



ASAM

American Society of
Addiction Medicine

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conducted by a psychiatrist.) A comprehensive psychiatric history, examination, and psychodiagnostic assessment are performed within a reasonable time, as determined by the patient's needs.

Level 3.1 co-occurring enhanced programs (either directly or through affiliation with another program) also provide active reassessment of the patient's mental status, at a frequency determined by the urgency of the patient's psychiatric problems, and follow through with mental health treatment and psychotropic medications.

NOTE: Certain patients may need the kinds of assessment and treatment services described here for co-occurring enhanced, but at a reduced level of frequency and comprehensiveness to match the greater stability of the patient's mental health problems. For such patients, placement in a co-occurring capable program may be appropriate.



DOCUMENTATION

All Programs

Documentation standards for Level 3.1 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.

Treatment plan reviews are conducted at specified times and recorded in the treatment plan.

Co-Occurring Enhanced Programs

In addition to the information just described, Level 3.1 co-occurring enhanced programs document the patient's mental health problems, the relationship between the mental and substance use and addictive disorders, and the patient's current level of mental functioning.



ADULT DIAGNOSTIC ADMISSION CRITERIA

All Programs

The patient who is appropriately placed in a Level 3.1 program meets the diagnostic criteria for a moderate or severe substance use and/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).

NOTE: Patients in Level 3.1 co-occurring capable programs may have co-occurring mental disorders that meet the stability criteria for placement in a co-occurring capable program; or difficulties with mood, behavior, or cognition related to a substance use, other addictive, or mental disorder; or emotional, behavioral, or cognitive symptoms that are troublesome but do not meet the *DSM* criteria for a mental disorder.

Co-Occurring Enhanced Programs

The patient who is appropriately admitted to a Level 3.1 co-occurring enhanced program meets the diagnostic criteria for a mental disorder as well as a moderate or severe substance use and/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

The adult patient who is appropriately admitted to a Level 3.1 program meets specifications in **each** of the six dimensions.

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 3.1 setting. See separate withdrawal management chapter for how to approach “unbundled” withdrawal management for adults.

2

DIMENSION 2:

Biomedical Conditions and
Complications

All Programs

The patient’s status in Dimension 2 is characterized by **one** of the following:

- a. Biomedical problems, if any, are stable and do not require medical or nurse monitoring, and the patient is capable of self-administering any prescribed medications;
- or**
- b. A current biomedical condition is not severe enough to warrant inpatient treatment but is sufficient to distract from treatment or recovery efforts. The problem requires medical monitoring, which can be provided by the program or through an established arrangement with another provider.

Biomedical Enhanced Services

The patient who 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 Level 3.1 programs is in need of biomedical enhanced services.

3

DIMENSION 3:

Emotional, Behavioral, or
Cognitive Conditions and
Complications

All Programs

The patient may not have any significant problems in this dimension. However, if **any** of the Dimension 3 conditions are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment).

Co-Occurring Capable Programs

The patient’s status in Dimension 3 is characterized by (a); **and** one of (b) **or** (c) **or** (d) **or** (e):

- a. The patient’s mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to allow the patient to participate in the therapeutic interventions provided at this level of care and to benefit from treatment.
- and**
- b. The patient’s psychiatric condition is stable, and he or she is assessed as having minimal problems in this area, as evidenced by **both** of the following: (1) the patient’s thought disorder, anxiety, guilt, and/or depression may be related to substance use problems or to a stable co-occurring emotional, behavioral, or cognitive condition, with imminent likelihood of relapse with dangerous consequences outside of a structured environment. For mandated patients, examples of “dangerous consequences” may be the imminent loss of their children, imminent years of impending imprisonment, etc. as consequences of relapse, and (2) the patient is assessed as not posing a risk to self or others;
- or**
- c. The patient’s symptoms and functional limitations, when considered in the context of his or her home environment, are sufficiently severe that he or she is assessed as not likely to maintain mental stability and/or abstinence if treatment is provided in a nonresidential setting. Functional limitations may include—but are not limited to—residual psychiatric symptoms, chronic addictive disorder, history of criminality, marginal intellectual ability, limited educational achievement, poor vocational skills, inadequate anger management skills, and the sequelae of physical, sexual, or emotional trauma. These limitations may be complicated by problems in Dimensions 2 through 6;
- or**

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

3

DIMENSION 3:

Emotional, Behavioral, or
Cognitive Conditions and
Complications

d. The patient demonstrates (through distractibility, negative emotions, or generalized anxiety) an inability to maintain stable behavior over a 24-hour period without the structure and support of a 24-hour setting;

or

e. The patient's co-occurring psychiatric, emotional, behavioral, or cognitive conditions are being addressed concurrently through appropriate psychiatric services.

Co-Occurring Enhanced Programs

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

a. The patient has a diagnosed emotional, behavioral, or cognitive disorder that requires monitoring of medications or assessment of psychiatric symptoms or behavioral management techniques, because the patient's history suggests that these disorders are likely to distract him or her from treatment efforts;

or

b. The patient needs monitoring of psychiatric symptoms concurrent with addiction treatment (as may occur in a patient with borderline or compulsive personality disorder, anxiety or mood disorder, or chronic schizophrenic disorder in addition to a stabilizing substance use or other addictive disorder);

and

c. The patient is assessed as able to safely access the community for work, education, and other community resources.

NOTE: Such a patient may be receiving specific co-occurring services in a Level 2.1 or 2.5 program, or be receiving Level 1 outpatient services with intensive case management.

All Programs

The patient's status in Dimension 4 is characterized by at least **one** of the following:

a. The patient acknowledges the existence of a psychiatric condition and/or substance use problem. He or she recognizes specific negative consequences and dysfunctional behaviors and their effect on his or her desire to change. He or she is sufficiently ready to change and cooperative enough to respond to treatment at Level 3.1;

or

b. The patient is assessed as appropriately placed at Level 1 or 2 and is receiving Level 3.1 services concurrently. The patient may be at an early stage of readiness to change and thus in need of engagement and motivational strategies;

or

c. The patient requires a 24-hour structured milieu to promote treatment progress and recovery, because motivating interventions have failed in the past and such interventions are assessed as not likely to succeed in an outpatient setting;

or

d. The patient's perspective impairs his or her ability to make behavior changes without the support of a structured environment. For example, the patient attributes his or her alcohol, other drug, or mental health problem to other persons or external events, rather than to a substance use or mental disorder. Interventions are assessed as not likely to succeed in an outpatient setting.

Co-Occurring Enhanced Programs

The patient's status in Dimension 4 is characterized by ambivalence in his or her commitment to change a co-occurring mental health problem.

(See following page for additional information.)

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LEVEL 3.1

4

DIMENSION 4:

Readiness to Change

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

4

DIMENSION 4: Readiness to Change

Similarly, the patient is appropriately placed in a Level 3.1 co-occurring enhanced program when he or she is not consistently able to follow through with treatment, or demonstrates minimal awareness of a problem, or is unaware of the need to change. Such a patient requires active interventions with family, significant others, and other external systems to create leverage and align incentives so as to promote engagement in treatment.

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

All Programs

The patient's status in Dimension 5 is characterized by at least **one** of the following:

- a. The patient demonstrates limited coping skills to address relapse triggers and urges and/or deteriorating mental functioning. He or she thus is in imminent danger of relapse, with dangerous emotional, behavioral, or cognitive consequences, and needs 24-hour structure to help him or her apply recovery and coping skills;
- or**
- b. The patient understands his or her addiction and/or mental disorder but is at risk of relapse in a less structured level of care because he or she is unable to consistently address either or both;
- or**
- c. The patient needs staff support to maintain engagement in his or her recovery program while transitioning to life in the community;
- or**
- d. The patient is at high risk of substance use, addictive behavior, or deteriorated mental functioning, with dangerous emotional, behavioral, or cognitive consequences, in the absence of close 24-hour structured support (as evidenced, for example, by lack of awareness of relapse triggers, difficulty in postponing immediate gratification, or ambivalence toward or low interest in treatment), and these issues are being addressed concurrently in a Level 2 program.

Co-Occurring Enhanced Programs

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate risk of relapse to a substance use or mental disorder. Such a patient demonstrates limited ability to apply relapse prevention skills, as well as deteriorating psychiatric functioning, which increases his or her risk of serious consequences and requires the types of services and 24-hour structure of a Level 3.1 co-occurring enhanced program in order to maintain an adequate level of functioning. For example, the patient demonstrates deteriorating functioning during outpatient treatment or while in a halfway house that does not provide co-occurring enhanced services.

The patient who is receiving concurrent Level 2 and Level 3.1 services requires case management to coordinate the services across levels of care. Case management and collaboration across levels of care may be needed to manage ant craving, psychotropic, or opioid agonist medications. For example, the patient may have only recently developed the ability to control his or her anger and impulses to damage property. Or the patient may have only recently become adherent in taking psychotropic medications as prescribed and is not increasing the dose to control continuing symptoms of anxiety or panic.

Preparation for transfer of the patient to a less intensive level of care and/or reentry into the community requires case management and staff exploration of supportive living environments, separately from their therapeutic work with the patient.

6

DIMENSION 6: Recovery Environment

All Programs

The patient's status in Dimension 6 is characterized by one of (a); **and** one of (b) **or** (c) **or** (d) **or** (e) **or** (f):

- a. The patient is able to cope, for limited periods of time, outside the 24-hour structure of a Level 3.1 program in order to pursue clinical, vocational, educational, and community activities;

ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)**6****DIMENSION 6:**
Recovery Environment**and**

b. The patient has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or emotional abuse, or substance use so endemic that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care;

or

c. The patient lacks social contacts or has high-risk social contacts that jeopardize his or her recovery, or the patient's social network is characterized by significant social isolation and withdrawal. The patient's social network includes many friends who are regular users of alcohol or other drugs or regular gamblers, leading recovery goals to be assessed as unachievable outside of a 24-hour supportive setting;

or

d. The patient's social network involves living in an environment that is so highly invested in alcohol or other drug use that the patient's recovery goals are assessed as unachievable;

or

e. Continued exposure to the patient's school, work, or living environment makes recovery unlikely, and the patient has insufficient resources and skills to maintain an adequate level of functioning outside of a 24-hour supportive environment;

or

f. The patient is in danger of victimization by another and thus requires 24-hour supervision.

Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by severe and chronic mental illness. He or she may be too ill to benefit from skills training to learn to cope with problems in the recovery environment. Such a patient requires planning for assertive community treatment, intensive case management, or other community outreach and support services.

The patient's living, working, social, and/or community environment is not supportive of good mental health functioning. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with the continuing stress of homelessness, or hostile or addicted family members, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.1 co-occurring enhanced program to achieve stabilization and prevent further deterioration.

**ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA**

The adolescent who is appropriately placed in a Level 3.1 program meets the diagnostic criteria for a moderate or severe substance use and/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 adolescent'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).