ASAM Criteria & SUD Residential Session 1

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Disclosures

- Co-editor, ASAM 4th Edition
- Past President, Maryland-DC Society of Addiction Medicine
- Board of Directors, Baltimore City Medical Society
- Advisor: Iris Telehealth; M3 Information; Harmon Care
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Agenda

1. Overview
2. 4th Edition Goals and Changes
3. Current Challenges
4. Alignment with 3rd Edition

The 4th Edition of the ASAM Criteria

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.

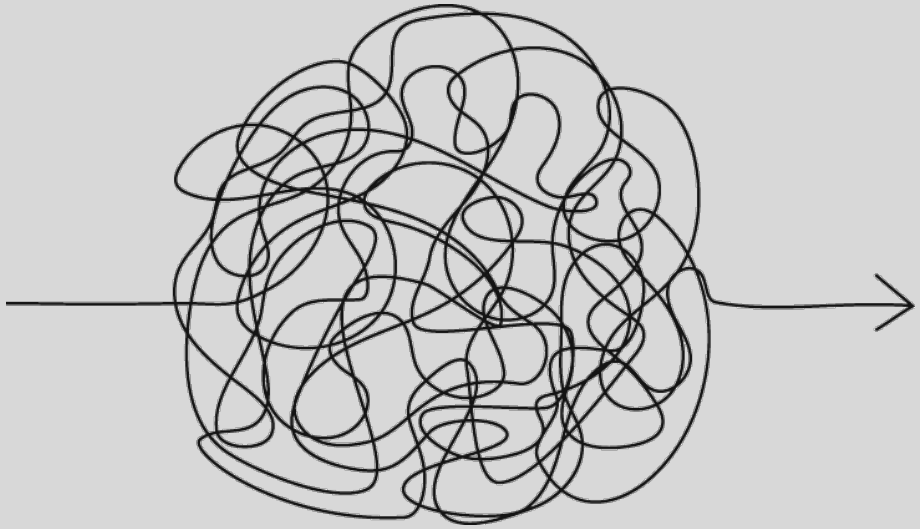
Treatment plans are **individualized** based on a patient's needs and preferences.

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.

Goals for the Fourth Edition



It doesn't have to be this complicated

- Move away from expert opinion to methodologically driven
- Aggregate the treatment of addiction
- Deepen and modify the dimensional analysis
- Simplify withdrawal management
- Further, define outpatient care
- Separate and enhance justice-involved and adolescent care
- Integrate risk ratings into LOC determination

Methodology for Updating The ASAM Criteria standards

1. Literature Reviews – 17 Structured literature reviews to support the development of the adult volume
2. Writing Groups – Convening 17 writing groups to draft standards for each area
3. COI limits – Conflict of interest review
4. Inputs – Each writing group reviewed the public stakeholder input, literature review findings, and 3rd edition standards, and considered their own clinical experiences in implementing The ASAM Criteria
5. Voting Process – Modified Delphi process with independent voting panels (with no-low COI) rating the appropriateness of each standard
6. Reconciliation of voting panel feedback

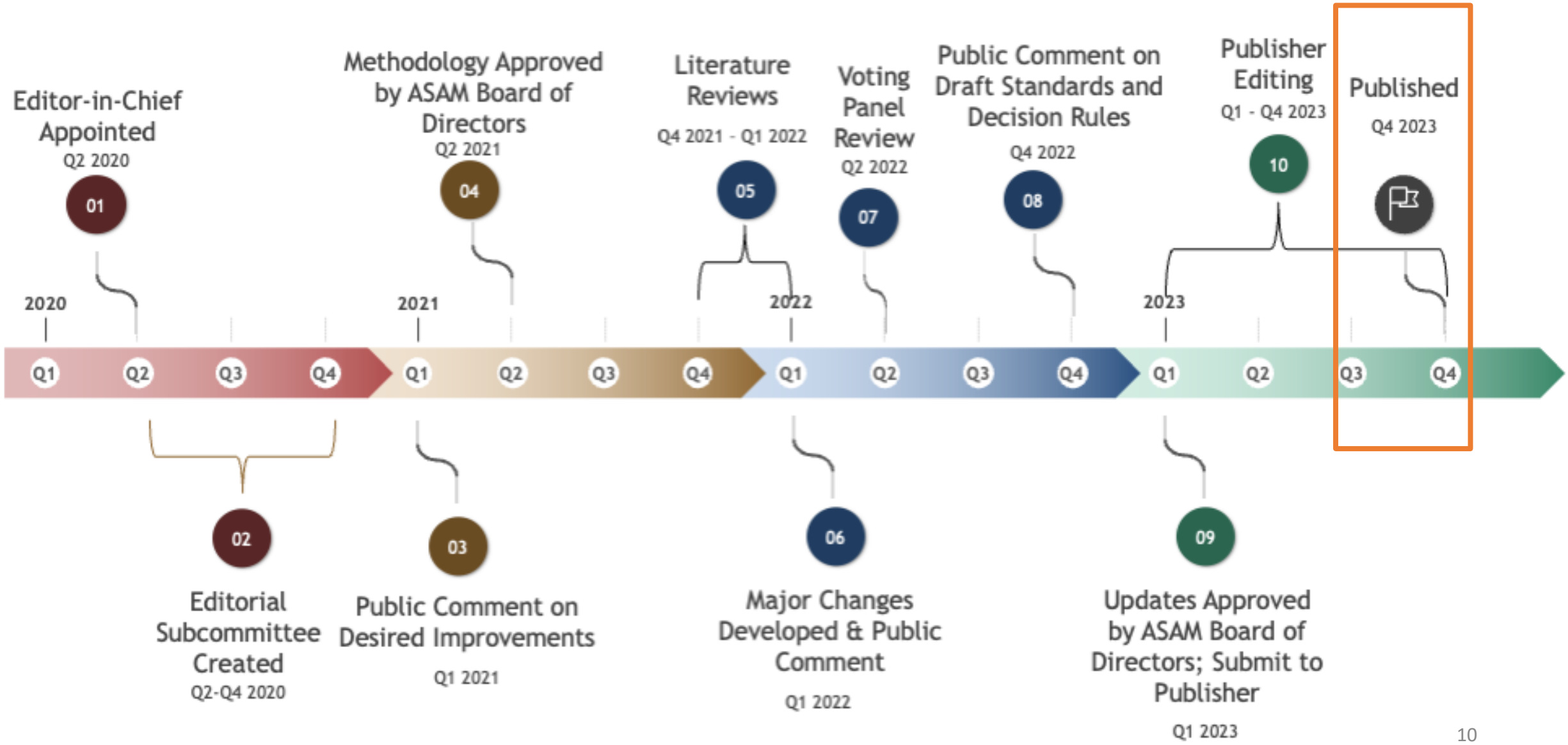
Appendix C – Draft Table of Contents

- Introduction
  - Purpose of The ASAM Criteria
  - History and current use of The ASAM Criteria
  - Major change in the 4th edition
  - Vision for the future of The ASAM Criteria
- Methodology
- How to use the ASAM Criteria standards
  - Components of The ASAM Criteria
  - Matching multidimensional severity with intensity of service
- Implementation considerations
  - Systems of care
  - Telehealth and other health technologies
  - Quality evaluation and improvement
  - Application of The ASAM Criteria within utilization review and management
- Assessment
  - Level of care assessment
  - Treatment planning assessment c. Re-assessment
  - Measurement based care
- Treatment planning

Appendix C – Draft Table of Contents

- The ASAM continuum of care
- **ASAM levels of care standards**
  - **Service characteristics for each Level of Care**
  - **Co-occurring enhanced service characteristics for each Level of Care**
  - **Risk ratings and dimensional admission criteria**
  - **Utilization management considerations**
- Integrating co-occurring mental health care
- Integrating recovery support services
- Providing culturally competent and trauma responsive care
- Addressing tobacco use disorder
- Addressing cognitive impairments
- Addressing social determinants of health
- Supporting patients involved with the criminal justice system
- Supporting pregnant and parenting patients
- Supporting safety sensitive workers
- Supporting older adults
- Supporting patients with comorbid pain
- Glossary of terms
- References
- Contributors

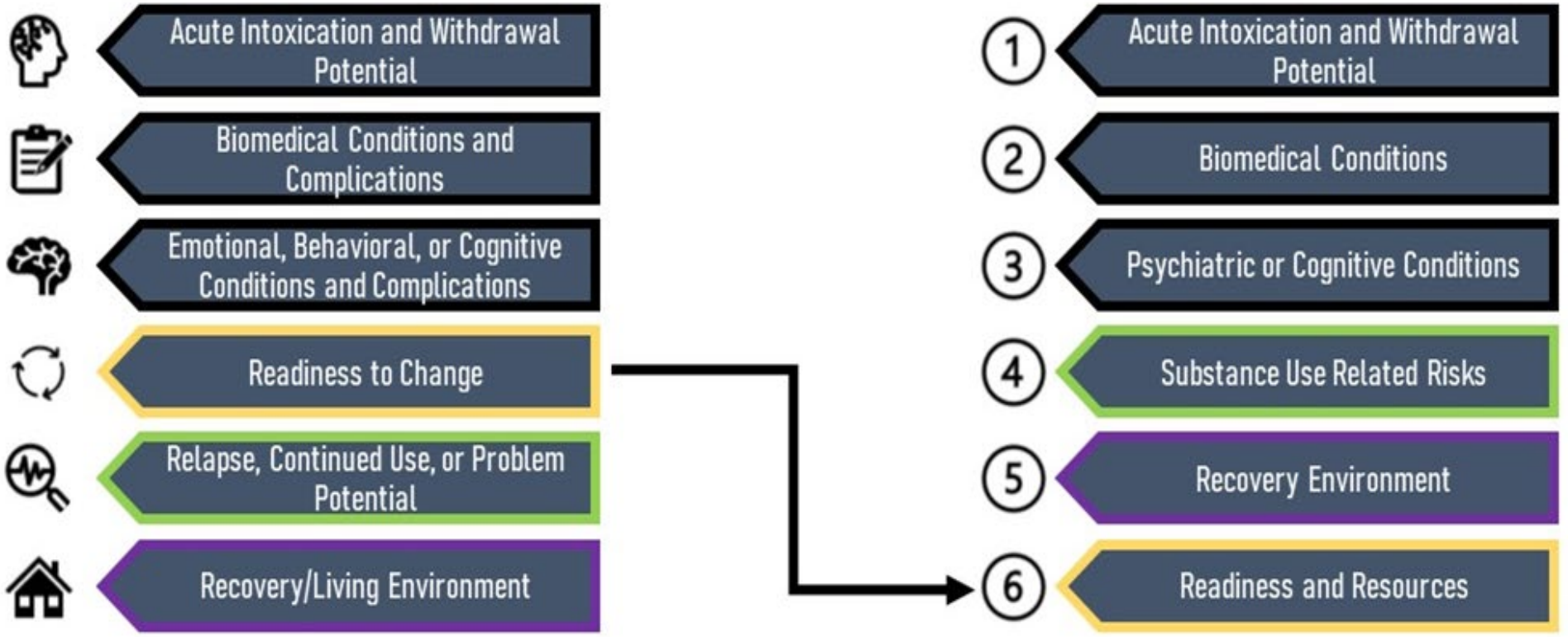
Timeline


Editor-in-Chief Appointed
Q2 2020
01
Editorial Subcommittee Created
Q2-Q4 2020
02
Methodology Approved by ASAM Board of Directors
Q2 2021
04
Public Comment on Desired Improvements
Q1 2021
03
Literature Reviews
Q4 2021 - Q1 2022
05
Major Changes Developed & Public Comment
Q1 2022
06
Voting Panel Review
Q2 2022
07
Public Comment on Draft Standards and Decision Rules
Q4 2022
08
Updates Approved by ASAM Board of Directors; Submit to Publisher
Q1 2023
09
Publisher Editing
Q1 - Q4 2023
10
Published
Q4 2023
2020
2021
2022
2023
Q1
Q2
Q3
Q4

Reordering the dimensions

3rd

4th



Dimension 1 Assessment Considerations

Acute intoxication and withdrawal potential

- Vital signs
- Substance use history
- Withdrawal and associated risks
- Need of Medications for OUD (Dimension 4 of the Treatment Planning Assessment will assess need for other addiction pharmacotherapies)

Dimension 1-Acute Intoxication and/or Withdrawal (Current withdrawal symptoms, risks, or impairments)

Dimension 1 Risk Rating:*

○ 0-No Risk ○ 1-Mild ○ 2-Moderate ◉ 3-Serious ○ 4-Imminent Danger

Describe Dimension 1 (include CIWA or COWS, if applicable):*

Depressed, anxious, irritability, sleep disturbances, restlessness, abdominal aches

Dimension 1-Acute Intoxication and/or Withdrawal (Current withdrawal symptoms, risks, or impairments)

Dimension 1 Risk Rating:*

○ 0-No Risk ○ 1-Mild ◉ 2-Moderate ○ 3-Serious ○ 4-Imminent Danger

Describe Dimension 1 (include CIWA or COWS, if applicable):*

Increased or decreased appetite , Restless legs , Body weakness , Low energy/Fatigue , Restlessness, Cognitive impairments , Impaired concentration/Difficulty focusing or thinking clearly , Depressed feelings/sadness , Mood swings; severe highs and lows

DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL (CONTINUED)

	RISK RATING & DESCRIPTION	SERVICES & MODALITIES NEEDED
RISK RATING: 3	The patient demonstrates poor ability to tolerate and cope with withdrawal discomfort. Severe signs and symptoms of intoxication indicate that the patient may pose an imminent danger to self or others, and intoxication has not abated at less intensive levels of service. There are severe signs and symptoms of withdrawal, or risk of severe but manageable withdrawal; or withdrawal is worsening despite withdrawal management at a less intensive level of care (eg, as a continuation of withdrawal management at other levels of service, or in the presence of opioid withdrawal with cravings and impulsive behaviors). For patients in Opioid Treatment Programs (OTP), the dose is inadequately stabilized and the patient has severe symptoms of withdrawal, or frequent, significant, and ongoing compensatory use of opioids or other drugs.	Moderately high-intensity intoxication monitoring, management, or withdrawal management services are needed. Nursing and medical monitoring may be needed for more severe withdrawal. For patients who require medically monitored and nurse-managed mental health services (a Dimension 3 risk rating of 3 or higher), moderately high-intensity withdrawal management can be provided in a mental health setting with ongoing case management to coordinate care. The patient in OTP requires dose adjustment, counseling services to assess and address readiness to change and relapse issues, and random urine testing.

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Dimension 2 Assessment Considerations

Biomedical conditions

- Acute physical health concerns (including acute or uncontrolled pain)
- Chronic physical health concerns
- Pregnancy-related concerns

Dimension 2-Biomedical Conditions and Complications (Current health problems, medical interactions, abnormal labs).

Dimension 2 Risk Rating:*

○ 0-No Risk ○ 1-Mild ○ 2-Moderate ◉ 3-Serious ○ 4-Imminent Danger

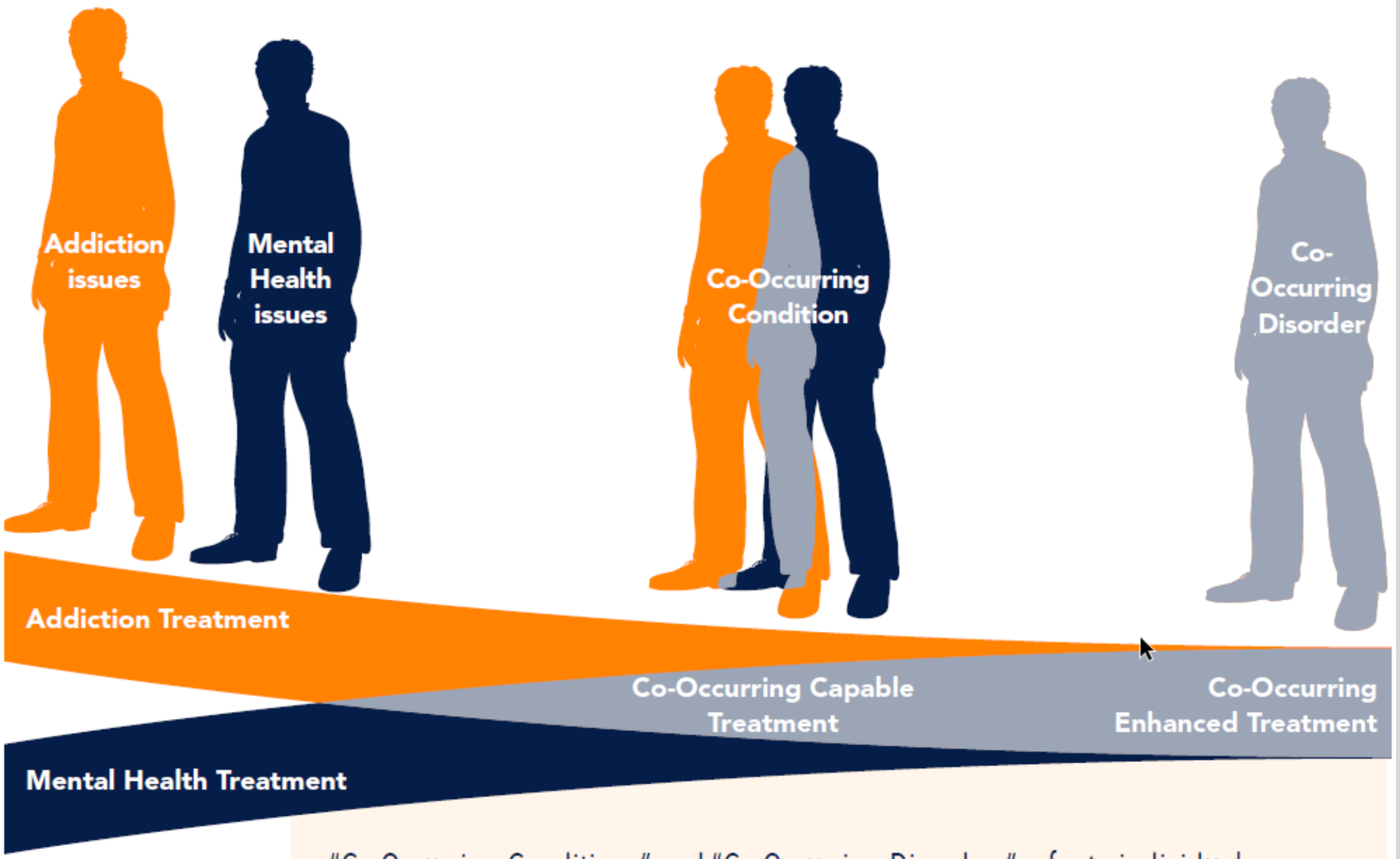
Describe Dimension 2:*

HTN
Hx of overdose
Unstable vitas

Dimension 3 Assessment Considerations

Psychiatric and cognitive conditions

- Active psychiatric concerns
- Chronic mental health concerns
- Cognitive functioning deficits
- Trauma-related needs
- Psychiatric history



"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

Dimension 4 Assessment Considerations

Substance use related risks

- Likelihood of engagement in risky substance use in current environment
- Likelihood of engaging in other harmful SUD related behaviors in current environment

Dimension 5 Assessment Considerations

Recovery environment

- Ability to function effectively in current recovery environment
- Safety in current recovery environment
- Support in current recovery environment
- Cultural perceptions of drug use and addiction

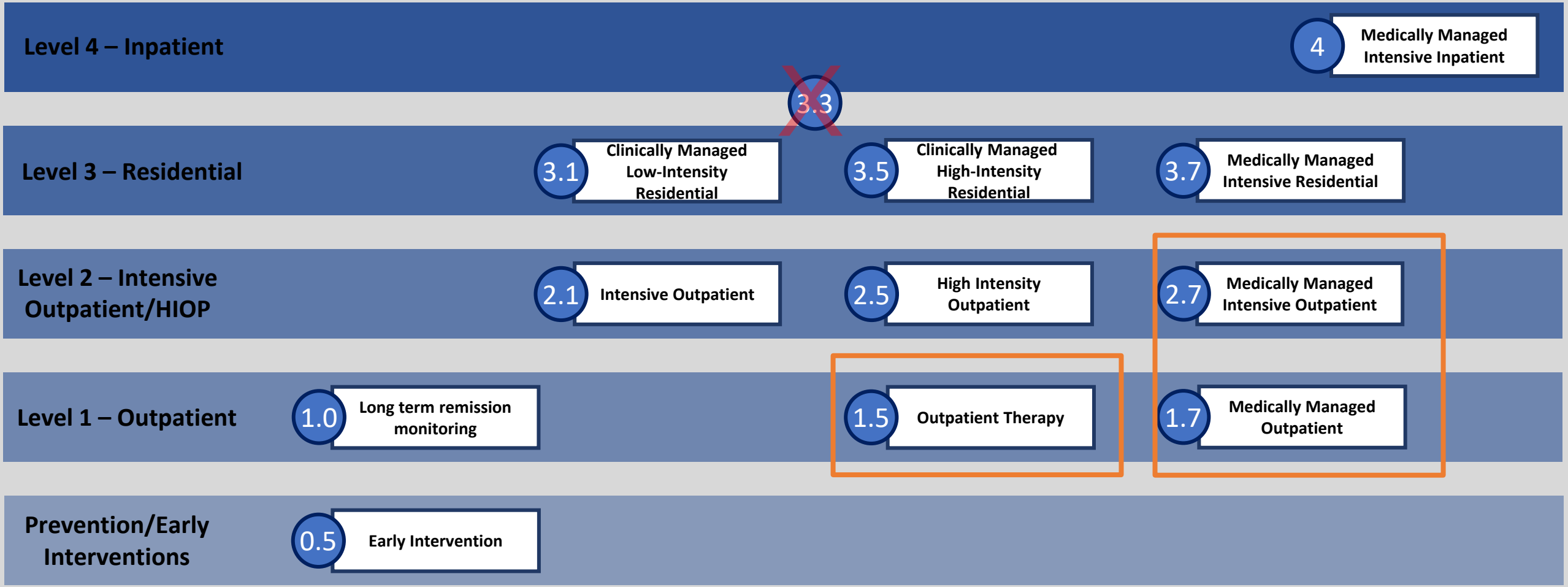
Dimension 6 Assessment Considerations

Readiness and Resources

D6 should be considered AFTER Level of Care recommendation is determined based on needs identified in Dimensions 1-5.

- Is the patient able to attend the recommended Level of Care?
- Assuming the patient has sufficient resources and services are available, is the patient willing to attend the recommended Level of Care?

The ASAM Criteria Care Continuum for Addiction Treatment – Adult



WM/Bio Incorporated into .7's

$taffing

Co-occurring enhanced care (COE) standards will also be defined

Example of Integrating Risk Rating and Dimensional Admission Criteria

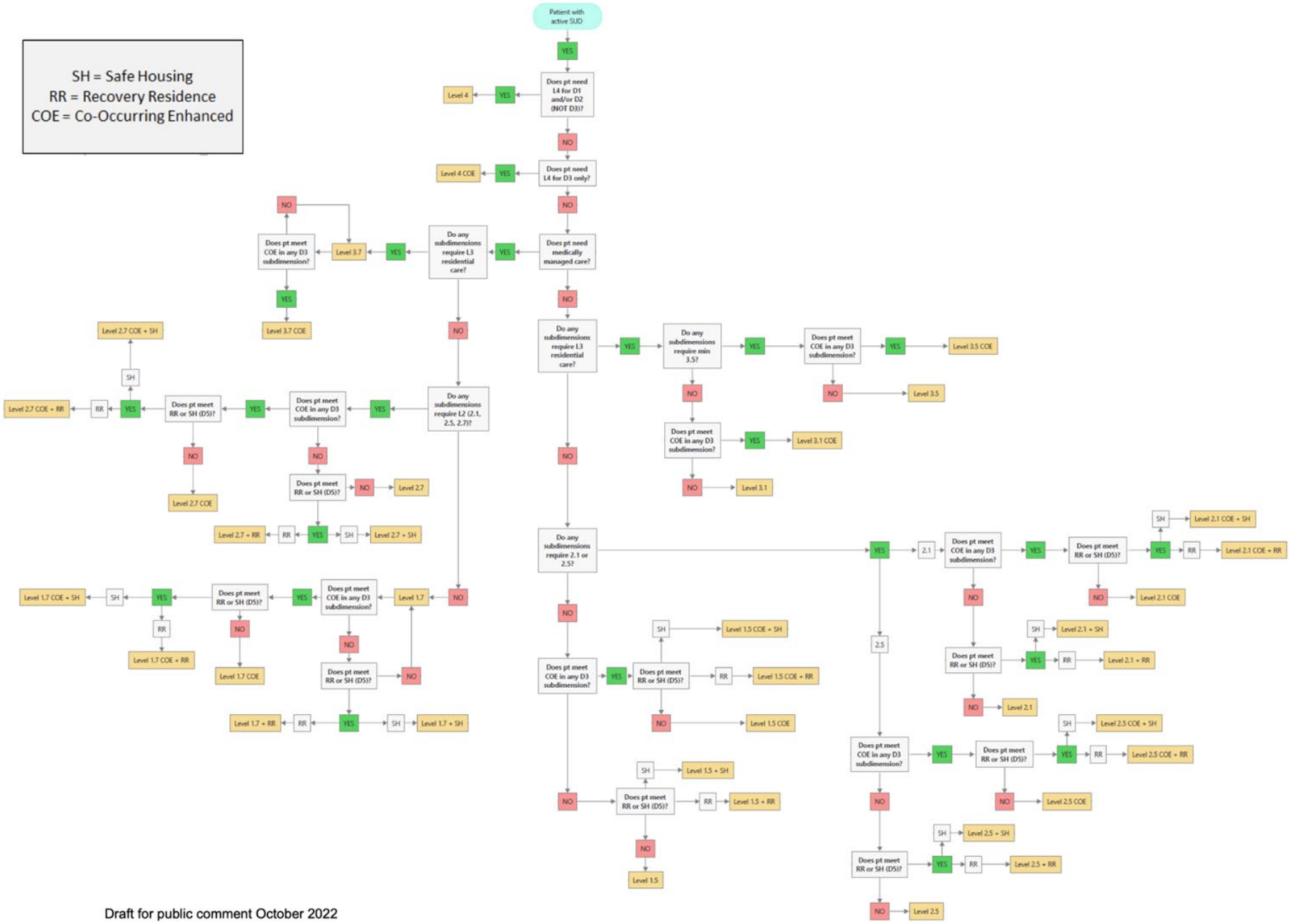
24 **The ASAM Criteria Dimensional Admission Criteria**

25 Integrating the Risk Ratings and Dimensional Admission Criteria

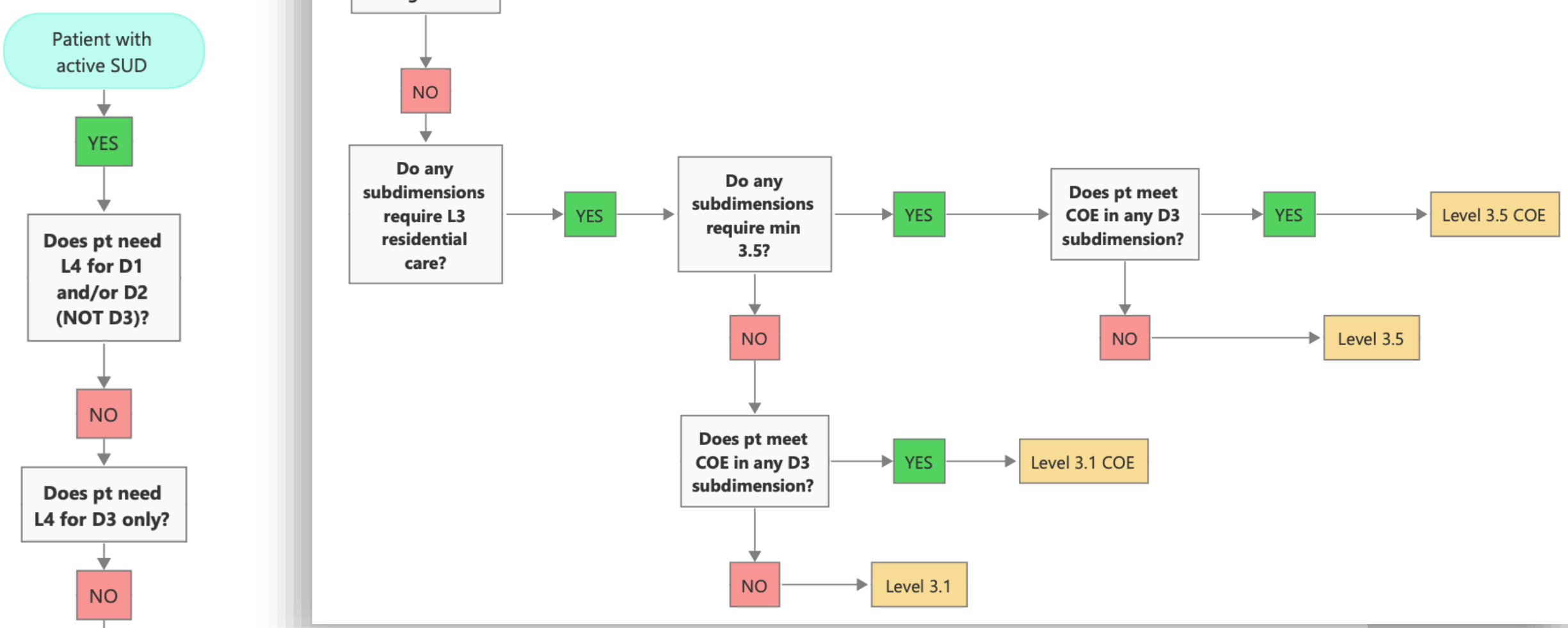
26 The 3rd edition of *The ASAM Criteria* includes a framework for rating risks in each dimension as well
27 as dimensional admission criteria for each level of care. However, the dimensional admission criteria
28 do not reference the risk ratings. The 4th edition will integrate risk ratings into the admission criteria
29 and will incorporate a written algorithm/decision tree with a goal of making the decision rules easier
30 to understand and follow reproducibly.

Appendix D - Proposed ASAM Criteria Decision Tree

SH = Safe Housing
RR = Recovery Residence
COE = Co-Occurring Enhanced



Draft for public comment October 2022



Example: 3.1 and 3.5

Dimension 3 – Psychiatric and Cognitive Conditions

The program's admission criteria should not exclude patients on the basis of a current or past mental health disorder diagnosis alone; the appropriateness of admission should be determined based on the severity and acuity of the patient's psychiatric concerns as outlined in The ASAM Criteria dimensional admission rules.

Suicidal ideations alone are not a reason to deny admission. All programs should be co-occurring capable, including being able to assess and triage patients to who report suicidal ideations to determine if they need a psychiatric assessment/higher LOC.

Active Psychiatric Symptoms

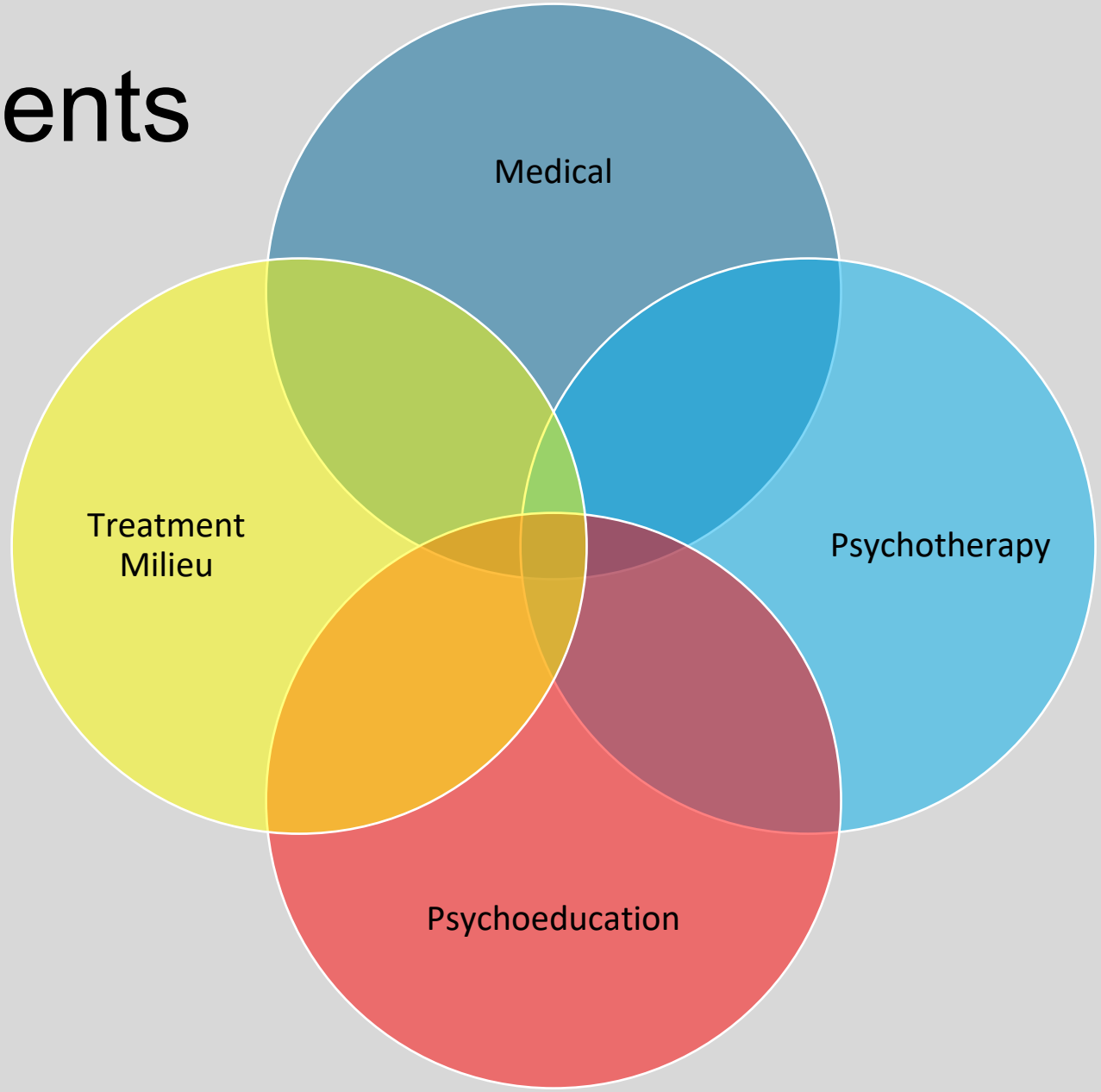
Minimum Level 3.7 = Risk Rating 3E

The patient has psychiatric concerns at a level of acuity requiring medication initiation, adjustment, or adherence support with after-hours medical monitoring (e.g., due to non-life-threatening metabolic risk or side effects of psychiatric medications), but does not require specialty psychiatric assessment or management or high intensity staff support (i.e., higher staff-to-patient ratios as in Level 3.7 COE). *Examples include, but are not limited to*:

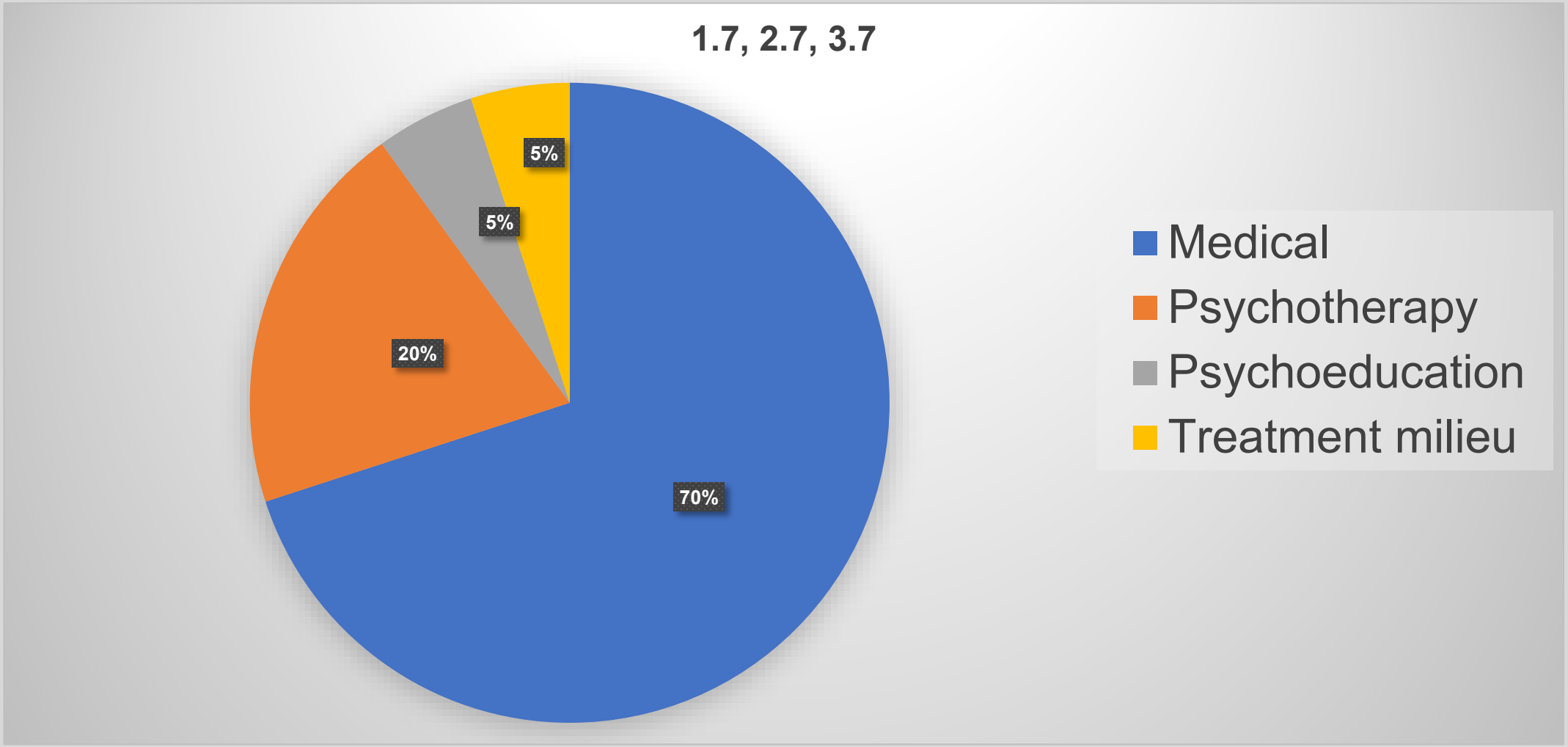
Appendix B – Recommended Staff Competencies

- for all clinical staff
- for all professional and allied health professional staff
- for physicians and advanced practice providers
- for addiction specialist physicians
- for other professional medical staff (RNs, LPNs, MAs, etc.)
- for master's level clinical staff
- for allied health professionals (e.g., peer support specialist, health educator, patient navigator, etc.)

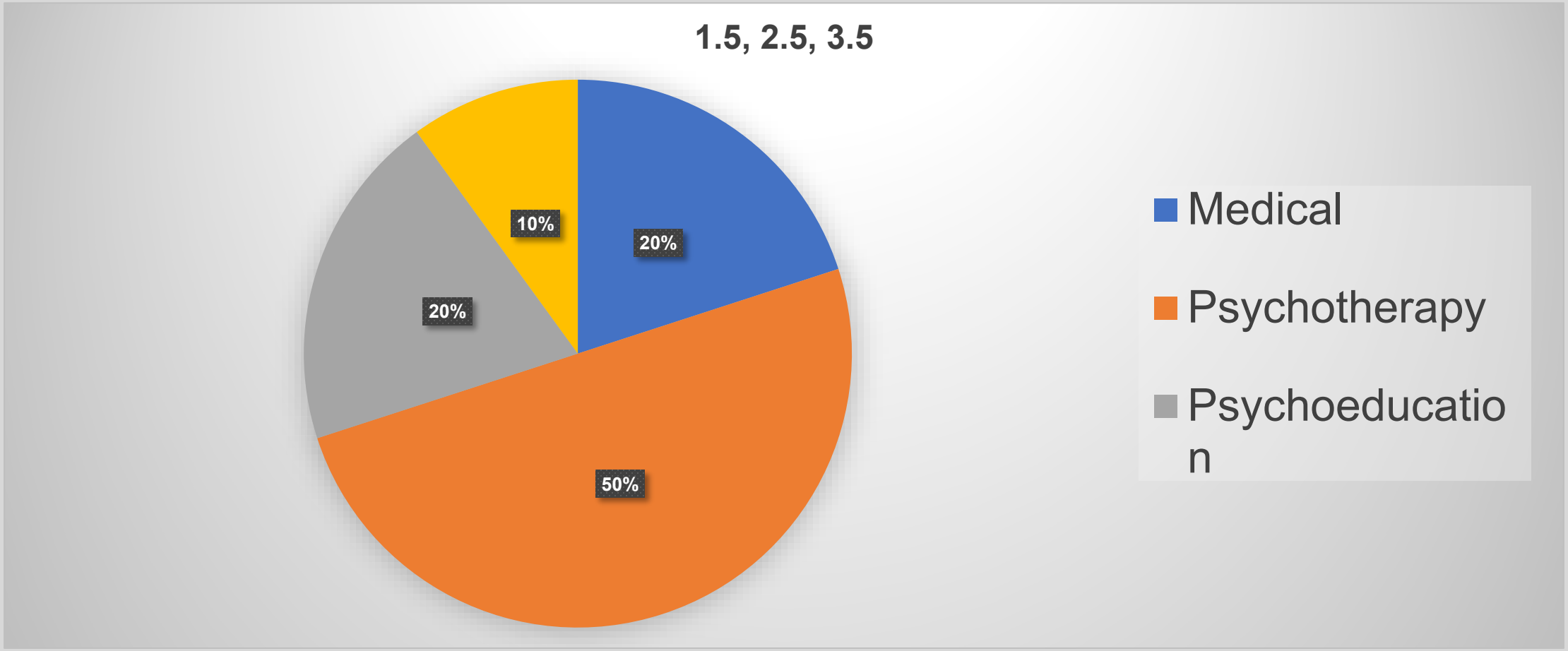
Components


Medical
Treatment
Milieu
Psychotherapy
Psychoeducation

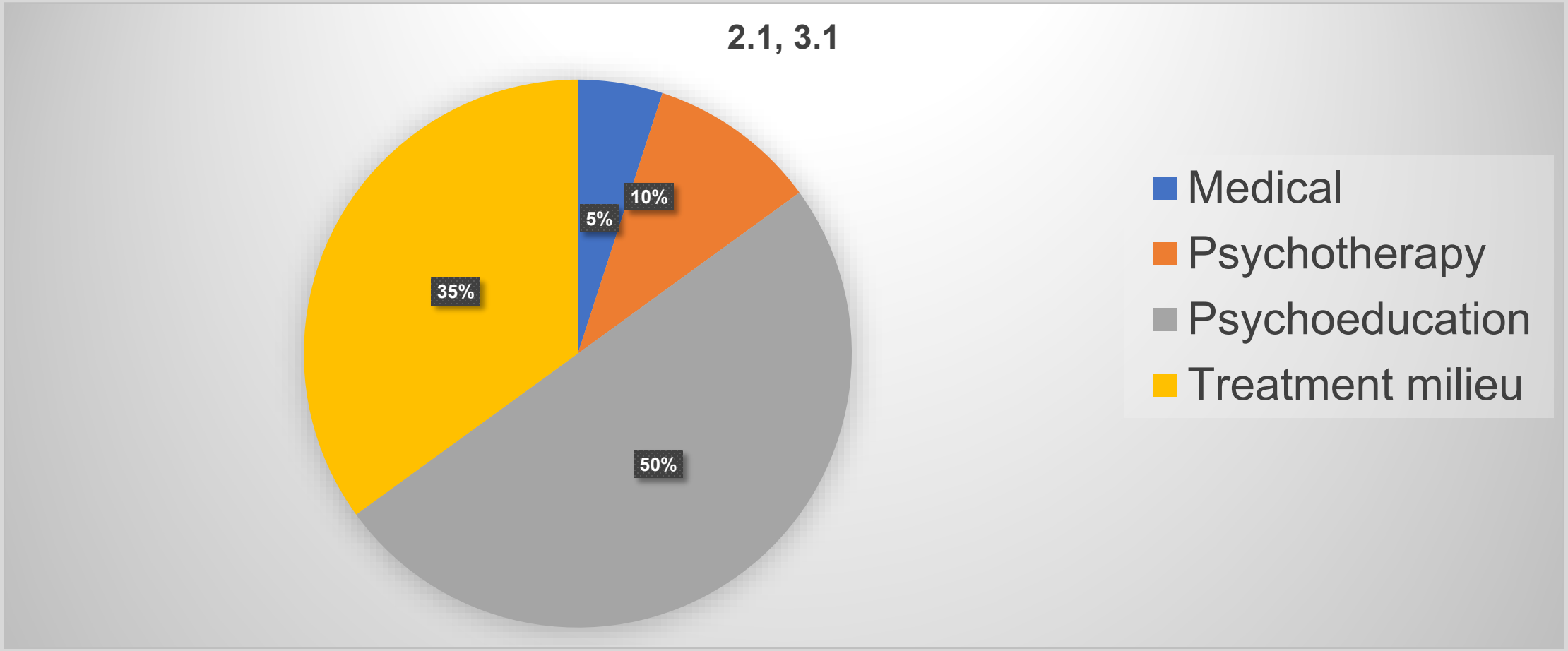
What is a .7? (1.7, 2.7, 3.7)
Dimensional Drivers (1, 2, and 3)



What is a .5? (1.5, 2.5, 3.5)
Dimensional Drivers (3 and 4)



What is a .1? (2.1, 3.1)
Dimensional Drivers (4 with lack of 3)



Universal Documentation Standards

Program documentation should include:

- The level(s) of care that the patient is receiving treatment from
  - Current
  - Past 12 months
- Summary of the results of the biopsychosocial assessment including:
  - Overview and analysis of problems within each of the six dimensions
    - Prioritization of the problems identified
    - The relationship between the problems identified and substance-related and addictive disorders
    - The patient's current level of functioning (e.g., skills of daily living)
  - Level of care recommendation(s)
  - Final disposition and reason for any discrepancies
- Summary of physical examination

more . . .

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Risk Ratings

- **0) No Risk or Stable** – Current risk absent. Any acute or chronic problem mostly stabilized
- **1) Mild -** Minimal, current difficulty or impairment. Minimal or mild signs and symptoms. Any acute or chronic problems soon able to be stabilized and functioning restored with minimal difficulty.
- **2) Moderate** - Moderate difficulty or impairment. Moderate signs and symptoms. Some difficulty coping or understanding, but able to function with clinical and other support services and assistance.
- **3) Significant – Serious difficulties or impairment**
- Substantial difficulty coping or understanding and being able to function even with clinical support. Moderately high intensity of services, skills training, or supports needed. **May be in, or near imminent danger.**
- **4) Severe -** Severe difficulty or impairment
- Serious, gross or persistent signs and symptoms to tolerate and cope with problems
- **Is the client in imminent danger?**
- High intensity of services, skills training, or supports needed
- More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services at a frequency greater than daily

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Challenges

- Lack of awareness of ASAM Criteria
- Prior auth requests that fail to address the ASAM Criteria relevant for that LOC
- Inflation of Risk Severity Levels
- Trying to maintain a 28-day program mentality
- Lack of integration with other levels of care → keeping pt longer than necessary
- Lack of a “clinical quarterback” to monitor pt transition across the levels of care
- Lack of recognition of programs that are co-occurring capable or enhanced level of care
- Regulations that address the pre-2013 use of Residential 3.3 services (“medium intensity”) rather than 3rd edition standards (cognitive impairment)

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.

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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

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.

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 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

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

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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

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.

I. Setting

Self Assessment Checklist

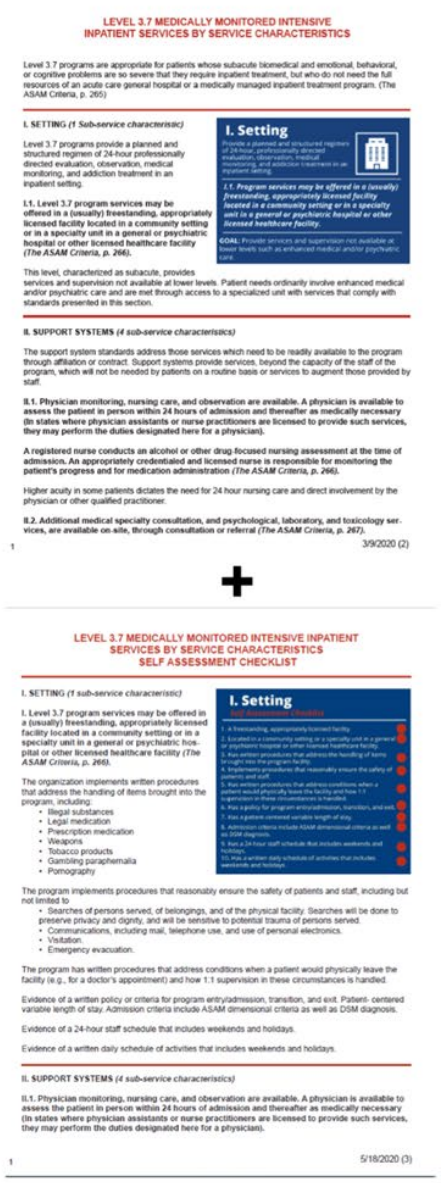
1. A freestanding, appropriately licensed facility.
2. Located in a community setting or specialty unit within a licensed healthcare facility (some may be offered in prisons or secure community settings as a step down for those inmates released from prisons.
3. Has written procedures that address the 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 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.

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 or 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).*

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

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

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. 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).

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)

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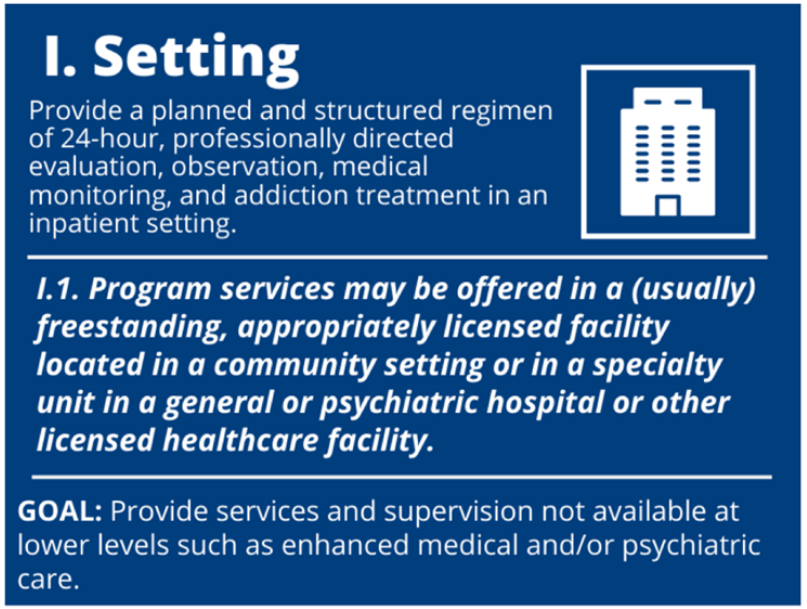

This level, characterized as subacute, provides services and supervision not available at lower levels. Patient needs ordinarily involve enhanced medical and/or psychiatric care and are met through access to a specialized unit with services that comply with standards presented in this section.

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

Service Characteristics

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

II. Support Systems

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

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. An RN 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.

II.2. Additional medical specialty consultation and psychological, laboratory, and toxicology services are available on-site through consultation or referral.

II.3. Programs have the ability to provide coordination of necessary services or other levels of care are available through direct affiliation or referral processes.

II.4. Psychiatric services are available on-site, through consultation or referral when a presenting issue could be attended to at a later time. Such services are available within eight hours by telephone or 24 hours in person.

CO-OCCURRING ENHANCED

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

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

II.1. Level 3.7 enhanced co-occurring programs offer appropriate psychiatric services, medication evaluation, and laboratory services *(The ASAM Criteria, p 267).*

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).

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.
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.

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)*.

There are written procedures that a nursing assessment is conducted by a Registered Nurse at admission and written procedures for ongoing nursing monitoring 24 hours/day, 7 days/week.

There are written procedures for onsite or on-call availability of medical personnel (i.e., physician, or nurse practitioner or physician assistant in states where they may perform physician duties) to conduct medical assessments within 24 hours of admission and to respond to urgent medical or psychiatric situations 24 hours/day, 7 days/week.

Where the medical personnel are not onsite, there is a current written agreement that details the contracted providers' responsibilities and availability.

There are written procedures instructing staff on when and how to access on-call medical personnel or

Concepts to remember...

Levels of WM

CHAPTER 6

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