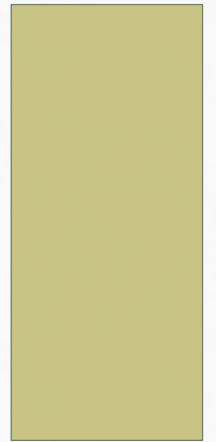


# AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)

HOW TO USE THE CRITERIA



# CT 1115 SUD DEMONSTRATION OVERVIEW

- April 14, 2022: The State of Connecticut was approved for an 1115 Demonstration Waiver for substance use disorder (SUD) by the Centers for Medicaid and Medicare Services inpatient and residential treatment for adults and children.
- This waiver allows Medicaid beneficiaries to access substance use treatment at residential substance use treatment facilities that had been previously disqualified due to the exclusion of institutions for mental disease (IMDs) in Medicaid statute.

# CT 1115 SUD DEMONSTRATION OVERVIEW

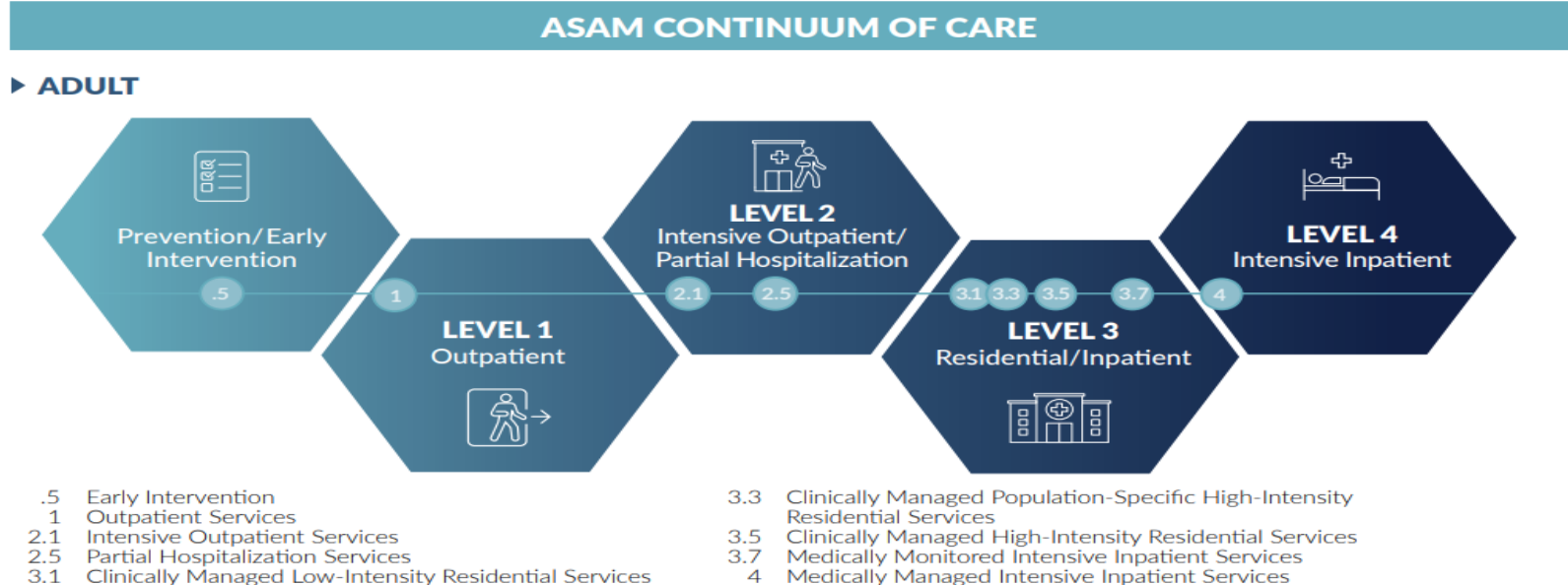
- This Demonstration builds upon Connecticut's dynamic and extensive history of providing critical residential care for persons experiencing substance use disorders.
- Medicaid Beneficiaries (Husky A, B, C and D) are now eligible to be admitted into residential SUD treatment facilities.
- To access the newly developed Medicaid payment rates, participating agencies must implement the [Connecticut Policy and Clinical Assumptions](#) and the ASAM Criteria throughout their operations.



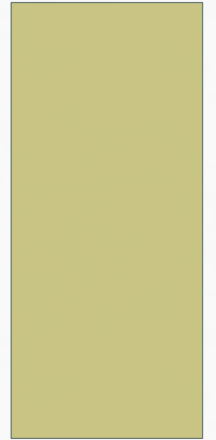
# CT 1115 SUD DEMONSTRATION OVERVIEW

Under the 1115 Demonstration, admission to and lengths of stay within residential and inpatient substance use facilities will be guided by the ASAM admission, continued stay, and treatment planning criteria. Referrals to these programs must be guided by an understanding of the ASAM dimensions and medical necessity requirements for each level of care.

Figure 2. ASAM Continuum of Care



# OVERVIEW



# WHAT IS ASAM?

- *The ASAM Criteria* is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.
- Formerly known as the ASAM patient placement criteria, *The ASAM Criteria* is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.
- <https://www.asam.org/asam-criteria/about-the-asam-criteria>

# WHAT IS ADDICTION?

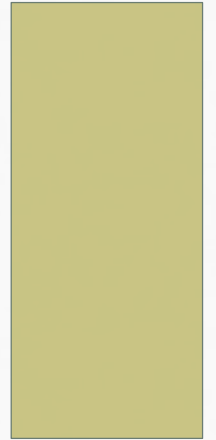
- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

# WHO USES ASAM?

- Many states across the country are using *The ASAM Criteria* as the foundation of their efforts to improve the addiction treatment system.
- Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided.



# DIMENSIONS AND LEVELS OF CARE



# 6 DIMENSIONS

ASAM uses 6 dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services across all levels of care:

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use or Continued Problem Potential
6. Recovery and Living Environment

# DIMENSION 1

## **Acute Intoxication/Withdrawal Potential**

- Is there significant risk of severe withdrawal symptoms or seizures, based on the patient's previous withdrawal history, amount, frequency and recency of discontinuation or significant reduction of alcohol or other drug use?
- Are there current signs of withdrawal? Does the patient have supports to assist in ambulatory detoxification, if medically safe? Has the patient been using multiple substances in the same drug class?

# DIMENSION 2

## **Biomedical Conditions & Complications**

- Are there current physical illnesses, other than withdrawal, that need to be addressed because they are exacerbated by withdrawal, create risk or may complicate treatment?
- Does the client have any current untreated severe medical problems that may interfere with treatment?
- Does the client have any illness or require medical attention that may interfere with treatment? E.g., hypertension, diabetes, the need for dialysis or chemotherapy

# DIMENSION 3

## **Emotional/Behavioral/Cognitive Conditions & Complications**

- The third dimension explores an individual's thoughts, emotions and mental health issues. These include: dangerousness/lethality, BH that interferes with recovery efforts, social functioning, ability for self-care and course of illness.
- Psychiatric Diagnosis
- Current psychiatric medications and are they complying with treatment?
- What is the client's current mental status?

# DIMENSION 4

## **Readiness to Change**

- How ready is the client to change (stage of readiness to change)?
- How accepting is the client towards treatment?
  - • Pre-contemplation
  - • Contemplation
  - • Preparation
  - • Action
  - • Maintenance

# DIMENSION 5

## **Relapse, Continued Use, Or Continued Problem Potential**

- What skills does the client possess to cope with/or control using? Is the patient in immediate danger of continued severe mental health distress and/or alcohol or drug use if discharged?
- How aware is the patient of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use or impulses to harm self or others? What is the patient's ability to remain abstinent or psychiatrically stable, based on their history? What is the patient's current level of craving and how successfully can he or she resist using?

# DIMENSION 6

## **Recovery/Living Environment**

- Problems with Primary Support Group
- Problems with Social Environment
- Educational Problems
- Occupational Problems
- Housing Problems
- Economic Problems
- Legal Problems
- Transportation Problems
- Childcare Problems



# LEVELS OF CARE

## **What are the Levels of Care?**

- *The ASAM Criteria's* assessment takes into account a patient's needs, obstacles and liabilities, as well as their strengths, personal resources, and supports. This information is used to determine the appropriate level of care.

# LEVELS OF CARE (CONT.)

- **Level 0.5**, which is called Early Intervention. Early Intervention consists of assessment and education for people at risk of developing a substance use disorder. An example is a DUI class for people arrested for driving under the influence. The goal of .5 services is to intervene before a person develops a substance use disorder.
- **Level 1** This is defined as Outpatient treatment technically less than 9 hours a week. Level 1 is appropriate for people with less severe disorders and/or as a step-down from more intensive services.

# LEVELS OF CARE (CONT.)

- **Level 2.1** is intensive outpatient services (IOP) consisting between 9-20 hours per week of treatment. These programs typically offer medical care 24 hours a day by phone or within 72 hours in person.
- **Level 2.5** is partial hospitalization (PHP), which is at least 20 hours a week but is less than 24-hour care. This level of care provides structure, and daily oversight for people but is not 24/7.

# LEVELS OF CARE-3.1

- **Level 3.1** residential programs provide a structured recovery residence environment, staffed 24 hours a day, which provides sufficient stability to prevent or minimize relapse or continued use and continued problem potential.

# LEVELS OF CARE-3.1

- **Level 3.1** Residential programs offer at least five (5) hours per week of a combination of low- intensity clinical and recovery-focused services.
- These programs provide at least five (5) hours a week of individual, group, family therapy, medication management, and psychoeducation.
- At least two (2) of these hours must be provided by an independently licensed or associate licensed behavioral health practitioner or a graduate-level intern, at least one (1) hour of which must include individual/family therapy.

# LEVEL OF CARE-3.1

- **Level 3.1** programs often are considered appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment.
- The functional limitations found in individuals typically treated at Level 3.1 include problems in the application of recovery skills, self-efficacy, or lack of connection to the community systems of work, education, or family life.

# ADMISSION CRITERIA-3.1

- Dimension 1: No signs or symptoms of withdrawal, or their withdrawal needs can be safely managed in a Level 3.1 setting
- Dimension 2: None, or stable.
- Dimension 3: None or minimal.
- Dimension 4: Open to recovery, needs structured environment (early stage of change/require 24 hour milieu to promote treatment progress)
- Dimension 5: Understands relapse, needs structure (limited coping skills/high risk for relapse)
- Dimension 6: Dangerous environment, 24-hour structure needed (high risk environment/social contacts)

# LEVELS OF CARE-3.3

- **Level 3.3** Level 3.3 residential programs provide a structured recovery residence environment, staffed 24 hours a day, which provides sufficient stability to prevent or minimize relapse or continued use and continued problem potential.



## LEVEL OF CARE-3.3

- **Level 3.3** programs provide at least twenty (20) hours a week of individual, group, family therapy, medication management, and psychoeducation.
- At least five (5) of these hours must be provided by an independently licensed or associate licensed behavioral health practitioner or a graduate-level intern, at least one (1) hour of which must include individual/family therapy.

## LEVEL OF CARE 3.3

- **Level 3.3** For individuals in Level 3.3 programs, the effects of the substance use disorder (SUD) or a co-occurring disorder resulting in cognitive impairment on the individual's life are so significant, and the resulting level of impairment so great, that outpatient motivational and/or relapse prevention strategies are not feasible or effective.
- Similarly, the individual's cognitive limitations make it unlikely that they could benefit from other levels of residential care.

## ADMISSION CRITERIA 3.3

- Dimension 1: Minimal risk of severe withdrawal, manageable withdrawal.
- Dimension 2: None, or stable
- Dimension 3: Mild to moderate 24-hour environment/not likely to maintain mental stability/abstinence outside of setting/mild risk of endangering self, others or property and is in imminent danger of relapse without the 24- hour support and structure

## ADMISSION CRITERIA 3.3 (CONT.)

- Dimension 4: Needs interventions to engage and stay in treatment (Individuals' readiness to change may be impacted by limited problem awareness and/or difficulty understanding the relationship between their disorder(s) and level of functioning, despite experiencing serious consequences. Individuals' continued use may pose a harm to themselves or others. Behavior changes may be unlikely without the interventions delivered in a 24-hour milieu)

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## ADMISSION CRITERIA 3.3 (CONT.)

- Dimension 5: Needs intervention to prevent relapse (The individual may not recognize relapse triggers and is in imminent danger of continued substance use or mental health problems with serious consequences)
- Dimension 6: Dangerous environment, 24-structure needed (An individual's recovery environment interferes with recovery and is characterized by a moderately high risk of victimization and/or abuse and/or a social network with prominent triggers to use)

# LEVEL OF CARE (CONT.)

- **Level 3.5** Level 3.5 programs provide a structured recovery residence environment, staffed 24 hours a day, which provides sufficient stability to prevent or minimize relapse or continued use and continued problem potential.

## LEVEL OF CARE 3.5

- **Level 3.5** programs offer at least twenty (20) hours per week of a combination of high-intensity clinical and recovery-focused focused on individuals who have significant social and psychological problems.
- These programs provide at least twenty (20) hours a week of individual, group, family therapy, medication management, and psychoeducation.
- At least ten (10) of these hours must be provided by an independently licensed or associate licensed behavioral health practitioner or a graduate-level intern, at least one (1) hour of which must include individual/family therapy.

## LEVEL OF CARE 3.5

- **Level 3.5** are designed to serve individuals who, because of specific functional limitations, need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills so that they do not immediately relapse or continue to use in an imminently dangerous manner upon transfer to a less intensive level of care.



# ADMISSION CRITERIA 3.5

- Dimension 1: Minimal severe withdrawal risk, manageable withdrawal
- Dimension 2: None, or stable
- Dimension 3: All 3.5 programs are co-occurring capable such that those who have any Dimension 3 conditions are not excluded from admission.
- Dimension 4: Individuals who may have significant limitations in the areas of readiness to change. Recovery may be perceived by the individual as providing a lesser return for the effort.

# ADMISSION CRITERIA 3.5

- Dimension 5: Individuals who may have relapse, continued use, or continued problem potential
- Dimension 6: Individuals who may have significant limitations in the areas of recovery environment. Includes a living environment in which substance use, crime, and unemployment are endemic.

## ADMISSION CRITERIA 3.7

Dimension 1: High withdrawal risk, manageable withdrawal risk; the individual does not require the full resources of an acute care hospital.

Dimension 2: Requires 24-hour medical monitoring  
Individual's status is characterized by one of the following: The interaction of the individual's biomedical condition and continued alcohol and/or other drug use places the individual at significant or serious damage to physical health or concomitant biomedical conditions **OR** A current biomedical condition requires 24hour nursing and medical monitoring or active treatment, but not the full resources of an acute care hospital

# ADMISSION CRITERIA 3.7

- Dimension 3: All 3.7 programs are co-occurring capable such that those who have any Dimension 3 conditions are not excluded from admission. If any of the Dimension 3 conditions are present, the individual must be admitted to a co-occurring capable or co-occurring enhanced program
- Dimension 4: Low interest in treatment, needs motivational strategies in 24-hour structured setting

## ADMISSION CRITERIA 3.7

- Dimension 5: The individual is experiencing an acute psychiatric or substance use crisis, marked by intensification of symptoms of their addictive or mental health disorder. This situation poses a serious risk of harm to self or others in the absence of 24-hour monitoring and structured support **OR** The individual is experiencing an escalation of relapse behaviors and/or reemergence of acute symptoms, which places the individual at serious risk to self or others in the absence of the type of 24-hour monitoring and structured support

## ADMISSION CRITERIA 3.7

- Dimension 6: The individual requires continuous medical monitoring, while addressing their substance use and/or psychiatric symptoms because their current living situation is characterized by a high risk of initiation or repetition of physical, sexual, or emotional abuse, or active substance use, such that the individual is assessed as being unable to achieve or maintain recovery at a less intensive level of care.

# ADMISSION CRITERIA-MEDICALLY-MONITORED INTENSIVE INPATIENT (ASAM 3.7 ENHANCED (RE))

- Dimension 1: High withdrawal risk, manageable withdrawal risk; the individual does not require the full resources of an acute care hospital. Moderate to severe withdrawal, or at risk
- Dimension 2: Requires 24-hour medical monitoring
- Dimension 3: The individual's status in Dimension 3 is characterized by a range of psychiatric symptoms that require active monitoring, such as low anger management skills/history of moderate decompensation/moderate to high risk of endangering self/property, imminent danger of relapse (DO NOT REQUIRE 1:1 SUICIDE WATCH)

# ADMISSION CRITERIA-MEDICALLY-MONITORED INTENSIVE INPATIENT (ASAM 3.7 ENHANCED (RE))

- Dimension 4: Low interest in treatment, needs motivational strategies in 24-hour structured setting  
The individual's status is characterized by a lack of commitment to change and reluctance to engage in activities necessary to address
- Dimension 5: The individual's status is characterized by psychiatric symptoms that pose a moderate to high risk of relapse to a substance use or mental health disorder. Such an individual demonstrates limited ability to apply relapse prevention skills, as well as demonstrating poor skills in coping with psychiatric disorders and/or avoiding or limiting relapse, with imminent serious consequences.



# ADMISSION CRITERIA-MEDICALLY-MONITORED INTENSIVE INPATIENT (ASAM 3.7 ENHANCED (RE))

- Dimension 6: Such an individual's living, working, social, and/or community environment is not supportive of addiction and/or psychiatric recovery. They have insufficient resources and skills to deal with this situation.

# ADMISSION CRITERIA-MEDICALLY MONITORED INPATIENT WITHDRAWAL MANAGEMENT

## (ASAM 3.7-WM)

- Level 3.7-WM programs are an organized service delivered by medical and nursing professionals, which provides for 24-hour evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols.

# BENEFITS OF ASAM FOR PATIENTS

- Develop an individualized treatment plan focused on the entirety of their needs rather than just a diagnosis.
- A focus on the entire individual, including strengths, risk areas, etc.
- Allows for greater involvement of the individual

# BENEFITS OF ASAM FOR TREATMENT PROVIDERS

- Helps rank patient's risks to determine where to focus treatment and services
- Helps to determine intensity and frequency of services needed using the *The ASAM Criteria's* detailed guides to levels of care

# BENEFITS OF ASAM FOR MANAGED CARE

- *Provides* one common language for assessing patient needs and describes the continuum of addiction care treatment settings.
- MCOs can work with treatment providers to ensure clients receive the treatment that best fits their needs and that resources are wisely used.

# GUIDING PRINCIPLES ASAM

- One-dimensional to multidimensional assessment
- Program-driven to clinically & outcomes-driven treatment
- Fixed length of service to variable length of service
- Limited number of discrete levels of care to broad and flexible continuum of care
- Clarifying the goals of treatment

# CONTINUED SERVICE CRITERIA (ASAM CRITERIA)

Retain at the present level of care if:

1. Making progress, but not yet achieved goals articulated in individualized treatment plan. Continued treatment at present level of care necessary to permit patient to continue to work toward his or her treatment goals;  
or *(The ASAM Criteria, 2013, p.300)*

## CONTINUED SERVICE CRITERIA (ASAM CRITERIA) (CONT.)

2. Not yet making progress but has capacity to resolve his or her problems. Actively working on goals articulated in individualized treatment plan. Continued treatment at present level of care necessary to permit patient to continue to work toward his or her treatment goals;

and/or

*(The ASAM Criteria, 2013, p.300)*



## CONTINUED SERVICE CRITERIA (ASAM CRITERIA) (CONT.)

3. New problems identified that are appropriately treated at present level of care. This level is least intensive at which patient's new problems can be addressed effectively.

*(The ASAM Criteria, 2013, p.300)*

# DISCHARGE/TRANSFER SERVICE CRITERIA (ASAM CRITERIA)

Transfer or discharge from present level of care if he or she meets the following criteria:

1. Has achieved goals articulated in his or her individualized treatment plan, thus resolving problem(s) that justified admission to current level of care; *(The ASAM Criteria, 2013, p.303)*

or

## DISCHARGE/TRANSFER SERVICE CRITERIA (ASAM CRITERIA) (CONT.)

2. Has been unable to resolve problem(s) that justified admission to present level of care, despite amendments to treatment plan. Treatment at another level of care or type of service therefore is indicated;

or

*(The ASAM Criteria, 2013, p.303)*

## **DISCHARGE/TRANSFER SERVICE CRITERIA (ASAM CRITERIA) (CONT.)**

3. Has demonstrated lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated; or

*(The ASAM Criteria, 2013, p.303)*

## DISCHARGE/TRANSFER SERVICE CRITERIA (ASAM CRITERIA) (CONT.)

4. Has experienced intensification of his or her problem(s), or has developed new problem(s), and can be treated effectively only at a more intensive level of care

*(The ASAM Criteria, 2013, p.303)*

# CASE PRESENTATION FORMAT (CONT.)

- Specificity of the problem by Dimension
- Specificity of the strategies/interventions Used by Dimension

## Current Placement Dimension Rating

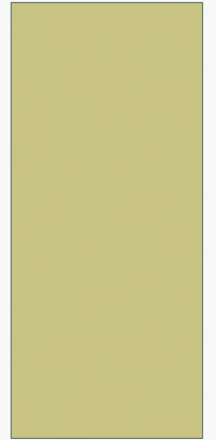
- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

*(The ASAM Criteria, 2013, p.125)*

Most significant problem(s) at this time:

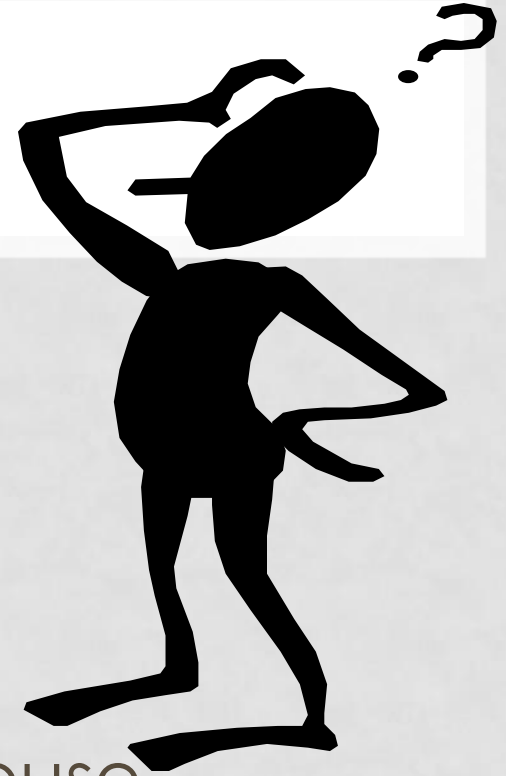
# MEDICAL NECESSITY

GENERAL CONCEPTS



# MEDICAL NECESSITY: WHY DO YOU CARE?

- Medicaid and other 3<sup>rd</sup> party insurers provide the majority of the funding available to pay for rehabilitative and other mental health and substance abuse services.
- Medical necessity is the underlying concept under which payment decisions are made for clinical and rehabilitative services





# MEDICAL NECESSITY: WHO ATTESTS TO IT?

- Once initial case made, continuing confirmation is found in progress notes and other documentation
- the entire treatment team participates
  - sign within scope of license

# MEDICAL NECESSITY: DEFINED

- Those services contained in an approved Treatment Plan
  - Definition makes link between the diagnostic assessment and the treatment plan for the client
  - The Treatment Plan is one of the key documents that supports the medical necessity of services.
    - Signers certify as to the medical necessity of the services provided.

# MEDICAL NECESSITY: IMPROVEMENT

## Medicare Hospital Manual – Hospital Outpatient Services

- “Improvement” in this context is measured by **comparing the effect of continuing treatment versus discontinuing it**. Where there is a reasonable expectation that if treatment services were withdrawn the patient's condition would deteriorate, relapse further, or require hospitalization, this criterion is met.

# ASAM AND CT 1115 SUD DEMONSTRATION

- Twenty behavioral health agencies operating 48 residential SUD treatment facilities representing over 1000 beds are now adopting the ASAM standards, with full compliance expected by June 2024.
- Open placements within these facilities can be seen at [Connecticut Addiction Services \(ctaddictionservices.com\)](https://ctaddictionservices.com)
- Questions regarding the 1115 SUD Demonstration may be submitted to Robert Haswell, LCSW at [Robert.Haswell@ct.gov](mailto:Robert.Haswell@ct.gov)

QUESTIONS/COMMENTS:  
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