



***AMERICAN SOCIETY OF
ADDICTION MEDICINE***

***Patient Placement Criteria for the Treatment of
Substance-Related Disorders
(Second Edition-Revised) 2001***

LME Utilization Review Training



LEARNING GOALS: By the end of this training session participants will be able to:

- ❑ Define the Adult and Adolescent Substance Abuse Continuum of Care
- ❑ Understand rationale for ASAM PPC-2 (Revised).
- ❑ Identify implications for clinical practice within existing substance abuse service structures using the multidimensional assessment and placement criteria.
- ❑ Determine levels of care & intensities of service to adults and adolescents with substance-related disorders.



Substance Abuse Continuum of Care

- Adult SA Continuum of Care (handout #1 & #2)
 - Outpatient/Residential Continuum
 - Detoxification Continuum

- Adolescent SA Continuum of Care (handout #3)



Guiding Principles*

- ❑ **Objectivity**
- ❑ **Choice of Treatment Levels**
- ❑ **Continuum of Care**
- ❑ **Treatment Failure**
- ❑ **Length of Stay**
- ❑ **Twelve Step, Mutual Help, & Self Help Recovery Groups**
- ❑ **Treatment Outcomes**
- ❑ **(Real World Considerations pages 17-19)**

*ASAM PPC-2R Guiding Principles pages 15-17



How and When to Use the Criteria

- ❑ To assign the appropriate level of service and level of care.
- ❑ To make decisions about continued service or discharge by ongoing assessment and review of progress.
- ❑ To do effective treatment planning and documentation.



Key Components of PPC Model

A MULTI-DIMENSIONAL ASSESSMENT MODEL that organizes data from clinical interviews:

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Dimension 2: Biomedical Conditions/Complications

Dimension 3: Emotional, Behavioral or Cognitive Conditions/Complications

Dimension 4: Readiness to Change

Dimension 5: Relapse, Continued Use or Continued Problem Potential

Dimension 6: Recovery/Living Environment



Dimension 1: Detoxification/Withdrawal Potential

- ❑ What risk is associated w/ pt's current level of acute intoxication?
- ❑ Serious risk of severe withdrawal symptoms or seizures based on previous history?
- ❑ Recent discontinuation or significant reduction of alcohol/drug use? Recent increase?
- ❑ Does pt have responsible supports to assist in ambulatory detoxification if medically safe?

“The best predictor of current and future withdrawal problems, are past withdrawal problems!”



***ITR Description of Dimension 1: Intoxicated/Withdrawal Symptoms**

- ❑ Low: Not under the influence; no withdrawal potential
- ❑ Medium: Recent use, potential for intoxication; presenting with mild withdrawal symptoms
- ❑ High: Severe withdrawal hx, presenting with seizures, CIWA score greater than 10

*VO ITR Instructions page 5



Dimension 2: Medical Conditions & Complications

- ❑ Are there current physical illnesses *other than withdrawal*, that need to be addressed or which complicate treatment?
- ❑ Are there chronic illnesses which might be exacerbated by withdrawal, (e.g., diabetes, hypertension)?
- ❑ Are there chronic conditions that affect treatment, (e.g., chronic pain treated with narcotic analgesics)?

Evaluate for the following:

1. Conditions that place the pt at risk (e.g., pregnancy, esophageal varices, seizure disorder, cardiac issues, diabetes).
2. Conditions that interfere with treatment (e.g., the need for kidney dialysis, visual/auditory disorders).



***ITR Description of Dimension 2: Biomedical Conditions**

- Low: No current medical problems; no diagnosed medical condition; no care from primary care physician or prescribed meds
- Medium: Diagnosed medical condition; care from primary care physician; problematic response to conditions and/or care
- High: Life threatening medical condition; medical problems interfering with treatment; hospitalization needed.



Dimension 3: Emotional/Behavioral/ Cognitive Conditions & Complications

- ❑ Current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed or which complicate treatment?
- ❑ Chronic conditions that effect treatment? (stable but chronic schizophrenia, affective or personality disorder problems)
- ❑ Do any of these problems appear to be an expected part of addiction illness or do they appear to be separate?
- ❑ If connected to addiction are they severe enough to warrant specific mental health treatment?
- ❑ If pt suicidal, what is the lethality? Weapon? Plan?



***ITR Description of Dimension 3: Emotional/Behavioral/Cognitive**

- ❑ Low: No current cognitive/emotional/behavioral conditions
- ❑ Medium: Psychiatric symptoms, including cognitive, emotional, behavioral; complications interfering with recovery efforts.
- ❑ High: Active DT/s, S/HI; destructive, violent, or threatening behaviors, refusing to attend program schedule



Dimension 4:

Readiness for Change

- ❑ Does the patient feel coerced into treatment or actively object to receiving treatment?
- ❑ At what “Stage of Change” would you currently assess them to be?
- ❑ If willing to accept treatment, how strongly does the patient disagree with others’ perception that s/he has an addiction problem?
- ❑ Is the patient compliant to avoid a negative consequence (external motivation) or internally distressed in a self-motivated way about their substance use/abuse?



***ITR Description of Dimension 4: Readiness for Change**

- Low: Accepting need for treatment; attending, participating, and can ID future goals, plans
- Medium: Ambivalent about treatment; seeking help to appease others; avoiding consequences
- High: Denial of treatment despite severe consequences; refusing or is unable to engage due to D-3, D-5 symptoms interfering



Dimension 5: Relapse, Continued Use or Continued Problem Potential

- ❑ Is the patient in immediate danger of continued severe distress and drinking/drugging behavior?
- ❑ Does the pt have any recognition & understanding of, and skills for how to cope with his/her addiction problems and prevent relapse or continued use?
- ❑ What severity of problems and further distress will potentially continue or reappear, if the pt is not successfully engaged in treatment at this time?
- ❑ What is the pt's ability to remain abstinent based on history?
Awareness of relapse triggers?
- ❑ What is the current level of craving and how successfully can they cope with this?



***ITR Description of Dimension 5: Relapse Prevention**

- Low: Recognizes onset signs; uses coping skills with CD or psychiatric problems
- Medium: Limited awareness of relapse triggers or onset signs
- High: Beliefs problematic re: continued CD despite CD attendance; revisions in treatment plan; unable to recognize relapse triggers or onset signs, or recognize and employ coping skills



Dimension 6: Recovery Environment

- ❑ Are there dangerous family, peers, school, or work conditions threatening treatment engagement and success?
- ❑ Does the pt have supportive friendships, financial, educational, or vocational resources to improve the likelihood of successful treatment?
- ❑ Are there barriers to accessing treatment such as transportation or childcare responsibilities?
- ❑ Are there legal, vocational, social service agency or criminal justice mandates that may enhance motivation (external) for engagement into treatment?



***ITR Description of Dimension 6: Recovery Environment**

- Low: Supportive recovery environment with accessible MH, CD support
- Medium: Moderately supportive with problematic access to MH, CD support
- High: Environment does not support recovery behaviors or efforts; resides with active substance users or abusive individuals



Key Factors To Consider for Utilization Review

□ **GOAL:**

- Most appropriate level of care based on medical necessity as evidenced in the ITR and PCP

□ **Objectives:**

- Identify components in the ITR that will support medical necessity for the service
- Utilize PCP to determine the “clinical” picture of recipient needs in a comprehensive manner



ASAM/PPC-2R Levels of Care (handout #4 & #5)

Adult Levels of Care

- ❑ Detoxification Levels
- ❑ Level 0.5 Early Intervention
- ❑ Opioid Maintenance Therapy
- ❑ Level I Outpatient Services
- ❑ Level II Intensive Outpatient /Partial Hospitalization Services
- ❑ Level III Residential/Inpatient Treatment Services
- ❑ Level IV Medically-Managed Intensive Inpatient Services

Adolescent Levels of Care

- ❑ Detoxification Levels
- ❑ Level 0.5 Early Intervention
- ❑ Level I Outpatient Services
- ❑ Level II Intensive Outpatient/Day Treatment/ /Partial Hospitalization Services
- ❑ Level III Residential/Inpatient Services
- ❑ Level IV Medically Managed Intensive Inpatient Services

Adolescent Levels of Care



Adolescent Levels of Care

- The following description of services follow the Continuum of Care for Adolescent Recipients.
- The ASAM Level is described and specifies the clinical components necessary to address the severity of dysfunction noted in the Assessment Dimensions (D1-6).
- The relevant Service Definition follows and defines required components of the service.



Level I - Outpatient Services

- ❑ Organized, non-residential services designed to treat the individual's assessed level of illness severity and to achieve permanent changes in an individual's substance using behavior. Services provided *at fewer than 9 contact hours per week* under a defined set of policies and procedures.
- ❑ Services may include: Intensive In-Home Services, Mutisystemic Therapy



Intensive In-Home Services

Intensive In-Home service is a team approach designed to address the identified needs of children and adolescents, who due to serious and chronic symptoms of an emotional, behavioral, and/or substance use disorder are unable to remain stable in the community without intensive intervention. This service may only be provided to individuals through age 20 in Medicaid-funded services. This service is intended to;

- ❑ Reduce presenting psychiatric or substance abuse symptoms,
- ❑ Provide first responder intervention to diffuse current crisis,
- ❑ Ensure linkage to community services and resources, and
- ❑ Prevent out of home placement for the child



Intensive In-Home Services

Possible Severity Profile of Recipient Receiving IIH with an SA Disorder

D-1 Low

D-4 Low-Medium

D-2 Low/Stable

D-5 Low-Medium

D-3 Low-Medium

D-6 Low-Medium

NOTES:

1. IIH does not precisely fit in the ASAM continuum in terms of level of care. It technically would fall between L-I and L- II.1.
2. IIH is most often used to preserve family stability, build on strengths and to help the child stay in the home and the community.
3. If an evidence-based model such as Brief Strategic Family Therapy, Multi-dimensional Family Therapy or Functional Family Therapy are utilized in the IIH infrastructure, D-3 may be medium to high and D-6 may be medium to high.
4. IIH may be the step down service for recipients re-entering the community from a residential service.
5. When multiple services are provided, coordination between service providers and other agencies (e.g. DSS) should be reflected in the PCP and through the Child and Family Team process.



Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is time-limited 24/7 evidenced-based intensive intervention provided through a team approach to youth and their families. The practice model is designed specifically for youth generally between the ages 7 through 17 who have antisocial, aggressive/violent behaviors, are at risk of out-of-home placement due to delinquency and/or; adjudicated youth returning from out-of-home placement and/or; chronic or violent juvenile offenders, and/or youth with serious emotional disturbances or abusing substances and their families.



Multisystemic Therapy (MST)

Possible Severity Profile of Recipient Receiving MST (SA)

D-1 Low

D-2 Low/Stable

D-3 Low-Medium

D-4 Low-Medium

D-5 Low-Medium

D-6 Low-Medium

Notes:

1. MST does not precisely fit in the ASAM continuum in terms of level of care. It technically would fall between L-I and L- II.1.
2. MST would be more effective with low to medium in D-4, -5 or -6.
3. Juvenile justice involvement may be present.
4. MST may be used to preserve family stability, build on strengths and to help the child stay in the home and the community.
5. MST may be the step down service for recipients re-entering the community from a residential service.
6. When multiple services are provided, coordination between service providers and other agencies (e.g. juvenile justice, DSS, etc.) should be reflected in the PCP and through the Child and Family Team process.



ASAM Level II.1- Intensive Outpatient Treatment

- Generally provided at least 6 hours of structured programming per week, consisting primarily of counseling and education about alcohol and other drug problems. Six hours per week will be too few for many adolescents who meet specifications for Level II.1.
- The need for psychiatric and medical services are addressed through consultation and referral arrangements.
- IOP differs from partial hospitalization (Level II.5) programs in the intensity of clinical services that are directly available.



Substance Abuse Intensive Outpatient Treatment (SAIOP)

SAIOP consists of structured individual and group addiction activities and services that are provided at an outpatient program designed to assist adolescent recipients to begin recovery and learn skills for recovery maintenance. The program is offered at least three (3) hours per day at least three (3) days per week with no more than two consecutive days between offered services, and distinguishes between those individuals needing no more than 19 hours per week of structured services per week (ASAM Level II.1). The recipient must be in attendance for a minimum of three (3) hours per day in order to bill this service.



SAIOP

Possible Severity Profile of Recipient Receiving SAIOP

D-1 Low

D-4 Low-Medium

D-2 Low/Stable

D-5 Low-Medium

D-3 Low-Medium

D-6 Low-Medium

Notes:

1. Recipient has external supports (e.g. family, court counselor) to assist with keeping appointments.
2. The adolescent requires structured therapy and a programmatic milieu to promote progress through the stages of change.
3. At risk for relapse without frequent outpatient monitoring and unable to avoid continued use/relapse without moderate treatment support.
4. SAIOP services can be an effective service for recipients who are in a safe, structured 24-hour living environment, particularly if D-5 and D-6 are high (e.g. halfway house/supervised living).
5. When multiple services are provided, coordination between service providers and other agencies (e.g. DSS) should be reflected in the PCP and through the Child and Family Team process.



Child & Adolescent Day Treatment

Day Treatment is a structured treatment service in a licensed facility for children or adolescents and their families that builds on strengths and addresses identified needs. It is available for children 5 to 17 years of age (20 or younger for those who are eligible for Medicaid). This medically necessary service directly addresses the child's diagnostic and clinical needs, which are evidenced by the presence of a diagnosable mental, behavioral, and/or emotional disturbance (as defined by the DSM-IV-TR and its successors), with symptoms and effects documented in a comprehensive clinical assessment and the Person Centered Plan. This service is designed to serve children who, as a result of their mental health and/or substance abuse treatment needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting.



Child & Adolescent Day Treatment

Possible Severity Profile of Recipient Receiving C & A Day Treatment

D-1 Low

D-4 Low-Medium

D-2 Low/Stable

D-5 Low-Medium

D-3 Medium

D-6 Low-Medium

Notes:

1. The Day treatment program **must** be able to address the substance related disorder of the recipient.
2. Higher level of severity for D-3.
3. Day Treatment services can be an effective service for recipients who are in a safe, structured 24-hour living environment, particularly if D-5 and D-6 are high (e.g. halfway house/supervised living or child's home).
4. When multiple services are provided, coordination between service providers and other agencies (e.g. DSS) should be reflected in the PCP and through the Child and Family Team process.



ASAM Level II.5-Partial Hospitalization

- Partial hospitalization programs generally feature 20 or more hours of clinically intensive programming per week, as well as daily or near-daily contact, as specified in the patient's treatment plan.
- Often have direct access to or close referral relationship with psychiatric, medical and lab services.



Partial Hospitalization

Partial Hospitalization is a short-term service for children experiencing acute mental illness (including co-occurring), which provides a broad range of intensive therapeutic approaches. This service is designed to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility.



Partial Hospitalization (PH)

Possible Severity Profile of Recipient Receiving PH Services

D-1 Low-Medium

D-4 Medium-High

D-2 Low/Stable

D-5 Medium-High

D-3 Medium-High

D-6 Medium

Notes:

1. Due to PH having a medical component, recipients able tolerate mild withdrawal symptoms.
2. Recipient requires structured therapy and a programmatic milieu to promote progress through stages of change.
3. Recipient has such poor skills in coping with and interrupting SA problems and avoiding or limiting relapse that the near daily structure offered by PH is needed to prevent or arrest significant deterioration in function.
4. When multiple services are provided, coordination between service providers and other agencies (e.g. DSS) should be reflected in the PCP and through the Child and Family Team process.



ASAM Level III.1 Clinically Managed Low-Intensity Residential Services

- ❑ Often provided in a halfway house or group home.
- ❑ Program offers at least 5 hours a week of low intensity treatment of substance-related disorders
- ❑ Treatment is directed toward applying recovery skills, preventing relapse, improving social functioning and ability for self-care, promoting personal responsibility, developing a social network supportive of recovery and reintegrating the individual into school, work and family life.
- ❑ Service includes: Child Residential Level II (Program Type), Supervised Living (Halfway House)+

+ Non-Medicaid Billable Service



Child Residential Level II

Possible Severity Profile for Halfway House Placement (L-III.1)

D-1 Low/Stable

D-4 Low-Medium

D-2 Low/Stable

D-5 Medium-High

D-3 Low-Medium

D-6 Medium-High

Notes:

1. The recipient's emotional, behavioral and/or cognitive condition the need for practice of recovery skills in a controlled environment.
2. The recipient is at risk for dangerous consequences because of the lack of a stable living environment (e.g. risk of assault).
3. The recipient is open to recovery but requires 24-hour supervision to promote the stages of change.
4. When multiple services are provided, coordination between service providers and other agencies (e.g. DSS) should be reflected in the PCP and through the Child and Family Team process.



+Supervised Living (Halfway House)

Possible Severity Profile for Halfway House Placement (L-III.1)

D-1 Low/Stable

D-4 Low-Medium

D-2 Low/Stable

D-5 Medium-High

D-3 Low-Medium

D-6 Medium-High

Notes:

- Can be an effective service for recipients who need a safe, structured 24-hour living environment while participating in SAIOP/Day Treatment services.

+ = Non-Medicaid Billable Service



ASAM Level III.5 Clinically Managed Medium-Intensity Residential Services

- ❑ Designed to provide relatively extended, sub-acute treatments that aim to effect fundamental personal change for the adolescent who has significant social and psychological problems.
- ❑ 24 hour active programming
- ❑ Service includes: Child Residential Level III, Child Residential Level IV



Child Residential Level III

Residential treatment provides a structured, therapeutic, and supervised environment to improve the level of functioning for recipients. Residential Treatment Level III Service (Residential Treatment High) has a highly structured and supervised environment in a program setting. Residential Treatment Level III service is responsive to the need for intensive, active therapeutic intervention, which requires a staff secure treatment setting in order to be successfully implemented.



Child Residential Level III

Possible Severity Profile - Child Residential Level III Placement

D-1 Low/Stable

D-4 Medium-High

D-2 Low-Medium/Stable

D-5 Medium-High

D-3 Medium

D-6 High

Notes:

1. The recipient is medium severity in D-3 but stable risk of imminent harm to self or others.
2. Requires a 24-hour structured therapy and/or a programmatic milieu to promote sustained focus on recovery tasks because of active symptoms.
3. Cannot be managed at a less intensive level of care due to significant impairments, with medium to high symptoms that seriously impair the recipient's ability to function in family, social, or school settings.
4. Moderate impairment in ability to manage activities of daily living.
5. When multiple services are provided, coordination between service providers and other agencies (e.g. DSS) should be reflected in the PCP and through the Child and Family Team process.



Child Residential Level IV

Residential treatment provides a structured, therapeutic, and supervised environment to improve the level of functioning for recipients. Residential Treatment Level IV Service (Residential Treatment Secure) has a physically secure, locked environment in a program setting. Continual and intensive interventions designed to assist the recipient in acquiring control over acute behaviors are provided. This service provides school, psychological and psychiatric consultation, nurse practitioner services, vocational training, recreational activity, and other relevant services in the context of residential treatment.



Child Residential Level IV

Possible Severity Profile - Child Residential Level IV Placement

D-1 Low-Medium/Stable

D-4 High

D-2 Low-Medium/Stable

D-5 High

D-3 High

D-6 High

Notes:

1. This is a locked environment and D-4, -5 and -6 may be high.
2. Resistance high despite negative consequences and needs intensive motivating strategies in 24-hour structured environment.
3. Unable to control use and needs 24-hour structured treatment environment.
4. Community environment dangerous for recovery necessitating removal from the environment.
5. When multiple services are provided, coordination between service providers and other agencies (e.g. DSS) should be reflected in the PCP and through the Child and Family Team process.



ASAM Level III.7 Medically Monitored High-Intensity Residential/Inpatient Treatment

- ❑ Planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring and addiction treatment in an inpatient setting.
- ❑ They are appropriate for adolescents whose sub-acute biomedical and emotional, behavioral or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital.
- ❑ Services include: PRTF



PRTF

Psychiatric Residential Treatment Facilities (PRTFs) provide non-acute inpatient facility care for recipients who have a mental illness and/or substance abuse/dependency and need 24-hour supervision and specialized interventions.



PRTF

Possible Severity Profile for PRTF Placement

D-1 Low-Medium	D-4 High
D-2 Medium-High	D-5 High
D-3 High	D-6 High

Notes:

1. This level of service has the capacity of addressing a higher level of severity in D-1, -2 & -3.
2. Resistance high despite negative consequences and needs intensive motivating strategies in a 24-hour structured treatment environment.
3. Unable to control use and needs 24-hour structured treatment environment.
4. Community environment dangerous for recovery necessitating removal from the environment.



ASAM Level IV-Medically Managed Intensive Inpatient Treatment

- ❑ An organized service, delivered in an intensive acute care setting.
- ❑ It is appropriate for adolescents whose acute biomedical, emotional, behavioral and cognitive problems are so severe that require primary medical and nursing care.
- ❑ The full resources of a general acute care or psychiatric hospital are readily available.
- ❑ Services include: In-patient Hospital

Adult Levels of Care



Adult Levels of Care

- The following description of services follow the Continuum of Care for Adult Recipients.
- The ASAM Level is described and specifies the clinical components necessary to address the severity of dysfunction noted in the Assessment Dimensions.
- The relevant Service Definition follows and defines required components of the service.



ASAM Level I - Outpatient Services

- Organized, non-residential services designed to treat the individual's assessed level of illness severity and to achieve permanent changes in an individual's substance using behavior. Services provided *at fewer than 9 contact hours per week* under a defined set of policies and procedures.
- Services may include: Community Support Team, Opioid Treatment, Outpatient Treatment



Community Support Team

Community Support Team services consist of community-based mental and substance abuse rehabilitation services and necessary support provide through a team approach to assist adults in achieving rehabilitative and recovery goals. CST provides direct treatment and restorative interventions as well as case management services.



Community Support Team

Possible Severity Profile of an Adult CST Recipient

D-1 Low	D-4 Medium-High
D-2 Low/Stable	D-5 Medium-High
D-3 Low-Medium/Stable	D-6 Medium-High

NOTES:

- 1) CST is effective for recipients who have medium-to-high levels of severity in D-4,5,& 6.
- 2) May also engaged in SAIOP/SACOT. Issues of program attendance, medication compliance, relapse issues, and strengthening motivation for change are addressed by the CST staff with sufficient linkages and communication to staff in other service levels.
- 3) As more active phases of treatment decrease the CST may continue to follow recipient to support/strengthen continued commitment to PCP identified goals/interventions.
- 4) It is desirable that coordination between other service levels and agencies (DSS, CJ, DV) occur throughout the recipient's treatment and be reflected in the PCP. Involvement in the PCP process by such providers & agencies may assist with realistic goal setting for the recipient.



Opioid Treatment

- Outpatient Opioid Treatment is a service designed to offer the individual an opportunity to effect constructive changes in his lifestyle by using methadone or other drug approved by the Food and Drug Administration for the treatment of Opioid Addiction in conjunction with the provision of rehabilitation and medical services. It is a tool in the detoxification and rehabilitation process of an opiate-dependent individual.



Opioid Treatment

Possible Severity Profile of Opioid Treatment Recipient

D-1 High

D-2 Low/Stable

D-3 Low/Stable

D-4 Low-Medium

D-5 Low-Medium

D-6 Low-Medium

NOTES:

- 1) Based on previous SA treatment and history, OMT recipients may be involved in other services. Coordination and involvement of other providers in the PCP is essential for effective outcomes.
- 2) The Opioid Treatment Provider has responsibility for ensuring that, when multiple treatment services are working with the recipient, those providers are involved in the PCP process in an integrated manner.



ASAM Level II.1 - Intensive Outpatient Treatment

- ❑ Designed to *provide 9 or more hours of structured counseling and educational services per week.*
- ❑ Needs for psychiatric and medical services are addressed through consultation or referral arrangements.
- ❑ IOP differs from partial hospitalization (Level II.5-SACOT) in the intensity of clinical services directly available. (e.g. IOP's has less capacity to effectively treat substantial medical and/or psychiatric problems.)
- ❑ Services Include: Substance Abuse Intensive Outpatient Treatment



Substance Abuse Intensive Outpatient Treatment (SAIOP)

- SAIOP consists of structured individual and group addiction activities and services that are provided at an outpatient program designed to assist adult and adolescent consumers to begin recovery and learn skills for recovery maintenance. The program is offered at least three (3) hours per day at least three (3) days per week with no more than two consecutive days between offered services, and distinguishes between those individuals needing no more than 19 hours per week of structured services per week (ASAM Level II.1).



SAIOP

Possible Severity Profile of Adult SAIOP Recipient

D-1 Low

D-4 Low-Medium

D-2 Low/Stable

D-5 Low-Medium

D-3 Low/Stable

D-6 Low-Medium

NOTES:

- 1) Recipients of SAIOP may require CST when severity in levels D-4, 5, or 6 decrease the likelihood of regular attendance, medication compliance, or low commitment to goals established in the PCP.
- 2) Involvement with DSS, Community Corrections, family, or employer may increase the likelihood of compliance (external motivation).
- 3) It is desirable that coordination between other service levels and agencies (DSS, CJ, DV, Primary Care) occur throughout the recipient's treatment and be reflected in the PCP. Involvement in the PCP process by such providers & agencies may assist with realistic goal setting for the recipient.

(NOTE: 30 day “pass through”)



ASAM Level II.5 - Partial Hospitalization (SACOT)

- ❑ Designed to *provide 20 or more hours of clinically intensive programming per week.*
- ❑ Ready access to psychiatric, medical & lab services and are better able to meet the needs identified in Dimensions 1, 2, & 3 which warrant daily monitoring or management but which can be appropriately addressed in structured outpatient setting.
- ❑ Services Include: Substance Abuse Comprehensive Outpatient Treatment



SACOT

- SACOT Program is a periodic service that is a time-limited, multi-faceted approach treatment service for adults who require structure and support to achieve and sustain recovery. SACOT Program is a service emphasizing reduction in use and abuse of substances and/or continued abstinence, the negative consequences of substance abuse, development of social support network and necessary lifestyle changes, educational skills, vocational skills leading to work activity by reducing substance abuse as a barrier to employment, social and interpersonal skills, improved family functioning, the understanding of addictive disease, and the continued commitment to a recovery and maintenance program. These services are provided during day and evening hours to enable individuals to maintain residence in their community, continue to work or go to school, and to be a part of their family life.



SACOT

Possible Severity Profile of SACOT Recipient

D-1 Low/Stable	D-4 Medium-High
D-2 Low/Stable	D-5 Medium-High
D-3 Low-Medium/Stable	D-6 Medium-High

NOTES:

- 1) SACOT may be an appropriate “step down” from L-III-D or L-IV-D particularly when a residential (e.g.L-III.1 or III.5) service is combined with SACOT.
- 2) Based on recipient’s past treatment history and current treatment progress CST and/or SAIOP should be considered when SACOT services are completed.
- 3) Involvement with DSS, Community Corrections, family, or employer may increase the likelihood of compliance (external motivation).
- 4) It is desirable that coordination between CST and other service levels and agencies (DSS, CJ, DV, Primary Care) occur throughout the recipient’s treatment and be reflected in the PCP. Involvement in the PCP process by such providers & agencies may assist with realistic goal setting for the recipient.

(Note: 60 day “pass through”)



+ ASAM Level III.1 Clinically-Managed Low-Intensity Residential Services

- At least **5 hours of professional addiction services per week** are provided and directed towards applying recovery skills, preventing relapse, promoting personal responsibility, and reintegration back into work and family life while living in 24-hour structured environment.
- Interpersonal and group living skills are promoted through the use of “community or house meetings” involving staff and residents.
- Recent completion or ongoing treatment in other levels of service frequently occurs and *the primary focus of this level is provide a safe, structured, 24-hour living environment. (Dimensions 4, 5, & 6)*
- Services Include: Halfway House

+ Non-Medicaid billable service



+Halfway House

Possible Severity Profile for Halfway House Placement (L-III.1)

D-1 Low/Stable

D-4 Low-Medium

D-2 Low/Stable

D-5 Medium-High

D-3 Low/Stable

D-6 Medium-High

NOTES:

- Can be an effective service for recipients who need a safe, structured 24-hour living environment while participating in SAIOP/SACOT services.

+ = Non-Medicaid Billable Service



ASAM Level III.3 - Clinically-Managed Medium-Intensity Residential Services

- The effects of addiction on the individual's life are so significant and the level of addiction-related impairment is so great that *outpatient motivational strategies alone are not feasible or effective.*
- Programming and staffing in this level of care is capable of addressing slightly more severe medical or emotional, cognitive, and/or behavioral problems.
- A structured recovery environment is combined with medium-intensity professional clinical services to support and promote recovery.
- Case management activities work towards networking residents into community-based ancillary or “wrap-around” services.



ASAM Level III.5 - Clinically-Managed High-Intensity Residential Services

- Provides a *highly structured recovery environment* in combination with *medium-to-high intensity professional clinical services*.
- Programs are characterized by reliance on the treatment “community” as a therapeutic agent for clients whose lives are characterized by chaotic, unsupportive and often abusive interpersonal relationships, extensive treatment and criminal justice histories, little or no work history or educational experience, and/or anti-social value systems.
- Treatment is specific to maintaining abstinence & preventing relapse while vigorously promoting personal responsibility and positive character change in an intense therapeutic milieu.
- Services include: Substance Abuse Non-Medical Community Residential Treatment



Non-medical Community Residential Treatment

- Non-medical Community Residential Treatment is a 24-hour residential recovery program professionally supervised residential facility that provides trained staff who work intensively with adults with substance abuse disorders who provide or have the potential to provide primary care for their minor children. This is a rehabilitation facility, without twenty-four hour per day medical nursing/monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with an addiction disorder.



Substance Abuse Non-Medical Community Residential Treatment

Possible Severity Profile of SA NMCRT Recipient

D-1 Low-Medium/Stable

D-4 Medium-High

D-2 Low-Medium/Stable

D-5 Medium-High

D-3 Low-Medium/Stable

D-6 Medium-High

NOTES:

- 1) The recipient is stable in D-1, 2, & 3 with severity in D-4, 5, & 6 that would render L-II services ineffective.
- 2) This 30 day maximum benefit would be enhanced by a “step-down” services to SAIOP or SACOT with CST.
- 3) It is desirable that coordination between CST and other service levels and agencies (DSS, CJ, DV, Primary Care) occur throughout the recipient’s treatment and be reflected in the PCP. Involvement in the PCP process by such providers & agencies may assist with realistic goal setting for the recipient.



ASAM Level III.7 - Medically-Monitored Intensive Inpatient Services

- Provides medically-directed 24-hour care by addiction physicians, nurses, and addiction credentialed clinicians in an acute care inpatient setting.
- The skills of the interdisciplinary team and support resources allow the conjoint treatment of any coexisting biomedical and emotional or behavioral conditions that need to be addressed. (“mild to medium”).
- Services Include: Substance Abuse Medically Monitored Community Residential Treatment



Medically Monitored Community Residential Treatment

- Medically Monitored Community Residential Treatment is a non-hospital twenty-four hour rehabilitation facility for adults, with twenty-four hour a day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs.



Substance Abuse Medically Monitored Community Residential Treatment

Possible Severity Profile of SA MMCRT Recipient

D-1 Medium-High

D-4 Medium-High

D-2 Low-Medium/Stable

D-5 Medium-High

D-3 Low-Medium/Stable

D-6 Medium-High

NOTES:

- 1) The recipient may have some co-occurring D-2 and/or D-3 issues but they are manageable in this Level of Care.
- 2) Based on past treatment & recovery history, “step down” to SAIOP or SACOT services with CST will help maximize gains made in this level of care.
- 3) It is desirable that coordination between SA MMCRT and other agencies (DSS, CJS, DV, Primary Care) occur throughout the recipient’s treatment and be reflected in the PCP. Involvement in the PCP process by such providers & agencies may assist with realistic goal setting for the recipient.



ASAM Level IV - Medically-Managed Intensive Inpatient Services

1) Acute Care General Hospital

2) Psych Hospital or Psych Unit in Acute Care Hosp.

- Provides medically-directed 24-hour care by addiction physicians, nurses, and addiction credentialed clinicians in an acute care inpatient setting.
- *Treatment is specific to substance dependence disorder and the full resources of a general acute care hospital or psych. hospital are readily available.*
- The skills of the interdisciplinary team and support resources allow the conjoint treatment of any coexisting biomedical and emotional or behavioral conditions that need to be addressed (“medium to severe”).