



ASAM

American Society of
Addiction Medicine

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determinations are made according to established protocols, which include reliance on the patient's personal physician whenever possible. The determination is based on the staff's capabilities and the severity of the patient's symptoms, and is approved by a physician. (In states where physician assistants or nurse practitioners are under physician supervision and are licensed as physician extenders, they may perform the duties designated here for a physician.)

- b. An individualized treatment plan, which involves problems, needs, strengths, skills, and priority formulation and articulation of short-term, measurable treatment goals, preferences, and activities designed to achieve those goals. The plan is developed in collaboration with the patient and reflects the patient's personal goals. Treatment plan reviews are conducted at specified times, as noted in the treatment plan.

Co-Occurring Enhanced Programs

In addition to the activities just described, which encompass co-occurring capable programs,

Level 2.5 co-occurring enhanced programs provide a review of the patient's recent psychiatric history and a mental status examination (which are reviewed by a psychiatrist, if necessary). A comprehensive psychiatric history and examination and a psychodiagnostic assessment are performed within a reasonable time frame, as determined by the patient's psychiatric condition.



DOCUMENTATION

All Programs

Documentation standards for Level 2.5 programs include individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

Co-Occurring Programs

In addition to the documentation standards previously described, Level 2.5 co-occurring capable and co-occurring enhanced programs document the patient's mental health problems, the relationship between the mental and substance-related disorders, and the patient's current level of mental functioning.



ADULT DIAGNOSTIC ADMISSION CRITERIA

All Services

The patient who is appropriately placed in a Level 2.5 program is assessed as meeting the diagnostic criteria for a substance use and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting substance use or gambling history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).

Co-Occurring Enhanced Programs

The patient in need of Level 2.5 co-occurring enhanced program services is assessed as meeting the diagnostic criteria for a mental disorder as well as a substance use or addictive disorder, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the patient's presenting history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).



ADULT DIMENSIONAL ADMISSION CRITERIA

All Programs

Direct admission to a Level 2.5 program is advisable for the patient who meets specifications in Dimension 2 (if any biomedical conditions or problems exist) **and** in Dimension 3 (if any emotional, behavioral, or cognitive conditions or problems exist), as well as in at least **one** of Dimensions 4, 5, or 6.

Transfer to a Level 2.5 program is advisable for the patient who

a. has met essential treatment objectives at a more intensive level of care
and

b. requires the intensity of services provided at Level 2.5 in at least **one** dimension.

A patient also may be transferred to Level 2.5 from a Level 1 or Level 2.1 program when the services provided at the less intensive level have proved insufficient to address the patient's needs, or when those services have consisted of motivational interventions to prepare the patient for participation in a more intensive level of service, for which he or she now meets the admission criteria.

1

DIMENSION 1:

Acute Intoxication and/or
Withdrawal Potential

All Programs

The patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in a Level 2.5 setting. See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

2

DIMENSION 2:

Biomedical Conditions and
Complications

All Programs

In Dimension 2, the patient's biomedical conditions and problems, if any, are not sufficient to interfere with treatment, but are severe enough to distract from recovery efforts. Examples include unstable hypertension or asthma requiring medication adjustment or chronic back pain that distracts from recovery efforts.

Such problems require medical monitoring and/or medical management, which can be provided by a Level 2.5 program either directly or through an arrangement with another treatment provider.

All Programs

Problems in Dimension 3 are not necessary for admission to a Level 2.5 program. However, if any of the Dimension 3 conditions are present, the patient must be admitted to either a co-occurring capable or co-occurring enhanced program, depending on the patient's level of function, stability, and degree of impairment in this dimension.

The severity of the patient's problems in Dimension 3 may require partial hospitalization or a similar supportive living environment in conjunction with a Level 3.1 program. On the other hand, if the patient receives adequate support from his or her family or significant other(s), a Level 2.5 program may suffice.

3

DIMENSION 3:

Emotional, Behavioral, or
Cognitive Conditions and
Complications

Co-Occurring Capable Programs

The patient's status in Dimension 3 is characterized by a history of mild to moderate psychiatric decompensation (marked by paranoia or mild psychotic symptoms) on discontinuation of the drug use. Such decompensation may occur and requires monitoring to permit early intervention.

Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by (a) **or** (b) **or** (c):

a. The patient evidences current inability to maintain behavioral stability over a 48-hour period (as evidenced by distractibility, negative emotions, or generalized anxiety that significantly affects his or her daily functioning);

or

b. The patient has a history of moderate psychiatric decompensation (marked by severe, non-suicidal depression) on discontinuation of the addictive drug. Such decompensation is currently observable;

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)**3****DIMENSION 3:**

Emotional, Behavioral, or Cognitive Conditions and Complications

or

- c. The patient is at mild to moderate risk of behaviors endangering self, others, or property, and is at imminent risk of relapse, with dangerous emotional, behavioral, or cognitive consequences, in the absence of Level 2.5 structured services. For example, the patient does not have sufficient internal coping skills to maintain safety to self, others, or property without the consistent structure achieved through attendance at treatment sessions daily, or at least 20 hours per week.

4**DIMENSION 4:**

Readiness to Change

All ProgramsThe patient's status in Dimension 4 is characterized by (a) *or* (b):

- a. The patient requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another level of care have failed. Such interventions are not feasible or are not likely to succeed in a Level 2.1 program;
- or*
- b. The patient's perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, clinically directed motivational interventions. (For example, the patient has unrealistic expectations that his or her alcohol, other drug, or mental health problem will resolve quickly, with little or no effort, or the patient experiences frequent impulses to harm himself or herself. He or she is willing to reach out but lacks ability to ask for help.) Such interventions are not feasible or are not likely to succeed in a Level 1 or Level 2.1 program. However, the patient's willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest that treatment at Level 2.5 can be effective.

Co-Occurring Enhanced ProgramsThe patient's status in Dimension 4 is characterized by (a); *and* one of (b) *or* (c):

- a. The patient has little awareness of his or her co-occurring mental disorder;
- and*
- b. The patient is assessed as requiring more intensive engagement, community, or case management services than are available at Level 2.1 in order to maintain an adequate level of functioning (for example, the patient experiences frequent impulses to harm himself or herself, with poor commitment to reach out for help);
- or*
- c. The patient's follow through in treatment is so poor or inconsistent that Level 2.1 services are not succeeding or are not feasible.

5**DIMENSION 5:**

Relapse, Continued Use, or Continued Problem Potential

All ProgramsThe patient's status in Dimension 5 is characterized by (a) *or* (b):

- a. Although the patient has been an active participant at a less intensive level of care, he or she is experiencing an intensification of symptoms of the substance-related disorder (such as difficulty postponing immediate gratification and related drug-seeking behavior) and his or her level of functioning is deteriorating despite modification of the treatment plan;
- or*
- b. There is a high likelihood that the patient will continue to use or relapse to use of substances or gambling without close outpatient monitoring and structured therapeutic services, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping or postponing immediate gratification, or ambivalence toward treatment. The patient has unsuccessfully attempted treatment at a less intensive level of care, or such treatment is adjudged insufficient to stabilize the patient's condition so that direct admission to Level 2.5 is indicated.

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5

DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a high risk of relapse to the substance or psychiatric disorder.

Such a patient has impaired recognition or understanding of relapse issues, and inadequate skills in coping with and interrupting mental disorders and/or avoiding or limiting relapse. Such a patient's follow through in treatment is so inadequate or inconsistent, and his or her relapse problems are escalating to such a degree, that treatment at Level 2.1 is not succeeding or not feasible.

For example, the patient may continue to inflict superficial wounds on himself or herself and have continuing suicidal ideation and impulses. However, he or she has no specific suicide plan and agrees to reach out for help if seriously suicidal. Or the patient's continuing substance-induced psychotic symptoms are resolving, but difficulties in controlling his or her substance use exacerbate the psychotic symptoms.

6

DIMENSION 6: Recovery Environment

All Programs

The patient's status in Dimension 6 is characterized by (a) **or** (b):

- a. Continued exposure to the patient's current school, work, or living environment will render recovery unlikely. The patient lacks the resources or skills necessary to maintain an adequate level of functioning without the services of a Level 2.5 program;
- or**
- b. Family members and/or significant other(s) who live with the patient are not supportive of his or her recovery goals, or are passively opposed to his or her treatment. The patient requires the intermittent structure of Level 2.5 treatment services and relief from the home environment in order to remain focused on recovery, but may live at home because there is no active opposition to, or sabotaging of, his or her recovery efforts.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by a living, working, social, and/or community environment that is not supportive of good mental functioning. The patient has such limited resources and skills to deal with this situation that treatment is not succeeding or not feasible.

For example, the patient is unable to cope with continuing stresses caused by homelessness, unemployment, and isolation, and evidences increasing depression and hopelessness. The support and intermittent structure of a Level 2.5 co-occurring enhanced program provide sufficient stability to prevent further deterioration.



ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA



The adolescent who is appropriately placed in a Level 2.5 program is assessed as meeting the diagnostic criteria for a substance use and/or other addictive disorder as defined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association or other standardized and widely accepted criteria, as well as the dimensional criteria for admission.

If the adolescent's presenting substance use or gambling history is inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information submitted by collateral parties (such as family members, legal guardians, and significant others).