

# American Society of Addiction Medicine (ASAM) Criteria Clinician Training



Last Update: March 2023

# Learning Objectives

1. Understand what ASAM is, what it stands for, and how we use it
2. Understand what it looks like to apply ASAM criteria to a case in order to determine medical necessity



# Agenda

Chapter	Title
01	Background on ASAM
02	Application



# Chapter 1

## Background on ASAM



# What is ASAM Criteria?

- Treatment criteria for addictive, substance - related, and co - occurring conditions
- ASAM criteria is used as a starting place for making decisions related to the course of treatment, considering a holistic view of the patient in view to formalize treatment intervention over a continuum of care
- Goal of helping move practitioners toward individualized, clinically driven, participant - directed, and outcome informed treatment.
  - What does the patient want? Why now?
  - What life areas or dimensions are most important in determining treatment priorities?



# What is ASAM Criteria? (continued)

- Moving away from fixed lengths of stay toward clinically driven interventions with expressed intention and evaluated results
  - Court orders are inconsistent with ASAM and it is recommended that providers “make reasonable attempts to have the order amended to reflect the assessed clinical level or length of service.”
- Adolescents are viewed differently than adults due to fundamental developmental issues and generally require higher intensity treatment
- The preferable level of care is that which is the least intensive while still meeting treatment objectives and providing safety and security for the patient.



# Person Centered Care

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



# Person Centered Care (continued)

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





# New Terminology

*Detoxification*

Withdrawal Management

*Methadone Maintenance*

Opioid Treatment Programs (OTP)  
or  
Opioid Treatment Services (OTS)

*Dual Diagnosis*

Co-occurring Disorders

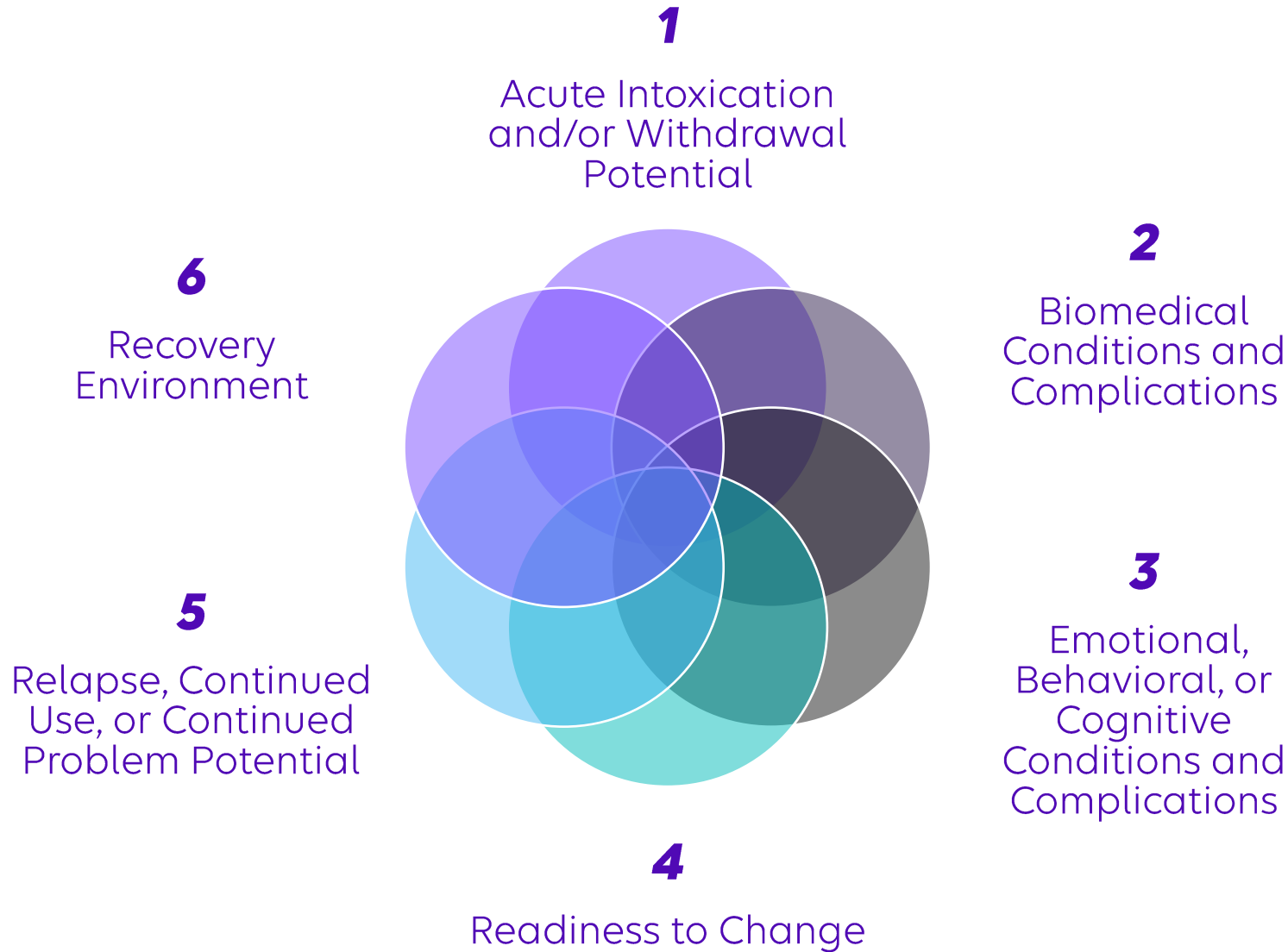


# Chapter 2

## Application



# Multidimensional Assessment



# Risk Rating

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

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



# Risk Rating : Step One (1)

- Assess within and across all six (6) dimensions to determine if the patient has any immediate needs related to imminent danger, as indicated by a rating of four (4) in any of the dimensions. If any dimension is rated as a four (4), it must be addressed in some way immediately. For example :
- If the patient has a risk rating of four (4) due to severe withdrawal posing imminent risk of seizures and delirium tremors, then placement at the highest level of care would be appropriate



Risk Rating				
0	1	2	3	4
Low		Moderate		High



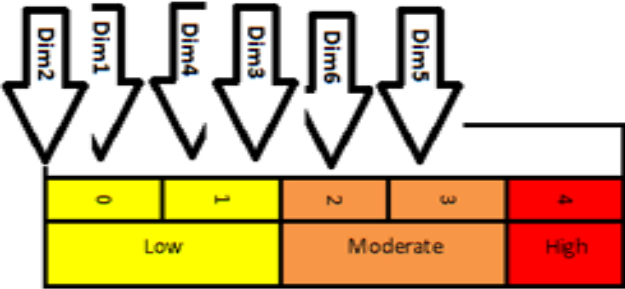
# Risk Rating : Steps Two (2), Three (3), and Four (4)

- **Step two (2)** : If the patient is not in imminent danger, determine the patient risk rating for all six (6) dimensions
- **Step three (3)** : Identify the appropriate types of services needed to adequately and safely address the risk rating of each dimension
- **Step four (4)** : Use the risk profile from steps two (2) and three (3) to develop a plan of care

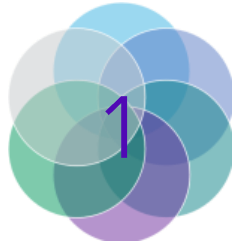


# Risk Rating : Step Five (5)

- Continue to reevaluate patient’s ongoing service needs utilizing steps one – four (1- 4); use discharge criteria to determine whether to maintain the level of care or transfer to a more or less intense level of care



# Dimension One (1)

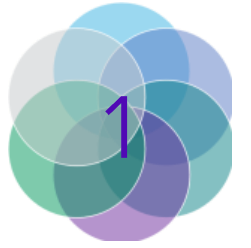


- Explore past and current experience of substance use and withdrawal including vitals, CIWA, COWS, and current symptomatology patient is experiencing
- Assessment considerations :
  - Is there significant risk of severe withdrawal symptoms, seizures, or other medical complications based on the patient's previous withdrawal history?
  - Does the patient have sufficient supports to assist in ambulatory withdrawal management if medically stable?





# Application of Severity Rating Matrix



- **None – mild / low (0 - 1) :**
  - Not under the influence; no withdrawal potential
- **Moderate – medium (2 - 3) :**
  - Recent use; moderate withdrawal potential requires twenty-four (24) hour monitoring
- **Severe – high (4) :**
  - Potential for or history of severe withdrawal
  - Presenting with severe withdrawal requiring medical / nursing monitoring (elevated vitals, etc.)
  - History of, or current seizure activity



## Dimension Two (2)



- Explore medical history and identify any current medical complications assessing for medical stability
- Assessment considerations :
  - Are there chronic conditions that need stabilization or ongoing disease management? (e.g. chronic pain)
  - Is there a communicable disease present?
  - For female patients, is the patient pregnant? Pregnancy history?



# Application of Severity Rating Matrix



- **None – mild / low (0 - 1) :**
  - No medical complications; not distracting from treatment
- **Moderate – medium (2 - 3) :**
  - No medical complications; not distracting from treatment
- **Severe – high (4) :**
  - History of, or identified medical condition that requires twenty-four (24) hour medical / nursing monitoring and / or intensive treatment



# Dimension Three (3)



- Explore patient thoughts, emotions, and mental health issues by assessing emotional and behavioral stability i.e. SI / HI or psychosis
- Assessment considerations :
  - Are there chronic conditions that need stabilization or ongoing treatment? (i.e. bipolar)
  - 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? (i.e. anxiety and withdrawal)
  - Is the patient able to manage activities of daily living (ADLs)?
  - Current psychiatric medications?



# Application of Severity Rating Matrix



- **None – mild / low (0 - 1)** assessment considerations :
  - None to mild psychiatric and / or behavioral symptoms
- **Moderate – medium (2 - 3)** assessment considerations :
  - Impaired mental status; passive SI / HI; impaired ability to complete ADLs
- **Severe – high (4)** assessment considerations :
  - Active SI / HI; acutely psychotic / delusional / labile



# Dimension Four (4)



- Assess stage of change including :
  - Pre–contemplation : don't want to change
  - Contemplation : thinking about change
  - Preparation : ready to make changes
  - Action : making changes
  - Maintenance : changes made
- Assessment considerations :
  - How ready, willing, or able does the patient feel to make changes to his / her addictive behaviors?
  - Is the patient able to perceive the negative and positive aspects of using vs. sobriety?



# Application of Severity Rating Matrix



- **None – mild / low (0 - 1) :**
  - Can identify future goals and plans for recovery
- **Moderate – medium (2 - 3) :**
  - Ambivalent about treatment; seeking help to avoid consequences and / or to please others
- **Severe – high (4) :**
  - Mandated for treatment by workplace, CPS, and / or court system



# Dimension Five (5)



- Explore patient's unique relationship with relapse or continued use by looking at past patterns of abstinence and likely ability to maintain abstinence
- Assessment considerations :
  - Does the patient have any understanding of his or her addictive disorder or co-occurring mental health disorder in order to prevent relapse, continued use, or continued psychosocial problems?
  - Does the patient have awareness of their triggers?
  - What are the patient's skills in coping with withdrawal, cravings, or urges to use?
  - Does the patient have a relapse prevention plan? If not, how active are they in making recovery plans?





# Application of Severity Rating Matrix



- **None – mild / low (0 - 1) :**
  - Can recognize onset of signs and triggers; uses coping skills
- **Moderate – medium (2 - 3) :**
  - Awareness of potential signs and triggers, but requires close monitoring
- **Severe – high (4) :**
  - Continues to use; unable to recognize potential signs and triggers despite consequences



# Dimension Six (6)



- Explore patient's recovery or living situation and surrounding people, places or things
- Assessment considerations :
  - Do any natural supports, living situations, or school / work situations pose a threat to the patient's safety or engagement in treatment? Are supports encouraging change?
  - Are there any legal, vocational, or social service agency mandates that may enhance the patient's motivation for engagement in treatment?
  - Are there transportation, child care, housing, or employment issues that need to be addressed?



# Application of Severity Rating Matrix



- **None – mild / low (0 - 1) :**
  - Supportive environment exists
- **Moderate – medium (2 - 3) :**
  - Moderately supportive environment / resources
- **Severe – high (4) :**
  - Resides with an emotionally / physically abusive individual, or active user



# Continuum of Care

- Consider placement along the continuum in terms of your overall risk rating. If most dimensions are low, then a lower level of care is indicated. If most dimensions are high, then a higher level of care is indicated
- Levels of care are viewed as benchmarks along a continuum, points along a journey of recovery or levels of intervention rather than self-contained treatment modalities
- It is possible to stabilize outside the continuum of care via community support or mental health treatment
- For patients that refuse higher levels of care, rather than being turned away from treatment, engage member at LOC 1 to work on motivation enhancement and engagement in the recovery process. Patient symptoms may significantly improve, making the possibility of success at a higher level of care more likely



# Continuum of Care Rubric

Dimensions	1.0	2.1	2.5	3.1	3.3 *Adult	3.5	3.7	4.0
	Outpatient	Intensive Outpatient services (IOP)	Partial Hospitalization Services (PHP)	Clinically Managed Low Intensity Residential	Clinically Managed Population Specific High-Intensity Residential	Clinically Managed High Intensity Residential	Medically Monitored Intensive Inpatient	Medically Managed Intensive Inpatient Services
Dimension 1: Intoxication and/or Withdrawal Potential	Not experiencing significant withdrawal or minimal risk of withdrawal	Minimal risk of severe withdrawal	Moderate risk of severe withdrawal; not in need of higher intensity	None or stable; member receiving me	Minimal risk of severe withdrawal	Minimal Risk of severe withdrawal	At high withdrawal risk *Does not require resources of a hospital	High risk of withdrawal and requires full resources of licensed hospital
Dimension 2 Biomedical & Complications	None or stable; receiving concurrent medications	None or not a distraction from treatment	None or not sufficient to distract from treatment	None or stable	None or stable	None or stable, receiving concurrent medical	Patient requires medical monitoring, not intensive treatment	Requires 24 hr medical/nursing care and full resources of licensed hospital
Dimension 3 Emotional and Behavioral	None or stable, or is receiving concurrent mental health monitoring	Mild severity with potential to distract from recovery; needs monitoring	Mild to moderate severity with potential to distract from recovery; needs stabilization	None or minimal not distracting from recovery	Mild to moderate severity; needs structure to promote recovery	Dimension 3 present must be admitted to dual dx program. Repeated inability to control impulses	Moderate severity; needs 24 hour structured setting; co-occurring d/o requires mental health services in medically monitored setting	Requires 24 hr psychiatric care with concomitant addiction treatment due to severe and unstable problems
Dimension 4 Readiness to change	Ready for recovery but needs motivating and monitoring to strengthen readiness; ongoing monitoring and disease management	Variable engagement in treatment, ambivalence, or a lack of awareness of substance use or mental health problem, and requires a structured program several times per week to support progress thru stages of change	Poor engagement in treatment, significant ambivalence, or lack of awareness of substance use or mental health problem; requires a near-daily structured program or intensive engagement services to promote progress through stages of change	Open to recovery but needs structured environment	Little awareness needs interventions available only in 3.3	Needs intensive motivation strategies in a 24 hr setting	Low interest in treatment and poor impulse control despite negative consequences; Requires motivating strategies only safely available in a 24-hour setting	N/A
Dimension 5 Relapse/Continued use potential	Able to maintain or control addictive behaviors and pursue recovery or motivational goals with minimal support	Intensification of symptoms indicate a high likelihood of relapse or continued use or problems without dose monitoring and support multiple days per week	Intensification of symptoms despite active participation in outpatient setting; high likelihood of relapse or continued or problems without near daily monitoring	Understands relapse but needs structure to maintain therapeutic gains	Little awareness needs interventions available only in 3.3; imminent dangerous consequences	No recognition of skills needed to prevent continued use with dangerous consequences	Unable to control use with imminently dangerous consequences, despite active participation in less intensive care	N/A
Dimension 6 Recovery Environment	Environment is unsupportive but with structure and support patient can cope	Environment unsupportive, but with structure & support the patient can cope	Environment unsupportive but with structure and relief from home environment, member can cope	Environment is dangerous but recovery is achievable with 24 hour structure	Environment is dangerous and 24 hour structure to cope	Environment is dangerous, patient lacks skills to cope outside structured 24 hr setting	Environment is dangerous, patient lacks skills to cope outside 24 hr setting	N/A



