



ASAM

American Society of
Addiction Medicine

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Continued Service Criteria

It is appropriate to retain the patient at the present level of care if:

- A** The patient is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals; or
- B** The patient is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals; and/or
- C** New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the patient is receiving treatment is therefore the least intensive level at which the patient's new problems can be addressed effectively.

To document and communicate the patient's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the patient's existing or new problem(s), the patient should continue in treat-

ment at the present level of care. If not, refer to the Transfer/Discharge Criteria provided in this section.

For continued service, typical findings in each of the six dimensions follow for both adult and adolescent, with examples given.



ADULT AND ADOLESCENT CONTINUED SERVICE CRITERIA

1

DIMENSION 1:

Acute Intoxication and/or
Withdrawal Potential

Signs and symptoms indicate the continued presence of the intoxication or withdrawal problem that required admission to the present level of care. The problem requires monitoring or withdrawal management services that can be provided effectively only at the present level of care.

Example (Continued Service Criterion **A**):

A patient in a Level 3.7-WM program is improving, but continues to experience withdrawal anxiety, tremors, and increased pulse rate and blood pressure related to withdrawal. The patient continues to require withdrawal management medications and nurse monitoring every 8 hours. Therefore, continued treatment can be provided effectively only in a Level 3.7-WM service.

ADULT AND ADOLESCENT CONTINUED SERVICE CRITERIA (CONTINUED)

2

DIMENSION 2:

Biomedical Conditions and Complications

The physical health problem that required admission to the present level of care, or a new problem, requires biomedical services that can be provided effectively only at the present level of care.



Adolescent Example (Continued Service Criterion B):

An adolescent patient in a Level 3.7 program who has experienced significant weight loss from a co-occurring disorder (anorexia nervosa) has not yet regained sufficient weight to allow safe transfer to a less intensive level of care. However, the adolescent is following through with the treatment plan. He or she needs further medical monitoring and 24-hour nurse management to monitor for insomnia, excessive exercise, or purging behavior, and to provide dietary structure. These services can be provided effectively only in a Level 3.7 program.

3

DIMENSION 3:

Emotional, Behavioral, or Cognitive Conditions and Complications

The emotional, behavioral, and/or cognitive problem that required admission to the present level of care continues, or a new problem has appeared. This problem requires interventions that can be provided effectively only at the present level of care.

Example (Continued Service Criterion B):

A patient in a Level 2.5 program has substance-induced depressive symptoms and suicidal ideation persisting beyond the “crash” of cocaine withdrawal. The patient thus requires consistent monitoring of depression and suicidal ideation at a frequency that can be provided effectively in a co-occurring enhanced Level 2.5 program.

Example (Continued Service Criterion C):

Following a methamphetamine binge, a patient in a Level 2.5 setting has cognitive and impulse control problems beyond what might be seen as self-limiting or substance-induced. The patient thus requires consistent behavioral interventions at a frequency that can be provided effectively only in a Level 2.5 program.

The patient continues to demonstrate a need for engagement and motivational enhancement that can be provided effectively only at the present level of care.

Example (Continued Service Criterion A):

A patient in a Level 2.1 program is attending group sessions and has articulated increasing awareness that his marijuana and alcohol use have negatively affected his work or school performance and family relationships. However, the patient is not yet implementing recommended changes in his friends and recovery support groups. Further family work, employer involvement, peer confrontation, and education about addiction are thus required to increase the patient's readiness to change. The family and employer or school counselor sessions are to explore if there is leverage to increase incentives for the patient to embrace recovery. The peer confrontation and intensive groups can hold him accountable as he tries his own “strong will-power” and “I can just stop” methods to achieve abstinence. These motivational enhancement strategies are of such intensity that they can be provided effectively only in a Level 2.1 program.

4

DIMENSION 4:

Readiness to Change

4

ADULT AND ADOLESCENT CONTINUED SERVICE CRITERIA (CONTINUED)**5****DIMENSION 5:**

Relapse, Continued Use, or Continued Problem Potential

The patient continues to demonstrate a problem, or has developed a new problem, that requires coping skills and strategies to prevent relapse, continued use, or continued problems. These strategies can be provided effectively only at the present level of care.

Example (Continued Service Criterion B):

A patient in a Level 1 program continues to experience cravings to drink on a daily basis, but is willing to continue addressing her alcohol problem. She is attending group therapy twice a week and Alcoholics Anonymous meetings four days a week. Even though there was a brief “slip” during which the patient drank two glasses of wine, she talked about it in group and identified the relevant relapse triggers and situations. Moreover, she articulated plans to avoid the friends and the parties associated with the slip. Continued service is required and can be provided effectively at Level 1.

6**DIMENSION 6:**

Recovery Environment

The patient continues to demonstrate a problem in his or her recovery environment, or has a new problem, that requires coping skills and support system interventions. These interventions can be provided effectively only at the present level of care.

**Adolescent Example (Continued Service Criterion C):**

In a Level 3.5 program, family work has uncovered the fact that an adolescent patient is a victim of incest. As the effects of her use of alcohol, cocaine, and marijuana have cleared, the patient has become increasingly distressed, and her father, who has an alcohol use disorder, has become unwilling to attend family sessions. The individual and group strategies to help the adolescent cope with her emotional distress, as well as her relationship with her father, without reverting to substance use, can be provided effectively only in a Level 3.5 program. In addition, the family work is sufficiently intense that continued treatment at Level 3.5 is necessary until staff and social services can clarify whether the adolescent will require placement outside the family home to permit full recovery.