

ASAM

Humana uses American Society of Addiction Medicine (ASAM) criteria to determine medical necessity for substance use abuse services.




Objectives

After completing this lesson, learners will be able to:

- Provide an overview of different ASAM Levels of care



Levels of Care



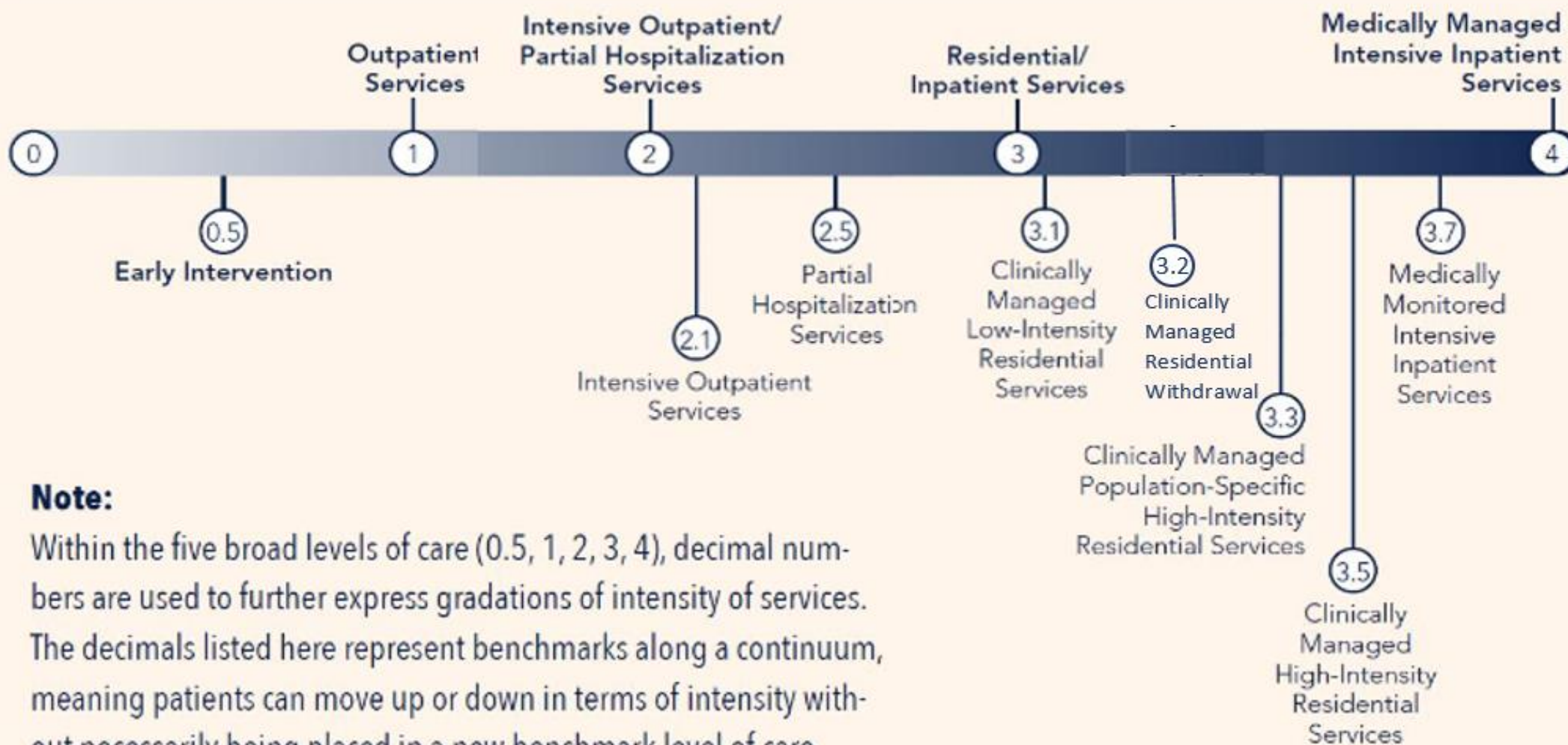
How much
treatment
is required?

How often
should the
member
receive
treatment?

How
intense
should the
treatment
be?

Benchmark Levels of Care

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Level 1 Outpatient Services



Intensity

Less than 9 hours of service per week

(Less than 6 hours for adolescents)



Opioid Treatment Program

Not specified for adolescents



Setting

Variety of settings that include recovery and/or motivational enhancement therapy.

Level 2 Intensive Outpatient Services



Intensive Outpatient Services (ASAM 2.1)

More than 9 hours of service per week

(More than 6 hours for adolescents)



Partial Hospitalization Services (ASAM 2.5)

20 or more hours of service per week

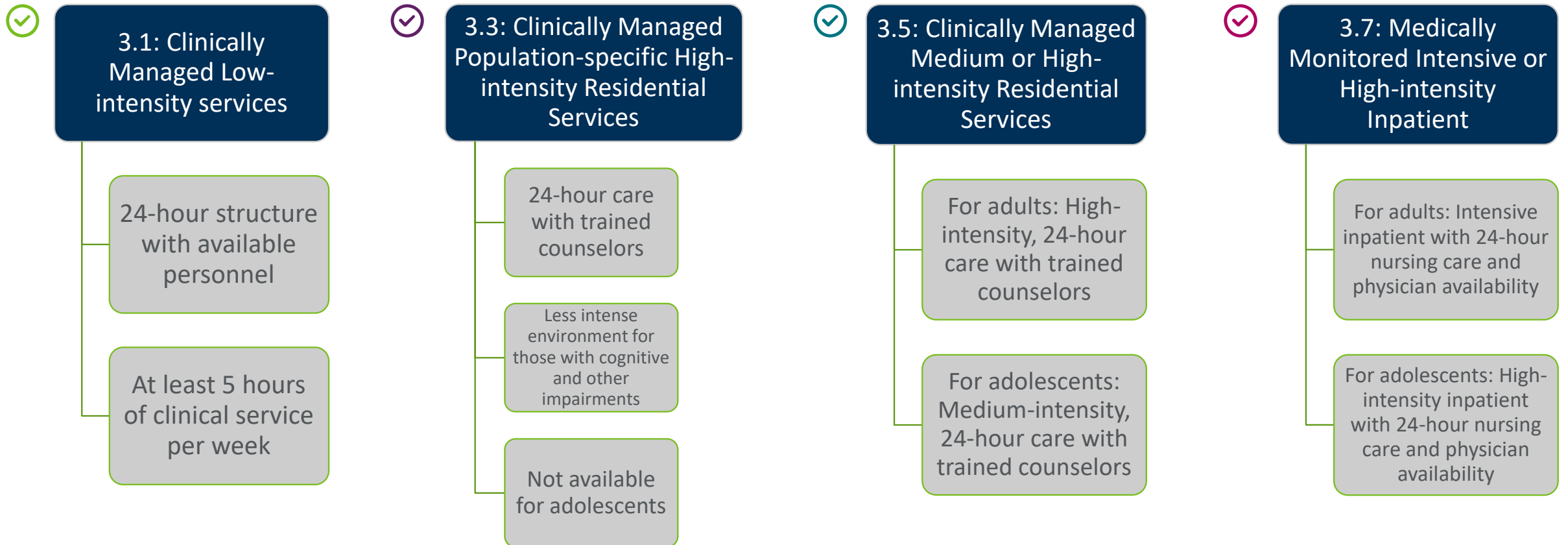


Setting

More organized outpatient setting

Level 3 Inpatient Treatment

Level 3 is split into several varying degrees of inpatient treatment.



Level 4 Detox

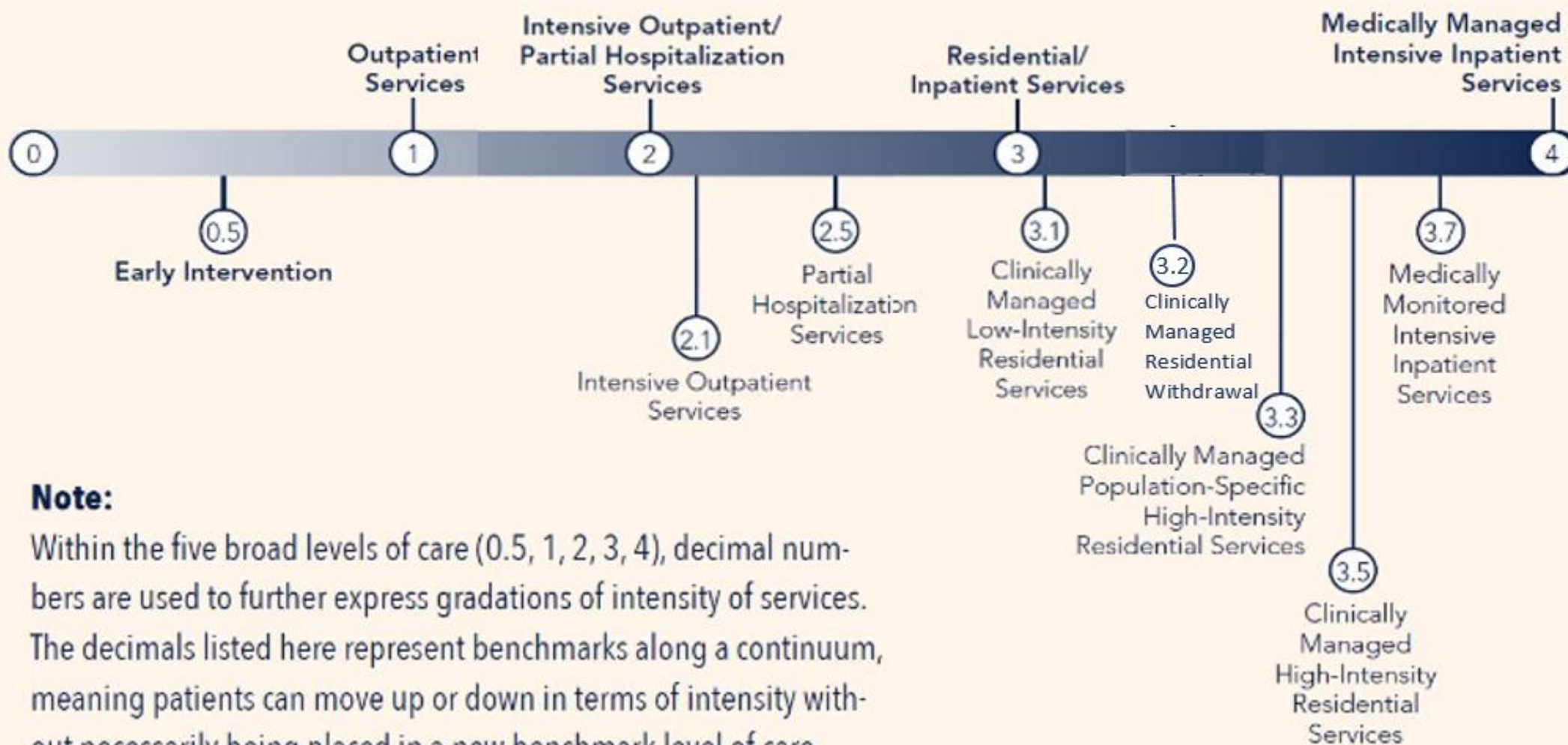
Medically Managed Intensive Inpatient Services

- 24-hour nursing care
- Daily physician care
- Counseling available
- Typically housed in a fully licensed Medical Hospital, however depending on the market program settings may include acute psychiatric hospitals and licensed addiction treatment specialty hospitals.



Benchmark Levels of Care

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

ADULT LEVELS OF CARE Description of Services	Admission specifications	1 Acute Intoxication and/or Withdrawal	2 Biomedical Conditions and Complication	3 Emotional/ Behavioral or Cognitive Conditions and Complication	4 Readiness to Change	5 Relapse, Continued Use or Continued Problem Potential	6 Recovery Environment
Level 2.1 – IOP Intensive Outpatient Services 9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	D1 – No signs or symptoms of withdrawal. Meets specifications for D2 (if present) and D3 (if present) and at least one of D4, D5, or D6.	Minimal risk of severe withdrawal, manageable at level 2 WM Same for Adolescent	None or not a distraction from treatment. Such problems are manageable at Level 2.1 Distracts from treatment at less intensive level, manageable at 2.1	Mild severity, with potential to distract from recovery, needs monitoring a) low risk harm, b) mild interference, c) mild impairment but sustains responsibilities, d) mod probs ADLS w freq monitoring, e) Hx sugg need freq monitoring	Has variable engagement in treatment, ambivalence or a lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress thru the stages of change. Requires close monitoring several x a week.	Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week. Has poor prevention skills	Recovery environment is not supportive, but with structure and support, the patient can cope. Env impeding recovery and requires close monitoring/support overcome barrier
Level 2.5 – PHP Partial Hospitalization Services .20 or more hours of service/week for multidimensional instability not requiring 24 hour care.	D1 – No signs or symptoms of withdrawal. Meets specifications for D2 (if present) and D3 (if present) and at least one of D4, D5, or D6.	Moderate risk of severe withdrawal manageable at Level 2-WM. Mild withdrawal or is at risk of Withdrawal	None or not sufficient to distract from treatment. Such problems are manageable at level 2.5. Distracts from treatment at less intensive level, manageable at 2.5.	Mild to moderate severity, with potential to distract from recovery, needs stabilization. a) low risk harm/safe overnight, b) mod. interference, c) mod. impairment but sustains responsibilities, d) mod probs ADLS w freq monitoring, e) Hx sugg need freq monitoring.	Has poor engagement in treatment, significant ambivalence, or a lack of awareness of the substance use or mental health problem, requiring a near-daily structured program or intensive engagement services to promote progress thru the stages of change. Little engagement or no awareness Requires near daily structure to progress..	Intensification of addiction or mental symptoms, despite active participation in Level 1 or 2.1 program, indicates a high likelihood of relapse or continued use or continued problems without near-daily monitoring and support. Has minimal prevention skills, needs near daily struct.	Recovery environment is not supportive, but with structure and support and relief from the home environment, the patient can cope. Env impeding recovery and requires close monitoring/support or relief from env..
Level 3.5 Clinically Managed High-Intensity Residential Services 24 hour care to stabilize multidimensional imminent danger, prep for outpatient, able to tolerate and use full active milieu or therapeutic community	Patient appropriately admitted to a level 3.5 program, meets specifications in each of the 6 Dimensions	At minimum risk of severe withdrawal. If withdrawal present, manageable at level 3.2 WM. Mild to mod. Risk but does not need med or nursing mgt	None or stable, or receiving concurrent medical monitoring. Same for Adolescent.	Repeated inability to control impulses, or unstable/dangerous symptoms require stabilization. Functional deficits require stabilization and a 24-hour setting to prepare for community integration/ cont. care. A co-occurring enhanced setting for severe/chronic mental illness a) mod but stable risk, b) mod interference, c) mod to severe, d) mod to severe ADL not manageable lower level, e) destabilization without this level	Has marked difficulty with, or opposition, to treatment, with dangerous consequences. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1. Needs intensive mot. Strategies in 24 hour setting to address minimal engagement/opposition to treatment or lack awareness of severity.	Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences. Unable to control use, cannot overcome env. Triggers or cravings, insufficient supervision, high chronicity, poor response to treatment.	Environment is dangerous, and the patient lacks skills to cope outside of a highly structured 24-hour setting. Requires residential program to promote recovery goals and for protection.
LEVEL 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES (INPATIENT REHAB) 24-hour nursing care/MD avail. for significant problems D1,2 or 3. plus counseling/recovery services.	(freestanding Detox or special unit in psych hosp) Meets specifications in at least two of the 6 dimensions; at least one of which must be dimension 1, 2 or 3.	high risk of w/d, requires Level 3.7 WM, does not need r full resources of licensed hosp. Mod to severe Risk but manage at 3.7	Requires 24-hour medical monitoring but not intensive treatment Same for Adolescent	Moderate severity; needs a 24-hour structured setting. If the patient has a co-occurring mental disorder, requires concurrent mental health treatment services in a medically monitored setting. A) mod risk of harm, needs 24 hr monitoring, b) severe interference needs 24 yr care to engage, c) severe impairment, d) severe diff ADLS, needs supv, e) would destabilize with 24 hr care.	Low interest in treatment, impulse control poor despite negative consequences; needs motivating strategies only safely available in 24-hour structured setting. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement should be provided in Level 1. No treatment engagement assoc biomed or behave conditions or actively opposes treatment, needs secure placement to remain safe.	Unable to control use, with imminently dangerous consequences, despite active participation at less intensive levels of care. Unable to stop high-severity pattern of use/behaviors, needs 24 hr care to avoid dangerous consequences, severe impulse control, w/d symptoms.	Environment is dangerous AND the patient lacks skills to cope outside of a highly structured 24-hour setting. And to help establish a successful transition to a less intensive level of care.
Level 4 MEDICALLY MANAGED INTENSIVE INPATIENT SERVICES 24 hr nursing care, daily MD care for severe, unstable problems in D1,2 or 3. Counseling available	(Acute Inpatient hosp) Meets specifications in at least one of Dimension 1, 2 or 3. Problems in Dimension 4, 5 or 6 do not qualify for services at level 4. (See also Withdrawal Management – WM Guidelines)	At high risk of withdrawal and requires Level 4-WM and the full resources of a licensed hospital severe w/d or risk, requires intensive active medical management	Requires 24-hour medical and nursing care and the full resources of a licensed hospital. Same for Adolescent	Because of severe and unstable problems, requires 24-hour psychiatric care with concomitant addiction treatment (co-occurring enhanced) a) severe risk of harm, b) severe, almost overwhelming interference, c) very dangerous impairment, d) very severe difficulties with ADLS requiring freq med/nursing interventions, e) history and present situation predict destabilization without inpatient medical management	Problems in this dimension do not qualify for the patient for Level 4 Services. If the patient's only severity is in Dimension 4, 5 and/or 6 without high severity in Dimensions 1, 2 and/or 3, then the patient does not qualify for Level 4. Same for Adolescent	Problems in this dimension do not qualify the patient for Level 4 services. See further explanation in Dimension 4 Same for Adolescent.	Problems in this dimension do not qualify the patient for Level 4 services. See further explanation in Dimension 4 Same for Adolescent



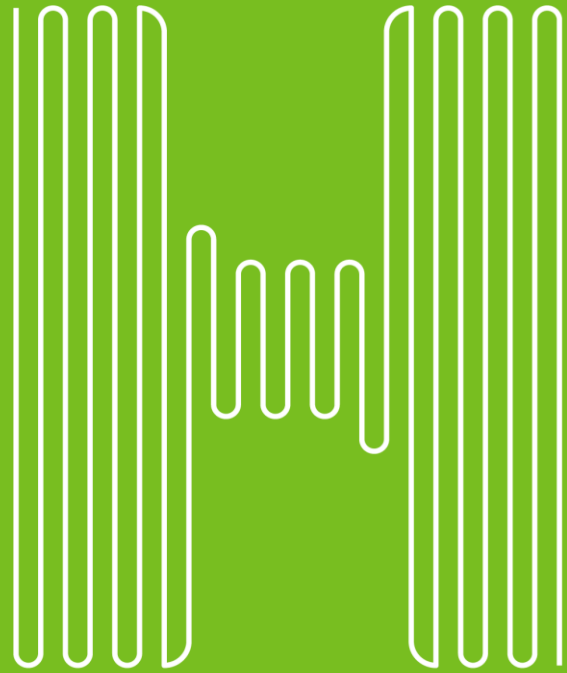
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References

Mee-Lee, D., Shulman, G.D., Fishman, M.J., Gastfriend, D.R., & Miller (Eds.). (2013, 3rd ed.). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. The Change Companies. American Society of Addiction Medicine.



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Thank you