alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

MEDICAL NECESSITY AND DOCUMENTATION FOR ASAM RESIDENTIAL LEVEL OF CARE

Lori T. Shallcross, LCSW
Clinical Review Specialist
Alameda County Utilization Management

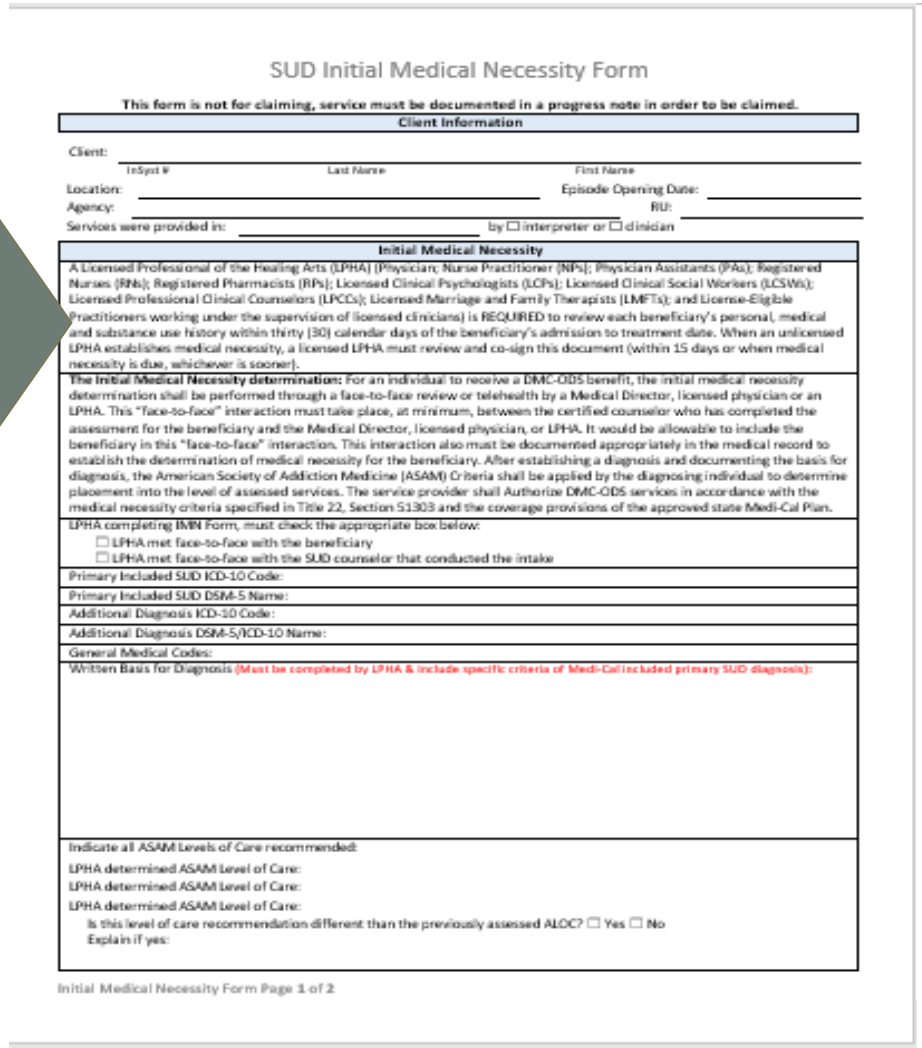
DEFINITION: Medical Necessity Criteria -

specific elements that must be met for service qualification. Adults 21+ beneficiaries must have:

- 1. A diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) Fifth Edition for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders.
- 2. Must meet the ASAM Criteria definition (level-of-care) of medical necessity for services based on the ASAM Criteria.

ALAMEDA COUNTY USES TWO DOCUMENTS TO SUPPORT MEDICAL NECESSITY:

Initial Medical Necessity Form



SUD Initial Medical Necessity Form

This form is not for claiming, service must be documented in a progress note in order to be claimed.

Client Information

Client:
InSyst # Last Name First Name

Location: Episode Opening Date:

Agency: RU:

Services were provided in: by ☐ interpreter or ☐ clinician

Initial Medical Necessity

A Licensed Professional of the Healing Arts (LPHA) (Physician; Nurse Practitioner (NPs); Physician Assistants (PAs); Registered Nurses (RNs); Registered Pharmacists (RPs); Licensed Clinical Psychologists (LCPs); Licensed Clinical Social Workers (LCSWs); Licensed Professional Clinical Counselors (LPCCs); Licensed Marriage and Family Therapists (LMFTs); and License-Eligible Practitioners working under the supervision of licensed clinicians) is REQUIRED to review each beneficiary's personal, medical and substance use history within thirty (30) calendar days of the beneficiary's admission to treatment date. When an unlicensed LPHA establishes medical necessity, a licensed LPHA must review and co-sign this document (within 15 days or when medical necessity is due, whichever is sooner).

The Initial Medical Necessity determination: For an individual to receive a DMC-ODS benefit, the initial medical necessity determination shall be performed through a face-to-face review or telehealth by a Medical Director, licensed physician or an LPHA. This "face-to-face" interaction must take place, at minimum, between the certified counselor who has completed the assessment for the beneficiary and the Medical Director, licensed physician, or LPHA. It would be allowable to include the beneficiary in this "face-to-face" interaction. This interaction also must be documented appropriately in the medical record to establish the determination of medical necessity for the beneficiary. After establishing a diagnosis and documenting the basis for diagnosis, the American Society of Addiction Medicine (ASAM) Criteria shall be applied by the diagnosing individual to determine placement into the level of assessed services. The service provider shall Authorize DMC-ODS services in accordance with the medical necessity criteria specified in Title 22, Section 51303 and the coverage provisions of the approved state Medi-Cal Plan.

LPHA completing IMN Form, must check the appropriate box below:
☐ LPHA met face-to-face with the beneficiary
☐ LPHA met face-to-face with the SUD counselor that conducted the intake

Primary Included SUD ICD-10 Code:

Primary Included SUD DSM-5 Name:

Additional Diagnosis ICD-10 Code:

Additional Diagnosis DSM-5/ICD-10 Name:

General Medical Codes:

Written Basis for Diagnosis (Must be completed by LPHA & include specific criteria of Medi-Cal included primary SUD diagnosis):

Indicate all ASAM Levels of Care recommended:

LPHA determined ASAM Level of Care:

LPHA determined ASAM Level of Care:

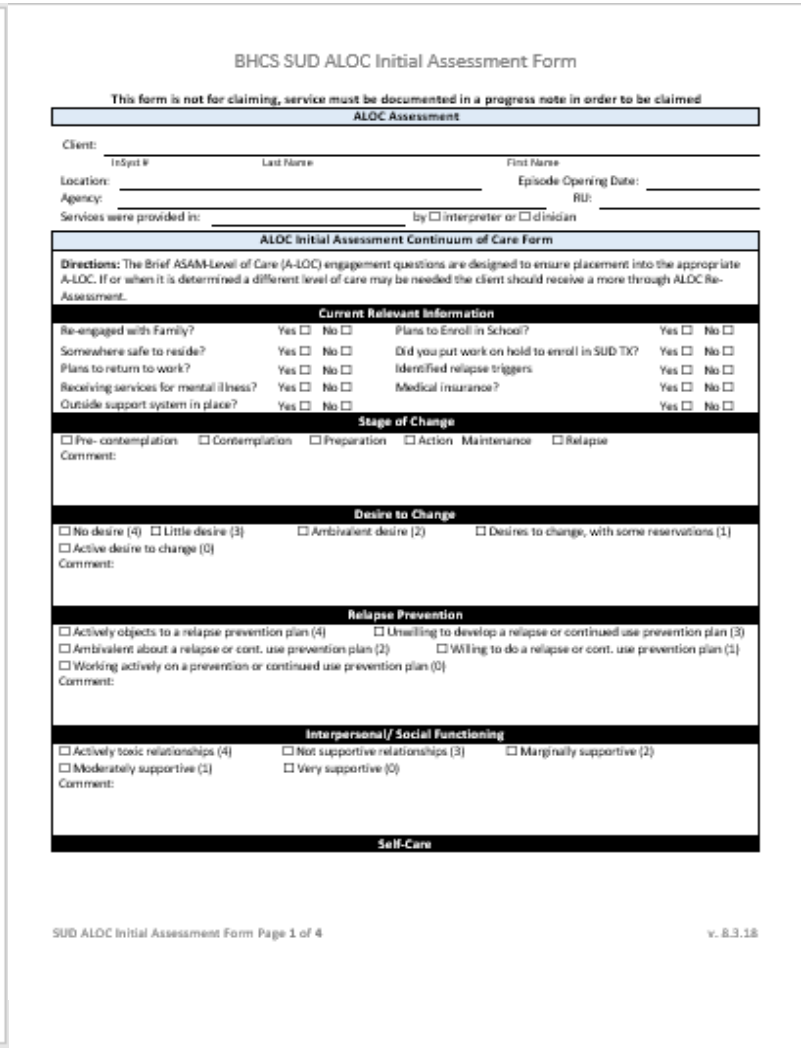
LPHA determined ASAM Level of Care:

Is this level of care recommendation different than the previously assessed ALOC? ☐ Yes ☐ No

Explain if yes:

Initial Medical Necessity Form Page 1 of 2

ALOC form



BHCS SUD ALOC Initial Assessment Form

This form is not for claiming, service must be documented in a progress note in order to be claimed

ALOC Assessment

Client:
InSyst # Last Name First Name

Location: Episode Opening Date:

Agency: RU:

Services were provided in: by ☐ interpreter or ☐ clinician

ALOC Initial Assessment Continuum of Care Form

Directions: The Brief ASAM-Level of Care (A-LOC) engagement questions are designed to ensure placement into the appropriate A-LOC. If or when it is determined a different level of care may be needed the client should receive a more through ALOC Re-Assessment.

Current Relevant Information

Re-engaged with Family?	Yes ☐ No ☐	Plans to Enroll in School?	Yes ☐ No ☐
Somewhere safe to reside?	Yes ☐ No ☐	Did you put work on hold to enroll in SUD TX?	Yes ☐ No ☐
Plans to return to work?	Yes ☐ No ☐	Identified relapse triggers	Yes ☐ No ☐
Receiving services for mental illness?	Yes ☐ No ☐	Medical insurance?	Yes ☐ No ☐
Outside support system in place?	Yes ☐ No ☐		Yes ☐ No ☐

Stage of Change

☐ Pre- contemplation ☐ Contemplation ☐ Preparation ☐ Action Maintenance ☐ Relapse

Comment:

Desire to Change

☐ No desire (4) ☐ Little desire (3) ☐ Ambivalent desire (2) ☐ Desires to change, with some reservations (1)
☐ Active desire to change (0)

Comment:

Relapse Prevention

☐ Actively objects to a relapse prevention plan (4) ☐ Unwilling to develop a relapse or continued use prevention plan (3)
☐ Ambivalent about a relapse or cont. use prevention plan (2) ☐ Willing to do a relapse or cont. use prevention plan (1)
☐ Working actively on a prevention or continued use prevention plan (0)

Comment:

Interpersonal/ Social Functioning

☐ Actively toxic relationships (4) ☐ Not supportive relationships (3) ☐ Marginally supportive (2)
☐ Moderately supportive (1) ☐ Very supportive (0)

Comment:

Self-Care

SUD ALOC Initial Assessment Form Page 1 of 4 v. 8.3.18

The Initial Medical Necessity form (IMN) shows the included diagnosis and the criteria that support the diagnosis

SUD Initial Medical Necessity Form

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InSyst # Last Name First Name

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Agency: _____ RU: _____

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Primary Included SUD ICD-10 Code:

Primary Included SUD DSM-5 Name:

Additional Diagnosis ICD-10 Code:

Additional Diagnosis DSM-5/ICD-10 Name:

General Medical Codes:

Written Basis for Diagnosis (Must be completed by LPHA & include specific criteria of Medi-Cal included primary SUD diagnosis):

The SUD ALOC :
- Assesses the **intensity** of the service needed using the ASAM Level of Care
- includes **key findings** supporting the Placement Decision

BHCS SUD ALOC Initial Assessment Form

(a) Are there any dangerous family, significant others, living/work/school situations threatening the client's safety, immediate well-being, and/or sobriety? e.g., living with a drug dealer; someone with a Substance Use Disorder or using drugs or alcohol; client is experiencing abuse by a partner or significant other; homeless in freezing temperatures? ☐ Yes ☐ No

(b) Does the client have the life skills and/or support necessary to participate in day to day functions? ☐ Yes ☐ No

Select one: ☐ No Risk/Stable (0) Mild (1) ☐Moderate (2) ☐Significant (3) ☐Severe (4)

ASAM Clinical Placement Scoring Summary

ASAM Dimensions

1 - Acute Intoxication and/or Withdrawal Potential
2 – Biomedical Conditions and Complications
3 –Emotional/Behavioral/Cognitive Conditions and Complications
4 – Readiness to Change (including Desire to Change)
5 – Relapse/Continued Use/Continued Problem Potential
6 – Recovery Environment

Risk Ratings	Intensity of Service Need	Dimensions					
		1	2	3	4	5	6
(0) No Risk or Stable – Current risk absent. Any acute or chronic problem mostly stabilized.	No immediate services needed	☐	☐	☐	☐	☐	☐
(1) Mild – Minimal, current difficulty or impairment. Minimal or mild signs and symptoms. Any acute or chronic problems soon able to be stabilized and functioning restored with minimal difficulty.	Low intensity of services needed for this dimension. Treatment strategies usually able to be delivered tin outpatient settings.	☐	☐	☐	☐	☐	☐
(2) Moderate Moderate difficulty or impairment. Moderate signs and symptoms. Some difficulty coping or understanding, but able to function with clinical and other support services and assistance.	Moderate intensity of services, skills training or supports needed for this level of risk. Treatment strategies may require intensive levels of outpatient care.	☐	☐	☐	☐	☐	☐
(3) Significant – Serious difficulties or impairment. Substantial difficulty coping or understanding and being able to function even with clinical support.	Moderately high intensity of services, skills training, or supports needed. May be in danger or near imminent danger.	☐	☐	☐	☐	☐	☐
(4) Severe – Severe difficulty or impairment. Serious, gross or persistent signs and symptoms. Very poor ability to tolerate and cope with problems. Is in imminent danger.	High intensity of services, skills training, or supports needed. More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services and a frequency greater than daily.	☐	☐	☐	☐	☐	☐

Key Findings Supporting Placement Decision:

KEY FINDINGS

KEY FINDINGS SUPPORTING PLACEMENT DECISION:

- Not meant to be a repeat of the narrative on each Dimension (however can reference the dimension)
- Explain to the reader why this individual meets the level of care that you have determined.
- If it is a higher level of care that is being determined, what makes this person meet the higher risk level?

NOTE: Merely stating that the individual uses substances in a "dangerous manner" is not a sufficient justification.

ASSESSING SEVERITY AND LEVEL OF FUNCTION

- To determine the multidimensional severity/level of function profile, consider the **three H's**:
- History – past signs, symptoms and treatment . . . **Never overrides the *Here and Now***
- Here and Now – current information of substance use and mental health signs and symptoms (Example: Current SI but no past hx)
  - This does not mean how they are functioning day to day. Rather, what is going on currently -- overall presentation.
- How Worried Now? – what are your greatest concerns?

Adult Levels of Care	**Dimension 1** Acute Intoxication and/or Withdrawal Potential	**Dimension 2** Biomedical Conditions and Complications	**Dimension 3** Emotional, Behavioral, or Cognitive Conditions and Complications	**Dimension 4** Readiness to Change	**Dimension 5** Relapse, Continued Use, or Continued Problem Potential	**Dimension 6** Recovery Living Environment
Level 0.5 Early Intervention	No withdrawal risk	None or very stable	None or very stable	Willing to explore how current alcohol, tobacco, other drug, or medication use, and/or high-risk behaviors may affect personal goals	Needs an understanding of, or skills to change, current alcohol, tobacco, other drug, or medication use patterns, and/or high risk behavior	Social support system or significant others increase the risk of personal conflict about alcohol, tobacco, and/or other drug use
OTP Level 1 Opioid Treatment Program	Physiologically dependent on opioids and requires OTP to prevent withdrawal	None or manageable with outpatient medical monitoring	None or manageable in an outpatient structured environment	Ready to change the negative effects of opioid use, but is not ready for total abstinence from illicit prescription or non-prescription drug use	At high risk of relapse or continued use without OTP and structured therapy to promote treatment progress	Recovery environment is supportive and/or the patient has skills to cope
Level 1 Outpatient Services	Not experiencing significant withdrawal, or at minimal risk of severe withdrawal. Manageable at Level 1-WM (See withdrawal management criteria)	None or very stable, or is receiving concurrent medical monitoring	None or very stable, or is receiving concurrent mental health monitoring	Ready for recovery but needs motivating and monitoring strategies to strengthen readiness. Or needs ongoing monitoring and disease management. Or high severity in this dimension but not in other dimensions. Needs Level 1 motivational enhancement strategies	Able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support	Recovery environment is supportive and/or the patient has skills to cope
Level 2.1 Intensive Outpatient Services	Minimal risk of severe withdrawal, manageable at Level 2-WM (See withdrawal management criteria)	None or not a distraction from treatment. Such problems are manageable at Level 2.1	Mild severity, with potential to distract from recover; needs monitoring	Has variable engagement in treatment, ambivalence, or a lack of , awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress through the stages of change	Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week	Recovery environment is not supportive, but with structure and support, the patient can cope
Level 2.5 Partial Hospitalization Services	Moderate risk of severe withdrawal manageable at Level 2-WM (See withdrawal management criteria)	None or not sufficient to distract from treatment. Such problems are manageable at Level 2.5	Mild to moderate severity, with potential to distract from recovery; needs stabilization	Has poor engagement in treatment, significant ambivalence, or a lack of awareness of the substance use or mental health problem, requiring a near-daily structured program or intensive engagement services to promote progress through the stages of change	Intensification of addiction or mental health symptoms, despite active participation in a Level 1 or 2.1 program, indicates a high likelihood of relapse or continued use or continued problems without near-daily monitoring and support	Recovery environment is not supportive, but with structure and support and relief from the home environment, the patient can cope
Level 3.1 Clinically Managed Low Intensity Residential Services	No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving Level I-WM (minimal) or Level 2-WM (moderate) services (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	None or minimal; not distracting to recovery. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required	Open to recovery, but needs a structured environment to maintain therapeutic gains	Understands relapse but needs structure to maintain therapeutic gains	Environment is dangerous, but recovery is achievable if Level 3.1 24-hour structure is available
Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Level 3.2-WM (See withdrawal management criteria).	None or stable, or receiving concurrent medical monitoring	Mild to moderate severity; needs structure to focus on recovery. Treatment should be designed to address significant cognitive deficits. If stable, a co-occurring capable program is appropriate. If not, a co-occurring enhanced program is required	Has little awareness and needs interventions available only at Level 3.3 to engage and stay in treatment. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1	Has little awareness and needs interventions available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction	Environment is dangerous and patient needs 24-hour structure to learn to cope
Level 3.5 Clinically Managed High Intensity Residential Services	At minimal risk of severe withdrawal. If withdrawal is present, manageable at Leve-3.2-WM (See withdrawal management criteria)	None or stable, or receiving concurrent medical monitoring	Demonstrates repeated inability to control impulses, or unstable and dangerous signs/symptoms require stabilization. Other functional deficits require stabilization and a 24-hour setting to prepare for community integration and continuing care. A co-occurring enhanced setting is required for those with severe and chronic mental illness	Has marked difficulty with, or opposition to, treatment, with dangerous consequences. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1	Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences	Environment is dangerous and the patient lacks skills to cope outside of a highly structured 24-hour setting
Level 3.7 Medically Monitored High Intensity Residential Services	At high risk of withdrawal, but manageable at Level 3.7-WM and does not require the full resources of a licensed hospital (See withdrawal management criteria)	Requires 24-hour medical monitoring but not intensive treatment	Moderate severity; needs a 24-hour structured setting. If the patient has a co-occurring mental disorder, requires concurrent mental health services in a medically monitored setting	Low interest in treatment and impulse control is poor, despite negative consequences; needs motivating strategies only safely available in a 24-hour structured setting. If there is high severity in Dimension 4 but not in any other dimension, motivational enhancement strategies should be provided in Level 1	Unable to control use, with imminently dangerous consequences, despite active participation at less intensive levels of care	Environment is dangerous and the patient lacks skills to cope outside of a highly structured 24-hour setting
Level 4 Medically Managed Intensive Inpatient Services	At high risk of withdrawal and requires Level-4-WM and the full resources of a licensed hospital (See withdrawal management criteria)	Requires 24-hour medical and nursing care and the full resources of a licensed hospital	Because of severe and unstable problems, requires 24-hour psychiatric care with concomitant addiction treatment (co-occurring enhanced)	Problems in this dimension do not qualify the patient for Level 4 services. If the patient's only severity is in Dimension 4, 5, and/ or 6 without high severity in Dimensions 1, 2, and/or 3, then the patient does not qualify for level 4	Problems in this dimension do not qualify the patient for patient for Level 4 services. See further explanation in Dimension 4.	Problems in this dimension do not qualify the patient for patient for Level 4 services. See further explanation in Dimension 4.

ASAM Assessment Considerations

DIMENSION 1

DIMENSION 2

DIMENSION 3

ASAM Assessment Considerations

Dimension 1:
Intoxication/Withdrawal

- Are there current signs of acute intoxication or withdrawal?
- No risk if client has completed detoxification and has a period of time of sobriety.

Dimension 2:

Biomedical

- Are there current or chronic physical illnesses/conditions that need to be addressed because they create risk or may complicate treatment?
- Is there a communicable disease present that could impact the well-being of other clients or staff?
- For female clients, is the client pregnant?

Dimension 3:
Emotional/Behavioral/Cognitive

- Are there current/chronic psychiatric, psychological, behavioral, emotional, or cognitive problems that create risk or complicate treatment?
- Focus in on dual-diagnosis issues and how they affect the client
- Do any emotional, behavioral, or cognitive signs or symptoms appear to be an expected part of the addictive disorder, or do they appear to be autonomous?
- Are they severe enough to warrant specific mental health treatment?

ASAM Assessment Considerations

DIMENSION 4

DIMENSION 5

DIMENSION 6

Dimension 4:
Readiness to Change

- How ready, willing, or able does the client feel to make changes in substance use or addictive behaviors?
- Do they express a commitment to change and behave congruently?
- Do they cooperate with treatment recommendations and program rules?
- Are they aware of the relationship of substance use to negative consequences?
- Does the client engage in his treatment planning and goals?
- Is there legal mandate or other influences to obtain treatment?

Dimension 5:
Relapse Potential

- Is the client in immediate danger of continued severe mental health distress and/or substance use or relapse?
- Do they have the skills to cope with addictive/mental health disorders to prevent relapse or continued problems?
- What if they weren't in treatment?
- Aware of triggers, how to cope with cravings, and able to control impulses?

Dimension 6:
Recovery Environment

- Do family members, friends, significant others, living situations, or school/work situations pose a risk to safety or engagement in treatment?
- Recovery supportive relationships?
- Financial/vocational/educational needs/resources to support recovery?
- Legal reality

RATINGS AND FOCUS OF TREATMENT

KEEP IN MIND that a HIGHER risk rating on any Dimension correlates with the intensity of focus that is required to effectively treat an individual on that Dimension.

When reviewing an ASAM ALOC, the UM Review may ask the question:

Would the issues that resulted in the higher rating inhibit the individual's ability to effectively engage in SUD treatment?

DIMENSION 1

Acute Intoxication and/or Withdrawal Potential

A high rating on Dimension 1 may indicate that the individual is not yet stable and may require withdrawal management services. When referring to residential treatment, we typically do not see a rating higher than "stable/no risk."

However, there may be an individual who is still experiencing mild symptoms of withdrawal after receiving detox services that could be considered at "mild" risk.

DIMENSION 2

Biomedical Conditions and Complications

Ratings higher than moderate may indicate that the client's physical health issues may require focused intervention before the individual is able to effectively engage in SUD treatment.

A severe risk rating may require immediate attention by a medical provider.

DIMENSION 3

Emotional, Behavioral, or Cognitive Conditions and Complications

Ratings higher than moderate may indicate that the client's mental health symptoms may inhibit their ability to engage in treatment. Having a mental health diagnosis in of itself does not translate to a higher risk rating on Dimension 3. If the mental health condition is stable, this should not indicate a higher risk rating.

A higher rating (significant/severe) may indicate that the individual's mental health issues may require intervention in a psychiatric setting.

DIMENSION 4
Readiness to Change

A LOWER risk rating (stable/no risk or mild) on Dimension 4 can indicate that the individual may be able to succeed in a less restrictive setting such as intensive outpatient services while living in a Sober Living Environment.

Typically for residential treatment, the ASAM would indicate a rating of moderate or higher.

KEY FACTOR: ***Has the individual ever attempted to become sober at a lower level of care and was unsuccessful?***

This could indicate that they are motivated but have not been able to succeed in a non-contained environment.

DIMENSION 5

Relapse, Continued Use, or Continued Problem Potential

Rating on Dimension 5 is an important component in the justification of residential level of care.

Ratings lower than a significant risk may indicate that <u>lower level of care would be the least restrictive environment for the client.</u>

Key Questions:

Is the individual in immediate danger of continued severe mental health distress or dangerous alcohol or drug use?

Do they have any recognition, understanding, or skills with which to cope with their addictive disorder?

How severe are the problems if the individual is not in a contained environment at this time?

REMEMBER: a moderate rating on this Dimension would indicate treatment strategies that may require <u>intensive levels of outpatient care</u>.

DIMENSION 6

Recovery/Living Environment

Ratings lower than a significant risk may indicate a client can be served at a lower level of care.

Homelessness in of itself does not indicate residential level of care.

KEEP IN MIND: If Dimension 6 is the only dimension with a high severity rating, the individual may be able to succeed at a lower level of care such as Intensive Outpatient while living in a Sober Living Environment.

DETERMINING SEVERITY

IMMINENT DANGER (The ASAM Criteria 2013, pp. 65-58):

YOU NEED ALL THREE:

- A strong probability that certain behaviors (such as continued alcohol or other drug use or addictive behavior relapse) will occur (always present for referral to residential treatment).
- The likelihood that such behaviors will present a significant risk of serious adverse consequences to the individual and/or others (e.g. reckless driving while intoxicated, child neglect or potential child neglect, serious health issues related to SUD, unable to care for self, criminal behaviors or antisocial behavior, overdoses).
- The likelihood that such adverse events will occur in the very near future, within hours and days, rather than weeks or months.

HANDOUTS:

Continued

ASAM Criteria Determining Severity Ratings

* The Change Companies

DIMENSION 1

ASAM Criteria – Determining Severity Ratings

Dimension 1: Detoxification/Withdrawal Potential Assessment

SEVERITY / INTENSITY RATING

(0=no problem or stable / 1=mild / 2=moderate / 3=substantial / 4= severe)

0 ___ Individual fully functioning w/ good ability to tolerate, cope with withdrawal discomfort
___ No signs or symptoms of withdrawal present or are resolving and if alcohol, a CIWA-Ar score of less than 3
___ No signs or symptoms of intoxication

1 ___ Adequate ability to tolerate or cope with withdrawal discomfort.
___ Mild to moderate intoxication, or signs, symptoms interfere w/daily functioning, but not a danger to self or others
___ Minimal risk of severe withdrawal resolving and if alcohol, a CIWA-Ar score of 3-7
___ Sub intoxication level

2 ___ Some difficulty tolerating and coping w/withdrawal discomfort
___ Intoxication may be severe, but responds to treatment so individual does not pose imminent danger to self or others
___ Moderate signs and symptoms with moderate risk of severe withdrawal
___ Somewhat intoxicated
___ If alcohol, a CIWA-Ar score if 8-11

3 ___ Demonstrates poor ability to tolerate and cope with withdrawal discomfort.
___ Severe signs and symptoms of intoxication indicating possible imminent danger to self & others
___ Severe signs and symptoms or risk of severe but manageable withdrawal; or withdrawal is worsening despite detoxification at less intensive level of care
___ Very intoxicated
___ If alcohol, a CIWA-Ar score if 12-15

4 ___ Incapacitated, with severe signs and symptoms of withdrawal
___ Severe withdrawal presents danger (e.g. seizures)
___ Continued use poses an imminent threat to life
___ Stuporous
___ If alcohol, a CIWA-Ar score over 15

HANDOUTS:

Continued

ASAM Criteria Determining Severity Ratings

* The Change Companies

DIMENSION 2

Dimension 2: Biomedical Conditions and Complications

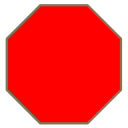
0 ___ Fully functioning with good ability to tolerate or cope w/ physical discomfort
___ No biomedical signs or symptoms are present, or biomedical problems stable
___ No biomedical conditions that will interfere with treatment or create risk

1 ___ Demonstrates adequate ability to tolerate and cope with physical discomfort
___ Mild to moderate signs or symptoms interfere with daily functioning, but would likely not interfere with recovery treatment nor create risk

2 ___ Some difficulty tolerating and coping with physical problems and/or has other biomedical problems
___ Has a biomedical problem, which may interfere with recovery treatment

3 ___ Demonstrates poor ability to tolerate and cope with physical problems and/or general health is poor
___ Has serious medical problems he/she neglects during outpatient treatment that require frequent medical attention
___ Severe medical problems are present but stable.
___ Medical problem(s) present that would be severely exacerbated by a relapse
___ Medical problem(s) present that would be severely exacerbated by withdrawal (e.g., diabetes, hypertension)
___ Medical problems that require medical or nursing services

4 ___ Incapacitated, with severe medical problems
___ Severe medical problems that are life threatening risk



High ratings may impact the individual's ability to engage in treatment.

HANDOUTS:

Continued

ASAM Criteria Determining Severity Ratings

* The Change Companies

DIMENSION 3

Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications

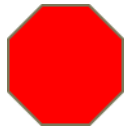
0 ___ No or stable mental health problems

1 ___ Sub-clinical mental disorder
___ Emotional concerns relate to negative consequences and effects of addiction.
___ Suicidal ideation without plan
___ Social role functioning impaired, but not endangered by substance use; mild symptoms that do not impair role functioning (e.g. social, school, or work)
___ Mild to moderate signs and symptoms with good response to treatment in the past.
___ Or past serious problems have long period of stability or are chronic, but do not pose high risk of harm

2 ___ Suicidal ideation or violent impulses require more than routine monitoring
___ Emotional, behavioral, or cognitive problems distract from recovery efforts.
___ Symptoms are causing moderate difficulty in role functioning (e.g. school, work)
___ Frequent and/or intense symptoms with a history of significant problems that are not well stabilized, but not imminently dangerous
___ Emotional/behavioral/cognitive problems/symptoms distract from recovery efforts
___ Problems with attention or distractibility interfere with recovery efforts
___ History of non-adherence with required psychiatric medications

3 ___ Frequent impulses to harm self or others which are potentially destabilizing, but not imminently dangerous
___ Adequate impulse control to deal with thoughts of harm to self or others
___ Uncontrolled behavior and cognitive deficits limit capacity for self-care, ADL's
___ Acute symptoms dominate clinical presentation (e.g. impaired reality testing, communication, thought processes, judgment, personal hygiene, etc.) and significantly compromise community adjustment and follow through with treatment recommendations

4 ___ Individual has severe and unstable psychiatric symptoms and requires secure confinement
___ Severe and acute psychotic symptoms that pose immediate danger to self or others (e.g. imminent risk of suicide; gross neglect of self-care; psychosis with unpredictable, disorganized, or violent behavior)
___ Recent history of psychiatric instability and/or escalating symptoms requiring high intensity services to prevent dangerous consequences



Hgh ratings may impact the individual's ability to engage in treatment.

HANDOUTS:

Continued

ASAM Criteria Determining Severity Ratings

* The Change Companies

DIMENSION 4

Dimension 4: Readiness to Change

0 ___ Willingly engaged in treatment as a proactive participant, is aware of/admits to having an addiction problem and is committed to addiction treatment and changing substance use and adherence with psychiatric medications

___ Can articulate personal recovery goals
___ Willing to cut negative influences
___ Is in *Preparation* or *Action* Transtheoretical Stage of Change

1___ Willing to enter treatment and explore strategies for changing AODA use or dealing with mental health disorder but is ambivalent about need for change (is in *Contemplation* Stage of Change)
___ Willing to explore the need for treatment and strategies to reduce or stop substance use
___ Willing to change AODA use but believes it will not be difficult or will not accept a full recovery treatment plan or does not recognize that he/she has a substance use problem

2 ___ Reluctant to agree to treatment for substance use or mental health problems but willing to be compliant to avoid negative consequences or may be legally required to engage in treatment
___ Able to articulate negative consequences of AODA use but has low commitment to change use of substances
___ Low readiness to change and is only passively involved in treatment
___ Variably compliant with outpatient treatment, self help or other support groups

3___ Exhibits inconsistent follow through and shows minimal awareness of AODA or mental health disorder and need for treatment
___ Appears unaware of need to change and unwilling or only partially able to follow through with treatment recommendations

4___ Unable to follow through, has little or no awareness of substance use or mental health problems and associated negative consequences
___ Not willing to explore change and is in denial regarding illness and its implications
___ Is not in imminent danger or unable to care for self – no immediate action required
___ Unable to follow through with treatment recommendations resulting in imminent danger of harm to self/others or inability to care for self

HANDOUTS:

Continued

ASAM Criteria Determining Severity Ratings

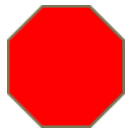
* The Change Companies

DIMENSION 5

Dimension 5: Relapse/Continued Use/ Continued Problem Potential

0___ No potential for further AODA or MH problems
___ Low relapse or continued use potential and good coping skills
___ Is engaged with ongoing recovery/support groups
___ Has positive expectancies about treatment
___ No use of illicit drugs
___ Has no demographic risk factor (under 25 years of age, never married or having lived as married, unemployed, no high school diploma or GED)
___ No current craving
___ No impulsivity noted
___ Appropriately self-confident
___ Not risk-taking or thrill-seeking
___ No psychiatric medication required or adherent with psychiatric medications

1 ___ Minimal relapse potential with some vulnerability
___ Some craving with ability to resist
___ One or two changeable demographic risk factors
___ Mostly confident
___ Low level of risk-taking or thrill-seeking
___ Fair self-management and relapse prevention skills
___ Needs support and counseling to maintain abstinence, deal with craving, peer pressure, and lifestyle and attitude changes
___ Mostly adherent with prescribed psychiatric medications
___ Episodic use of alcohol (less than weekly)
___ Sporadic use of drugs (<1/week), not injected



Low ratings here indicate lower levels of care

HANDOUTS:

ASAM Criteria Determining Severity Ratings

* The Change Companies

DIMENSION 5 continued

2 ___ Impaired recognition and understanding of substance use relapse issues
___ Difficulty maintaining abstinence despite engagement in treatment
___ Able to self-manage with prompting
___ Some craving with minimal/sporadic ability to resist
___ One or two durable demographic risk factors
___ Moderately affected by external influences
___ Neither-impulsive nor deliberate
___ Uncertain about ability to recover or ambivalent
___ Moderate level of risk-taking or thrill-seeking
___ Mostly adherent with prescribed psychiatric medications with failure likely to result in moderate to severe problems
___ Regular use of alcohol (once or twice a week)
___ Moderate use of drugs (1-3X/week), not injected

3 ___ Little recognition and understanding of substance use relapse
___ Has poor skills to cope with and interrupt addiction problems, or to avoid or limit relapse or continued use
___ Severe craving with minimal/sporadic ability to resist
___ Three demographic risk factors
___ Substantially affected by external influences
___ Somewhat impulsive
___ Dubious about ability to recover
___ High level of risk-taking or thrill-seeking
___ Mostly non-adherent with prescribed psychiatric medications with failure likely to result in moderate to severe problems
___ Frequent use of alcohol (3 or more times a week)
___ Frequent use of drugs (more than 3X/week) and/or smoking drugs

4 ___ Repeated treatment episodes had little positive effect on functioning
___ No skills to cope with and interrupt addiction problems or prevent/limit relapse or continued use
___ Severe craving with no ability to resist
___ Four or more significant demographic risks
___ Totally outer-directed
___ Very impulsive
___ Very pessimistic or inappropriately confident about ability to recover but is not in imminent danger or unable to care for self – no immediate action required
___ Dangerous level of risk-taking or thrill-seeking
___ Not at all adherent with prescribed psychiatric medications with failure likely to result in severe problems
___ Daily intoxication
___ Daily use of illicit drugs and/or IV drug use
___ Is in imminent danger or unable to care for self

HANDOUTS:

Continued

ASAM Criteria Determining Severity Ratings

* The Change Companies

DIMENSION 6

Dimension 6: Recovery Environment

0 ____ Has a supportive environment or is able to cope with poor supports
____ Living in a dry, drug-free home
____ Few liquor outlets/no overt drug dealing
____ Subcultural norms strongly discourage abusive use
____ Positive leisure/recreational activities not associated with use
____ No risk for emotional, physical or sexual abuse
____ No logistical barriers to treatment or recovery

1 ____ Has passive support in environment; family/significant other support system need to learn techniques to support the individual's recovery effort (e.g. limit setting, communication skills, etc.)
____ Significant others are not interested in supporting addiction recovery, but individual is not too distracted by this situation, and is able to cope with the environment
____ Individual demonstrates motivation and willingness to obtain a positive social support system
____ Safe supportive living situation in a non-dry or non drug-free home
____ Alcohol & drugs readily obtainable
____ Subcultural norms discourage abusive use
____ Leisure/recreational activities conducive to recovery available
____ Some risk for emotional, physical or sexual abuse
____ Logistical barriers to treatment or recovery can be readily overcome

2 ____ Environment is not supportive of addiction recovery, but with clinical structure, individual is able to cope most of the time
____ Living alone
____ Ready access to alcohol & drugs near home
____ Subcultural norms inconsistent about abusive use
____ Leisure/recreational activities neutral for recovery
____ Above average risk for emotional, physical or sexual abuse
____ Logistical barriers to treatment or recovery serious but resolvable

3 ____ Environment is not supportive of addiction recovery, and coping is difficult, even with clinical structure
____ Someone in the household currently dependent or abusing
____ Bars/liquor stores/dealers prevalent
____ Subcultural norms encourage abusive use
____ Alcohol and drugs readily available at preferred leisure/recreational activities
____ Substantial risk for emotional, physical or sexual abuse in current environment
____ Substantial logistical impediments to treatment or recovery

4 ____ Environment is not supportive of addiction recovery and is hostile and toxic to recovery or treatment progress
____ Unstable residence, living in shelter or mission, homeless
____ Extensive drug dealing/solicitation
____ Subcultural norms strongly encourage abusive use
____ Leisure/recreational activities poise severe risks
____ Currently being emotionally, physically or sexually abused
____ Extreme logistical impediments to treatment or recovery
____ Unable to cope with negative effects of the living environment on recovery - **no immediate action required**
____ *Environment is not supportive of addiction recovery, and is actively hostile to recovery, posing an immediate threat to safety and well-being* - ***immediate action required***

The "Here and Now" means what would the Recovery Environment be like if the individual left treatment now?

HANDOUTS:

Risk Descriptions Guide

* Based on the Minnesota Department of Human Services Rule 25 Risk Descriptions Guide

RISK DESCRIPTIONS GUIDE *

*Based on the Minnesota Department of Human Services Rule 25 Risk Descriptions Guide

SEVERITY RATING	DIMENSION 1 Intox/Withdrawal (wd)	DIMENSION 2 Biomedical	DIMENSION 3 Emotional/Behav/Cognitive	DIMENSION 4 Readiness for Change	DIMENSION 5 Relapse/Continued Use	DIMENSION 6 Recovery Environment
0	Displays full functioning with good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal or resolving signs and symptoms	Displays full functioning with good ability to cope with physical discomfort.	Good impulse control and coping skills and presents no risk of harm to self or others. Functions in all life areas and displays no emotional, behavioral, or cognitive problems. Has a MH diagnosis and is stable.	Cooperative, motivated, ready to change, admits problems, committed to change, and engaged in treatment as a responsible participant.	Recognizes risk well and is able to manage potential problems.	Engaged in structured, meaningful activity and has a supportive significant other, family and living environment.
1	Can tolerate and cope with withdrawal discomfort. Displays mild to moderate intoxication or signs and symptoms interfering with daily functioning but does not immediately endanger self or others. Poses minimal risk of severe withdrawal.	Tolerates and copes with physical discomfort and is able to get the services that s/he needs.	Has impulse control and coping skills. Presents a mild/mod risk of harm to self or others w/o means or displays symptoms of emotional, behavioral, or cognitive problems. Has a MH diagnosis, is stable and functions significantly in most life areas.	Motivated with active reinforcement, to explore tx and strategies for change, but ambivalent about illness or need for change.	Recognizes relapse issues and prevention strategies, but displays some vulnerability for further substance use or mental health problems.	Passive social network support or family and significant others are not interested in the client's recovery. The client is engaged in structured meaningful activity.
2	Some difficulty tolerating and coping with withdrawal discomfort. Intoxication may be severe, but responds to support and treatment such that the client does not immediately endanger self or others. Displays moderate signs and symptoms with moderate risk of severe withdrawal.	Difficulty tolerating and coping with physical problems or has other biomedical problems that interfere with recovery and mental health treatment. Neglects or does not seek care for serious biomedical problems.	Difficulty w/ impulse control and lacks coping skills. Thoughts of suicide or harm to others w/out plan or means; the thoughts may interfere with participation in some tx activities. Difficulty functioning in significant life areas. Moderate symptoms of emotional, behav, or cognitive problems. Able to participate in most tx activities.	A) Minimal recognition and understanding of relapse and recidivism issues and displays moderate vulnerability for further substance use or mental health problems B) Some coping skills inconsistently applied.	Displays verbal compliance, but lacks consistent behaviors; has low motivation for change; is passively involved in tx.	Engaged in structured, meaningful activity, but peers, family, significant other, and living environment are unsupportive, or there is criminal justice involvement by the client or among the client's peers, significant others, or in the client's living environment.
3	Tolerate s/copes with wd discomfort poorly; severe intox such that endangers self/others, or intox has not abated w/ support and tx at less intensive LOC; displays severe symptoms; or risk of severe, but manageable wd; or wd worsening despite detox at less intensive level.	Tolerates and copes poorly with physical problems or has poor general health. Neglects medical problems without active assistance.	Severe lack of impulse control and coping skills; frequent thoughts of SI/HI including a plan/means to carry out. Severely impaired in significant life areas; severe symptoms of emotional, behavioral, or cognitive problems interfering with client's participation in tx activities.	Displays inconsistent compliance, minimal awareness of either the client's addiction or mental disorder and is minimally cooperative.	Poor recognition and understanding of relapse and recidivism issues and displays moderately high vulnerability for further substance use or mental health problems. Has few coping skills, rarely applied.	Not engaged in structured, meaningful activity and the client's peers, family, significant other, and living environment are unsupportive, or there is significant criminal justice system involvement.
4	Incapacitated with severe signs and symptoms. Displays severe withdrawal and is a danger to self or others.	Unable to participate in tx and has severe medical problems, a condition that requires immediate intervention, or is incapacitated.	Severe emotional or behavioral symptoms that place the client or others at acute risk of harm. Intrusive thoughts of harming self or others. Unable to participate in tx activities.	(A) Non compliant with tx; no awareness of addiction or MH d/o; does not want or is unwilling to explore change; or in total denial of illness and implications, or (B) Dangerously oppositional to the extent s/he is a threat of imminent harm to self and others.	No recognition or understanding of relapse and recidivism issues and displays high vulnerability for further substance use disorder or mental health problems. No coping skills to arrest mental health or addiction illnesses or prevent relapse.	(A) Chronically antagonistic significant other, living environment, family, peer group or long-term CJ involvement that is harmful to recovery or tx progress, or (B) Actively antagonistic significant other, family, work or living environment with immediate threat to client's safety.

HANDOUTS:

Risk Descriptions Guide For Residential

FOCUS IS ON D4, D5, D6

* Based on the Minnesota Department of Human Services Rule 25 Risk Descriptions Guide

SEVERITY	DIMENSION 4 Readiness for Change	DIMENSION 5 Relapse/Continued Use	DIMENSION 6 Recovery Environment
3	Displays inconsistent compliance, minimal awareness of either the client's addiction or mental disorder and is minimally cooperative.	Poor recognition and understanding of relapse and recidivism issues and displays moderately high vulnerability for further substance use or mental health problems. Has few coping skills, rarely applied.	Not engaged in structured, meaningful activity and the client's peers, family, significant other, and living environment are unsupportive, or there is significant criminal justice system involvement.
4	(A) Non compliant with treatment; no awareness of addiction or MH d/o; does not want or is unwilling to explore change; or in total denial of illness and implications, or (B) Dangerously oppositional to the extent s/he is a threat of imminent harm to self and others.	No recognition or understanding of relapse and recidivism issues and displays high vulnerability for further substance use disorder or mental health problems. No coping skills to arrest mental health or addiction illnesses or prevent relapse.	(A) Chronically antagonistic significant other, living environment, family, peer group or long-term CJ involvement that is harmful to recovery or treatment progress, or (B) Actively antagonistic significant other, family, work or living environment with immediate threat to client's safety.

RESIDENTIAL LEVELS OF CARE

3.1 3.3 3.5

RESIDENTIAL LEVELS OF CARE:

3.3

3.3 Clinically Managed Population-Specific High-Intensity Residential Services

- Functional limitations are primarily cognitive and can be temporary or permanent.
- EXAMPLES: developmental disability, manifest chronicity and intensity of the primary addictive disease process (i.e. damage to the brain because of the use of substances), residual psychiatric symptoms, cognitive deficits resulting from traumatic brain injury, limited educational achievement, learning disorders, poor vocational skills, inadequate anger management skills that prevent the individual from engaging in normal curriculum.
- The individual is at mild risk of behaviors endangering self, others, or property, and is imminent danger of relapse (without the 24-hour support and structure of a Level 3.3. program.
- Has little awareness and needs interventions available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction.
- The individual requires a program that allows sufficient time to integrate the lessons and experiences of treatment. Typically, they need a slower pace of treatment and/or more repetitive and concrete than is found at other levels of care.
- Level 3.3 programs may also be able to address the needs of patients with certain medical problems.

EXAMPLES OF 3·3 from ALOCs

The client has a history of strokes/seizures over a five year period due to alcohol use and is rated on Dimension 1 as “moderate.” On Dimension 2, the client is rated as “significant” due to significant medical issues that have had some impact on his treatment. As a result of a series of strokes/seizures, the client sometimes struggles to move about the facility and has difficulty with short term memory, which can make it difficult to attend to job functions and adhere to program structure. The client will need to seek SLE housing that can support his medical needs after completing treatment. Prior to coming to treatment, the client required nursing support to properly attend to ADLs. He has shown some improvement since coming to treatment, due to being sober. The client has no mental health history.

According to the Assessment, Client's main drug of choice is methamphetamines. Client's life has become unmanageable and it took being incarcerated to stop using. Client was arrested in December 2018 for assault. Client remained incarcerated for three months in Santa Rita. Client currently has an open CPS case and her child is in Foster Care. The client reports being diagnosed with Bi-Polar I Disorder. The client reports cutting arms to release pain but has not cut herself since the age of 20. Client reports having maniac episodes due to methamphetamine use. The client stated she has not been diagnosed with a learning disability but feels she is "slow". Client reports concentration and memory issues that have occurred most of her life. The client reports strong cravings at least three times a week. Client has a four month old son in foster care with an open CPS case. Client has no tools to stay sober and is at high risk of relapse.

RESIDENTIAL LEVELS OF CARE:

3.1

VS.

3.5

3.1 Clinical Managed Low-Intensity Residential

3.1 Low intensity residential services is appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment.

An individual at this level would typically have problems applying recovery skills, self-efficacy, or lack connection to community, education, work or home life. They may need to be removed from a toxic living environment, or they may not yet acknowledge they have an addiction problem. These are people who are in pre-contemplation stage.

3.5 Clinically Managed High-Intensity Residential

3.5 High intensity residential services is for clients with an out of control addiction (D5) and have multidimensional needs. Many have significant social and psychological problems (D3). Typically they have multiple limitations, which may include criminal activity, psychological problems, impaired functioning, and disaffiliation from mainstream values.

Marked difficulty with or opposition to treatment with dangerous consequences (D4)

They may have serious mental illness or personality disorders.

Generally have chaotic, non-supportive and abusive interpersonal relationships and limited work history. Duration of treatment depends on progress in acquiring basic living skills so that they do not immediately relapse or continue to use in an imminently dangerous manner(D5) upon transfer to a less intensive level of care.

Clients may present with the sequelae of physical, sexual, emotional trauma. Chronic use of psychoactive substances also may have impaired their judgment, leaving them vulnerable to relapse.

Functional limitations can include a constellation of past criminal or antisocial behavior with a risk of continued criminal behavior.

EXAMPLES OF 3·5

from ALOCs

In 2015, the client's heart stopped and she flat lined due to drinking and has been hospitalized multiple times for DTs and seizures. The client experienced a seizure as recent as 2018. In addition, the client reports being diagnosed with depression and anxiety. Client reports that the depression at times get very bad and will take a long time for her to be able to function again. Client attempted suicide in recently due to a series of events that she could not handle. Client reported feeling hopeless and then started to drink. Client was hospitalized for a couple of weeks due to the attempt.

The client will hopefully stay med compliant to keep mood stabilized so that she can learn tools to manage her depression and her anxiety. Client has also had some serious health scares that are alcohol related that could worsen or reoccur if client does not maintain sobriety.

The client has contracted Hep C from needle drug use and has overdosed 2x in the last 2 months and on at least one occasion was brought back by Narcan. The client reports he is currently involved in a court case that involved out of control drinking; reports that when he starts drinking he cannot stop, that he experiences blackouts and passes out.

The client reports that he is either homeless or couch surfing. The client reports that when he is using he'll do reckless things to obtain money for drugs such as stealing cars or selling drugs in dangerous neighborhoods. The client reports that when he is in his addiction he often goes on high speed chases with the police because he knows that once he's pulled over he would most likely go to jail.

During the past six months the client has been using so much that she is unable to track her use. Her use has resulted in legal consequences, estrangement from her children, a restraining order filed by her mother, and homelessness.

The client reported that she began seeking help for her addiction in January of this year in hopes of getting into a residential program. However, at the time there were no beds available and she had to go back to her parents' house. The client reported feeling hopeless that she decided to drink and she attempted suicide while at her parent's home very recently. The client reports that she cut both of her wrists and when her parents came to check on her and found her bleeding, they rushed her to the ER where she was then hospitalized for 14 days; 5150/5250 for Suicide Attempt while under the influence of Alcohol.

EXTENSION REQUESTS

A GOOD EXTENSION REQUEST SHOULD:

- Highlight what the client accomplished previously, what they are working on now, and what they need to work on given additional time in treatment.
- Use Stages of Change language in Dimension 4. If the rating shows improvement, what has changed? If the rating remains the same, why? If the rating has lowered, was this due to relapse or other event?
- Dimension 5 should be very clear on what relapse prevention skills they need to learn with additional time in treatment.
- Dimension 6 should include as much as possible on the status of the recovery environment, steps already taken, and need to be taken to ensure the best recovery environment possible.

EXAMPLE OF EXTENSION REQUEST SHOWING CHANGE IN RATING OR NO CHANGE IN RATING

DIMENSION 3. Emotional/Behavioral/Cognitive Conditions/Complications

(a) Client in imminent danger of harming self or someone else? e.g., SI+ with intent, plan, means to succeed; HI+ or violent ideation, impulses, uncertainty about ability to control impulses, with means to act.

● No ○ Yes

(b) Client unable to function in ADL's, care for self with imminent, dangerous consequences? e.g., unable to bathe, feed, care for self-due to psychosis, organicity or uncontrolled intoxication with threat of imminent DTS/O as regards death or severe injury.

● No ○ Yes

(c) Client will benefit from a co-occurring capable program as opposed to a co-occurring enhanced program?

● No ○ Yes

Participant reports that he feels sadness, and sometimes helplessness surrounding his non-contact with his father, and he demonstrates low self-esteem from letting his mother down and being put out of his house. Despite the fact that participant's ability to get honest about his feelings, Dimension three will change from No Risk/Stable to Moderate.

Select one: ○ No Risk/Stable (0) ○ Mild (1) ● Moderate (2) ○ Significant (3) ○ Severe (4)

DIMENSION 4. Readiness to Change

(a) Does the client appear to need SUD treatment/recovery and/or mental health treatment, but is ambivalent or feels it's unnecessary? e.g., severe addiction, but client feels controlled use is still OK; psychotic, but blames a conspiracy.

● No ○ Yes

(b) Client has been coerced or mandated to have assessment and/or treatment by Mental Health Court or CJ system, health or social services, work/school, or family/significant other?

○ No ● Yes

(c) Client is in which Stage of Change?

○ Precontemplation ● Contemplation ○ Preparation ○ Action ○ Maintenance

Because participant's continued substance use despite his knowledge of experiencing persistent financial ,social, and family relationship problems that were directly caused by his use of substances, and stating that he wants to change but not sure he can change, Dimension four will remain at Significant.

Select one: ○ No Risk/Stable (0) ○ Mild (1) ○ Moderate (2) ● Significant (3) ○ Severe (4)

EXAMPLE OF UM NARRATIVE SUPPORTING MEDICAL NECESSITY FOR 3.5 level of care

8/20/2019 **Received** Phase 1 & 2 **authorization request from** Cronin **requesting** 3.5 **LOC.**

DOCUMENTS REVIEWED: IMN, ALOC

INCLUDED DIAGNOSIS/CLINICAL SUMMARY: Cocaine Use disorder, Severe; clt, an African American male, has co-occurring PTSD dx and hx of cannabis use and significant cocaine use since age 15. Only for the past eighteen days has managed to maintain clean status and this is due to incarceration and beginning residential 3.5 program. Has extensive trauma hx incl physical, verbal and mental abuse resulting in nightmares, flashbacks, unwanted thts, heightened reactivity, crying spells, fatigue, dysphoria, difficulty controlling worry, low self-esteem, distractability and guilt. Is not currently on medication but reportedly has in past taken Zoloft and remeron for depressive sxs; no hx of suicide attempts or SI; is having difficulty maintaining housing due to inability to maintain sobriety; is in severe danger of relapse, is homeless and has minimal relapse prevention skills or knowledge of his triggers. No identifiable peer support system is in place. ALOC screening indicates Severe risk on dimension 5 d/t clt's belief he will relapse if back in community because of drug access; if not placed in a controlled environment he is at high risk of relapse; Significant risk is present on dimensions 3 and 6. Client has extensive hx of convictions for burglary, grand theft and drug trafficking. He is mandated for tx (Moderate risk on dimension 4) and has nascent desire for change. He has spent the past 37 years in various jails and prisons. Authorized first 5 plus 25 (30 days total) at 3.5 Cronin House. Insyst entered. gr

MN BASIS: Extensive hx of use despite highly negative consequences, patterned his life around obtaining substances, continued to use after multiple recovery efforts and incarcerations; as consequence of using has lost housing and employment. Severe risk rating on Relapse/Continued Use/Proglem Potential dimension; meets criteria. gr

AUTH ACTION: If MN met, auth'ed 30 **days authorized from** 8/19/2019 **to** 9/17/2019 **at** 3.5 **LOC.**

EXAMPLE OF UM NARRATIVE SUPPORTING MEDICAL NECESSITY FOR 3.3 level of care

CRS RATIONALE AND OTHER DIRECTIONS:

(Date of Action. CRS rationale for LOC. Problems w/ High & Medium Severity rating of greatest concern at this time. Other factors/issues for next reviewer to consider. LPHA initials).

- 7/3/19: Rec'd Prior Auth for Req of SUDS svs from Cronin House for 3.3 LOC. According to the ALOC: Dimension 1 is stable. Dimension 2 is mild, ct has a TBI from an injury sustained in a physical fight in the past. Dimension 3 is

Significant: +VAHs, +delusions and paranoia. Hx of SI/SA; not currently experiencing. Ct is guarded and easily irritable with staff. Ct has poor insight regarding his dx and sxs. Dimension 4 is moderate, ct has not made a firm commitment to remain sober in the long term. Requires support to remain sober at this time. Dimension 5 is moderate, ct has discussed the possibility of relapse and requires support in maintaining sobriety. Dimension 6 is significant, ct is currently homeless. Then IMN form indicates the following Dx: Opiod Use d/o; Severe, and Schizophrenia. Ct started using heroin at age 18 via snorting and uses 2-3 times per day with no periods of sobriety. Ct also has hx w/meth, alcohol and marijuana use. Ct is currently on withdrawal management medication. Ct has reported cravings in the last 2 weeks. Ct is also diagnosed with Schizophrenia Disorder, sxs include AH, VH, paranoia and delusions of a negative and often demonic nature. Ct has hx of Traumatic Brain Injury from getting into a fight. Sxs include but are not limited to difficulty processing and recalling information at times. Ct has hx of trauma. Ct has been in treatment several times in the past according to his case manager. Ct is currently homeless as a result of drug use and MH sxs. Ct is currently on probation for possession of drugs. Ct is unemployed and on SDI. Ct struggles to maintain ADL's. When w/o support, clt's physical health is effected and he has been hospitalized for this in the past. Ct has support from his mother, has minimal contact with other family members. Ct engages in risky sexual behavior and struggles to accept boundaries and limits from others. Ct meets criteria for residential treatment and is in pre-contemplation about changing his behavior.Clt is approved for 3.3 LOC for the first 30 days. Entered into Insyst for the Initial 5 days: 7/1-7/5 and the first 30 days 7/1-7/30/19. /krc

PRACTICE EXERCISE

ALOC Review

DIMENSION 1. Acute Intoxication and/or Withdrawal Potential

(a) Does the Client have a past history of serious withdrawal, life-threatening symptoms or seizures during withdrawal? e.g., need for IV therapy; hospital for seizure control; psychosis with DT's; medication management with close nurse monitoring and medical management?

○ No ● Yes

(b) Does the Client currently have severe, life-threatening and/or similar withdrawal symptoms?

● No ○ Yes

(c) Does the Client currently have Opioid Withdrawal symptoms? (Ex. Restlessness, chills, sweats, runny nose, pain, stomach cramps)

● No ○ Yes *if yes: consider NTP/OTP level of care*

Client has experienced serious withdrawal symptoms in the past. He is currently still hearing voices but is not experiencing any other withdrawal symptoms.

Select one: ○ No Risk/Stable (0) ● Mild (1) ○ Moderate (2) ○ Significant (3) ○ Severe (4)

DIMENSION 2. Biomedical Conditions/Complications

(a) Does the client have any current severe physical health problems? e.g., bleeding from mouth/rectum in past 24 hours; recent, unstable hypertension; severe pain in chest, abdomen, head; significant problems in balance, gait, sensory/motor abilities not related to intoxication.

● No ○ Yes

(b) Has the client had a history or recent episode of seizures/convulsions; diagnosed with TB, emphysema, hepatitis C, heart condition?

● No ○ Yes

Client is not experiencing any biomedical conditions or complications.

Select one: ○ No Risk/Stable (0) ○ Mild (1) ● Moderate (2) ○ Significant (3) ○ Severe (4)

DIMENSION 3. Emotional/Behavioral/Cognitive Conditions/Complications

(a) Client in imminent danger of harming self or someone else? e.g., SI+ with intent, plan, means to succeed; HI+ or violent ideation, impulses, uncertainty about ability to control impulses, with means to act.

●No ○Yes

(b) Client unable to function in ADL's, care for self with imminent, dangerous consequences? e.g., unable to bathe, feed, care for self-due to psychosis, organicity or uncontrolled intoxication with threat of imminent DTS/O as regards death or severe injury.

●No ○Yes

(c) Client will benefit from a co-occurring capable program as opposed to a co-occurring enhanced program?

○No ●Yes

Kevin continues to still hear voices. He says they whisper to him. He is seeing a therapist and is taking medication to help him sleep at night and not have night terrors. His condition has been improving and he is able to pay attention in group and avoid getting distracted by the voices more than he has in the past. Kevin also continues to struggle with anxiety.

Select one: ○No Risk/Stable (0) ○Mild (1) ○Moderate (2) ○Significant (3) ●Severe (4)

DIMENSION 4. Readiness to Change

(a) Does the client appear to need SUD treatment/recovery and/or mental health treatment, but is ambivalent or feels it's unnecessary? e.g., severe addiction, but client feels controlled use is still OK; psychotic, but blames a conspiracy.

●No ○Yes

(b) Client has been coerced or mandated to have assessment and/or treatment by Mental Health Court or CJ system, health or social services, work/school, or family/significant other?

●No ○Yes

(c) Client is in which Stage of Change?

○Precontemplation ○Contemplation ●Preparation ○Action ○Maintenance

Kevin has started to make small changes in his behavior. He is taking better care of himself, for example, showering, taking his medications on time, washing his clothes. He is also making a plan for change and writing down his goals for when he transitions from our facility. Kevin still requires a structured setting to continue to be able to experiment with changes and help him continue to stabilize.

Select one: ○No Risk/Stable (0) ○Mild (1) ○Moderate (2) ●Significant (3) ○Severe (4)

DIMENSION 5. Relapse/Continued Use/Continued Problem Potential

(a) Does the client understand relapse but needs structure to maintain therapeutic gains?

○ No ● Yes

(b) Client is unwilling and/or ambivalent to create a continued use prevention plan?

● No ○ Yes

(c) Is the client likely to continue to use or have active, acute symptoms in an imminently dangerous manner, without immediate containment?

○ No ● Yes

Kevin is still hearing voices and is attending therapy more regularly. However, if he were to leave treatment Kevin would return to being homeless and fears he would relapse again. He is also increasingly anxious about transitioning out of treatment.

Select one: ○ No Risk/Stable (0) ○ Mild (1) ○ Moderate (2) ● Significant (3) ○ Severe (4)

DIMENSION 6. Recovery Environment

(a) Are there any dangerous family, significant others, living/work/school situations threatening the client's safety, immediate well-being, and/or sobriety? e.g., living with a drug dealer; someone with a Substance Use Disorder or using drugs or alcohol; client is experiencing abuse by a partner or significant other; homeless in freezing temperatures.

○ No ● Yes

(b) How would the Client describe their relationships?

○ Actively Toxic ○ Not Supportive ○ Marginally Supportive ● Moderately Supportive ○ Very Supportive

Kevin's mother takes him to all of his legal appointments and has been supportive of him according to Kevin. His uncle is also supportive. However, none of his family is willing to take him back in so Kevin needs to find a place to live once he leaves treatment. He does not have any savings or job waiting for him. Kevin also reports that all of his friends currently use and he does not have a support system outside of his family.

Select one: ○ No Risk/Stable (0) ○ Mild (1) ○ Moderate (2) ● Significant (3) ○ Severe (4)

I. Key Findings Supporting Placement Decision:

Kevin has continued to stabilize while in the program. He is able to concentrate in groups and is participating more in the last couple of days than he has the entire time that he has been here. He continues to hear voices but is able to avoid being distracted by them. He is doing a better job of taking care of himself, washing his clothes etc. He is in need of a structured environment to help him retain the therapeutic gains he has made and continue to learn the skills to deal with his environment and his anxiety. Kevin is very anxious about leaving the program and having to return to the streets. He is continuing to see a therapist which he says has been very helpful. We feel that a one month extension will allow Kevin to continue to stabilize and help him transition to another facility.

Indicated ASAM Level of Care to which referred	
Indicated ASAM LOC:	3.1 Clinically Managed Low-Intensity Residential
Additional Indicated ASAM LOC:	
Additional Indicated ASAM LOC:	