



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Saima Chauhan

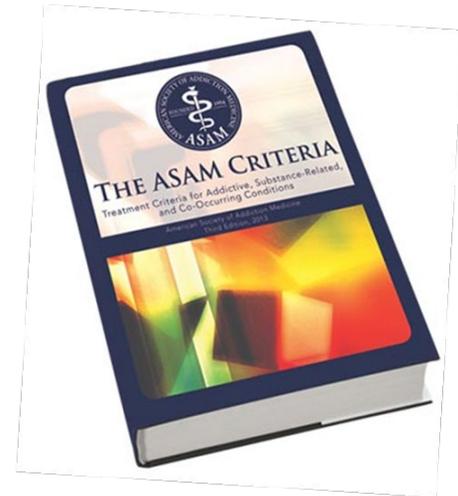
Substance Abuse Services
Section

Bureau of Prevention
Treatment and Recovery

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Behavioral Health Section
Division of Medicaid Services

An Introduction to the Application of The ASAM Criteria for Substance- Related and Co-Occurring Disorders

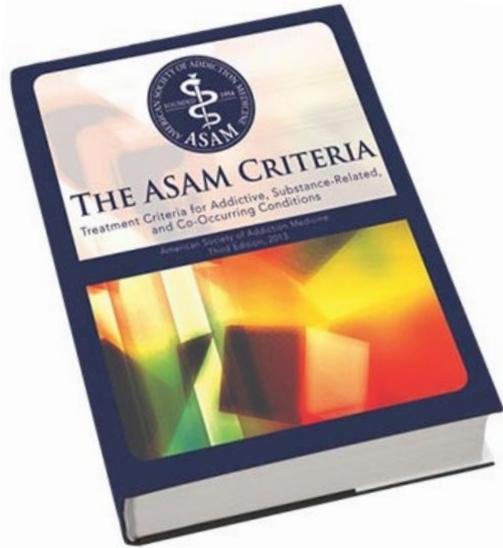


April 25, 2022

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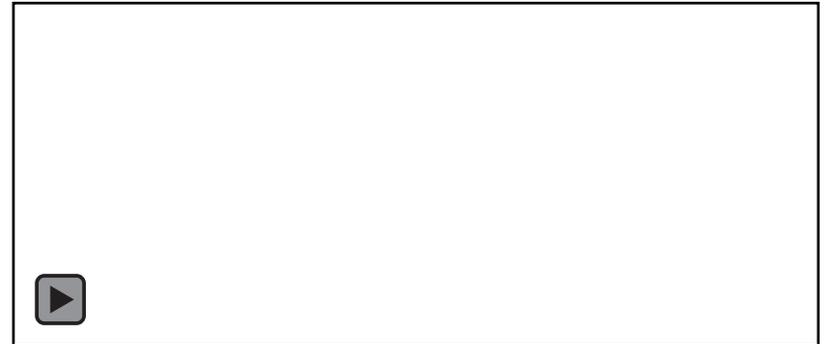
Marjorie, Jessica nor I have any relevant financial relationships to disclose.



- The ASAM Criteria is the nation's most widely used set of guidelines for placement, continued stay, and transfer/discharge
- The ASAM Criteria is the foundation for addiction treatment improvement efforts in states across the country.

I'm grinnin' like a possum eating a sweet tater

- Older adults
- People in safety sensitive occupations (police, nurses, pilots)
- Parents with children and pregnant women
- People in the criminal justice system
- Emotional/behavioral/cognitive conditions
- Tobacco use disorder
- Gambling disorder
- Compatible with the DSM 5



ASAM's Definition of Addiction

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

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 1:

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

Choices:

- 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.



When to Use ASAM Criteria

- ForwardHealth requires a prior authorization (PA) that includes an ASAM assessment that shows **medical necessity** for residential treatment and for extended (continued) stay.
- ForwardHealth: A completed ASAM Criteria and Biopsychosocial assessment are used to complete the initial PA Request Form, as well as subsequent Amendment Requests along with a Care Plan and Continuing Care Plan.

Per Revised DHS 75

DHS 75.23 (1) SERVICE LEVELS OF CARE.

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

Revised DHS 75.23 Service levels of care

(b) In order to be approved by the department, 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.

Disclaimer

- If you have any questions regarding the revised DHS 75 and the ASAM Criteria, please put your questions in our survey gizmo and check out the Revised DHS 75 Implementation webpage.
 - Questions: <https://www.surveygizmo.com/s3/6571672/DHS-75-Questions>
 - Webpage: <https://www.dhs.wisconsin.gov/rules/dhs75-implementation.htm>
- The revised rule will be effective on October 1st, 2022.
- Many of the proposed rule changes and the ForwardHealth (Medicaid) RSUD benefit are in alignment with The ASAM Criteria.

Free paper based ASAM Criteria Assessment Interview Guide

The ASAM Criteria® Assessment Interview Guide is the first publicly available standardized version of the ASAM Criteria assessment.

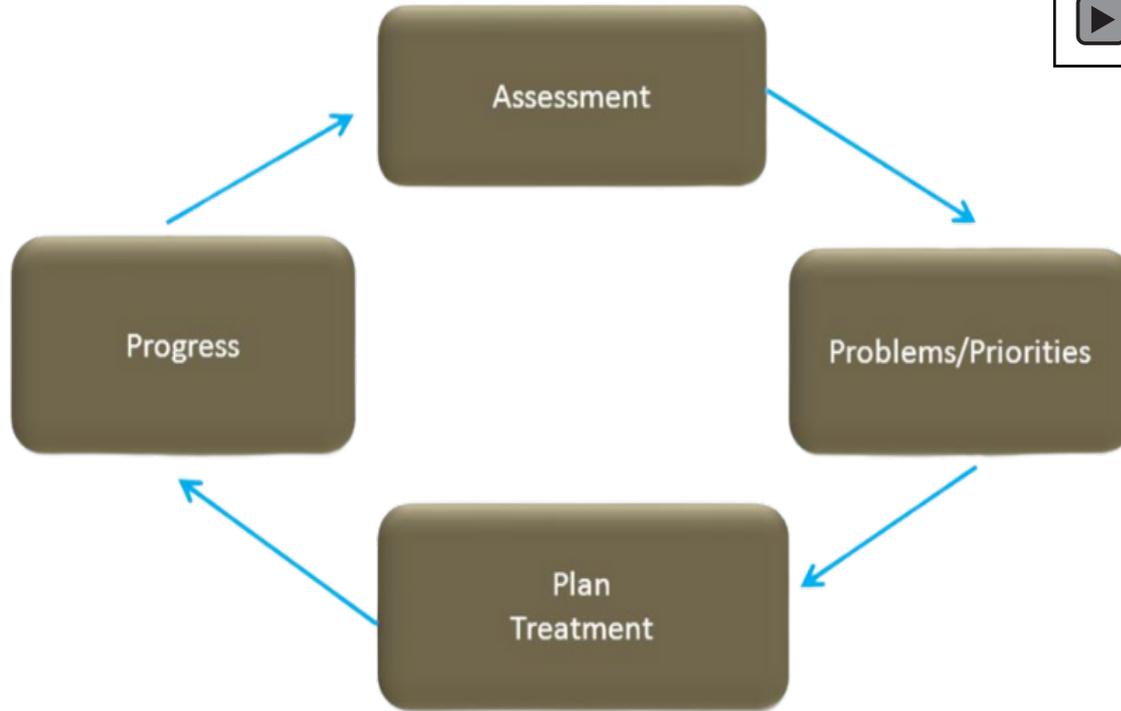
Because it is paper-based, offered free to all clinicians, and can be used in many different clinical contexts, the Guide enhances the public utility of The ASAM Criteria's multidimensional assessment approach for the addiction treatment community.

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

ASAM Criteria 4th Edition Development

ASAM is currently working to develop the 4th Edition of The ASAM Criteria® using a rigorous methodology for evidence review and formal consensus development under the guidance of a new editorial subcommittee.

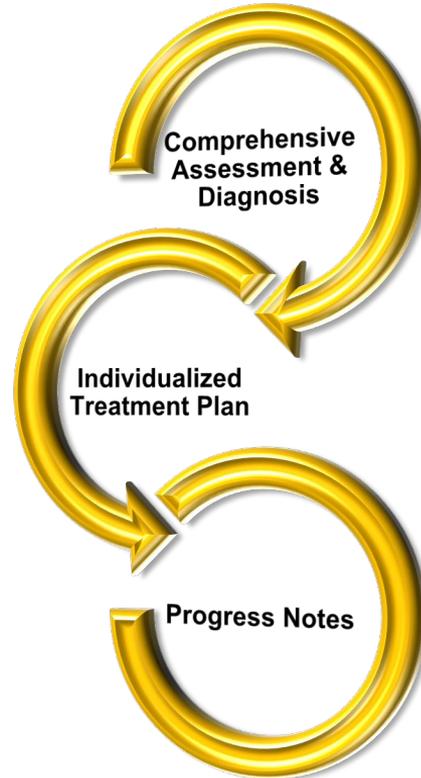
Individualized treatment =
Patient-centered and outcome-driven
treatment plan



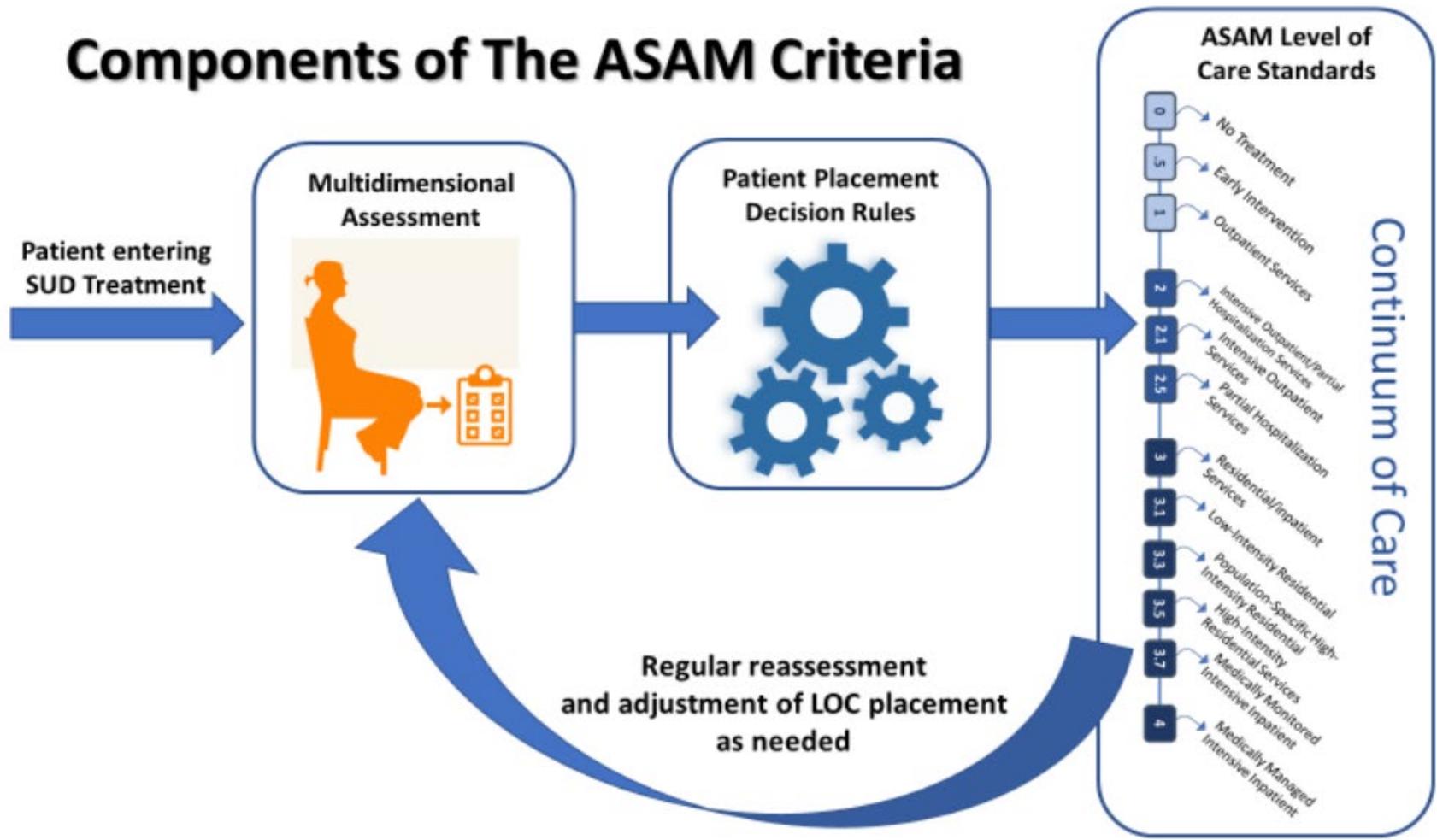
Individualized Treatment & Treatment Plans Based on Multidimensional Assessment

- ASAM's criteria uses **six dimensions** to create a holistic, biopsychosocial assessment of an **individual** to be used for **service planning** and **treatment across all services and level of care**.
- A comprehensive biopsychosocial assessment
- Other assessment tools that assist in individualizing treatment (C-SSRS, COWS, PHQ-9, GAD-7, etc.)

The Golden Thread



Components of The ASAM Criteria



Question 2:

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

Choices:

- 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.

Residential substance use disorder treatment benefit

ForwardHealth/Medicaid has been covering residential substance use disorder treatment for medically monitored treatment and transitional treatment facilities certified in Wisconsin, under Wis. Admin. Code §§ DHS 75.11 and 75.14 (Revised 75.53 & 75.54) since February 1, 2021!



What is medical necessity?

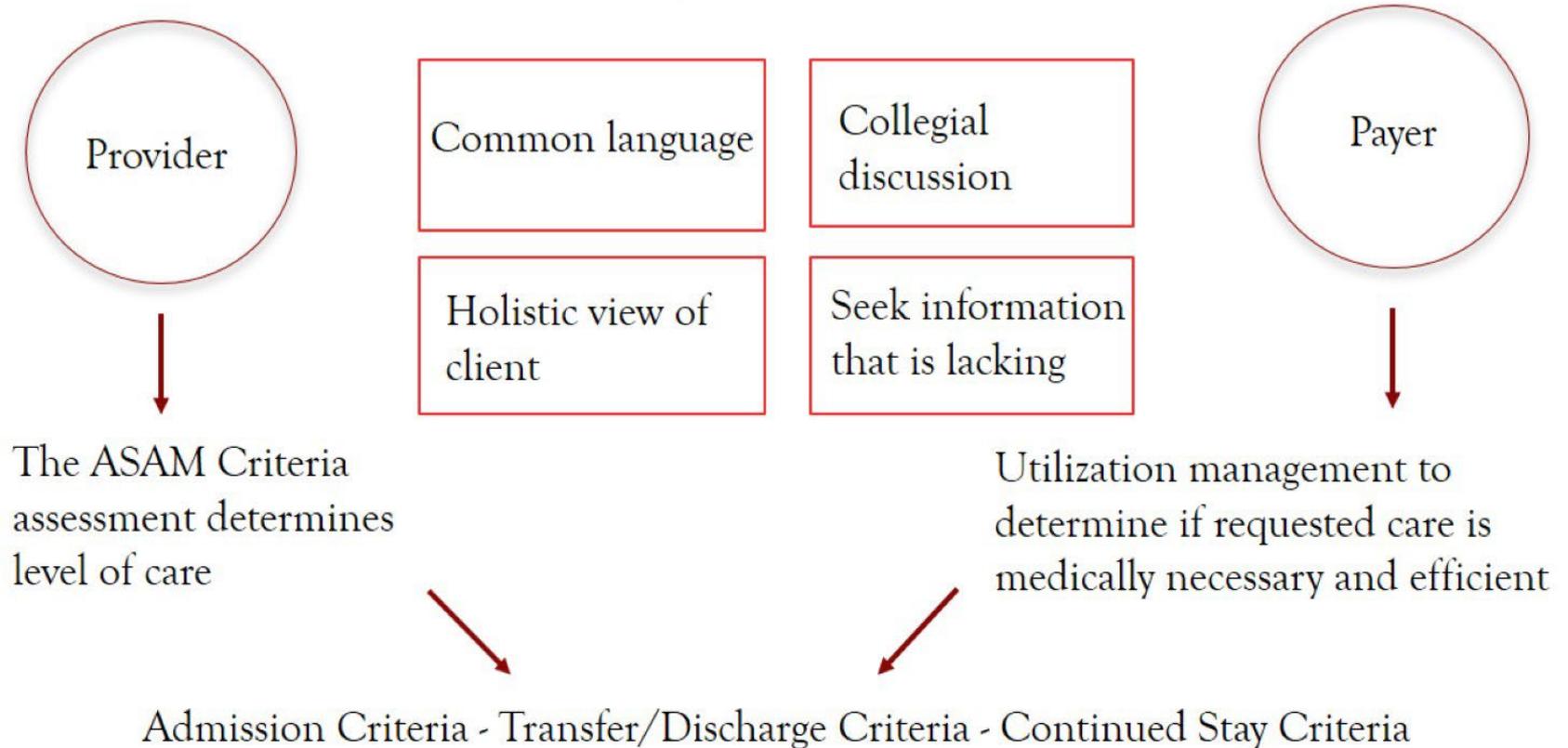
A service maybe considered medically necessary when it is most appropriate, clinically effective, cost-effective plan of care for this member at this time. Medical necessity is based off the severity in each of the 6 dimensions.

Wisconsin Medicaid:
Medically necessary
as defined under
Wis. Admin. Code
§ [DHS 101.03\(96m\)](#).



Providers and Payers

The Collaboration



ForwardHealth & Prior Authorization

Denial vs Returns for ForwardHealth Prior Authorization.

- What are some concerns?
- Your clinical opinion matters.

F-02567

FORWARDHEALTH PRIOR AUTHORIZATION / RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT ATTACHMENT (PARSUD)

INSTRUCTIONS: Type or print clearly. Before completing this form, refer to the Prior Authorization/Residential Substance Use Disorder Treatment Attachment (PARSUD) instructions, F-02567A. Providers may refer to the Forms page of the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms> for the completion instructions.

A Wisconsin-licensed SUD professional, mental health professional, or primary care professional is required to complete and submit this form to the residential SUD treatment provider with any additional relevant documentation. Alternatively, the residential SUD provider may conduct the admission assessment and complete this form. The residential SUD provider may submit PA requests to ForwardHealth via the ForwardHealth Portal, by fax at 609-221-9616, or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784.

SECTION I – MEMBER INFORMATION

1. Name – Member (Last, First, Middle Initial)

2. Date of Birth – Member

3. Member ID Number

SECTION II – SERVICE REQUEST

4. Indicate one level of care.

- Clinically Managed High-intensity (Medically Monitored Treatment–DHS 75.11) Clinically Managed Low-intensity (Transitional Treatment–DHS 75.14)

5. Indicate any additional complexities that are present. Check all that apply.

- Currently pregnant Under age 18 Intellectual/developmental disability

SECTION III – DIAGNOSTIC EVALUATION

6. Indicate up to three substances used by the member that have been evaluated using diagnostic criteria.

Substance	F10 Alcohol	F11 Opioid	F12 Cannabis	F13 Sedative, hypnotic, or anxiolytic	F14 Cocaine	F15 Other stimulant	F16 Hallucinogen	F17 Nicotine	F18 Inhalant	F19 Other psychoactive substance
Substance 1										
Substance 2										
Substance 3										

7. For each substance identified in Element 6, check all diagnostic criteria for SUD that apply to the member.

Substance	Diagnostic Criteria for Substance Use Disorder			
	1	2	3	
				The substance is often taken in larger amounts and/or over a longer period than the member intended.
				The member has made persistent attempts or one or more unsuccessful efforts to cut down or control substance use.
				A great deal of time is spent on activities necessary to obtain the substance, use the substance, or recover from the effects.

Substance	Diagnostic Criteria for Substance Use Disorder			
	1	2	3	
				The member has a craving or strong desire or urge to use the substance.
				Recurrent substance use results in a failure to fulfill major role obligations at work, school, or home.
				Substance use continues despite the member having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
				The member has given up or reduced important social, occupational, or recreational activities because of substance use.
				The member experiences recurrent substance use in situations in which it is physically hazardous.
				Substance use continues despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
				The member experiences tolerance, as defined by either (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect, or (b) markedly diminished effect with continued use of the same amount.
				The member experiences withdrawal, as manifested by either (a) the characteristic withdrawal symptoms for the substance, or (b) the same substance being taken to relieve or avoid withdrawal symptoms.

8. Indicate up to two secondary psychiatric or mental health diagnoses.

- | | |
|---|--|
| <input type="checkbox"/> Neurodevelopmental disorders | <input type="checkbox"/> Sleep-wake disorders |
| <input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders | <input type="checkbox"/> Sexual dysfunctions |
| <input type="checkbox"/> Bipolar and related disorders | <input type="checkbox"/> Gender dysphoria |
| <input type="checkbox"/> Depressive disorders | <input type="checkbox"/> Disruptive, impulse-control, and conduct disorders |
| <input type="checkbox"/> Anxiety disorders | <input type="checkbox"/> Substance-related and addictive disorders |
| <input type="checkbox"/> Obsessive-compulsive and related disorders | <input type="checkbox"/> Neurocognitive disorders |
| <input type="checkbox"/> Trauma and stressor-related disorders | <input type="checkbox"/> Personality disorders |
| <input type="checkbox"/> Dissociative disorders | <input type="checkbox"/> Paraphilic disorders |
| <input type="checkbox"/> Somatic symptom and related disorders | <input type="checkbox"/> Other mental disorders |
| <input type="checkbox"/> Feeding and eating disorders | <input type="checkbox"/> Medication-induced movement disorders and other adverse effects of medication |
| <input type="checkbox"/> Elimination disorders | <input type="checkbox"/> Other conditions that may be a focus of clinical attention |

SECTION IV – AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) CRITERIA

9. Provide a brief relevant history and current information for each ASAM dimension.

This information is provided in separate documentation. (Skip the table below.)

ASAM Dimension	Brief Relevant History and Current Information
1. Acute Intoxication and/or Withdrawal Potential	
2. Biomedical Conditions and Complications	
3. Emotional, Behavioral, or Cognitive Conditions or Complications	
4. Readiness to Change	
5. Relapse, Continued Use, or Continued Problem Potential	
6. Recovery Environment	

10. Provide numeric ratings of the member's severity of needs (risk rating) and level of functioning for each of the six ASAM dimensions. Scores should reflect the clinician's current assessment of the member's needs, barriers to recovery, treatment priorities, strengths, skills, and resources.

ASAM Dimension	Risk Rating					Level of Care Rating							
	0	1	2	3	4	1	2.1	2.5	3.1	3.3	3.5	3.7	4
1. Acute Intoxication and/or Withdrawal Potential	<input type="checkbox"/>												
2. Biomedical Conditions and Complications	<input type="checkbox"/>												
3. Emotional, Behavioral, or Cognitive Conditions or Complications	<input type="checkbox"/>												
4. Readiness to Change	<input type="checkbox"/>												
5. Relapse, Continued Use, or Continued Problem Potential	<input type="checkbox"/>												
6. Recovery Environment	<input type="checkbox"/>												

11. Provide the overall level of care indicated by the ASAM assessment.

1 2.1 2.5 3.1 3.3 3.5 3.7 4

An initial PA admission completed correctly via the ForwardHealth Portal may result in an automatic approval for the first 10 days of treatment.

Where can I find more information about Medicaid and the RSUD benefit

- ForwardHealth-Residential Substance Use Disorder Treatment Benefit Resources:
https://www.forwardhealth.wi.gov/WIPortal/content/html/news/rsud_resources.html.spage
- Forward Health RSUD Policy: PA Section:
<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?a=1&p=1&sa=133>
- Provider Services: 800-947-9627 The Portal Help Desk: 866-908-1363
https://www.forwardhealth.wi.gov/WIPortal/content/html/New_Field_Rep_Map_Message.htm.spage

Question 3:

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

Choices:

- 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 an ASAM Criteria assessment Per DHS 75?

A clinical substance abuse

A substance abuse counselor

A substance abuse counselor-in-training

An individual who holds a physician, psychologist, clinical social worker, marriage and family therapist, or professional counselor license granted under ch. 448, 455, or 457, Stats., and **practices within their scope.**

Qualified treatment trainee” or “QTT”; *Reviewed & signed by clinical supervisor*

ForwardHealth

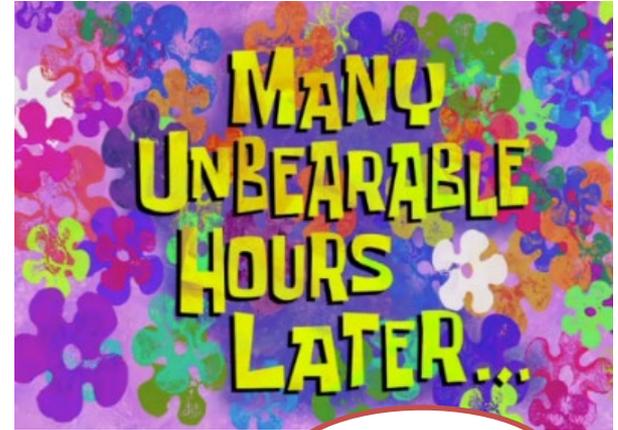
The initial assessment of the member to determine the appropriateness of residential treatment admission must be completed by one of the following:

- 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

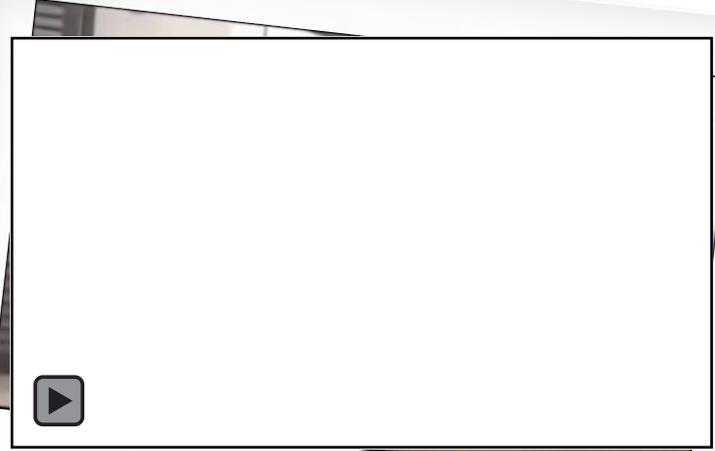
In training will need clinical supervisor signature

Note from State Auditors

- Please put the ASAM Criteria results and recommendations in a place in your chart or electronic health record that is easy to find.
- If you put the results and recommendations in a clinical note: Is there a way this can be flagged so it is easy to locate?



Found
it!!



**Let's Jump Right On In.
That did not go so well for the
bushy tail cat but we got this.**

Intake and Assessment

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's Criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:



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

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.”	
	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

Severity/LOF 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 & 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 (LOF) rating for each ASAM dimension.

Assessing Immediate Needs

1. **Acute Intoxication and/or Withdrawal Potential*

- Currently having severe, life-threatening and/or similar withdrawal symptoms.

2. *Biomedical Conditions and Complications*

- Any current, severe health problems.

The term “detoxification**” is changed to “**withdrawal management.**”*

Assessing Immediate Needs

3. *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.

4. *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

5. *Relapse/Continued Use/Continued Problem Potential*

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

6. *Recovery Environment*

- Immediate threats to safety, well-being, sobriety.

The 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.





Activity 3: Case Discussion:
Rodriguez



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.

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.
 - ← Dimension 6
 - ← Dimension 5 & 6
 - ← Dimension 1 & 5

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.

← Dimension 6

← Dimension 5 & 6

← Dimension 1 & 5

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.
 - ← 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

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.
 - ← 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 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.  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.  Dimension 4  Dimension 4 & 5  Dimension 3  Dimension 4 & 6



Knowledge Checks

Question 4:

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

Choices:

- a. True
- b. False



Question 5:

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

Choices:

- a. True
- b. False



Question 6:

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

Choices:

- 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 & 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.

Level of Care Placement

- Determine an appropriate level of care and treatment priorities based on risk assessment.
- Demonstrate understanding of the ASAM Levels of Care and key treatment and organizational elements that distinguish each level.
- Demonstrate ability to apply *the ASAM Criteria* in practice.
- Examine misconceptions and stigma associated with the treatment of individuals with substance use disorder.



ASAM Continuum of Care-Adult

► ADULT



- .5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services
- 3.1 Clinically Managed Low-Intensity Residential Services

- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
- 3.5 Clinically Managed High-Intensity Residential Services
- 3.7 Medically Monitored Intensive Inpatient Services
- 4 Medically Managed Intensive Inpatient Services

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



Case Discussion:
Revisiting Rodriguez



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.

← Dimension 6

- 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 5 & 6
← Dimension 1 & 5

← 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.

← Dimension 4
← Dimension 4 & 5
← Dimension 3
← Dimension 4 & 6





Rodriguez's Case

Things to consider...

- What level of care is appropriate for Rodriguez?
- Does Rodriguez need level 4 care?
- Does he need residential placement?
- Is it appropriate to recommend him to come back in a week to meet the counselor and begin treatment?
- Do you think this patient is best suited for Level 2 care?





Rodriguez's Treatment Plan

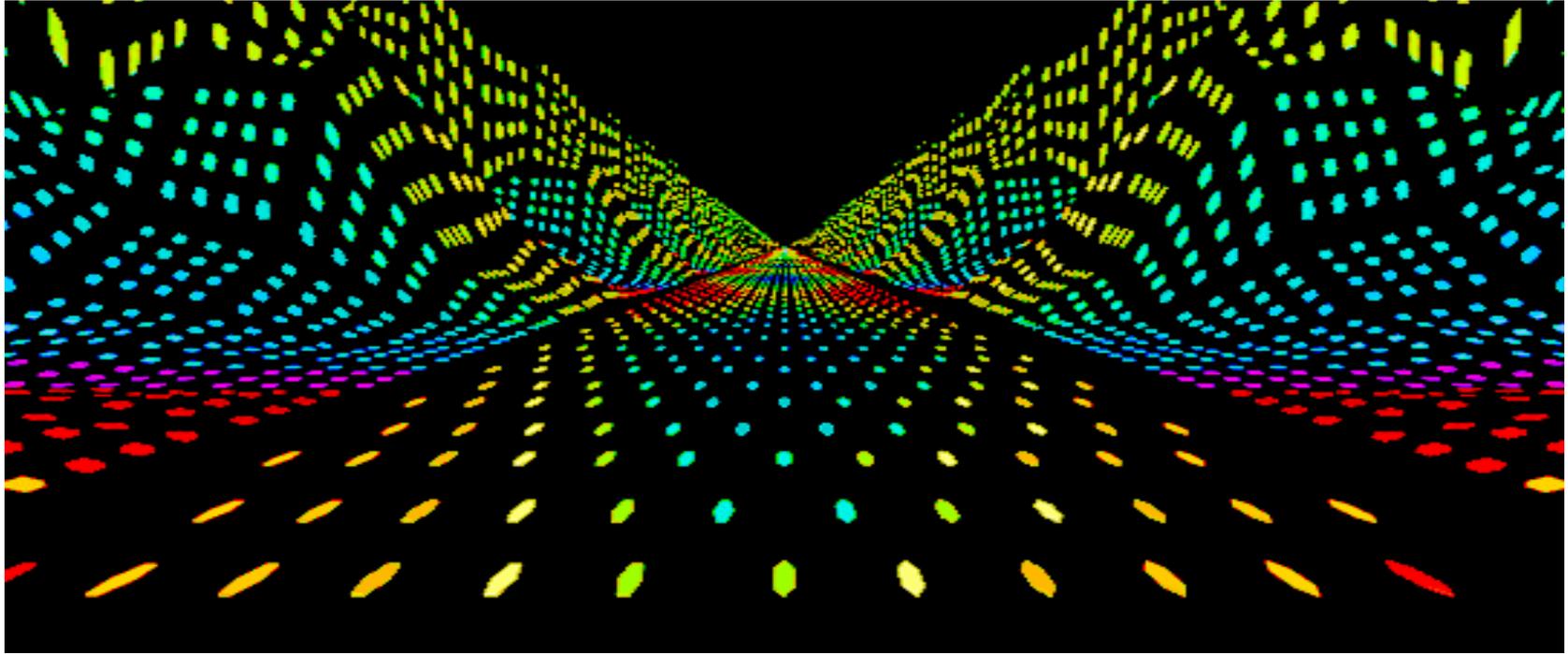
1. There is nothing in this case that requires 24-hour treatment or 24-hour supportive living environment.
2. He **would not meet level 3 or 4** as there is no clinical data that would suggest imminent danger.
3. **Outpatient treatment, either level 1 or 2**, would be appropriate with the limited information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



Disclaimer

- It is important to remember that the client's payer source may have different requirements to include requirements for 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



ASAM Criteria Assessment Dimensions

- ASAM exists to provide best-practices guidance for SUD providers in all treatment settings
 - This includes guidance on how to conduct a comprehensive assessment for all clients receiving SUD treatment
- There is now a ASAM Assessment Interview form
- ASAM outlines six criteria dimensions that should be part of every assessment to ensure that the client's needs are identified and met

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.

Language Change

The term “detoxification” changed to “withdrawal management”

ForwardHealth Prior Authorization/Residential Substance Use Disorder Treatment Dimension 1

SECTION III – DIAGNOSTIC EVALUATION

6. Indicate up to three substances used by the member that have been evaluated using diagnostic criteria.

Substance 1	<input type="text"/>	F10 Alcohol	F15 Other stimulant
		F11 Opioid	F16 Hallucinogen
Substance 2	<input type="text"/>	F12 Cannabis	F17 Nicotine
		F13 Sedative, hypnotic, or anxiolytic	F18 Inhalant
Substance 3	<input type="text"/>	F14 Cocaine	F19 Other psychoactive substance

9. Provide a brief relevant history and current information for each ASAM dimension.

This information is provided in separate documentation. (Skip the table below.)

ASAM Dimension		Brief Relevant History and Current Information
1.	Acute Intoxication and/or Withdrawal Potential	<input type="text"/>

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 (FNDDT)
- The Clinical Institute Narcotic Assessment (CINA)

Dimension 2:

Biomedical Conditions and Complications

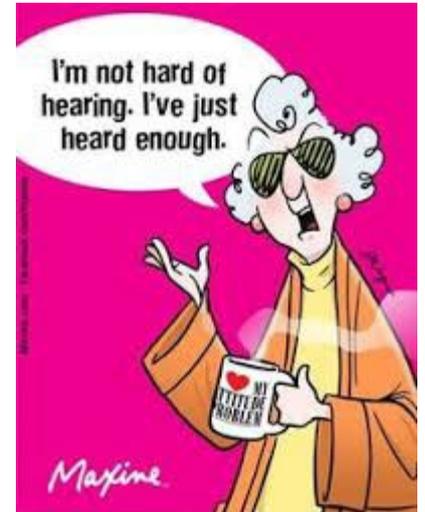
This dimension investigates the individual's overall **physiological condition** in order to determine whether there are any **medical problems or concerns**.

But 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 his or her 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:*

<p>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)</p>	<p><input type="radio"/> Yes* <input type="radio"/> No</p>	<p>Notes:</p>
<p>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)</p>	<p><input type="radio"/> Yes* <input type="radio"/> No</p>	
<p>4. <i>If yes*</i>: Have your mental health symptoms been stable (check all that apply)?</p>	<p><input type="radio"/> N/A <input type="radio"/> Stable with treatment/meds <input type="radio"/> Stable without treatment/meds <input type="radio"/> Unstable <input type="radio"/> Not sure</p>	

ForwardHealth Prior Authorization/Residential Substance Use Disorder Treatment Dimension 1, 2, and 3

9. Provide a brief relevant history and current information for each ASAM dimension.

This information is provided in separate documentation. (Skip the table below.)

ASAM Dimension		Brief Relevant History and Current Information
1.	Acute Intoxication and/or Withdrawal Potential	
2.	Biomedical Conditions and Complications	
3.	Emotional, Behavioral, or Cognitive Conditions or Complications	

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	Notes:
Work	<input type="radio"/>					
School	<input type="radio"/>					
Mental health/Emotions	<input type="radio"/>					
Hobbies/Recreation	<input type="radio"/>					
Legal matters (e.g., DUI)	<input type="radio"/>					
Finances	<input type="radio"/>					
Family relationships	<input type="radio"/>					
Friendships	<input type="radio"/>					
Romantic partners	<input type="radio"/>					
Self-esteem	<input type="radio"/>					

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 **SUD**?

What is the clients potential to relapse or continued problem regarding **MH 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 **SUD recovery efforts**?

Does client's recovery/living environment promote or hurt the clients **MH 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: _____

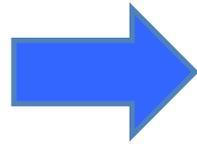
Describe: (*Probe for job skills*)

ForwardHealth Prior Authorization/Residential Substance Use Disorder Treatment Dimension 4, 5, and 6

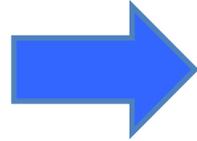
4.	Readiness to Change	
5.	Relapse, Continued Use, or Continued Problem Potential	
6.	Recovery Environment	

What does the research say? Why ASAM can be helpful?

Clients that are mismatched to treatment have lower retention rates and poor outcomes.



Less treatment is **NOT** good.



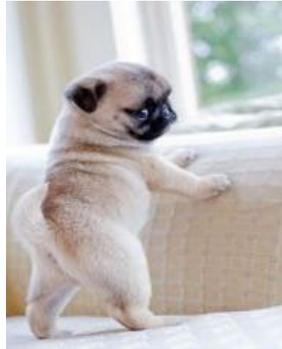
More treatment is **NOT** good.

Keeping a client in level of care 3.5 clinically managed high-intensity residential services because of homelessness is NOT good. You could step them down to a 3.1 level of care if recommended or start working day one on housing.

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.

ForwardHealth/Medicaid

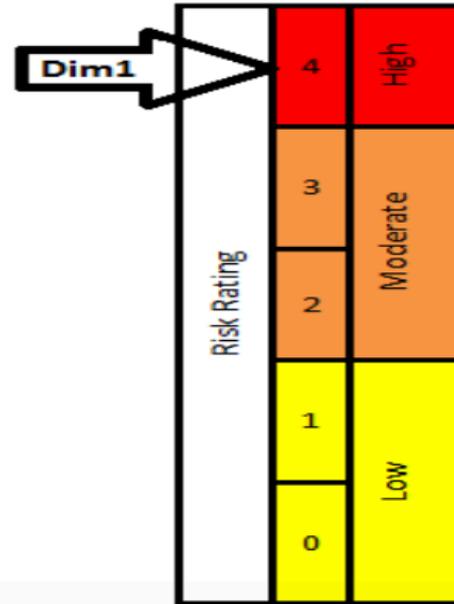
- Department of Corrections (DOC) may have a contract with the provider. If the member no longer meets medical necessity for that level of care but there is criminogenic need, a prior authorization would not be submitted (amend to end or let end) and the payment would switch to DOC or another payer source.

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



The diagram shows a vertical risk rating matrix. On the left, a box labeled 'Dim1' has an arrow pointing to the top cell of the matrix. The matrix is a vertical rectangle divided into two columns. The left column is labeled 'Risk Rating' and contains numerical values 4, 3, 2, 1, and 0 from top to bottom. The right column contains risk levels: 'High' (top), 'Moderate' (middle), and 'Low' (bottom). The top cell (4, High) is red, the middle cell (3, 2, Moderate) is orange, and the bottom cell (1, 0, Low) is yellow.

4	High
3	Moderate
2	
1	Low
0	

Imminent Danger

3 Components

1. Strong probability that certain behaviors will occur (e.g., cont'd 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 (e.g., 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).

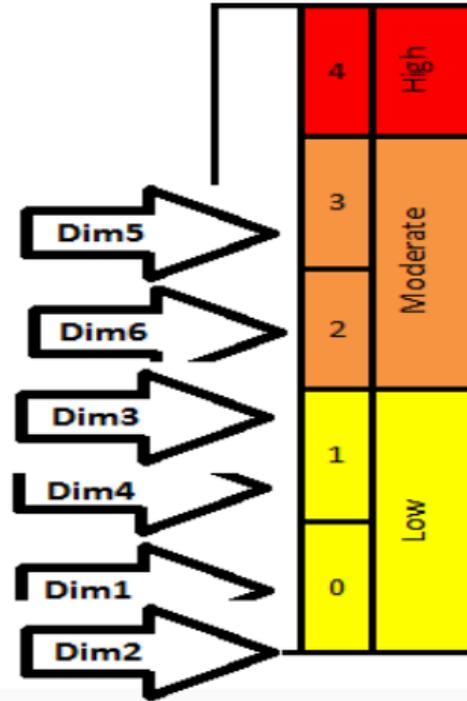


Example of Imminent Danger

- 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 utilizing steps 1-4.

Risk Ratings

- Method for assessing client severity and level of function, therefore, 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.”

ForwardHealth Prior Authorization/Residential Substance Use Disorder Treatment Risk Rating

10. Provide numeric ratings of the member's severity of needs (risk rating) and level of functioning for each of the six ASAM dimensions. Scores should reflect the clinician's current assessment of the member's needs, barriers to recovery, treatment priorities, strengths, skills, and resources.

ASAM Dimension	Risk Rating					Level of Care Rating							
	0	1	2	3	4	1	2.1	2.5	3.1	3.3	3.5	3.7	4
1. Acute Intoxication and/or Withdrawal Potential	<input type="checkbox"/>												
2. Biomedical Conditions and Complications	<input type="checkbox"/>												
3. Emotional, Behavioral, or Cognitive Conditions or Complications	<input type="checkbox"/>												
4. Readiness to Change	<input type="checkbox"/>												
5. Relapse, Continued Use, or Continued Problem Potential	<input type="checkbox"/>												
6. Recovery Environment	<input type="checkbox"/>												

11. Provide the overall level of care indicated by the ASAM assessment.

1
 2.1
 2.5
 3.1
 3.3
 3.5
 3.7
 4

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
<ul style="list-style-type: none"> No dangerous symptoms Good social functioning Good self-care No symptoms interfering with recovery 	<ul style="list-style-type: none"> Possible diagnosis of emotional, behavioral, cognitive condition Requires monitoring for stable mental health condition Symptoms do not interfere with recovery Some relationship impairments 	<ul style="list-style-type: none"> Symptoms distract from recovery Requires treatment and management of mental health condition No immediate threat to self/others Symptoms do not prevent independent functioning 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Low/no potential for relapse 	<ul style="list-style-type: none"> Some minimal risk for use Fair coping and relapse prevention skills 	<ul style="list-style-type: none"> Some or inconsistent use of coping skills Able to self-manage with prompting 	<ul style="list-style-type: none"> Little recognition of risk for use Poor skills to cope with relapse 	<ul style="list-style-type: none"> No coping skills for relapse/addiction problems Substance use/behavior places self/others in imminent danger
	<p>Low-intensity relapse prevention services are needed or self-help/peer support group</p>	<p>Relapse prevention services and education are needed.</p> <p>Possible need for:</p> <ul style="list-style-type: none"> intensive case management medication management assertive community treatment 	<p>Relapse prevention services including:</p> <ul style="list-style-type: none"> structured coping skills training motivational strategies assertive case management and assertive community treatment possible need for structured living environment 	<p>Likely needs all services listed in "Severe"</p> <ul style="list-style-type: none"> 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

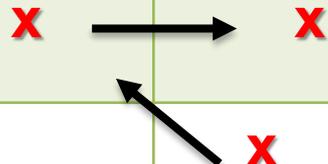
Severity Rating - Dimension 6 (Recovery/Living Environment)

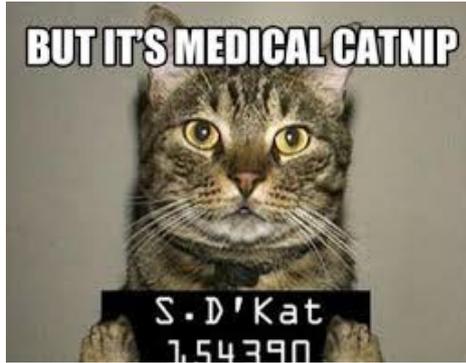
0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
<ul style="list-style-type: none"> Able to cope in environment/supportive 	<ul style="list-style-type: none"> Passive/disinterested social support, but still able to cope No serious environmental risks 	<ul style="list-style-type: none"> Unsupportive environment, but able to cope in the community with clinical structure most of the time 	<ul style="list-style-type: none"> Unsupportive environment, difficulty coping even with clinical structure 	<ul style="list-style-type: none"> Environment toxic/hostile to recovery Unable to cope and the environment may pose a threat to safety
	<p>May need assistance in:</p> <ul style="list-style-type: none"> finding a supportive environment developing supports re: skills training childcare transportation 	<p>Needs assistance listed in "Mild," as well as</p> <ul style="list-style-type: none"> assertive care management 	<p>Needs more intensive assistance in</p> <ul style="list-style-type: none"> finding supportive living environment skills training (depending on coping skills and impulse control) assertive care management 	<ul style="list-style-type: none"> 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 highest 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.

ForwardHealth Prior Authorization/Residential Substance Use Disorder Treatment Level of Care Rating

10. Provide numeric ratings of the member's severity of needs (risk rating) and level of functioning for each of the six ASAM dimensions. Scores should reflect the clinician's current assessment of the member's needs, barriers to recovery, treatment priorities, strengths, skills, and resources.

ASAM Dimension	Risk Rating					Level of Care Rating							
	0	1	2	3	4	1	2.1	2.5	3.1	3.3	3.5	3.7	4
1. Acute Intoxication and/or Withdrawal Potential	<input type="checkbox"/>												
2. Biomedical Conditions and Complications	<input type="checkbox"/>												
3. Emotional, Behavioral, or Cognitive Conditions or Complications	<input type="checkbox"/>												
4. Readiness to Change	<input type="checkbox"/>												
5. Relapse, Continued Use, or Continued Problem Potential	<input type="checkbox"/>												
6. Recovery Environment	<input type="checkbox"/>												

11. Provide the overall level of care indicated by the ASAM assessment.

1
 2.1
 2.5
 3.1
 3.3
 3.5
 3.7
 4

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.

Revised DHS 75.15 **Intervention service** and intoxicated driver services

Intervention services are delivered in a wide variety of settings and are designed to explore and address risk factors that appear to be related to substance use, to assist the individual in recognizing the consequences of harmful substance use, and to provide information for individuals to make behavioral changes.

Revised DHS 75.15 Intervention service and **intoxicated driver services**

Intoxicated driver intervention services are specific services within the Intoxicated Driver Program under ch. DHS 62, utilized to reduce risk of reoccurrence of impaired driving. These services include intoxicated driver assessments, driver safety planning and monitoring, and alternative education services.

Opioid Treatment Services (OTS)

Level 1

Opioid treatment services is an umbrella term that encompasses a variety of pharmacological and nonpharmacological treatment modalities. This includes all medications used to treat opiate use disorders and the psychosocial services that are offered concurrently with these pharmacological therapies. Medications that are offered could be methadone, buprenorphine, and/or naltrexone.

Two Models for Opioid Treatment

- **Opiate Treatment Program (OTP)** - Opioid treatment programs using **methadone and/or buprenorphine**. (Example: Methadone Clinic-**highly structured** environment in which **daily attendance** at the facility is required in early recovery for direct administration of the med. **Heavily regulated by state and federal agencies**.) Known in the past as methadone maintenance treatment or opioid maintenance therapy
- **Office-Based Opiate Treatment (OBOT)** - **Physicians in private practice** or public sector **clinics** where **buprenorphine** is prescribed. Regulated by the federal regulations addressing office-based treatment. (Example: Outpatient clinic regulated by the individual physician who is regulated by federal regulations.)

Revised DHS 75 OTS

- **DHS 75.59 Opioid treatment program**

A service that provides for the management and rehabilitation of persons with an opioid use disorder through the use of methadone and other FDA–approved medications for the treatment of persons with an opioid use disorder, and also provides a broad range of medical and psychological services, substance use counseling and social services.

Revised DHS 75 OTS

- **DHS 75.60 Office-based opioid treatment service**
"office-based opioid treatment," or "OBOT" service means pharmacotherapy for opioid use disorder, delivered in a stand-alone office-based opioid treatment clinic, a private office, or public sector clinic setting..... OBOT includes treatment with all medications approved by the FDA for such treatment.

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 9 hours of treatment services per patient per week for adults and less than 6 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 9 hours of treatment services per patient per week for adults, and less than 6 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 9 hours of service a week for adults and 6 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 24hrs by phone and 72hr in person. Emergency services 24-7 by phone.

Revised DHS 75.51 Intensive outpatient treatment service

- Non-residential treatment service totaling at least 9 hours of treatment services per patient per week for adults and at least 6 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 8hrs by phone and 48hr 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.

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 5 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 6 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

- This level of care provides 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.
- Counseling is available 16 hours a day to engage patients in treatment.
- 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 Symptoms Severity Scales

Prediction Scales

- Likelihood of Complicated Withdrawal
- Prediction of Alcohol Withdrawal Severity Scale (PAWSS)
- Luebeck Alcohol – Withdrawal Risk Scale (LARS)

Monitoring Scales

- Tracking the Course of Treatment
- Clinical Institute Withdraw Assessment for Alcohol, revised (CIWA-Ar)
- Brief Alcohol Withdrawal Scale (BAWS)
- Short Alcohol Withdrawal Scale (SAWS)
- Richmond Agitation – Sedation Scale (RASS)
- Global Withdrawal Discomfort Scale (GK)

WITHDRAWAL MANAGEMENT

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

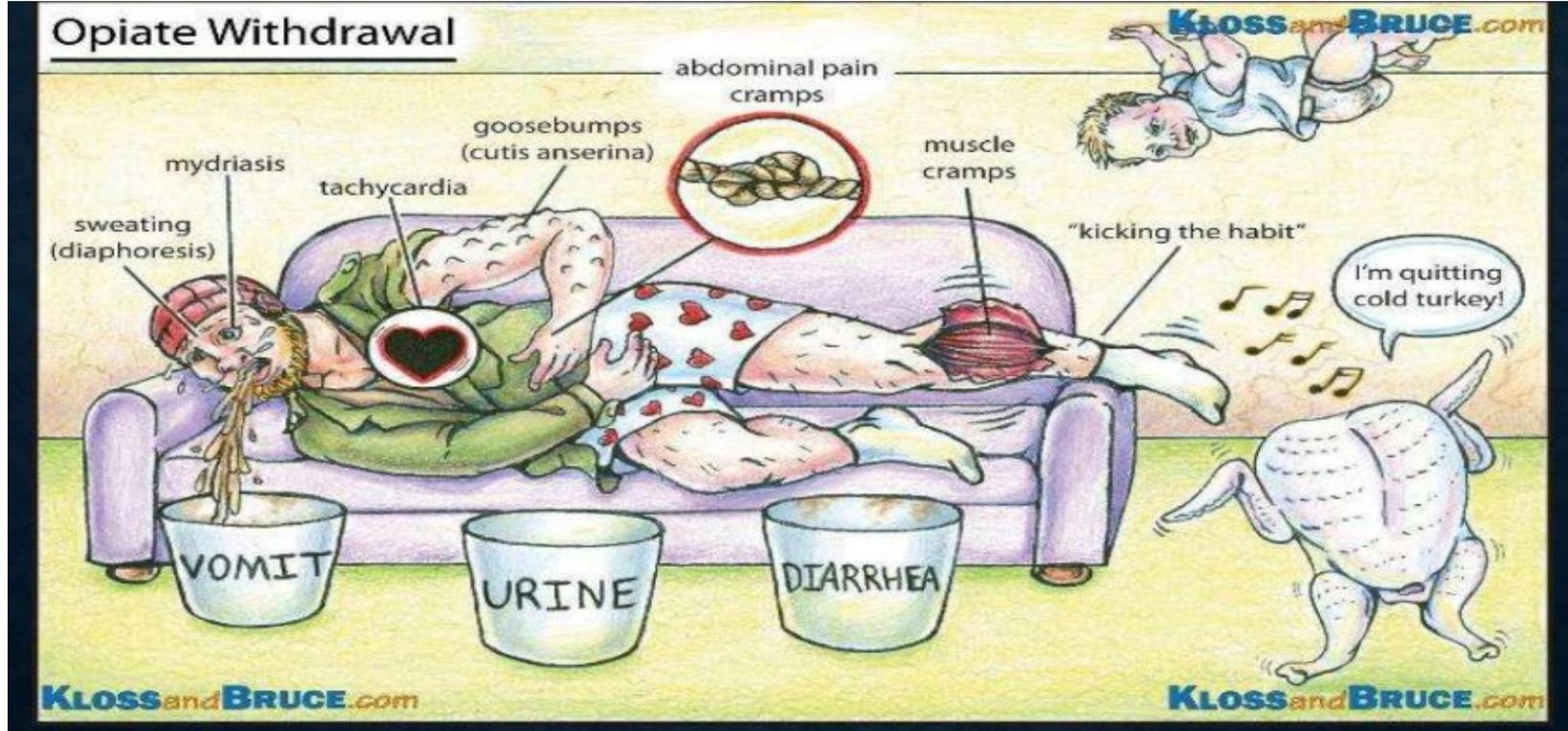
ASAM: WM-1: Ambulatory without Extended On-Site Monitoring

- 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.

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

Case Study Time

GEORGE: 46
YEAR OLD
MALE

1. Alcohol- Reports drinking a bottle of wine over the weekend (its Wed).
2. Heroin- Hasn't used in years; so long couldn't remember when; shot 3 to 4 times per day; dime bag each time.
3. Cocaine- Smoking regularly for past year—20 or more days per month; Smokes 6-7 rocks per day.
4. Cannabis- Last smoked 1 week ago; smoking less since starting crack; Previously smoked daily—about 4 dimes per day; began smoking daily as teen.
5. PCP- Reports hasn't smoked in years.
6. Client's lips looked a bit burned. His sister stated that when client can't get access to a lighter or match, he'll attempt to light the crack pipe using the stove. She stated that his coat caught fire recently.

GEORGE: 1- ACUTE INTOXICATION & WITHDRAWAL POTENTIAL

1. Smoked crack 20 or more days a month for at least the past year; smoked last night.
2. In addition to smoking crack, he reports drinking alcohol and smoking marijuana. He reports no withdrawal symptoms when abstinent from alcohol. He currently reports some anxiety and sister stated he is irritable. Observed him on a few occasions falling asleep during the assessment.

Risk Ratings for Dimension 1

- **Severity of 0:** No signs of withdrawal/intoxication present or signs or symptoms are resolving.
- **Severity of 1 (Mild):** Minimal risk of significant withdrawal. Ability to cope and tolerate withdrawal discomfort. No danger to self/others.
- **Severity of 2 (Moderate):** May have severe intoxication, moderate risk of severe withdrawals. Responds well to support & Tx. Some difficulty tolerating and coping with withdrawal discomfort. No danger to self/others.
- **Severity of 3 (Severe):** Severe intoxication with imminent risk of danger to self/others. Poor ability to tolerate or cope with withdrawal. Risk of severe w/d but manageable or w/d are worsening.
- **Severity of 4 (Very Severe):** Incapacitated. Severe signs and symptoms. Presents danger, i.e. seizures. Continued substance use poses an imminent threat to life. **Imminent Danger**

Poll #1 What risk rating would you give George on Dimension 1? (Acute intoxication and/or withdrawal potential)

Risk Rating of 4

Risk Rating of 3

Risk Rating of 2

Risk Rating of 1

Risk Rating of 0

GEORGE: 2- BIOMEDICAL CONDITIONS & COMPLICATIONS

1. Client states that he fell out of a truck at age 14 and was hospitalized. He states that he was in a coma for days.
2. Client also states that he was hospitalized at age 18 for pneumonia.
3. He does not report any other prior or on-going medical issues other than stating his lip is starting to hurt. You observed a blister on his lips and the skin around his mouth and the underside of his nose had a mild red tone and looked chapped.
4. He does not report any medical issues in the past 30 days.

Risk Ratings for Dimension 2

- **Severity of 0:** : No issues/Fully functional/able to cope with physical discomfort/stable. Medical issues will NOT interfere w/ tx. No signs/symptoms are observed
- **Severity of 1 (Mild):** Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with physical discomfort
- **Severity of 2 (Moderate):** Some difficulty tolerating physical problems or has multiple medical issues. Acute, nonlife threatening problems present, or biomedical problems are neglected. Could interfere w/ tx due to the need of medical services.
- **Severity of 3 (Severe):** Serious medical problems neglected during outpatient treatment that require frequent medical attention. Poor ability to cope with physical problems and/or general health is poor. Medical problems that could be exacerbated by relapse or withdrawal.
- **Severity of 4 (Very Severe):** Incapacitated with severe medical problems. Medical issues are life threatening. **Imminent Danger**

Poll #2 What risk rating would you give George on Dimension 2? (Biomedical conditions and complications)

Risk Rating of 4

Risk Rating of 3

Risk Rating of 2

Risk Rating of 1

Risk Rating of 0

GEORGE: 3- EMOTIONAL, BEHAVIOR AND COGNITIVE CONDITIONS AND COMPLICATIONS

1. Client reports he has been diagnosed with schizophrenia and bi-polar disorder; monthly Haldol injections for years. Sister takes him to get his shot. “I know my drugs make me worst and I don’t like that”
2. Has received SSI for over 15 years
3. Client has no issues with activates of daily living (eating, bathing, getting dressed)
4. Client reported compliance w/treatment; he denied hallucinations and delusions.
5. Sister reports client has been talking to the TV and to himself; has a fixed belief that people change bodies and that’s how his deceased father is still alive.

Risk Ratings for Dimension 3

- **Severity of 0:** Good impulse control and coping skills. No dangerousness, good social functioning and self-care, problems identified are stable, no interference with recovery.
- **Severity of 1 (Mild):** Suspected or diagnosis of EBC, but does not interfere with recovery. Emotional concerns due to negative consequences of AODA use/mental health symptoms. Adequate impulse control & coping skills. Mild symptoms that do not impair roles in a social, school or work setting . Mild/Moderate symptoms with good response to past tx
- **Severity of 2 (Moderate):** Persistent EBC symptoms that significantly distract from recovery, but not imminently dangerous. Some SI with no plan or means, moderately effects social, school, work functioning. Does not prevent independent functioning. Hx of not being consistent with meds (MAT/MH) . **Consider an C-SSRS**

Risk Ratings for Dimension 3

- **Severity of 3 (Severe):** : Severe EBC, but does not require acute level of care (Psych unit). Frequent impulse to harm self or others, but not dangerous in a 24-hr setting (Care Center). Not taking medication as prescribed, symptoms affect the ability to adjust to their community or past tx was not effective. Limited capacity for self-care, ADL's.
Safety Plan
- **Severity of 4 (Very Severe):** : Severe EBC symptoms. Requires acute level of care. Exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others). Gross neglect of self-care, psychosis with unpredictability. Resent hx of psychiatric instability
Imminent Danger -- Take Immediate Action

Poll #3 What risk rating would you give George on Dimension 3? (Emotional, behavioral, or cognitive conditions and complications)

Risk Rating of 4

Risk Rating of 3

Risk Rating of 2

Risk Rating of 1

Risk Rating of 0

GEORGE: 4- READINESS TO CHANGE

1. Verbalizes desire for treatment and considers treatment to be very important. “I know my drugs make me worst and I don’t like that”
2. Willingness to engage in treatment and ability to follow through with treatment recommendations is also in doubt.
3. Sister indicated that client has completed detox multiple times, but has refused to enter treatment, the times he has entered treatment he is not engaged and/or left treatment early.

Risk Ratings for Dimension 4

- **Severity of 0:** Willing to engage in treatment/proactive. Admits to having a problem. Talks about goals & cut negative influences.
- **Severity of 1 (Mild):** Willing to explore the need for tx , but ambivalent to the need to change. Willing to change AODA use and may feel they do not have a problem and can quit whenever they want.
- **Severity of 2 (Moderate):** : Reluctant to agree to treatment. Low commitment to change. Passive engagement in treatment. Can talk about the negative consequences of AODA use but low commitment to change
- **Severity of 3 (Severe):** Unaware or feels treatment is unnecessary. Unwilling to follow through with recommendations for treatment. May feel forced to be here. inconsistent follow through and shows minimal awareness of AODA or mental health disorder and need for treatment

Risk Ratings for Dimension 4

Severity of 4 (Very Severe):

- **4a (no immediate action required)**=unable to follow through, little or no awareness of SUD or Mental Health Disorder, blames others, not willing to explore change, can care for self.
- **4b: No awareness:** Substance use or mental health symptoms places self/other in **imminent danger and can't care for self.**

Poll #4 What risk rating would you give George on Dimension 4?
(Readiness to change)

Risk Rating of 4

Risk Rating of 3

Risk Rating of 2

Risk Rating of 1

Risk Rating of 0

GEORGE: 5-
RELAPSE,
CONTINUED USE
OR CONTINUED
PROBLEM
POTENTIAL:

1. Began marijuana at age 14 and alcohol at 15. He could not recall when he began smoking crack.
2. Reports history of drinking daily, 4-5 bottles of wine per day; greatly reduced in last 4 months.
3. History of smoking 4-5 dime bags of marijuana per day. Indicates THC use decreased when his crack use picked up about a year ago.
4. Reports smoking crack 20 or more days a month; 6-7 rocks per episode. Reports daily cravings for crack; no recent sustained abstinence; unable to describe strategies for achieving abstinence.

Risk Ratings for Dimension 5

- **Severity of 0:** Low potential for relapse. Good ability to cope. No current cravings
- **Severity of 1 (Mild):** Minimal relapse potential. Some risk, but fair coping and relapse prevention skills. Some cravings with ability to resist and takes meds as prescribed
- **Severity of 2 (Moderate):** : Impaired recognition of risk for relapses /continued use. Regular use of alcohol (1-2x weekly) and moderate use of drugs(1-3x weekly). Able to self- manage with prompting and support. Some cravings with minimal ability to resist
- **Severity of 3 (Severe):** Little recognition of risk for relapse/continued use, not taking prescribed medications, poor skills to cope, severe cravings, frequent use of Alc/drugs, very influenced by using friends/family/culture. Near imminent danger.
- **Severity of 4 (Very Severe):****4a (no immediate action required)**=No coping skills, repeated past tx with little positive effect on functioning. Able to care for self. **(4b):** no skills and continues daily use. Substance use and psychiatric disorder places client and others in **imminent danger**.

Poll #5 What risk rating would you give George on Dimension 5?
(Relapse, continued use, or continued problems potential)

Risk Rating of 4

Risk Rating of 3

Risk Rating of 2

Risk Rating of 1

Risk Rating of 0

GEORGE: 6- RECOVERY/LIVING ENVIRONMENT

1. Lives with his mother who is supportive and has done so all his life. No drug or alcohol users in home.
2. Client's sister accompanied him to the interview and appeared supportive and involved.
3. Reports spending most of his free time with a "friend". He stated that they used drugs together.
4. Client states that he panhandles to support his drug habit and that's how he ended up with his current charge unauthorized entry. No other criminal charges.

Risk Ratings for Dimension 6

- **Severity of 0:** Able to cope in environment **or** has a supportive environment. Dry/drug free home, few liquor stores/no drug dealers in or around home, positive activates, no barriers to treatment or recovery
- **Severity of 1 (Mild):** Passive/disinterested social/family support, but still able to cope and interested in finding health support, has health activates, barriers to tx or recovery can be overcome
- **Severity of 2 (Moderate):** Unsupportive environment, but able to cope with clinical structure most of the time. Lives alone, ready access to alc or drugs near home, very little health activates, serious barriers to tx & recovery but can be resolved.

Risk Ratings for Dimension 6

- **Severity of 3 (Severe):** Environment is not supportive of recovery efforts, client finds coping difficult even with clinical structure. Risk for emotional, physical or sexual abuse.
- **Severity of 4 (Very Severe):** **4a (no immediate action required)**=Environment toxic/hostile to overall recovery. Unable to cope, has many drug using friends. **4b:** actively hostile and **posing immediate threat** to safety and well being of client (domestic violence, drug dealer pressures drug use, human trafficking)

Poll #6 What risk rating would you give George on Dimension 6? (Recovery and living environment)

Risk Rating of 4

Risk Rating of 3

Risk Rating of 2

Risk Rating of 1

Risk Rating of 0

Six Dimensions of Multidimensional Assessment

	SUD	MH
1. Acute intoxication and/or withdrawal potential	2	
2. Biomedical conditions	1	
3. Emotional, behavioral, or cognitive	2	
4. Readiness to change	3	3
5. Relapse, continued use potential	4a	2
6. Recovery/living environment	3	3

ASAM Levels of Care

- 0.5 Early intervention
- 1. Outpatient treatment
- 2. Intensive outpatient
- 3. Residential treatment
- 4. Medically-monitored or managed intensive inpatient treatment
- 5. Withdrawal management
 - 1. Ambulatory
 - 2. Residential

WITHDRAWAL MANAGEMENT

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

Level of Care	Description (Herron & Brennan, 2020, pgs. 174 – 175)
4.0	Medically managed intensive inpatient. 24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3; counseling available to engage patient in treatment
3.7	Medically monitored intensive inpatient. 24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3; 16 hours per day for counselor availability
3.5	Clinically managed high-intensity residential treatment. 24-hour care with trained counselors to stabilize multi-dimensional imminent danger and prepare for outpatient treatment; able to tolerate and use a full active milieu or therapeutic community
3.3	Clinically managed-population-specific high-intensity residential. 24-hour care with trained counselors to stabilize multi-dimensional imminent danger; less intense milieu and group treatment for those with cognitive or other impairments unable to use a full active milieu or therapeutic community
3.1	Clinically managed low-intensity residential. 24-hour structure with available trained personnel with emphasis on re-entry to the community; at least 5 hours of clinical service per week
2.5	Partial Hospitalization. 20 hours of service or more per week in a structured program for multi-dimensional instability not requiring 24-hour care
2.1	Intensive Outpatient. 9 hours of service or more per week (adults); 6 hours or more per week (adolescents) in a structured program to treat multi-dimensional instability
1.0	Outpatient Services. Less than 9 hours or service per week (adults); <6 hours per week (adolescents) for recovery or motivational enhancement therapies/strategies

Polling #7:
RECOMMENDATION
WM

1-WM: Ambulatory Withdrawal Management
W/O 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

Recommendations for WM

3.2-WM: Clinically Managed Residential Withdrawal Management

- Have protocol in place in case biomedical and/or mental health start to deteriorate but overall managed by clinical staff NOT medical
- Emphasis is on peer and social support rather than medical
- This LOC supports clients who are experiencing withdrawal and symptoms that are significant enough to require 24hr support and structure.

Polling #8:
RECOMMENDATION
for LOC

Level 2.1 (Intensive outpatient program)

Level 2.5 (Partial hospitalization (day treatment))

Level 3.1-Clinically managed low-intensity residential Services

Level 3.5-Clinically managed high-intensity residential services

Level 3.7-Medically monitored intensive inpatient treatment

Level 4 – Medically managed intensive inpatient

Recommendations for LOC

- 3.5-Clinically managed high-intensity residential services
- The focus is on problems in dimensions 4,5 & 6.
- The focus is on stabilization of dangerous addiction signs and symptoms, initiation of the recovery process and preparation for ongoing recovery.
- If a client is in a 3.7 LOC once dimensions 1,2 and/or 3 are stabilized client can “step down” to 3.5 if indicated.

Why not 3.7?

Level 3.7-Medically monitored intensive inpatient tx

3.7 are designed to meet the needs of clients who have functional limitations in dimensions 1, 2 and/or 3. Once stable client can step down to appropriate LOC.

Great Job Everyone!!

See you next time

**ASAM ADVANCED TRAINING WILL
BE MAY 23, 2022**

Thank You!

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Resources

- ForwardHealth-Residential Substance Use Disorder Treatment Benefit Resources:

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

- Revised DHS 75 Implementation webpage:

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

- ASAM Criteria Assessment Interview Guide:

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

- Division of Quality Assurance:

dhsdqamentalhealthaoda@dhs.wisconsin.gov

Resources

- Find/Contact your Provider Relations Representative link:
https://www.forwardhealth.wi.gov/WIPortal/content/html/New_Field_Rep_Map_Message.htm.spage
- Forward Health RSUD Policy: PA Section:
<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=133>