ASAM THE CRITERIA COURSE

THE ASAM CRITERIA SKILL BUILDING COURSE WORKBOOK

ASAM American Society *of* Addiction Medicine

Course Description:

This 8-hour virtual live course expands on the content discussed within *The ASAM Criteria One-Day Foundations* course and provides an in-depth understanding of developing individualized treatment plans, evaluating initial reviews and continued stay reviews, and determining when it is appropriate to initiate transfer or discharge of a patient from treatment.

The ASAM Criteria Two-Day Skill Building course is designed to help healthcare professionals develop a holistic understanding of *The ASAM Criteria* and explore their role in constructing a full range of services for the treatment of individuals with substance use disorders (SUD). Building on the foundational concepts of *The ASAM Criteria*, this course offers practical guidelines to drive objective decision making and ensure fidelity to *The ASAM Criteria*. Using a practical and case-based approach, participants will explore important considerations in developing individualized treatment plans, evaluating progress versus nonprogress in treatment, and determining when it is appropriate to initiate transfer or discharge of a patient from treatment. Further, the training will provide tools and resources to equip healthcare providers to work effectively in managed care settings and explore how case shaping can drive patients' overall quality of care.

Learning Objectives:

1. Evaluate patient risk ratings across the six dimensions as defined in *The ASAM Criteria*.
2. Evaluate treatment plans and clinical assessments in accordance with *The ASAM Criteria* to determine if the requested level of care is appropriate.
3. Conduct objective, comprehensive clinical case reviews (and re-reviews) based on *The ASAM Criteria* to drive ongoing evidence-based care.
4. Implement a collaborative process between treatment providers and payers using common terminology of *The ASAM Criteria* to ensure patient-centered care.
5. Examine implementation challenges and develop strategies to provide appropriate treatment for patients with substance use disorders.

Contact:

For questions about this course, please contact eduation@asam.org

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Module 1: The ASAM Criteria Decisional Flow Process and Fidelity Checks

Notes

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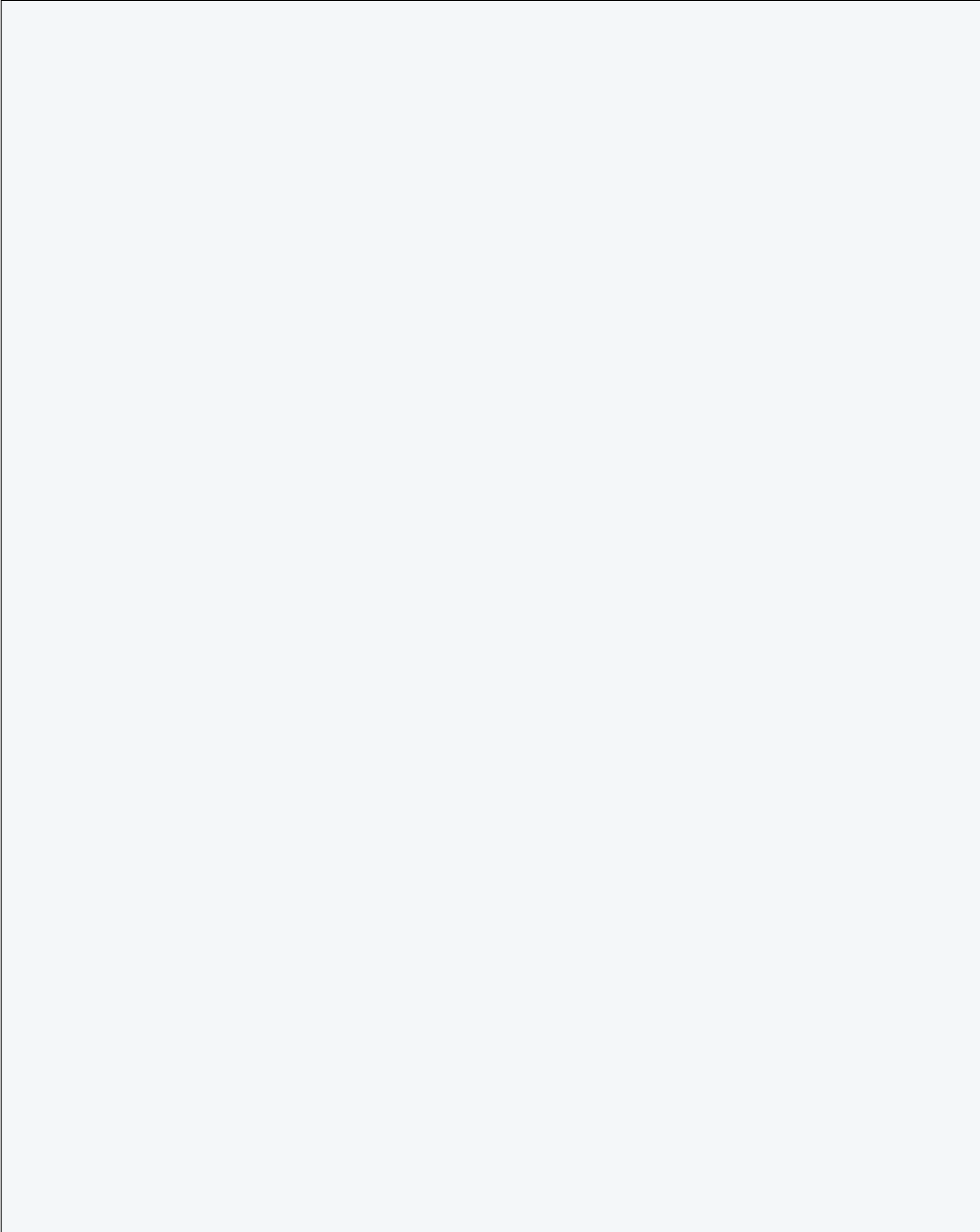

Remy's Case Study

Case Information

- 25-year-old Native Hawaiian trans female. For the past 15 days, she has lived in a group home for individuals with mental illness.
- Prior to this she had been using alcohol and opioids heavily and had been homeless for 18 months.
- The end of this recent period of heavy use came when she was seen at a local emergency department for an overdose of illicit fentanyl.
- Remy was transferred directly from the ED to a facility where she received inpatient medically managed withdrawal services for alcohol. While there, buprenorphine maintenance therapy was also initiated.
- She has suffered from malnutrition and heat stroke while homeless. She utilizes hospital emergency rooms and a local free clinic when needed.
- She does not see a primary care provider (PCP) for preventive care but only for acute issues. She denies chronic biomedical issues.
- Remy was transferred to the group home upon reaching the appropriate level of stability.
- The group home does not offer services specific to substance use disorder beyond voluntary 12-step meetings that are held in the common room each evening and occasional psychoeducation groups. Staff in the group home provide general monitoring, security, and basic case management (help with making appointments, reminders to attend meetings, doctor's appointments, etc).
- She states that she feels safe in her new living situation and appreciates the regular meals.
- Remy reported a 6-year history of struggles with opioids and alcohol. While she has used these substances "on and off" since she was a young teenager, she notes that "things got out of control" 6 years ago after her parents and one sibling were killed in a motor vehicle crash.
- She was diagnosed with post-traumatic stress disorder at the age of 19 after the crash, and with schizophrenia at the age of 21.
- She has been psychiatrically hospitalized three times in the past four years for psychotic episodes, including unchallengeable delusions regarding the risk of alien abduction and command auditory hallucinations. Remy saw a psychiatrist at the free clinic 6 months ago who prescribed monthly injections of haloperidol to help reduce psychotic symptoms. However, she has had trouble making her monthly appointments and often gets the shot several weeks late.
- Clinical staff at the free clinic state that she is not at imminent risk of harm to herself or others.

- The patient expressed doubt about her mental illness and SUD diagnoses but acknowledges that she feels better when not using alcohol and illicit opioids.
- She reports a commitment to abstinence and states that buprenorphine is a "miracle drug" for her. She has shown little interest in motivational enhancement therapy or psychoeducation to learn more about her substance use disorders.
- The patient stated that she wants to be healthy and is willing to remain abstinent from both alcohol and non-prescribed opioids. However, she has not been attending nightly 12-step meetings or psychoeducation groups at the group home, stating that all she needs is her buprenorphine.
- Before moving into the group home, Remy had spent most of her time in a local park where she panhandled to support her substance use.
- She has an extensive legal history consisting mostly of minor crimes, including panhandling, public intoxication, and disturbing the peace. She is not currently on probation.
- A psychiatrist that she is seeing through the local community health center indicates she is unable to function adequately in the community, isolating in her room all day.

Activity 2: Assessment, Treatment Plan, and Level of Care

Small group

1. How would you assign dimensions to the information presented?
    - Determine the dimensional driver(s) for Remy's case.
    - Determine the level of care appropriate for Remy.

Dimensions	Case Information	Risk Rating
Dimension 1: *Acute Intoxication and/or Withdrawal Potential*		
Dimension 2: *Biomedical Conditions and Complications*		
Dimension 3: *Emotional, Behavioral or Cognitive Conditions and Complications*		
Dimension 4: *Readiness to Change*		
Dimension 5: *Relapse/Continued Use, Continued Problem Potential*		
Dimension 6: *Recovery Environment*		

2. Is there a specific dimension that is more severe that will drive the level of care (LOC) decision?

3. Does she need additional services for her substance use disorder? If so, what are they?

☐ Co-Occurring Capable services ☐ Biomedical Enhanced services

☐ Co-Occurring Enhanced services ☐ Multiple additional services

i. Why or why not?

4. What are important considerations for communicating treatment recommendations to the patient?

5. Are withdrawal services needed for Remy? Why or why not?

6. What is Remy's level of care placement?

Robert's Case Study

Case Information

Robert is a 50-year-old male with Alcohol Use Disorder. He has been alcohol-free for 60-days. He has had several medical problems in the past. He has ongoing panic attacks and he struggles with past traumas to which he has been using alcohol to cope. Due to court involvement, he is extremely motivated. The patient appears to have a fair level of understanding of the significance of his substance use but lacks the ability to internalize or to think long term. The patient is in the contemplative stage of change.

Robert has been unable to stop drinking on his own and lacks coping skills. His main struggles are with delaying gratification. He has a supportive family but there are unhealthy levels of codependency and enabling. The patient lost custody of his minor son due to his SUD. He has been in jail for the last 60 days and needs tools to reside in a sober community.

Activity 3: Biopsychosocial Assessment

Large Group

- How would you assign dimensions to the information presented in Robert's case?
- Based on the decisional flow tool, how would you indicate risk and severity with each dimension?

Dimensions	Case Information
Dimension 1: *Acute Intoxication and/or Withdrawal Potential*	
Dimension 2: *Biomedical Conditions and Complications*	
Dimension 3: *Emotional, Behavioral or Cognitive Conditions and Complications*	
Dimension 4: *Readiness to Change*	
Dimension 5: *Relapse/Continued Use, Continued Problem Potential*	
Dimension 6: *Recovery Environment*	

Multidimensional Assessment Dimensions	**Description** From the Biopsychosocial Assessment Summary (p. 70)	**Rating S/LOF** 3H's (p. 56) ID Dimensional Driver(s) [Enter onto ITP - Problem List] (MATRIX) (p. 74)	**Intensity of Service** Determines the Level of Care for the Dimensional Driver(s) (MATRIX) (p. 74)	**Services & Modalities** 5 M's of Treatment Planning (Criteria Course) [Enter onto ITP - Modalities] (MATRIX) (p. 74)	**LOC Placement** ASAM Crosswalk (p. 175) ASAM Dimension Admission Criteria (DAC) (p. 190-215)
Dimension **Column #1**	**The Risk Description** **Column #2**	**Descriptive Risk Rating** **Column #3**	**Service Intensity** **Column #4**	**Modality Type** **Column #5**	**Service Level** **Column #6**
1	Case information from above.				
2	Case information from above.				
3	Case information from above.				
4	Case information from above.				
5	Case information from above.				
6	Case information from above.				

Module 2: Clinically-Driven Individualized Treatment

Notes

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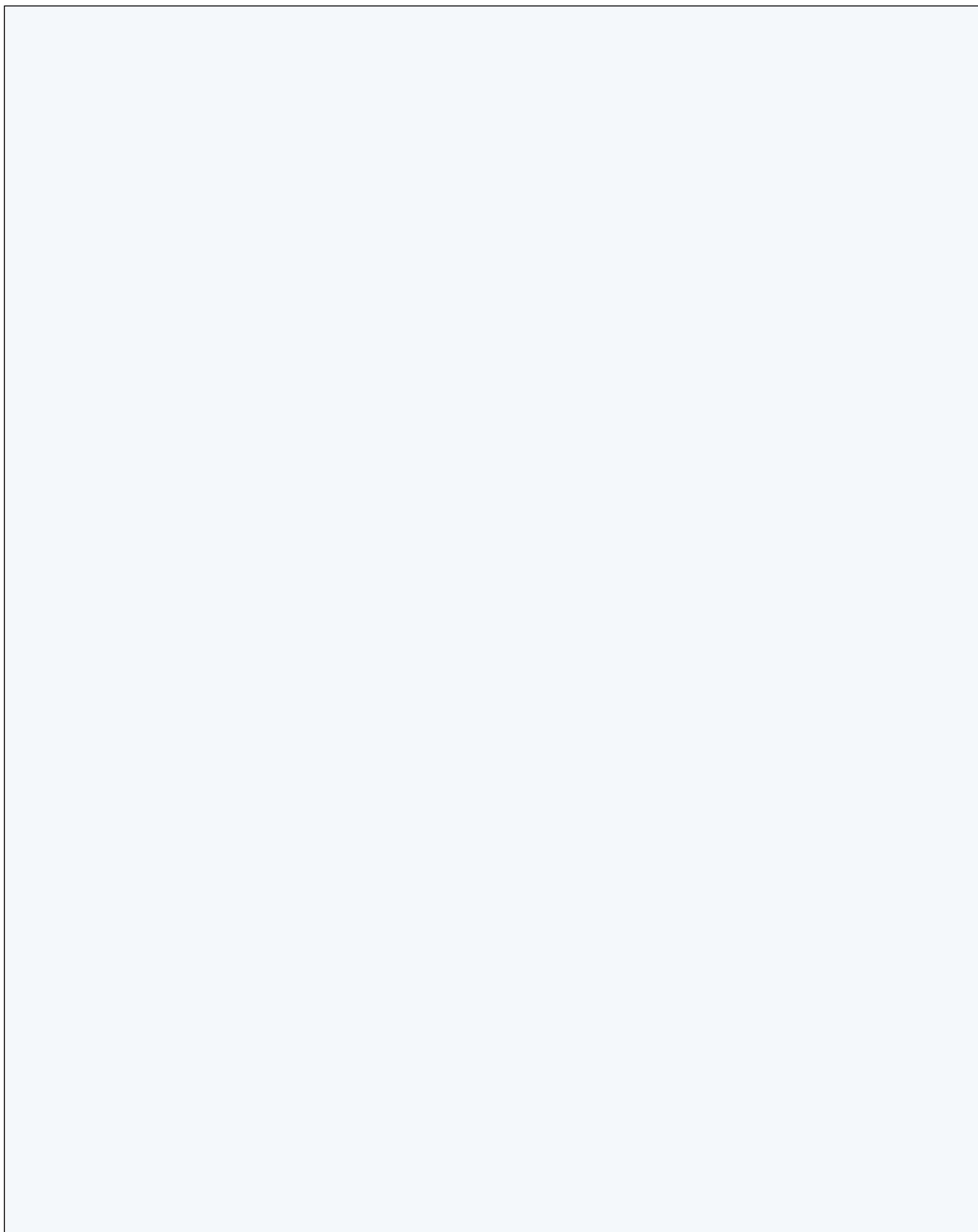

David's Case Study

Case Information

A 30-year-old male is admitted for his fourth addiction treatment episode. He was admitted to a Residential Treatment Center 3.1 Halfway House on 4/17/20 x 30-days for Alcohol Use Disorder. The first Treatment Plan Review was done on 5/18/20.

A request for additional 30-days of treatment in RTC 3.1 Low Intensity Residential Level of Care could not be approved at the UM level and was sent for a Physician review.

Worksheet: *Treatment Plan Review*	Date: 5/18/20	Staff Name & Credentials: *Primary Counselor*		
Problem Statement (AEB)	Primary Treatment Goal	Objectives: As evidenced by (AEB)		Therapeutic Interventions
Problem #1: Anxiety Current Diagnosis F41.9 Unspecified Anxiety	***Goal #1:*** Start Date: 5/18/20 Target Date: 6/16/20 Completed Date: Client will be able to recognize, accept, and manage their mental illness including working with the medical staff to manage their medications.	***Objective #1:*** Advocacy and outreach	**Start Date:** 5/18/20 Target Date: 6/16/20 **Completed Date:**	***Intervention #1:*** Accept powerlessness over an inability to manage mood-alternating substances and participate in a recovery program.
		Objective #2: Assist client in achieving personal independence in managing needs.	**Start Date:** 5/18/20 Target Date: 6/16/20 **Completed Date:**	***Intervention #2:*** Assist client and family in identifying self-help options to assist in recovery.

Activity 4: Case Shaping

Small group

- What deficits can you identify within the treatment plan?

Area of Treatment Plan	Deficits
Problem #1	
Goal #1	
Objective #1	
Target Date #1	
Objective #2	
Target Date #2	
Intervention #1	
Intervention #2	

Paula's Case Study

Case Information

A 16-year-old female is brought to the emergency department of an acute care hospital with a report that, during an argument with her parents which, she threw a chair. Her parents suspect drug intoxication is a significant contributing factor. They report that she has been staying out unusually late at night and mixing with the "wrong crowd." Paula has no history of psychiatric or addiction treatment.

Paula's parents are both present in the emergency department, although Paula is brought in by the police after her mother called for help. An emergency physician and nurse from the psychiatric unit jointly evaluate Paula; they agree that she needs to be hospitalized in light of the animosity at home, her violent behavior, and the possibility that she is using an unknown drug.

Activity 5: Case Shaping

Large group

1. Review the information that the case presents across the six dimensions.

Dimensions	Case Information
Dimension 1: *Acute Intoxication and/or Withdrawal Potential*	Although she was intoxicated at the time of the chair-throwing incident, Paula no longer is intoxicated and has not been using alcohol or other drugs in sufficient quantities or for a long enough period of time to suggest the possibility of a withdrawal syndrome.
Dimension 2: *Biomedical Conditions and Complications*	Paula is not taking any medications, is physically healthy, and has no current complaints.
Dimension 3: *Emotional, Behavioral or Cognitive Conditions and Complications*	Paula has complex problems with anger management, as evidenced by the chair-throwing incident, but is not impulsive at present if separated from her parents, especially her father.
Dimension 4: *Readiness to Change*	Paula is willing to talk to a therapist, blames her parents for being overbearing and not trusting her, and agrees to come to treatment, but does not want to be at home with her father.
Dimension 5: *Relapse/Continued Use, Continued Problem Potential*	The team concludes that Paula is likely to engage in drug use if released. They believe that, if she returns home immediately, there may be a recurrence of the fighting and, possibly, violence.
Dimension 6: *Recovery Environment*	Paula's parents are frustrated and angry as well. They are mistrustful of their daughter and want her hospitalized to provide a break in the family fighting.

2. What would be your revised response based on the initial response given for Paula's treatment plan?

Initial Response	Your Revised Response
Based on Paula's recent history of violent acting out, the emergency physician and the psychiatric nurse recommend that she be admitted to the hospital's psychiatric unit, at least for the night.	

Module 3: Continued Service Criteria, Transfer/Discharge Criteria, Discharge Planning

Notes

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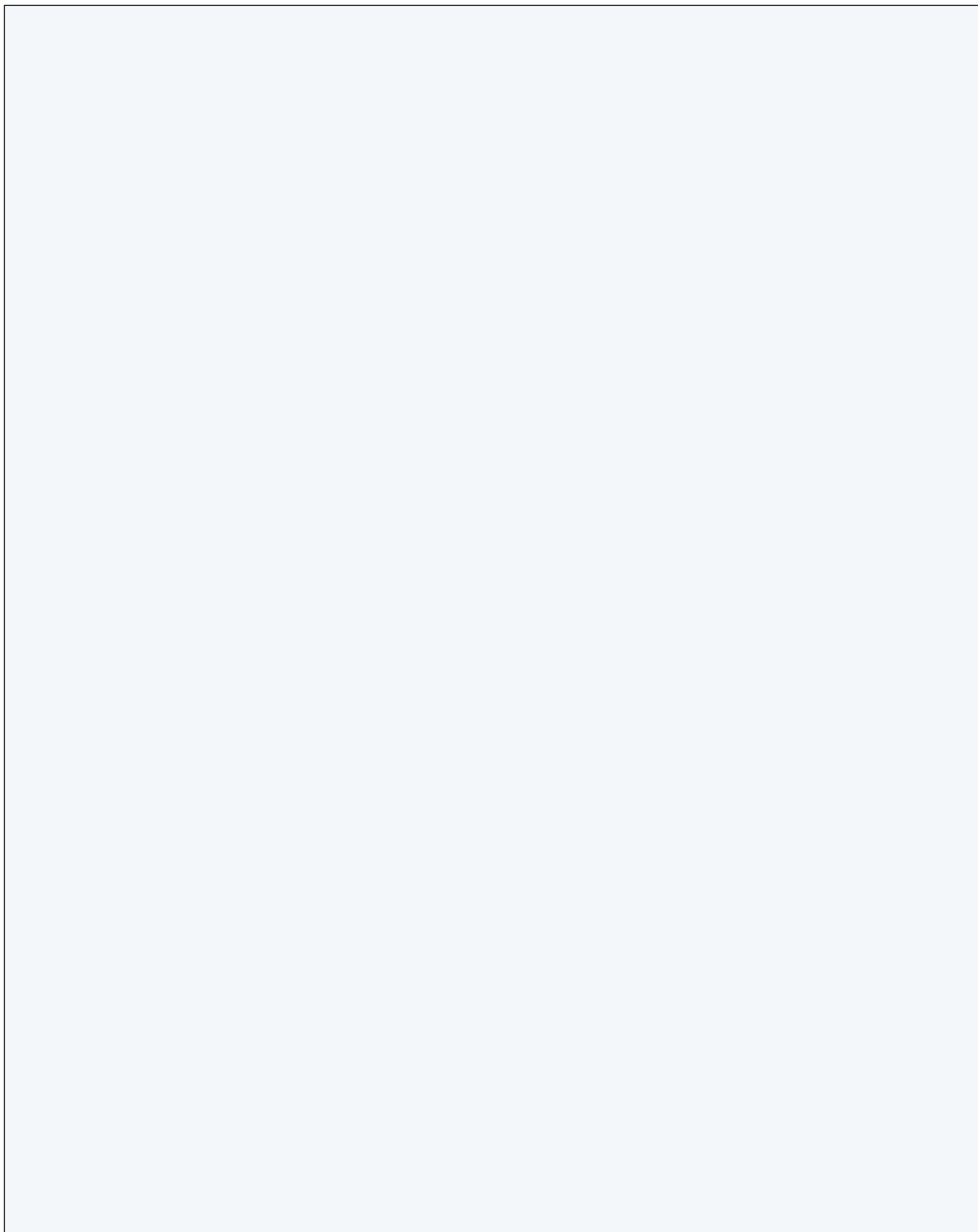


Susan Ann's Case Study

Case Information – Treatment Plan

Current Level of Care: 3.5 Residential *(State allowed 30-days residential without Prior Authorization)*
Requested Level of Care: 3.5 Residential
Summary Notes: Client presents with limited insight into the severity of her disease. Identifies as in the contemplation Stage of Change. Client can benefit from extended services to complete Residential Treatment and to gain an understanding of the disease and apply knowledge to her addiction.

PROBLEM STATEMENT As Evidenced By (AEB)	**PRIMARY TREATMENT GOAL**	**OBJECTIVES** As Evidenced By (AEB)		**INTERVENTIONS**
Problem #1:	**Start Date:** **Target Date:** **Completed Date:** Client to gain insight into her addiction and understand the negative impact and how it has affected her life.	**Objective #1:** 1a. Client will verbalize gaining an understanding of factors that contribute to chemical dependency.	**Start Date:** **Target Date:** **Completed Date:**	**Intervention #1:** 1a. Clinician will educate patient on the disease of addiction
		Objective #2: 1b. Client will engage with sober support systems	**Start Date:** **Target Date:** **Completed Date:**	**Intervention #2:** 1b. Clinician will process and discuss harmful consequences, using MI to ID the harm that the active addiction has had on her life. Clinician will assist with ID the benefits of sobriety.
		Objective #3: 1c. Client will attend 12-Step support meetings as necessary to support sobriety.	**Start Date:** **Target Date:** **Completed Date:**	**Intervention #3:** 1c. Clinician will educate on the statistics of maintaining sobriety with sober support.
		Objective #4: 1d. Client will have sponsors	**Start Date:** **Target Date:** **Completed Date:**	**Intervention #4:** 1d. Recommend that patient attend meetings and report on the impact of meetings.

SERVICES &TREATMENT MODALITIES NEEDED: *Based on The ASAM Criteria Decisional Flow and Matrix recommendations and the individual patient's needs. (Adult MATRIX) (p. 73-89)*

Individual Psychotherapy , Family Therapy Motivation Enhancement Med management (somatic, psychiatric) Medication Assistance Treatment (MAT)	Assertive Case Management (ACM) Assertive Community Treatment (ACT) Mental Health Services Other: 12 Step Meetings

DISCHARGE PLAN: What the plan for continuing care? What is the next LOC?
What is the childcare, housing & transportation plan? Do they have medical and mental health follow-up arrangements?

Activity 6: Continued Stay Request

Small group

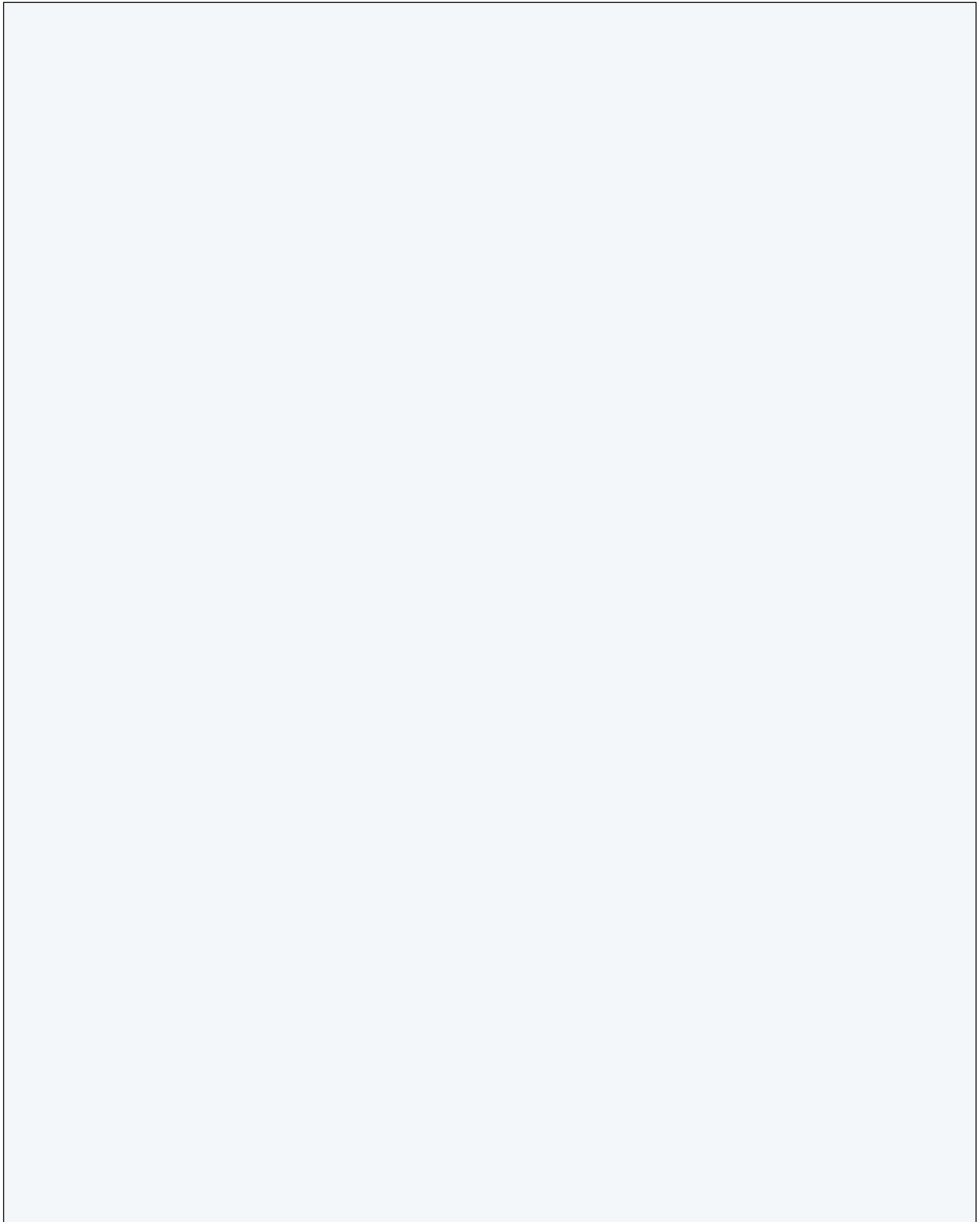
- From a payer's perspective, what deficits can you identify within the treatment plan for this provider's continued stay request?

Area of Treatment Plan	Deficits
Problem #1	
Primary Treatment Goal	
Objective #1	
Objective #2	
Objective #3	
Objective #4	
Intervention #1	
Intervention #2	
Intervention #3	
Intervention #4	

Module 4: Using the ASAM Criteria in the Utilization Management Process

Notes

Use this section to take notes:



Andre's Case

Case Information

Andre is a 58-year-old male who meets diagnostic criteria for severe alcohol use disorder. In terms of Dimension 1, he is currently in mild withdrawal from alcohol (CIWA-Ar score of 7) with a history of no more than moderate severity withdrawal. However, he stopped drinking only two hours ago after three months of five to six drinks per day.

Andre is historically hypertensive. His hypertension is not well controlled with medication even when not drinking, and his current blood pressure is 140/100. Severity in Dimensions 3 through 6 is mild because he has no significant mental health needs (Dim. 3), he is interested in treatment (Dim. 4), and while he has been drinking for three months, he has now stopped and is able to use previous relapse prevention skills and supports in his environment to prevent an immediate return to drinking (Dims. 5 and 6).

The provider's initial request:

- Based on Andre's mild withdrawal severity in Dimension 1, the request is for Level 1-WM (Ambulatory Withdrawal Management without Extended On-Site Monitoring).
- For his Dimension 2 problem, hypertension, he is referred to his primary care physician for medical management.

Activity 8: Utilization Management

Small Group

1. From a payer perspective, what is the appropriate response to the initial request?
    - Would you approve or deny the request?

☐ Approve ☐ Deny

2. If you denied, what would be an appropriate treatment program for Andre to provide extended on-site monitoring and medication to manage his blood pressure and withdrawal symptoms?

Module 5: Tools and Resources

Notes

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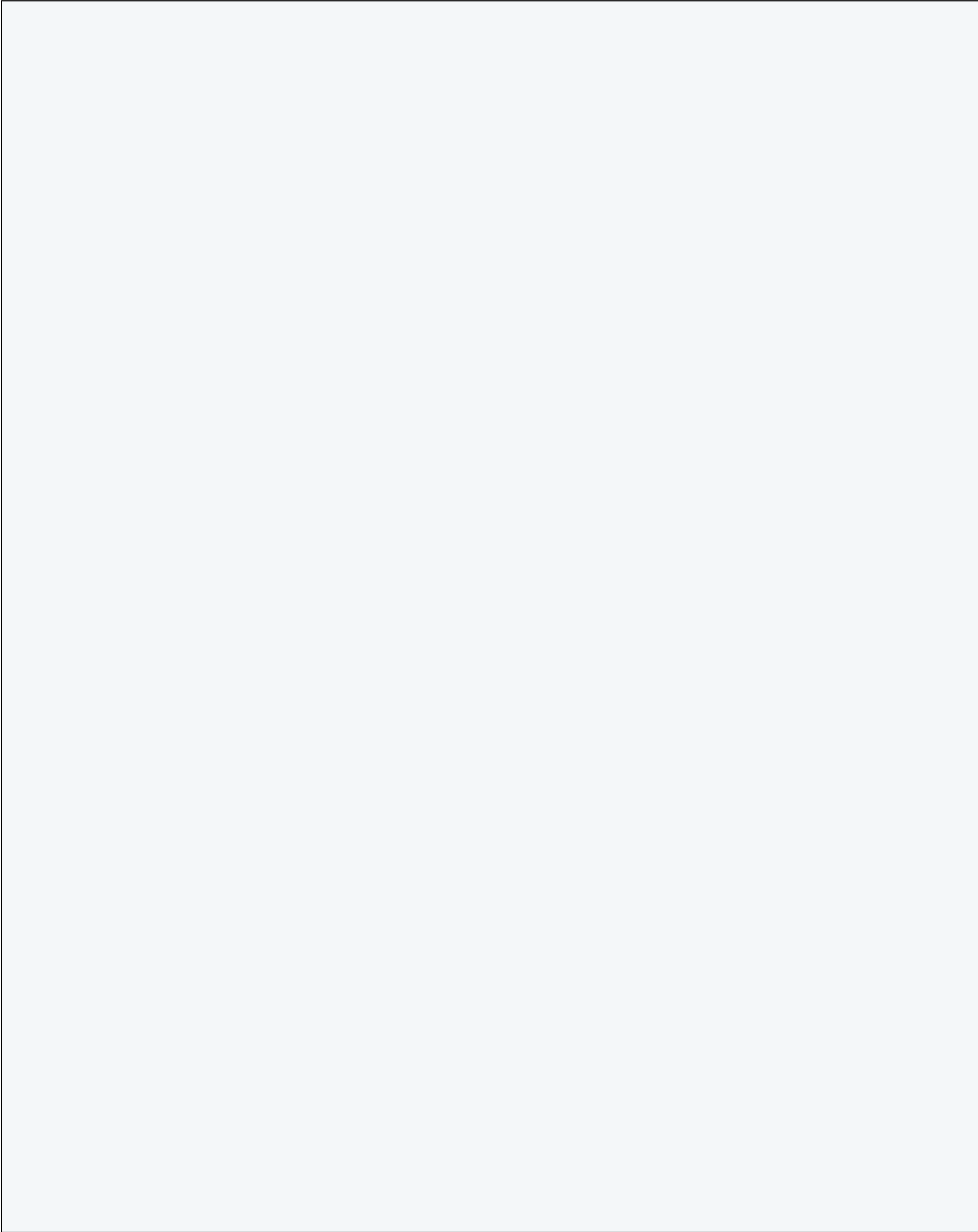


Reference Sheets

The ASAM Criteria Six Dimensions

1. Acute Intoxication and/or Withdrawal Potential

- *Currently having severe, life-threatening and/or similar withdrawal symptoms*
    - What are the current intoxication/withdrawal (WD) risks?
    - Are intoxication management services needed? (e.g., preventing drunk driving by withholding car keys; managing acute alcohol poisoning from heavy drinking)
    - Is there significant risk of severe WD, seizures, or other medical complications based on this history, chronicity, and recency of discontinuation of alcohol, tobacco, or other drugs?

2. Biomedical Conditions and Complications

- *Any current, severe health problems*
    - Are there current physical illnesses, other than WD, that need to be addressed due to their risk or potential for treatment complications?
    - Are there chronic conditions that need stabilization or ongoing disease management (e.g., chronic pain)?
        - Is there a communicable disease present that could impact other patients or staff?
    - If female: Is the patient pregnant? What is her pregnancy history?

3. Emotional/Behavioral/Cognitive Conditions

- *Imminent danger of harming self or someone else?*
- *Unable to function in activities of daily living or care for self with imminent, dangerous consequences*
    - Are there current psychiatric illnesses or psychological, behavioral, emotional, or cognitive conditions or complications?
        - Do these pose risks or complications for recovery?
    - Are there chronic conditions that need stabilization or ongoing treatment (e.g., bipolar disorder or chronic anxiety)?
    - Do any emotional, behavioral, or cognitive signs or symptoms appear to be an expected part of the addictive disorder, or do they appear to be autonomous?
    - Even if connected to the addiction and sub-diagnostic, are any emotional, behavioral, or cognitive signs or symptoms severe enough to warrant specific mental health treatment (e.g., suicidal ideation & depression from "cocaine crash")?
    - Is the patient able to manage ADLs (activities of daily living)?
    - Can the patient cope with any emotional, behavioral, or cognitive conditions?

4. Readiness to Change

- *Ambivalent or feels treatment is unnecessary*
- *Coerced, mandated, required to have assessment and/or treatment by mental health court, criminal justice system, etc.*
    - How aware is the patient of the relationship between their alcohol, tobacco, or other drug use. Are the patient's behaviors involved in the pathological pursuit of reward or relief in spite of negative life consequences?
    - How ready, willing, or able does the patient feel to make changes to substance use or addictive behaviors?
    - How much does the patient feel in control of treatment services?

5. Relapse/Continued Use/Continued Problem Potential

- *Currently under the influence and/or acutely psychotic, manic, suicidal*
- *Continued use/problems imminently dangerous*
    - Does the patient have…
        - Immediate danger of continued severe mental health distress and/or alcohol, tobacco, or other drug use?
        - Recognition, understanding, or coping skills regarding any addictive or co-occurring mental health disorders in order to prevent relapse, continued use, or continued problems (e.g., suicidal behavior)?
        - Prior recovery benefit from addiction and/or psychotropic meds?
        - Coping skills for protracted withdrawal, cravings, or impulses?
    - 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 and continues to use, gamble, or have mental health difficulties?
    - How aware is the patient of relapse triggers and skills to control addiction impulses or impulses to harm self or others?

6. Recovery Environment

- *Immediate threats to safety, well-being, sobriety*
    - Do family, significant others, living conditions, or school/work threaten safety or treatment engagement?
    - Are there supportive friends, financial, or educational/vocational resources that might aid successful recovery?
    - Any legal, vocational, regulatory (e.g., professional licensure), social service agency, or criminal justice mandates that may enhance motivation for engagement in treatment?
    - Any transportation, childcare, housing, or employment issues that need to be clarified and addressed?

Program- vs Patient-Driven Care

Program-Driven	Patient-Driven
Program-centered treatment plans	Patient-centered treatment plans
Fixed length of stay, based on program	Length of stay based on patient needs, progress with treatment goals
Discharge is done after patient "graduates"	Discharge planning begins at intake, looking at the next level of care in a continuum
Fixed length of stay	Continued care based on clinical assessment

The 3 H's

History	Here & Now	How Worried Now
The history of a client's past signs, symptoms, and treatment is important, but never overrides the here and now.	The here and now presentation of a client's current information of substance use, mental health signs, and symptoms can override the History.	How worried now you are, as the clinician, counselor, or assessor, determines your severity or level of function (LOF) rating for each ASAM dimension.

Severity and Level of Function (S/LOF) Risk Ratings

RISK RATING		
	This rating would indicate issues of **utmost severity**. The patient would present with critical impairments in coping and functioning, with signs and symptoms, indicating an **"imminent danger"** concern.	VERY SEVERE
	This rating would indicate a **serious issue** or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near "**imminent danger**"	SEVERE
	This rating would indicate **moderate difficulty** in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support system may be present.	MODERATE
	This rating would indicate a **mildly difficult issue**, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.	MILD
	This rating would indicate a **non-issue or very low risk issue**. The patient would present no current risk and any chronic issues would be mostly or entirely stable.	NONE

Immediate Needs

1. ***Acute Intoxication and/or Withdrawal Potential***
    - Currently having severe, life-threatening and/or similar withdrawal symptoms.

2. ***Biomedical Conditions and Complications***
    - Any current, severe health problems.

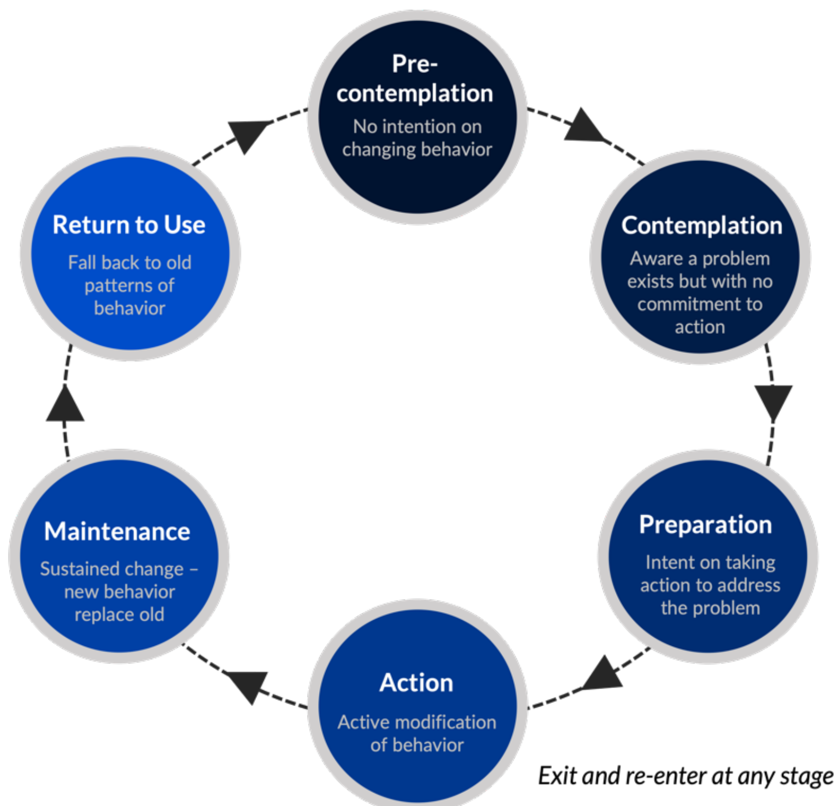
3. ***Emotional/Behavioral/Cognitive Conditions***
    - Imminent danger of harming self or someone else.
    - Unable to function in activities of daily living or care for self with imminent, dangerous consequences.

4. ***Readiness to Change***
    - Ambivalent or feels treatment is unnecessary.
    - Coerced, mandated, required to have assessment and/or treatment by mental health court, criminal justice system, etc.

5. ***Relapse/Continued Use/Continued Problem Potential***
    - Currently under the influence and/or acutely psychotic, manic, suicidal.
    - Continued use/problems imminently dangerous.

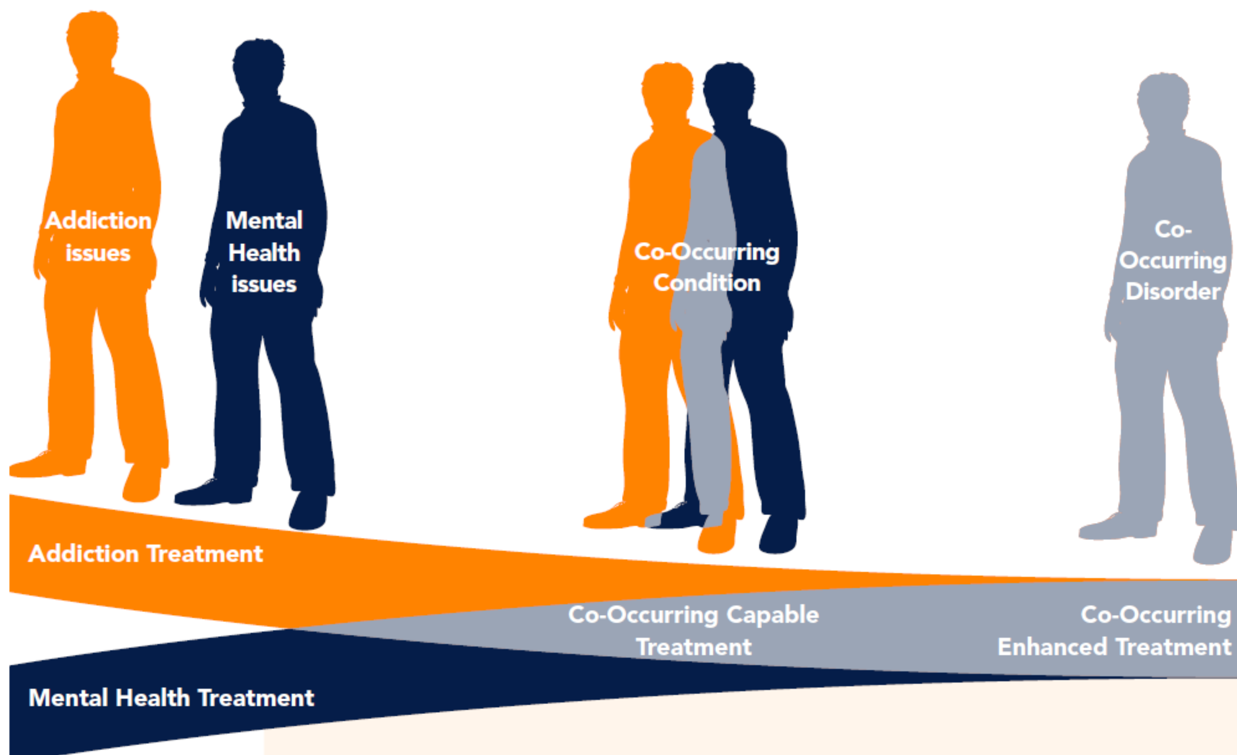
6. ***Recovery Environment***
    - Immediate threats to safety, well-being, sobriety.

Readiness to Change

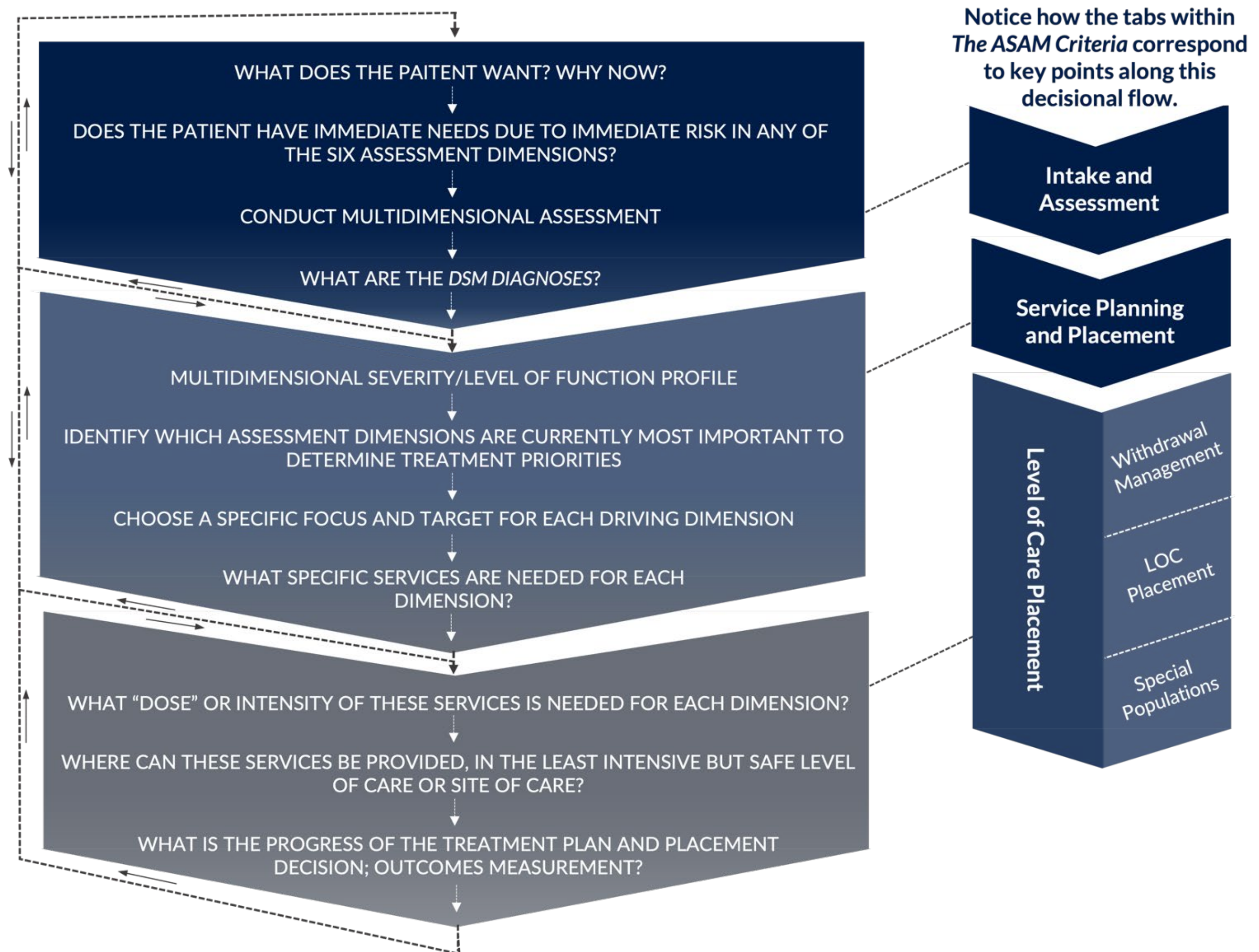


Co-Occurring Conditions/Disorders

Co-Occurring Capable	True for any type of program, and as defined by the mission and resources of that program, recovery-oriented co-occurring capability involves integrating at every level the concept that the next person "coming to the door" of the program is likely to have co-occurring conditions and needs. Co-Occurring Capability involves looking at all aspects of program design and functioning in order to embed integrated policies, procedures, and practices in the operations of the program.
Co-Occurring Enhanced	Co-Occurring Enhanced programs are "special programs" designed to routinely (as opposed to occasionally) deal with patients who have mental health or cognitive conditions that are more acute or associated with more serious disabilities.
Biomedical Enhanced Services	Biomedical Enhanced Services are if the patient has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) that is not available in other [residential] programs. It is indicated in Level 3.1 and higher. *(The ASAM Criteria, 3rd ed., p. 228)*



Decisional Flow Tool



The 5Ms of Treatment Planning

1. Motivate – Dimension 4
2. Manage – All Six Dimensions
3. Medication – Dimensions 1, 2, 3, 5 - MAT
4. Meetings – Dimensions 2, 3, 4, 5, 6
5. Monitor – All Six Dimensions

The ASAM Criteria Levels of Care

Level 0.5	Early Intervention Services
Level 1	Outpatient Treatment
Level 2.1	Intensive Outpatient Treatment
Level 2.5	Partial Hospitalization
Level 3.1	Clinically Managed, Low Intensity Residential Treatment
Level 3.3	Clinically Managed Population - Specific High Intensity Residential Treatment (Adult Level only)
Level 3.5	Clinically Managed, Medium/High Intensity Residential Treatment
Level 3.7	Medically Monitored Intensive Inpatient Treatment
Level 4	Medically Managed Intensive Inpatient

Withdrawal Management Services for Dimension 1

1-WM	Ambulatory Withdrawal Management without Extended On-site Monitoring
2-WM	Ambulatory Withdrawal Management with Extended On-Site Monitoring
3.2-WM	Clinically Managed Residential Withdrawal Management
3.7-WM	Medically Monitored Inpatient Withdrawal Management
4-WM	Medically Managed Inpatient Withdrawal Management

ASAM Criteria Decisional Flow (Admission Criteria)

Multidimensional Assessment Dimensions	**Description** From the Biopsychosocial Assessment Summary (p. 70)	**Rating S/LOF** 3H's (p. 56) ID Dimensional Driver(s) [Enter onto ITP - Problem List] (MATRIX) (p. 74)	**Intensity of Service** Determines the Level of Care for the Dimensional Driver(s) (MATRIX) (p. 74)	**Services & Modalities** 5 M's of Treatment Planning (Criteria Course) [Enter onto ITP - Modalities] (MATRIX) (p. 74)	**LOC Placement** ASAM Crosswalk (p. 175) ASAM Dimension Admission Criteria (DAC) (p. 190-215)
Dimension Column #1	**The Risk Description** Column #2	**Descriptive Risk Rating** Column #3	**Service Intensity** Column #4	**Modality Type** Column #5	**Service Level** Column #6
1					
2					
3					
4					
5					
6					

Benchmark for Service Intensity and Level of Care (LOC)

INTENSITY of SERVICE	*(Adult) Level of Care*	*Service Requirement*
OP LOW Intensity	1.0 - OP	< 9hr / week
OP MOD Intensity	2.1 - IOP	> 9hr / week
OP HIGH Intensity	2.5 - PHP	≥ 20hr / week
Residential LOW Intensity	3.1 RTC Halfway House	≥ 5hr / week
Residential HIGH Intensity (Special Populations)	3.3 - RTC Clinically Managed	7days / week Imminent Danger
Residential HIGH Intensity	3.5 – RTC Clinically Managed	7days / week Imminent Danger
Intensive	3.7 – IP Medically Monitored Inpatient	24-hr Nursing Physician Consultation Available 24-hr Imminent Danger
Intensive	4.0 – IP Medically **Managed** Inpatient	24-hr Nursing Physician Evaluation Daily Imminent Danger

Treatment Plan – Measurable Objectives

The PRESCRIPTION *Treatment*	**The DOSE** *How much of it...*	**The DURATION** *When to stop it...*
Objective (Actions) ***"The patient will"***	**Measurable Criteria** **(The Count)**	**Target Date (Time)**
Make a list of:	(3) Positive things he could achieve when abstinent	By 1/7/20 (week-1 of treatment)
Demonstrate:	(2) Episodes of appropriate non-threatening behaviors during Conjoint sessions with his wife	By 1/14/20 (week-2 of treatment)
Produce:	(3) Consecutive negative UDS to qualify for sober housing	By 1/21/20 (week-3 of treatment)
Identify:	(3) Factors contributing to his/her past relapse events	By 1/14/20 (week-2 of treatment)
Complete:	Chapters (1-3) in the Recovery workbook	By 1/6/20 (day-6 of treatment)
Keep a daily log:	Assertiveness log to be assessed by the counselor on a weekly basis	By 1/14/20 (week-2 of treatment)
Role play:	Drug refusal skills on 3 separate occasions	By 1/21/20 (week-3 of treatment)
Verbalize:	Insert	Insert
Make contact, with:	Insert	Insert
Sign up for:	Insert	Insert

S/LOF Rating – Payer and Provider Comparison Table

PAYER'S 6-Dimensional RATINGS – From the UM Review Summary:					
Dimension 1: Withdrawal	Dimension 2: Biomedical	Dimension 3: Emotional	Dimension 4: Motivation	Dimension 5: Relapse	Dimension 6: Environment

PROVIDER'S 6-Dimensional RATING – From the providers Initial ITP and Tx Plan Reviews:					
Dimension 1: Withdrawal	Dimension 2: Biomedical	Dimension 3: Emotional	Dimension 4: Motivation	Dimension 5: Relapse	Dimension 6: Environment

Treatment Plan Worksheet

Bio-Psychosocial (BSP) Summary:
Notes of patient progress:
Current (Stage of Change) and supporting evidence:

PROBLEM STATEMENT As Evidenced By (AEB) Examples:	**PRIMARY TREATMENT GOAL**	**OBJECTIVES** As Evidenced By (AEB) Examples:		**INTERVENTIONS**
ID the Driving Problem #1	**Start Date:** **Target Date:** **Completed Date:** Goal #1	Objective #1	**Start Date:** **Target Date:** **Completed Date:**	Intervention #1
		Objective #2	**Start Date:** **Target Date:** **Completed Date:**	Intervention #2
		Objective #3	**Start Date:** **Target Date:** **Completed Date:**	Intervention #3
		Objective #4	**Start Date:** **Target Date:** **Completed Date:**	Intervention #4

SERVICES &TREATMENT MODALITIES NEEDED:
Based on The ASAM Criteria Decisional Flow and Matrix recommendations and the individual patient's needs. (MATRIX) (p. 74)

Individual Psychotherapy Family Therapy Motivation Enhancement Med management (somatic, psychiatric) Medication Assistance Treatment (MAT)	Assertive Case Management (ACM) Assertive Community Treatment (ACT) Mental Health Services Other: Other:

DISCHARGE PLAN:
What the plan for continuing care? What is the anticipated next LOC?
What is the housing, transportation & childcare plan?
Do they have medical and mental health follow-up arrangements?

Level of Care Placement Case Examples

Level 0.5

Jeremy is a 21-year-old male who received a DUI for driving under the influence of alcohol with a BAC of 0.10. This is his first offense. The court directs him to obtain an evaluation for a substance use disorder. He denies a history of substance use disorder, stating, “I was in the wrong place at the wrong time” after consuming alcohol at a party. The evaluator, having heard this statement many times, asks to speak to his significant other and his parents. He says he does have a beer with dinner several nights a week and drinks distilled alcohol on the weekends, with episodes of frank intoxication occasionally. Collateral information from his significant other validates this history and the fact that Jeremy has always avoided driving in the past, especially after consuming distilled alcohol. His parents report that Jeremy never had problems with substances while growing up, but they became worried after the DUI. Jeremy regrets his actions, which he knows could have harmed someone, and he wants to go to treatment to educate himself and “do better.” Right now, he states he wants to “stop drinking forever.” He lives in an apartment with his significant other and has transportation to and from treatment. His relationship with his significant other is supportive, although they have expressed concern about if subsequent legal issues will occur if Jeremy does not address his substance use.

Rationale for 0.5 LOC:

Jeremy does not meet the criteria for substance use disorder moderate or severe, nor does he have another mental health disorder. He does not report withdrawal symptoms and appeared at the evaluation without signs of current intoxication, indicating a mild risk rating in Dimension 1. He denies any medical conditions, indicating no risk rating in Dimension 2. He has no history of mental health concerns, indicating no risk rating in Dimension 3. He regrets his actions and is motivated to change, indicating a mild risk rating in Dimension 4. He has abstained from alcohol on his own after the DUI indicating a low-risk rating in Dimension 5. He has an apartment and transportation but has legal issues, which indicates a mild to moderate risk rating in Dimension 6. These risk ratings demonstrate he needs level 0.5 LOC services.

Level 1

Leigh is a 33-year-old female who comes asking for treatment for her anxiety and cannabis use disorder. She smokes cannabis daily at least twice a day. She stopped using cannabis yesterday but, in the past, has had difficulty returning to use after attempting to quit. She states her anxiety drives her return to use, which results in daily use once she restarts. She is a social and successful director at a moderate-sized network security company. Due to the nature of her work, she often works 60-hour weeks with little time to relax. She says she is “stressed out” at the end of most days and uses cannabis to manage this stress. She has not seen a mental health professional to be assessed for anxiety. Since she works from home most days and smokes cannabis during work hours, she reports her productivity has suffered, and she is concerned she will be demoted unless she improves at work. She has a home with a mortgage and considers herself financially stable.

Rationale for 1 LOC:

Leigh meets criteria for a marijuana use disorder. Although she has no symptoms of withdrawal at present, some of her use is most likely reactive to rebound withdrawal anxiety. Leigh is not currently intoxicated. Although marijuana withdrawal is uncomfortable and causes rebound use, the agitation it causes does not rise to the need for detoxification if she is able to maintain abstinence during treatment. This points to a mild risk rating in Dimension 1. She has no active medical conditions, indicating no risk rating in Dimension 2. She stated that she has mental health concerns, including anxiety, and

unfortunately, she addresses them through cannabis use. This information indicates she has a moderate risk rating in Dimension 3. She is motivated to stop using for external and internal reasons, indicating a mild risk rating in Dimension 4. Although she does not want to return to use, she has had difficulty in past instances returning to use, indicating a moderate risk rating in Dimension 5. She has safe housing and supportive friends, most of whom do not have unhealthy relationships with substances. She is rightfully concerned about how her cannabis use affects her job, indicating a mild risk rating and a strong motivation to quit (Dimension 4). These risk ratings indicate he needs outpatient services at 1 LOC with attention to her comorbid anxiety disorder. If she fails at this level, a reassessment of her needs is indicated

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Adolescent Level 2.1

Oliver is a 15-year-old male with a history of intermittent explosive disorder and alcohol use disorder who comes to his assessment with his parents. He has recently been drinking alcohol with his friends at school and was caught by the principal. When confronted by his parents about this, he punched a hole in a wall but was regretful about it later. He said he has been drinking since he was thirteen, specifying it was "only on social occasions." He said he started drinking at a party with friends. He had only experienced withdrawal symptoms such as body aches and moderate to severe headaches when he stopped drinking for a week. His last use was two days ago, and he has had a moderate headache since then. He had previously been treated by a psychologist for intermittent explosive disorder but has not seen them in "a few months." He said he started drinking around the time he was diagnosed with IED and later stopped seeing his psychologist when they raised a concern about his alcohol use. He is ambivalent about stopping and does not have skills to prevent a return to use. He is willing to attend treatment after his last outburst. He lives at home with supportive parents and surprisingly excels in school. His parents do not drink alcohol, but most of his friends drink.

Rationale for Adolescent 2.1 LOC:

Oliver has substance use with a concomitant mental health disorder. Although he recently experienced mild withdrawal symptoms, he is not currently intoxicated. His age mitigates against withdrawal complications as well. This suggests a mild risk rating in Dimension 1. Oliver has no medical conditions, indicating no risk rating in Dimension 2. He was previously diagnosed with intermittent explosive disorder by a psychologist, whom he has not seen in months, indicating a moderate risk rating in Dimension 3. Due to the disruptive nature of this condition, he will need intensive concomitant care for this issue as an increase in his IED episodes might herald early remission. He states he is somewhat motivated to stop using, but the evaluator detects that this is situational and lacks any real commitment. This indicates he has a severe risk rating in Dimension 4. He does not have any continued use/return to use prevention skills, indicating a moderate risk rating in Dimension 5. He has a stable home and excels in school, but most of his friends drink alcohol, which indicates a moderate risk rating in Dimension 6. These risk ratings indicate he should start in an Adolescent-specific Level 2.1 program that is Co-Occurring Enhanced (COE) for simultaneous attention to his explosive disorder. If this is available in the 2.1 program, this would be best but would most likely be executed using outside services.

Level 2.5

Amari is a 25-year-old male with stimulant use disorder who was brought to assessment by his spouse because she has been unable to “stimulant use disorder who was brought to assessment by his spouse because she has been unable to “get him to stop using.” Amari complains of depression that he treats by using cocaine multiple times a day. He saw a social worker previously in his hometown a year ago to address the depression but stopped going once he moved away. He states he last used 24 hours ago but is mildly agitated and continuously talking, making his history suspect. He reports no internal motivation for treatment but is willing to go to treatment because his spouse is quite frustrated and wants him to stop using. He has minimal insight into his use and believes he can address his problems with a “smart balance of drugs and common sense.” He and his wife live in an apartment close to his drug dealer. He was laid off due to budget cuts at the factory, and his spouse is currently supporting him. She is “tired” of his use. Amari intends to return to work once he has “found [his] balance.”

Rationale for 2.5 LOC:

The patient has a substance use disorder and the possibility of an independent mood disorder; separating these at this moment is impossible. He has mild symptoms of intoxication, including agitation and rambling speech. The patient may be partially under the influence of cocaine during the assessment, but because he is using no other substances, there are only mild concerns in Dimension 1. He has no significant medical issues, indicating no risk in Dimension 2. Amari indicated that he is trying to treat his depression with cocaine. His unclear history of depression places him at moderate risk in Dimension 3. He is currently motivated to attend treatment but believes cocaine helps him with his depression and does not understand that its use may be causing or worsening his bouts with depression. This disclosure indicates a moderate risk rating in Dimension 4. He does not have any coping skills to address relapse triggers and continued use. Because Amari believes his cocaine use mitigates his depressive symptoms, he has a severe risk rating in Dimension 5. He has an apartment but lives close to his dealer and is supported by his spouse, indicating a moderate to severe risk rating. These risk ratings indicate he needs 20 hours of clinical treatment per week in the form of 2.5 LOC services in a Co-occurring Capable or Co-occurring Enhanced program. Close attention should be paid to his exposure to his cocaine dealer. If he cannot block this exposure, housing in a Level 3.1 program simultaneously is indicated. Such a case would be described as an ASAM 2.5 plus 3.1 program.

Level 3.1

Uttam is a 30-year-old Bangladeshi American who has been diagnosed with cannabis, cocaine, and alcohol use disorder. He uses cannabis, cocaine, and alcohol daily. He stated that he also uses LCD on occasion. He completed SUD treatment in a 3.5 Residential Treatment facility three months ago but has since returned to use. Uttam is currently experiencing mild withdrawal symptoms, including stomach aches and chills. He has intermittent asthma symptoms that he treats with an albuterol inhaler. His inhaler has recently run out, and he needs a refill. He stated he does not have a mental health diagnosis and does not report significant mental health needs. He is motivated to complete treatment again and connect with a therapist who can help him find housing locally. He does not have any coping skills to mitigate cravings and does not have any return to use prevention skills. Uttam was once connected to an alcohol use support group in the area but has not been to any groups in the past month. His family is not supportive of his recovery, saying he is “missing out on the fun” and has been distant from them, who are all actively using substances. He works as a full-time automobile mechanic and says his use does not disrupt his ability to excel vocationally.

Rationale for 3.1 LOC:

Uttam has a polysubstance use disorder. He has symptoms of alcohol withdrawal, indicating a mild risk rating in Dimension 1. He has asthma and uses an inhaler, indicating a moderate risk rating in Dimension 2. He does not have a mental health disorder, indicating no risk rating in Dimension 3. He is motivated

to start treatment, indicating a mild risk rating in Dimension 4. He has limited recovery-based prosocial skills to prevent future use that have failed on his own, indicating a severe risk rating in Dimension 5. Uttam has a home, but it is not supportive of his recovery effort. He is currently employed and able to function while using substances. These factors indicate a severe risk rating. These risk ratings indicate he needs low-intensity residential treatment at the 3.1 LOC.

Level 3.3

Constantine is a 40-year-old male retired military infantryman who arrives at his assessment openly describing a history of cannabis and opioid use. He said he was diagnosed with a traumatic brain injury from an IED during a tour in Afghanistan. He has been using opioids and cannabis daily for ten years, which he believes has contributed to his loss of consciousness at times and difficulties with short-term memory recall. Although he denies having a mental health disorder, he described symptoms consistent with PTSD during the intake. He is motivated to stop using opioids but is skeptical about not using cannabis. He does not have any coping skills or strategies in place to address continued use or risk of return to use. He lives with his partner of 5 years in an apartment and recently quit a job in the Hospitality industry. He does not have reliable transportation.

Rationale for 3.3 LOC:

Constantine has a substance use disorder and medical disorder. He does not have any current symptoms of withdrawal, nor is he currently intoxicated, indicating a mild risk rating in Dimension 1. He has suffered a TBI and has instances of losing consciousness and short-term memory loss, indicating a very severe risk rating in Dimension 2. Constantine has PTSD that is active and disrupts normal interactions with others at times, indicating moderate risk rating in Dimension 3. He is motivated to stop using opioids but is not open to stopping use of cannabis, indicating a moderate risk rating in Dimension 4. Constantine does not have a strategy to limit or stop using cannabis or opioids, indicating a moderate risk rating in Dimension 5. He has an apartment but does not have transportation. He also recently quit his job. These Dimension 6 concerns indicate a moderate risk rating. Given his very severe risk rating in Dimension 2, exacerbated by his TBI, and moderate risk ratings in Dimensions 3, 4, 5, and 6, he needs high-intensity residential treatment for special populations in the form of 3.3 LOC services.

Level 3.5

Camila is a 28-year-old female with a history of alcohol and cannabis use disorder, severe. She has been court-ordered to treatment. She was recently arrested for the distribution of LSD to an undercover police officer. A day after Camilla's arrest, while in jail, she began vomiting. A brief evaluation revealed she had increased blood pressure and tremulousness. She was placed on a withdrawal protocol there. Camilla has diabetes that she knows how to care for but manages poorly when drinking. She drinks alcohol and smokes cannabis daily, drinking to the point of intoxication and consistently enough to develop a physical dependency, but her detoxification was completed while in jail. She is externally motivated to complete her treatment for the courts and said that she is "not sure" she will return to use after finishing her program. Camilla had a chaotic childhood and an early introduction to substances. She lacks interpersonal skills consistent with recovery. Camilla does not have her own home or apartment but stays with friends and people she previously dated.

Rationale for 3.5 LOC:

Camilla has an alcohol and cannabis use disorder. She completed most of her current course of withdrawal while in jail but will experience post-acute withdrawal symptoms next, indicating a moderate

risk rating in Dimension 1. She is currently not managing her diabetes but has the skills to do so, which produces a mild rating in Dimension 2. In Dimension 3, most of Camilla's problems are around her lack of prosocial interpersonal skills needed for recovery; thus, her risk rating in Dimension 3 is moderate. She is externally motivated to attend treatment, indicating a severe risk rating in Dimension 4. She has no plans or ability for remission, indicating a severe risk rating in Dimension 5. She is unhoused and has legal issues, which indicates a severe risk rating in Dimension 6. These risk ratings indicate Camilla needs 3.5 LOC services with a recovery milieu that encourages recovery and uses a milieu to teach needed recovery skills. A level 3.5 program will also help teach her how to manage the disquieting effect that occurs during post-acute withdrawal.

Level 3.7

Jadyn is a 47-year-old man with a long history of sedative use. He is brought to treatment by his son. Jaydyn has been taking clonazepam for anxiety and panic disorder for five years and has recently increased his dosage significantly. He states he takes 2 mg, 2 to 3 times daily. More recently, he has purchased prescription diazepam on the gray market. Jaydyn states he cannot function without the medication. Unfortunately, he attempted to discontinue the drugs abruptly four days ago and developed severe tremulousness, resulting in an ER admission 24 hours ago. The ER started him on a benzodiazepine taper and sent him directly to you for further evaluation. Jaydyn has several health problems, including diabetes and hypertension. He does not see a physician currently and is almost out of his hypertension medication. He has a history of panic disorder, moderate, which has been treated only with benzodiazepines. Jaydyn has a history of suicidal ideation and one distant suicide attempt. His withdrawal has driven him to think about suicide today, but he does not have a plan or means to complete it. He is motivated to decrease the clonazepam but is unsure whether he can ever discontinue it. He has some coping skills but states he is likely to return to benzodiazepine use if withdrawal symptoms increase. He has a home that he shares with his son, who also takes a different benzodiazepine, but he is willing to keep it locked away and help support his father's recovery.

Rationale for 3.7 LOC:

Jadyn has a benzodiazepine use disorder and a depressive disorder. Jaydyn's withdrawal is stabilized for the moment, but given his long use history and dose escalation due to gray market supplementation, his withdrawal is precarious and needs 24-hour observation by medical personnel. Jaydyn's history, abrupt cessation, and reinstitution of a slow taper score out to a severe risk rating in Dimension 1. He has hypertension and diabetes and is likely to run out of his hypertension medication, indicating a moderate risk rating in Dimension 2. Jaydyn has panic disorder, but its origins and his history are unclear. In addition, he has a history of suicidal ideation and one suicide attempt, indicating a severe risk rating in Dimension 3, especially when combined with his unstable withdrawal status. Adjunctive anxiety and withdrawal medications by medical personnel skilled in high-dose benzodiazepine withdrawal is critical. Jaydyn is motivated to change but is literally unable to stop medications on his own, indicating a severe risk rating in Dimension 4. He does not want to continue using benzodiazepines but has no non-chemical coping skills indicating a moderate risk rating in Dimension 5. He shares a home with his son, who is willing to lock up his benzodiazepines, which indicates a mild risk rating in Dimension 6. These risk ratings indicate the need for care in Level 3.7 services.

Level 4

Santiago, a 55-year-old male with a longstanding history of heavy alcohol use, is referred for evaluation. He has had multiple episodes of delirium tremens, treated in medical settings. More recently, he was diagnosed with alcoholic cardiomyopathy when his internist became concerned about his shortness of breath, chest pain, and a decreasing ejection fraction on echocardiography. Santiago has been free from chest pain for several weeks, but it has caused him to go to the emergency room in the past. He is no longer using opioids; he stopped using them after an opioid overdose two years ago. However, he currently consumes most of a 750 mL bottle of distilled alcohol daily. He has been drinking at this rate for the past two years. He has also been diagnosed with major depressive disorder (MDD) and attempted suicide once when he was a young adult. Santiago's wife of forty-two years died a year ago, and he says he would "like to join her" but did not specify a means of doing that. Although he currently has a job, he has been reprimanded twice for appearing intoxicated at work. Santiago lives alone and is paying off a mortgage and medical bills. His motivation to attend treatment is marginal, but he trusts his physician, who directed him to the current evaluation.

Rationale for 4 LOC:

Santiago has an alcohol use disorder, severe, and major depression. He does not currently have symptoms of withdrawal but will likely enter alcohol withdrawal imminently, indicating a severe risk rating in Dimension 1. Santiago has unstable alcoholic cardiomyopathy with angina. This has the distinct potential to become unstable during alcohol withdrawal, indicating a severe risk rating in Dimension 2. He also reports a history of depression, suicidal ideation, and one distant suicide attempt. Although he did not describe suicidal ideation directly, he did say he would like "to join" his deceased wife, indicating a very severe risk rating in Dimension 3. His multiple medical and psychological issues combined with significant grief have obliterated any motivation to stop drinking, indicating a severe risk rating in Dimension 4. He has not stopped using alcohol, indicating a severe risk rating in Dimension 5. He lives alone and drinks at home alone, indicating a severe risk rating in Dimension 6. His risk ratings indicate he needs medical, psychological, and psychiatric management in Level 4 services.