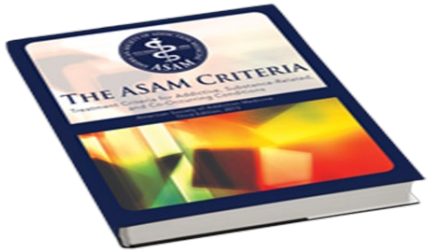
What is ASAM Criteria?

- The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions
- ASAM criteria is used as a starting place for making decisions related to the course of treatment, taking into account a holistic view of the patient in view to formalize treatment intervention over a continuum of care
- “Goal of helping move practitioners toward individualized, clinically driven, participant-directed, and outcome informed treatment"
    - "What does the patient want?" "Why now?"
    - "What life areas or dimensions are most important in determining treatment priorities?“
- Moving away from fixed lengths of stay toward clinically driven interventions with expressed intention and evaluated results
    - Court orders are inconsistent with ASAM and it is recommended that providers “make reasonable attempts to have the order amended to reflect the assessed clinical level or length of service”
- Adolescents are viewed differently than adults due to fundamental developmental issues and generally require higher intensity treatment.
- "For clinical reasons the preferable level of care is that which is the **least intensive while still meeting treatment objectives and providing safety and security for the patient**."



Guiding Principles
Person Centered Care

- Treatment failure is not a prerequisite for intake into a higher level of care. A level of care is viewed as an intervention. Intensity of the intervention is paired with the intensity of the symptomatology
- Treatment outcomes are key. Repeated cycling through assessment, adjusting the plan, and adjusting the placement or interventions
- The provider must inform the patient of all the options and the patient must choose to accept the treatment intervention, ideally the family is informed and accepts the intervention
- Medical necessity looks at the whole person to make an intervention recommendation rather than emphasizing any one area (dimension)

Guiding Principles
Person Centered Care-Treatment Plan

- Developed collaboratively with the client
- Comprehensive bio psychosocial assessment including strengths and deficits
- Goals need to be short-term, measureable, and achievable
- Treatment plan lists specific services to be delivered and behavioral responses
- Less focus on immediately stabilizing the current symptomatology and more so on developing new insights and behaviors.
- The decision to prescribe a type of service, transfer, or discharge is all geared toward moving a client toward health rather than simply stabilizing behavior

ASAM 6 Dimensions

Dimension 1 Acute Intoxication and/or Withdrawal Potential	• Vitals, CIWA, COWS • Acute Withdrawal Symptoms (AWS): Nausea, Vomiting, Diarrhea, Sweats, Headache, Loss of Appetite etc. • Post-Acute Withdrawal Symptoms (PAWS): Foggy Thinking, Problems with Memory, Inability to Focus etc. • History of Seizures with Withdrawal, DT's, Blackouts, Passing Out etc.
Dimension 2 Biomedical Conditions & Complications	• Medical/Physical Health: Hepatitis A, B, C, COPD, Seizure Disorder, Cirrhosis, Diabetes, Blood Clots etc. • Medications for Medical/Physical Health
Dimension3 Emotional/Behavioral & Cognitive Conditons & Complications	• Mental Health: History of Depression, Anxiety, Hallucinations, Abuse History-physical, sexual, emotional etc., Suicidal/Homicidal Ideations, Previous Suicide Attempts, Previous Psychiatric Admissions etc. • Risky Behaviors: Driving Under the Influence, Sharing Needles, One Night Stands, Unsafe Sexual etc. • Medications for Behavioral Health
Dimension 4 Readiness to Change	• Precontemplation, Contemplation, Preparation, Action, Maintenance • Voluntary or Involuntary Admission, Internal Factors-change for themselves, their health etc., External Factors-family, legal issues etc.
Dimension 5 Relapse, Continued Use or Continued Problem Potential	• Risk of Relapse, Cravings, Longest Period of Sobriety, Continuous Relapse, Continued Use Despite Negative Consequences, Poor Insight and Judgement, Long History of Use with Minimal Periods of Sobriety, IV Use etc.
Dimension 6 Recovery/Living Environment	• Homeless, Unemployed, Environment is a Trigger, Substances Readily Available, Lack of Transportation, Lack of Self-Help Groups, Lack of Resources in area, Unsupportive Supports/Family, Lack of Supports/Family etc.

Risk Rating

- A UM determination begins with the severity assigned to a case based on the Risk Rating Profile
- Each dimension is assigned a severity rating from the Risk Rating Matrix
- The combination of risk and mitigating factors form the basis for each severity rating
- Cross-dimensional interactions can increase or decrease overall risk

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

ASAM Levels of Care

Level of Care	Title	Description
3.1	Low-intensity residential	24-hr structure with available trained personnel. Min. 5 hrs/week of clinical service
3.3	Population-specific, High-intensity residential	24-hr care with trained counselors to stabilize multidimensional imminent danger (This LOC not for adolescents). For those with cognitive or other impairments who are unable to tolerate 3.5
3.5	High Intensity (or medium intensity for teens) residential	24-hr care with trained counselors to stabilize multidimensional imminent danger
3.7	Medically monitored Intensive Inpatient Services (IP)	24-hr nursing care with physician availability for significant problems in Dimensions 1, 2 or 3. 16hr/day counselor ability
3.2 WM	Residential WM "Social Detox"	Moderate withdrawal, but needs 24-hr support to complete detox and increase likelihood of continuing treatment/recovery
3.7 WM	Medically monitored Inpt WM	Severe withdrawal; needs 24-hour nursing and PRN physician visits; unlikely to complete detox w/o medical/nursing monitoring

The following vignette will look at the clinical narrative in each dimension and what we look for in terms of making utilization review determinations when providers submit requests for authorization.

The vignette we will review today describes a member that meets ASAM criteria for Medically Monitored Inpatient Withdrawal Management 3.7 LOC

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Dimension 1 Acute Intoxication/ Withdrawal Potential Narrative: Risk Level High

Member is a 35 yo, Caucasian, single, unemployed, homeless male. He was referred to treatment by his probation officer as a result of non-compliance. He has missed 4 UDS and 5 in the past 60 days have been positive for both alcohol and cannabis. Member admits to daily use of alcohol and smoking cannabis for the past 20 years with limited periods of sobriety mostly during times of incarceration. He first drank at age 12 with problematic drinking by age 18. He currently drinks one gallon of Vodka daily. Member first smoked cannabis at age 11 intermittently. At age 14, he was smoking daily 1 to 2 joints. He currently smokes up to 1 gram or more daily. His last use was less than 24 hours prior to admission therefore, withdrawal symptoms could increase over the next several hours. He reports current symptoms such as nausea, tremors, anxiety, headaches, GI upset, and cravings 10/20. Diagnosis: F10.239 alcohol dependence with withdrawal, unspecified; F10.20 alcohol use disorder severe; F12.20 cannabis use disorder severe; F41.1 generalized anxiety disorder; F33.1 major depressive disorder. UDS pos for cannabis and alcohol. BAL .195. Member has a history of withdrawal seizures with his most recent being in March 2022. Vitals: BP 170/100, Temp 98.7, Pulse 86, Respirations 18.

Dimension 2 Biomedical Conditions & Complications **Narrative: Risk Level High**

- Member endorsed a history of hypertension and diagnosed with Cirrhosis at age 32. Member demonstrates poor insight around his current medical health. He believes he is in good health however, he has not seen a primary care physician for the last 3 years. He reports most nights he experiences interrupted sleep and the most he sleeps without interruption is 2 hours. He reports needing alcohol and/or cannabis to help him sleep. Member reports a decrease in appetite and what he believes to be an 18 lb weight loss over the past 6 months. Previous rx medications: Lisinopril 20mg, Bupropion ER 150 mg bid, Gabapentin 300 mg bid, Trazadone 50 mg qhs. Member reports he does not take his medication.

Dimension 3 Narrative: Risk Level High

- Member has a history of depression and anxiety dating back to age 18 when he was first diagnosed. He reported over his lifetime 3 involuntary psychiatric hospitalizations primarily related to endorsing suicidal ideation when intoxicated with the most recent in 4/22. He describes increased feelings of irritation, lethargy, isolation, and feeling as though his heart will “jump out of my chest.” Member’s appearance is unkempt, speech pressured, mood depressed, affect anxious, speech is circumstantial however, goal directed. Thoughts obsessive, cognition distracted. Judgment and insight poor. No current SI/HI or psychosis. Trauma history: Member’s father abused alcohol and was physically and verbally abusive. His mother was diagnosed with Bipolar Disorder and left the family when member was 10 years old. Member was sexually assaulted by a family member at age 8. Member has limited insight around the relationship between mental health and substance use.

Dimension 4 Narrative: Risk Level High

- Member is in the pre-contemplation stage of change. He demonstrates limited insight into what changes are needed in order to support ongoing recovery and seems ambivalent to change at this time. He is primarily externally motivated by the possibility of probation revocation and returning to jail. He verbalizes wanting to improve his health, secure employment, and stable housing. He does not readily recognize triggers to use or demonstrate adequate coping skills. Member identifies withdraw from alcohol as a trigger and as a result, has perpetuated his use. Member is in need of 3.7WM and 3.5 level of care, as without medical support to manage his withdrawal symptoms, it is unlikely that he would remain sober and manage cravings independently.

Dimension 5 Narrative: Risk Level High

- Member is at high risk of continued use without intervention. He has been unable to remain sober despite legal consequences, loss of employment, homelessness, and strained family relationships. He has attended several SUD treatment programs both outpatient and at the residential level with continued use and unsuccessful completion. Member has a long criminal history including 3 DUIs, assault, and is currently on probation for eluding police. He has violated probation and has been jailed as a result. He is again facing revocation should he not admit to treatment.

Dimension 6 Narrative: Risk Level High

- Member is unemployed and homeless. His environment is not conducive to recovery and all of his friends and associates use drugs and/or alcohol. His use has resulted in strained relationships with family with little support which result in his ambivalence to give up peer relationships. Member does not access consistent mental health or medical care, has unresolved trauma, and is not involved in community support groups such as 12-Step, AA or other. He is unemployed and resorts to panhandling as his immediate source of income. Without withdrawal management and residential treatment, member would have no place to go that supports recovery. Member would benefit from exploring sober living or long-term treatment such as Fort Lyons to ensure he is able to establish safe and sober housing upon discharge in an effort to reinforce healthy coping skills, symptom and medication management.