WISCONSIN DEPARTMENT of HEALTH SERVICES

An Introduction to the Application of The ASAM Criteria and the Revised DHS 75

Saima Chauhan LCSW, CSAC, ICS
Substance Use Services Section
Bureau of Prevention Treatment and Recovery
Division of Care and Treatment Services

September 28, 2023

Copyright notice

The ASAM Principles

- **Principle 1**: Admission into treatment is based on patient need rather than prerequisites.
- **Principle 2**: Treatment plans are individualized based on a patient's needs and preferences.
- **Principle 3**: Patients receive a multidimensional assessment that incorporates their lived experience, identity, preference, and context.

The ASAM Principles

- **Principle 4:** Care is interdisciplinary, evidence-based, delivered from a place of empathy, and centered on the patient.
- **Principle 5:** Patients move along a clinical continuum of care based on the outcomes of provided care.
- **Principle 6:** Informed consent and shared decision-making accompany all treatment decisions.

Common misconceptions about *The ASAM Criteria*

- A checklist to justify level of care; and then you are done with *the ASAM Criteria*
- Requires more staff, funding, and administration to provide all levels
- A medical model; requires everyone to hire a medical director
- Biased to advocate for more inpatient treatment
- Biased to advocate for more outpatient treatment
- Not useful because the many levels of care and withdrawal management services don’t exist locally

The biggest challenges today

- Misunderstanding residential treatment
- Misinterpretation of medical necessity
- Limited levels of withdrawal management
- Fixed length of stay
- Funding limited to certain levels of care

Question one

Which of the following statement(s) best describe *The ASAM Criteria*?

a. *The ASAM Criteria* supports individualized, person-centered treatment.
b. *The ASAM Criteria* focuses on "placement" in a program, often with a fixed length of stay.
c. *The ASAM Criteria* encourages moving toward treatment based on diagnosis alone.
d. *The ASAM Criteria* asserts that medical necessity should pertain to necessary care for biopsychosocial severity and is defined by the extent and severity of problems in all six multidimensional assessment areas of the patient.

Revised DHS 75

DHS 75.23 (1) SERVICE LEVELS OF CARE

(a) A service shall apply the ASAM criteria or other DHS-approved placement criteria to determine the appropriate level of care, and services shall be delivered consistent with that level of care.

Revised DHS 75

DHS 75.23 (2) USE OF ASAM OR OTHER DHS-APPROVED PLACEMENT CRITERIA

(b) In order to be approved by DHS, other placement criteria must include all of the following:

1. A multi-dimensional assessment tool that captures behavioral health, physical health, readiness for change, social risk levels and directly correlates risk level to service levels of care based on frequency and intensity of the service.
2. Proof that the criteria is accepted and utilized within professional organizations in the field of healthcare and allows for consistency of interpretation across settings and providers.

Paper-based ASAM Criteria Assessment Interview Guide

- Offered for free to all clinicians
- Used in many different clinical contexts

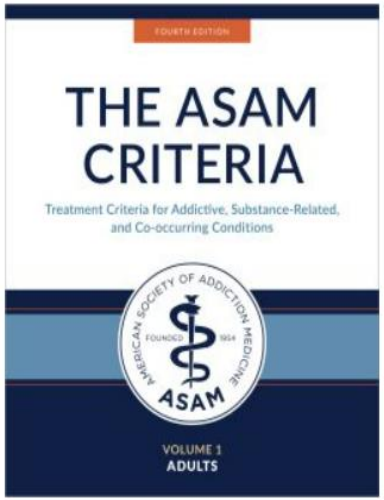
https://www.asam.org/asam-criteria/criteria-intake-assessment-form

The ASAM Criteria fourth edition development

ASAM is currently working to develop the fourth edition of *The ASAM Criteria* using a rigorous methodology for evidence review and formal consensus development under the guidance of a new editorial subcommittee.

The Adult Volume of the ASAM Criteria Fourth Edition will be available in November 2023

The ASAM Criteria - Print Version

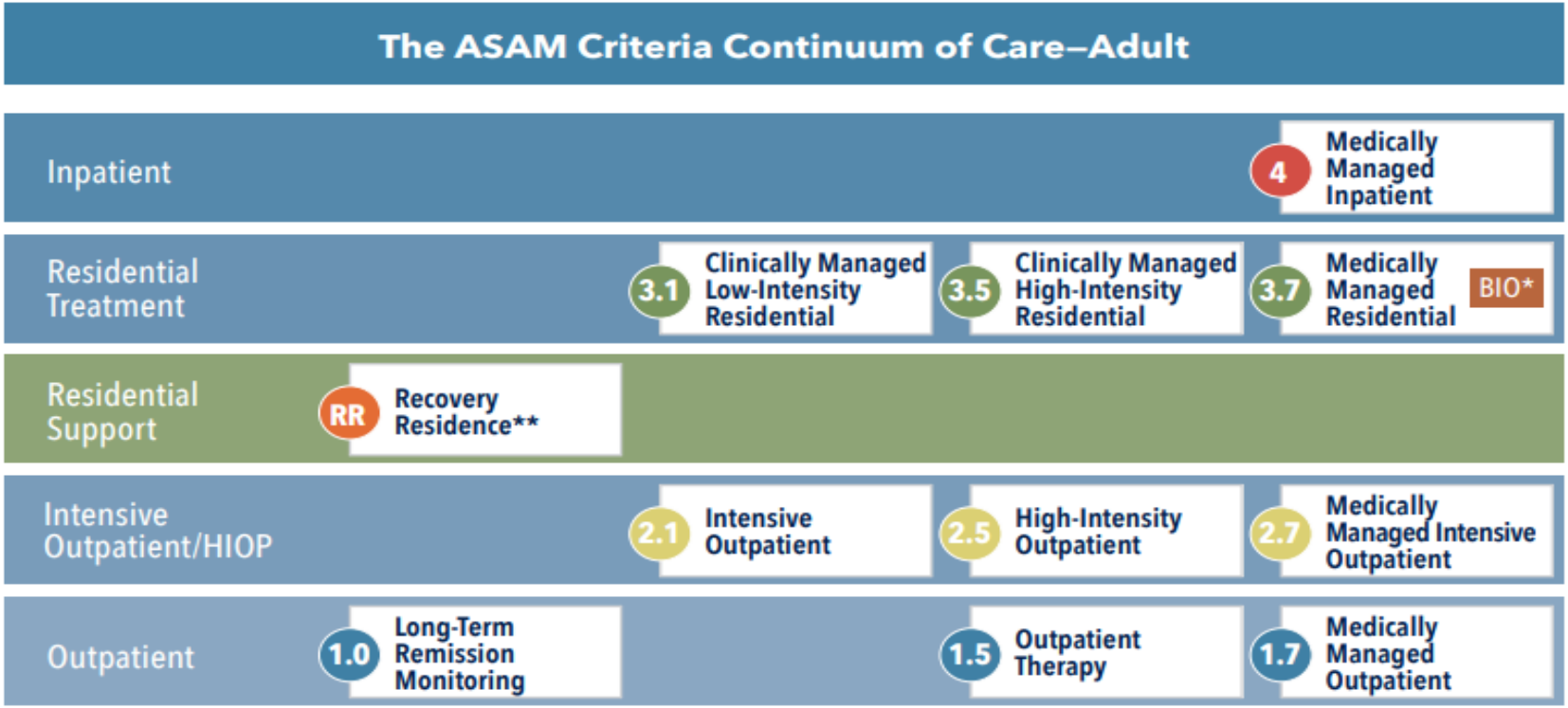


The ASAM Criteria - Digital Version

Subsequent 2024-2026 Volumes

- Adolescent and Transition Age Youth (anticipated 2024)
- Addiction Treatment within Jails and Prisons (anticipated 2025)
- Behavioral Addictions (i.e., gambling, internet and gaming addiction, sex addiction) (anticipated 2026)

Sign up for updates on future volumes->



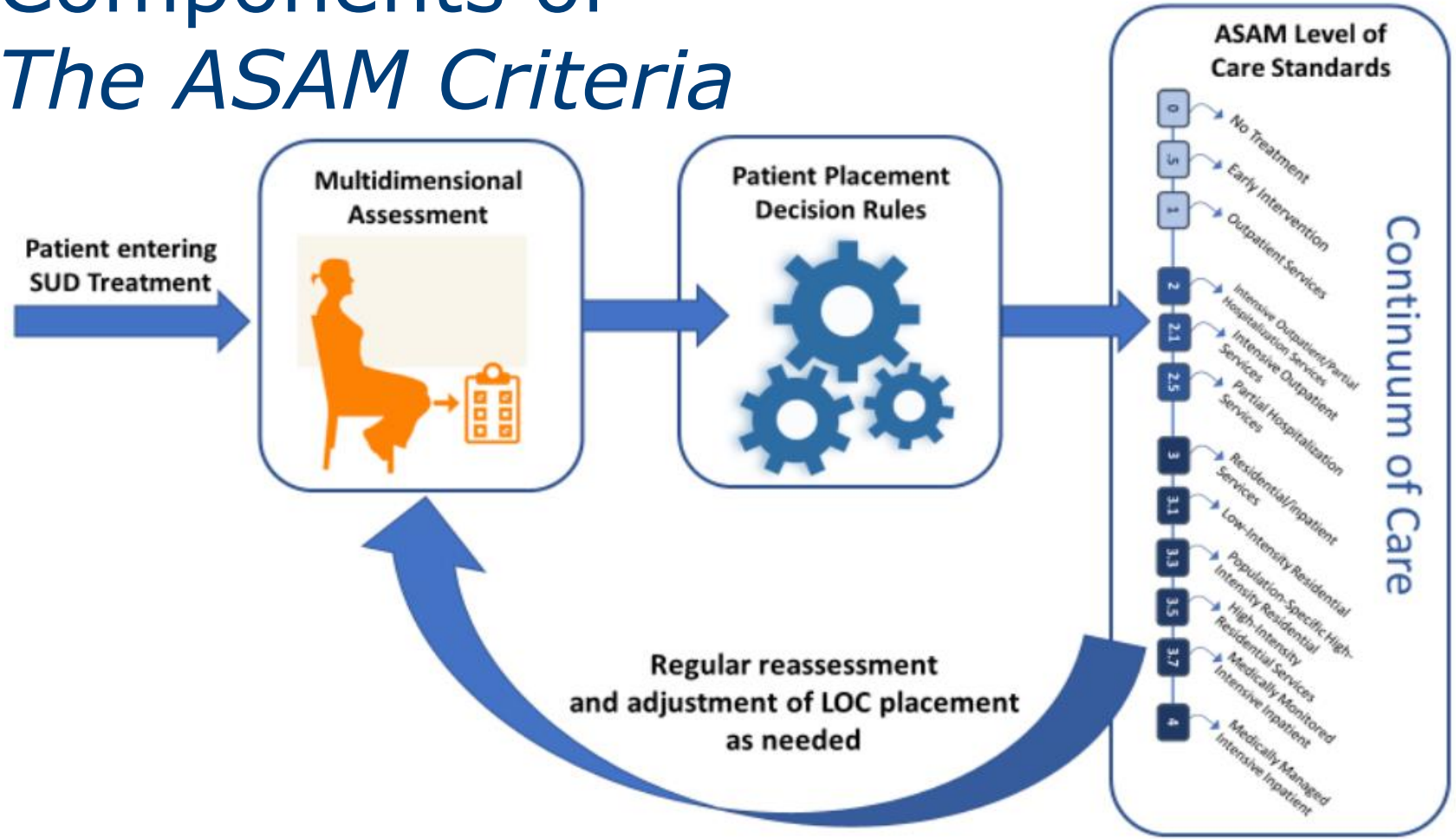
* Separate standards are defined for Levels 3.7 and 3.7 biomedically enhanced (BIO).
** The Dimensional Admission Criteria may recommend a recovery residence in addition to an outpatient level of care.

Co-occurring enhanced (COE) care standards defined for x.5, x.7, and Level 4

Changes to *The ASAM Criteria* Dimensions in the Fourth Edition

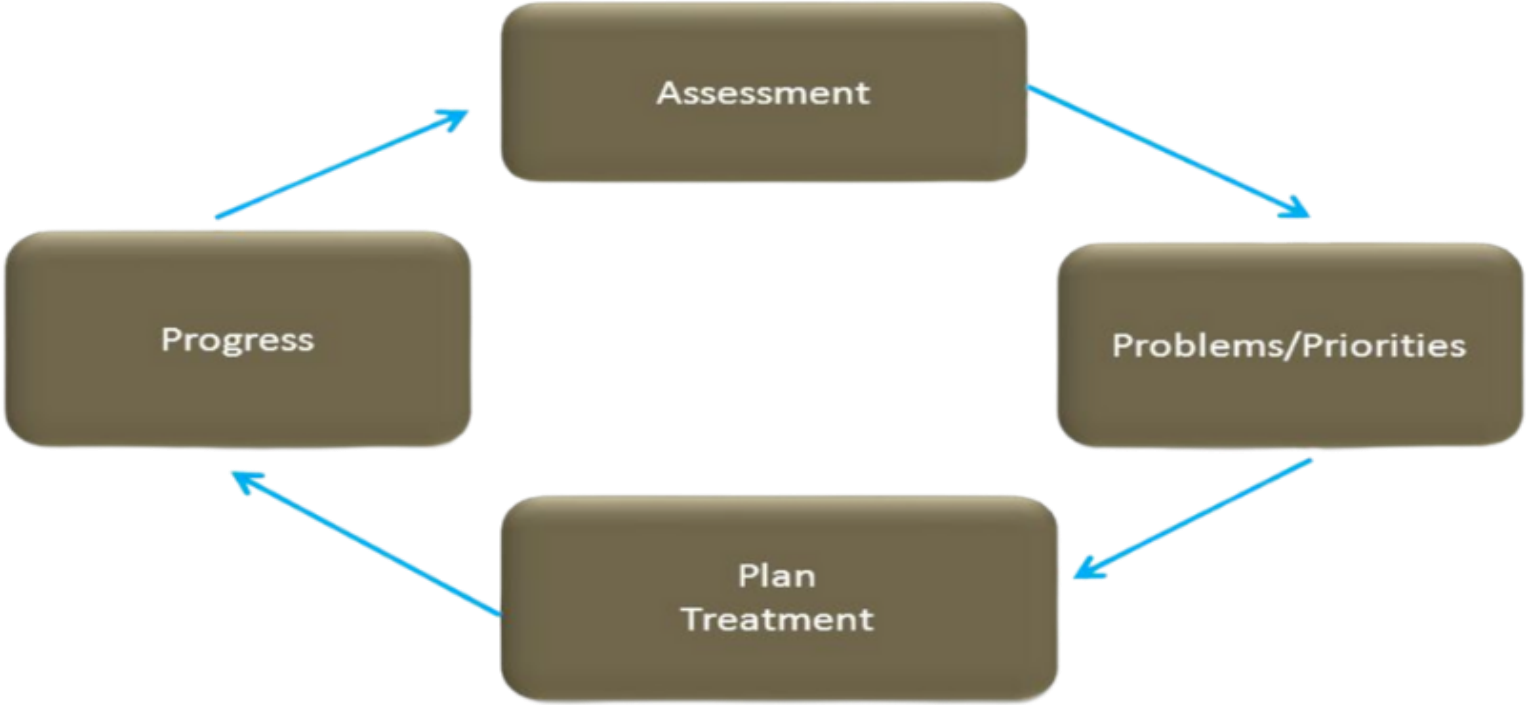
THIRD EDITION	FOURTH EDITION
Acute Intoxication and Withdrawal Potential	1 Intoxication, Withdrawal, and Addiction Medications
Biomedical Conditions and Complications	2 Biomedical Conditions
Emotional, Behavioral, or Cognitive Conditions and Complications	3 Psychiatric and Cognitive Conditions
Readiness to Change	4 Substance Use-Related Risks
Relapse, Continued Use, or Problem Potential	5 Recovery Environment Interactions
Recovery/Living Environment	6 Person-Centered Considerations

Components of *The ASAM Criteria*



Individualized treatment

Patient-centered and outcome-driven treatment plan



Treatment plans based on multidimensional assessment

The ASAM Criteria uses **six dimensions** to create a holistic, clinical assessment of an **individual** to be used for **treatment planning** and **treatment across all services and levels of care.**

Question two

Which of the following statements DO NOT describe a patient-driven treatment?

a. Seeing a diagnosis as a sufficient justification for entering a certain modality or intensity of treatment.
b. Length of service is based on patients' complex needs and outcomes.
c. Requiring "failure" in outpatient treatment as a prerequisite for admission to inpatient treatment.
d. Treatment that is responsive to the patient's specific needs and progress in treatment.

Question three

Which of the following would be considered medical necessity in addiction treatment care?

a. A 28-day stay in inpatient rehabilitation with much education.
b. Levels of care to match a patient's severity of illness and level of function to their intensity of services needed.
c. Ready access to intensive outpatient programs instead of residential care.
d. Where the patient stays and graduates from each level of care as determined by the primary counselor.

Who can do a level of care placement criteria/assessment?

DHS 75.24(11)(a) CLINICAL ASSESSMENT
Clinical staff of a service, operating within the scope of their knowledge and practice, shall assess each patient through interviews, information obtained during intake, counselor observation, and collateral information.

DHS 75.03(17) CLINICAL STAFF
All substance use counselors, mental health professionals, mental health professionals in training, substance use counselors in training, qualified treatment trainees, psychologists, or other qualified staff of a service that deliver screening, assessment, or treatment services under this chapter.

ForwardHealth: Initial assessment

The initial assessment of a member to determine the appropriateness of residential treatment admission must be completed by one of the following:

- Licensed clinical substance abuse counselor
- Substance abuse counselor
- Licensed marriage and family therapist
- Licensed professional counselor
- Licensed clinical social worker
- Psychologist
- Certified addiction registered nurse
- Physician familiar with ASAM placement criteria
- Licensed marriage and family therapist in training
- Licensed professional counselor in training
- Substance abuse counselor in training

In training needs clinical supervisor signature

Clarifying “Medical Necessity”

A service may be considered medically necessary when it is most appropriate, clinically effective, and cost-effective plan of care for this member at this time. ASAM placement criteria is effective for establishing proof of medical necessity.

Wisconsin Medicaid
Medically necessary is defined under Wis. Admin. Code § DHS 101.03(96m).

Level of care not available

DHS 75.24(11)(j) CLINICAL ASSESSMENT

In the event that the assessed level of care is not available, a service shall:

1. Document accurately the level of care indicated by the clinical assessment.
2. Indicate on the treatment plan what alternative level of care is available or agreed upon.
3. Identify on the treatment plan what efforts will be made to access the appropriate level of care, additional services or supports that will be offered to bridge the gap in level of care, and ongoing assessment for clinical needs and level of care review.

Note from state auditors

- Please place *The ASAM Criteria* results and recommendations in a place in the client's case record/electronic health record that is easy to find.
- Please make sure that you are using ASAM or other DHS-approved placement criteria.

Let’s jump right in.

That did not go so well for the bushy tail cat, but we got this.

Intake and assessment

75.24(9) 75.24(11)

Six dimensions

DIMENSION 1

Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

DIMENSION 2

Biomedical Conditions and Complications

Exploring an individual's health history and current physical health needs

DIMENSION 3

Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's mental health history and current cognitive and mental health needs

DIMENSION 4

Readiness to Change

Exploring an individual's readiness for and interest in changing

DIMENSION 5

Relapse, Continued Use or Continued Problem Potential

Exploring an individual's unique needs that influence their risk for relapse or continued use

DIMENSION 6

Recovering/Living Environment

Exploring an individual's recovery or living situation, and the people and places that can support or hinder their recovery

Withdrawal management

LEVEL	Withdrawal Management-Adults	Description
1-WM	***Ambulatory Withdrawal Management W/O Extended On-Site Monitoring***	Mild withdrawal with daily or less than daily OP supervision; likely to complete withdrawal management and to continue treatment or recovery
2-WM	***Ambulatory Withdrawal Management with Extended On-Site Monitoring***	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
3.2-WM	***Clinically Managed Residential Withdrawal Management***	Moderate withdrawal, but each 24 hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
3.7-WM	***Medically Monitored Inpatient Withdrawal Management***	Severe withdrawal and needs 24 hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring
4-WM	***Medically Managed Intensive Inpatient Withdrawal Management***	Severe, unstable withdrawal and needs 24 hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical stability

Severity and risk ratings

More information on pages 75-89

RISK RATING			
	4	This rating would indicate issues of **utmost severity**. The patient would present with critical impairments in coping and functioning, with signs and symptoms indicating an **"imminent danger"** concern.	HIGH
	3	This rating would indicate a **serious issue** or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near "imminent danger."	MODERATE
	2	This rating would indicate **moderate difficulty** in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support system may be present.	
	1	This rating would indicate a **mildly difficult issue**, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.	LOW
	0	This rating would indicate a **non-issue or very low risk issue**. The patient would present no current risk and any chronic issues would be mostly or entirely stable.	

Key assessment considerations

Assessing severity/level of function assessment

The 3 H's

History

The history of a client's past signs, symptoms, and treatment is important, but **never overrides the here and now**.

Here and now

The here and now presentation of a client's **current information** of substance use, mental health signs, and symptoms can override the history.

How worried now

How worried now you are, as the clinician, counselor or assessor, determines your severity or level of function rating for each ASAM dimension.

What guides placement?

- “….the higest severity problem, with specific attention to dimension 1, 2, and 3 should determine the clients entry point into the treatment continuum...”

- Resolution of any acute problem(s) provides an oppounity to shift the clinet down to a less intensive level of care.

The least intensive, but safe, level of care…”

A “level of care” can refer to the intensity of treatment you might receive, such as the difference between a walk-in clinic and a 24-hour hospital stay. It is the goal of treatment providers to make sure the care you receive keeps you safe, and addresses all risks, but also that the care is as “least intensive,” as possible, which helps you avoid unnecessary or wasteful treatment.

FIRST AND THEN INTENSIFIED AS CLINICALLY INDICATED

Assessing immediate needs

D1. Acute intoxication and/or withdrawal potential
Currently having severe, life-threatening and/or similar withdrawal symptoms.

D2. Biomedical conditions and complications
Any current, severe health problems.

The term "detoxification**" is changed to "**withdrawal management**."*

Assessing immediate needs

D3. Emotional/behavioral/cognitive conditions

- Imminent danger of harming self or someone else.
- Unable to function in activities of daily living or care for self with imminent, dangerous consequences.

D4. Readiness to change

- Ambivalent or feels treatment unnecessary.
- Coerced, mandated, required to have assessment and/or treatment by mental health court, criminal justice system etc.

Assessing immediate needs

D5. Relapse/continued use/continued problem potential

- Currently under the influence and/or acutely psychotic, manic, suicidal.
- Continued use/problems imminently dangerous.

D6. Recovery environment

Immediate threats to safety, well-being, sobriety.

Six dimensions of multidimensional assessment

- Identify the six dimensions of *The ASAM Criteria's* multidimensional patient assessment.
- Examine misconceptions and stigma associated with the treatment of individuals with substance use disorder.

Six dimensions

DIMENSION 1

Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal

DIMENSION 2

Biomedical Conditions and Complications

Exploring an individual's health history and current physical health needs

DIMENSION 3

Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's mental health history and current cognitive and mental health needs

DIMENSION 4

Readiness to Change

Exploring an individual's readiness for and interest in changing

DIMENSION 5

Relapse, Continued Use or Continued Problem Potential

Exploring an individual's unique needs that influence their risk for relapse or continued use

DIMENSION 6

Recovering/Living Environment

Exploring an individual's recovery or living situation, and the people and places that can support or hinder their recovery

Case discussion: *Rodriguez*

Rodriguez’s case

Rodriguez, 41, is an Hispanic, married, unemployed carpenter referred by his wife, a nurse, who after his recent relapse will soon throw him out if he continues his daily six-pack habit and oxycodone.

Rodriguez’s case

Rodriguez, 41, is an Hispanic, married, unemployed carpenter referred by his wife, a nurse, who after his recent relapse will soon throw him out if he continues his daily six-pack habit and oxycodone.

← Dimension 6

← Dimension 5 & 6

← Dimension 1 & 5

Rodriguez's case

- Rodriguez, 41, is an Hispanic, married, unemployed carpenter referred by his wife, a nurse, who after his recent relapse will soon throw him out if he continues his daily six-pack habit and oxycodone.
- His history includes no prior withdrawal symptoms, but major depression with suicidal ideation, intermittent prescribed opiates for low back injury, and alcohol use disorder in his father.

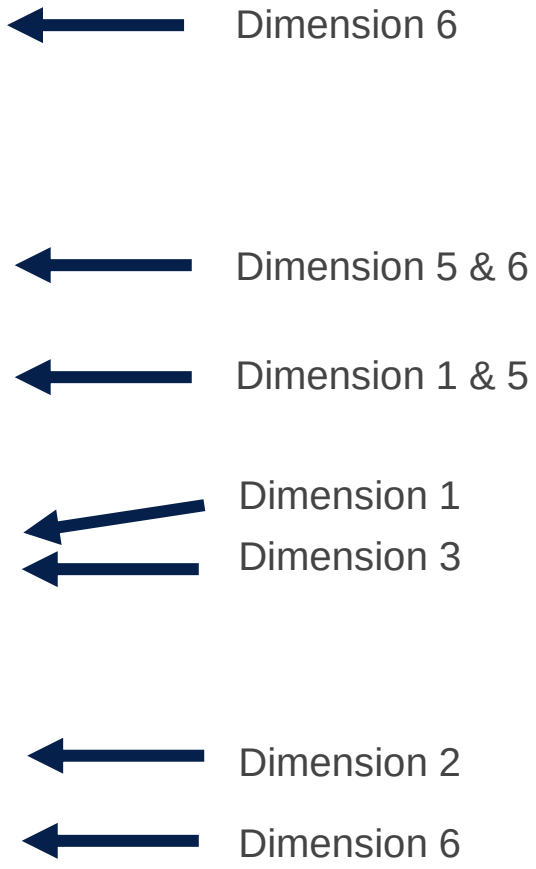
Dimension 6

Dimension 5 & 6

Dimension 1 & 5

Rodriguez's case

- Rodriguez, 41, is an Hispanic, married, unemployed carpenter referred by his wife, a nurse, who after his recent relapse, will soon throw him out if he continues his daily six-pack habit and oxycodone.
- His history includes no prior withdrawal symptoms, but major depression with suicidal ideation, intermittent prescribed opiates for low back injury, and alcohol use disorder in his father.



Rodriguez’s case

- Rodriguez, 41 is an Hispanic, married, unemployed carpenter referred by his wife, a nurse, who after his recent relapse will soon throw him out if he continues his daily six-pack habit and oxycodone.

Dimension 6

Dimension 5 & 6

Dimension 1 & 5

- His history includes no prior withdrawal symptoms, but major depression with suicidal ideation, intermittent prescribed opiates for low back injury, and alcohol use disorder in his father.

Dimension 1

Dimension 3

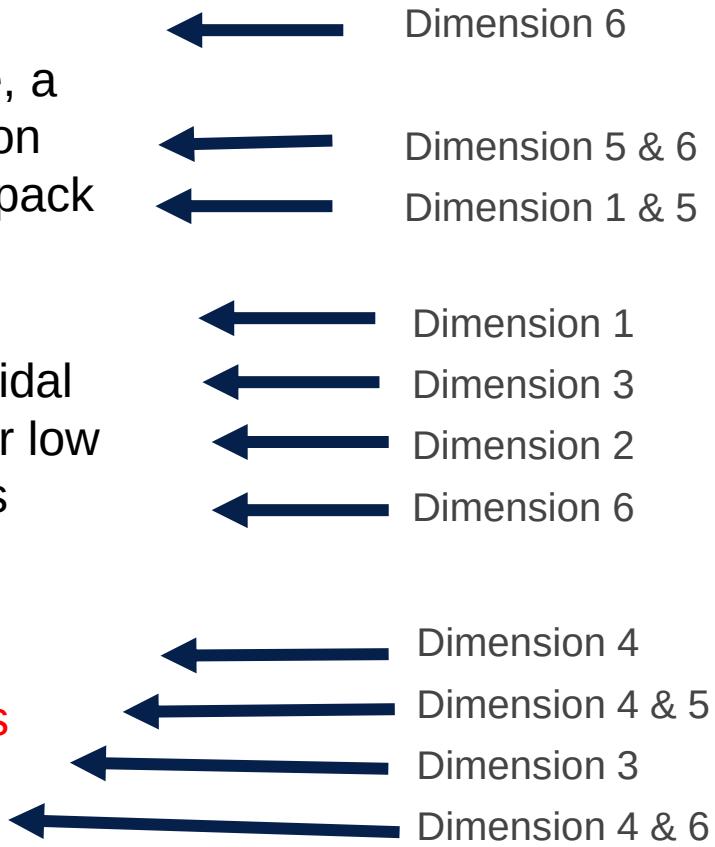
Dimension 2

Dimension 6

- He would now accept treatment, including abstinence from any opiates, restarting his antidepressant, and attending some AA meetings.

Rodriguez's case

- Rodriguez, 41, is an Hispanic, married, unemployed carpenter referred by his wife, a nurse, who after his recent relapse will soon throw him out if he continues his daily six-pack habit and oxycodone.
- His history includes no prior withdrawal symptoms, but major depression with suicidal ideation, intermittent prescribed opiates for low back injury, and alcohol use disorder in his father.
- He would now accept treatment, including abstinence from any opiates, restarting his antidepressant, and attending some AA meetings.



Knowledge checks

Question four

A patient diagnosed with alcohol use disorder is currently in severe withdrawal with imminent potential for withdrawal seizures. Therefore, the here and now risk is very high, even without a history of previous withdrawal signs and symptoms.

a. True

b. False

Question five

The ASAM Criteria's six dimensions are assessed together and receive a collective risk rating.

a. True

b. False

Question six

When assessing severity and risk in each of *The ASAM Criteria* dimensions, which of the following is the most correct answer?

a. The risk rating of 4 in a given dimension supports the recommendation for a higher level of care.

b. The history information in each dimension outweighs the here and now clinical data.

c. A score of 3 or 4 in all six dimensions determines a need for at least 30 days of residential care.

Case discussion: *Revisiting Rodriguez*

Risk rating system

More information on pages 56-57

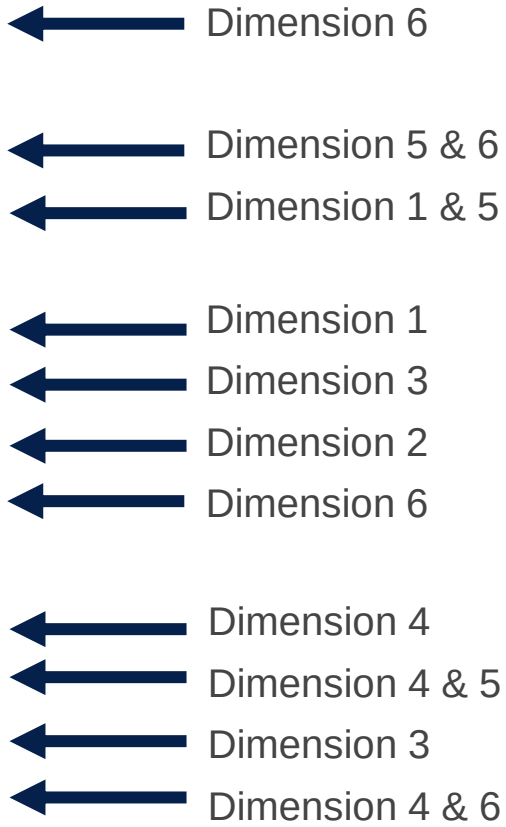
RISK RATING			
	4	This rating would indicate issues of **utmost severity**. The patient would present with critical impairments in coping and functioning, with signs and symptoms indicating an **"imminent danger"** concern.	HIGH
	3	This rating would indicate a **serious issue** or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near "imminent danger."	MODERATE
	2	This rating would indicate **moderate difficulty** in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support system may be present.	
	1	This rating would indicate a **mildly difficult issue**, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.	LOW
	0	This rating would indicate a **non-issue or very low risk issue**. The patient would present no current risk and any chronic issues would be mostly or entirely stable.	

Rodriguez’s case

- Rodriguez is a 41 y/o Hispanic, married, unemployed carpenter, referred by his wife, a nurse, who after his recent relapse, will soon throw him out if he continues his daily 6-pack habit and oxycodone.

- His history includes no prior withdrawal symptoms, but major depression with suicidal ideation, intermittent prescribed opiates for low back injury, and alcohol use disorder in his father.

- He would now accept treatment, including abstinence from any opiates, restarting his antidepressant,
  and attending some AA meetings.



Rodriguez's treatment Plan

1. There is nothing in this case that requires 24-hour treatment or 24-hour supportive living environment.
2. He would not meet level 3 or 4 as there is no clinical data that would suggest imminent danger.
3. Outpatient treatment, either level 1 or 2**,** would be appropriate with the limited information we have at this point.

Disclaimer

It is important to remember that the client’s payer source may have different requirements regarding clinical service hours, who is qualified, and more. Please make sure you refer to the payer source manual or website to get detailed requirements.

Let’s explore dimensions

Dimension 1: Acute intoxication and/or withdrawal potential

- Exploring clients **past and current** experience of substance use and **withdrawal.**
- Assess need for **stabilization** of acute **intoxication.**

Goals

- Avoid hazardous consequences of drug discontinuation.
- Facilitate withdrawal management and timely entry into continued treatment.
- Promote patient dignity and ease discomfort.
- Determine level of withdrawal management.

Withdrawal Management Services for dimension 1

- 1-WM: Ambulatory withdrawal management without extended on-site monitoring
- 2-WM: Ambulatory withdrawal management with extended on-site monitoring
- 3.2-WM: Clinically managed residential withdrawal management
- 3.7-WM: Medically monitored inpatient withdrawal management
- 4-WM: Medically managed inpatient withdrawal management

Examples of dimension 1 questions

1. I am going to read you a list of substances. Could you tell me which ones you have used, how long, how recently, and how you used them? *(continued)*	NEVER USED	DURATION of continuous use	FREQUENCY in last 30 days				ROUTE Select all that apply				
		Estimate Years and/ or Months of use	4-7 days/week	1-3 days/week	3 or less days/ month	Not used	Oral	Nasal/snort	Smoke	Inject	Other (rectal, patches, etc.)
COCAINE/CRACK Date of last use: _____	◯	_____ YEARS _____ MONTHS	◯	◯	◯	◯	◯	◯	◯	◯	◯
METHAMPHETAMINE/OTHER STIMULANTS: _____ Date of last use: _____	◯	_____ YEARS _____ MONTHS	◯	◯	◯	◯	◯	◯	◯	◯	◯
PRESCRIPTION STIMULANT MISUSE Specify type: _____ Were these medications from a valid prescription? ◯ Yes ◯ No Date of last use: _____	◯	_____ YEARS _____ MONTHS	◯	◯	◯	◯	◯	◯	◯	◯	◯

Need more help on determining severity of withdrawal?

- Clinical Institute Withdrawal Assessment for Alcohol, Revised (CIWA-Ar) https://umem.org/files/uploads/1104212257_CIWA-Ar.pdf
- Clinical Opiate Withdrawal Scale (COWS)
- Fagerstrom Nicotine Dependence Test (FNDT)
- The Clinical Institute Narcotic Assessment (CINA)

Dimension 2: Biomedical conditions and complications

This dimension investigates the individual's overall **physiological condition** in order to determine whether there are any **medical problems or concerns**.

“I am not a doctor”

You are only listening to what the client is telling you.

You are not diagnosing a medical problem.

Examples of dimension 2 questions

1. Do you have a primary care clinician who manages your medical concerns? ◯ Yes ◯ No

[Healthcare providers should be identified for collaboration and releases of information obtained.]

Provider name: _____ Provider contact: _____

2. Are you currently taking any medications? *List all known medications for medical/physical health condition(s), including over the counter medications (Mental health medications will be discussed in the next section)*

MEDICATION(S)	**DOSE** (if known)	**FREQUENCY** e.g., 1, 2, 3, 4 x/day	**PURPOSE** (to treat what symptom/illness)	**NOTES**

Two types of medical conditions and complications

- Conditions which place the client at risk (examples: pregnancy, diabetes)
- Conditions which interfere with treatment (example: the need for kidney dialysis)

Client self-reported a history of lack of purring. Writer did not hear purring sounds at anytime during the assessment. Will request records per RN. ☺

Dimension 3: Emotional, behavioral, or cognitive conditions and complications

- This dimension addresses the individual's **mental status**, in terms of the effects of any emotional or behavioral problems on the presenting substance use disorder.
- The individual is evaluated in terms of their emotional stability, and the interviewer attempts to assess the degree to which the individual could **present a danger to self or others**.

Examples of dimension 3 questions

1. ***Interviewer observation:*** *Is the patient disoriented? Does the patient endorse, or do you suspect cognitive or memory issues? Please describe:*

2. Have you ever been told by a physical or mental health clinician that you have a mental health problem or brain injury? Please describe: *(e.g., diagnosis, date, and type of injury, if known)*	◯ **Yes*** ◯ No	Notes:
3. Are you currently in treatment, or have you previously received treatment, for mental health or emotional problems? Please describe: *(e.g., treatment setting, hospitalizations, duration of treatment)*	◯ **Yes*** ◯ No	
4. ***If yes*:*** Have your mental health symptoms been stable *(check all that apply)*?	◯ N/A ◯ Stable with treatment/meds ◯ Stable without treatment/meds ◯ Unstable ◯ Not sure	

Dimensions 4, 5, and 6

For client who have co-occurring disorders, assess dimensions 4, 5, and 6 separately for both mental health and substance use disorder.

Dimension 4: Readiness/motivation

This dimension examines the individual’s attitude towards treatment. Looks at client's willingness to explore the need for treatment to deal with mental disorders.

What Stage of Change is the client in regarding their substance use?

What Stage of Change is the client in regarding their mental health?

Examples of dimension 4 questions

1. I am going to read you a list of items that are sometimes impacted by alcohol or other drug use. Please indicate how much your alcohol or other drug use affects these aspects of your life. The response options are, "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

➤ ***Interviewer instruction:*** *As co-occurring disorders are common, also explore the patient's readiness to address any mental health diagnoses or issues.*

	Not at all	A Little	Somewhat	Very	Extremely
Work	○	○	○	○	○
School	○	○	○	○	○
Mental health/Emotions	○	○	○	○	○
Hobbies/Recreation	○	○	○	○	○
Legal matters (e.g., DUI)	○	○	○	○	○
Finances	○	○	○	○	○
Family relationships	○	○	○	○	○
Friendships	○	○	○	○	○
Romantic partners	○	○	○	○	○
Self-esteem	○	○	○	○	○

Notes:

Dimension 5: Relapse, continued use or continued problem potential

This dimension's focus is the individual's ability to **maintain recovery** by having an understanding of, or skills in coping with, **addictive or co-occurring mental health disorders** to prevent relapse.

What is the clients potential to relapse, continued use or continued problem regarding **substance use disorder?**

What is the clients potential to relapse or continued problem regarding **mental health symptoms**?

Examples of dimension 5 questions

1. What is the longest period of time that you have gone without using alcohol and/or other drugs? a. How long ago did that end? ➤ ***Interviewer instruction:*** *it is not a relapse if patient is not in/has never been in recovery.*	◯ Days ◯ Weeks ◯ Months ◯ Years ◯ Days ◯ Weeks ◯ Months ◯ Years	◯ N/A, never
2. What helped you go that long without using alcohol and/or other drugs? *(Probe for personal strengths, peer support, medication, treatment, etc.)* ➤ ***Interviewer notes:***		◯ N/A, never
3. If you relapsed in the past, what kinds of things do you think led to your relapse? ➤ ***Interviewer notes:***		◯ N/A, never

Level of care placement after relapse should be based on an assessment of the

"here and now"

NOT

on the assumption that if a client relapsed after having been treated, then the previous level of care was not intense enough!

Dimension 6: Recovery/living environment

This dimension evaluates the individual's **social and living environment** in terms of how it promotes or hurts the individual's recovery efforts.

Does client's recovery/living environment promote or hurt the clients **substance use disorder recovery efforts?**

Does client's recovery/living environment promote or hurt the clients **mental health recovery efforts?**

Examples of dimension 6 questions

1. In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household? (Negative response indicates homelessness.)
   ○ Yes ○ No *(**Note to interviewer:** respond "No" if the patient is "couch surfing", living outdoors, or living in a car)*
   Describe:

2. Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household? (Positive response indicates risk of homelessness.)
   Describe:

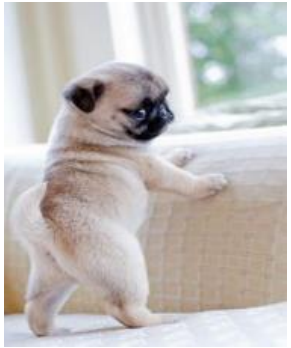
3. Do you need different housing than what you currently have? ○ Yes ○ No
   Describe:

4. Who do you live with? *(friends, family, partner, roommates)*
   Describe:

5. Are you working/going to school/retired/disabled/unemployed?
   ○ School ○ Work ○ Retire ○ Disability ○ Other: _____
   Describe: *(Probe for job skills)*

Risk ratings

0 – No risk/stable



1 – Mild

2 – Moderate

3 – Severe/significant

4 – Very severe

Take note

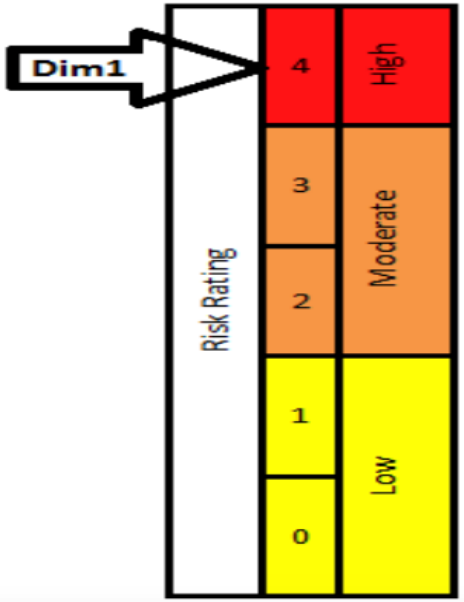
- The individual should not be placed in a residential setting solely for public safety reasons or as an extension of the correctional system if there is no actual assessment that requires a 24-hour setting.
- Continued services should be based on clinical progress and function, NOT time- or program-based lengths of stay.

Multidimensional assessment risk rating

Risk Rating Matrix – The ASAM Criteria pg74-104					
	Risk Rating: 0	Risk Rating: 1	Risk Rating: 2	Risk Rating: 3	Risk Rating: 4
Description	No immediate problematic symptoms.	Minimal symptoms which allow the patient to function at an adequate level to cause minimal interruptions to daily living	Moderate symptoms which cause a degree of discomfort or interference with daily life.	Moderate-high level of symptomatology. Very uncomfortable symptoms that interfere with ability to engage in recovery	High level symptoms, patient considered unstable.
Service Needed	No intervention	Low intensity intervention such as case management	Moderate level intensity, case management	Moderate-high level intervention, begin to consider higher levels of care.	Highest level of intervention available to address areas where patient is in imminent danger
	→ Low →		→ Moderate →		→ High →

Application of the risk rating matrix

Step 1: Assess for Safety – If any Dimension is rated as High it must be addressed in some way immediately



Imminent danger

3 components

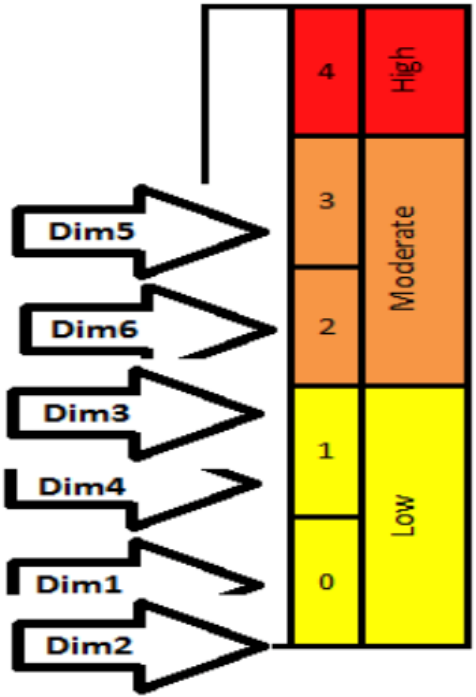
1. Strong probability that certain behaviors will occur (example: continued alcohol or other drug use or addictive behavior relapse).
2. Likelihood that such behaviors will present significant risk of serious adverse consequences to individual and/or others (examples: reckless driving while intoxicated or neglect of a child).
3. Likelihood that such adverse events will occur in very near future (hours and days, rather than weeks or months).

Example of imminent danger

1. **Strong probability:** “I have had seizures in the past.” Shaky, nauseated, blood pressure is elevated. “Do you have a history of seizures?” Yes. There is a strong probability that a seizure will occur.
2. **Significant risk:** Will having a seizure present a risk to client? Yes.
3. **Near future:** It’s been five hours since I last drank.

Application of the risk rating matrix

Step 2: Determine the patient risk rating for all 6 dimensions.



Application of the risk rating matrix

Step 3: Identify the appropriate types of services needed to adequately and safely address the risk rating of each dimension.
Step 4: Use the risk profile from steps 2 and 3 to develop a plan of care.
Step 5: Continue to re-evaluate patient's ongoing service needs using steps 1-4.

Risk ratings

- Method for assessing client severity and level of function, helping identify individual priorities and needs.
- Risk rating “given at time of initial assessment will likely change throughout a patient’s treatment and continuing care.”

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 3:

Severity Rating – Dimension 3 (Emotional, Behavioral, or Cognitive Conditions and Complications)

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
• No dangerous symptoms • Good social functioning • Good self-care • No symptoms interfering with recovery	• Possible diagnosis of emotional, behavioral, cognitive condition • Requires monitoring for stable mental health condition • Symptoms do not interfere with recovery • Some relationship impairments	• Symptoms distract from recovery • Requires treatment and management of mental health condition • No immediate threat to self/others • Symptoms do not prevent independent functioning	• Inability to care for self at home • May include dangerous impulse to harm self/ others • Does require 24-hr support • At risk of becoming a 4/ Very Severe without treatment	• Life-threatening symptoms including active suicidal ideation • Psychosis • Imminent danger to self/ others
	Further assessment and referral or follow-up with existing mental health (MH) provider	Prioritize follow up or new evaluation with MH provider for new/uncontrolled conditions	Urgent assessment and treatment for unstable signs and symptoms	Emergency Department-immediate assessment

➤ *Interviewer Instructions:*

- *Take into account cognitive impairments.*
- *Choose the score that is closest to your overall impression. Patients may not exhibit every symptom within a severity rating. The patient's historical functioning does* **NOT** *override the status. Current level of functioning* **DOES** *override historical functioning (see ASAM Criteria, 3rd Ed. page 56).*

Severity Rating – Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
• Low/no potential for relapse	• Some minimal risk for use • Fair coping and relapse prevention skills	• Some or inconsistent use of coping skills • Able to self-manage with prompting	• Little recognition of risk for use • Poor skills to cope with relapse	• No coping skills for relapse/addiction problems • Substance use/behavior places self/others in imminent danger
	Low-intensity relapse prevention services are needed or self-help/peer support group	Relapse prevention services and education are needed. **Possible** need for: • intensive case management • medication management • assertive community treatment	Relapse prevention services including: • structured coping skills training • motivational strategies • assertive case management and assertive community treatment • **possible** need for structured living environment	Likely needs all services listed in "Severe" • For acute cases, need for 24-hour clinically managed living environment. OR • For chronic cases, not imminently dangerous situations, need 24-hour supportive living environment

Severity Rating – Dimension 6 (Recovery/Living Environment))

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
• Able to cope in environment/ supportive	• Passive/disinterested social support, but still able to cope • No serious environmental risks	• Unsupportive environment, but able to cope in the community with clinical structure most of the time	• Unsupportive environment, difficulty coping even with clinical structure	• Environment toxic/hostile to recovery • Unable to cope and the environment may pose a threat to safety
	May need assistance in: • finding a supportive environment • developing supports re: skills training • childcare • transportation	Needs assistance listed in "Mild," as well as • assertive care management	Needs more intensive assistance in • finding supportive living environment • skills training (depending on coping skills and impulse control) • assertive care management	• Patient needs immediate separation from a toxic environment • Assertive care management • Environmental risks require a change in housing/environment • For acute cases with imminent danger: patient needs immediate secure placement

Interactions across dimensions

- There is considerable interaction across the six dimensions. Being aware of cross-dimensional interactions and the potential to increase or decrease in overall risk they pose can have a great effect on service planning.
- For example: Sam has a higher dimension 2 (biomedical) risk because of liver problems; this risk may be elevated because his dimension 5 (continued use) risk is elevated due to his continued use of alcohol.
- Looks like this:

Dimension	RR-0	RR-1	RR-2	RR-3	RR-4
D-2			X	X	
D-5				X	

What levels of care do these critters need to go to?

What guides placement?

- “….the higest severity problem, with specific attention to dimension 1, 2, and 3 should determine the clients entry point into the treatment continuum...”
- Resolution of any acute problem(s) provides an oppounity to shift the clinet down to a less intensive level of care.

DHS 75 crosswalk

Current Wis. Admin. Code ch. DHS 75	American Society of Addiction Medicine (ASAM) Level of Care	Revised Wis. Admin. Code ch. DHS 75
DHS 75.04 Prevention Service		DHS 75.14 Prevention Service
DHS 75.16 Intervention Service	Level 0.5 Early Intervention	DHS 75.15 Intervention Service and Intoxicated Driver Services
DHS 75.13 Outpatient Treatment Service	Level 1 Outpatient Services	DHS 75.49 Outpatient Substance Use Treatment Service
	Level 1 Outpatient Services, Co-Occurring Enhanced	DHS 75.50 Outpatient Integrated Behavioral Health Treatment Service
	Level 2.1 Intensive Outpatient Services	DHS 75.51 Intensive Outpatient Treatment Service
DHS 75.12 Day Treatment Service	Level 2.5 Partial Hospitalization Services or Day Treatment	DHS 75.52 Day Treatment or Partial Hospitalization Treatment Service

ASAM: Level 0.5 early intervention

- At risk of developing substance-related problems
- Service for those for whom there is not sufficient information to document a substance use disorder.
- Problems and risk factors that appear to be related to substance use or addictive behavior but does not meet criteria for substance use disorder as defined in the current DSM.

ASAM: Level 1 outpatient services

- Typically consists of less than nine hours of service/week for adults, or less than six hours a week for adolescents
- They can help individuals achieve permanent changes in their substance use disorder and in their mental and physical health functioning
- Mental health or general health care treatment personnel provide professionally directed screening, evaluation, treatment, and ongoing recovery and disease management services.
- Services can also include counseling and psychosocial therapies for substance-related and co-occurring disorders offered by professionals who specialize in addiction care or by other health care and mental health professionals.

Revised DHS 75.49 outpatient substance use treatment service

Non-residential treatment service totaling less than nine hours of treatment services per patient per week for adults and less than six hours of treatment services per patient per week for minors, in which substance use treatment personnel provide screening, assessment, and treatment for substance use disorders.

Revised DHS 75.50 outpatient integrated behavioral health treatment service

Non-residential treatment service totaling less than nine hours of treatment services per patient per week for adults, and less than six hours of treatment services per patient per week for minors, in which substance use and mental health treatment personnel provide screening, assessment and treatment for substance use and mental health disorders. Patients in this setting may receive treatment services for a substance use disorder, a mental health disorder, or both.

Level 2 outpatient services

Level 2 encompasses services that are capable of meeting the complex needs of people with addiction and co-occurring conditions.

ASAM: Level 2.1 intensive outpatient services

- Level 2 encompasses services that are capable of meeting the complex needs of people with addiction and co-occurring conditions.
- This level of care typically consists of a minimum of nine hours of service a week for adults and six hours for adolescents respectively of skilled treatment services.
- Medical, psychological, psychiatric, laboratory, and toxicology services, which are available by consultation or referral. Psychiatric and medical available within 24 hours by phone and 72 hours in person. Emergency services 24-7 by phone.
- It is an organized outpatient service that delivers treatment services during the day, before or after work or school, in the evening, and/or on weekends.

Revised DHS 75.51 intensive outpatient treatment service

Non-residential treatment service totaling at least nine hours of treatment services per patient per week for adults and at least six hours of treatment services per patient per week for minors, in which substance use treatment personnel provide assessment and treatment for substance use disorders under the oversight of a medical director.

ASAM: Level 2.5 partial hospitalization services/day treatment

- This level of care typically provides 20 or more hours a week of skilled treatment service for multidimensional instability that does not require 24-hour care.
- Medical, psychological, psychiatric, laboratory, and toxicology services, which are available by consultation or referral. Psychiatric and medical available within eight hours by phone and 48 hours in person. Emergency services 24-7 by phone

Revised DHS 75.52 day treatment or partial hospitalization treatment service

Medically-monitored and non-residential substance use treatment service totaling 15 or more hours of treatment services per patient per week for adults and 12 or more hours of treatment services per patient per week for minors, in which substance use and mental health treatment personnel provide assessment and treatment for substance use and co-occurring mental health disorders under the oversight of a medical director.

ASAM: Level 3 residential/inpatient services

Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour living support setting.

DHS 75 crosswalk

Current DHS 75	ASAM Level of Care	Revised DHS 75
DHS 75.14 Transitional Residential Treatment Service	Level 3.1 Clinically-Managed Low Intensity Residential Services	DHS 75.53 Transitional Residential Treatment Service
DHS 75.11 Medically Monitored Treatment Service	Level 3.5 Clinically-Managed Medium Intensity Residential Services	DHS 75.54 Medically Monitored Residential Treatment Service
DHS 75.10 Medically managed inpatient treatment service	Level 4.0 Medically-Managed Intensive Inpatient Services	DHS 75.55 Medically Managed Inpatient Treatment Service

ASAM: Level 3.1 clinically manage Low intensity residential services

- Typically provides a 24-hour living support and structure with available trained personnel and offers at least five hours of professionally directed treatment a week.
- Appropriate for clients who need time and structure to practice their recovery and coping skills in a supportive residential environment. Phone or in-person consultation with a physician and emergency services, available 24-7. Ability to arrange for pharmacotherapy for psychiatric or anti-addiction meds.

Revised DHS 75.53 transitional residential treatment service

A residential substance use treatment service totaling six or more hours of treatment services per patient per week, in which substance use treatment personnel provide assessment and treatment for substance use disorders in a structured and recovery-supportive 24-hour residential setting, under the oversight of a physician or a prescriber knowledgeable in addiction, providing medical supervision and clinical consultation.

ASAM: Level 3.3 clinically managed, population-focused, High-intensity residential services

- High-intensity services provided in a deliberately repetitive fashion to meet the special needs of individuals such as the elderly, the cognitively-impaired or developmentally-delayed adult.
- This level serves people with a chronicity and intensity of primary disease that requires a program that allows sufficient time to integrate the lessons and experiences of treatment into their daily lives.

ASAM: Level 3.5 clinically managed high intensity residential services

Appropriate for clients who do not require subacute medical services but whose problems in **dimension 4:** readiness to change, **dimension 5**: relapse, continued use, or continued problem potential, and **dimension 6**: recovery/living environment are significantly severe to warrant 24-hour structure and clinical services.

Revised DHS 75.54 medically monitored residential treatment service

- A residential substance use treatment service totaling 20 or more hours of treatment services per patient per week, in which substance use and mental health treatment personnel provide assessment and treatment for substance use disorders and co-occurring mental health disorders, under the oversight of a medical director.
- Medically monitored residential treatment services are delivered in a 24-hour clinical residential setting. This level of care is appropriate for patients who require a 24-hour supportive treatment environment to develop sufficient recovery skills and address functional limitations to prevent imminent relapse or dangerous substance use.

ASAM Level 3.7 medically monitored high intensity inpatient services

- 24-hour nursing care with a physician's availability for significant problems in dimensions 1, 2, or 3.
- 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient or residential setting
- Appropriate for patients who present with moderate to severe in dimension 1: problems such as withdrawal risk, dimension 2: biomedical conditions and complications, or dimension 3: emotional, behavioral, or cognitive conditions and complications.

ASAM Level 4 medically managed intensive inpatient services

- Offers 24-hour nursing care and observation and medically managed by physician daily for severe, unstable problems in dimensions 1, 2, or 3.
- Offers counseling is available 16 hours a day to engage patients in treatment.
- Offers health education services

Revised DHS 75.55 medically managed inpatient treatment

- An inpatient substance use treatment service delivered under the oversight of a medical director ***in a hospital setting***, and includes 24-hour nursing care, physician management, and the availability of sufficient resources to respond to an acute medical or behavioral health emergency.
- A medically managed inpatient treatment service is appropriate for patients whose acute biomedical, emotional, behavioral, and cognitive problems are so severe that they require primary medical and nursing care.
- Medically managed inpatient treatment services address patient needs for mental health, psychiatric, or medical services through integrated co-occurring treatment.

Withdrawal management

Need for withdrawal management services

Onset of withdrawal symptoms presents a unique opportunity to engage individuals with a substance use disorder in the treatment system

Withdrawal management

LEVEL	Withdrawal Management-Adults	Description
1-WM	***Ambulatory Withdrawal Management W/O Extended On-Site Monitoring***	Mild withdrawal with daily or less than daily OP supervision; likely to complete withdrawal management and to continue treatment or recovery
2-WM	***Ambulatory Withdrawal Management with Extended On-Site Monitoring***	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
3.2-WM	***Clinically Managed Residential Withdrawal Management***	Moderate withdrawal, but each 24 hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
3.7-WM	***Medically Monitored Inpatient Withdrawal Management***	Severe withdrawal and needs 24 hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring
4-WM	***Medically Managed Intensive Inpatient Withdrawal Management***	Severe, unstable withdrawal and needs 24 hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical stability

DHS 75 crosswalk

Current DHS 75	ASAM Level of Care	Revised DHS 75
DHS 75.08 Ambulatory Detoxification Service	Level 1 - Withdrawal Management Ambulatory Withdrawal Management without Extended On-Site Monitoring	
DHS 75.09 Residential Intoxication Monitoring Service	Level 3.2 - Withdrawal Management Clinically-Managed Residential Withdrawal Management	DHS 75.58 Residential Intoxication Monitoring Service
DHS 75.07 Medically Monitored Residential Detoxification	Level 3.7 - Withdrawal Management Medically-Monitored Inpatient Withdrawal Management	DHS 75.57 Residential Withdrawal Management Service
	Level 3.7 - Withdrawal Management Medically-Monitored Inpatient Withdrawal Management, Co-occurring Enhanced	DHS 75.56 Adult Residential Integrated Behavioral Health Stabilization Service

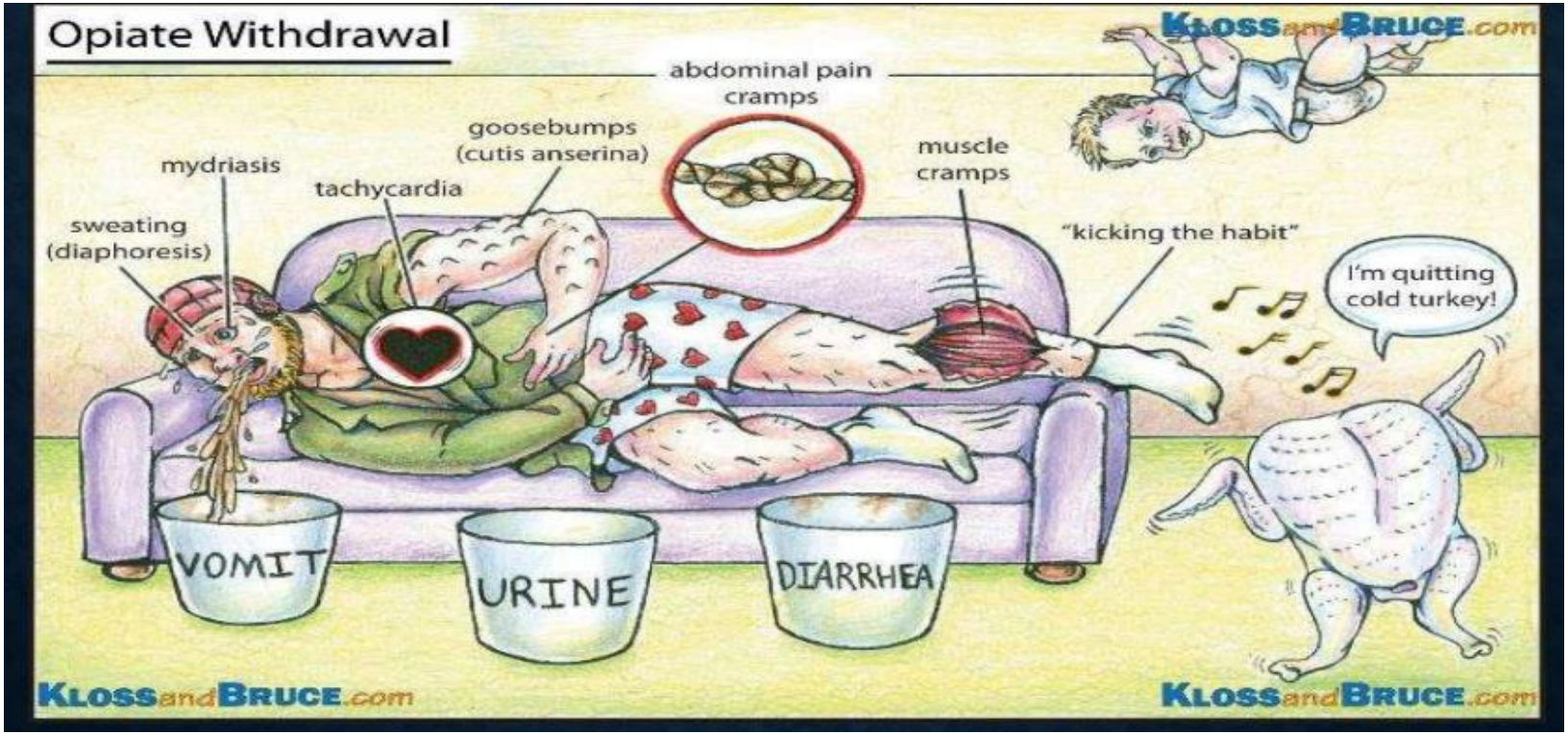
ASAM WM-1 ambulatory without extended on-site monitoring

- Organized outpatient service, delivered in an office setting, health care/addiction treatment facility, or in a patient’s home
- Frequency of scheduled sessions are determined by severity of withdrawal symptoms
- Opioid treatment services, collaboration with a prescriber/primary care provider, home health services, healthy support system, and outpatient services.

ASAM WM-2 ambulatory with extended on-site monitoring

- A service delivered in an office setting, a general health care or mental health facility, or an addiction treatment facility by medical and nursing professionals who provide evaluation, withdrawal management, and referral services.
- This can be in an intensive outpatient program or day treatment program where there is medical/nursing professional.
- Sessions daily with extended on-site services.
- Supportive environment and supportive family/friends especially at night.

Why is withdrawal management needed?



ASAM WM 3.2 clinically managed residential withdrawal management

- Clinically managed residential withdrawal management, social setting detoxification/social detox
- Emphasis on peer and social support rather than medical and nursing care
- Safely assist patient through withdrawal without the need for on-site medical staff 24 hours/day, access to medical evaluation and consultation if needed
- Self-administration of medications, frequently use over the counter medications

Revised DHS 75.58 residential intoxication monitoring service

A residential service that provides 24-hour observation to monitor the safe resolution of alcohol or sedative intoxication and to monitor for the development of alcohol withdrawal for intoxicated patients who are not in need of emergency medical or behavioral healthcare.

ASAM WM 3.7 medically monitored inpatient withdrawal management

- Provides 24-hour evaluation and withdrawal management in a facility with inpatient beds – freestanding withdrawal management center
- Signs and symptoms are significant enough to require 24-hour care
- Full resources of an acute care general hospital are not necessary
- Individualized biomedical, emotional, behavioral, and addiction treatment
- Hourly or more frequent nurse monitoring and medication administration

DHS 75.57 residential withdrawal management service

- A residential substance use treatment service that provides withdrawal management and intoxication monitoring and includes medically managed 24-hour on-site nursing care, under the supervision of a physician.
- Residential withdrawal management is appropriate for patients whose acute withdrawal signs and symptoms are sufficiently severe to require 24-hour care; however, the full resources of a hospital are not required.
- Services provided in this setting may include **community-based withdrawal management** and intoxication monitoring services, subject to the requirements listed in this section.

DHS 75.56 adult residential integrated behavioral health stabilization service

- A residential behavioral health treatment service, delivered under the oversight of a medical director, that provides withdrawal management and intoxication monitoring, as well as integrated behavioral health stabilization services, and includes nursing care on-site for medical monitoring available on a 24-hour basis.
- Patients in this setting may receive treatment services for a substance use disorder, a mental health disorder, or both. Adult residential integrated behavioral health stabilization services are appropriate for adult patients whose acute withdrawal signs and symptoms, or behavioral health needs are sufficiently severe to require 24-hour care; however, the full resources of a hospital are not required.

ASAM WM 4: medically managed intensive inpatient withdrawal management

- Acute care inpatient setting or psychiatric hospital inpatient unit with 24-hour care
- Provides services to those whose symptoms are severe enough to require primary medical and nursing care services
- Highly individualized biomedical, emotional, behavioral, and addiction treatment
- Hourly or more frequent nurse monitoring
- All area hospitals including the VA

Great job everyone!

See you next time

ASAM Trainings for 2024 will be posted to the Wi Connect Website

Thank you!

saima.chauhan@dhs.wisconsin.gov

If you have questions

Division of Care and Treatment Services
Questions regarding DHS 75, ASAM, substance use services training, and technical assistance

- DHSDCTSDHS75@dhs.wisconsin.gov

Division of Medicaid Services
Questions about Medicaid policies and procedures

- Pam.Lano@dhs.wisconsin.gov

Division of Quality Assurance
Questions about certification, waivers, and variances

- DHSDQAMentalHealthAODA@dhs.wisconsin.gov

DHS 75 & ASAM Resources

Substance Use: Provider Information

Upcoming 2023 DHS 75 webinars

- https://dhs.wisconsin.gov/aoda/partner.htm

Revised DHS 75 Implementation webpage

Frequently asked questions & 2022 DHS 75 recorded webinars

- https://www.dhs.wisconsin.gov/rules/dhs75-implementation.htm

ASAM Criteria Assessment Interview Guide

The free standardized version of the ASAM Criteria assessment

- https://www.asam.org/asam-criteria/criteria-intake-assessment-form

ForwardHealth resources

Residential substance use disorder treatment benefit resources

- https://www.forwardhealth.wi.gov/WIPortal/content/html/news/rsud_resources.html.spage

Medicaid Contact Information

- DHSMedicaidSUD@dhs.wisconsin.gov
- Provider Services: 800-947-9627
- Portal Help Desk: 866-908-1363

Find your provider relations representative

- https://www.forwardhealth.wi.gov/WIPortal/content/provider/pdf/fieldrepguide.pdf.spage

National Practice Clinical Guidelines

- Proposed Updates to The ASAM Criteria, 4th 1 Edition
- Speaking the Same Language
- The ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder DRAFT
- Appropriate Use of Drug Testing in Clinical Addiction Medicine Consensus Document
- Alcohol Withdrawal Management
- NATIONAL PRACTICE GUIDELINE For the Treatment of Opioid Use Disorder