



# ASAM

American Society of  
Addiction Medicine

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## ADULT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

### All Programs

The patient who is appropriately admitted to a Level 3.7 program meets specifications in at least **two** of the six dimensions, at least **one** of which is in Dimension 1, 2, or 3.

6

### DIMENSION 6:

Recovery Environment

**or**

b. Family members or significant others living with the patient are not supportive of his or her recovery goals and are actively sabotaging treatment, or their behavior jeopardizes recovery efforts. This situation requires structured treatment services and relief from the home environment in order for the patient to focus on recovery;

**or**

c. The patient is unable to cope, for even limited periods of time, outside of 24-hour care. The patient needs staff monitoring to learn to cope with Dimension 6 problems before he or she can be transferred safely to a less intensive setting.

### Co-Occurring Enhanced Programs

The patient's status in Dimension 6 is characterized by severe psychiatric symptoms. He or she may be too compromised 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 addiction and/or psychiatric recovery. He or she has insufficient resources and skills to deal with this situation. For example, the patient may be unable to cope with a hostile family member with alcohol use disorder, and thus exhibits increasing anxiety and depression. Such a patient needs the support and structure of a Level 3.7 co-occurring enhanced program to achieve stabilization and prevent further decompensation.

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## ADOLESCENT DIAGNOSTIC ADMISSION CRITERIA



The adolescent who is appropriately placed in a Level 3.7 program meets the diagnostic criteria for a moderate or severe 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 adolescent's presenting history is conflicting or inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information provided by collateral parties (such as family members, legal guardians, and significant others).

a



## ADOLESCENT DIMENSIONAL ADMISSION CRITERIA

The adolescent who is appropriately admitted to a Level 3.7 program meets specifications in **two** of the six dimensions, at least **one** of which is in Dimension 1, 2, or 3.

1

### DIMENSION 1:

Acute Intoxication and/or  
Withdrawal Potential

The adolescent's status in Dimension 1 is characterized by the following:

The adolescent is experiencing or at risk of acute or subacute intoxication or withdrawal, with moderate to severe signs and symptoms. He or she needs 24-hour treatment services, including the availability of active medical and nursing monitoring to manage withdrawal, support engagement in treatment, and prevent immediate continued use. Alternatively, the adolescent has a history of failure in treatment at the same or a less intensive level of care.

**a****ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)**

The adolescent who is appropriately admitted to a Level 3.7 program meets specifications in **two** of the six dimensions, at least **one** of which is in Dimension 1, 2, or 3.

**1**
**DIMENSION 1:**  
 Acute Intoxication and/or  
 Withdrawal Potential

Problems with intoxication or withdrawal are manageable at this level of care. Withdrawal rating scale tables and flow sheets (which may include tabulation of vital signs) are used as needed.

Drug-specific examples follow:

- a. **Alcohol:** Moderate withdrawal, with significant symptoms that require access to nursing and medical monitoring. The patient may have a history of daily drinking or drinking to self-medicate withdrawal, or regular morning drinking. He or she may require sedative/hypnotic substitution therapy, but typically this can be managed with a standing taper without the need for extensive titration.
- b. **Sedative/hypnotics:** Moderate withdrawal, with significant symptoms that require access to nursing and medical monitoring. The adolescent may be cross-dependent on other substances and may require withdrawal management with tapering substitute agonist therapy and/or pharmacological management of symptoms.
- c. **Opiates:** Moderate to severe withdrawal, usually in the context of daily opiate use. The patient requires access to nursing and medical monitoring, may require use of prescription medications or agonist substitution therapy, and may need monitoring for induction of antagonist therapy (as with naltrexone). Severe craving states or affective instability typical of withdrawal may require high-intensity 24-hour treatment to support engagement.
- d. **Stimulants:** Severe withdrawal (involving sustained affective or behavioral disturbances or mild psychotic symptoms), which requires access to nursing and medical monitoring. Severe craving states or affective instability typical of withdrawal may require high-intensity 24-hour treatment to support engagement.
- e. **Inhalants:** Severe subacute intoxication (involving mild delirium or other serious cognitive impairment, lethargy, agitation, and depression) of sufficient intensity that the patient requires access to nursing and medical monitoring.
- f. **Marijuana:** Severe sustained intoxication (involving mild psychosis, coarse cognitive disorganization, agitation, and the like), which requires access to nursing and medical monitoring.
- g. **Hallucinogens:** Severe chronic intoxication (involving mild delirium, mild psychosis, agitation, moderate to severe affective instability, cognitive disorganization, and the like), which requires access to nursing and medical monitoring.

**2**
**DIMENSION 2:**  
 Biomedical Conditions and  
 Complications

The adolescent's status in Dimension 2 is characterized by **one** of the following:

- a. The interaction of the adolescent's biomedical condition and continued alcohol and/or other drug use places the adolescent at significant risk of serious damage to physical health or concomitant biomedical conditions (such as pregnancy with vaginal bleeding or ruptured membranes, unstable diabetes or asthma, etc.);

**or**

- b. A current biomedical condition requires 24-hour nursing and medical monitoring or active treatment, but not the full resources of an acute care hospital.

**Biomedical Enhanced Services**

The adolescent who has a biomedical problem that requires a degree of staff attention (such as monitoring of medications or assistance with mobility) or staff intervention (such as changes in medication) that is not available in other Level 3.7 programs is in need of biomedical enhanced services.

4

LEVEL 3.7

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## ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)

The adolescent who is appropriately admitted to a Level 3.7 program meets specifications in **two** of the six dimensions, at least **one** of which is in Dimension 1, 2, or 3.

3

### DIMENSION 3:

Emotional, Behavioral, or Cognitive Conditions and Complications

The adolescent's status in Dimension 3 is characterized by at least **one** of the following (requiring 24-hour supervision and a high-intensity therapeutic milieu, with access to nursing and medical monitoring and treatment):

- a. **Dangerousness/Lethality:** The adolescent is at moderate (and possibly unpredictable) risk of imminent harm to self or others and needs 24-hour monitoring and/or treatment in a high-intensity programmatic milieu and/or enforced secure placement for safety.
- b. **Interference with Addiction Recovery Efforts:** The adolescent's recovery efforts are negatively affected in his or her emotional, behavioral, or cognitive problems in significant and distracting ways. He or she requires 24-hour structured therapy and/or a high-intensity programmatic milieu to stabilize unstable emotional or behavioral problems (as through ongoing medical or nursing evaluation, behavior modification, titration of medications, and the like).
- c. **Social Functioning:** The adolescent has significant impairments, with severe symptoms (such as poor impulse control, disorganization, and the like), which seriously impair his or her ability to function in family, social, school, or work settings and which cannot be managed at a less intensive level of care. These might involve a recent history of aggressive or severely disruptive behavior, severe inability to manage peer conflict, a recurrent or chronic pattern of runaway behavior requiring enforced confinement, and the like.
- d. **Ability for Self-Care:** The adolescent has a significant lack of personal resources and moderate to severe impairment in ability to manage the activities of daily living. He or she thus needs 24-hour supervision and significant staff assistance, including access to nursing or medical services. The adolescent's impairments may involve progressive and severe dilapidation and self-neglect in the context of advanced substance use disorder, the need for observation after eating to prevent self-induced vomiting, the need for intensive reinforcement of medication adherence, the need for intensive modeling of adequate self-care during pregnancy, the need for intensive training for self-care in a cognitively impaired patient, and the like.
- e. **Course of Illness:** The adolescent's history and present situation suggest that an emotional, behavioral, or cognitive condition would become unstable without 24-hour supervision and a high-intensity structured programmatic milieu, with access to nursing or medical monitoring or treatment. These may be required to treat an adolescent who, for example, requires secure placement or enforced abstinence for reinstatement or titration of a pharmacological treatment regimen; or an adolescent whose substance use has been associated with a dangerous pattern of aggressive/violent behaviors and who needs monitoring to assess safety and likelihood of outpatient treatment success before returning to the community following release from a juvenile justice setting; or an adolescent who requires intensive monitoring or treatment because ongoing substance use prevents adequate or safe treatment or diagnostic clarification for an emotional, behavioral, or cognitive condition that may or may not be substance-induced; or an adolescent whose history suggests rapid escalation of dangerousness/lethality when using alcohol or drugs and who is in relapse or at imminent risk of relapse.

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### DIMENSION 4:

Readiness to Change

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

- a. Despite experiencing serious consequences or effects of the addictive disorder and/or behavioral health problem, the adolescent does not accept or relate the addictive disorder to the severity of the presenting problem;

**a****ADOLESCENT DIMENSIONAL ADMISSION CRITERIA (CONTINUED)**

The adolescent who is appropriately admitted to a Level 3.7 program meets specifications in **two** of the six dimensions, at least **one** of which is in Dimension 1, 2, or 3.

**4****DIMENSION 4:**  
Readiness to Change**or**

b. The adolescent is in need of intensive motivating strategies, activities, and processes available only in a 24-hour structured, medically monitored setting;

**or**

c. The adolescent needs ongoing 24-hour psychiatric monitoring to assure follow through with the treatment regimen, and to deal with issues such as ambivalence about adherence to psychiatric medications and a recovery program.

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

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

a. The adolescent is experiencing an acute psychiatric or substance use crisis, marked by intensification of symptoms of his or her addictive or mental disorder (such as poor impulse control, drug seeking behavior, or increasing severity of anxiety or depressive symptoms). This situation poses a serious risk of harm to self or others in the absence of 24-hour monitoring and structured support;

**or**

b. The adolescent is experiencing an escalation of relapse behaviors and/or reemergence of acute symptoms, which places the patient at serious risk to self or others in the absence of the type of 24-hour monitoring and structured support found in a medically monitored setting (for example, not taking life-sustaining medications; or the adolescent has severe and chronic problems with impulse control that require stabilization through high-intensity medical and nursing interventions; or he or she has issues with intoxication or withdrawal that require stabilization in a medically monitored setting; or there is a likelihood of self-medication of recurrent symptoms of a mood disorder, which require stabilization in a medically monitored setting). Treatment at a less intensive level of care has been attempted or given serious consideration.

**or**

c. The modality or intensity of treatment protocols to address relapse require that the patient receive care in a Level 3.7 program (such as initiating or restarting medications for medical or psychiatric conditions, an acute stress disorder, or the processing of a traumatic event; to safely and effectively initiate antagonist therapy (such as naltrexone for severe opioid use disorder), or agonist therapy (such as methadone or buprenorphine for severe opioid use disorder).

**6****DIMENSION 6:**  
Recovery Environment

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

a. The adolescent has been living in an environment in which supports that might otherwise have enabled treatment at a less intensive level of care are unavailable. For example, the family undermines the adolescent's treatment, or is unable to sustain treatment attendance at a less intensive level of care, or family members have active substance use disorders and/or facilitate access to alcohol or other drugs, or the home environment is dangerously chaotic or abusive, or the family is unable to adequately supervise medications, or the family is unable to adequately implement a needed behavior management plan. Level 3.7 care thus is needed to effect a change in the home environment so as to establish a successful transition to a less intensive level of care.

**or**

b. Logistical impediments (such as distance from a treatment facility, mobility limitations, lack of transportation, and the like) preclude participation in treatment at a less intensive level of care, and Level 3.7 care is necessary to establish a successful transition to a less intensive level of care.