ASAM Criteria & SUD Residential Session 3

Steve Daviss MD DLFAPA FASAM
Chief Medical Officer
Optum Maryland
steve.daviss@optum.com
w:443-896-0517
October 2023

Optum

Disclosures

- Co-editor, ASAM 4th Edition – see discover.hazeldenbettyford.org for access
- Past President, Maryland-DC Society of Addiction Medicine
- Board of Directors, Baltimore City Medical Society
- Advisor: Iris Telehealth; M3 Information; Harmon Care
- *Copyright of the content from The ASAM Criteria, 3rd edition (2013) is owned by The American Society of Addiction Medicine, as published by The Change Companies*

Home > Behavioral Health Providers > SUD Corner

SUD Corner

Training

Webinar Opportunity: ASAM Criteria in the SUD Residential Setting

As detailed in a provider alert dated July 13, 2023, MDH and Optum Maryland are hosting a series of meetings to discuss the ASAM Criteria and how these standards apply in residential settings for 3.1, 3.3, 3.5, and 3.7.

The first webinar was held on July 26, 2023 - a recording of this webinar can be viewed here.

The second webinar was held on August 30 - a recording of this webinar can be viewed here.

The third (final) webinar will be held on Wednesday, October 18, 2023 at 2:00 - 3:30 pm EDT. Please click here to register.

Q&A from all 3 sessions will be combined – sorry for the delay.

Recap - Session 2

1. Anatomy of ASAM's Service Characteristics
2. 3.1 Required Service Characteristics
3. Anatomy of ASAM's Dimensional Admission Criteria (DAC)
4. 3.1 DAC

Service Characteristics

SETTING

SUPPORT SYSTEMS

STAFF

THERAPIES

ASST/TX PLAN REVIEW

DOCUMENTATION

Agenda - Session 3

1. 3.5 - Service Characteristics & Select COE Requirements
2. 3.7 - Service Characteristics & Select COE Requirements
3. 3.7 – Dim 1, 2, & 3 Admission Criteria

(Future?)

Core Principles

Admission based on **patient need** rather than arbitrary prerequisites (e.g., prior treatment failure).

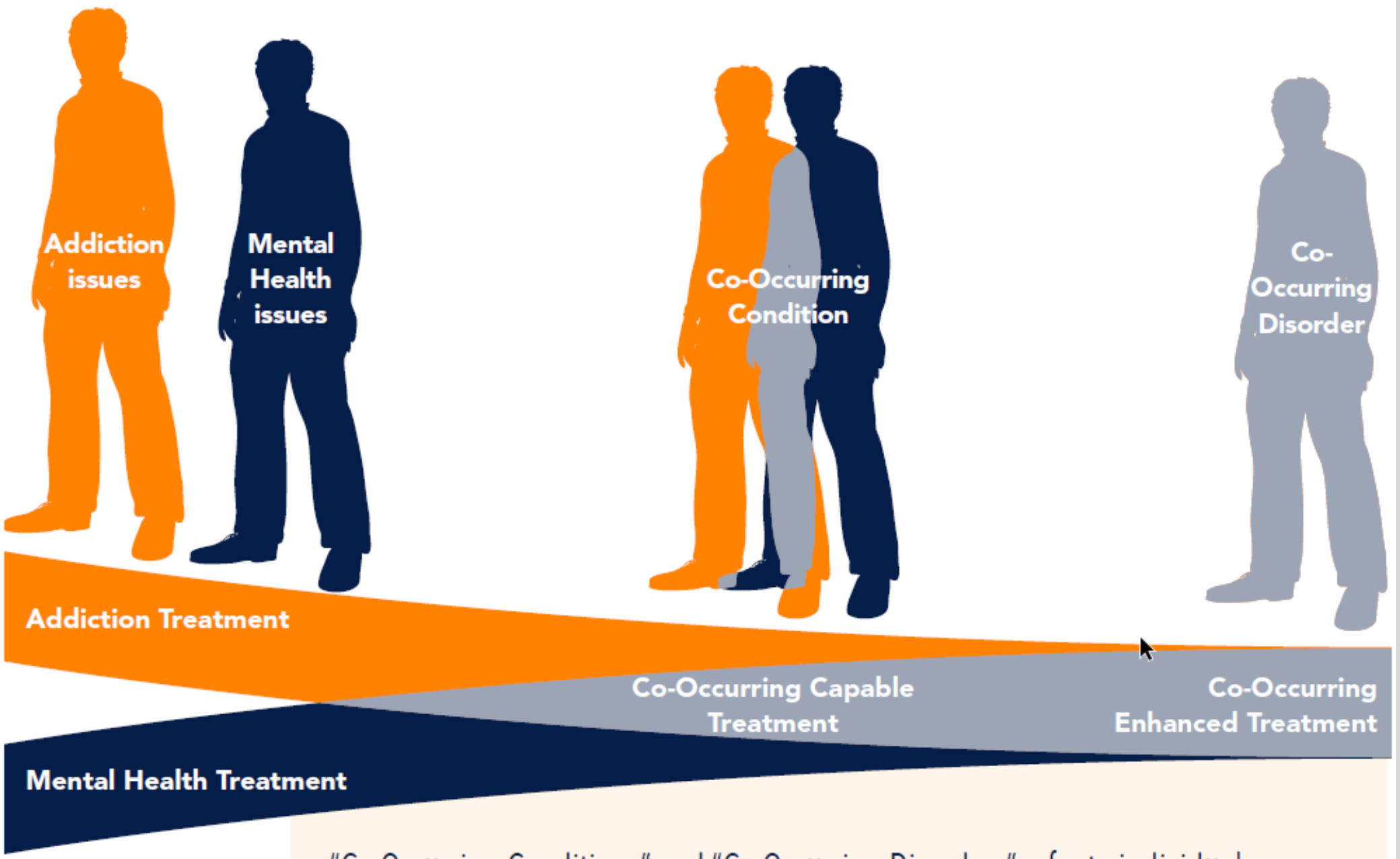
Multidimensional assessment addresses the broad biological, psychological, social, and cultural factors that contribute to addiction and recovery.

Treatment plans are **individualized** based on a patient's needs and preferences.

Care is interdisciplinary, evidence based, delivered from a place of empathy, and **centered on the patient**.

Patients move along a **clinical continuum of care** based on progress and outcomes (not a preset schedule).

Informed consent and **shared decision making** accompany all treatment decisions.



"Co-Occurring Conditions" and "Co-Occurring Disorders" refer to individuals.
"Co-Occurring Capable" and "Co-Occurring Enhanced" refer to types of programs.

3rd Edition ASAM

pg 22-30

CO-OCCURRING CONDITIONS AND MATCHING SERVICES TO NEEDS

PATIENTS	SERVICES
Patients with co-occurring mental health needs of mild to moderate severity: Individuals who exhibit (1) sub-threshold diagnostic (ie, traits, symptoms) or (2) diagnosable but stable disorders (ie, bipolar disorder but adherent with and stable on lithium).	**Co-Occurring Capable (COC):** Primary focus on substance use disorders but capable of treating patients with sub-threshold or diagnosable but stable mental disorders. Psychiatric services available on-site or by consultation; at least some staff are competent to understand and identify signs and symptoms of acute psychiatric conditions. For a co-occurring capable mental health program, the primary focus is on mental disorders but capable of treating patients with sub-threshold or diagnosable but stable substance use disorders. Addiction services are available on-site or by consultation with some staff competent to understand addiction.
Patients with co-occurring mental health needs of moderate to high severity: Individuals who exhibit moderate to severe diagnosable mental disorders, who are not stable, and who require mental health as well as addiction treatment concurrently.	**Co-Occurring Enhanced (COE):** All staff cross-trained in addiction and mental health and are competent to understand and identify signs and symptoms of acute psychiatric and substance use conditions and treat both unstable mental and substance use disorders concurrently. Treatment for both mental health and substance use disorders is integrated.

3rd Edition ASAM

pg 22-30

Future: Add COC/COE checkbox to forms

SERVICE LINKAGES & PARTNERSHIPS

In addition to the specific services that are provided within co-occurring capable and co-occurring enhanced programs, it is important for health care provider entities to develop a full array of service linkages and partnerships with the continuum of addiction, mental health, and general medical services available in their communities. These partnerships should be considered a priority and reinforced by regular meetings and collaborations, to facilitate all partners working together in the form of on-site consultation, interdisciplinary collaboration, and support. Specific policies and procedures enhance the linkage of services required by patients with co-occurring mental and substance-related disorders:

1. **Formal memoranda of understanding and cross-consultation/collaboration agreements** specify what is expected of each provider, as well as expectations for ongoing partnership in treatment planning, collaborative monitoring, and transfer to other aspects of care. An entity providing general medical services, for example, might be an entity designated as a Qualified Service Organization (QSO) for an addiction specialty services provider organization.

2. **Staff is trained** to facilitate admission procedures and negotiate common obstacles encountered by patients with complexity, as well as in identification of key persons to be contacted if problems should arise.

3. **The program has clear delineation of staff responsibility** for coordination with other service providers, whether through designated case managers, or through allocation of coordination responsibilities to members of the treatment team.

4. **Procedures are in place** for notification and collaboration in emergencies and/or in referral for acute treatment in another setting (involving a patient who is suicidal or hospitalized, or in severe withdrawal, for example).

5. **There are formal mechanisms for facilitating information sharing and releases of information**, while adhering to clearly spelled out confidentiality regulations. Training on policies and procedures to facilitate information sharing while protecting confidentiality is provided to all staff, including training on electronic health records.

LEVEL OF CARE	ADOLESCENT TITLE	ADULT TITLE	DESCRIPTION
3.1	Clinically Managed Low-Intensity Residential Services	Clinically Managed Low-Intensity Residential Services	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	**This level of care not designated for adolescent populations*	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-Intensity Residential Services	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High-Intensity Inpatient Services	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor ability

Adult Levels of Care

pg 175-6

	DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	DIMENSION 2 Biomedical Conditions and Complications	DIMENSION 3 Emotional, Behavioral, or Cognitive Conditions and Complications
LEVEL 3.1 Clinically Managed Low-Intensity Residential Services	No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving Level 1-WM (minimal) or Level 2-WM (moderate) services (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	None or minimal; not distracting to recovery. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required
LEVEL 3.3 Clinically Managed Population-Specific High-Intensity Residential Services	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	Mild to moderate severity; needs structure to focus on recovery. Treatment should be designed to address significant cognitive deficits. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required
LEVEL 3.5 Clinically Managed High-Intensity Residential Services	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	Demonstrates repeated inability to control impulses, or unstable and dangerous signs/symptoms require stabilization. Other functional deficits require stabilization and a 24-hour setting to prepare for community integration and continuing care. A co-occurring enhanced setting is required for those with severe and chronic mental illness
LEVEL 3.7 Medically Monitored Intensive Inpatient Services	At high risk of withdrawal, but manageable at Level 3.7-WM and does not require the full resources of a licensed hospital (See withdrawal management criteria)	Requires 24-hour medical monitoring but not intensive treatment	Moderate severity; needs a 24-hour structured setting. If the patient has a co-occurring mental disorder, requires concurrent mental health services in a medically monitored setting

Adult Levels of Care	DIMENSION 4 Readiness to Change	DIMENSION 5 Relapse, Continued Use, or Continued Problem Potential	DIMENSION 6 Recovery/Living Environment
LEVEL 3.1 Clinically Managed Low-Intensity Residential Services	Has variable engagement in treatment, ambivalence, or a lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress through the stages of change	Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week	Recovery environment is not supportive, but with structure and support, the patient can cope
LEVEL 3.3 Clinically Managed Population-Specific High-Intensity Residential Services	Has poor engagement in treatment, significant ambivalence, or a lack of awareness of the substance use or mental health problem, requiring a near-daily structured program or intensive engagement services to promote progress through the stages of change	Intensification of addiction or mental health symptoms, despite active participation in a Level 1 or 2.1 program, indicates a high likelihood of relapse or continued use or continued problems without near-daily monitoring and support	Recovery environment is not supportive, but with structure and support and relief from the home environment, the patient can cope
LEVEL 3.5 Clinically Managed High-Intensity Residential Services	Open to recovery, but needs a structured environment to maintain therapeutic gains	Understands relapse but needs structure to maintain therapeutic gains	Environment is dangerous, but recovery is achievable if Level 3.1 24-hour structure is available
LEVEL 3.7 Medically Monitored Intensive Inpatient Services	Has little awareness and needs interventions available only at Level 3.3 to engage and stay in treatment. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1	Has little awareness and needs interventions available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction	Environment is dangerous and patient needs 24-hour structure to learn to cope

FYI:
Pennsylvania's ASAM Transition Website

https://www.ddap.pa.gov/Professionals/Pages/ASAM-Transition.aspx

Residential/Inpatient Services

3.1 Residential Documents

LEVEL 3.1 CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS

Level 3.1 programs typically combine clinical services with recovery residential services. This LoC is appropriate for patients who require additional time in a structured residential setting in order to 1) improve essential skills and 2) prepare for successful transition to a lesser LoC. *(The ASAM Criteria, p. 222)*

I. **SETTING** *(1 sub-service characteristic)*

A 24-hour supervised residence provides a safe, secure environment where patients can develop/practice early recovery skills such as resilience and refusal; experience the support of others in a recovery-oriented setting; and prepare for a successful transition to the community.

I.1. Level 3.1 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting *(The ASAM Criteria, p. 224).*

Experience teaches that many SUD/COD patients require the support and structure of a residential environment to fully stabilize in recovery, with the goal of successfully transitioning to a lower (outpatient) LoC. The extended stays at this level may facilitate this transition, assist with engagement in the community, and result in improved treatment outcome.

I. Setting

- A 24-hour supervised residence:
  - Provides a safe, secure environment.
  - Enables patients to develop and practice early recovery skills.
  - Allows patients to experience the support of others in a recovery-oriented setting.
  - Allows patients to prepare for a successful transition into community.

I.1. Program services may be offered in a freestanding, appropriately licensed facility located in a community setting.

GOAL: Patients successfully transition to a lower outpatient level of care. Extended stays facilitate transition, assist with community engagement, and result in improved treatment outcomes.

II. Support Systems

- Should be readily available to program staff in response to patient need.
- May be provided through affiliation or agreement with other providers.

II.1. Telephone or in-person with a physician and emergency services are available 24/7.

II.2. Programs have direct affiliation with other levels of care or close coordination through referral to more and less intensive levels of care and other clinical or support services.

II.3 Has the ability to arrange for needed procedures, such as dental care, lab testing, or toxicology, as appropriate to the severity of a patient's condition.

II.4. Has the ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications.

GOAL: Augment existing services or help to meet the individual needs of patients.

II.**SUPPORT SYSTEMS** *(4 sub-service characteristics)*

Support services enhance the treatment experience and should be readily available to program staff in response to patient need, and may be provided through affiliation or agreement with other providers. Support services are ordinarily beyond the scope or capacity of the program, but may augment existing services or help meet individual patient needs.

II.1. Telephone or in-person consultation with a physician and emergency services are available 24 hours a day, 7 days a week*(The ASAM Criteria p.224).*

Patients are medically stable and the role of medical staff is as-needed rather than through direct service provision. Affiliations with qualified providers provide telephone consultation, and policies and procedures are established for emergency management.

+

LEVEL 3.1 CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

I. **SETTING** *(1 sub-service characteristic)*

I.1. Level 3.1 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting *(The ASAM Criteria, p. 224).*

The organization implements written procedures that address the handling of items brought into the program, including:

- Illegal substances
- Legal medication
- Prescription medication
- Weapons
- Tobacco products
- Gambling paraphernalia
- Pornography

I. Setting

Self Assessment Checklist

1. A freestanding, appropriately licensed facility.
2. Located in a community setting.
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that ensure the safety of patients and staff.
5. Has written descriptions of how a patient's treatment plan incorporates participation in community and off-site clinical services.
6. Has a policy for program entry, transition, and exit.
7. Has a written schedule of daily events.
8. Has a 24-hour staff schedule.
9. Has consistent evidence of a variable length of stay based on patient needs but patient materials do not refer to a fixed program length.

The program implements procedures that reasonably ensure the safety of patients and staff, including but not limited to:

- Searches of persons served, of belongings, and of the physical facility. Searches will be done to preserve privacy and dignity, and will be sensitive to potential trauma of persons served.
- Communications, including mail, telephone use, and use of personal electronics.
- Visitation.
- Emergency evacuation.

The program has written descriptions that describes how a patient's individualized treatment plan incorporates participation in community and other services offered off-site (e.g., vocational services, outpatient services, mutual support meetings, etc.) and expectations about return to the Level 3.1 program in the course of the day.

Evidence of a written policy or criteria for program entry/admission, transition, and exit. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.

Evidence of a written daily schedule of activities. Evidence of a 24-hour staff schedule. Consistent evidence of a variable length of stay based upon patient need. Conversely patient materials should not refer to a fixed program length.

II. **SUPPORT SYSTEMS** *(4 sub-service characteristics)*

II.1. Telephone or in-person consultation with a physician and emergency services are available 24 hours a day, 7 days a week *(The ASAM Criteria p.224).*

There are written procedures that the program has availability of medical personnel (i.e. physician, or

1 5/18/2020 (3)

3.5 Residential Documents

LEVEL 3.5 CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS

Level 3.5 programs assist patients whose addiction is currently so out of control that they need a 24 hour supportive treatment environment to initiate or continue a recovery process that has failed to progress. (The ASAM Criteria, p. 244)

I. **SETTING** *(1 sub-service characteristic)*

The Level 3.5 offers 24-hour supportive treatment in a contained, safe, and structured environment to help patients initiate or continue a recovery process that has failed to progress.

I.1. Level 3.5 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some Level 3.5 programs are offered in prisons or secure community settings as a step down for those inmates released from prison. *(The ASAM Criteria, p.249).*

Experience teaches that new skills are required for a successful transition from active addiction to a stable, recovery-positive lifestyle. The residential setting provides structure, supervision, and support in this effort. Level 3.5 programs may be found in freestanding facilities, within larger institutions, or in correctional environments, so long as requirements are met.

I. Setting

A 24-hour supportive treatment facility in a contained, safe, and structured environment to help patients initiate or continue a recovery process that has failed to progress.

I.1. Program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some programs are offered in prisons or secure settings as a step down for inmates released from prison.

GOAL: Teach new skills that are required for a successful transition from active addiction stable, recovery-positive lifestyle.

II. Support Systems

Address those services which need to be readily available to the program through affiliation or contract.

II.1. Telephone or in-person consultation with a physician and emergency services are available 24/7.

II.2. Programs have direct affiliation with other levels of care or close coordination through referral to more and less intensive levels of care and other services.

II.3 Has arranged for medical, psychiatric, psychological, laboratory, and toxicology services as appropriate to the severity of the patient's condition.

GOAL: Provide services beyond the capacity of program staff which will not be needed by patients on a routine basis or services to augment those provided by staff.

II. **SUPPORT SYSTEMS** *(3 sub-service characteristics)*

The support system standards address those services which need to be readily available to the program through affiliation or contract. Support systems provide services, beyond the capacity of the staff of the program, which will not be needed by patients on a routine basis or services to augment those provided by staff.

II.1. Telephone or in-person consultation with a physician, or a physician assistant, or a nurse practitioner in states where they are licensed as nurse extenders, and may perform the duties designated there for a physician; emergency services, available 24 hours a day, 7 days a week *(The ASAM Criteria, p.249).*

It is assumed that the Level 3.5 program will require

1 3/9/2020 (3)

+

LEVEL 3.5 CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

Level 3.5 programs assist patients whose addiction is currently so out of control that they need a 24 hour supportive treatment environment to initiate or continue a recovery process that has failed to progress. (The ASAM Criteria, p. 244)

I. **SETTING** *(1 sub-service characteristic)*

I.1. Level 3.5 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some Level 3.5 programs are offered in prisons or secure community settings as a step down for those inmates released from prison *(The ASAM Criteria, p.249).*

The organization implements written procedures that address the handling of items brought into the program, including:

- Illegal substances
- Legal medication
- Prescription medication
- Weapons
- Tobacco products
- Gambling paraphernalia
- Pornography

I. Setting

Self Assessment Checklist

1. A freestanding, appropriately licensed facility.
2. Located in a community setting or specialty unit within a licensed healthcare facility (some may be offered in prisons or secure community settings as a step down for those inmates released from prisons.
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that ensure the safety of patients and staff.
5. Has written procedures that address conditions when a patient would physically leave the facility and how 1:1 supervision in these circumstances is handled.
6. Has a policy for program entry/admission, transition, and exit.
7. Has a patient-centered variable length of stay.
8. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.
9. Has a 24-hour staff schedule that includes weekends and holidays.
10. Has a written daily schedule of activities that includes weekends and holidays.

The program implements procedures that reasonably ensure the safety of patients and staff, including but not limited to:

- Searches of persons served, of belongings, and of the physical facility. Searches will be done to preserve privacy and dignity, and will be sensitive to potential trauma of persons served.
- Communications, including mail, telephone use, and use of personal electronics.
- Visitation.
- Emergency evacuation.

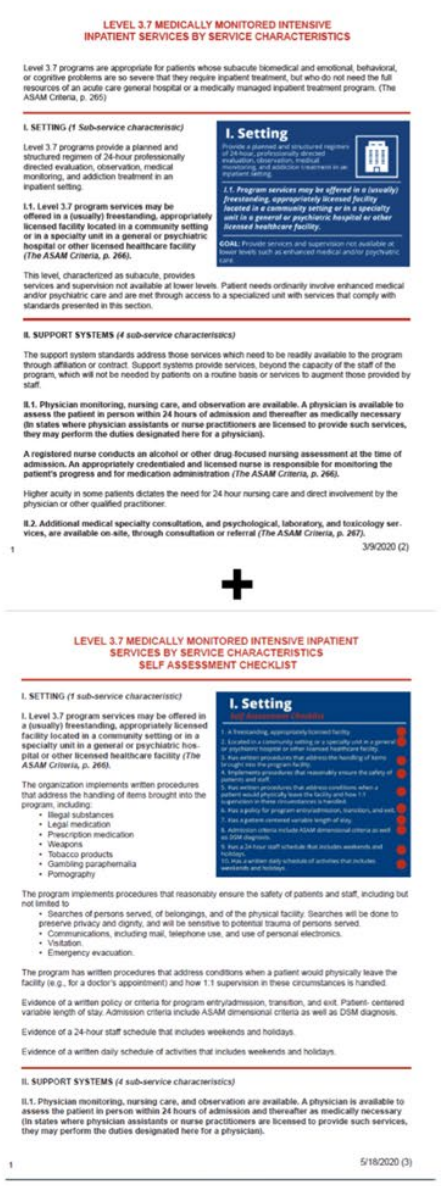
The program has written procedures that address conditions when a patient would physically leave the facility (e.g., for a doctor's appointment) and how 1:1 supervision in these circumstances is handled.

Evidence of a written policy or criteria for program entry/admission, transition, and exit. Patient- centered variable length of stay. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis. Evidence of a 24-hour staff schedule that includes weekends and holidays.

Evidence of a written daily schedule of activities that includes weekends and holidays.

1 5/18/2020 (2)

3.7 Inpatient Documents



LEVEL 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES BY SERVICE CHARACTERISTICS

Level 3.7 programs are appropriate for patients whose subacute 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 or a medically managed inpatient treatment program. (The ASAM Criteria, p. 265)

I. **SETTING** *(1 Sub-service characteristic)*

Level 3.7 programs provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.

I.1. Level 3.7 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility *(The ASAM Criteria, p. 266).*

I. Setting

Provide a planned and structured regimen of 24-hour, professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.

I.1. Program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility.

GOAL: Provide services and supervision not available at lower levels such as enhanced medical and/or psychiatric care.

This level, characterized as subacute, provides services and supervision not available at lower levels. Patient needs ordinarily involve enhanced medical and/or psychiatric care and are met through access to a specialized unit with services that comply with standards presented in this section.

II. **SUPPORT SYSTEMS** *(4 sub-service characteristics)*

The support system standards address those services which need to be readily available to the program through affiliation or contract. Support systems provide services, beyond the capacity of the staff of the program, which will not be needed by patients on a routine basis or services to augment those provided by staff.

II.1. Physician monitoring, nursing care, and observation are available. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary (In states where physician assistants or nurse practitioners are licensed to provide such services, they may perform the duties designated here for a physician).

A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration *(The ASAM Criteria, p. 266).*

Higher acuity in some patients dictates the need for 24 hour nursing care and direct involvement by the physician or other qualified practitioner.

II.2. Additional medical specialty consultation, and psychological, laboratory, and toxicology services, are available on-site, through consultation or referral *(The ASAM Criteria, p. 267).*

1 3/9/2020 (2)

+

LEVEL 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

I. **SETTING** *(1 sub-service characteristic)*

I. Level 3.7 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility *(The ASAM Criteria, p. 265).*

The organization implements written procedures that address the handling of items brought into the program, including:

- Illegal substances
- Legal medication
- Prescription medication
- Weapons
- Tobacco products
- Gambling paraphernalia
- Pornography

I. Setting

Self Assessment Checklist

1. A freestanding, appropriately licensed facility.
2. Located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed healthcare facility.
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that reasonably ensure the safety of patients and staff.
5. Has written procedures that address conditions when a patient would physically leave the facility and how 1:1 supervision in these circumstances is handled.
6. Has a policy for program entry/admission, transition, and exit.
7. Has a patient-centered variable length of stay.
8. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.
9. Has a 24-hour staff schedule that includes weekends and holidays.
10. Has a written daily schedule of activities that includes weekends and holidays.

The program implements procedures that reasonably ensure the safety of patients and staff, including but not limited to

- Searches of persons served, of belongings, and of the physical facility. Searches will be done to preserve privacy and dignity, and will be sensitive to potential trauma of persons served.
- Communications, including mail, telephone use, and use of personal electronics.
- Visitation.
- Emergency evacuation.

The program has written procedures that address conditions when a patient would physically leave the facility (e.g., for a doctor's appointment) and how 1:1 supervision in these circumstances is handled.

Evidence of a written policy or criteria for program entry/admission, transition, and exit. Patient- centered variable length of stay. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.

Evidence of a 24-hour staff schedule that includes weekends and holidays.

Evidence of a written daily schedule of activities that includes weekends and holidays.

II. **SUPPORT SYSTEMS** *(4 sub-service characteristics)*

II.1. Physician monitoring, nursing care, and observation are available. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary (In states where physician assistants or nurse practitioners are licensed to provide such services, they may perform the duties designated here for a physician).

1 5/18/2020 (3)

a menu

I. Setting

Self Assessment Checklist

1. A freestanding, appropriately licensed facility.
2. Located in a community setting or specialty unit within a licensed healthcare facility (some may be offered in prisons or secure community settings as a step down for those inmates released from prison).
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that ensure the safety of patients and staff.
5. Has written procedures that address conditions when a patient would physically leave the facility and how 1:1 supervision in these circumstances is handled.
6. Has a policy for program entry/admission, transition, and exit.
7. Has a patient-centered variable length of stay.
8. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.
9. Has a 24-hour staff schedule that includes weekends and holidays.
10. Evidence of a written daily schedule of activities that includes weekends and holidays.

pg 244-259

3.5

Service Characteristics

1. **Setting**
2. Support Systems
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

II. Support Systems

Self Assessment Checklist

1. Telephone or in-person consultation with a physician and emergency services are available 24 hours/day, 7 days/week.
2. Has written procedures that the program has on-call availability of medical personnel to respond to urgent medical or psychiatric situations 24 hours/day, 7 days/week.
3. Where on-call staff is not program personnel, there is a current written agreement that details the contracted providers' responsibilities.
4. There are written procedures instructing staff on when and how to access on-call medical personnel or to use 911.
5. Has direct affiliations with other LoCs, or close coordination through referral to more and less intensive LoCs and other services.
6. Has written procedures for referral to other services, when applicable.
7. Has written procedures for transfer including identifying when transition planning will occur, where transition planning summary is documented, and reviewing the six ASAM Criteria dimensions as it relates to transfer decisions.

pg 244-259

3.5

Service Characteristics

1. Setting
2. **Support Systems**
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

pg 244-259

3.5

Service Characteristics

1. Setting
2. **Support Systems**
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

8. Has written procedures for how it coordinates with providers delivering concurrent care.
9. Has written procedures for how it follows up with the patient and the post transfer or referral source to ensure engagement in the next LoC.
10. Has documentation that the program has a network of affiliations to meet the needs of patients when they transfer to another LoC.
11. Has written procedures for unplanned discharges, including timely follow up and necessary notifications.
12. Has arranged for medical, psychiatric, psychological, laboratory, and toxicology services as appropriate to the severity of the patient's condition.
13. Documentation of written relationships/agreement with laboratory, drug testing, mental, physical health services, and pharmacy services. Agreements are specific about what is expected of each provider.
14. Has written procedures describing the utilization of and referral process for healthcare services, pharmacy services, lab services, drugs testing, and mental health services.
15. Has a written policy that identifies the process for persons served to obtain medication when needed.

COE

II.1. Level 3.5 co-occurring enhanced programs offer psychiatric services, medication evaluation and laboratory services *(The ASAM Criteria, p 249*).

II.2. Such services are available by telephone within 8 hours and on-site or closely coordinated off-site within 24 hours, as appropriate to the severity and urgency of the patient's mental condition *(The ASAM Criteria, p 249)*.

III. Staff

Self Assessment Checklist

1. Has licensed or credentialed clinical staff who work with the allied health professional staff in an interdisciplinary team approach.
2. Has a written policy and procedures on clinical staff responsibility for treatment plan coordination.
3. Has written policy on credentials of clinical staff.
4. Has written job description and qualifications for the program director.
5. Has allied health professional staff on-site 24 hours/day or as required by licensing regulations. One or more clinicians with competence in the treatment SUDs are available on-site or by telephone 24 hours/day.
6. Has a written policy on 24-hour staff coverage, including policy language on staff staying awake during night shifts and activities to be performed during night shifts.
7. Has policies and procedures for 24 hours/day, 7 days/week availability of clinicians knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment.

pg 244-259

3.5

Service Characteristics

1. Setting
2. Support Systems
3. **Staff**
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

pg 244-259

3.5

Service Characteristics

1. Setting
2. Support Systems
3. **Staff**
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

8. Has staff schedules covering 24 hours/day, 7 days/week. Schedule includes credentials of all staff.
9. Clinical staff are knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment. They can identify the signs and symptoms of acute psychiatric conditions.
10. Staff have specialized training in behavior management techniques.
11. Has written policy on staff training at orientation, and on an ongoing basis, on the competencies listed in the standard.
12. Has written procedures on when to call on-call medical personnel, addiction specialist physicians, psychiatrists, and general medical personnel.

COE

III.1. Level 3.5 co-occurring enhanced programs are staffed by appropriately credentialed mental health professionals, including addiction psychiatrists who are able to assess and treat co-occurring mental disorders and who have specialized training in behavior management techniques (*The ASAM Criteria, p 251)*.

III.2. Some (if not all) of the addiction treatment professionals should have sufficient cross-training to understand the signs and symptoms of co-occurring mental disorders, and to understand and be able to explain the purposes of psychotropic medications and their interactions with substance use *(The ASAM Criteria, p 251)*.

III.3. The intensity of nursing care and observation is sufficient to meet the patient's needs *(The ASAM Criteria, p 251)*.

Level 3.5 co-occurring enhanced programs, unlike Level 3.5 programs, must plan for the availability of on-site nursing services to meet the needs of patients as they arise.

IV. Therapies

Self Assessment Checklist

1. Has daily clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery and to develop and practice prosocial behaviors.
2. Has a daily schedule of activities designed to improve patients' ability to structure and organize the activities of daily living, to practice prosocial behaviors, and to focus on applying recovery skills.
3. Has a program description describing services and the objective of those services.
4. Has planned clinical program activities to stabilize and maintain stabilization of the patient's addiction symptoms, and to help them develop and apply recovery skills.
5. Offers counseling and clinical monitoring to promote successful initial involvement or re-involvement in regular, productive daily activity and successful reintegration into family living.
6. Schedule includes counseling to improve patients' ability to reintegrate into family, work, and/or school, including family and couples therapy.
7. Offers educational materials for families.
8. Has random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan.
9. Implements written procedures that address drug testing practices.
10. Has documentation of training for personnel and family/support system members.

pg 244-259

3.5

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. **Therapies**
5. Asst/Tx Plan Review
6. Documentation

11. Has documentation of procedure for responding to positive drug test results that include principles of re-assessment and modifications to the treatment plan.
12. Has a written agreement with a laboratory.
13. Has a range of evidence-based cognitive, behavioral, and other therapies administered on an individual and group basis adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities.
14. Has a schedule that shows individual and group programs that cover the full range of therapies and educational activities matched to the population served.
15. Has a written policy on staff training on cognitive and behavioral therapies and addiction pharmacotherapies.
16. If prescribing providers on staff are unavailable, there is evidence of an affiliation with provider(s) who can offer the full range of addiction and psychiatric pharmacotherapies.
17. If prescribing providers on staff are unavailable, there is evidence of an affiliation with provider(s) who can offer the full range of addiction and psychiatric pharmacotherapies.
18. Has motivational enhancement and engagement strategies appropriate to the patient's stage of readiness and desires to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies.
19. Has a written policy on staff training and a training program on motivational enhancement therapies or other evidence-based practice.

pg 244-259

3.5

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. **Therapies**
5. Asst/Tx Plan Review
6. Documentation

pg 244-259

3.5

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. **Therapies**
5. Asst/Tx Plan Review
6. Documentation

20. Has counseling and clinical interventions to facilitate teaching patient the skills needed for productive daily activity and successful reintegration into family living.
21. Provides monitoring of the patient's adherence in taking any prescribed medications, and/or any permitted OTC medications.
22. Implements written policies to monitor patient adherence to prescribed medications or permitted OTC medications.
23. Implements written procedure for safe medication storage.
24. Implements a policy to ensure that standards for administration and storage of medications follow regulations and standard practices.
25. Has planned clinical activities to enhance the patient's understanding of their substance use and/or mental disorder.
26. Has daily scheduled professional services, including interdisciplinary assessments and treatment, designed to develop and apply recovery skills.
27. Individual and group programs cover the full range of professional services matched to the population served.
28. Planned community reinforcement is designed to foster prosocial values, a prosocial milieu, and community living skills.
29. Evidence shows community reinforcement activities including community meetings and problem solving.
30. Services for the patient's family and significant others.
31. Requires patient consent for family involvment.
32. Has personalized and individualized progress notes in the chart documenting patients' family participation in, and response to, services offered.

V. Assessment/Treatment Plan Review

Self Assessment Checklist

1. An individualized, comprehensive biopsychosocial assessment of the patient's substance use disorder, conducted or updated by staff who are knowledgeable about addiction treatment.
2. Used to confirm the appropriateness of placement at Level 3.5 and to help guide the individualized treatment planning process.
3. Focused on the patient's strengths, needs, abilities, preferences, and desired goals.
4. Has a written policy that all patients receive an assessment that addresses the six dimensions of The ASAM Criteria.
5. Has an independent process for conducting the assess5ment.
6. Has written procedures on the ASAM Criteria training for personnel doing assessments, and/or other qualifications of personnel conducting the assessment.
7. Has written procedures identifying time frames for reviewing and modifying treatment plans to ensure that the plan for each patient reflects current issues, maintains relevance, and is reviewed formally once a week, or more often if the person is quite unstable.

pg 244-259

3.5

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. Therapies
5. **Asst/Tx Plan Review**
6. Documentation

pg 244-259

3.5

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. Therapies
5. **Asst/Tx Plan Review**
6. Documentation

8. Has a written procedure that a clinician will review all admission decisions to confirm clinical necessity of services and that the clinical necessity review is within the clinician's scope of practice for the population served.
9. There is an individualized treatment plan that is developed in collaboration with the patient and reflect's their goals.
10. Treatment plan reflects case management conducted by on-site staff and the integration of services at this and other levels of care.
11. Includes a biopsychosocial assessment, treatment plan, and updates that reflect the patient's clinical progress, and review by an interdisciplinary treatment team in collaboration with the patient.
12. Includes a physical examination, performed within a reasonable time, as determined by the patient's medical condition and consistent with facility policy or legal requirements.
13. Has a written policy on which medical needs/conditions would prevent admission to the program or would require placement in a more intensive level of care.
14. Has a written procedure that details when and how a physical examination is done, including procedures when a patient is admitted on a weekend or holiday, including consideration of transition from another level of care.
15. Has a written contract with providers that can provide medical evaluations as appropriate and within the time frame specified in the program's procedure.

COE

V.1. Level 3.5 co-occurring enhanced programs provide a review of the patient's recent psychiatric history and mental status examination. (If necessary, this review is conducted by a psychiatrist). A comprehensive psychiatric history and examination and psychodiagnostic assessment are performed within a reasonable time, as determined by the patient's needs *(The ASAM Criteria, p 253)*.

V.2. Level 3.5 co-occurring enhanced programs also provide active reassessments of the patient's mental status, at a frequency determined by the urgency of the patient's psychiatric symptoms and follow through with mental health treatment and psychotropic medications as indicated *(The ASAM Criteria, p 253).*

pg 244-259

3.5

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. **Documentation**

See PA website for Documentation requirements (link on earlier slide)

Service Characteristics

SETTING

SUPPORT SYSTEMS

STAFF

THERAPIES

ASST/TX PLAN REVIEW

DOCUMENTATION

I. Setting

Self Assessment Checklist

1. A freestanding, appropriately licensed facility.
2. Located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed healthcare facility.
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that reasonably ensure the safety of patients and staff.
5. Has written procedures that address conditions when a patient would physically leave the facility and how 1:1 supervision in these circumstances is handled.
6. Has a policy for program entry/admission, transition, and exit.
7. Has a patient-centered variable length of stay.
8. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.
9. Has a 24-hour staff schedule that includes weekends and holidays.
10. Has a written daily schedule of activities that includes weekends and holidays.

pg 265-276

3.7

Service Characteristics

1. **Setting**
2. Support Systems
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

II. Support Systems

Self Assessment Checklist

1. Physician monitoring, nursing care, and observation are available.
2. A physician is available to assess the patient in person, within 24 hours of admission and thereafter as medically necessary.
3. A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission.
4. An appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration.
5. Has written procedures that a nursing assessment is conducted by a registered nurse at admission and written procedures for ongoing nursing monitoring for 24 hours/day, 7 days/week.
6. Has written procedures for onsite or on-call availability of medical personnel to conduct medical assessments within 24 hours of admission and to respond to urgent medical or psychiatric situations 24 hours/day, 7 days/week.
7. Where the medical personnel are not on site, there is a current written agreement that details the contracted providers' responsibilites and availability.
8. Has written procedures instructing staff on when and how to access on-call medical personnel or to use 911.

pg 265-276

3.7

Service Characteristics

1. Setting
2. **Support Systems**
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

pg 265-276

3.7

Service Characteristics

1. Setting
2. **Support Systems**
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

9. Evidence of a 24 hours/day, 7 days/week nursing schedule and credentials of the staff in the schedule.
10. Evidence of nursing and medical assessments in patient record.
11. Additional medical specialty consultation and psychological, laboratory, and toxicology services are available on-site, through consultation or referral.
12. Documentation of written relationships/agreements with medical specialty, laboratory/drug testing, psychological, and pharmacy services. Agreements are specific about what is expected of the provider, as well as expectation for ongoing partnership in treatment planning, collaborative monitoring, and transfer.
13. Has written procedures describing the utilization of a referral process for specialty medical services, pharmacy services, lab services, drug testing, and psychological services.
14. Has a written policy that identifies the process for patients to obtain medication when needed, including safe storage.
15. Has the ability to provide coordination of necessary services or other levels of care are available through direct affiliation or referral processes.
16. Has written procedures for referral, including to other services, when applicable and coordination when a patient is concurrently being served in another LoC (e.g., Opioid Treatment Services).
17. Transfer, including identifying when transition planning will occur, identifying where transition planning summary is documented, and documenting and reviewing the six ASAM Criteria dimensions as it related to transfer and consistent with chronic disease management.

COE

II.2. A psychiatrist assesses the patient within 4 hours of admission by telephone and within 24 hours following admission in person, or sooner, as appropriate to the patent's behavioral health condition, and thereafter as medically necessary (the services of another physician may be required for biomedical concerns) *(The ASAM Criteria, p 267).*

II.3. A registered nurse or licensed mental health clinician conducts a behavioral health-focused assessment at the time of admission. If not done by an RN, a separate nursing assessment must be done *(The ASAM Criteria, p 267).*

II.4. A registered nurse is responsible for monitoring the patient's progress and administering or monitoring the patient's self-administration of psychotropic medications (The ASAM Criteria, p 267).

III. Staff

Self Assessment Checklist

1. Has an interdisciplinary staff who are able to assess and treat information regarding the patient's psychiatric and substance use or addictive disorders.
2. Has a written policy and procedures on clinical staff responsibility for treatment plan coordination.
3. Has a written policy on credentials of clinical staff.
4. Has a written job description and qualifications for the program director.
5. Clinical staff is knowledgeable about the biological and psychosocial dimensions of addiction and other behavioral health disorders, and with specialized training techniques and evidence-based practices.
6. Staff is able to provide a planned regimen of 24-hour, professionally directed evaluation care, and treatment services (including administration of prescribed medications).

pg 265-276

3.7

Service Characteristics

1. Setting
2. Support Systems
3. **Staff**
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

pg 265-276

3.7

Service Characteristics

1. Setting
2. Support Systems
3. **Staff**
4. Therapies
5. Asst/Tx Plan Review
6. Documentation

7. Evidence of a 24 hours/day, 7 days/week schedule of professional directed evaluation care and treatment, including staff credentials.
8. Evidence of medication administration schedules.
9. Has a licensed physician to oversee the treatment process and assure the quality of care.
10. Physicians perform physical examination for all patients admitted to this level of care. Depending on the state, it may also be required that the physician serving as medical director be a certified addiction medicine physician or addiction psychiatrist.
11. The provider of addiction pharmacotherapy is a physician or physician assistant/other licensed independent practitioner with prescribing authority who is knowledgeable about addiction treatment, especially pharmacotherapies.
12. Has a position description for the medical director.
13. Evidence of the credentials of the medical director and other physicians working under the medical director's direction.

COE

III.1. Level 3.7 co-occurring enhanced programs are staffed by addiction psychiatrists and appropriately credentialed behavioral health professionals, who are able to assess and treat co-occurring psychiatric disorders and who have specialized training in behavior management techniques and evidence-based practices *(The ASAM Criteria, p 268)*.

III.2. Level 3.7 co-occurring enhanced programs are ideally staffed by a certified addiction specialist physician along with a general psychiatrist, or by a physician certified as an addiction psychiatrist *(The ASAM Criteria, p 269)*.

IV. Therapies

Self Assessment Checklist

1. Has daily clinical services to assess and address the patient's individual needs. Clinical services may involved appropriate medical and nursing services and individual, group, family, and activity services.
2. Has a daily schedule of activities that includes medical, nursing, and other clinical services.
3. Has a staff schedule documenting interdisciplinary involvement in activities.
4. Has a program description describing services and objectives of services.
5. Has planned clinical program activities to stabilize the acute addictive and/or psychiatric symptoms. Activities may include pharmacological, cognitive-behavioral, and other therapies administered to the patient on an individual and/or group basis. Such activities are adapted to the patient's level of comprehension.
6. Has a schedule that shows individual and group programs that cover the full range of therapies and educational activities matched to the population served.
7. Has a written policy on staff training on a range of evidence-based behavioral therapies, on addiction, and on psychiatric pharmacotherapies.

pg 265-276

3.7

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. **Therapies**
5. Asst/Tx Plan Review
6. Documentation

pg 265-276

3.7

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. **Therapies**
5. Asst/Tx Plan Review
6. Documentation

8. If prescribing providers are unavailable on staff, there is an affiliation with provider(s) who can offer the full range of addiction and psychiatric pharmacotherapies.
9. Counseling and clinical monitoring to promote successful initial involvement or re-involvement in, and skill building for, regular productive daily activity and successful reintegration into family living.
10. Has a schedule that includes patient skills for activities of daily living and offers counseling to improve patients' ability to reintegrate into family, work, and/or school, including family and couples therapy.
11. Has educational materials or services for families.
12. Has random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan.
13. Implements written procedures that address drug testing practices.
14. Has documentation of training for personnel and family/support system members.
15. Has documentation of procedures for responding to positive drug test results that include principles of re-assessment and modifications to the treatment plan.
16. Has written agreement with a laboratory.

17. Implements regular monitoring of the patient's adherence in taking any prescribed medications.
18. Implements written policies and procedures to monitor patient adherence to prescribed medication and/or any permitted OTC medication or supplements.
19. Implements written procedures for safe medication storage.
20. Has a policy to ensure that standards for administration and storage of medications follow regulations and standard practices.
21. Has a schedule of planned clinical program activities designed to enhance the patient's understanding of his or her substance use and/or mental disorders.
22. Has health education services associated with the course of addiction and, as appropriate, other potential health-related risk factors such as, HIV, hep C, and sexually transmitted diseases.
23. Uses evidence-based practices, such as motivational enhancement strategies and interventions appropriate to the patient's stage of readiness to change, designed to facilitate the patient's understanding of the relationship between their SUD and attendant life issues.
24. Has a written policy on staff training and a staff training program on motivational enhancement therapies or other evidence-based practices.
25. Has daily individualized treatment services to manage acute symptoms on the patient's biomedical, substance use, or mental disorder.
26. Offers supportive and educational services, as appropriate, for the patient's family and significant others.

pg 265-276

3.7

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. **Therapies**
5. Asst/Tx Plan Review
6. Documentation

COE

IV.1. Level 3.7 co-occurring enhanced programs offer planned clinical activities designed to promote stabilization of the patient's behavioral health needs and psychiatric symptoms, and to promote such stabilization *(The ASAM Criteria, p 269)*.

IV.2. The goals of therapy apply to both the sub- stance use disorder and any co-occurring mental health disorder *(The ASAM Criteria, p 269)*.

V. Assessment/Treatment Plan Review

Self Assessment Checklist

1. Includes a physical examination, performed by a physician within 24 hours of admission, or a review and update by a facility physician within 24 hours of admission of the record of a physical examination conducted no more than 7 days prior to admission.
2. Has a written policy on which medical needs/conditions would prevent admission to the program or would require placement in a more intensive level of care.
3. Has a written procedure that details when and how a physical exam is down.
4. Has a written contract with physicians who can provide medical evaluations, as appropriate and within the time frame specified in the program's procedures.
5. Addresses and integrates co-occurring disorders/disabilities (should a patient have them) into the plan.
6. Addresses how services will be provided to those patients who are medically fragile.
7. A comprehensive nursing assessment is performed at the time of admission.

pg 265-276

3.7

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. Therapies
5. **Asst/Tx Plan Review**
6. Documentation

pg 265-276

3.7

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. Therapies
5. **Asst/Tx Plan Review**
6. Documentation

8. Has written procedures for ongoing nursing monitoring 24 hours/day, 7 days/week.
9. Evidence of a 24 hours/day, 7 days/week nursing schedule and credentials of the staff on schedule.
10. Has nursing assessments in the patient record.
11. Includes an individualized, comprehensive, biopsychosocial assessment of the patient's SUD and COD, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement at Level 3.7 and to guide the individualized treatment planning process.
12. Has a written policy that all patients receive an assessment that addresses the six dimensions of the ASAM Criteria.
13. Has an independent process for conducting assessment.
14. Has a written procedure on ASAM Criteria training for personnel doing assessment, and/or other qualifications of the personnel conducting the assessment.

15. Has written procedures identifying time frames for reviewing and modifying treatment plans to ensure that the plan for each patient served reflects current issues, maintains relevance, and is reviewed formally once a week, and more often if the person is quite unstable.

16. Has written procedures that a clinician reviews all admission decisions to confirm clinical necessity of services and the clinical necessity review is within the clinician's scope of practice for the population served.

17. Includes problem formulation and articulation of short-term, measurable treatment goals, and activities designed to achieve those goals.

18. Developed in collaboration with the patient, reflects the patient's goals, and incorporates the patient's strengths.

19. Reflects case management conducted by on-site staff; coordination of related addiction treatment, healthcare, mental health, social, vocational, or housing services; and the integration of services at this and other levels of care.

20. Implements written procedures identifying time frames for initial development of, and review and modification of, treatment plans to ensure that the plan for each person served reflects current issues, maintains relevance, is reviewed formally at least once a week, and more often if the person is quite unstable, and patient consent for treatment.

pg 265-276

3.7

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. Therapies
5. **Asst/Tx Plan Review**
6. Documentation

COE

V.2. Level 3.7 co-occurring enhanced programs also provide active reassessments of the patient's mental status, at a frequency determined by the urgency of the patient's psychiatric conditions. The treatment plan will be adjusted accordingly. The patient's history of follow through with behavioral health treatment and adherence with psychotropic medications is also assessed and addressed in the treatment plan *(The ASAM Criteria, p 271)*.

VI. Documentation

Self Assessment Checklist

1. Has individualized progress notes in the patient's record that reflect implementation of the treatment plan and the patient's response to therapeutic intervention.
2. Has written policies and procedures on progress note documentation.
3. Treatment plan reviews are conducted and recorded in the treatment plan and updated at a frequency relevant to the patient's level of stability and severity of illness.
4. Has written policies and procedures for recording, reviewing and modifying the patient's individualized treatment plan to ensure the plan for each patient reflects current issues and maintains relevance and is conducted once a week, and more often if the person is quite unstable.
5. Personalized and individualized progress notes should reflect the patient's progress and are reviewed at least daily, and more often depending on the patient's level of stability.

pg 265-276

3.7

Service Characteristics

1. Setting
2. Support Systems
3. Staff
4. Therapies
5. Asst/Tx Plan Review
6. **Documentation**

COE

VI.1. Level 3.7 co-occurring enhanced programs document the patient's mental health problems, the relationship between the mental and substance use disorders, and the patient's overall assessment of functioning and mental status *(The ASAM Criteria, p 271).*

ADULT DIMENSIONAL ADMISSION CRITERIA

pg 265-276

3.7

All Programs

The patient who is appropriately admitted to a Level 3.7 program meets specifications in at least ***two*** of the six dimensions, at least ***one*** of which is in Dimension 1, 2, or 3.

1 DIMENSION 1:

Acute Intoxication and/or Withdrawal Potential

All Programs

See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

2 DIMENSION 2:

Biomedical Conditions and Complications

All Programs

The patient's status in Dimension 2 is characterized by ***one*** of the following:

a. The interaction of the patient's biomedical condition and continued alcohol and/or other drug use places the patient at significant risk of serious damage to physical health or concomitant biomedical conditions (such as pregnancy with vaginal bleeding or ruptured membranes, unstable diabetes, etc.);

or

b. A current biomedical condition requires 24-hour nursing and medical monitoring or active treatment, but not the full resources of an acute care hospital.

Biomedical Enhanced Services

The patient who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) or staff intervention (such as changes in medication) that is not available in other Level 3.7 programs is in need of biomedical enhanced services.

pg 265-276

3.7

All Programs

Problems in Dimension 3 are not necessary for admission to a Level 3.7 program. However, if any of the Dimension 3 conditions are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment).

Co-Occurring Capable Programs

The patient's status in Dimension 3 is characterized by at least ***one*** of the following:

a. The patient's psychiatric condition is unstable and presents with symptoms (which may include compulsive behaviors, suicidal or homicidal ideation with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or others) that are interfering with abstinence, recovery, and stability to such a degree that the patient needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts;

or

b. The patient exhibits stress behaviors associated with recent or threatened losses in work, family, or social domains; or there is a reemergence of feelings and memories of trauma and loss once the patient achieves abstinence, to a degree that his or her ability to manage the activities of daily living is significantly impaired. The patient thus requires a secure, medically monitored environment in which to address self-care problems (such as those associated with eating, sleeplessness, or personal hygiene) and to focus on his or her substance use or behavioral health problems;

or

c. The patient has significant functional limitations that require active psychiatric monitoring. They may include—but are not limited to—problems with activities of daily living; problems with self-care, lethality, or dangerousness; and problems with social functioning. These limitations may be complicated by problems in Dimensions 2 through 6;

or

d. The patient is at moderate risk of behaviors endangering self, others, or property, likely to result in imminent incarceration or loss of custody of children, and/or is in imminent danger of relapse (with dangerous emotional, behavioral, or cognitive consequences) without the 24-hour support and structure of a Level 3.7 program;

or

e. The patient is actively intoxicated, with resulting violent or disruptive behavior that poses imminent danger to self or others. Such a patient may, on further evaluation, belong in Level 4-WM withdrawal management or an acute observational setting if assessed as not safe in a Level 3.7 service;

or

f. The patient is psychiatrically unstable or has cognitive limitations that require stabilization but not medical management.

Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by at least ***one*** of the following:

a. The patient has a history of moderate psychiatric decompensation (which may involve paranoia; moderate psychotic symptoms; or severe, depressed mood, but not actively suicidal); or such symptoms occur during discontinuation of addictive drugs or when experiencing post-acute withdrawal symptoms, and such decompensation is present;

pg 265-276

3.7

or

b. The patient is assessed as at moderate to high risk of behaviors endangering self, others or property, or is in imminent danger of relapse (with dangerous emotional, behavioral, or cognitive consequences) without 24-hour structure and support and medically monitored treatment. For example, without medically monitored inpatient treatment, the patient does not have sufficient coping skills to avoid harm to self, others, or property because of co-occurring mania;

or

c. The patient is severely depressed, with suicidal urges and a plan. However, he or she is able to reach out for help as needed and does not require a one-on-one suicide watch;

or

d. The patient has a co-occurring psychiatric disorder (such as anxiety, distractibility, or depression) that is interfering with his or her addiction treatment or ability to participate in a less intensive level of care, and thus requires stabilization with psychotropic medications;

or

e. The patient has a co-occurring psychiatric disorder of moderate to high severity that is marginally and tenuously stable and requires care to prevent further decompensation. The patient thus requires co-occurring enhanced services and is best served in an addiction treatment program with integrated mental health services, or in a mental health program with integrated addiction treatment services.

pg 265-276

3.7

Wrap-up - Session 3

1. 3.5 - Service Characteristics & Select COE Requirements
2. 3.7 - Service Characteristics & Select COE Requirements
3. 3.7 – Dim 1, 2, & 3 Admission Criteria

(Future? Weekly clinical office hours?)