



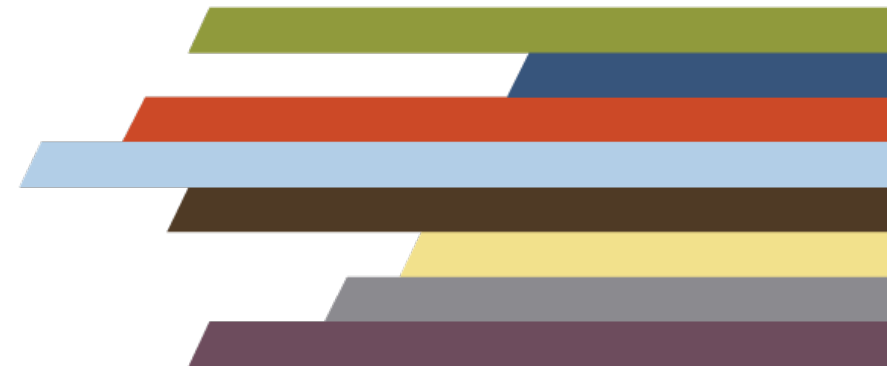
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# ASAM Criteria Overview

Presented by Mark Disselkoen,  
MSSW, LCSW, LCADC

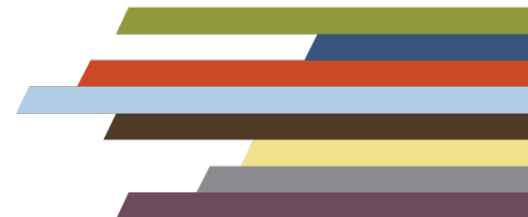


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**12-9-2019**



# ASAM Disclaimer

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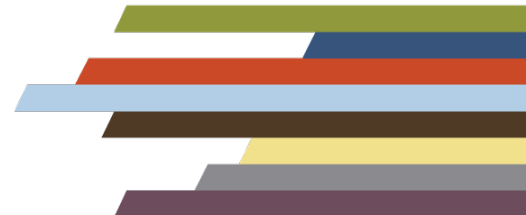
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# Enhancements from PPC-2

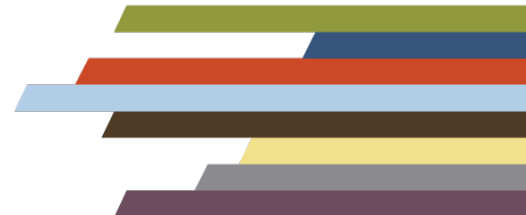
- New information related to Special Populations
  - Older adults
  - Parents with children
  - Those working in safety sensitive occupations
  - Criminal justice settings



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# Enhancements Continued

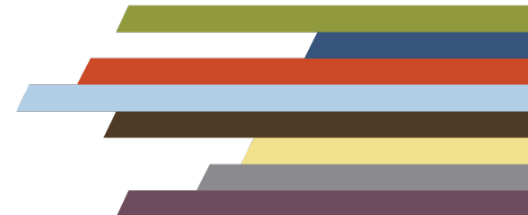
- Additional information also includes
  - Combining adult and adolescent treatment information
  - Incorporation of the latest understanding of Co-Occurring Disorders Capability



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# Enhancements from PPC-2 Continued

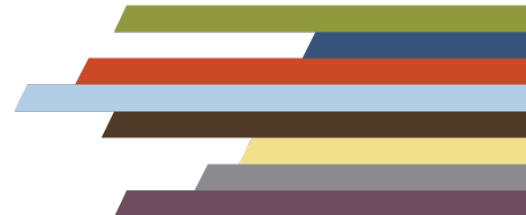
- Section on tobacco use disorder
- Updated opioid treatment section
- Revised/New terminology
- Reformatted level of care numbers



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# Revised/New Terminology

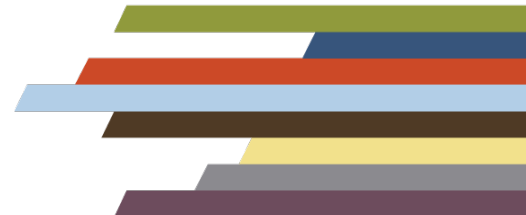
- Individual referred to as “person,” “participant,” or “patient”
- Title: “The ASAM Criteria”
- Dual diagnosis and dual disorders now spectrum of co-occurring disorders or conditions
- Detoxification services are now called withdrawal management



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# Revised/New Terminology Continued

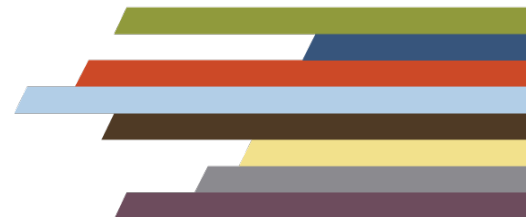
- Opioid Maintenance Therapy (OMT) is now Opioid Treatment Programs (OTP) and Office-Based Opioid Treatment (OBOT) with “Opioid Treatment Services (OTS)”
- Level III.3 Clinically Managed Medium-Intensity Residential Treatment” is now “Level 3.3 Clinically Managed Population-Specific High Intensity Residential Services



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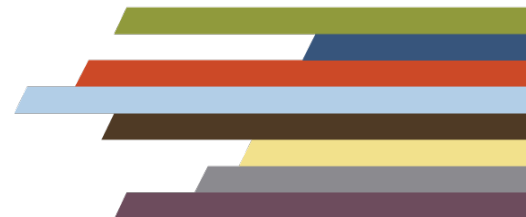
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# ASAM Guiding Principles

- One dimensional to multidimensional assessment
- Clinically driven and outcome-driven treatment
- Variable length of service based on person centered needs
- Broad and flexible continuum of care
- Adolescent specific needs
- Moving away from using “treatment failure”
- Interdisciplinary, team approach to care



# ASAM Guiding Principles Continued

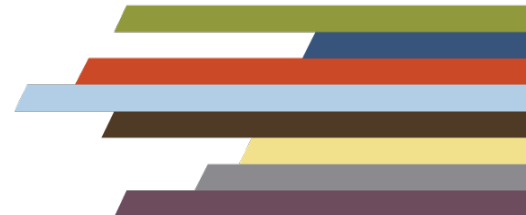
- Clarifying the role of the physician
- Focusing on treatment outcomes
- Informed Consent
- Medical Necessity (definition on next slide)



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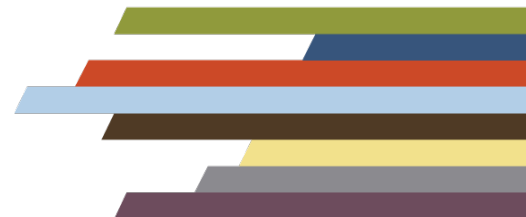
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# Medical Necessity Definition from ASAM

Pertains to necessary care for biopsychosocial severity and is defined by the extent and severity of problems in all six multidimensional assessment areas of the patient. It should not be restricted to acute care and narrow medical concerns (such as severity of withdrawal risk as in D-1; acuity of physical health need (as in D-2); or D-3 psychiatric issues (such as imminent suicidality). Rather, “medical necessity” encompasses all 6 dimensions so that a more holistic concept would be “Clinically Necessity”, “necessity of care”, or “clinical appropriateness.”



# Broad & Flexible Continuum of Care (Levels of Care) Adult, Adolescent and COD Considerations

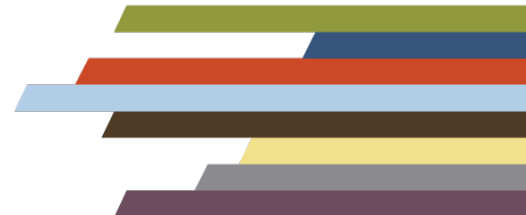
- Level 0.5 Early Intervention
- Level 1 Outpatient Services
- Level 2.1 Intensive Outpatient Services
- Level 2.5 Partial Hospitalization Services



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# Broad & Flexible Continuum of Care Continued

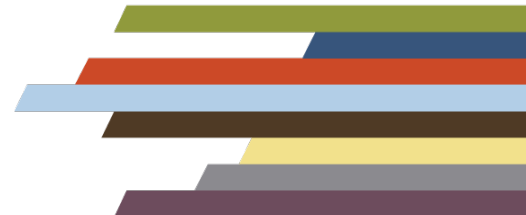
- Level 3.1 Clinically Managed Low-Intensity Residential
- Level 3.3 Clinically Managed Population-Specific High-Intensity Residential (Adult Only)
- Level 3.5 Clinical Managed High-Intensity Residential Services (Adult Criteria)
- Level 3.5 Clinical Managed Medium-Intensity Residential Services (Adolescent Criteria)



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# Continued

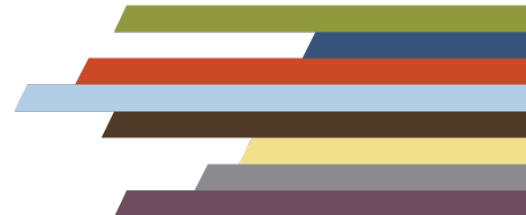
- Level 3.7 Medically Monitored Intensive Inpatient Services (Adult Criteria)
- Level 3.7 Medically Monitored High-Intensity Inpatient Services (Adolescent Criteria)
- Level 4 Medically-Managed Intensive Inpatient Services
- Opioid Treatment Services (OTS)



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# Broad & Flexible Continuum of Care Continued

## Withdrawal Management

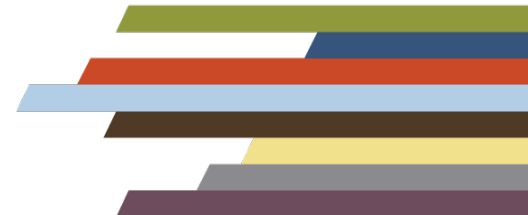
- Level 1 WM Ambulatory without on-site
- Level 2 WM Ambulatory with on-site
- Level 3 WM Residential/Inpatient
- Level 3.2 WM Medically Managed Residential
- Level 3.7 WM Medically Monitored Inpatient
- Level 4 WM Medically Managed Inpatient



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# Adolescent Considerations (Common Themes Across the Continuum)

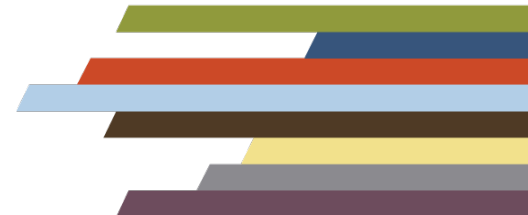
- Sustain an adolescent's therapeutic gains
- Maintenance is long term (sustainment)
- Simple ongoing monitoring (checking supervision, school performance, peer relationships etc...)
- Staff expertise with adolescents
- Collateral information gathered
- Specific admission criteria for adolescents is provided by level of care taking into consideration, developmental stage, brain development and progression of problem use for example



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# Co-Occurring Considerations

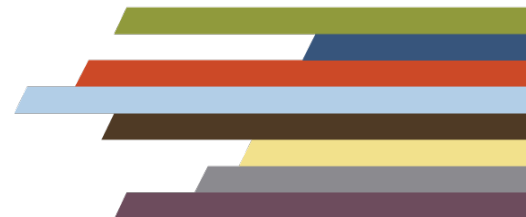
- Interdisciplinary staff
- COD screening tools
- Comprehensive assessment that includes COD domains
- Differential diagnosis
- Integrated treatment planning
- Integrated progress note documentation
- Evidenced based COD interventions
- Continuity of care
- Stage wise assessment, treatment planning and ongoing documentation



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# Principles of Assessing Risk

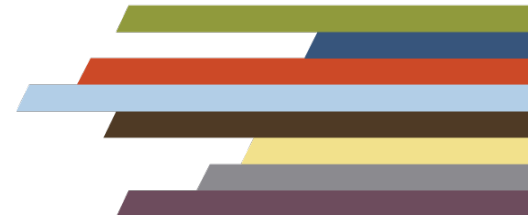
- Risk is multidimensional and biopsychosocial
- Risk relates to the patient's history (life time)
- Risk is expressed in current status (last 30 days)
- Risk involves a degree of change from baseline or premorbid functioning (normal expression or pathological expression)



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# Risk Rating System - Page 56-57

## Overview

Range of High, Medium, Low

- 0-4 Point Scale, Page 57

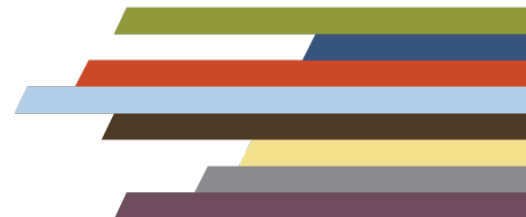
0: Low Risk

1: mild

2: moderate

3: serious

4: utmost severity



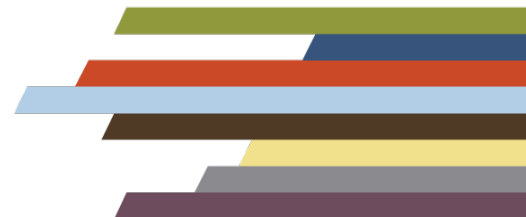
# Severity Specifics

## 4 - Utmost of Severity

- Critical impairments in coping and functioning
- Signs and symptoms, indicating “imminent danger”

## 3 - Serious

- Difficulty coping within given dimension.
- Near imminent danger



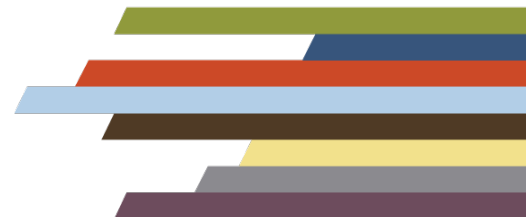
# Continued

## 2 - Moderate

- Moderate difficulty in functioning
- Somewhat persistent chronic issues
- Relevant skills, or support systems may be present

## 1 - Mild

- Indicates mildly difficult issues
- Minor signs and symptoms
- Typically resolved in short period



# Severity Specifics Continued

## 0 - Low Risk

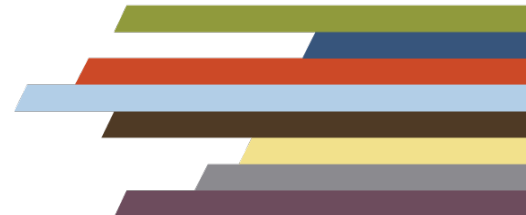
- Non-issue or very low risk issue
- Presents no current risk
- Chronic issues mostly or entirely stabilized



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# Matching Multidimensional Severity

Step 1: Risk of Imminent danger (rule out)

Step 2: Determine risk rating in each dimension

Step 3: Identify appropriate types of services

Step 4: Development of initial treatment plan

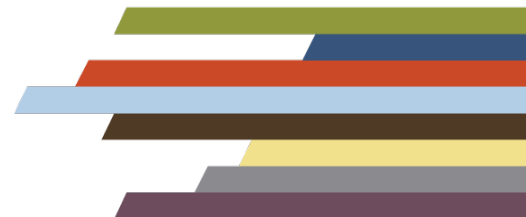
Step 5: Ongoing Utilization Management  
throughout the continuum of care



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# ASAM Six Dimensional Assessment

Start on page 43

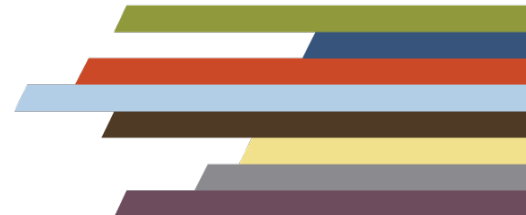
- Recommend that you document as part of the assessment
- Recommend that you address each assessment question per the manual



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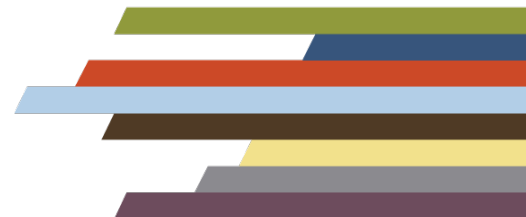
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# Dimension 1: Acute Intoxication and/or Withdrawal Potential

- What risk is associated with the patient's current level of acute intoxication?
- Are intoxication management services needed?
- Is there significant risk of severe withdrawal symptoms, seizures or medical complications?
- Are there current signs of withdrawal?
- Standardized withdrawal scale score?
- Vital signs?
- Does the patient have supports to assist in ambulatory withdrawal management?



# Dimension 2: Biomedical Conditions and Complications

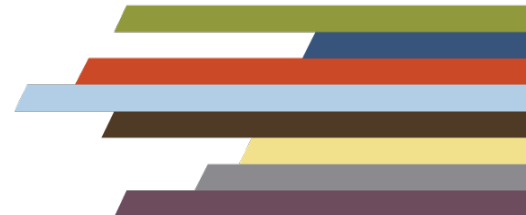
- Are there current physical illnesses, other withdrawal that need to be addressed?
- Are there chronic conditions that need stabilization or ongoing disease management?
- Is there a communicable disease present?
- Is the patient pregnant, what is her pregnancy history?



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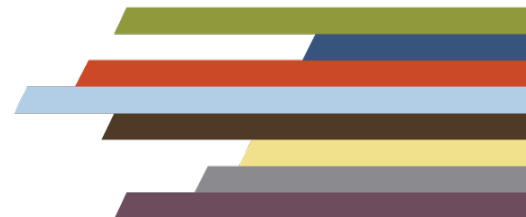
# Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

- Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed?
- Are there chronic conditions that affect treatment such as bipolar or anxiety?
- Do any emotional, behavioral, or cognitive signs or symptoms appear to be an expected part of the addictive disorder?



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# Dimension 3, Continued

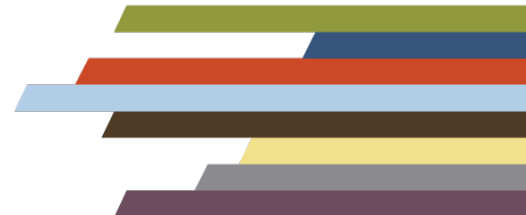
- Are they severe enough to warrant specific mental health treatment, even if symptoms are caused by substance use?
- Is the patient able to manage the activities of daily living?
- Can he or she cope with any emotional, behavioral or cognitive problems?



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# Dimension 3 Risk Domains

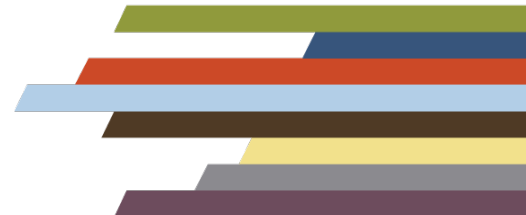
- Dangerousness/Lethality
- Interference with Addiction Recovery Efforts
- Social Functioning
- Ability for Self-Care
- Course of Illness



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# Dimension 4 Readiness to Change

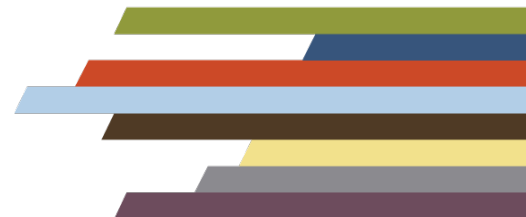
- How aware is the patient of the relationship between his or her alcohol, tobacco, or other drug use or behaviors involved in the pathological pursuit of reward or relief and his or her negative life consequences?
- How ready, willing, or able does the patient feel to make changes?
- How much does the patient feel in control of his or her treatment services?



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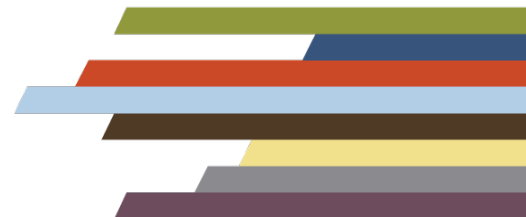
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# Dimension 5 Relapse, Continued Use or Continued Problem Potential

- Is the patient in immediate danger of continued severe mental health distress and/or alcohol, tobacco and/or drug use?
- Does the patient have any recognition or understanding of, or skills in coping with his or her addictive, co-occurring, or mental disorder?
- Have addiction and/or psychotropic medications assisted in recovery before?
- What are the person's skills in coping with protracted withdrawal, cravings, or impulses?



# Dimension 5 Continued

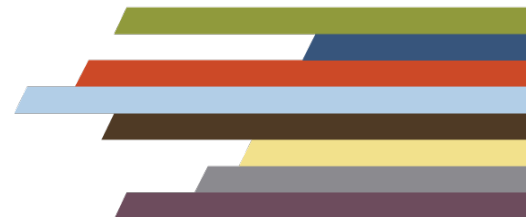
- How well can the patient cope with negative effects, peer pressure, and stress without recurrence of addictive thinking and behavior?
- How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment?
- How aware is the patient of relapse triggers and skills to control addiction impulses or impulses to harm self or others?



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# Dimension 6 Recovery Living Environment

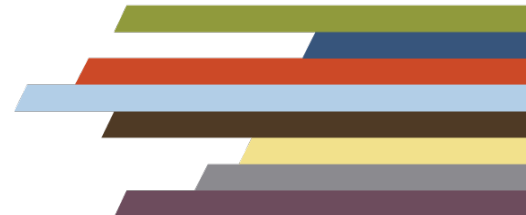
- Do any family members, significant others, living situations, or school work situations pose a threat to the patient's safety or engagement in treatment?
- Does the individual have supportive friendships, financial resources, or educational or vocational resources that can increase the likelihood of successful recovery?



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# Dimension 6 Continued

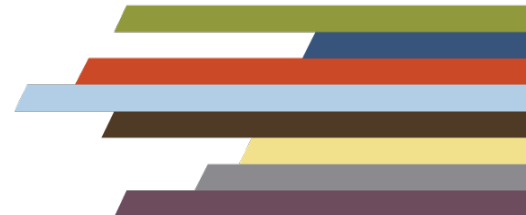
- Are there legal, vocational, regulatory (e.g professional licensure), social service agency, or criminal justice mandates that may enhance the person's motivation for engagement in treatment if indicated?
- Are there transportation, childcare, housing, or employment issues that need to be clarified and addressed?



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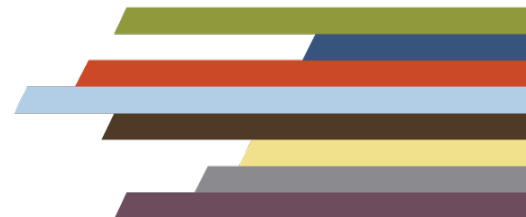
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# How to Determine the most Appropriate Level of Care

- Screening Tools
- Comprehensive Biopsychosocialspiritual Assessment
- DSM 5 Differential Diagnosis (Severity)
- ASAM 6 Dimensional Assessment (Risk Rating)
- Matrix for Adult Matching (Risk Rating) pg. 73 \* Matrix for Adolescent Matching (Risk Rating) pg. 90
- Crosswalk of the ASAM Admission Criteria pg. 175-178
- Admission Criteria by Level of Care, starting on pg. 179, Level 0.5 Early Intervention
- Recommendations



# Matrix for Adult and Adolescent Matching (Risk Rating) Some Details

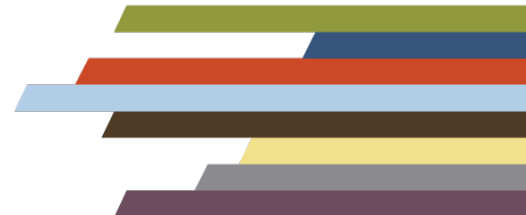
- Matrix Matching provides detailed guidance related to Services and Modalities Needed based on Risk
- This section provides 2 columns for each of the 6 Dimensions
- Column 1 addresses Risk Rating and Description
- Column 2 addresses Services & Modalities needed



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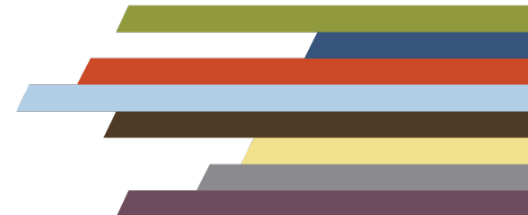
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# Crosswalk of the Admission Criteria for Adults and Adolescents

- There are rows and columns for each adults and adolescent
- The left hand columns shows level of care
- The row across the top of the page shows each of the 6 dimensions
- These crosswalks show how assessment information gained from the criteria's 6 dimensions can be applied to each level of care. These also help you to get a view from above when comparing level of care next to each other



# Admission Criteria by Level of Care

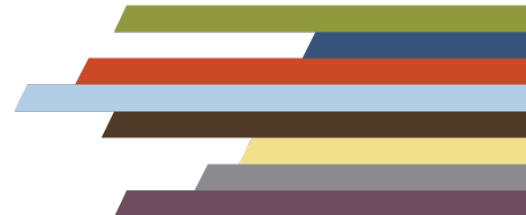
- The Admission Criteria section focuses in more detail by Dimension what Criteria is considered related to placement of care.
- There is separate Admission Criteria for each level of care



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## A Short Case Study to Practice

Tami is a 21-year-old who self identifies as female who is seeking an evaluation at the encouragement of her mother and social worker. She is unemployed and reports she has only worked sporadically in the fast food industry. Tami has two children ages two and one. The whereabouts of their father is unknown. The children are in CPS custody because her neighbor (and babysitter) called CPS 24 hours after Tami said she would return to pick the children up and she did not. Tami later admitted that she had been smoking heroin at a friend's house. Her children went into custody 6 months ago and at that time Tami went into residential treatment for the first time. She was asked to leave that treatment facility after 3 weeks when she was found with prescription valium that she apparently had been keeping in her room. Tami was referred to a higher level of care but she refused to follow recommendations. Per the social worker, Tami could lose custody of her children if she does not follow through with treatment. Tami lives with a partner who has 2 teenage children who do not live with them but visit periodically. The partner (who works as a restaurant manager) reports to Tami that she supports treatment and the reunification with the children. Per Tami, the partner is under a doctor's care for a work injury and is using hydrocodone as prescribed. Tami is being urged by her mother as well as the social worker to follow through with treatment. Tami has not smoked heroin or used any substances in the past 2 weeks. She doesn't appear to be experiencing any significant withdrawal symptoms. The social worker has been testing Tami every time she visits with her children. Per Tami, her mother believes Tami could return to drugs because she has not had more than 6 weeks of clean time in several years. Tami reports she does not like counselors because they make her talk about her past. She makes reference to an uncle who sexually abused her when she was 14 and 15, when he introduced her to smoking heroin. She had smoked marijuana a few times before trying heroin. Around the time, she started heroin and her uncle started assaulting her, she started cutting on herself. She is not sure if the family knew she cut on herself. She has refused to follow through with psychological evaluations recommended by social services. Tami has not cut on herself for four years but thinks about it when she is craving heroin. The sexual abuse was never reported to anyone when she was under 18, and Tami did not disclose it until she was 19. She has not told her family as they have always thought of her as a troublemaker because she used drugs. Per Tami, the family did not try to obtain treatment for her drug use when she was a teenager. Per Tami, the family is not aware that the uncle introduced her to heroin. She does not want any family members to know about her past with her uncle. The uncle has current access to children of all ages in his neighborhood and in the family. Tami reports that she does not have any medical problems and presents well-groomed but with anxious affect. She reports she told you too much information.

# Case Study Activity

Utilize the case study to assess and make a recommendation for level of care. Think about what we just learned about risk rating and how this impacts level of care recommendations.

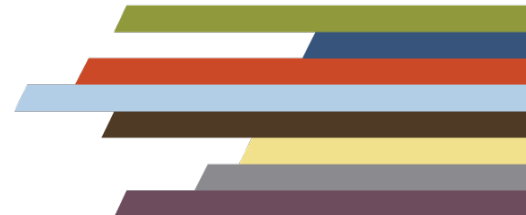
- Utilize the case study for Risk Rating using the scale 0-4 for each of the 6 Dimensions. Also, provide an overall Risk Rating of Low, Medium, or High.
- Recommend level of care and justify why you are making this recommendation.
- Provide feedback in the chat box



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# Utilization Management in Real Time

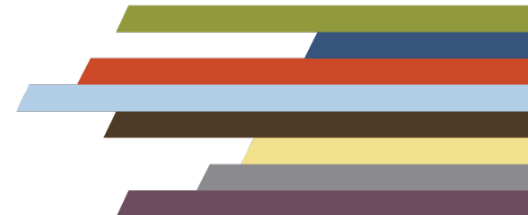
- Continued Service, Transfer and Discharge Criteria



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# Continued Service Criteria, Page 300

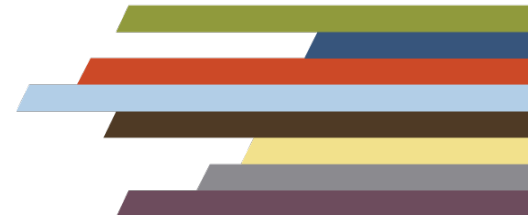
- Making Progress
- Not yet achieved goals articulated in the individual plan
- Capacity to resolve his or her problems
- Actively working toward the goals articulated in the plan
- New problems have been identified that are appropriately treated at the present level of care



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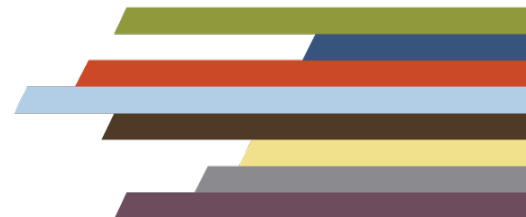
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# Transfer/Discharge Criteria, Page 303

- Client has achieved the goals articulated in his or her individualized treatment plan thus resolving the problem(s) that justified admission to the present level of care
- Client has been unable to resolve the problem(s) despite amendments to the treatment plan. Treatment to another level of care or type of service therefore is indicated
- Client has demonstrated a lack of capacity to resolve his or her problem(s) or had developed new problem(s) and can be treated effectively at a more intensive level of service
- Patient has experienced and intensification of his or her problem(s) or has developed new problems(s) and can be treated only at a more intensive level of care



# The End

Thank you for participating today

Questions/Feedback Appreciated

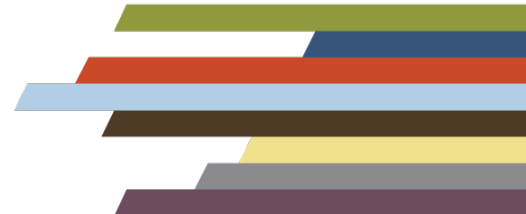
Closing Instructions for Evaluations and CEU's



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# Reference

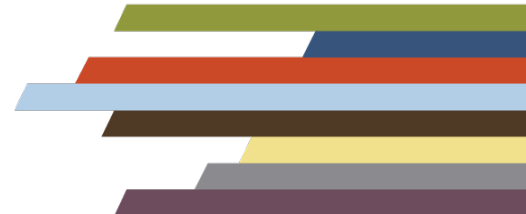
The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, 2013.



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