



PARTNERS
Behavioral Health Management

Providing ASAM Informed Treatment

Training Objectives

- Overview of:
 - Recent ASAM changes
 - DSM 5 changes specific to Substance Use Disorders and how this relates to ASAM
- The relationship between a CCA and ASAM criteria
- Applying ASAM to Treatment Planning
- Review of ASAM informed treatment as it relates to Medical Necessity for services

Information for this presentation was gathered from:

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.
(American Society of Addiction Medicine, Third Edition, 2013)

&

Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition, 2013)



Why is ASAM Important?

- “Purpose of *The ASAM Criteria* is to enhance the use of multidimensional assessments to develop patient-centered service plans and to guide professionals in making objective decisions about patient admission, continuing care, and transfer/discharge for various levels of care for addictive, substance-related, and co-occurring conditions.”

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. x (preface)



How ASAM Assists with Treatment Planning/Placement

- “This edition shows how to implement and apply the criteria to a variety of patient populations in a wide range of care settings.”
- “The criteria provide a way to match individuals suffering from addiction with the services and tools they need for a successful and long-term recovery.”
- The criteria within the dimensions should be included within a consumer’s Comprehensive Clinical Assessment, and can assist Providers with developing goals together with the consumer for the Person-Centered Plan.
- Partners Behavioral Health Management Utilization Management staff use ASAM documentation provided by Providers to assist with justifying medical necessity for services requested in authorizations.

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p.



Why is ASAM Important for Medical Necessity?

- Medical necessity is central to Partners BHM Utilization Management Care Managers as it is a key concept used to determine appropriateness of care. “*The ASAM Criteria* encompass all pertinent biopsychosocial aspects of addiction and mental health that determine severity of the patient’s illness and level of functioning.”
- Medical necessity should “pertain to necessary care for biopsychosocial severity and is defined by the extent and severity of problems in all six multidimensional assessment areas of the patient.”
- For this reason, medical necessity should not be restricted to only 1 dimension such as acuity of physical health needs or psychiatric issues. It should include all six dimensions to provide a more holistic concept of what would be considered clinically appropriate.

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 10



ASAM Severity Profile

ASAM Severity Profile for _____

Date: _____

| ASAM Dimensions: | ASAM Risk Rating for the Dimension | Description of symptoms that support the level chosen for this dimension: |
|--|------------------------------------|---|
| <u>Dimension 1:</u> Acute Intoxication & Withdrawal Potential | | |
| <u>Dimension 2:</u> Biomedical Conditions and/or Complications | | |
| <u>Dimension 3:</u> Emotional, Behavioral, or Cognitive Conditions/Complications | | |
| <u>Dimension 4:</u> Readiness to Change | | |
| <u>Dimension 5:</u> Relapse, Continued Use, or Continued Problem Potential | | |
| <u>Dimension 6:</u> Recovery Environment | | |



Locating PBHM ASAM Form

- Providers can locate the Partners BHM ASAM Severity Profile Form on our website: www.partnersbhm.org
- Click on “For Providers” on the home page; hover over “For Providers” on the left side of page; click on “Information & Documents”; go down to Utilization Management and “Expand”; Scroll down to find the form named “ASAM Score Sheet”
- Please use this form throughout this training for an upcoming vignette.



Case Vignette

Case 1: Ms. P

“A 16-year old female is brought to the emergency department of an acute care hospital with a report that, in the course of an argument with her parents, she has thrown a chair. Her parents suspect drug intoxication is a significant contributing factor. They report that she has been staying out unusually late at night and mixing with “the wrong crowd”. They also report a great deal of family discord, anger, and frustration, particularly directed by the young woman toward her father. Ms. P has no history of psychiatric or addiction treatment. The parents both are present in the emergency department, although Ms. P is brought in by the police after her mother called for help. An emergency physician and a nurse from the psychiatric unit jointly evaluate Ms. P; they agree that she needs to be hospitalized in light of the animosity at home, her violent behavior, and the possibility that she is using an unknown drug.”

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 123



DSM 5 and Substance Use Disorders (SUD)

- DSM 5 has changed the way we should look at substance use disorders (SUDs).
- DSM 5 has eliminated the abuse versus dependence distinction.
- Eleven symptoms based on physiological, psychological, behavioral and functional impairments.
- SUDs are now diagnosed along a severity continuum based on the number of diagnostic symptoms present.

Mild (2-3 sxs present); Moderate (4-5sxs); Severe (6+ sxs)

Diagnostic and Statistical Manual of Mental Disorders



SUD Criteria

1. Substance is often taken in larger amounts or over a longer period than intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
3. A great deal of time is spent in activities necessary to obtain, use or recover from the effects of the substance.
4. Craving, or a strong desire or urge, to use the substance.
5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

Diagnostic and Statistical Manual of Mental Disorders



SUD Criteria (cont.)

6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
7. Important social, occupational or recreational activities are given up or reduced because of substance use.
8. Recurrent substance use in situations in which it is physically dangerous.
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Diagnostic and Statistical Manual of Mental Disorders



SUD Criteria (cont.)

10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or the desired effect.
 - b. A markedly diminished effect with continued use of the same amount of the substance.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal symptoms for the service.
 - b. The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Diagnostic and Statistical Manual of Mental Disorders



SUD Diagnosis Specifiers

Other diagnostic specifiers that may be of consideration:

- In Early Remission: no SUD criteria have been met, other than craving, in no less than 3 months, but less than 12 months.
- In Sustained Remission: no SUD criteria have been met at any time in at least 12 months, except for craving.
- In a Controlled Environment: the individual is in an environment where access to the substance is restricted.
- On Maintenance Therapy: the individual is taking a prescribed agonist medication (Methadone), or a partial agonist, agonist/antagonist, or a full antagonist (Naltrexone).

Diagnostic and Statistical Manual of Mental Disorders



Diagnosing a SUD

- Diagnostic criteria and symptoms are identified through the completion of an assessment, in which information is gathered through interview, direct observation and/or collateral sources, regarding various domains of an individual's life: physical/medical, psychological, behavioral, occupational/educational, social/family relationships and spiritual.



Matching the CCA with ASAM

Physical Health: personal and familial health history and current medications to identify potential medical or biological risk factors and predispositions.

Behavioral Health: history of behavioral, psychiatric and developmental symptoms, including educational and occupational experience, as well as family psychiatric history.

Dimension 2: any physical or medical complications that may affect treatment and recovery efforts. Could include predisposition factors.

Dimension 3: emotional, behavioral or cognitive conditions or complications that have the potential of distracting from recovery efforts and/or increasing risk of continued use.

Matching the CCA with ASAM

Social: current and past relationships, cultural and spiritual beliefs, living environment, interests and hobbies, values and goals.

Substance Use History: substances used, age of first use, route of administration, frequency of use, last use, prior attempts to stop and longest period of abstinence, consequences of use, withdrawal symptom history.

Dimensions 4 and 6: willingness to explore substance use affects personal goals; recovery environment, social supports, personal conflicts.

Dimensions 1, 4 and 5: risk of intoxication and withdrawal, resistance to treatment, readiness for change; continued use and relapse risk based on use history and patterns, as well as knowledge of skills needed for recovery.



ASAM Dimensions

- “ASAM’s criteria uses six dimensions to create a holistic, bio/psycho/social assessment of an individual to be used for service planning and treatment across all services and levels of care.”



The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 43

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ASAM Severity Profile

ASAM Severity Profile for _____

Date: _____

| ASAM Dimensions: | ASAM Risk Rating for the Dimension | Description of symptoms that support the level chosen for this dimension: |
|---|------------------------------------|--|
| <u>Dimension 1:</u> Acute Intoxication & Withdrawal Potential | | Exploring an individual's past and current experiences of substance and withdrawal |
| <u>Dimension 2:</u> Biomedical Conditions and/or Complications | | Exploring an individual's health history and current physical condition |
| <u>Dimension 3:</u> Emotional, Behavioral, or Cognitive Conditions/Complications | | Exploring an individual's thoughts, emotions and mental health issues |
| <u>Dimension 4:</u> Readiness to Change | | Exploring an individual's readiness and interest in changing |
| <u>Dimension 5:</u> Relapse, Continued Use, or Continued Problem Potential | | Exploring an individual's unique relationship with relapse or continued use or problems |
| <u>Dimension 6:</u> Recovery Environment | | Exploring an individual's recovery or living situation, and the surrounding people, places, and things |

ASAM Dimension Ratings

- Risk Rating system “creates a standard method for assessing patient severity and level of function, therefore, helping identify individual priorities and needs.
- Note risk rating “given at time of initial assessment will likely change throughout a patient’s treatment and continuing care”.

| | | | |
|-------------------------|---|---|---------------|
| ASAM RISK RATING | 0 | Fully functioning & demonstrates ability to tolerate & cope (no immediate monitoring/management needed) | ↓ Low |
| | 1 | Adequate ability to tolerate & cope w/ issues; No imminent risk (low intensity monitoring/management) | |
| | 2 | Some difficulty tolerating & coping w/ discomfort but responds to treatment & support (moderate intensity monitoring/management) | ↓ Moderate |
| | 3 | Poor ability to tolerate & cope w/ discomfort; Severe signs & symptoms that may indicate near imminent danger to self/others (did not respond to lower LOC) (moderately high intensity monitoring; nursing/medical monitoring for stabilization) | |
| | 4 | Incapacitated w/ severe signs & symptoms; Demonstrates imminent danger (high intensity monitoring; more than hourly) | ↓ High |

Treatment Planning

- Using the ASAM Dimension to inform treatment
 - Immediate needs due to imminent risk
 - Choosing specific focus and determining what intensity of these services is needed for each dimension

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p . 124

Treatment Planning

- Immediate needs due to imminent risk
 - Imminent risk in terms of **health and safety issues**
 - Issues that require medical attention and/or intensive monitoring and management for stabilization address before implementing plan
- Dimensions 1-3
 - Intoxication/withdrawal
 - Biomedical
 - Emotional, Behavioral or Cognitive

Treatment Planning

- **D-1 Acute Intoxication and /or Withdrawal Potential**
 - Client is incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, such as seizures. Continued use poses an imminent threat to life (e.g. Liver failure, GI bleeding or fetal death)
- **D-1 Imminent Risk Service and Modality**
 - High-intensity intoxication monitoring or management, or withdrawal management services are needed, with monitoring and management more often than hourly

*The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions,
p. 75*

Treatment Planning

- **D-2 Biomedical Conditions and Complications**
 - Client is incapacitated, with severe medical problems (such as extreme pain, uncontrolled diabetes, GI bleeding, or infection requiring IV antibiotics)
- **D-2 Imminent Risk Service and Modality**
 - High-intensity biomedical services are needed for stabilization and medication management, including medical and nursing close observation and 24-hour management



The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 76

Treatment Planning

- **D-3 Emotional, Behavioral, or Cognitive Conditions and Complications**
 - Dangerous/Lethality
 - Interference with Addiction Recovery Efforts
 - Social Functioning
 - Ability for Self-Care
 - Course of Illness
- **D-3 Imminent Risk Service and Modality**
 - High-intensity mental health services are needed, including 24-hour medical and nursing monitoring and management, medication management, ECT, or secure services and close observation more often than hourly
 - Appropriate addiction services (such as withdrawal management and motivational enhancement therapies) can be integrated into mental health services



The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 80-81

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Treatment Planning

- *Choose a specific focus and determine what intensity of the service is needed for each dimension*

Treatment Planning

- For each dimension with a rating of 1-3, there should be a treatment goal
- Example: Dimension 1
 - Nature of Problem- Alcohol withdrawal
 - Severity of the Problem- risk rating of 3
 - Services Required- withdrawal management
 - Modalities and Dose
 - Medical assessment for management of withdrawal- Immediately
 - Supportive group counseling- daily
 - Medical management of withdrawal, including pharmacologic therapies- daily
 - Intensive monitoring of progress- multiple times per day

Treatment Planning

- ▶ Example for Dimension 1 (cont'd)
 - Placement Considerations
 - Level 3.7-WM may be most appropriate for the patient's needs in Dimension 1. Alternatively, the patient may be placed at Level 2-WM, if available as a daily medically monitored service, and if adequate overnight support can be provided by the patient's family.
 - Note that other dimensional needs may modify the placement.



Treatment Planning

- Where can these services be provided, in the least intensive, but safe level of care or site of care
- Severity issues on other dimension may effect the level of care in which the less severe issues are addressed.
- When higher levels of care are not available in a provider area, wrap the Beneficiary in services.



Case Vignette

Case 1: Ms. P

“A 16-year old female is brought to the emergency department of an acute care hospital with a report that, in the course of an argument with her parents, she has thrown a chair. Her parents suspect drug intoxication is a significant contributing factor. They report that she has been staying out unusually late at night and mixing with “the wrong crowd”. They also report a great deal of family discord, anger, and frustration, particularly directed by the young woman toward her father. Ms. P has no history of psychiatric or addiction treatment. The parents both are present in the emergency department, although Ms. P is brought in by the police after her mother called for help. An emergency physician and a nurse from the psychiatric unit jointly evaluate Ms. P; they agree that she needs to be hospitalized in light of the animosity at home, her violent behavior, and the possibility that she is using an unknown drug.”



The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 123

Initial Response

“Based on Ms. P’s recent history of violent acting out, the emergency physician and the psychiatric nurse recommend that she be admitted to the hospital’s psychiatric unit, at least for the night.”

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 123



Discussion

“Ms. P’s acting out occurred when she was intoxicated, but she is no longer under the influence. The major conflict appears to be a family issue, particularly between Ms. P and her father. There is no indication of a severe or imminently dangerous biomedical, emotional, behavioral, or cognitive problem that requires the resources of a medically managed intensive inpatient setting.”



*The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions,
p. 123*

Revised Response

“The initial goal is to separate Ms. P from her father, which might be done by arranging for Ms. P to stay with a relative or family friend overnight, or by having Ms. P and her mother stay at a motel for the night. Based on the available information, Ms. P’s behavior and conflict with her parents may reflect normal adolescent struggles rather than psychopathology. To address this, outpatient family counseling should be considered. Given the information available, there is nothing indicating that Ms. P suffers from a diagnosable substance use disorder. In crisis or mandated treatment situations, clinicians often come under pressure from family or referral agencies to provide a certain level of care. However, when the essential information is organized according to the ASAM criteria dimensions, the patient’s real severity and needs are more easily identified. This leads to a more appropriate clinical plan and avoids wasteful use of resources by focusing on the services needed to meet the patient’s individual needs.”



The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 123

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| ASAM Severity Profile for Ms. P | | Date: 10/15/14 |
|--|---|--|
| ASAM Dimensions | ASAM Level of Severity | Description of symptoms that support the level chosen for this dimension. |
| Dimension 1: Acute Intoxication and Withdrawal Potential | High ___ Moderate ___ Low <input checked="" type="checkbox"/> None ___ | Although she was intoxicated at the time of the chair-throwing incident, Ms. P no longer is intoxicated and has not been using alcohol or other drugs in sufficient quantities for a long enough period of time to suggest the possibility of a withdrawal syndrome. |
| Dimension 2: Biomedical Conditions and/or Complications | High ___ Moderate ___ Low ___ None <input checked="" type="checkbox"/> | Ms. P is not taking any medications, is physically healthy, and has no current complaints. |
| Dimension 3: Emotional, Behavioral, or Cognitive Conditions and/or Complications | High ___ Moderate <input checked="" type="checkbox"/> Low ___ None ___ | Ms. P has complex problems with anger management, as evidenced by the chair-throwing incident, but is not impulsive at present if separated from her parents, especially her father. |
| Dimension 4: Readiness to Change | High ___ Moderate ___ Low <input checked="" type="checkbox"/> None ___ | Ms. P is willing to talk to a therapist, blames her parents for being overbearing and not trusting her, and agrees to come to treatment, but does not want to be at home with her father. |
| Dimension 5: Relapse, Continued Use, or Continued Problem Potential | High ___ Moderate <input checked="" type="checkbox"/> Low ___ None ___ | The team concludes that Ms. P is likely to engage in drug use if released. They believe that, if she returns home immediately, there may be a recurrence of the fighting and, possibly, violence. |
| Dimension 6: Recovery Environment | High ___ Moderate <input checked="" type="checkbox"/> Low ___ None ___ | Ms. P's parents are frustrated and angry as well. They are mistrustful of their daughter and want her hospitalized to provide a break in the family fighting. |

Rater: American Society of Addiction Medicine

ASAM Placement Level: Level 1



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Case Vignette

Case 2: Mr. A

“Mr. A is a 58-year old male who meets diagnostic criteria for alcohol use disorder, severe. In terms of Dimension 1, he is currently in mild withdrawal from alcohol (CIWA-Ar score of 7) with a history of no more than moderate severe withdrawal. However, he stopped drinking only two hours ago after three months of five to six drinks per day. Mr. A is hypertensive by history, it is not well controlled with medication even when sober, and current blood pressure is 140/100. Severity in Dimensions 3 through 6 is low because he has no significant mental health needs (Dim. 3), he is interested in treatment (Dim. 4) and while he has been drinking for three months, he has now stopped and is able to use previous relapse prevention skills and supports in his environment to prevent immediate return to drinking.”

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 122



Initial Response

Based on only mild withdrawal severity in Dimension 1, Mr. A is referred for Level 1-WM, Ambulatory Withdrawal Management without Extended On-Site Monitoring. For his Dimension 2 problem, he is referred back to his primary care physician for review of his hypertension.

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 122



Revised Response

“Because of the high severity resulting from the interaction between Dimensions 1 and 2, Mr. A should be treated in Level 3.7-WM, Medically Monitored Inpatient Withdrawal Management service. An alternative might be referral to a Level 2-WM, Ambulatory Withdrawal Management with Extended On-Site Monitoring if Mr. A enters treatment early in the week and could be observed for a number of days; or if the Level 2-WM service operates seven days a week.”

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, p. 122



| ASAM Severity Profile for Mr. A | | Date: 10/15/14 |
|--|---|--|
| ASAM Dimensions | ASAM Level of Severity | Description of symptoms that support the level chosen for this dimension. |
| Dimension 1: Acute Intoxication and Withdrawal Potential | High <input checked="" type="checkbox"/> Moderate ___ Low ___ None ___ | Given that Mr. A is withdrawing from alcohol, a sedative drug, the resultant autonomic arousal will create an increase in blood pressure. It can be assumed that the autonomic arousal could markedly increase his blood pressure and, because his blood pressure is already elevated, the interaction between Dimension 1 and 2 increases his severity. |
| Dimension 2: Biomedical Conditions and/or Complications | High <input checked="" type="checkbox"/> Moderate ___ Low ___ None ___ | Mr. A's current blood pressure is 140/100. His current blood pressure reading is only two hours since his last drink and insufficient time has elapsed for the full withdrawal syndrome to develop. |
| Dimension 3: Emotional, Behavioral, or Cognitive Conditions and/or Complications | High ___ Moderate ___ Low <input checked="" type="checkbox"/> None ___ | Mr. A has no significant mental health needs. |
| Dimension 4: Readiness to Change | High ___ Moderate ___ Low <input checked="" type="checkbox"/> None ___ | Mr. A is interested in treatment. |
| Dimension 5: Relapse, Continued Use, or Continued Problem Potential | High ___ Moderate ___ Low <input checked="" type="checkbox"/> None ___ | While Mr. A has been drinking for three months, he has now stopped and is able to use previous relapse prevention skills to prevent immediate return to drinking. |
| Dimension 6: Recovery Environment | High ___ Moderate ___ Low <input checked="" type="checkbox"/> None ___ | Mr. A is able to use the supports in his environment to prevent immediate return to drinking. |

Rater: American Society of Addiction Medicine

ASAM Placement Level: Level 3.7-WM

