



ASAM

American Society of
Addiction Medicine

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To document and communicate the patient's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the existing or new problem(s), the patient should be discharged or transferred,

as appropriate. If not, refer to the continued service criteria provided in this section.

For transfer/discharge service, adult and adolescent findings in each of the six dimensions, as well as examples, follow.

Transfer/Discharge Criteria

It is appropriate to transfer or discharge the patient from the present level of care if he or she meets the following criteria:

- Ⓐ The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Continuing the chronic disease management of the patient's condition at a less intensive level of care is indicated;
- or
- Ⓑ The patient has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of service, or discharge from treatment, is therefore indicated;
- or
- Ⓒ The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated;
- or
- Ⓓ The patient has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.



ADULT AND ADOLESCENT TRANSFER/DISCHARGE CRITERIA

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DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

The patient's intoxication or withdrawal problem has improved sufficiently to allow monitoring or withdrawal management services to be provided at a less intensive level of care. Or the patient's condition has worsened to a point at which more intensive monitoring or withdrawal management services are required.

Example (Transfer/Discharge Criterion Ⓐ):

A patient in a Level 3.7-WM program exhibits significant and stable improvement in her withdrawal anxiety, tremors, pulse rate, and blood pressure that nurse monitoring no longer is necessary. The patient's treatment can continue in a Level 2-WM program.

ADULT AND ADOLESCENT TRANSFER/DISCHARGE CRITERIA (CONTINUED)**2****DIMENSION 2:**

Biomedical Conditions and Complications

The patient's physical health has improved sufficiently to allow biomedical services to be provided effectively at a less intensive level of care. Or the patient's condition has worsened to a point at which more intensive biomedical services are necessary.

Example (Transfer/Discharge Criterion B):

A patient in a Level 3.7 program exhibits worsening breathing difficulties and is showing evidence of more frequent asthma attacks. Therefore, daily medical management, 24-hour nurse monitoring, and intravenous therapy in a Level 4 program are required.

The patient's functioning has improved sufficiently to allow interventions or services to be provided effectively at a less intensive level of care. Or the patient's condition has worsened to a point at which more intensive services are necessary.

Example (Transfer/Discharge Criterion C):

A patient in a Level 2.5 program has not been able to resolve her depression and suicidal ideation despite behavioral, individual, and group therapy. The patient now requires more specific and structured mental health interventions, in addition to the addiction treatment. The medical monitoring, 24-hour nurse monitoring, medication management, other mental health services, and environmental structure the patient needs can be provided effectively only in a psychiatrically oriented Level 3.7 co-occurring enhanced service. If such a service is unavailable, transfer to a Level 4 psychiatric service is indicated.

**Adolescent Example (Transfer/Discharge Criteria B and C):**

An adolescent patient in a Level 3.7 program is chronically disruptive and overstimulated, and has not developed coping skills to resist the negative peer influences that provoked similar behavior and drug use prior to admission. The adolescent also is unable to integrate or make use of therapeutic activities, materials, and behavior management techniques utilized in the program. Further evaluation was completed once the adolescent had cleared more cognitively from her heavy drug use. It showed that the adolescent has baseline cognitive impairment in the moderate range of intellectual disability (intellectual developmental disorder in the *DSM-5*). If the Level 3.7 program cannot provide the specialty services and programming needed to treat this degree of cognitive impairment, the adolescent should be transferred to a program that offers such specialty treatment (for example, a specialized Level 3.7, or Level 3.5, program with high-intensity special education services, or a Level 2.5 specialty program with adequate home environment supports) (Criterion (b)).

If, after such specialty treatment is provided, the adolescent is assessed as incapable of developing the necessary coping skills (Criterion (c)) because of the cognitive impairment, then an appropriate placement would involve transfer to a program that can provide indefinite monitoring and supervision (such as a Level 3.1 group home).

Alternatively, the adolescent could be transferred to a program in which long-term vocational training and/or other rehabilitative services are provided as substitutes for the internalization of coping skills.

3**DIMENSION 3:**

Emotional, Behavioral, or Cognitive Conditions and Complications

ADULT AND ADOLESCENT TRANSFER/DISCHARGE CRITERIA (CONTINUED)**4****DIMENSION 4:**
Readiness to Change

The patient's stage of readiness to change has improved sufficiently to allow interventions or strategies to be provided effectively at a less intensive level of care. Or the patient has demonstrated sustained lack of interest in changing; or a lack of progress to such a degree that further interventions at the present level of care will be ineffective and/or decrease the patient's willingness to engage in treatment. Transfer to another level of care will permit the use of different strategies to engage the patient in treatment and enhance his or her readiness to change.

Example (Transfer/Discharge Criterion B):

A patient in a Level 2.1 program demonstrates an increasingly fixed belief that he does not have a drinking problem, despite education about addiction, motivational strategies involving the family, and group treatment. The patient asserts that he has no thoughts of drinking, no urges to use, a good understanding of what alcohol can do to his life, and an awareness of his overuse in the past. However, the patient insists that these behaviors were associated with the pressures of starting a new job or school, thus exhibiting inaccurate symptom attribution. Despite his family's and the treatment team's concern that the patient has a more severe problem than he is able to acknowledge, the patient is convinced his problematic use was temporary and is now under control. The patient is not ready to engage in recovery treatment, but is willing to attend a weekly group session and to abstain from alcohol for three months to demonstrate to treatment professionals and family members that he does not have a drinking problem. His family is willing to continue in family therapy. These motivational services can be provided effectively in a Level 1 program. The patient thus can be transferred from Level 2.1.

Example (Transfer/Discharge Criterion B):

A patient in a Level 0.5 program has been sporadic with attendance at drinking and driving education classes. The patient's focus on his legal problems and his intense anger at being compared to his father, who has an alcohol use disorder, make it difficult for him to grasp that he has a problem and to listen attentively enough to commit to change. Transfer to a Level 1 outpatient program for further evaluation and motivational enhancement therapy therefore is indicated.

Example (Transfer/Discharge Criterion C):

A patient with a schizophrenic disorder who has smoked marijuana daily for almost 25 years is sporadically attending a Level 2.5 co-occurring enhanced program while residing in a Level 3.1 therapeutic group home. Despite a variety of interventions, including intensive case management, assertive community treatment, and motivational enhancement therapy, the patient is making no progress toward his recovery goals. He is convinced that marijuana relieves his chronic hallucinations (which have not responded to other treatment), despite clear evidence that the marijuana actually makes the hallucinations worse. The patient's chronic signs and symptoms prevent any meaningful engagement in recovery activities.

The patient's lack of capacity to resolve his delusions requires strategies that are designed for maintenance of basic functioning and self-care. The patient thus is appropriately transferred from the Level 2.5 co-occurring enhanced program to a Level 1 co-occurring enhanced service, where the focus will be on maximizing control of the symptoms of schizophrenia and limiting his access to drugs. For his living situation, he will be transferred from the Level 3.1 therapeutic group home to a more structured Level 3.1 service to focus on interventions such as simple behavioral contingencies and limiting the patient's access to marijuana through custodial supervision in a controlled and structured environment.

ADULT AND ADOLESCENT TRANSFER/DISCHARGE CRITERIA (CONTINUED)**5****DIMENSION 5:**
Relapse, Continued Use, or
Continued Problem Potential

The patient's coping skills have improved sufficiently that strategies to prevent relapse or continued use can be provided effectively at a less intensive level of care. Or the patient has demonstrated a regression or lack of progress so significant that further interventions at the present level of care will not enhance his or her ability to prevent relapse or continued use, and/or will decrease the patient's willingness to engage in treatment. Transfer to another level of service will allow different strategies to be employed to engage the patient in treatment and enhance his or her ability to prevent relapse or continued use.

Example (Transfer/Discharge Criterion D):

A patient in a Level 2.5 program has experienced intense thoughts of alcohol and other drug use, cravings, and impulses to use for more than two weeks. Her ability to cope is deteriorating, despite more focused role-playing to enhance peer refusal skills, other behavioral techniques, attendance at AA meetings, and increased individual sessions. Because the patient becomes depressed and suicidal when drinking, and, over the past two days, has been drinking daily, she is appropriately transferred to a Level 3.5 program.

6**DIMENSION 6:**
Recovery Environment

The patient's environment and/or ability to cope with it have improved sufficiently to allow interventions or services to be provided effectively at a less intensive level of care. Or the patient's recovery environment and/or ability to cope with it have worsened to such a degree that the patient requires transfer to another level of care, where different interventions or strategies can be provided.

**Adolescent Example (Transfer/Discharge Criterion C):**

The physically and sexually abusive father of an adolescent patient in a Level 3.5 program continues to use alcohol and refuses attendance at family meetings. There is no foreseeable way of making the patient's home environment safe. She continues to have difficulty in coping with anxiety and stress reactions, but has accommodated to the need for an out-of-home placement. Transfer to a Level 3.1 safe living environment, with concurrent Level 2.5 services, is needed to strengthen her ability to cope with both her substance use problem and her safety issues with her father.