



ASAM

American Society of
Addiction Medicine

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ADULT DIAGNOSTIC ADMISSION CRITERIA

All Programs

The patient 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 patient'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).

NOTE: Patients in Level 3.7 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 or mental disorder; or emotional, behavioral, or cognitive symptoms that interfere with overall functioning but do not meet the *DSM* criteria for a mental disorder.

Co-Occurring Enhanced Programs

The patient who is appropriately admitted to a Level 3.7 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 conflicting or inadequate to substantiate such a diagnosis, the probability of such a diagnosis may be determined from information obtained by collateral parties (such as family members, legal guardians, and significant others).



ADULT DIMENSIONAL ADMISSION CRITERIA

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.

1

DIMENSION 1:

Acute Intoxication and/or
Withdrawal Potential

All Programs

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

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.

3

DIMENSION 3:

Emotional, Behavioral, or Cognitive Conditions and Complications

All Programs

Problems in Dimension 3 are not necessary for admission to a Level 3.7 program. 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 at least **one** of the following:

- a. The patient's psychiatric condition is unstable and presents with symptoms (which may include compulsive behaviors, suicidal or homicidal ideation with a recent history of attempts but no specific plan, or hallucinations and delusions without acute risk to self or others) that are interfering with abstinence, recovery, and stability to such a degree that the patient needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts;

or

- b. The patient exhibits stress behaviors associated with recent or threatened losses in work, family, or social domains; or there is a reemergence of feelings and memories of trauma and loss once the patient achieves abstinence, to a degree that his or her ability to manage the activities of daily living is significantly impaired. The patient thus requires a secure, medically monitored environment in which to address self-care problems (such as those associated with eating, sleeplessness, or personal hygiene) and to focus on his or her substance use or behavioral health problems;

or

- c. The patient has significant functional limitations that require active psychiatric monitoring. They may include—but are not limited to—problems with activities of daily living; problems with self-care, lethality, or dangerousness; and problems with social functioning. These limitations may be complicated by problems in Dimensions 2 through 6;

or

- d. The patient is at moderate risk of behaviors endangering self, others, or property, likely to result in imminent incarceration or loss of custody of children, and/or is in imminent danger of relapse (with dangerous emotional, behavioral, or cognitive consequences) without the 24-hour support and structure of a Level 3.7 program;

or

- e. The patient is actively intoxicated, with resulting violent or disruptive behavior that poses imminent danger to self or others. Such a patient may, on further evaluation, belong in Level 4-WM withdrawal management or an acute observational setting if assessed as not safe in a Level 3.7 service;

or

- f. The patient is psychiatrically unstable or has cognitive limitations that require stabilization but not medical management.

Co-Occurring Enhanced Programs

The patient's status in Dimension 3 is characterized by at least **one** of the following:

- a. The patient has a history of moderate psychiatric decompensation (which may involve paranoia; moderate psychotic symptoms; or severe, depressed mood, but not actively suicidal); or such symptoms occur during discontinuation of addictive drugs or when experiencing post-acute withdrawal symptoms, and such decompensation is present;

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.

3

DIMENSION 3:

Emotional, Behavioral, or
Cognitive Conditions and
Complications

or

b. The patient is assessed as at moderate to high risk of behaviors endangering self, others or property, or is in imminent danger of relapse (with dangerous emotional, behavioral, or cognitive consequences) without 24-hour structure and support and medically monitored treatment. For example, without medically monitored inpatient treatment, the patient does not have sufficient coping skills to avoid harm to self, others, or property because of co-occurring mania;

or

c. The patient is severely depressed, with suicidal urges and a plan. However, he or she is able to reach out for help as needed and does not require a one-on-one suicide watch;

or

d. The patient has a co-occurring psychiatric disorder (such as anxiety, distractibility, or depression) that is interfering with his or her addiction treatment or ability to participate in a less intensive level of care, and thus requires stabilization with psychotropic medications;

or

e. The patient has a co-occurring psychiatric disorder of moderate to high severity that is marginally and tenuously stable and requires care to prevent further decompensation. The patient thus requires co-occurring enhanced services and is best served in an addiction treatment program with integrated mental health services, or in a mental health program with integrated addiction treatment services.

4

DIMENSION 4:

Readiness to Change

All Programs

The patient'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 patient does not accept or relate the addictive disorder to the severity of the presenting problem;

or

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

or

c. The patient 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.

Co-Occurring Enhanced Programs

The patient's status in Dimension 4 is characterized by no commitment to change and no interest in engaging in activities necessary to address a co-occurring psychiatric disorder. For example, the patient with bipolar disorder prefers his or her manic state over what feels like depression when stabilized, and thus does not adhere to a regimen of mood-stabilizing medications.

Similarly, the patient is not consistently able to follow through with treatment, or demonstrates minimal awareness of a problem, or is unaware of the need to change behaviors related to behavioral or health problems. Such an individual requires active interventions with family, significant others, and/or other external systems to create leverage and align incentives so as to promote engagement in treatment, and is appropriately placed in a Level 3.7 co-occurring enhanced program.

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.

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 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 patient 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, Driving Under the Influence (DUI), or not taking life-sustaining medications);

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).

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 demonstrating poor skills in coping with psychiatric disorders and/or avoiding or limiting relapse, with imminent serious consequences.

The patient's follow through in treatment is limited or inconsistent, and his or her relapse problems are escalating to such a degree that treatment at a less intensive level of care is not succeeding or not feasible.

For example, the patient continues to evidence self-harm behaviors or suicidal ideation or impulses with a plan to commit suicide, but agrees to reach out if seriously suicidal, and is assessed as capable of enough internal control to do so. Or the patient's continuing substance-induced mood states or psychotic symptoms are resolving, but his or her difficulties in remaining abstinent and craving for use are exacerbating his or her psychiatric symptoms.

All Programs

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

- a. The patient requires continuous medical monitoring while addressing his or her substance use and/or psychiatric symptoms because his or her current living situation is characterized by a high risk of initiation or repetition of physical, sexual, or emotional abuse, or active substance use, such that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care. For example, the patient is involved in an abusive relationship with an actively using significant other;

6

DIMENSION 6:

Recovery Environment

4

LEVEL 3.7

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.

a

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.