

Understanding and Using ASAM Criteria in Substance Use Disorder Treatment Planning

WHAT?

This guidance document has been developed to provide an overview of the American Society of Addiction Medicine (ASAM) Criteria and why and how this framework should be used to collect substantive information from patients to determine an appropriate level of care that encourages patient-centered, holistic treatment services to meet the diverse needs of each individual. This document has also been developed to initiate and guide a community of practice, a group created with the goal of gaining knowledge related to a particular domain or area, in this case understanding effective use of ASAM criteria, to use this process of sharing information and experiences to establish and monitor effective treatment plans for patients with a substance use disorder (SUD).

“Through this strength-based multidimensional assessment the ASAM criteria addresses the patient's needs, obstacles and liabilities, as well as the patient's strengths, assets, resources and support structure.”

WHY USE ASAM CRITERIA?

- To evaluate patient needs on an on-going basis
- To determine appropriate level of care
- To individualize treatment
- To create a treatment plan that is client- and outcome-driven
- To meet insurance requirements for reimbursement

HOW SHOULD ASAM CRITERIA BE USED?

1. Conduct Evaluation

a) Identify Assessment Tools

Utilize an evidence-based assessment tool(s) that will generate adequate, substantive knowledge from the patient about his/her physical, mental, and emotional status; behaviors, including the quantity and frequency of substances being misused; and other information that will be used by the clinician to understand the patient's health status, the severity of his/her SUD and co-occurring mental health conditions, and the aspects of the person's environment and responsibilities that may affect the approach to treatment.

Common evidence-based instruments include:

- Addiction Severity Index (ASI)
- Global Appraisal of Individual Needs (GAIN)

Assessment instruments should be appropriate for the age, culture and language of the patient and collect information that is consistent with a holistic approach to treatment planning for SUDs and co-occurring mental health conditions.

b) Gather Patient Information

Collect information for each of the six ASAM dimensions (Figure 1) using the selected assessment tool(s) to include a person's health and well-being, including his/her substance misuse, physical health, emotional status, readiness for change, relapse history, and environmental factors that may affect recovery goals.

It is important to further understand a person's response by prompting follow-up questions as appropriate (refer to Tool 1 which provides specific questions by ASAM Dimension).

c) Rate Each Dimension

Next, using the information gathered from the assessment, assign a score for each dimension with a severity rating between 0 and 4. The score given for each dimension should be independent of the other dimensions. The table below provides general terms to help distinguish between the various ratings and can be used to help identify the patient's score for each dimension. Please refer to Tool 2, the Patient Severity Rating Tool which can be used to keep track of each rating by dimension.



Rating	Severity Terms	Presentation of Severity
4	Highest severity level	Patient presents with critical impairment in coping and functioning, with signs and symptoms, indicating an "imminent danger" concern.
3	Serious issue or difficulty coping with a given dimension	Patient presents in or near "imminent danger".
2	Moderate difficulty in functioning	Patient presents with moderate impairment, or somewhat persistent chronic issues; however, relevant skills, or support systems may be present.
1	Mildly difficult issue, or present minor signs and symptoms	Any existing chronic issue or problems would be able to be resolved in a short period of time.
0	Non-issue or very low risk issue	Patient presents no current risk and any chronic issues would be mostly or entirely stabilized.

2. Determine Level of Care

All dimension rankings should be used as a whole to make an overall recommendation for appropriate level of care and setting for each patient.

For example, if a patient exhibited moderate risk for severe withdrawal (Level 2.5 for Dimension I), no biomedical conditions (Level 0.5 for Dimension II) but is unaware of a need for change (Level 3 for Dimension IV) and has a dangerous living environment in which she/he lacks coping skills to survive outside of a highly structured 24-hour environment (Level 3.5 of Dimensions VI), a clinician will need to consider the variation of levels across all dimensions and may determine that withdrawal management and clinically managed residential care (Level 3.1) may be an appropriate initial placement.

Please refer to the crosswalk on pages 175 and 176 of the *ASAM Manual, 3rd Edition*, which lists appropriate observations for each ASAM dimension that would qualify an individual for needing each level of care. The following table lists the various levels.

Levels of Care	
LEVEL .05	Early Intervention
LEVEL 1	Outpatient Services
LEVEL 1	Opioid Treatment Program
LEVEL 2.1	Intensive Outpatient
LEVEL 2.5	Partial Hospitalization Services
LEVEL 3.1	Clinically Managed Low Intensity Residential
LEVEL 3.3	Clinically Managed Population-Specific High Intensity Residential
LEVEL 3.5	Clinically Managed High Intensity Residential
LEVEL 3.7	Medically Monitored Intensive Inpatient Services
LEVEL 4	Medically Managed Intensive Inpatient Services
LEVELS 1-3.2, 3.7 and 4	Withdrawal Management Levels

3. Develop Treatment Plan Using ASAM Criteria

The treatment plan should be the result of shared decision-making with the patient, and the conversation may include supportive family and friends if the patient chooses. The plan should, at a minimum, address each dimension of concern. Additionally, the progress note should document that all dimensions have been reviewed.

4. Routinely Reassess Level of Care

Routine reassessment of patients throughout their care to support decisions relative to treatment efficacy, progress toward recovery goals, and appropriate changes in level of care and corresponding services will rely on effective and consistent application of the ASAM criteria. Routinely reviewing each dimension will help to determine when and why a change in service and/or setting is warranted.

Sometimes, reassessment will be a byproduct of on-going counseling sessions when new information is shared that may indicate a change in the supportiveness of a patient's recovery environment, likelihood of withdrawal, and/or biomedical/mental health conditions. In the absence of unsolicited

information; however, reassessments should take place at regular intervals to ensure there is adequate opportunity for changes in conditions to be revealed.

The following tools will assist the clinician when considering continuing service at a current level of care or in transferring a patient to a higher, lower, or different treatment modality. It is recommended that each of the tools mentioned previously and identified below be used sequentially as each work off the previous tool. Use of Tool 2, the Patient Severity Rating Tool and Tool 3, the Continuing Service Criteria Assessment along with the suggested questions (Tool 5) are necessary when requesting to continue service at the current level of care. Use of Tool 2, the Patient Severity Rating Tool and Tool 4, the Transfer/Discharge Criteria Assessment along with the suggested questions (Tool 5) will be useful when transferring a patient to a higher, lower, or different treatment modality. Please refer to pages 300 and 303 in the *ASAM Manual, 3rd Edition* for further information.

TOOL 3 Continuing Service Criteria Assessment	TOOL 4 Transfer/Discharge Criteria Assessment	TOOL 5 Continuing Service & Transfer/Discharge Questions
Use tool to assess the patient's appropriate-ness for continued services across each of the six ASAM Dimensions and three criteria for continuing services. Amended or additional treatment plans should be included.	Use tool to assist in transfer and discharge planning to assess the patient's progress with treatment goals across each of the six ASAM Dimensions and four criteria for discharge or transfer.	Use suggested questions when additional services or continuing a service is requested or when reviewing transfer or discharge planning.

Several examples of indications that the level of care should be maintained, and other conditions or events that warrant a reassessment and potential change of level of care are described below.

MAINTAINING OR CHANGING A PATIENT'S LEVEL OF CARE

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Per 2013 ASAM Criteria (pp. 299-306)

After the admission criteria for a given level of care have been met, the criteria for continued service, discharge or transfer from that level of care are as follows:

Continued Service Criteria: It is appropriate to retain the patient at the present level of care if:

1. The patient is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals; *OR*
2. The patient is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working on the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals; *AND/OR*
3. New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the patient's new problems can be addressed effectively.

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 patient's existing or new problem(s), the patient should continue in treatment at the present level of care. If not, refer the Discharge/Transfer Criteria, below.

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

1. The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the current level of care; *OR*
2. 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. Treatment at another level of care or type of service therefore is indicated; *OR*
3. The patient has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated; *OR*
4. 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.

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.