



# ASAM

American Society of  
Addiction Medicine

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## DOCUMENTATION

### All Programs

Documentation standards for Level 3.5 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.

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 3.5 co-occurring enhanced programs document the patient's mental health status, the relationship between the mental and substance use 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 3.5 program meets the diagnostic criteria for a substance use and/or addictive disorder of moderate to high severity 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 3.5 co-occurring disorders 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 or mental disorder; or emotional, behavioral, or cognitive symptoms that are problematic but do not meet the *DSM* criteria for a mental disorder.

### Co-Occurring Enhanced Programs

The patient who is appropriately admitted to a Level 3.5 co-occurring enhanced program meets 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

The adult patient who is appropriately admitted to a Level 3.5 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 3.5 setting. See separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

**NOTE:** A patient who is being transferred from a Level 3.7 program should not require medically managed or monitored withdrawal management services.

## ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

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### **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 24-hour 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 is in need of biomedical enhanced services if he or she has a biomedical problem that requires a degree of staff attention (such as monitoring of adherence to medications or assistance with mobility) that is not available in other Level 3.5 programs.

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### **DIMENSION 3:** Emotional, Behavioral, or Cognitive Conditions and Complications

#### **All Programs**

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) **or** (f):

- a. The patient's mental status (including emotional stability and cognitive functioning) is assessed as sufficiently stable to permit 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 stabilizing. However, despite his or her best efforts, the patient is unable to control his or her use of alcohol, tobacco, and/or other drugs and/or antisocial behaviors, with attendant probability of imminent danger. The resulting level of dysfunction is so severe that it precludes the patient's participation in a less structured and intensive level of care;
- or**
- c. The patient demonstrates repeated inability to control his or her impulses to use alcohol and/or other drugs and/or to engage in antisocial behavior, and is in imminent danger of relapse, with attendant likelihood of harm to self, others, or property. The resulting level of dysfunction is of such severity that it precludes participation in treatment in the absence of the 24-hour support and structure of a Level 3.5 program;
- or**
- d. The patient demonstrates antisocial behavior patterns (as evidenced by criminal activity) that have led or could lead to significant criminal justice problems, lack of concern for others, and extreme lack of regard for authority (expressed through distrust, conflict, or opposition), and which prevents movement toward positive change and precludes participation in a less structured and intensive level of care;
- or**

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LEVEL 3.5

## ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

3

### DIMENSION 3:

Emotional, Behavioral, or Cognitive Conditions and Complications

e. The patient has significant functional deficits, which are likely to respond to staff interventions. These symptoms and deficits, when considered in the context of his or her home environment, are sufficiently severe that the patient is not likely to maintain mental stability and/or abstinence if treatment is provided in a non-residential setting. The functional deficits are of a pervasive nature, requiring treatment that is primarily rehabilitative in focus; they do not require medical monitoring or management. They 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, poor impulse control, and the sequelae of physical, sexual, or emotional trauma. These deficits may be complicated by problems in Dimensions 2 through 6;

**or**

f. The patient's concomitant personality disorders (eg, antisocial personality disorder with verbal aggressive behavior requiring consistent limit-setting) are of such severity that the accompanying dysfunctional behaviors provide opportunities to promote continuous boundary setting interventions.

#### Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by a range of psychiatric symptoms that require active monitoring, such as low anger management skills. These are assessed as posing a risk of harm to self or others if the patient is not contained in a 24-hour structured environment.

Although such patients do not require specialized psychiatric nursing and close observation, they do need monitoring and interventions by mental health staff to limit and de-escalate their behaviors, develop a therapeutic alliance, and process events that trigger symptomatology and identify and utilize appropriate coping techniques and medical interventions or relaxation. A 24-hour milieu is sufficient to contain such impulses in most cases, but enhanced staff and therapeutic interventions are required to manage unpredictable losses of impulse control.

The treatment regimen should be strengths-based and focused on rapid formal feedback regarding change of treatment plan, process, and outcomes in treatment, while avoiding highly confrontational strategies or strong affect that are intended to induce submissive behavior.

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### DIMENSION 4:

Readiness to Change

#### All Programs

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

a. Because of the intensity and chronicity of the addictive disorder or the patient's mental health problems, he or she has limited insight and little awareness of the need for continuing care or the existence of his or her substance use or mental health problem and need for treatment, and thus has limited readiness to change;

**or**

b. Despite experiencing serious consequences or effects of the addictive disorder or mental health problem, the patient has marked difficulty in understanding the relationship between his or her substance use, addiction, mental health, or life problems and his or her impaired coping skills and level of functioning, often blaming others for his or her addiction problems;

**or**

LEVEL 3.5

4

**ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)****4****DIMENSION 4:**  
Readiness to Change

- c. The patient demonstrates passive or active opposition to addressing the severity of his or her mental or addiction problem, or does not recognize the need for treatment. Such continued substance use or inability to follow through with mental health treatment poses a danger of harm to self or others. However, assessment indicates that treatment interventions available at Level 3.5 may increase the patient's degree of readiness to change;  
**or**
- d. The patient requires structured therapy and a 24-hour programmatic milieu to promote treatment progress and recovery, because motivational interventions have not succeeded at less intensive levels of care and such interventions are assessed as not likely to succeed at a less intensive level of care;  
**or**
- e. The patient's perspective impairs his or her ability to make behavior changes without repeated, structured, clinically directed motivational interventions, which will enable him/her to develop insight into the role he or she plays in his or her substance use and/or mental condition, and empower him/her to make behavioral changes which can only be delivered in a 24-hour milieu;  
**or**
- f. Despite recognition of a substance use or addictive behavior problem and understanding of the relationship between his or her substance use, addiction, and life problems, the patient expresses little to no interest in changing. Because of the intensity or chronicity of the patient's addictive disorder and high-risk criminogenic needs, he or she is in imminent danger of continued substance use or addictive behavior. This poses imminent serious life consequences (ie, imminent risk to public safety or imminent abuse or neglect of children) and/or a continued pattern of risk of harm to others (ie, extensive pattern of assaults, burglaries, DUI) while under the influence of substances;  
**or**
- g. The patient attributes his or her alcohol, drug, addictive, or mental health problem to other persons or external events, rather than to a substance use or addictive or mental disorder. The patient requires clinical directed motivation interventions that will enable him or her to develop insight into the role he/she plays in his or her health condition, and empower him or her to make behavioral changes. Interventions are adjudged as not feasible or unlikely succeed at a less intensive level of care.

**Co-Occurring Enhanced Programs**

The patient's status in Dimension 4 is characterized by a lack of commitment to change and reluctance to engage in activities necessary to address a co-occurring mental health problem. For example, the patient does not understand the need for antidepressant or antimania medications, and so does not adhere to a medication regimen.

Similarly, the patient is appropriately placed in a Level 3.5 co-occurring enhanced program if 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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LEVEL 3.5

**ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)****5****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 does not recognize relapse triggers and lacks insight into the benefits of continuing care, and is therefore not committed to treatment. His or her continued substance use poses an imminent danger of harm to self or others in the absence of 24-hour monitoring and structured support;  
**or**
- b. The patient's psychiatric condition is stabilizing. However, despite his or her best efforts, the patient is unable to control his or her use of alcohol, other drugs, and/or antisocial behaviors, with attendant probability of harm to self or others. The patient has limited ability to interrupt the relapse process or continued use, or to use peer supports when at risk for relapse to his or her addiction or mental disorder. His or her continued substance use poses an imminent danger of harm to self or others in the absence of 24-hour monitoring and structured support;  
**or**
- c. The patient is experiencing psychiatric or addiction symptoms such as drug craving, insufficient ability to postpone immediate gratification, and other drug-seeking behaviors. This situation poses an imminent danger of harm to self or others in the absence of close 24-hour monitoring and structured support. The introduction of psychopharmacologic support is indicated to decrease psychiatric or addictive symptoms, such as cravings, that will enable the patient to delay immediate gratification and reinforce positive recovery behaviors;  
**or**
- d. The patient is in imminent danger of relapse or continued use, with dangerous emotional, behavioral, or cognitive consequences, as a result of a crisis situation;  
**or**
- e. Despite recent, active participation in treatment at a less intensive level of care, the patient continues to use alcohol or other drugs, or to deteriorate psychiatrically, with imminent serious consequences, and is at high risk of continued substance use or mental deterioration in the absence of close 24-hour monitoring and structured treatment;  
**or**
- f. The patient demonstrates a lifetime history of repeated incarceration with a pattern of relapse to substances and uninterrupted use outside of incarceration, with imminent risk of relapse to addiction or mental health problems and recidivism to criminal behavior (for example, extensive and recurrent pattern of crimes such as burglary, assault, robbery, DUI). This poses imminent risk of harm to self or others. The patient's imminent danger of relapse is accompanied by an uninterrupted cycle of relapse-reoffending-incarceration-release-relapse without the opportunity for treatment. The patient requires 24-hour monitoring and structure to assist in the initiation and application of recovery and coping skills.

**Co-Occurring Enhanced Programs**

The patient's status in Dimension 5 is characterized by psychiatric symptoms that pose a moderate to high risk of relapse to a substance use or mental disorder. Such a patient demonstrates limited ability to apply relapse prevention skills, as well as inadequate skills in coping with mental disorders and/or avoiding or limiting relapse, with imminent serious consequences. For example, the patient continues to engage repetitively and compulsively in behaviors that pose a risk of relapse (such as antisocial behavior or criminal activity, or spending time in places where antisocial behavior is the attraction) because of an inability to understand the relationship between those behaviors and relapse to substance use or mental disorders or criminal activity. The presence of these relapse issues requires the intensity and types of services and 24-hour structure of a Level 3.5 co-occurring enhanced program.

## ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

5

### DIMENSION 5:

Relapse, Continued Use, or  
Continued Problem Potential

Case management and collaboration across levels of care may be needed to manage anti-craving, psychotropic, or opioid agonist medications. For example, because of an external locus of control, the patient may have difficulty resisting pressures to use psychoactive substances. He or she may continue involvement or become reinvolved with peers who are engaged in antisocial and/or criminal behaviors, and thus requires some type of group living situation that provides ongoing structure and support. (Such a group home may be a supervised living arrangement for ex-offenders.)

Discharge planning includes preparation for transfer of the patient to a less intensive level of care, a different type of service in the community, and/or reentry into the community. This requires case management and staff exploration of supportive living environments, separate from their therapeutic work with the patient.

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### DIMENSION 6:

Recovery Environment

#### All Programs

The patient's status in Dimension 6 is characterized by at least **one** of the following:

- a. The patient has been living in an environment that is characterized by a moderately high risk of neglect; 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**
- b. The patient's social network includes regular users of alcohol, tobacco, and/or other drugs, such that recovery goals are assessed as unachievable at a less intensive level of care;  
**or**
- c. The patient's social network is characterized by significant social isolation or withdrawal, such that recovery goals are assessed as inconsistently unachievable at a less intensive level of care;  
**or**
- d. The patient's social network involves living with an individual who is a regular user, addicted user or dealer of alcohol or other drugs, or the patient's living environment is so highly invested in alcohol and/or other drug use that his or her recovery goals are assessed as unachievable;  
**or**
- e. The patient is unable to cope, for even limited periods of time, outside of 24-hour care. He or she needs staff monitoring to learn to cope with Dimension 6 problems before being transferred safely to a less intensive setting.

#### 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.

Such a 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 peer pressure to be involved in criminal behavior, or threats by former criminal associates, or hostile family members with alcohol use disorder, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.5 co-occurring enhanced program to achieve stabilization and prevent further deterioration.