

# ***Monthly Meeting Stakeholder Advisory Committee for Ohio's Medicaid SUD 1115 Demonstration Waiver***

*May 29, 2020  
1:00 – 3:00 pm*

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# Webinar Instructions



If you have dialed in using a telephone, be sure to mute the sound on your computer to avoid feedback.



If you are using sound via your computer, make sure sound is turned ON.



All participants, except members of the Stakeholder Advisory Committee and State staff, will have their microphones muted. However, anyone may enter comments or questions using the chat box feature in the webinar control panel.

# Stakeholder Advisory Committee Member Instructions



Stakeholder Advisory Committee members will have their microphones unmuted and can speak during the webinar.

Please remember to **mute your microphone whenever you are not speaking.**

# Meeting Purpose

- To continue discussing ASAM residential levels of care and how to operationalize them in Ohio.
- We covered level 3.1 in the February 28<sup>th</sup> meeting. Today's focus will be on ASAM levels 3.3/3.5 and 3.7.
- These are non-withdrawal management levels of care although some withdrawal management information is included due to adolescent considerations at 3.5 and 3.7.
- Summary slides of our February 28<sup>th</sup> discussion have been added beginning with slide 30.

# SUD Residential by level of care

**SFY 2019.** Number of recipients within specified ranges at each LOC.  
Duplicates possible

| Total days   | H2034<br>(3.1) | H2036<br>(3.5) | H2036 HI<br>(3.3) | H2036 TG<br>(3.7) | Total | H2036 TG<br>Percent |
|--------------|----------------|----------------|-------------------|-------------------|-------|---------------------|
| Rate         | \$152.57       | \$213.70       | \$213.70          | \$303.49          |       |                     |
| 1-30 days    | 1,499          | 6,694          | 215               | 1,298             | 9,706 | 13%                 |
| 31-50 days   | 532            | 2,243          | 63                | 191               | 3,029 | 6%                  |
| 51-70 days   | 420            | 2,017          | 46                | 76                | 2,559 | 3%                  |
| 71-90 days   | 182            | 774            | 23                | 49                | 1,028 | 5%                  |
| 91-110 days  | 63             | 351            | 10                | 10                | 434   | 2%                  |
| 111-130 days | 46             | 170            | 12                | 3                 | 231   | 1%                  |
| 131+         | 46             | 178            | 23                | 5                 | 252   | 2%                  |

# SUD residential average length of stay

Methodology allowed for up to 2-day gap in services when determining one stay.

| Procedure code  | ASAM LOC          | Mean length of stay in days |
|-----------------|-------------------|-----------------------------|
| H0010 and H0011 | 3.2 WM and 3.7 WM | 6.29                        |
| H2034 and H2036 |                   | 24.12                       |
| H2034           | ASAM 3.1          | 17.01                       |
| H2036           | ASAM 3.5          | 25.01                       |
| H2036 HI        | ASAM 3.3          | 14.95                       |
| H2036 TG        | ASAM 3.7          | 22.19                       |

## Substance Use Disorder (SUD) Residential Treatment Program Discussion Points / Things to Consider

- Who can clinically manage/medically monitor SUD residential treatment programs?
- What program staff are needed for each of the levels of care 3.1, 3.3, 3.5 and 3.7?
- What are the special considerations for adolescent programs?

## Substance Use Disorder (SUD) Residential Treatment Program Discussion Points / Things to Consider

- What are the special considerations for co-occurring capable and co-occurring enhanced programs?
- What are the special considerations for adult special populations?
- How will programs provide on-site or facilitate off-site access to medications for SUDs?



## Milestone Objectives For Today's Discussion

### Milestone 2:

#### **Assure Use of Evidence-Based, Individualized Placement Criteria**

- Assure use of American Society of Addiction Medicine (ASAM) Criteria in patient assessment & placement tools

### Milestone 3:

#### **Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications**

- Update state policy (OAC rules, manuals) to meet CMS requirements for provider standards
- Assess the need for changes to state policy or credentialing standards to assure ASAM compliance and MAT access

## Substance Use Disorder (SUD) Residential Treatment Program Level Set

*“The ASAM Criteria contains descriptions of treatment programs at each level of care, including the setting, staffing, support systems, therapies, assessments, documentation, and treatment plan reviews typically found at that level.*

This information should be useful to providers who are preparing to service a particular group of patients, as well as to clinicians who are making placement decisions. Nevertheless, these descriptions are intended to provide a more comprehensive understanding of each level of care; and *are not intended to replace or supersede the relevant statutes, licensure, or certification requirements of any state or federal jurisdiction.*” (ASAM, p. 19).

## Substance Use Disorder (SUD) Residential Treatment Program Level Set

**“Level 3 programs offer organized treatment services that feature a planned and structured regimen of care in a 24-hour residential setting.**

**Treatment services adhere to defined policies, procedures, and clinical protocols. They are housed in, or affiliated with, permanent facilities where patients can resided safely. (One of the purposes of these programs is to demonstrate aspects of a positive recovery environment.)**

**They are staffed 24 hours a day. Mutual/self-help group meetings, while not clinical services, usually are available on-site.” (ASAM, p. 219)**

## Substance Use Disorder (SUD) Residential Treatment Program Level Set

- SUD residential treatment programs are not housing.
- ASAM criteria is not state specific, therefore states need to provide guidance on operationalizing the ASAM criteria. (please see last three slides for information on other states)
- For SUD residential levels of care, ASAM criteria uses program language.
- ASAM criteria adds considerations for adolescent programs.

## Definition of Co-Occurring Capable

“Treatment programs that address co-occurring mental and substance use disorders in their policies and procedures, assessment, treatment planning, program content, and discharge planning are described as “co-occurring capable” (formerly “dual diagnosis capable” (DDC)). Such programs have arrangements in place for coordination and collaboration between addiction and mental health services. They also can provide medication monitoring and addiction and psychological assessment and consultation, either on-site or through coordinated consultation with off-site providers. Program staff are able to address the interaction between mental and substance use disorders and their effect on the patient’s readiness to change – as well as relapse and recovery environment issues – through individual and group program content. The primary focus of co-occurring capable programs in addiction treatment settings is the treatment of substance use disorders. Within mental health settings, a co-occurring capable program’s primary focus is the treatment of mental disorders.” (ASAM p. 416)

## Definition of Co-Occurring Enhanced

“Describes treatment programs that incorporate policies, procedures, assessments, treatment and discharge planning processes that accommodate patients who have both unstable co-occurring mental and substance use disorders (formerly “dual diagnosis enhanced” (DDE)). Mental health symptom management groups are incorporated into addiction treatment and vice versa. Motivational enhancement therapies specifically designed for those with co-occurring mental and substance use disorders are more likely to be available (particularly in outpatient settings), and, ideally, there is close collaboration or integration between addiction and mental health services that provides crisis backup services and access to addiction and mental health case management and continuing care. In contrast to co-occurring capable services, co-occurring enhanced services place their primary focus on the integration of services for mental and substance use disorders in their staffing, services, and program content such that both unstable addiction and mental health issues can be adequately addressed by the program.” (ASAM p. 417)

## Clinically Managed Residential Levels of care

| ASAM Level of Care | Adolescent Description                            | Adult Description   |
|--------------------|---|---|
| 3.1                | <b><u>Clinically Managed</u></b> Low-Intensity    | <b><u>Clinically Managed</u></b> Low-Intensity                      |
| 3.3                |   | <b><u>Clinically Managed</u></b> Population-Specific High-Intensity |
| 3.5                | <b><u>Clinically Managed</u></b> Medium-Intensity | <b><u>Clinically Managed</u></b> High-Intensity                     |
| 3.7                | Medically Monitored High-Intensity                |   |

## Adult Clinically Managed Residential Levels of Care

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who would you recommend to clinically manage an adult SUD residential treatment program in Ohio?  
What are their qualifications?



## Adolescent Clinically Managed Residential Levels of Care

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who would you recommend to clinically manage an **adolescent** SUD residential treatment program in Ohio?  
What are their qualifications?

## Adult and Adolescent Clinically Managed Low-Intensity Residential Level of Care 3.1 (pgs. 224, 225)

All level 3.1 programs are staffed by:

- a. **Allied health professional staff**, such as counselor aides or group living workers, who are **available on-site 24 hours a day or as required by licensing regulations**.
- b. **Clinical staff** who are knowledgeable about the biological and psychosocial dimensions of substance use disorders and their treatment, and are able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation.
- c. A **team** comprised of appropriately trained and credentialed **medical, addiction, and mental health professionals**.

**Physicians, advanced registered nurse practitioners, and physician assistants** are not involved in direct service provision as staff at this level of care. However, as this level of care is addiction care, an **addiction physician should** review admission decisions to confirm clinical necessity of services. Patients admitted to this level of care should have been seen in Level 1 or 2 services prior to admission to this level of care even in the past for multidimensional assessment and differential diagnosis.

## **Adult and Adolescent Clinically Managed Low-Intensity Residential Level of Care 3.1 (pgs. 224, 225)**

“Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications.”

“Biomedical enhanced services are delivered by appropriately credentialed medical staff, physicians, advanced registered nurse practitioners, and physician assistants who are available to assess and treat co-occurring biomedical disorders and to monitor the patient’s administration of medications in accordance with a physician’s prescription.”

Therapies include “addiction pharmacotherapy” and “regular monitoring of the patient’s medication adherence.”

## Adult and Adolescent Clinically Managed Low-Intensity Residential Level of Care 3.1 (pg. 226)

The treatment plan reflects **case management conducted by on-site staff**; coordination of related addiction treatment, health care, mental health, and social, vocational, or housing services (**provided concurrently**); and the integration of services at this and other levels of care.

## Adolescent Clinically Managed Low-Intensity Residential Level of Care 3.1 (pg. 225)

### Adolescent-Specific Considerations: Staff

In addition to the specifications for staff for all services, **staff should be knowledgeable about adolescent development and experienced in engaging and working with adolescents**. Experience in adolescent medicine is ideal.

## Adult Clinically Managed Low-Intensity Residential Level of Care 3.1

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide adult 3.1 services?  
What are their qualifications?

## Adolescent Clinically Managed Low-Intensity Residential Level of Care 3.1

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide **adolescent** 3.1 services?  
What are their qualifications?

## **Adult and Adolescent Clinically Managed Low-Intensity Residential Level of Care 3.1 Co-Occurring Enhanced (pgs. 224, 226, 227)**

“In addition to the support systems just described, Level 3.1 co-occurring enhanced programs offer **appropriate psychiatric services including medication evaluation and laboratory services**. Such services are provided **on-site or closely coordinated off-site**, as appropriate to the severity and urgency of the patient’s mental condition.”

“In addition to the assessment and treatment plan review activities just described, Level 3.1 co-occurring enhanced programs provide a review of the patient’s recent psychiatric history and mental status examination. (If necessary, this review is conducted by a **psychiatrist**.) A comprehensive psychiatric history, examination, and psychodiagnostics assessment are performed within a reasonable time, as determined by the patient’s needs.

Level 3.1 co-occurring enhanced programs (**either directly or through affiliation with another program**) also provide active reassessment of the patient’s mental status, at a frequency determined by the urgency of the patient’s psychiatric problems, and follow through with mental health treatment and psychotropic medications.”

## Adult and Adolescent Clinically Managed Low-Intensity Residential Level of Care 3.1 Co-Occurring Enhanced (pg. 227)

“**NOTE:** Certain patients may need the kinds of assessment and treatment services described here for co-occurring enhanced, but at a reduced level of frequency and comprehensiveness to match the greater stability of the patient’s mental health problems. For such patients, placement in a **co-occurring capable program** may be appropriate.”

“In addition to the information just described, Level 3.1 **co-occurring enhanced programs document** the patient’s mental health problems, the relationship between the mental and substance use and addictive disorders, and the patient’s current level of mental functioning.”



## Adult Clinically Managed Low-Intensity Residential Level of Care 3.1 Co-Occurring Enhanced

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide adult 3.1 co-occurring enhanced services?  
What are their qualifications?

# Adolescent Clinically Managed Low-Intensity Residential Level of Care

## 3.1 Co-Occurring Enhanced

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide **adolescent** 3.1 co-occurring enhanced services?

What are their qualifications?

## **Adult (high-intensity) and Adolescent (medium-intensity) Clinically Managed Residential Level of Care 3.5 (pgs. 250, 251)**

All level 3.5 programs are staffed by:

- a. **Licensed or credentialed clinical staff** such as addiction counselors, social workers, and licensed professional counselors (LPCs) who **work with the allied health professional staff** in an interdisciplinary team approach.
- b. **Allied health professional staff**, such as counselor aides or group living workers, on-site 24 hours a day or as required by licensing regulations. **One or more clinicians** with competence in the treatment of substance use disorders are available on-site or by telephone 24 hours a day.
- c. **Clinical staff** knowledgeable about the biological and psychosocial dimensions of substance use and mental disorders and their treatment, and able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation. **Staff have** specialized training in behavior management techniques.

## **Adult (high-intensity) and Adolescent (medium-intensity) Clinically Managed Residential Level of Care 3.5 (pgs. 251, 252, 253)**

“Biomedical enhanced services are delivered by appropriately credentialed medical staff, physicians, advanced registered nurse practitioners, and physician assistants who are available to assess and treat co-occurring biomedical disorders and to monitor the patient’s administration of medications in accordance with a physician’s prescription.”

“Monitoring of the patient’s adherence in taking any prescribed medications, and/or any permitted over-the-counter (OTC) medications or supplements.”

The treatment plan reflects **case management conducted by on-site staff**; coordination of related addiction treatment, health care, mental health, and social, vocational, or housing services (**provided concurrently**); and the integration of services at this and other levels of care.

## Adult Clinically Managed High-Intensity Residential Level of Care 3.5

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide adult 3.5 services?  
What are their qualifications?

# How Does This Discussion Relate to the SUD 1115 Waiver?

Waiver Milestone 3 requires Ohio to review policies regarding SUD residential treatment and adopt changes necessary to align provider standards with ASAM residential levels of care.

## Summarizing February 28<sup>th</sup> Discussion

During the February 28<sup>th</sup> meeting, we reviewed ASAM criteria for LOC 3.1 and began review of ASAM LOC 3.5.

Committee members discussed the following themes regarding current implementation of SUD residential treatment in Ohio:

1. ASAM LOC 3.1 and Recovery Housing
2. Medication access
3. Staffing needs and challenges
4. Adult and adolescent specific considerations of ASAM

## Today's Meeting Goals

- ✓ Continue the discussion started on February 28<sup>th</sup>.
- ✓ Review ASAM SUD residential levels of care 3.3/3.5 and 3.7.
- ✓ Determine areas where current practice and ASAM requirements differ and the reasons why.
- ✓ Continue the excellent participation and contributions of committee members as discussion among and between the committee members is insightful.



## **Adult (high-intensity) and Adolescent (medium-intensity) Clinically Managed Residential Level of Care 3.5 Co-occurring Enhanced (pg. 252)**

“In addition to the therapies just described, Level 3.5 co-occurring enhanced programs **offer planned clinical activities designed to stabilize the patient’s mental health problems and psychiatric symptoms**, and to maintain such stabilization.

The goals of therapy **apply to both the substance use disorder and any co-occurring mental disorder**.

Specific attention is given to **medication education and management** and to motivational and engagement strategies, which are used in preference to non-evidence-based practices.

**NOTE:** The therapies described here encompass Level 3.5 co-occurring capable [sic] program services for patients who are able to tolerate and benefit from a planned program of therapies. Other patients – especially those with severe and chronic mental illness – may not be able to benefit from such a program. Once stabilized, such patients will require planning for and integration into intensive case management, medication management, and/or psychotherapy.”

## **Adult (high-intensity) and Adolescent (medium-intensity) Clinically Managed Residential Level of Care 3.5 Co-occurring Enhanced (pg. 253)**

“In addition to the assessment and treatment plan review activities described above, Level 3.5 co-occurring enhanced programs provide a **review of the patient’s recent psychiatric history and mental status examination**. (If necessary, this review is conducted by a **psychiatrist**.) A **comprehensive psychiatric history and examination and psychodiagnostics assessment** are performed within a reasonable time, as determined by the patient’s needs.

Level 3.5 co-occurring enhanced programs also provide **active reassessments of the patient’s mental status**, at a frequency determined by the urgency of the patient’s psychiatric symptoms, and follow through with mental health treatment and psychotropic medications as indicated.

**NOTE:** Certain patients may need the kinds of assessment and treatment services described here for co-occurring enhanced, but at a reduced level of frequency and comprehensiveness to match the greater stability of their mental health symptoms. For such patients, placement in a **co-occurring capable** program may be appropriate.”

## **Adult (high-intensity) and Adolescent (medium-intensity) Clinically Managed Residential Level of Care 3.5 Co-occurring Enhanced (pg. 254)**

“In addition to the information just described, Level 3.5 co-occurring enhanced programs **document the patient’s mental health status, the relationship between the mental and substance use disorders, and the patient’s current level of mental functioning.**”

# Adult Clinically Managed High-Intensity Residential Level of Care 3.5 Co-occurring Enhanced

## Behavioral Health Practitioners (BHPs)

| Medical BHPs                  | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
|-------------------------------|---|-------------------------------------|--|-------------------------------------|
| Physicians (MD/DO)            | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists    | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants          | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses             | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses     |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide adult 3.5 co-occurring enhanced services?  
What are their qualifications?

## **Adolescent Clinically Managed Medium-Intensity ASAM Residential Level of Care 3.5 (pgs. 247, 248)**

### **Adolescent-Specific Considerations: Level 3.5**

“For adolescents, critical treatment interventions that require intensity and persistence over extended period of time, such as modeling prosocial patterns of behavior and adaptive patterns of emotional responsiveness, have sometimes been linked to surrogate or remedial parenting. Just as important can be the induction into a health peer group, with the formation of a group identity that emphasizes recovery and overcoming adversity.”

## Adolescent Clinically Managed ASAM Residential Level of Care 3.5 (pg. 249)

### Adolescent-Specific Considerations: Support Systems

- “a. Availability of emergency consultation with a physician (by telephone or in person) and emergency services.
- b. Ability to arrange for appropriate medical procedures, including indicated laboratory and toxicology testing.
- c. Ability to arrange for appropriate medical and psychiatric treatment through consultation, referral to off-site concurrent treatment services, or transfer to another level of care.
- d. Direct affiliation with other levels of care.”

## **Adolescent Clinically Managed ASAM Residential Level of Care 3.5 Withdrawal Management program (pg. 250)**

### **Adolescent-Specific Considerations: Support Systems**

- “a. Availability of specialized clinical consultation and supervision for biomedical and emotional/behavioral problems related to intoxication and withdrawal management.
- b. Protocols used to determine the nature of the medical monitoring and other interventions required (including nursing and physician care and/or transfer to a medically monitored facility or an acute care hospital) are developed and supported by a physician knowledgeable in addiction medicine.”

### **Adolescent-Specific Considerations: Staff**

- “a. Clinicians who are able to obtain and interpret information regarding the signs and symptoms of intoxication and withdrawal, as well as the appropriate monitoring and treatment of those conditions and how to facilitate entry into ongoing care; and
- b. Appropriately trained staff who are competent to implement physician-approved protocols for patient observation, supervision, treatment (including over-the-counter medications for symptomatic relief), determination of the appropriate level of care, and facilitation of the patient’s transition to continuing care; and
- c. Access, as needed, to medical evaluation and consultation, which are available 24 hours a day to monitor the safety and outcome of withdrawal management in this setting, in accordance with treatment/transfer practice guidelines.”

# Adolescent Clinically Managed Medium-Intensity Residential Level of Care 3.5 and 3.5 Co-occurring Enhanced

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide **adolescent** 3.5 services?

Who do you recommend to staff and provide **adolescent** 3.5 services in a co-occurring enhanced program?

What are their qualifications?



## **Adult Clinically Managed Population-Specific High-Intensity Residential Level of Care 3.3 (pg. 236)**

All level 3.3 programs are staffed by:

- a. **Physicians or physician extenders**, and appropriately credentialed **mental health professionals**.
- b. **Allied health professional staff**, such as counselor aides or group living workers, **on-site 24 hours a day or as required by licensing regulations**. **One or more clinicians** with competence in the treatment of substance use disorders are available on-site or by telephone 24 hours a day.
- c. **Clinical staff** knowledgeable about the biologic and psychosocial dimensions of substance use and mental disorders and their treatment, and able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation. **Staff have** specialized training in behavior management techniques.

## **Adult Clinically Managed Population-Specific High-Intensity Residential Level of Care 3.3 (pgs. 236, 237, 238)**

“Biomedical enhanced services are delivered by appropriately credentialed medical staff, physicians, advanced registered nurse practitioners, and physician assistants who are available to assess and treat co-occurring biomedical disorders and to monitor the patient’s administration of medications in accordance with a physician’s prescription.”

“Regular monitoring of the patient’s adherence in taking any prescribed medications.”

The treatment plan reflects **case management conducted by on-site staff**; coordination of related addiction treatment, health care, mental health, and social, vocational, or housing services (**provided concurrently**); and the integration of services at this and other levels of care.

## Adult Clinically Managed Population-Specific High-Intensity Residential Level of Care 3.3

### Behavioral Health Practitioners (BHPs)

| Medical BHPs                  | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
|-------------------------------|---|-------------------------------------|--|-------------------------------------|
| Physicians (MD/DO)            | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists    | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants          | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses             | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses     |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide adult 3.3 services?  
What are their qualifications?

## **Adult Clinically Managed Population-Specific High-Intensity Residential Level of Care 3.3 Co-Occurring Enhanced (pgs. 236, 237)**

“In addition to the support systems described here, Level 3.3 **co-occurring enhanced programs offer** psychiatric services, medication evaluation and laboratory services. Such services are available by telephone within 8 hours and on-site or closely coordinated off-site within 24 hours, as appropriate to the severity and urgency of the patient’s mental condition.”

“In addition to the staff listed above, Level 3.3 **co-occurring enhanced programs are staffed by** appropriately credentialed **psychiatrists and mental health professionals**, who are able to assess and treat co-occurring mental disorders and who have specialized training in behavior management techniques.

Some (if not all) of the **addiction treatment professionals should have sufficient cross-training** to understand the signs and symptoms of mental disorders, and to understand and be able to explain to the patient the purposes of psychotropic medications and their interactions with substance use.

The intensity of **nursing** care and observation is sufficient to meet the patient’s needs.”

## **Adult Clinically Managed Population-Specific High-Intensity Residential Level of Care 3.3 Co-Occurring Enhanced (pg. 238)**

“In addition to the therapies just described, Level 3.3 co-occurring enhanced programs offer planned clinical activities designed to **stabilize the patient’s mental health problems and psychiatric symptoms**, and to maintain such stabilization.

The **goals of therapy apply to both** the substance use disorder and any co-occurring mental disorder.

Specific attention is given to **medication education and management** and to motivational and engagement strategies, which are used in preference to confrontational approaches.

**NOTE:** The therapies just described encompass Level 3.3 co-occurring enhanced program services for patients who are able to tolerate and benefit from a planned program of therapies. Other patients, especially those who have severe and chronic mental illness, may not be able to benefit from such a program. Once stabilized, such patients will require planning for and integration into **intensive case management, medication management, and/or psychotherapy.**”

## **Adult Clinically Managed Population-Specific High-Intensity Residential Level of Care 3.3 Co-Occurring Enhanced (pg. 238)**

“In addition to the assessment and treatment plan review activities described above, Level 3.3 co-occurring enhanced programs **provide a review of the patient’s recent psychiatric history and mental status examination**. (If necessary, this review is conducted by a **psychiatrist**.) A **comprehensive psychiatric history, examination, and psychodiagnostics assessment** are performed within a reasonable time, as determined by the patient’s needs.

Level 3.3 co-occurring enhanced programs also provide active reassessments of the patient’s mental status, at a frequency determined by the urgency of the patient’s psychiatric problems, and follow through with mental health treatment and psychotropic medications.

**NOTE:** Certain patients may need the kinds of assessment and treatment services described here for co-occurring enhanced programs, but at a reduced level of frequency and comprehensiveness to match the greater stability of the patient’s mental health problems. For such patients, placement in a **co-occurring capable** program may be appropriate.”

## **Adult Clinically Managed Population-Specific High-Intensity Residential Level of Care 3.3 Co-Occurring Enhanced (pg. 239)**

“In addition to the information just described, Level 3.3 co-occurring enhanced programs **document the patient’s mental health problems, the relationship between the mental and substance use or addictive disorders and the patient’s current level of mental functioning.**”

## Adult Clinically Managed Population-Specific High-Intensity Residential Level of Care 3.3 Co-Occurring Enhanced

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide adult 3.3 co-occurring enhanced services?  
What are their qualifications?



## Adult and Adolescent Medically Monitored High-Intensity Residential Level of Care 3.7

| ASAM Level of Care | <u>Adolescent</u> Description                    | <u>Adult</u> Description                              |
|--------------------|--|---|
| 3.1                | Clinically Managed Low-Intensity                 | Clinically Managed Low-Intensity                      |
| 3.3                |  | Clinically Managed Population-Specific High-Intensity |
| 3.5                | Clinically Managed Medium-Intensity              | Clinically Managed High-Intensity                     |
| 3.7                | <b><u>Medically Monitored</u></b> High-Intensity |   |

## Adult Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7

### Behavioral Health Practitioners (BHPs)

| Medical BHPs                  | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
|-------------------------------|---|-------------------------------------|--|-------------------------------------|
| Physicians (MD/DO)            | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists    | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants          | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses             | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses     |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to medically monitor in an adult SUD residential treatment program in Ohio? What are their qualifications?

## Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to medically monitor in an **adolescent** SUD residential treatment program in Ohio? What are their qualifications?

## **Adult and Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 (pgs. 267, 268)**

All level 3.7 programs are staffed by:

- a. An **interdisciplinary staff (including physicians, nurses, addiction counselors, and behavioral health specialists)**, who are able to assess and treat the patient and to obtain and interpret information regarding the patient's psychiatric and substance use or addictive disorders.
  
- b. **Clinical staff** knowledgeable about the biological and psychosocial dimensions of addiction and other behavioral health disorders, and **with specialized training** in behavior management techniques and evidence-based practices. The staff is able to provide a planned regimen of **24-hour professionally directed** evaluation, care and treatment services (including administration of prescribed medications).

## **Adult and Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 (pgs. 267, 268) (Continued)**

All level 3.7 programs are staffed by:

c. **A licensed physician** to oversee the treatment process and assure the equality of care. Physicians perform physical examinations of all patients admitted to this level of care. **Many states require** that the physician serving as medical director for a Level 3.7 treatment program be a certified addiction medicine physician or addiction psychiatrist. These physicians have specialty training an/or experience in addiction medicine or addiction psychiatry and if treating adolescents, experience with adolescent medicine. Many patients in this level of care receive addiction pharmacotherapy, integrated with psychosocial therapies. The provider of such care can be a physician assistant or other licensed independent practitioner with prescribing authority, but should be knowledgeable about addiction treatment, especially pharmacotherapies.

## **Adult and Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 (pgs. 268, 270, 271)**

“Biomedical enhanced services are delivered by appropriately credentialed medical staff, who are available to assess and treat co-occurring biomedical disorders, and to monitor the patient’s administration of medications in accordance with a physician’s prescription.

The intensity of nursing care and observation is sufficient to meet the patient’s needs. Biomedical enhanced Level 3.7 programs are usually staffed by a certified addiction specialist physician, often with additional certification in a general medical specialty.”

“The treatment plan also reflects **case management conducted by on-site staff**; coordination of related addiction treatment, health care, mental health, and social, vocational, or housing services (**provided concurrently**); and the integration of services at this and other levels of care.”

## Adult Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide adult 3.7 services?  
What are their qualifications?

## **Adult and Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 Co-occurring Enhanced (pgs. 267, 271)**

“In addition to the support systems described above, Level 3.7 co-occurring enhanced programs offer appropriate **psychiatric services, medication evaluation, and laboratory services.**

A **psychiatrist assesses the patient** within 4 hours of admission by telephone and within 24 hours following admission in person, or sooner, as appropriate to the patient’s behavioral health condition, and thereafter as medically necessary (the services of another physician may be required for biomedical concerns). A **registered nurse or licensed mental health clinician** conducts a behavioral health-focused assessment at the time of admission. If not done by an RN, a separate **nursing assessment must be done.** A **registered nurse** is responsible for monitoring the patient’s progress and administering or monitoring the patient’s self-administration of psychotropic medications.”

“In addition to the information describe above, Level 3.7 co-occurring enhanced programs **document the patient’s mental health problems, the relationship between the mental and substance use disorders,** and the patient’s overall assessment of functioning.”



## Adult and Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 Co-occurring Enhanced (pgs. 268, 269)

“In addition to the staff listed here, Level 3.7 co-occurring enhanced programs are **staffed by addiction psychiatrists and appropriately credential behavioral health professionals**, who are able to assess and treat co-occurring psychiatric disorders and who have specialized training in behavior management techniques and evidence-based practices. Co-occurring enhanced Level 3.7 programs are **ideally staffed by a certified addiction specialist physician along with a general psychiatrist, or by a physician certified as an addiction psychiatrist**.

Some (if not all) of the **addiction treatment professionals should have sufficient cross-training** to understand the signs and symptoms of psychiatric disorders and to understand and explain to the patient the purposes of psychotropic medications and their interactions with substance use.

The intensity of **nursing** care and observation is sufficient to meet the patient’s needs.”

## **Adult and Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 Co-occurring Enhanced (pgs. 269, 270)**

“In addition to the therapies described above, Level 3.7 co-occurring enhanced programs **offer planned clinical activities** designed to promote stabilization of the patient’s **behavioral health needs and psychiatric symptoms**, and to promote such stabilization.

The goals of **therapy apply to both** the substance use disorder and any co-occurring mental health disorder.

Specific attention is given to **medication education and management, to motivational and engagement strategies and other evidence-based practices**, which are used in preference to confrontation approaches.

**NOTE:** The therapies previously described encompass Level 3.7 co-occurring enhanced program services for patients who are able to tolerate and benefit from a planned program of therapies. Other patients – especially those with severe and chronic mental illness – may not be able to benefit from such a program until further stabilized. Once stabilized, the patient and staff will plan for appropriate services to maintain stabilization, such as intensive case management, medication management, psychotherapy, and ongoing addiction treatment. ”

## **Adult and Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 Co-occurring Enhanced (pg. 271)**

“In addition to the assessment and treatment plan review activities just described, Level 3.7 co-occurring enhanced programs provide a **review of the patient’s recent psychiatric history and mental status examination**. (If necessary, this review is conducted by a **psychiatrist**.) A **comprehensive examination and psychodiagnostic assessment are performed** within a reasonable time, as determined by the patient’s needs and progress in treatment.

Level 3.7 co-occurring enhanced programs also provide active reassessments of the patient’s mental status, at a frequency determined by the urgency of the patient’s psychiatric condition. The treatment plan will be adjusted accordingly. The patient’s history of follow through with behavioral health treatment and adherence with psychotropic medications is also assessed and addressed in the treatment plan.

Level 3.7 co-occurring enhanced programs are able to provide a **psychiatric assessment, to be performed within 24 hours of admission**.

**NOTE:** Certain patients may need the kinds of assessment and treatment services described here for co-occurring enhanced programs, but at a reduced level of frequency and comprehensiveness to match the greater stability of the patient’s mental health problems. For such patients, placement in a **co-occurring capable** program may be appropriate.”

## Adult Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 Co-occurring Enhanced

| Behavioral Health Practitioners (BHPs) |   |                                     |  |                                     |
|--|---|-------------------------------------|--|-------------------------------------|
| Medical BHPs                           | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
| Physicians (MD/DO)                     | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners          | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists             | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants                   | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses                      | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses              |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide adult 3.7 co-occurring enhanced services?  
What are their qualifications?

## Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 (pgs. 265, 268)

### Adolescent-Specific Considerations: Level 3.7

“For an adolescent, treatment at Level 3.7 is necessary simply to orient the adolescent to the structure of daily life, according to other organizing principles than “getting high” and “being high.” Initial abstinence through confinement in a Level 3.7 program provides many adolescents who have addiction syndromes with a much-needed reintroduction to their own patterns of emotional and cognitive experience without a nearly constant cloud of intoxication.”

### Adolescent-Specific Considerations: Staff

“In addition to the specification for staff for all services, **staff should be knowledgeable about adolescent development and experienced in engaging and working with adolescents**. Experience in adolescent medicine is ideal.

When a Level 3.7 program provides withdrawal management services to adolescents, it must provide (in addition to the staff and therapies listed above) a physician who is routinely available by telephone 24 hours a day. In states where physician assistants or nurse practitioners are licensed as physician extenders, they may perform the duties designated by a physician.”

## Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 (pg. 267)

### Adolescent-Specific Considerations: Support Systems

“In Level 3.7 adolescent programs, necessary support systems include:

- a. **Physician monitoring and nursing care and observation**, available as needed, based on clinical judgment. A physician is available to assess the adolescent in person within 24 hours of admission and thereafter as medically necessary. (In states where physician assistants or nurse practitioners are licensed as physician extenders, they may perform the duties designated here for a physician.) An appropriately trained and licensed nurse conducts an alcohol and other drug-focused nursing assessment at the time of admission and is responsible for monitoring the patient’s progress and for medication administration.
- b. Additional medical specialty consultation, psychological, laboratory, and toxicology services are available through consultation or referral.
- c. Direct affiliation with other levels of care.”

## Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 (pg. 270)

### Adolescent-Specific Considerations: Therapies

“In addition to the therapies listed here for all programs, educational services are provided in accordance with local regulations (typically on-site) and are designed to maintain the educational and intellectual development of the adolescent and, when indicated, to provide opportunities to remedy deficits in the educational level of adolescents who have fallen behind because of their involvement with alcohol and other drugs.

An interdisciplinary team provides daily clinical services to assess and address the adolescent’s withdrawal status and service needs. Such clinical services may include nursing or medical monitoring, pharmacologic therapies as needed, individual or group therapy specific to withdrawal, and withdrawal support.

Frequent nurse monitoring of the adolescents’ progress in withdrawal management and medication administration is available, if needed.”

## Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7 (pg. 271)

### Adolescent-Specific Considerations: Assessment and Treatment Planning

“Elements of the assessment and treatment plan review should also include:

- a. An initial **withdrawal assessment within 24 hours of admission**, or earlier if clinically warranted.
- b. **Daily nursing withdrawal monitoring assessments** and continuous availability of nursing evaluation.
- c. **Daily availability of medical evaluation**, with continuous on-call coverage



## Adolescent Medically Monitored High-Intensity Inpatient Services Residential Level of Care 3.7

### Behavioral Health Practitioners (BHPs)

| Medical BHPs                  | Licensed BHPs                                       |                                     | BHPs                                       | BHP-Paraprofessionals               |
|-------------------------------|---|-------------------------------------|--|-------------------------------------|
| Physicians (MD/DO)            | Licensed Independent Chemical Dependency Counselors | Licensed Professional Counselors    | Chemical Dependency Counselor Assistants   | Care Management Specialists         |
| Certified Nurse Practitioners | Licensed Chemical Dependency Counselors             | Licensed Psychologists              | Counselor Trainees                         | Peer Recovery Supporters            |
| Clinical Nurse Specialists    | Licensed Independent Marriage and Family Therapists | Licensed School Psychologists       | Marriage and Family Therapist Trainees     | Qualified Mental Health Specialists |
| Physician Assistants          | Licensed Marriage and Family Therapists             | Licensed Independent Social Workers | Psychology Assistants, Interns or Trainees |                                     |
| Registered Nurses             | Licensed Professional Clinical Counselors           | Licensed Social Workers             | Social Work Assistants                     |                                     |
| Licensed Practical Nurses     |   |                                     | Social Worker Trainees                     |                                     |

Who do you recommend to staff and provide **adolescent** 3.7 services? What are their qualifications?  
 Who do you recommend to staff and provide **adolescent** 3.7 services in a co-occurring enhanced program? What are their qualifications?  
 How do you meet the education requirements for the **adolescents**?

## Application to Adult Special Populations (pgs. 307 - 356)

### SPECIAL POPULATION SECTIONS

Older Adults

Parents or Prospective Parents Receiving Addiction  
Treatment Concurrently with Their Children

Persons in Safety-Sensitive Occupations

Persons in Criminal Justice Settings

## Stakeholder Public Forum

To be announced. Please stay tuned for more information.

## Calendar Year 2020 Remaining Committee Meetings

| Meeting Date         | Time           | Location*       |
|----------------------|----------------|-----------------|
| Friday, June 26      | 1:00 – 3:00 pm | Lazarus, C621** |
| Friday, July 31      | 1:00 – 3:00 pm | Lazarus, C621   |
| Friday, August 28    | 1:00 – 3:00 pm | Lazarus, C621   |
| Friday, September 25 | 1:00 – 3:00 pm | Lazarus, C621   |
| Friday, October 30   | 1:00 – 3:00 pm | Lazarus, C621   |
| Friday, November 20  | 1:00 – 3:00 pm | Lazarus, C621   |
| Friday, December 18  | 1:00 – 3:00 pm | Lazarus, C621   |

\*Lazarus Building is located at Ohio Department of Medicaid  
50 W. Town Street Columbus, OH 43215

\*\*Subject to change due to COVID-19 health emergency

## ASAM Residential Levels of Care Other States

Arkansas - <http://170.94.37.152/REGS/016.23.10-003F-12192.pdf>

Delaware -

<https://www.dhss.delaware.gov/dhss/dsamh/files/ReimbursementManual.pdf>

Georgia - <https://dch.georgia.gov/document/fact-sheet/final-rule-sample/download>  
<https://dbhdd.org/files/Provider-Manual-BH.pdf>

Idaho - <https://www.bpahealth.com/wp-content/uploads/2019/06/Substance-Use-Disorder-SUD-Provider-Manual-2019-FInal.pdf>

Illinois -

[http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By\\_Division/OASA/2018/DASA\\_Contractual\\_Policy\\_Manual\\_FY2018\\_08242017.pdf](http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/OASA/2018/DASA_Contractual_Policy_Manual_FY2018_08242017.pdf)

Iowa - <https://www.legis.iowa.gov/docs/iac/rule/04-01-2015.641.155.1.pdf>

## ASAM Residential Levels of Care Other States

Kansas - <https://kansas.beaconhealthoptions.com/wp-content/uploads/sites/12/providers/forms/Intro-to-ASAM.pdf>  
[https://www.kdads.ks.gov/docs/default-source/survey-certification-and-credentialing-commission/bhs-licensure---alcohol-and-drug-evaluators/sud-facilities/standards.pdf?sfvrsn=51439ee\\_2](https://www.kdads.ks.gov/docs/default-source/survey-certification-and-credentialing-commission/bhs-licensure---alcohol-and-drug-evaluators/sud-facilities/standards.pdf?sfvrsn=51439ee_2)

Maryland - [https://mmcp.health.maryland.gov/Documents/Adult%20Residential%20SUD%20Treatment/res\\_adult\\_sud\\_faq\\_8-4-17.pdf](https://mmcp.health.maryland.gov/Documents/Adult%20Residential%20SUD%20Treatment/res_adult_sud_faq_8-4-17.pdf)

Minnesota - <https://www.revisor.mn.gov/statutes/cite/254B.05>

Missouri - <https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c30-3.pdf>

Montana - <https://dphhs.mt.gov/Portals/85/amdd/documents/AMDDMcManualSUDMHOct19.pdf>

## ASAM Residential Levels of Care Other States

Nebraska - [https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-206/Attachment-BHASD.pdf](https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-206/Attachment-BHASD.pdf)

New Hampshire - <https://cpasnh.mslc.com/filebrowser/download/320>

New York - [https://webapps.oasas.ny.gov/hps/state/CD\\_descriptions.cfm](https://webapps.oasas.ny.gov/hps/state/CD_descriptions.cfm)

Oklahoma - [http://regs.cqstatetrack.com/info/get\\_text?action\\_id=599270&text\\_id=164552&type=full\\_text](http://regs.cqstatetrack.com/info/get_text?action_id=599270&text_id=164552&type=full_text)

Texas - [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=25&pt=1&ch=448&rl=903](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=448&rl=903)

Wyoming - <https://health.wyo.gov/wp-content/uploads/2016/06/SACChapter4DescofSvcsandRequirements.pdf>