr>
<td>Additional MAT</td>
<td>Required</td>
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<tr>
<td>Recovery Services</td>
<td>Required</td>
<td></td>
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<tr>
<td>Case Management</td>
<td>Required</td>
<td></td>
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<tr>
<td>Physician Consultation</td>
<td>Required</td>
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**A note regarding residential services**

- The only facilities DHCS will be designating are residential facilities that are licensed by the department and for only levels 3.1, 3.3, and 3.5 of the ASAM Levels of Care.
- Counties must provide required services and may provide optional service, but the specific facilities will not be designated by DHCS.

**DISCUSSION**

THANKS!