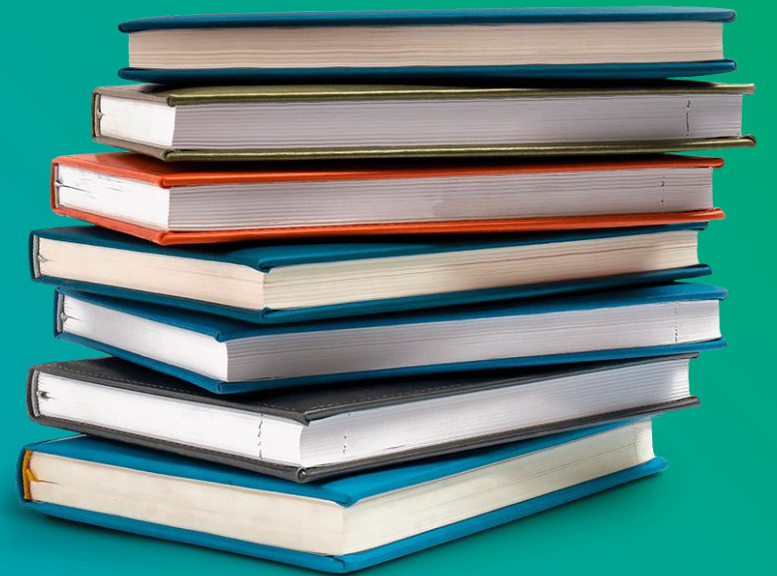


The American Society of Addiction Medicine Criteria and Utilization Management



The ASAM Criteria and Utilization Management

- These slides were previously used for a live training, facilitated on Wednesday, June 5, 2024. They have been edited for use as a self-guided training
- Please see the notes for training narrative used during the live training, as well as additional notes



Training Objectives



- Understand ASAM Entrance Criteria, Continued Stay, and Discharge Criteria review in Utilization Management
- Special Population Considerations
 - Older Adults
 - Adolescents
 - Pregnant and Parenting Individuals
- Review ASAM Treatment Planning expectations

ASAM and Utilization Management

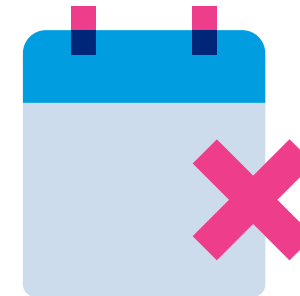
Utilization Management is:

- The process by which payers determine whether the requested care is medically necessary, efficient, and aligned with accepted medical best practices
- It focuses on medical necessity and payment for those services



Utilization Management is not:

- What an individual clinician would like to do, or what they believe needs to happen for an individual based on subjective observations
- Questioning a provider's clinical decision making, or decisions to place an individual in more or less intensive levels of care



ASAM and Utilization Management



How is ASAM a utilization management tool? How does the ASAM criteria support managed care operations?

- Consistent application of the ASAM criteria can be used to drive evidence-based treatment
- Provides common language between payers and providers when determining the medically necessary level of care
- Ensures that the level of care determination considers the whole person, and is not solely focused on their substance use
- Provides an evidence-based framework for admission, continued stay, and transfer/discharge criteria

The ASAM Criteria and Utilization Management in Colorado

Why ASAM?

Entrance Criteria,
Continued Stay
Criteria, Discharge
Criteria Review

Case Examples

Why ASAM?

- The Centers for Medicare and Medicaid (CMS) approved Colorado's (State) 1115 Substance Use (SU) Demonstration application, starting January 1, 2021.
- The 1115 SU Demonstration allows the State to receive Federal Financial Participation (FFP) for inpatient, residential, and other services provided to Medicaid beneficiaries while residing in an Institute for Mental Disease (IMD).
- Two of the key goals and objectives for the program, which the State had to address in their Implementation Plan, is the *“use of a nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities,”* and *“Standards of Care, to include ensuring that residential treatment providers deliver care consistent with the specifications in the ASAM criteria or other comparable, nationally recognized SUD program standards.”*
- The State identified the ASAM Criteria as the nationally recognized, evidence-based program standards it would use to meet these goals/objectives.

Eligibility Criteria

Entrance Criteria

Dimension 1: Acute Intoxication and/or Withdrawal Potential

This life area explores past and current experiences of substance use and withdrawal.

Dimension 2: Biomedical Conditions/Complications

In this life area, think about physical health, medical problems, and physical activity and nutrition.

Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications

This life area helps explore thoughts, emotions, and mental health issues.

Dimension 4: Readiness to Change

This life area identifies motivation, readiness, and interest in changing.

Dimension 5: Relapse/Continued Use/Continued Problem Potential

This life area addresses concern about continued substance use, mental health, or a relapse.

Dimension 6: Recovery Environment

This life area explores living situation and the people, places, and things that are important to the individual.

Eligibility Criteria

Continued Stay

The ASAM Criteria does not support any treatment that has dates of “graduation” or “completion” that can be assigned before treatment has even begun.

The length of treatment depends upon the progress made, in clearly defined and agreed-upon goals, rather than a result of a program’s preset structure.

When to Continue Service

When the individual is making progress toward their goals, and it is reasonable to believe they will continue making progress with their existing treatment, it is appropriate to continue service.

Eligibility Criteria

Continued Stay Criteria

It is appropriate to retain the individual at the present level of care if the following apply:

The individual 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.

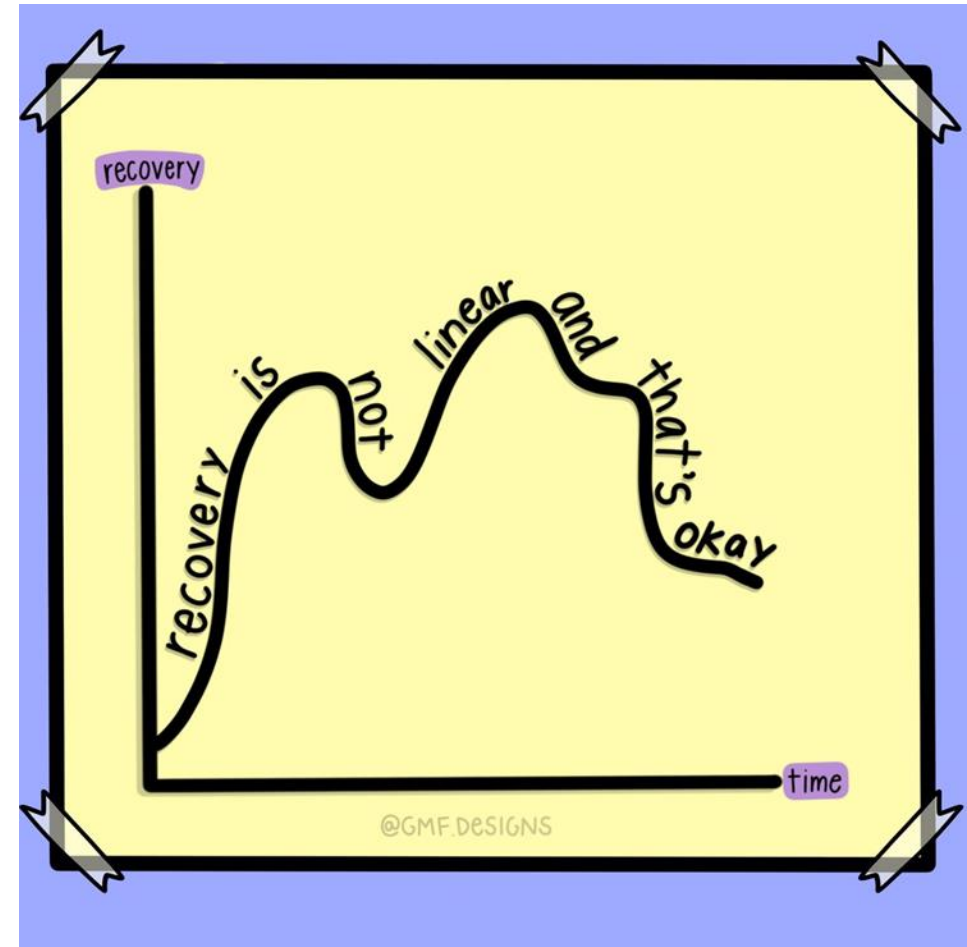
The individual is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working on the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the individual's new problems can be addressed effectively.

Eligibility Criteria

Continued Stay Criteria

- ASAM does not focus solely on initial level of care placement, it supports clinical decision making throughout an individual's course of treatment.
- It is important to note that length of treatment should vary based on the assessed clinical need of the individual.
- ASAM does not support fixed lengths of treatment (i.e., 28-day rehab).
- Providers should ensure that they are addressing the continued stay criteria identified in ASAM when requesting a continuation of services.



Eligibility Criteria

Continued Stay (continued)



Routine reassessment of individuals throughout their care to support UM decisions relative to appropriate changes in level of care and corresponding services should rely on effective and consistent application of the ASAM criteria.



Assessments should be included in continued stay requests when available to ensure there is adequate documentation on changes in conditions.

Eligibility Criteria

Continued Stay (continued)



There are several tools that could be submitted as part of an entrance or continued stay authorization request that support the request to approve, continue service, or transfer an individual to a higher or lower level of care.



Use of the Patient Severity Rating Tool, Continuing Service Criteria Assessment, and the Continuing Service Transfer/Discharge Tools are helpful constructs when considering continued stay requests.



Use of the Patient Severity Rating Tool and the Transfer/Discharge Criteria Assessment can be useful when considering requests to transferring an individual to a higher or lower level of care.



Tools can support the individuals' appropriateness for continued services across each of the six ASAM Dimensions and three criteria for continuing services.



Amended or additional treatment plans should be included.

Withdrawal Management Tools

Clinical Institute Withdrawal Assessment- Alcohol, revised (CIWA-Ar)

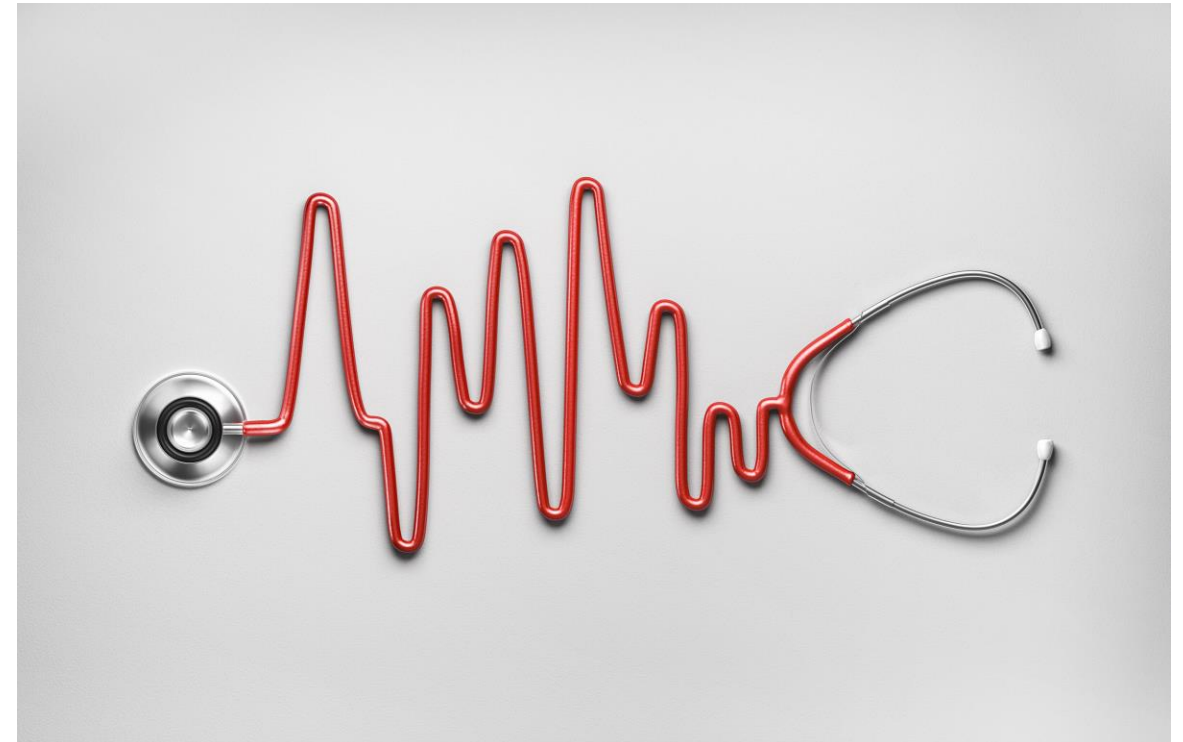
Clinical Opiate Withdrawal Scale (COWS)

Clinical Institute Withdrawal Assessment-Benzodiazepine (CIWA-B)

Amphetamine Withdrawal Questionnaire (AWQ)

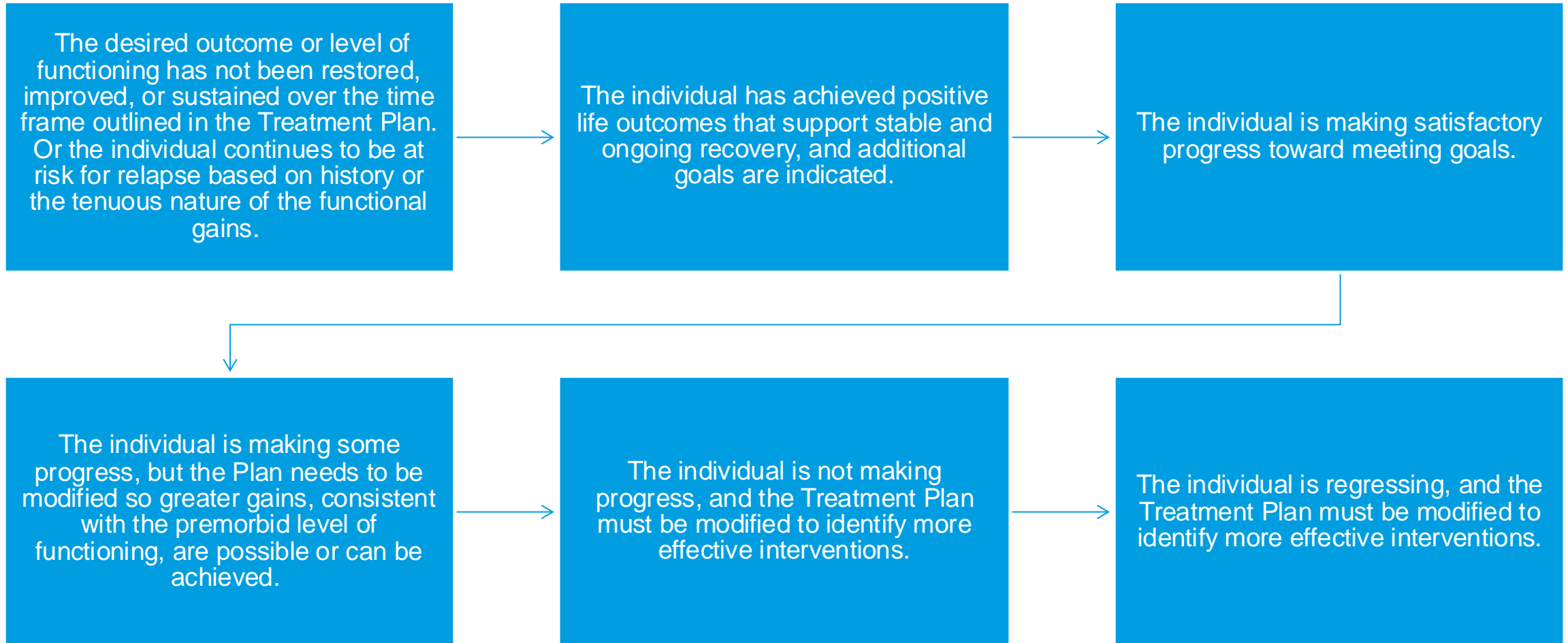
Cannabis Withdrawal Scale (CWS)

Subjective Opiate Withdrawal Scale (SOWS)



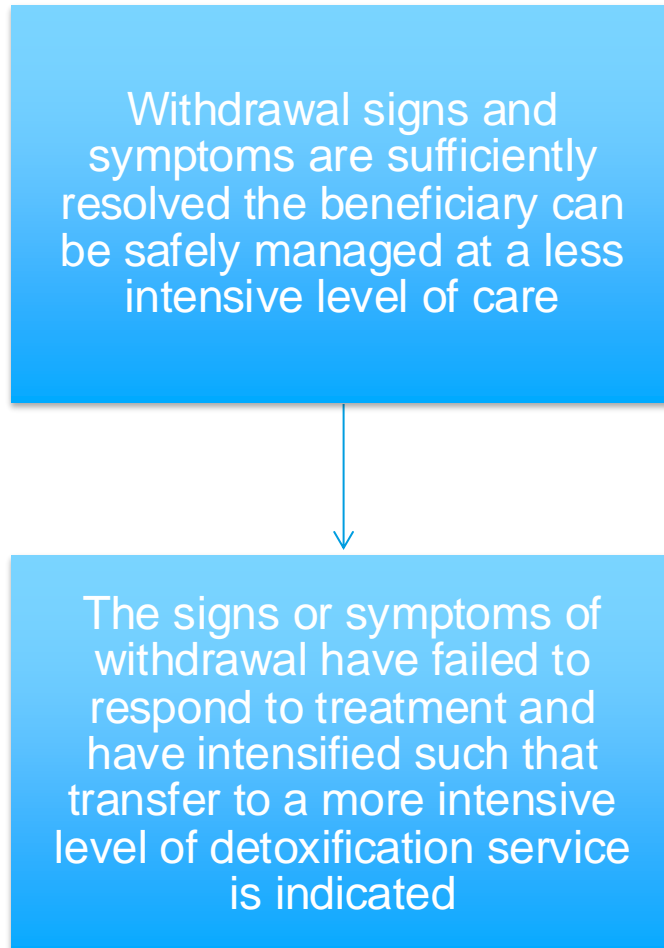
Continued Stay for Intensive Outpatient Services and Residential Treatment

The individual is eligible for the level of care at admission, and for continued stay when the following occurs:



Continued Stay and Transfer Criteria for Withdrawal Management Services

The individual continues in Withdrawal Management (WM) until **ANY** of the following criteria are met:



WM programs should include the following documentation in continued stay and transfer requests:

- Detoxification rating scales and flow sheets
- A transfer or discharge plan, which has been discussed with the beneficiary

Eligibility Criteria

Discharge Criteria (continued)

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

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

1. 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.
2. 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.
3. 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.
4. Experienced an intensification of problem(s), or has developed a new problem(s) and can be treated effectively only at a more intensive level of care.

Eligibility Criteria

Discharge Criteria — Continuing Service and Transfer/Discharge Questions

- Has each of the six dimensions been reviewed?
- What was the outcome of the assessment?
- What treatment goals have been identified by the individual, and what progress has been made?
- Have new areas of focus been identified? What treatment plan goals have been identified to address these issues?
- Has the individual met the goals identified in their treatment plan?
- Has the individual not met goals that justified admittance to the current level of care despite amendments to the treatment plan?
- What are the amendments that have been made to the treatment plan?
- What is the discharge plan?

ASAM Definition of Special Populations



ASAM Definition of Special Populations

ASAM has different level of care entrance criteria, continued stay criteria, and/or considerations for the following populations:

- Older adults
- Persons in safety-sensitive occupations
- Persons in criminal justice settings
- Adolescents
- Parents or prospective parents receiving addiction treatment concurrently with their children



ASAM Definition of Special Populations

Older Adults



Older adults are typically age sixty-five or older and have Medicare as their primary insurance.

Older adults using substances tend to:

- Have more medical problems and needs for general medical services
- Experience chronic pain, i.e., arthritis
- Experience cognitive impairments, i.e., dementia
- Take multiple medications to manage physical ailments
- Have limited social supports

ASAM Definition of Special Populations

Persons in Safety-Sensitive Occupations

Key qualities of safety sensitive occupations include:

- A responsibility to the public
- Typically do best when offered cohort-specific treatment, which supports adequate self disclosure and the repair of damage produced by past substance-related behaviors
- Some have direct access to addictive substances
- Health care professionals commonly have difficulty adopting the role of a patient



ASAM Definition of Special Populations

Persons in Criminal Justice Settings



This population includes individuals who are incarcerated or under community-based supervision including:

- Jails
- Prisons
- Pre-release, i.e., work release centers
- Criminal justice mandated, supervised settings where movement is monitored and controlled
- Probation or parole

ASAM and Adolescents



ASAM Definition of Special Populations

Adolescents

Adolescents who are between thirteen to eighteen years old, and young adults up to age twenty-one, can sometimes benefit from adolescent-type services.



Adolescents using substances tend to:

Be more entrenched in early stages of readiness to change (i.e., precontemplation)

Experience a more accelerated progression of addiction

Experience co-occurring disorders

Participate in polysubstance use

Need habilitation instead of rehabilitation

ASAM and Adolescents

Outpatient Services

Level of Care	Adolescent Title	Adult Title	Description
1	Outpatient Services	Outpatient Services	Less than nine hours a week (adults), less than six hours a week (adolescents)
2.1	Intensive Outpatient Services	Intensive Outpatient Services	Nine or more hours a week (adult), six or more hours a week (adolescents)
2.5	Partial Hospitalization Services	Partial Hospitalization Services	20+ hours a week (both)

ASAM and Adolescents

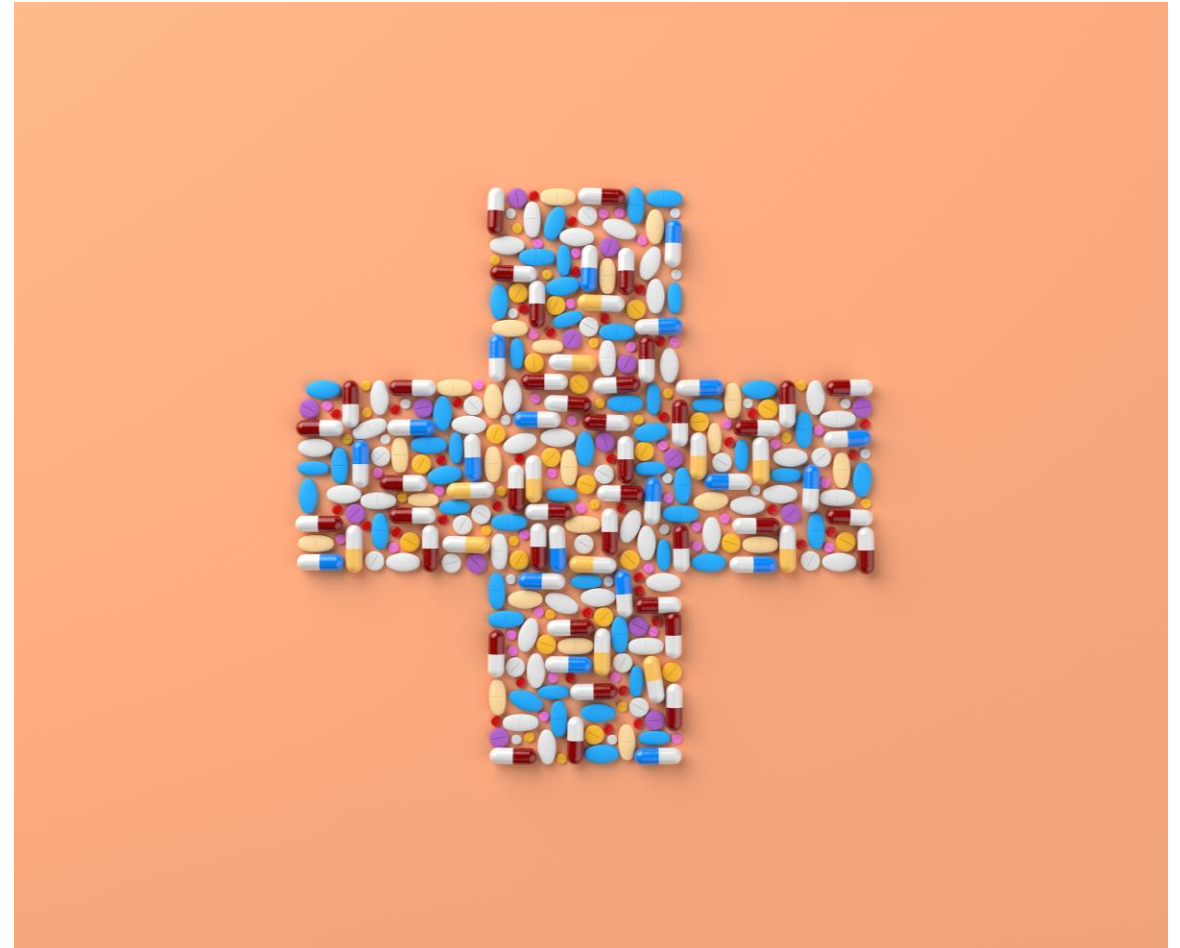
Residential Services

Level of Care	Adolescent Title	Adult Title	Description
3.1	Clinically Managed Low-Intensity Residential Services	Clinically Managed Low-Intensity Residential Services	24-hour structure with at least five hours of clinical service
3.3	N/A	Clinically Managed Low-Intensity Residential Services Population Specific	24-hour care with trained counselors
3.5	Clinically Managed Medium-Intensity Residential Services	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors
3.7	Medically Monitored High-Intensity Inpatient Services	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability, 16 hour a day counselor availability
4	Medically Managed Intensive Inpatient Services	Medically Managed Intensive Inpatient Services	24-hour nursing care and daily physician care

ASAM and Adolescents

WM

There are no unbundled WM services for adolescents.



Level 1 — Outpatient Services



ASAM and Adolescents

Level 1 Outpatient Admission Criteria — Similarities

Dimension 1

- No significant withdrawal symptoms.

Dimension 2

- No significant biomedical needs.

Dimension 4

- Willing to participate in treatment and acknowledges a SU problem, is ambivalent, or may not recognize SU problem.

Dimension 5

- Assessed as able to achieve or maintain abstinence and related recovery goals.

Dimension 6

- Either psychosocial environment is supportive, or the patient is willing to build a supportive network. Or the support system is present and would benefit from professional interventions.

ASAM and Adolescents

Level 1 Outpatient Admission Criteria — Differences

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Adults

- Patient has no symptoms of a co-occurring mental disorder, or symptoms are mild/stable, fully related to a SUD and do not interfere with ability to focus on treatment
- Patient's psychiatric symptoms are mild, mostly stable, related to either SUD or a co-occurring behavioral health condition, and monitoring is needed to maintain stable mood/behavior
- Mental status does not preclude ability to understand and participate in treatment
- Patient is not at risk of harm to self or others, or vulnerable to victimization.

Adolescents

Characterized by **all** of the following:

- Dangerousness/Lethality — not a risk to self or others
- Interference with addiction recovery efforts — emotional concerns relate to negative consequences of addiction, emotional/behavioral/cognitive issues are related to SUD
- Social functioning — relationships are impaired but not endangered by SU
- Ability for self-care — has adequate resources/skills with some assistance, stable living environment
- Course of Illness — mild signs and symptoms, any acute problems have been stabilized

Level 2.1 Intensive Outpatient Services



ASAM and Adolescents

2.1 Intensive Outpatient Dimensional Admission Criteria

Adults

- Direct Admission: Meets specifications in Dimension 2 (if biomedical issues exist) **and** in Dimension 3, **and at least one** of Dimensions 4, 5, or 6.
- Transfer meets essential treatment objectives at a more intensive level of care **and** meets **at least one** of Dimensions 4, 5, or 6.
- When services at level 1 have not been sufficient to meet the individual's needs, or level 1 services were motivational interventions to prepare the individual for more intensive treatment.

Adolescents

- Direct Admission: stable in Dimension 1 (if applicable), **and** Dimension 2 (if applicable), **and at least one** of Dimensions 3, 4, 5, or 6.
- Transfer has met the objectives of treatment in a more intensive level of care and requires the intensity of service provided at level 2.1 in at least one dimension.
- When services at level 1 have not been sufficient to meet the individual's needs, or level 1 services were motivational interventions to prepare the individual for more intensive treatment.

ASAM and Adolescents

Level 2.1 Intensive Outpatient Admission Criteria — Similarities

Dimension 4

- Willing to participate in treatment, and either acknowledges a SU problem, is ambivalent, or may not recognize SU problem.

Dimension 5

- Assessed as able to achieve or maintain abstinence and related recovery goals.

ASAM and Adolescents

Level 2.1 Intensive Outpatient Admission Criteria — Differences

Adults

- Dimension 1: No signs or symptoms of withdrawal, or withdrawal can be safely managed at this level
- Dimension 2: No biomedical conditions or problems present, or if present, are stable and being addressed concurrently and will not interfere with treatment

Adolescents

- Dimension 1: Not experiencing withdrawal, or at most, experiencing subacute withdrawal with minimal, diminishing symptoms
- Dimension 2:
 - No biomedical conditions or problems present
 - If conditions/problems are present, they are stable and being addressed concurrently and will not interfere with treatment
 - Conditions/problems are severe enough to distract from recovery and treatment at a less intensive level of care but will not interfere with recovery at level 2.1, and are being concurrently addressed

ASAM and Adolescents

Level 2.1 Intensive Outpatient Admission Criteria — Differences, Dimension 3

Adults

Problems in this dimension are not necessary. If present, individual must be admitted to a co-occurring capable or enhanced program depending on the level of functioning, stability, and impairment in this dimension.

Adolescents

Characterized by at least **one** of the following:

- Dangerousness/Lethality — mild risk of behaviors endangering self, others, or property
- Interference with addiction recovery efforts — recovery efforts are negatively affected by an emotional, behavioral, or cognitive problem and requires increased intensity to support treatment adherence
- Social functioning — mild/moderate difficulty in social functioning but still able to fulfill social responsibilities
- Ability for self-care — mild/moderate impairment in activities of daily living (ADLs) requiring frequent monitoring and interventions
- Course of Illness — history and present situation suggest without frequent monitoring/maintenance client could become unstable

ASAM and Adolescents

Level 2.1 Intensive Outpatient Admission Criteria — Differences, Dimension 6

Adults

Individual's status is characterized by one of the following:

- Continued exposure to current school, work, or living environment will render recovery unlikely. Lacks resources or skills necessary to maintain an adequate level of functioning without level 2.1 programming
- Lacks social contacts, has unsupportive social contacts that jeopardize recovery, or has few friends/peers who do not use substances. Lacks the resources or skills necessary to maintain an adequate level of functioning without level 2.1 services

Adolescents

Adolescent's status is characterized by one of the following:

- Continued exposure to current school, work, or living environment will render recovery unlikely. Lacks resources or skills necessary to maintain an adequate level of functioning without level 2.1 programming
- Lacks social contacts, has unsupportive social contacts that jeopardize recovery, or has few friends/peers who do not use substances. Lacks the resources or skills necessary to maintain an adequate level of functioning without level 2.1 services
- Family/caretakers are supportive of recovery, but conflicts/family dysfunction impede the ability to learn skills to achieve and maintain abstinence

Level 2.5 Partial Hospitalization



ASAM and Adolescents

Level 2.5 Partial Hospitalization Dimensional Admission Criteria

Adults

- Direct Admission: Meets specifications in Dimension 2 (if biomedical issues exist) **and** in Dimension 3, **and at least one** of Dimensions 4, 5, or 6.
- Transfer: Met essential treatment objectives at a more intensive level of care
- Requires the intensity of services provided at a level 2.5 in at least one dimension

Adolescents

- Direct Admission: Stable in Dimension 1 (if applicable), **and** Dimension 2 (if applicable), **and at least one** of Dimensions 3, 4, 5, or 6.
- Transfer: Met the objectives of treatment in a more intensive level of care
- The intensity of service provided at level 2.5 in at least one dimension

ASAM and Adolescents

Level 2.5 Partial Hospitalization Admission Criteria — Dimension 1

Adults

No signs or symptoms of withdrawal, or withdrawal needs can be safely managed in a 2.5 setting.

Adolescents

Experiencing acute or subacute withdrawal, marked by mild symptoms that are diminishing and meet the following criteria:

- Ability to tolerate mild withdrawal symptoms
- Made a commitment to sustain treatment/follow treatment recommendations
- Has external supports that promote treatment engagement

ASAM and Adolescents

Level 2.5 Partial Hospitalization Admission Criteria — Dimension 2

Adults

- Biomedical conditions/problems, if any, are not sufficient to interfere with treatment but are severe enough to distract from recovery efforts.
- Conditions require medical monitoring/management that can be provided by the level 2.5 directly or coordinated with another provider.

Adolescents

- Biomedical conditions/problems are severe enough to distract from recovery and treatment at a less intensive level of care but will not interfere with recovery at level 2.5.
- Conditions require medical monitoring/management that can be provided by the level 2.5 directly or coordinated with another provider.

ASAM and Adolescents

Level 2.5 Partial Hospitalization Admission Criteria — Dimension 3

Adults

Problems in this dimension are not necessary for admission. If present, an individual must be admitted to a co-occurring capable or co-occurring enhanced program.

Adolescents

Includes at least one of the following:

- Dangerousness/lethality — mild risk of behaviors endangering self/others/property
- Interference with recovery efforts — efforts are negatively affected by an emotional, behavioral, or cognitive problem, which causes moderate interferences with treatment participation, and requires increased support
- Social Functioning — mild/moderate difficulty in social functioning, but still able to manage ADLs/fulfill responsibilities at home/work/school/community
- Ability for self-care — moderate impairment in ability to manage ADLs, requires near-daily monitoring/interventions
- Course of illness — history and present situation suggest an emotional, behavioral, or cognitive condition would become unstable without daily/near-daily monitoring

ASAM and Adolescents

Level 2.5- Partial Hospitalization Admission Criteria

Dimension 4

- Requires structured therapy/programmatic milieu to promote treatment progress because motivational interventions have failed at a lower level of care
- Perspective/lack of impulse control inhibit ability to make behavioral changes without repeated, structured, clinically-directed motivational interventions

ASAM and Adolescents

Level 2.5 Partial Hospitalization Admission Criteria — Dimension 5

Adults

Must have one of the following:

- There has been an active participant in a less intensive level of care, experiencing an intensification of symptoms of SU and level of functioning is deteriorating despite modifications to treatment plan.
- There is a likelihood for continued use or relapse without close outpatient monitoring and structured therapeutic services, as indicated by lack of awareness of relapse triggers, difficulty in coping, postponing immediate gratification, or ambivalence toward treatment. Lower levels of care have been attempted without success.

Adolescents

Must have one of the following:

- High risk of relapse/continued use without almost daily outpatient monitoring and structured therapeutic services, treatment at a lower level of care has been unsuccessfully attempted.
- Impaired recognition and understanding of relapse or continued use issues, poor skills in coping with and interrupting SU problems, avoiding or limiting relapse, and near-daily structure in level 2.5 is needed to prevent/arrest significant deterioration in functioning.

ASAM and Adolescents

Level 2.5 Partial Hospitalization Admission Criteria — Dimension 6

Adults

Must have one of the following:

- Continued exposure to current work, school, or living environment will render recovery unlikely, lacking resources/skills necessary to maintain an adequate level of functioning without level 2.5 services
- Family members/significant others that live with the patient are unsupportive of recovery goals or passively opposed to treatment, level 2.5 treatment provides a relief from home environment to support recovery

Adolescents

Must have one of the following:

- Continued exposure to current work, school, or living environment will render recovery unlikely, lacking resources/skills necessary to maintain an adequate level of functioning without level 2.5 services
- Family members/significant others that live with the patient are unsupportive of recovery goals or passively opposed to treatment, level 2.5 treatment provides a relief from home environment to support recovery
- Lacks social contacts or has high-risk social contacts that jeopardize recovery, or has few friends that do not use substances

ASAM and Adolescents

Case Example

- At this point in the self led training, we have a case example
- Please locate the utilization management packet for Luna Perez. You should find:
 - A prior authorization request form
 - A biopsychosocial assessment
 - An ASAM level of care determination
 - A treatment plan
- Review these documents and determine if, as a utilization manager, you have the information needed to approve the level of care.
- If no, what information are you missing to make a utilization management decision?



Pregnant and Parenting People and SU Treatment



ASAM Definition of Special Populations

Parents or Prospective Parents Receiving Addiction Treatment Concurrently with their Children

ASAM has defined five subpopulations under this larger subpopulation:

- Parents with young children or pregnant women in specially designed residential substance-related or co-occurring disorders treatment
- Parents with young children or pregnant women in specially designed intensive outpatient or partial hospitalization services for substance-related or co-occurring disorders
- Factors involved in serving the accompanying child
- Unique needs of pregnant and postpartum women
- Needs of a parent and child connected with the court for reunification

Pregnant and Parenting People Receiving SU Treatment

Parents with young children or pregnant people in specially designed residential SU treatment

Dimension 1: Must also assess the risk to the child of their parent going through withdrawal/abstinence

Dimension 2: Determine if the biomedical condition presents a risk to the care of the child

Dimension 3: Assess the impact of the co-occurring disorder on parenting

Dimension 4: Consider the impact of including child(ren) in residential treatment on readiness to change

Dimension 5: Consider how the parent copes with the demands of parenting

Dimension 6: Consider the potential loss of housing if parent enters treatment

Pregnant and Parenting People Receiving SU Treatment

Parents with young children or pregnant people in specially designed Intensive Outpatient Program or Physical Health programs

Dimension 1: Must also assess the risk to the child of their parent going through withdrawal/abstinence

Dimension 2: Determine if the biomedical condition presents a risk to the care of the child

Dimension 3: Assess the impact of the co-occurring disorder on parenting

Dimension 4: Must assess the patient's motivation and readiness to parent

Dimension 5: Consider how the parent copes with the demands of parenting

Dimension 6: Assess if the recovery environment is safe, affordable, and drug free

Pregnant and Parenting People Receiving SU Treatment

Guidelines for ASAM level 2 or 3 programs that concurrently work with children

Dimension 1: Consider implications of parent's substance use while child was in utero, or if an infant is experiencing neonatal abstinence syndrome (NAS)

Dimension 2: Assess for current and historical medical issues, biological/genetic disease vulnerabilities, early development, immunizations, fetal alcohol spectrum disorders (FASD), etc.

Dimension 3: Determine the impact possible abuse, neglect, exposure to domestic violence, social isolation, impact of trauma, etc. has had on emotional development and behavior

Dimension 4: Measure risk and protective factors, measures of well-being, and readiness to deal with trauma on overall readiness to change

Dimension 5: Assess the risk to the child of returning to the same problems including parental relapse, family dysfunction, parenting deficits

Dimension 6: Assess the current and future issues related to stable living that improve family support, community connections, safe housing, learning opportunities

Pregnant and Parenting People Receiving SU Treatment

Cautions for consideration for residential and level 2 programs working with pregnant/postpartum individuals

Dimension 1: Withdrawal assessment must consider risk of hazardous consequences to the parent and fetus

Dimension 2: Assess for current and potential biomedical problems connected with prenatal, perinatal, and postpartum stages

Dimension 3: Assess the level of stress the pregnancy has caused, additional stress of childbirth, presence of perinatal depression, potential of postpartum depression

Dimension 4: Impact of a desire for a healthy, substance free baby on readiness to change, and stress of pregnancy and future parenting obligations

Dimension 5: Realistically assess and monitor the risk of relapse, postpartum triggers, and developing a relapse prevention plan

Dimension 6: Importance of a safe and stable living environment during pregnancy, birth, and postpartum

ASAM and Pregnant and Parenting People

Case Example

- At this point in the self led training, we have another case example
- Please locate the utilization management packet for Ms. T. You should find:
 - A prior authorization request form
 - A biopsychosocial assessment
 - An ASAM level of care determination
 - A treatment plan
- Review these documents and determine if, as a utilization manager, you have the information needed to approve the level of care.
- If no, what information are you missing to make a utilization management decision?



Treatment Planning

3

Treatment Planning

Why do it?



Good clinical practice dictates what interventions occur, the Balanced Budget Act and Medicaid rules dictate how it is documented.



Funding for services come from the Federal Government and originate from the Balanced Budget Act.



This comes with a strict set of regulations.



The State and the managed care plans are accountable to the taxpayers for all the dollars spent.

ASAM Treatment Planning

- The treatment plan should be the result of shared decision-making with the individual and reflect information gathered during the assessment (including the ASAM).
- The conversation may include supportive family and friends if the individual chooses.
- The plan should, at a minimum, address each dimension of concern.
- The progress note should document that all dimensions have been reviewed.



ASAM Dimensions

Dimension 1: Acute Intoxication and/or Withdrawal Potential

This life area explores past and current experiences of substance use and withdrawal.

Dimension 2: Biomedical Conditions/Complications

In this life area, think about physical health, medical problems, physical activity, and nutrition.

Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications

This life area helps explore thoughts, emotions, and mental health issues.

Dimension 4: Readiness to Change

This life area identifies motivation and readiness and interest in changing.

Dimension 5: Relapse/Continued Use/ Continued Problem Potential

This life area addresses concern about continued substance use, mental health or a relapse.

Dimension 6: Recovery Environment

This life area explores living situation and the people, places and things that are important to the individual.

ASAM and Treatment Plans

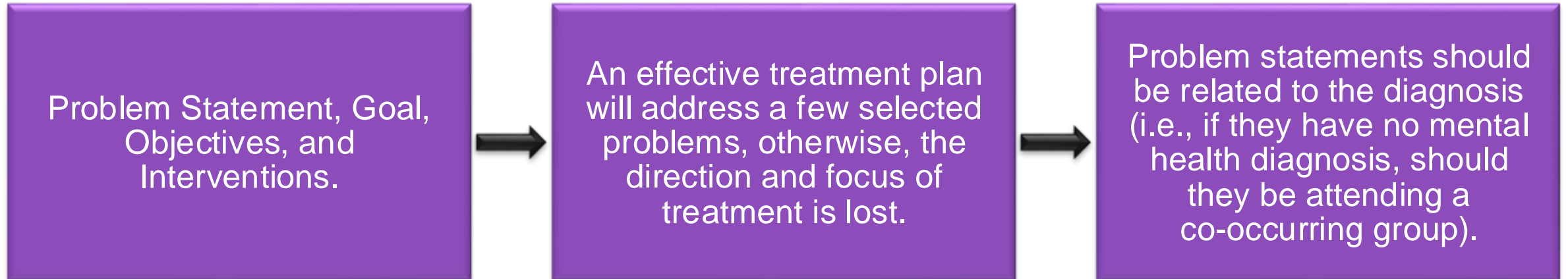
Treatment Plans need to be tied to the ASAM.

If the individual has significant issues identified on their ASAM, there should be goals in this area on the treatment plan.

Unaddressed dimensions may be a flag that the client is not receiving appropriate care.

Treatment Plan

Important Considerations



Treatment Planning

Goals and Objectives



A brief clinical statement of the condition expected to change.



Tie the clinical statement to the assessment and problem statement.



Goals should address the problem statements



At least one goal should relate to an SUD condition and treatment.

Treatment Plan Considerations

Dimension 6 Example

If an individual in Dimension 6 Recovery/Living Environment has needs and concerns about the social environment and whether they and their children will be safe, the treatment plan should have both a short-term and long-term goal addressing the immediate and long-term living environment needs.

For example, if the individual and their children live with an abusive partner who is also a drug dealer that offers drugs daily, this would require immediate action.

Treatment Plan Considerations

Dimension 6 Example

Potential goals:

Refer client and children to a residential SU treatment program that allows children to reside with the parent who is receiving services.

Complete referral to emergency domestic violence shelters.

Engage Managed Care housing resources to identify immediate emergency housing resources.

Support client in completing housing assistance applications (long-term).

Support client in obtaining needed documentation to complete apartment applications (long-term).

Support client in the apartment search process (long-term).

Treatment Plan Considerations

Dimension 6



- In this example, the individual will have a difficult time focusing on goals like:
 - Identifying three new coping skills to use when encountering a trigger
 - Learning and using two new leisure skills to manage stress levels
 - Engaging in positive community activities with their children
- They are not in a position to respond to even the best therapeutic interventions targeted at relapse triggers.

Treatment Planning

Updates and Progress Reviews

Updates should be provided for any concurrent review requests.

The ASAM dimensions should also be updated and provided with any concurrent review requests.

Progress reviews should include enough narrative to support any requested change in level of care, describe the individual's progress towards current goal, and rationale for any continued goals/objectives.



Questions about this training or Colorado Medicaid SUD services or use of ASAM criteria may be emailed to

HCPF_SUDbenefits@state.co.us