



Medication Assisted Treatment Community of Practice

Medication Assisted Treatment (MAT) Community of Practice (CoP)

August 8, 2019

Application of ASAM Criteria for MAT Practices

Questions & Answers

Q1. Can the ASAM criteria be utilized for persons with alcohol use disorder?

A1. Yes, the ASAM criteria can be utilized for all substances, including alcohol.

Q2. Do insurance companies require that agencies utilize the ASAM criteria?

A2. Two years ago, legislative rules required NH insurance companies to use ASAM criteria. Actual use of ASAM criteria varies by insurance company; however, providing reference to the criteria when in discussion with insurance companies is of great value.

Q3. When should a practice think about a more intense level of care for someone that is using other substances in addition to their Suboxone and is resistant to stop using?

A3. A patient does not necessarily need a more intensive level of care if they are resistant to stopping their use of substances. It is important to understand why they are resistant, what their motivation is, and the risks associated with using other substances (risks associated with IV drug use, etc.). Keep in mind that you are treating addiction, not just using MAT to treat dependence. Continue to be there for them and make sure they are using medications as prescribed. Offer an open dialogue vs. an adversarial approach in order to help patients stay engaged in treatment.

Q4. Are involuntary admissions available in NH for more intense levels of care?

A4. New Hampshire has not passed legislation for involuntary admission. Patients can sign themselves out of residential (and other) levels of care.

Q5. You had mentioned that there are very few 3.3 levels of care available, and none in New Hampshire. What is the closest service to a 3.3 level of care in New Hampshire?

A5. A care plan would depend on which issue is more severe (TBI/Disability or SUD). If the primary issue is TBI, it is recommended to treat the TBI/Disability primarily and provide access to SUD treatment services as needed and vice versa. Catholic Medical Center has a rehab unit that some agencies have been able to utilize for this purpose. TBI specific services do exist nationwide; however, they are extremely rare, specialized, and exclusive.

Q6. Have other practices experienced MAT patients asking for Sonata?

A6. While practices in Nashua are experiencing this, other practices have not had similar experiences yet. Patients are likely receiving Sonata on the street. MAT practices should be wary of benzodiazepines that can have serious side effects and interactions.

Q7. Could you speak more to your statement on Dimension 5 that, "continued use could mean a lower level of care?"

A7. If someone is continuing to use, not engaged, and is "doing time" it may be more appropriate to address their ambivalence at a less intense level of care rather than send them to a more intense level of care. If there is a relapse issue and someone is trying to stop, more intense levels of care may be more appropriate to remove someone from an environment. Imminent risk should also be considered and can help determine if a more intense level of care is needed.