

THE ASAM CRITERIA



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Appendix D

Dimensional Admission Criteria Decision Rules

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

INTOXICATION AND ASSOCIATED RISKS

**Level 4 =
Risk Rating 4**

1. The patient is experiencing very severe signs and/or symptoms of intoxication that pose immediate or imminent risk to the patient or others.
- OR**
2. The patient is experiencing severe signs and/or symptoms of intoxication—or signs and/or symptoms that are unexplained given known substance use—and requires integrated medical services and/or support that are only available in an acute care setting.
- OR**
3. The patient is experiencing or anticipated to imminently experience* severe signs and/or symptoms in the context of intoxication that a Level 3.7 BIO program is *not* expected to be able to control (eg, due to co-occurring physical and/or mental health conditions).

* For example, the patient is known to have ingested a quantity of a substance that is likely to pose an imminent risk.

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

INTOXICATION AND ASSOCIATED RISKS

**Minimum
Level 3.7
BIO =**
Risk Rating 3B

1. The patient is experiencing moderately severe to severe signs and/or symptoms of intoxication.
AND
The patient requires IV medications.

**Minimum
Level 3.7
(non-BIO) =**
Risk Rating 3A

1. The patient is experiencing or anticipated to imminently experience moderately severe to severe signs and/or symptoms of intoxication that otherwise meet *Intoxication and Associated Risks* criteria for treatment at Level 2.7.
AND
The patient requires after-hours medical management and/or nursing care.

» Level 3.7 (non-BIO) does *not* provide IV medications. If a patient requires these services, they should be placed in a minimum of Level 3.7 BIO.

**Minimum
Level 2.7 =**
Risk Rating 2

1. The patient is experiencing or anticipated to imminently experience moderately severe to severe signs and/or symptoms of intoxication that are explainable based on known history and require medical management and/or nursing care but are expected to be controllable at this level of care (eg, with oral, subcutaneous [SQ], or intramuscular [IM] medications).
AND
The patient does not pose an immediate or imminent risk to self or others.

**Any Level
of Care =**
Risk Rating
ANY

1. The patient is experiencing or anticipated to imminently experience mild to moderate signs and/or symptoms of intoxication that can be addressed in any level of care as needed (eg, with behavioral management strategies) and, thus, does *not* require a medically managed addiction treatment program for intoxication management.

**No Specific
Needs =**
Risk Rating 0

1. The patient is not intoxicated.

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

WITHDRAWAL AND ASSOCIATED RISKS

Level 4 =
Risk Rating 4

1. The patient is experiencing or anticipated to imminently experience very severe signs and/or symptoms of withdrawal that pose immediate or imminent risk to the patient or others.

OR

2. The patient is experiencing severe signs and/or symptoms of withdrawal and requires medical services and/or support that are only available in an acute care setting.

OR

3. The patient otherwise meets *Withdrawal and Associated Risks* criteria for treatment at Level 3.7 or 3.7 BIO.

AND

The patient has a comorbid physical or co-occurring mental health condition that complicates withdrawal management.

OR

4. The patient is experiencing or anticipated to imminently experience severe signs and/or symptoms of withdrawal from alcohol and/or sedative-hypnotics.

AND

The patient has a history of complicated withdrawal syndrome—including development of delirium tremens and/or withdrawal-related seizures—that was difficult to control.

Minimum
Level 3.7
BIO =
Risk Rating 3B

1. The patient is experiencing moderately severe to severe signs and/or symptoms of withdrawal as described in *Withdrawal and Associated Risks* criteria for Level 2.7 or 3.7.

AND

The patient requires IV medications.

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

WITHDRAWAL AND ASSOCIATED RISKS

Minimum
Level 3.7
(non-BIO) =
Risk Rating 3A

1. The patient is experiencing or is anticipated to imminently experience severe signs and/or symptoms of withdrawal that are explainable based on known history and expected to be controllable at this level of care (eg, with oral, SQ, or IM medications).

» Level 3.7 (non-BIO) does *not* provide IV medications. If a patient requires these services, they should be placed in a minimum of Level 3.7 BIO.

OR

2. The patient is experiencing moderately severe signs and/or symptoms of withdrawal and requires medical services and/or support not available in a less intensive level of care.

OR

3. The patient otherwise meets *Withdrawal and Associated Risks* criteria for treatment at Level 2.7.

AND

The patient has a comorbid physical or co-occurring mental health condition that complicates withdrawal management.

OR

4. The patient is experiencing or anticipated to imminently experience moderately severe signs and/or symptoms of withdrawal from alcohol and/or sedative-hypnotics.

AND

The patient has a history of complicated withdrawal syndrome—including the development of delirium tremens and/or withdrawal-related seizures—that was controllable with standard treatment interventions.

OR

5. The patient otherwise meets *Withdrawal and Associated Risks* criteria for treatment at Level 2.7.

AND

The patient requires monitoring after-hours but lacks sufficient monitoring in their current home environment to support safety after-hours and/or effective participation in intensive outpatient addiction treatment (Dimension 5).

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

WITHDRAWAL AND ASSOCIATED RISKS

**Minimum
Level 2.7 =
Risk Rating 2**

1. The patient is experiencing or anticipated to imminently experience moderately severe signs and/or symptoms of withdrawal that are explainable based on known history and expected to be controllable at this level of care (eg, with oral, SQ, or IM medications).

AND

The patient requires medical management with extended nursing care available during business hours.

OR

2. The patient otherwise meets *Withdrawal and Associated Risk* criteria for treatment at Level 1.7.

AND

The patient and/or their available support persons are unable to follow instructions necessary to support withdrawal management in a Level 1.7 program but can reliably access services in a Level 2.7 program.

OR

3. The patient otherwise meets *Withdrawal and Associated Risks* criteria for treatment at Level 1.7.

AND

The patient has needs in Dimensions 2 and/or 3 that require closer nurse monitoring (eg, due to potential medication interactions).

**Minimum
Level 1.7 =
Risk Rating 1**

1. The patient is experiencing or anticipated to imminently experience mild to moderate signs and/or symptoms of withdrawal that interfere with daily functioning and/or treatment and recovery efforts.

AND

The patient has minimal risk of severe withdrawal.

AND

The patient requires frequent (ie, more than weekly) check-ins during the acute withdrawal phase but does *not* require extended nursing care.

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

WITHDRAWAL AND ASSOCIATED RISKS

**Prompt
Evaluation =**
Risk Rating
EVAL

1. The patient is experiencing or anticipated to imminently experience mild signs and/or symptoms of withdrawal that can be addressed in any level of care as needed (eg, with behavioral management strategies, through referral to a qualified medical provider) and, thus, requires prompt medical evaluation but *not* integrated medical management and/or nursing care for signs and/or symptoms of withdrawal.

**No Specific
Needs =**
Risk Rating 0

1. The patient has no specific treatment needs related to withdrawal.

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

ADDICTION MEDICATION NEEDS

**Minimum
Level 3.7 =**
Risk Rating C

1. Initiation or titration of addiction medication is anticipated to be complex, requiring daily medical management and/or nursing care, including after-hours.

OR

2. The patient is pregnant and otherwise meets *Addiction Medication Needs* criteria for treatment at Level 2.7.

**Minimum
Level 2.7 =**
Risk Rating B

1. Initiation or titration of addiction medication is anticipated to be complex, requiring daily or near-daily medical management and/or extended nursing care.

OR

2. The patient otherwise meets *Addiction Medication Needs* criteria for treatment at Level 1.7.

AND

The patient has needs in Dimensions 2 and/or 3 that require closer nurse monitoring (eg, due to potential medication interactions).

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

ADDICTION MEDICATION NEEDS

**Minimum
Level 1.7 =
Risk Rating A**

1. The patient has OUD and is not currently on MOUD.

AND

Uncomplicated MOUD initiation is anticipated.

OR

2. The patient has a history of poor outcomes with clinically managed care and requires frequent (ie, more than weekly) medical management to initiate medications to stabilize signs and symptoms of SUD (eg, cravings, post-acute withdrawal) and prevent recurrence.

AND

The patient is assessed as *not* able to achieve recovery without integrated medical management.

**Prompt
Evaluation =
Risk Rating
EVAL**

1. The patient has a history of difficulty with clinically managed addiction care and requires prompt medical evaluation for addiction medications to stabilize their signs and symptoms of SUD (eg, cravings, post-acute withdrawal) and prevent recurrence.

AND

The patient is not expected to require frequent (ie, more than weekly) medical management to initiate and titrate addiction medications.

**MOUD
Continuation =
Risk Rating
MOUD-C**

1. The patient is currently taking MOUD and needs to continue this medication, requiring care coordination but not direct provision by the addiction treatment program.

**Any Level
of Care =
Risk Rating
ANY**

1. The patient's addiction medication needs, if any, can be addressed in any level of care.

Dimension 2: Biomedical Conditions

PHYSICAL HEALTH CONCERNS

**Level 4 =
Risk Rating 4**

1. The patient is experiencing very severe physical health problems that require acute hospital care.

OR

2. The patient is experiencing severe physical health problems and requires medical services that are only available in an acute care setting.

OR

3. The patient is experiencing severe acute physical health problems that are currently undiagnosed and/or not expected to be controllable with the interventions available in a Level 3.7 BIO program.

OR

4. The patient is experiencing severe acute physical health problems that otherwise meet *Physical Health Concerns* criteria for treatment at Level 3.7 or 3.7 BIO.

AND

The patient has needs in Dimension 1 and/or Dimension 3 that complicate management of physical health problems.

**Minimum
Level 3.7
BIO =
Risk Rating 3B**

1. The patient is experiencing severe physical health problems as described in the *Physical Health Concerns* criteria for Level 3.7.

AND

The patient requires IV medications or wound vacuum-assisted closure (VAC).

Dimension 2: Biomedical Conditions

PHYSICAL HEALTH CONCERNS

Minimum
Level 3.7
(non-BIO) =
Risk Rating 3A

1. The patient is experiencing severe acute physical health problems that are explainable based on known history and expected to be controllable at this level of care (eg, with oral, SQ, or IM medications).

AND

The patient requires daily medical management and/or nursing care, including after-hours.

OR

2. The patient is experiencing moderately severe acute but not life-threatening physical health problems and requires integrated medical services and/or support that are not available in a less intensive level of care.

OR

3. The patient otherwise meets *Physical Health Concerns* criteria for treatment at Level 2.7.

AND

The patient requires daily medical management and/or nursing care, including after-hours, due to exacerbation of their physical health problems from intoxication or withdrawal but is not expected to require the full resources of an acute care hospital (Dimension 1).

OR

4. The patient otherwise meets *Physical Health Concerns* criteria for treatment at Level 2.7.

AND

The patient requires after-hours medical monitoring but lacks sufficient monitoring in their current home environment to adequately support safety after-hours and/or effective participation in intensive outpatient addiction treatment (Dimension 5).

OR

5. The patient otherwise meets *Physical Health Concerns* criteria for treatment at Level 2.7.

AND

The patient cannot reliably access daily care at Level 2.7.

Dimension 2: Biomedical Conditions

PHYSICAL HEALTH CONCERNS

**Minimum
Level 2.7 =
Risk Rating 2**

1. The patient is experiencing moderately severe acute but not life-threatening physical health problems that are explainable based on known history and expected to be controllable in this level of care (eg, with oral, SQ, or IM medications).
AND
The patient requires frequent (ie, daily or near-daily) medical management and/or nursing care.
AND
The patient *cannot* reliably access external medical treatment to adequately address their physical health needs; **and/or** the patient is assessed as needing integrated medical services.

OR

2. The patient is experiencing moderate acute health problems and requires integrated medical services and/or support that are not available in a less intensive level of care.

OR

3. The patient is experiencing moderate physical health problems (eg, complex partial seizure disorder, hypertension, diabetes) that otherwise meet *Physical Health Concerns* criteria for treatment at Level 1.7.
AND
The patient requires extended nursing care during program hours due to exacerbation of their physical health problems from intoxication or withdrawal (Dimension 1).

**Minimum
Level 1.7 =
Risk Rating 1**

1. The patient is experiencing moderate acute health problems that impact daily functioning and/or interfere with addiction treatment and recovery.
AND
The patient requires frequent (ie, more than weekly) medical services in the short term (eg, medication initiation and/or adjustment).
AND
The patient *cannot* reliably access external medical treatment to adequately address their physical health needs; **and/or** the patient is assessed as needing integrated medical services.

Dimension 2: Biomedical Conditions

PHYSICAL HEALTH CONCERNS

**Any Level
of Care =**
Risk Rating
ANY

1. The patient is experiencing mild to moderate physical health problems that can be addressed in any level of care (eg, through referral or care coordination) and, thus, does *not* require a medically managed level of care.

**No Specific
Needs =**
Risk Rating 0

1. The patient has no specific treatment needs related to physical health concerns.

Dimension 2: Biomedical Conditions

PREGNANCY-RELATED CONCERNS

Level 4 =
Risk Rating 4

1. The patient's pregnancy is immediately or imminently unstable and requires fetal monitoring, 24-hour medical management, and/or the full resources of an acute care hospital.

**Minimum
Level 3.7 =**
Risk Rating 3

1. The patient otherwise meets the *Pregnancy-Related Concerns* criteria for treatment at Level 2.7.
AND
The patient requires after-hours monitoring but lacks sufficient monitoring in their current home environment to adequately support safety after-hours and/or effective participation in intensive outpatient addiction treatment (Dimension 5).

**Minimum
Level 2.7 =**
Risk Rating 2

1. The patient is pregnant and requires daily or near-daily medical management and/or nursing care for pregnancy complications that are not life-threatening and do not require fetal monitoring.

**Minimum
Level 1.7 =**
Risk Rating 1

1. The patient is pregnant with low to average risk of experiencing pregnancy complications and requires on-site provision of prenatal care because they are unwilling or unable to reliably access care from an external provider.

Dimension 2: Biomedical Conditions

PREGNANCY-RELATED CONCERNS

**Any Level
of Care =
Risk Rating
ANY**

1. The patient is pregnant with low to average risk of experiencing pregnancy complications and does *not* require on-site provision of prenatal care because they are willing and able to reliably access care from an external provider.

**No Specific
Needs =
Risk Rating 0**

1. The patient is not pregnant.

Dimension 3: Psychiatric and Cognitive Conditions

ACTIVE PSYCHIATRIC SYMPTOMS

**Level 4
Psychiatric =
Risk Rating 4**

1. The patient is experiencing psychiatric signs and/or symptoms that pose immediate or imminent risk of serious harm to the patient (eg, severe deterioration) or others and requires urgent psychiatric management, 24-hour psychiatric nursing care, and/or a secure psychiatric setting.*

OR

2. The patient is experiencing psychiatric signs and/or symptoms that otherwise meet admission criteria for inpatient psychiatric hospitalization (ie, Level 4 Psychiatric).

OR

3. The patient meets *Active Psychiatric Symptoms* criteria for treatment at Level 3.7 COE.

AND

The patient's psychiatric signs and/or symptoms are expected to be exacerbated by intoxication, withdrawal, and/or comorbid Dimension 2 concerns and require more intensive psychiatric management and/or nursing care than can be provided in a less intensive care setting to maintain safety.

* If the patient meets admission criteria in Dimension 3 for Level 4 Psychiatric care **and** in Dimensions 1 and/or 2 for Level 3.7 BIO or 4 care, the patient should be treated in a Level 4 acute care medical unit or medical psychiatric unit, if available. If needed, transition to an inpatient psychiatric unit (ie, Level 4 Psychiatric) may be appropriate once the patient's intoxication, withdrawal, or biomedical conditions have been stabilized.

**Minimum
Level 3.7
COE =
Risk Rating 3B**

1. The patient is experiencing psychiatric signs and/or symptoms at a level of acuity and/or complexity that requires active psychiatric management.

AND

The patient requires after-hours psychiatric management and/or nursing care to rapidly respond to changes in mental health status.

OR

2. The patient is experiencing psychiatric signs and/or symptoms that would otherwise meet criteria for a subacute psychiatric residential treatment setting (eg, Level 5 in LOCUS).*

continued

* If the patient has a mild SUD per *DSM-5-TR* criteria and severe psychiatric concerns, their Dimension 3 concerns may be treated primarily in the mental health system.

Dimension 3: Psychiatric and Cognitive Conditions

ACTIVE PSYCHIATRIC SYMPTOMS

Minimum
Level 3.7
COE =

Risk Rating 3B
continued

OR

3. The patient otherwise meets *Active Psychiatric Symptoms* criteria for treatment at Level 2.7 COE.

AND

The patient's psychiatric signs and/or symptoms are anticipated to be exacerbated by concerns in Dimensions 1 and/or 2 such that the patient requires after-hours medical monitoring and/or nursing care, with potential need to rapidly adjust psychiatric medications.

OR

4. The patient otherwise meets *Active Psychiatric Symptoms* criteria for treatment at Level 2.7 COE.

AND

The patient lacks sufficient support in their current home environment to enable effective participation in intensive outpatient addiction treatment (Dimension 5).

AND

The patient lacks sufficient skills and/or readiness to effectively participate in a recovery residence.

Minimum
Level 3.5
COE =

Risk Rating 3A

1. The patient is experiencing mental health signs and/or symptoms at a level of acuity and/or complexity impacting safety and/or function that requires intensive skilled mental health-focused interventions and/or readily available access to psychiatric oversight.

AND

The patient requires residential support or supervision to monitor for changes in status and rapidly respond to mental health concerns that may arise, but they have sufficient control to not require an acute or medically managed psychiatric setting.

AND

The patient's psychiatric medication regimen (if any) does *not* require frequent (ie, more than weekly) or urgent medical management and/or nursing care.

continued

Dimension 3: Psychiatric and Cognitive Conditions

ACTIVE PSYCHIATRIC SYMPTOMS

Minimum
Level 3.5
COE =

Risk Rating 3A
continued

OR

2. The patient otherwise meets *Active Psychiatric Symptoms* criteria for treatment at Level 2.5 COE.

AND

The patient lacks sufficient support in their current home environment and/or adequate functional skills to enable effective participation in clinically managed outpatient addiction treatment (Dimension 5).

AND

The patient lacks sufficient skills and/or readiness to effectively participate in a recovery residence.

Minimum
Level 2.7
COE =

Risk Rating 2B

1. The patient is experiencing psychiatric signs and/or symptoms at a level of acuity and complexity that interferes with addiction treatment and recovery.

AND

The patient requires frequent (ie, daily or near-daily) psychiatric management and/or nursing care to achieve sufficient stability to enable effective participation in addiction treatment.

AND

The patient has adequate impulse control to resist acting upon any thoughts of harm to self or others (if present) with daily or near-daily clinical support.

AND

The patient *cannot* reliably access external psychiatric care to adequately address their mental health needs, **and/or** the patient is assessed as requiring integrated skilled mental health interventions to permit participation in addiction treatment.

OR

2. The patient meets *Active Psychiatric Symptoms* criteria for treatment at Level 1.7 COE.

AND

The patient's psychiatric signs and/or symptoms are likely to be exacerbated by intoxication, withdrawal, and/or comorbid Dimension 2 concerns and require daily or near-daily psychiatric management and/or nursing care (eg, due to the potential need for frequent medication adjustment).

Dimension 3: Psychiatric and Cognitive Conditions

ACTIVE PSYCHIATRIC SYMPTOMS

Minimum
Level 2.5
COE =
Risk Rating 2A

1. The patient is experiencing mental health signs and/or symptoms at a level of acuity that requires daily or near-daily clinical management of symptoms with a higher level of individualized staff support and skilled mental health interventions than provided at a standard (ie, co-occurring capable) level of care to address mental health signs and/or symptoms and maintain stability during addiction treatment.

AND

The patient has adequate impulse control to resist acting upon any thoughts of harm to self or others (if present) with daily or near-daily clinical support.

AND

The patient's psychiatric medication regimen (if any) does not require frequent (ie, more than weekly) or urgent medical management and/or nursing care.

AND

The patient *cannot* reliably access external mental health care to adequately address their mental health needs, **and/or** the patient is assessed as requiring integrated skilled mental health interventions to permit participation in addiction treatment.

Minimum
Level 1.7
COE =
Risk Rating 1C

1. The patient is experiencing psychiatric signs and/or symptoms at a level of acuity and complexity that interfere with addiction treatment and recovery.

AND

The patient requires initiation or frequent (ie, more than weekly) adjustment of psychiatric medications, and psychotropic medication management is expected to be complicated (eg, titration of multiple psychotropic medications, known risks for significant adverse effects) such that psychiatric management is required.

AND

The patient *cannot* reliably access external psychiatric care to adequately address their mental health needs, **and/or** the patient is assessed as requiring integrated skilled mental health interventions to enable effective participation in addiction treatment.

Dimension 3: Psychiatric and Cognitive Conditions

ACTIVE PSYCHIATRIC SYMPTOMS

**Minimum
Level 1.7 =
Risk Rating 1B**

1. The patient is experiencing psychiatric signs and/or symptoms of low to moderate acuity and low complexity that may interfere with addiction treatment and recovery.

AND

The patient requires psychiatric medication initiation or adjustment, psychotropic medication management is expected to be uncomplicated (eg, no known risks for significant adverse effects), and the patient does *not* require integrated skilled mental health interventions.

AND

The patient is unable to access adequate and/or timely psychiatric medication management from a qualified external provider and/or is assessed as requiring integrated psychiatric management (eg, lacking sufficient motivation to follow through with off-site psychiatric appointments).

AND

The patient is able to sufficiently adhere to their psychiatric medication regimens and report effects and side effects to their prescriber during the adjustment phase without the need for regular monitoring or intervention by specialty psychiatric staff.

OR

2. The patient is receiving psychiatric medication management externally but requires active comanagement and care coordination from a physician or advanced practice provider with specialty addiction treatment experience due to potential risks associated with prescribed psychiatric medications (eg, when controlled medications are considered, or when there is concern for interactions between the medications prescribed for the patient's SUD and psychiatric conditions).

Dimension 3: Psychiatric and Cognitive Conditions

ACTIVE PSYCHIATRIC SYMPTOMS

Minimum
Level 1.5
COE =
Risk Rating 1A

1. The patient is experiencing mental health signs and/or symptoms (eg, personality disorder, social anxiety) that present challenges with effective participation in standard (ie, co-occurring capable) addiction treatment, such as managing the interpersonal intensity of group therapy and/or a therapeutic milieu; these mental health concerns require non-intensive (ie, less than three days per week) individualized support and redirection and/or integrated skilled mental health interventions to enable effective participation in addiction treatment.

AND

The patient is unwilling or unable to access mental health care externally, or they are not receiving sufficient external care to enable participation in standard (ie, co-occurring capable) treatment.

AND

The patient's mental health signs and/or symptoms do *not* require integrated medical management and/or nursing care.

Any Level
of Care =
Risk Rating
ANY

1. The patient is experiencing active mild to moderate mental health signs and/or symptoms that can be addressed in any level of care with direct symptom management support or referral. Skilled mental health services (eg, medication management, psychotherapeutic interventions) are not required with such urgency to preclude engagement in addiction treatment while those services are being coordinated.

OR

2. The patient is experiencing significant mental health concerns for which they are already receiving external mental health care with an appropriate level of medication management and/or therapeutic intervention for the acuity and complexity of their concerns.

AND

The patient does not require integrated mental health or psychiatric treatment services to enable participation in addiction treatment.

No Specific
Needs =
Risk Rating 0

1. The patient has no specific treatment needs related to active psychiatric signs or symptoms.

Dimension 3: Psychiatric and Cognitive Conditions

PERSISTENT DISABILITY

**Minimum
Level 1.5
COE =**
Risk Rating 1Z

1. The patient, at baseline, has impairments in their ability to process information, organize schedules, and/or participate in group therapy due to persistent mental health symptoms or disability, intellectual and/or developmental disability, acquired brain injury, or neurodiversity.

AND

The patient requires a more flexible treatment environment with greater individualized staff support and/or staff with a higher level of training in skills to support mental health treatment, address symptoms, or assist with functioning than are available in a standard (ie, co-occurring capable) level of care.

**Any Level
of Care =**
Risk Rating
ANY

1. The patient has persistent mental health-related or cognitive disability—including acquired brain injury, intellectual and/or developmental disability, or neurodiversity—that may require some level of support to enable effective participation in addiction treatment. However, the patient does *not* require more individualized staff support than provided in a standard (ie, co-occurring capable) program nor integration of skilled mental health interventions into the addiction treatment program to address their persistent mental health disability.

**No Specific
Needs =**
Risk Rating 0

1. The patient has no specific treatment needs related to persistent disability.

Dimension 4: Substance Use-Related Risks

LIKELIHOOD OF ENGAGING IN RISKY SUBSTANCE USE

**Minimum
Level 3.5 =
Risk Rating E**

1. The patient has a *high likelihood* of engaging in substance use with significant risk of serious harm or destabilizing loss.

AND

The patient requires 24-hour clinical support and supervision to prevent substance use while developing recovery-sustaining skills.

OR

2. The patient otherwise meets *Likelihood of Engaging in Risky Substance Use* criteria for treatment at Level 3.1 but, due to interactions with Dimensions 2 and/or 3, requires 24-hour supervision and/or more intensive clinical services for safety or stability.

OR

3. The patient otherwise meets *Likelihood of Engaging in Risky Substance Use* criteria for treatment at Level 2.5 but, due to interactions with Dimensions 3 and/or 5, requires 24-hour support and supervision to promote safety and stability **and/or** the patient requires residential support to enable effective participation in care *and* is assessed as unable to safely and/or effectively engage in outpatient care with recovery residence support.

**Minimum
Level 3.1 =
Risk Rating D**

1. The patient has a *moderate likelihood* of engaging in substance use with significant risk of serious harm or destabilizing loss.

AND

The patient is assessed as able to develop relapse prevention skills and prevent substance use with residential structure and 24-hour clinically managed support while practicing recovery-sustaining skills safely on a limited basis in the community.

OR

2. The patient otherwise meets *Likelihood of Engaging in Risky Substance Use* criteria for treatment at Level 2.1 but, due to interactions with Dimensions 2, 3, and/or 5, requires 24-hour clinically managed structure and support for additional stability **and/or** the patient requires residential support to reliably participate in care *and* is assessed as unable to safely and/or effectively engage in outpatient care with recovery residence support.

Dimension 4: Substance Use-Related Risks

LIKELIHOOD OF ENGAGING IN RISKY SUBSTANCE USE

Minimum
Level 2.5 =
Risk Rating C

1. The patient has a *moderate likelihood* of engaging in substance use with significant risk of serious harm or destabilizing loss.

AND

The patient is assessed as able to develop relapse prevention skills and prevent substance use with daily or near-daily high-intensity clinical services with a therapeutic milieu.

OR

2. The patient has a *high likelihood* of engaging in substance use with risk of negative but not seriously destabilizing consequences.

AND

The patient requires daily or near-daily high-intensity clinical services with a therapeutic milieu to develop relapse prevention skills.

OR

3. The patient otherwise meets *Likelihood of Engaging in Risky Substance Use* criteria for treatment at Level 2.1 but, due to interactions with Dimensions 3 and/or 5, requires more intensive clinical services and/or a more consistent (ie, daily or near-daily) therapeutic milieu to achieve recovery goals.

Minimum
Level 2.1 =
Risk Rating B

1. The patient has a *low likelihood* of engaging in substance use with significant risk of serious harm or destabilizing loss.

AND

The patient is assessed as able to develop relapse prevention skills and prevent substance use with intensive clinical services several times per week and/or a low-intensity therapeutic milieu.

OR

2. The patient has a *moderate likelihood* of engaging in substance use with risk of negative but not seriously destabilizing consequences.

AND

The patient requires intensive clinical services several times per week and/or a low-intensity therapeutic milieu to achieve recovery goals.

continued

Dimension 4: Substance Use-Related Risks

LIKELIHOOD OF ENGAGING IN RISKY SUBSTANCE USE

Minimum
Level 2.1 =
Risk Rating B
continued

OR

3. The patient otherwise meets *Likelihood of Engaging in Risky Substance Use* criteria for treatment at Level 1.5 but, due to interactions with Dimensions 2, 3, and/or 5, requires more clinical service hours per week to support stability.

Minimum
Level 1.5 =
Risk Rating A

1. The patient has a *very low likelihood* of engaging in substance use with significant risk of serious harm or destabilizing loss.

AND

The patient is assessed as able to prevent substance use and achieve recovery goals with non-intensive clinical services.

OR

2. The patient has a *low likelihood* of engaging in substance use with risk of negative but not seriously destabilizing consequences.

AND

The patient requires occasional clinical services to consolidate recovery goals.

Dimension 4: Substance Use-Related Risks

LIKELIHOOD OF ENGAGING IN RISKY SUD-RELATED BEHAVIORS

Minimum
Level 3.5 =
Risk Rating E

1. The patient has a *high likelihood* of engaging in SUD-related behaviors with significant risk of serious harm or destabilizing loss.

AND

The patient requires 24-hour clinical support and supervision to prevent risky SUD-related behaviors while developing recovery-sustaining skills.

OR

2. The patient otherwise meets *Likelihood of Engaging in Risky SUD-Related Behaviors* criteria for treatment at Level 3.1 but, due to interactions with Dimension 3, requires 24-hour supervision to support safety or stability.

OR

3. The patient otherwise meets *Likelihood of Engaging in Risky SUD-Related Behaviors* criteria for treatment at Level 2.5 but, due to interactions with Dimensions 3 and/or 5, requires 24-hour clinical supervision to support stability **and/or** the patient requires residential support to reliably participate in care *and* is assessed as unable to safely and/or effectively engage in outpatient care with recovery residence support.

Minimum
Level 3.1 =
Risk Rating D

1. The patient has a *moderate likelihood* of engaging in SUD-related behaviors with significant risk of serious harm or destabilizing loss.

AND

The patient is assessed as able to prevent risky SUD-related behaviors with residential structure and 24-hour clinically managed support while practicing recovery-sustaining skills safely on a limited basis in the community.

OR

2. The patient otherwise meets *Likelihood of Engaging in Risky SUD-Related Behaviors* criteria for treatment at Level 2.1 but, due to interactions with Dimensions 3 and/or 5, requires 24-hour clinically managed structure and support for additional stability **and/or** the patient requires residential support to reliably participate in care *and* is assessed as unable to safely and/or effectively engage in outpatient care with recovery residence support.

Dimension 4: Substance Use-Related Risks

LIKELIHOOD OF ENGAGING IN RISKY SUD-RELATED BEHAVIORS

**Minimum
Level 2.5 =
Risk Rating C**

1. The patient has a *moderate likelihood* of engaging in risky SUD-related behaviors with significant risk of serious harm or destabilizing loss.

AND

The patient is assessed as able to develop recovery-sustaining skills and prevent risky SUD-related behaviors with daily or near-daily high-intensity clinical services and a therapeutic milieu.

OR

2. The patient has a *high likelihood* of engaging in risky SUD-related behaviors with risk of negative but not seriously destabilizing consequences.

AND

The patient requires daily or near-daily high-intensity clinical services with a therapeutic milieu to learn risky behavior prevention skills.

OR

3. The patient otherwise meets *Likelihood of Engaging in Risky SUD-Related Behaviors* criteria for treatment at Level 2.1 but, due to interactions with Dimension 3, requires more intensive clinical services and/or a more consistent (ie, daily or near-daily) therapeutic milieu to achieve recovery goals.

**Minimum
Level 2.1 =
Risk Rating B**

1. The patient has a *low likelihood* of engaging in SUD-related behaviors with significant risk of serious harm or destabilizing loss.

AND

The patient is assessed as able to develop recovery-sustaining skills and prevent risky SUD-related behaviors with intensive clinical services several times per week and/or a low-intensity therapeutic milieu.

OR

2. The patient has a *moderate likelihood* of engaging in SUD-related behaviors with risk of negative but not seriously destabilizing consequences.

AND

The patient requires intensive clinical services several times per week and/or a low-intensity therapeutic milieu to achieve recovery goals.

continued

Dimension 4: Substance Use-Related Risks

LIKELIHOOD OF ENGAGING IN RISKY SUD-RELATED BEHAVIORS

Minimum
Level 2.1 =
Risk Rating B
continued

OR

3. The patient otherwise meets *Likelihood of Engaging in Risky SUD-Related Behaviors* criteria for treatment at Level 1.5 but, due to interactions with Dimension 3, requires more clinical service hours per week to support stability.

Minimum
Level 1.5 =
Risk Rating A

1. The patient has a *very low likelihood* of engaging in risky SUD-related behaviors with risk of significant harm or destabilizing loss.

AND

The patient is assessed as able to avoid engaging in risky SUD-related behaviors with non-intensive (ie, less than three days per week) clinical services.

OR

2. The patient has a *low likelihood* of engaging in risky SUD-related behaviors with risk of negative but not seriously destabilizing consequences.

AND

The patient requires occasional clinical services to consolidate recovery goals.

No Specific
Needs =
Risk Rating 0

1. The patient has no specific treatment needs related to risky SUD-related behaviors.

Dimension 5: Recovery Environment Interactions

ABILITY TO FUNCTION EFFECTIVELY IN CURRENT ENVIRONMENT

**Minimum
Level 3.5 =
Risk Rating D**

1. The patient has very severe functional impairment in life activities (eg, taking care of household responsibilities and day-to-day work and/or school obligations) and/or social relationships (eg, creating and maintaining relationships, interacting appropriately with others).

AND

To learn the basic interpersonal skills and/or skills of independent living necessary to support sustained recovery, the patient requires therapist-led rehabilitative services with a high-intensity therapeutic milieu.

AND

The patient is assessed as unable to safely and effectively learn these skills in a less intensive treatment setting.

OR

2. The patient otherwise meets *Ability to Function Effectively in Current Environment* criteria for treatment at Level 2.5 but lacks a safe and sufficiently supportive after-hours environment or requires an after-hours therapeutic milieu to effectively address functional impairment.

AND

The patient is unable to effectively participate in the rules-based milieu of a recovery residence (eg, insufficient interpersonal skills, inability to use community support without clinical guidance), **or** a recovery residence milieu is unlikely to provide sufficient support.

OR

3. The patient otherwise meets *Ability to Function Effectively in Current Environment* criteria for treatment at Level 2.5 but is assessed as unlikely to reliably attend outpatient services.

**Minimum
Level 3.1 =
Risk Rating C**

1. The patient has moderately severe functional impairment in life activities (eg, taking care of household responsibilities and day-to-day work and/or school obligations) and/or social relationships (eg, creating and maintaining relationships, interacting appropriately with others).

AND

To further develop the basic interpersonal skills and/or skills of independent living necessary to support sustained recovery, the patient requires 24-hour structure and support with a therapeutic milieu and opportunities to practice learned skills in the community on a limited basis.

continued

Dimension 5: Recovery Environment Interactions

ABILITY TO FUNCTION EFFECTIVELY IN CURRENT ENVIRONMENT

**Minimum
Level 3.1 =
Risk Rating C**
continued

OR

2. The patient otherwise meets *Ability to Function Effectively in Current Environment* criteria for treatment at Level 2.1 but lacks a safe and sufficiently supportive after-hours environment or requires an after-hours therapeutic milieu to effectively address functional impairment.

AND

The patient is unable to effectively participate in the rules-based milieu of a recovery residence, **or** a recovery residence milieu is unlikely to provide sufficient support.

OR

3. The patient otherwise meets *Ability to Function Effectively in Current Environment* criteria for treatment at Level 2.1 but is assessed as unlikely to reliably attend outpatient services.

**Minimum
Level 2.5 =
Risk Rating B**

1. The patient has severe functional impairment in life activities (eg, taking care of household responsibilities and day-to-day work and/or school obligations) and/or social relationships (eg, creating and maintaining relationships, interacting appropriately with others).

AND

To develop the basic interpersonal skills and/or skills of independent living necessary to support sustained recovery, the patient requires daily or near-daily high-intensity clinical services with a therapeutic milieu.

**Minimum
Level 2.1 =
Risk Rating A**

1. The patient has moderate functional impairment in life activities (eg, taking care of household responsibilities and day-to-day work and/or school obligations) and/or social relationships (eg, creating and maintaining relationships, interacting appropriately with others).

AND

To address these impairments and achieve recovery goals, the patient requires clinical services several times per week and/or a low-intensity therapeutic milieu.

**Any Level
of Care =
Risk Rating
ANY**

1. The patient's functioning in social, occupational, or school settings is not optimal, but they have sufficient interpersonal skills and are able to function adequately in their current recovery environments (eg, home, social, work, school) to participate effectively in any level of care. Additional clinical services and case management can be provided as part of standard (ie, co-occurring capable) addiction treatment at any level of care.

Dimension 5: Recovery Environment Interactions

ABILITY TO FUNCTION EFFECTIVELY IN CURRENT ENVIRONMENT

No Specific Needs =
Risk Rating 0

1. The patient has no specific treatment needs related to their ability to function effectively in their current environments (eg, home, social, work, school).

Dimension 5: Recovery Environment Interactions

SAFETY IN CURRENT ENVIRONMENT

Minimum Recovery Residence =
Risk Rating A

1. The patient's current environment threatens their safety or well-being.
AND
The patient requires, at minimum, safe housing with appropriate support to safely participate in outpatient treatment.

No Specific Needs =
Risk Rating 0

1. The patient's current environment is safe.

Dimension 5: Recovery Environment Interactions

SUPPORT IN CURRENT ENVIRONMENT

**Minimum
Level 3.1 =
Risk Rating B**

1. The patient otherwise meets criteria for outpatient treatment, but, due to interactions in Dimensions 1, 2, 3, or 4, their recovery environment—including their home and/or a recovery residence—will *not* provide sufficient support or daily structure to allow for safe and effective participation in outpatient addiction treatment.

**Minimum
Recovery
Residence =
Risk Rating A**

1. The patient's current living and social environments do *not* provide sufficient support to help them cope with cravings to use or other recovery threats.

AND

The patient requires a safe, structured residential setting with a rules-based milieu to support participation in outpatient addiction treatment and is assessed as able to safely and effectively participate in the rules-based milieu of a recovery residence.

**Any Level
of Care =
Risk Rating
ANY**

1. One or more of the patient's current environments (eg, home, social, work, school) are not optimally supportive of recovery, but the patient is able to participate in outpatient treatment without residential or recovery residence support.

**No Specific
Needs =
Risk Rating 0**

1. The patient's current environments (eg, home, social, work, school) are generally supportive of recovery.*

* This does *not* include considerations for safety; use *Safety in Current Environment* criteria to rate safety in the patient's current environments.

Level of Care Determination Rules

Level of Care Determination Rules

The following rules should be applied to determine the patient's recommended level of care.

Inpatient Care: Levels 4 and 4 Psychiatric

- If the patient requires Level 4 in any subdimension, refer or transfer to **Level 4**.
- If the patient meets criteria for Level 3.7 BIO *and* any COE level of care (including Level 4 Psychiatric), refer or transfer to **Level 4**.
- If the patient meets criteria for Level 4 Psychiatric and does NOT meet criteria for Level 4 or 3.7 BIO in any subdimension, refer or transfer to **Level 4 Psychiatric**.

Medically Managed Care: Levels 1.7, 2.7, and 3.7

- If the patient does not require Level 4 care, first determine if the patient requires medically managed care. Does any subdimension require a minimum of Level 1.7, 2.7, or 3.7 care?
 - If YES: Does any subdimension require a minimum of Level 3 care (ie, Level 3.1, 3.5, or 3.7)?
 - If YES: Recommend **Level 3.7 or Level 3.7 BIO** (if indicated in any subdimension).
 - If NO: Does any subdimension require a minimum of Level 2 care (ie, Level 2.1, 2.5, or 2.7)?
 - » If YES: Recommend **Level 2.7**.
 - » If NO: Recommend **Level 1.7**.

Clinically Managed Residential Care: Levels 3.1 and 3.5

- If the patient does not require medically managed care, first determine if the patient requires clinically managed residential care. Does any subdimension require a minimum of Level 3.1 or 3.5 care?
 - If YES: Determine what intensity of clinical services is required. Does any subdimension require *Minimum Level 2.5* or *Minimum Level 3.5* care?
 - If YES: Recommend **Level 3.5**.
 - If NO: Recommend **Level 3.1**.

Clinically Managed Outpatient Care: Levels 1.5, 2.1, and 2.5

- If the patient does not require medically managed or residential care, determine if the patient requires clinically managed outpatient care. What is the most intensive level of clinically managed outpatient care indicated in any subdimension?
 - If *Minimum Level 2.5*: Recommend **Level 2.5**.
 - If *Minimum Level 2.1*: Recommend **Level 2.1**.
 - If *Minimum Level 1.5*: Recommend **Level 1.5**.

Co-occurring Enhanced (COE) Care

- If the patient meets criteria for any COE level of care, the final recommendation should be a **COE level of care**, with the specific level of care determined based on the previous rules.
 - **Exceptions:**
 - If the patient meets criteria for Level 4 *and* Level 4 Psychiatric:
Recommend **Level 4**, NOT Level 4 Psychiatric.
 - If the patient meets criteria for Level 3.7 BIO *and* any COE level of care (including Level 4 Psychiatric):
Recommend **Level 4**, NOT Level 4 Psychiatric.
 - If the patient would otherwise be recommended Level 3.1 but requires COE care:
Recommend **Level 3.5 COE**.^{ff}
 - If the patient would otherwise be recommended Level 2.1 but requires COE care:
Recommend **Level 2.5 COE**.^{ff}

Recovery Residence

- If, based on the previous level of care determination rules, the patient is recommended outpatient or intensive outpatient care (ie, Level 1.5, 1.7, 2.1, 2.5, or 2.7), does any subdimension in Dimension 5 indicate the need for a minimum of a recovery residence?
 - If YES: Recommend the specific level of care determined based on the previous rules **PLUS a recovery residence**.

^{ff} The ASAM Criteria continuum of care does not include Levels 2.1 COE or 3.1 COE due to the lack of a medical director and overnight clinical staff at Levels 2.1 and 3.1.

Transition and Continued Service Criteria

Transition and Continued Service Criteria

LEVEL 4 OR LEVEL 4 PSYCHIATRIC

Continued Service at the Current Level of Care

The patient's signs and/or symptoms are not sufficiently clinically stable to support transition to a less intensive level of care.

- The patient still requires acute hospital care for medical management and/or nursing care of very severe signs and/or symptoms in Dimensions 1 and/or 2 or inpatient psychiatric care for medical and/or behavioral management of very severe signs and/or symptoms in Dimension 3; **and/or**
- New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for Level 4 or Level 4 Psychiatric.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity are provided at the current level of care and cannot be delivered safely and effectively at an available less intensive level of care.

Transition to a Less Intensive Level of Care

Dimensional Drivers have stabilized sufficiently such that the patient no longer meets the Dimensional Admission Criteria for Level 4 or Level 4 Psychiatric.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity can be delivered safely and effectively at an available less intensive level of care.

- If the patient no longer requires integrated medical management and/or nursing care for Dimensions 1, 2, or 3, reassess their present Dimensional Drivers and symptom severity to determine the appropriate level of care.
- **Dimension 1 (if applicable):** The patient no longer requires acute hospital care for intoxication or withdrawal.
 - If the patient no longer requires the full resources of an acute care hospital but still requires after-hours medical management and/or nursing care for acute withdrawal and/or complex addiction medication needs, consider **Level 3.7**.
 - If the patient requires daily or near-daily (but not after-hours) medical management and/or nursing care for acute withdrawal and/or complex addiction medication needs, consider **Level 2.7**.
 - If the patient lacks sufficient after-hours support to maintain stability, consider **Level 3.7**.

continued

Transition and Continued Service Criteria

LEVEL 4 OR LEVEL 4 PSYCHIATRIC

Transition to a
Less Intensive
Level of Care*continued*

- If the patient no longer requires daily or near-daily medical management and/or nursing care for acute withdrawal and/or complex addiction medication needs but still requires more than weekly medical services in the short term (eg, for mild to moderate withdrawal symptoms, uncomplicated addiction medication needs), consider **Level 1.7**.
- If the patient no longer requires integrated medical management and/or nursing care for acute withdrawal but post-acute withdrawal symptoms trigger high likelihood of return to use with associated significant risk of serious harm or destabilizing loss, consider **Level 3.5**.
- **Dimension 2 (if applicable):** The patient no longer requires acute hospital care for biomedical signs and/or symptoms.
 - If the patient requires integrated medical management and/or nursing care for biomedical signs and/or symptoms, including after-hours, consider **Level 3.7**.
 - If the patient requires daily or near-daily (but not after-hours) medical management and/or nursing care for biomedical signs and/or symptoms, consider **Level 2.7**.
 - If the patient lacks sufficient support outside of treatment hours to maintain stability of biomedical signs and/or symptoms, consider **Level 3.7**.
 - If the patient no longer requires daily or near-daily medical management and/or nursing care for biomedical signs and/or symptoms but still requires integrated medical services in the short term (eg, for medication adjustment, wound care), consider a **minimum of Level 1.7**.
 - If the patient no longer requires integrated medical management and/or nursing care but still requires daily support, including after-hours, from clinical staff (eg, with medication adherence), consider a **minimum of Level 3.1**.
- **Dimension 3 (current Level 4 Psychiatric):** The patient no longer requires urgent psychiatric management, 24-hour psychiatric nursing care, and/or a secure psychiatric setting for psychiatric signs and/or symptoms.
 - If the patient still requires integrated psychiatric management with daily after-hours nursing care, consider **Level 3.7 COE**.
 - If the patient still requires integrated psychiatric management **and** is assessed as able to maintain mental health stability with daily or near-daily (but not after-hours) nursing care, consider a **minimum of Level 2.7 COE**.
 - If the patient lacks sufficient support outside of treatment hours to maintain mental health stability and safety, consider **Level 3.7 COE**.

continued

Transition and Continued Service Criteria

LEVEL 4 OR LEVEL 4 PSYCHIATRIC

Transition to a
Less Intensive
Level of Care*continued*

- If the patient no longer requires daily or near-daily psychiatric management but still requires more than weekly and/or integrated psychiatric services, consider a **minimum of Level 1.7 COE**.
- If the patient no longer requires daily or near-daily psychiatric management but still requires integrated medical (but not psychiatric) management, consider a **minimum of Level 1.7**.
- If the patient no longer requires integrated medical management and/or nursing care for psychiatric signs and/or symptoms (eg, because the patient can access adequate psychiatric care externally) but still requires integrated skilled mental health interventions, consider a **clinically managed COE** level of care.
 - If the patient requires integrated skilled mental health interventions with 24-hour clinically managed care to support stability and safety, consider **Level 3.5 COE**.
 - If the patient requires daily or near-daily (but not after-hours) integrated skilled mental health interventions ***and*** has sufficient support outside of treatment hours to maintain mental health stability and safety, consider a **minimum of Level 2.5 COE**.
 - If the patient requires non-intensive integrated skilled mental health interventions ***and*** has sufficient support outside of treatment hours to maintain mental health stability and safety, consider a **minimum of Level 1.5 COE**.
- If the patient no longer requires integrated medical management and/or nursing care of psychiatric signs and/or symptoms, integrated skilled mental health interventions, or more individualized staff support than can be provided by a standard (ie, co-occurring capable) level of care (eg, because the patient can access adequate mental health care externally), consider a standard (ie, co-occurring capable) level of care based on the patient's needs in other dimensions.

Transition and Continued Service Criteria

LEVEL 3.7, LEVEL 3.7 BIO, OR LEVEL 3.7 COE

Continued Service at the Current Level of Care

The patient's signs and/or symptoms are improving or expected to improve with interventions provided at the current level of care but are not sufficiently clinically stable to support transition to a less intensive level of care.

- The patient still requires integrated medical management with after-hours nursing care for continuing severe signs and/or symptoms in Dimensions 1 or 2; **or** the patient still requires integrated medical management with daily or near-daily (but not after-hours) nursing care for signs and/or symptoms in Dimensions 1 or 2 but lacks sufficient support outside of treatment hours to maintain stability and safety.
- **Dimension 3 (current Level 3.7 COE):** The patient's psychiatric signs and/or symptoms still require psychiatric management with after-hours nursing care to rapidly identify changes in status and respond to psychiatric concerns; **or** the patient still requires integrated psychiatric management and lacks sufficient support outside of treatment hours to maintain stability and safety; **and/or**
- New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for Level 3.7, Level 3.7 BIO, or Level 3.7 COE.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity are provided at the current level of care and cannot be delivered safely and effectively at an available less intensive level of care.

Transition to a More Intensive Level of Care

Dimensional Drivers have *not* decreased in severity within a reasonable time frame given the patient's clinical presentation and no imminent improvement is expected; **and/or**

New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for a more intensive level of care.

AND

The treatment interventions provided at the current level of care are *not* sufficient or have proven insufficient to safely and effectively address the patient's present Dimensional Drivers and symptom severity, including any new or worsened signs and/or symptoms.

- If new, very severe signs and/or symptoms have emerged in Dimensions 1 or 2 that require the full resources of an acute care hospital or existing signs and/or symptoms in Dimensions 1 or 2 have worsened such that acute hospital care is now required, transition to **Level 4**.

continued

Transition and Continued Service Criteria

LEVEL 3.7, LEVEL 3.7 BIO, OR LEVEL 3.7 COE

Transition to a
More Intensive
Level of Care*continued*

- If severe signs and/or symptoms have not improved in a reasonable time frame in Level 3.7 or 3.7 BIO and imminent improvement is not expected, consider transition to **Level 4**.
- **Dimension 3 (current Level 3.7 COE):** If new, very severe signs and/or symptoms have emerged in Dimension 3 that require psychiatric inpatient care or existing Dimension 3 signs and/or symptoms have worsened such that psychiatric inpatient care is now required, transition to **Level 4 Psychiatric**.
 - If severe signs and/or symptoms have not improved in a reasonable time frame in Level 3.7 COE and imminent improvement is not expected, consider transition to **Level 4 Psychiatric**.
- **Dimension 3 (current Level 3.7):** If new, severe signs and/or symptoms have emerged in Dimension 3 that require residential psychiatric management or existing Dimension 3 signs and/or symptoms have worsened such that they now meet criteria for residential psychiatric management, consider transition to a **minimum of Level 3.7 COE**.

Transition to a
Less Intensive
Level of Care

Dimensional Drivers have stabilized sufficiently such that the patient no longer meets the Dimensional Admission Criteria for Level 3.7, Level 3.7 BIO, or Level 3.7 COE.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity can be delivered safely and effectively at an available less intensive level of care.

- If the patient no longer requires integrated medical management and/or nursing care for Dimensions 1, 2, or 3, reassess their present Dimensional Drivers and symptom severity to determine the appropriate level of care.
- **Dimension 1 (if applicable):** The patient no longer requires integrated medical management and/or nursing care for acute intoxication or withdrawal.
 - If the patient no longer requires integrated medical management and/or nursing care for acute withdrawal but post-acute withdrawal symptoms trigger high likelihood of return to use with associated significant risk of serious harm or destabilizing loss, consider **Level 3.5**.

continued

Transition and Continued Service Criteria

LEVEL 3.7, LEVEL 3.7 BIO, OR LEVEL 3.7 COE

Transition to a
Less Intensive
Level of Care*continued*

- **Dimension 2 (if applicable):** The patient no longer requires daily or near-daily medical management and/or nursing care for biomedical signs and/or symptoms.
 - If the patient no longer requires daily or near-daily medical management and/or nursing care but still requires integrated medical services for biomedical signs and/or symptoms, consider a **minimum of Level 1.7**.
 - If the patient no longer requires integrated medical management and/or nursing care but still requires daily support, including after-hours, from clinical staff (eg, with medication adherence), consider a **minimum of Level 3.1**.
- **Dimension 3 (current Level 3.7 COE):** The patient no longer requires psychiatric management with after-hours nursing care to rapidly respond to psychiatric concerns.
 - If the patient still requires daily or near-daily psychiatric management **and** has sufficient support outside of treatment hours to maintain stability and safety, consider a **minimum of Level 2.7 COE**.
 - If the patient no longer requires daily or near-daily medical management and/or nursing care but still requires integrated psychiatric management, consider a **minimum of Level 1.7 COE**.
 - If the patient no longer requires integrated daily or near-daily psychiatric management but still requires integrated medical management of psychiatric signs and/or symptoms, consider a **minimum of Level 1.7**.
 - If the patient no longer requires integrated medical management and/or nursing care of psychiatric signs and/or symptoms (eg, because the patient can access adequate psychiatric care externally) but still requires integrated skilled mental health interventions, consider a **clinically managed COE** level of care.
 - If the patient requires integrated skilled mental health interventions with residential support or supervision, consider **Level 3.5 COE**.
 - If the patient does not require residential support or supervision but still requires intensive integrated skilled mental health interventions, consider a **minimum of Level 2.5 COE**.

continued

Transition and Continued Service Criteria

LEVEL 3.7, LEVEL 3.7 BIO, OR LEVEL 3.7 COE

Transition to a
Less Intensive
Level of Care*continued*

- Consider a **minimum of Level 3.1** if the patient no longer requires medically managed care, skilled mental health interventions, or more individualized staff support than can be provided by a standard (ie, co-occurring capable) level of care; **and** one or both of the following are true:
 - » The patient requires daily support, including after-hours, from nonmedical staff (eg, with medication adherence) to maintain stability and safety.
 - » The patient has persistent mental health concerns, developmental disabilities, or cognitive symptoms that prevent them from independently managing their scheduling and transportation **and** lacks sufficient support in their current home environment or recovery residence to reliably attend outpatient treatment.
- If the patient no longer requires integrated medical management and/or nursing care of psychiatric signs and/or symptoms, integrated skilled mental health interventions, or more individualized staff support than can be provided by a standard (ie, co-occurring capable) level of care (eg, because the patient can access adequate mental health care externally), consider a standard (ie, co-occurring capable) level of care based on the patient's needs in other dimensions.

Transition and Continued Service Criteria

LEVEL 3.5 OR LEVEL 3.5 COE

Continued Service at the Current Level of Care

The patient's signs and/or symptoms are improving or expected to improve with interventions provided at the current level of care but are not sufficiently clinically stable to support transition to a less intensive level of care.

- The patient still requires 24-hour supervision and/or intensive clinical services with a high-intensity therapeutic milieu to address signs and/or symptoms in Dimensions 4 and/or 5.
- **Dimension 3 (current Level 3.5 COE):** The patient still requires integrated skilled mental health interventions with residential support or supervision to address Dimension 3 signs and/or symptoms and support stability and safety; ***and/or***
- New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for Level 3.5 or Level 3.5 COE.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity are provided at the current level of care and cannot be delivered safely and effectively at an available less intensive level of care.

Transition to a More Intensive Level of Care

Dimensional Drivers have *not* decreased in severity within a reasonable time frame given the patient's clinical presentation and no imminent improvement is expected; ***and/or***

New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for a more intensive level of care.

AND

The treatment interventions provided at the current level of care are *not* sufficient or have proven insufficient to safely and effectively address the patient's present Dimensional Drivers and symptom severity, including any new or worsened signs and/or symptoms.

- If new signs and/or symptoms have emerged in Dimensions 1 or 2 that require daily or near-daily medical management with overnight nursing care, consider a **minimum of Level 3.7**.
- **Dimension 3 (current Level 3.5 COE):** If new, severe signs and/or symptoms have emerged in Dimension 3 that require more than weekly psychiatric management and/or nursing care to monitor for changes in status or rapidly respond to psychiatric concerns, consider a **minimum of Level 3.7 COE**.

continued

Transition and Continued Service Criteria

LEVEL 3.5 OR LEVEL 3.5 COE

Transition to a
More Intensive
Level of Care*continued*

- **Dimension 3 (current Level 3.5):** If new signs and/or symptoms have emerged in Dimension 3 that require integrated skilled mental health interventions but not medical management and/or nursing care or existing Dimension 3 signs and/or symptoms have not improved or have worsened (but not such that integrated medical management and/or nursing care is required), consider a **minimum of Level 3.5 COE**.
 - If socially maladaptive behaviors have not improved and antisocial personality disorder (ASPD) is suspected, consider a **minimum of Level 3.5 COE**.

Transition to a
Less Intensive
Level of Care

Dimensional Drivers have stabilized sufficiently such that the patient no longer meets the Dimensional Admission Criteria for Level 3.5 or Level 3.5 COE.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity can be delivered safely and effectively at an available less intensive level of care.

- **Dimension 3 (current Level 3.5 COE):** The patient no longer requires integrated skilled mental health interventions with residential support or supervision to support mental health stability and safety.
 - If the patient no longer requires residential support or supervision but still requires daily or near-daily integrated skilled mental health interventions **and** has sufficient support outside of treatment hours to maintain stability and safety, consider **Level 2.5 COE**.
 - If the patient still requires occasional integrated (but not intensive) skilled mental health interventions **and** has sufficient support outside of treatment hours to maintain stability and safety, consider a **minimum of Level 1.5 COE**.
 - If the patient no longer requires integrated skilled mental health interventions or more individualized staff support than can be provided by a standard (ie, co-occurring capable) level of care (eg, because the patient can access adequate mental health care externally), consider a standard (ie, co-occurring capable) level of care based on the patient's needs in other dimensions.

continued

Transition and Continued Service Criteria

LEVEL 3.5 OR LEVEL 3.5 COE

Transition to a
Less Intensive
Level of Care*continued*

- Consider a **minimum of Level 3.1** if the patient does not require more individualized staff support than can be provided by a standard (ie, co-occurring capable) level of care **and** one or both of the following are true:
 - » The patient requires daily support, including after-hours, from nonmedical staff (eg, with medication adherence) to maintain stability and safety.
 - » The patient has persistent mental health concerns, developmental disabilities, or cognitive symptoms that prevent them from independently managing their scheduling and transportation **and** lacks sufficient support in their current home environment or recovery residence to reliably attend outpatient treatment.
- **Dimension 4:** The patient no longer requires 24-hour clinical supervision to prevent return to risky substance use and/or SUD-related behaviors.
 - If the patient still requires residential structure and support and/or an after-hours therapeutic milieu to prevent return to risky use and/or behaviors **and** has some ability to use peer and community supports when at risk for recurrence, consider **Level 3.1**.
 - If the patient requires daily or near-daily clinical services with a therapeutic milieu to prevent return to risky use and/or behaviors **and** has sufficient support outside of treatment hours to maintain stability and safety, consider **Level 2.5**.
 - If the patient still requires intensive clinical services several times per week and/or a therapeutic milieu to prevent return to risky use and/or behaviors **and** has sufficient support outside of treatment hours to maintain stability and safety, consider a **minimum of Level 2.1**.
 - If the patient requires non-intensive clinical services to prevent return to risky use and/or behaviors **and** has sufficient support outside of treatment hours to maintain stability and safety, consider a **minimum of Level 1.5**.
- **Dimension 5:** The patient no longer requires therapist-led rehabilitative services with a high-intensity therapeutic milieu to learn the skills necessary to support recovery.
 - If the patient has moderately severe functional impairment in life activities and/or social relationships and/or is unlikely to reliably attend outpatient care, consider **Level 3.1**.
 - If the patient has severe functional impairment in life activities and/or social relationships, consider **Level 2.5**.

continued

Transition and Continued Service Criteria

LEVEL 3.5 OR LEVEL 3.5 COE

Transition to a
Less Intensive
Level of Care*continued*

- If the patient lacks a safe and supportive home environment **and** is able to participate in a rules-based milieu and attend outpatient care safely and reliably, consider **Level 2.5 plus recovery residence**.
- If the patient has moderate functional impairment in life activities and/or social relationships, consider a **minimum of Level 2.1**.
- If the patient lacks a safe and supportive home environment **and** is able to participate in a rules-based milieu and attend outpatient care safely and reliably, consider a **minimum of Level 2.1 plus recovery residence**.



Transition and Continued Service Criteria

LEVEL 3.1

Continued Service at the Current Level of Care

The patient's signs and/or symptoms are improving or expected to improve with interventions provided at the current level of care but are not sufficiently clinically stable to support transition to a less intensive level of care.

- The patient still requires 24-hour residential structure and support with integrated clinical services to address signs and/or symptoms in Dimensions 4 and/or 5; **and/or**
- New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for Level 3.1.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity are provided at the current level of care and cannot be delivered safely and effectively at an available less intensive level of care.

Transition to a More Intensive Level of Care

Dimensional Drivers have *not* decreased in severity within a reasonable time frame given the patient's clinical presentation and no imminent improvement is expected; **and/or**

New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for a more intensive level of care.

AND

The treatment interventions provided at the current level of care are *not* sufficient or have proven insufficient to safely and effectively address the patient's present Dimensional Drivers and symptom severity, including any new or worsened signs and/or symptoms.

- If new signs and/or symptoms have emerged in Dimensions 1, 2, or 3 that require integrated medical management and/or nursing care, consider a **minimum of Level 3.7**.
 - If the patient requires integrated psychiatric management, consider a **minimum of Level 3.7 COE**.
- **Dimension 3:** If new signs and/or symptoms have emerged in Dimension 3 or existing Dimension 3 signs and/or symptoms have not improved or have worsened but the patient does not need more than weekly psychiatric management, consider **Level 3.5 COE**.
- **Dimension 4:** If the patient requires 24-hour supervision to avoid risky substance use and/or SUD-related behaviors while developing recovery-sustaining skills, consider **Level 3.5**.

continued

Transition and Continued Service Criteria

LEVEL 3.1

Transition to a
More Intensive
Level of Care*continued*

- **Dimension 5:** If the patient has very severe functional impairment in life activities and/or social relationships **and** is assessed as unable to learn the skills necessary for recovery in a less intensive level of care, consider **Level 3.5**.

Transition to a
Less Intensive
Level of Care

Dimensional Drivers have stabilized sufficiently such that the patient no longer meets the Dimensional Admission Criteria for Level 3.1.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity can be delivered safely and effectively at an available less intensive level of care.

- **Dimension 4:** The patient no longer requires residential structure or support to prevent return to risky substance use and/or SUD-related behaviors.
 - If the patient still requires clinical services multiple times per week and/or a therapeutic milieu to avoid risky use and/or behaviors, consider a **minimum of Level 2.1**.
 - If the patient requires non-intensive clinical services to avoid risky use and/or behaviors, consider a **minimum of Level 1.5**.
- **Dimension 5:** The patient no longer requires residential structure or support to enable adequate functioning and/or safe and effective participation in treatment.
 - If the patient can function adequately without residential structure or support but still requires a therapeutic milieu and/or clinical services multiple times per week to address functional impairments and achieve recovery goals, consider **Level 2.1**.
 - If the patient can follow rules and attend outpatient care safely and reliably but lacks a safe and supportive home environment, consider **Level 2.1 plus recovery residence**.

Transition and Continued Service Criteria

LEVEL 2.7 OR LEVEL 2.7 COE

Continued Service at the Current Level of Care

The patient's signs and/or symptoms are improving or expected to improve with interventions provided at the current level of care but are not sufficiently clinically stable to support transition to a less intensive level of care.

- The patient still requires integrated medical or psychiatric management with extended nursing care for continuing moderately severe signs and/or symptoms in Dimensions 1, 2, or 3; ***and/or***
- New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for Level 2.7 or Level 2.7 COE.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity are provided at the current level of care and cannot be delivered safely and effectively at an available less intensive level of care.

Transition to a More Intensive Level of Care

Dimensional Drivers have *not* decreased in severity within a reasonable time frame given the patient's clinical presentation and no imminent improvement is expected; ***and/or*** New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for a more intensive level of care.

AND

The treatment interventions provided at the current level of care are *not* sufficient or have proven insufficient to safely and effectively address the patient's present Dimensional Drivers and symptom severity, including any new or worsened signs and/or symptoms.

- If new severe signs and/or symptoms have emerged in Dimensions 1 or 2 or existing signs and/or symptoms in Dimensions 1 or 2 have not improved or have worsened, consider a ***minimum of Level 3.7***.
 - If moderately severe signs and/or symptoms have not improved in a reasonable time frame in Level 2.7 and imminent improvement is not expected, consider transition to a ***minimum of Level 3.7***.
- **Dimension 3 (current Level 2.7 COE):** If new, severe signs and/or symptoms have emerged in Dimension 3 that require psychiatric management with after-hours nursing care to rapidly respond to psychiatric concerns, consider a ***minimum of Level 3.7 COE***.

continued

Transition and Continued Service Criteria

LEVEL 2.7 OR LEVEL 2.7 COE

Transition to a
More Intensive
Level of Care*continued*

- If moderately severe signs and/or symptoms have not improved in a reasonable time frame in Level 2.7 COE and imminent improvement is not expected, consider transition to a **minimum of Level 3.7 COE**.
- **Dimension 3 (current Level 2.7):** If new, moderately severe signs and/or symptoms have emerged in Dimension 3 or existing Dimension 3 signs and/or symptoms have not improved or have worsened, consider a **minimum of Level 2.7 COE**.

Transition to a
Less Intensive
Level of Care

Dimensional Drivers have stabilized sufficiently such that the patient no longer meets the Dimensional Admission Criteria for Level 2.7 or Level 2.7 COE.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity can be delivered safely and effectively at an available less intensive level of care.

- If the patient no longer requires integrated medical management or extended nursing care for Dimensions 1, 2, or 3, reassess their present Dimensional Drivers and symptom severity to determine the appropriate level of care.
- **Dimension 1 (if applicable):** The patient no longer requires daily or near-daily medical management and/or nursing care for intoxication, withdrawal, and/or addiction medication needs.
- **Dimension 2 (if applicable):** The patient no longer requires daily or near-daily medical management and/or nursing care for biomedical signs and/or symptoms.
 - If the patient no longer requires daily or near-daily medical management and/or nursing care but still requires integrated medical services for biomedical signs and/or symptoms, consider a **minimum of Level 1.7**.
- **Dimension 3 (current Level 2.7 COE):** The patient no longer requires daily or near-daily psychiatric management.
 - If the patient still requires integrated psychiatric management, consider a **minimum of Level 1.7 COE**.
 - If the patient still requires integrated medical (but not psychiatric) management of psychiatric signs and/or symptoms, consider a **minimum of Level 1.7**.

continued

Transition and Continued Service Criteria

LEVEL 2.7 OR LEVEL 2.7 COE

Transition to a Less Intensive Level of Care

continued

- If the patient no longer requires integrated medical management and/or nursing care of psychiatric signs and/or symptoms (eg, because the patient can access adequate psychiatric care externally) but still requires integrated skilled mental health interventions, consider a **clinically managed COE** level of care.
 - If the patient requires intensive clinical services, consider a **minimum of Level 2.5 COE**.
 - If the patient requires non-intensive clinical services, consider a **minimum of Level 1.5 COE**.
- If the patient no longer requires integrated medical management and/or nursing care of psychiatric signs and/or symptoms, integrated skilled mental health interventions, or more individualized staff support than can be provided by a standard (ie, co-occurring capable) level of care (eg, because the patient can access adequate mental health care externally), consider a standard (ie, co-occurring capable) level of care based on the patient's needs in other dimensions.

Transition and Continued Service Criteria

LEVEL 2.5 OR LEVEL 2.5 COE

Continued Service at the Current Level of Care

The patient's signs and/or symptoms are improving or expected to improve with interventions provided at the current level of care but are not sufficiently clinically stable to support transition to a less intensive level of care.

- The patient still requires daily or near-daily high-intensity clinical services with a therapeutic milieu to address signs and/or symptoms in Dimensions 4 and/or 5.
- **Dimension 3 (current Level 2.5 COE):** The patient still requires intensive clinical services with integrated skilled mental health interventions to address Dimension 3 signs and/or symptoms and support stability and safety; ***and/or***
- New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for Level 2.5 COE.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity are provided at the current level of care and cannot be delivered safely and effectively at an available less intensive level of care.

Transition to a More Intensive Level of Care

Dimensional Drivers have *not* decreased in severity within a reasonable time frame given the patient's clinical presentation and no imminent improvement is expected; ***and/or*** New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for a more intensive level of care.

AND

The treatment interventions provided at the current level of care are *not* sufficient or have proven insufficient to safely and effectively address the patient's present Dimensional Drivers and symptom severity, including any new or worsened signs and/or symptoms.

- If new signs and/or symptoms have emerged in Dimensions 1, 2, or 3 that require integrated medical management and/or nursing care, consider a **minimum of Level 2.7**.
 - If the patient requires integrated psychiatric management, consider a **minimum of Level 2.7 COE**.
- **Dimension 3 (current Level 2.5 COE):** If the patient requires integrated skilled mental health interventions with residential support or supervision, consider **Level 3.5 COE**.
- **Dimension 3 (current Level 2.5):** If new signs and/or symptoms have emerged in Dimension 3 that require integrated skilled mental health interventions or existing Dimension 3 signs and/or symptoms have not improved or have worsened, consider a **minimum of Level 2.5 COE**.

continued

Transition and Continued Service Criteria

LEVEL 2.5 OR LEVEL 2.5 COE

Transition to a
More Intensive
Level of Care*continued*

- **Dimension 4:** If the patient requires 24-hour supervision to avoid risky substance use and/or risky SUD-related behaviors while developing recovery-sustaining skills, consider **Level 3.5**.
- **Dimension 5:** If the patient has very severe functional impairment in life activities and/or social relationships **and** is assessed as unable to learn the skills necessary for recovery in a less intensive level of care, consider **Level 3.5**.

Transition to a
Less Intensive
Level of Care

Dimensional Drivers have stabilized sufficiently such that the patient no longer meets the Dimensional Admission Criteria for Level 2.5 or Level 2.5 COE.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity can be delivered safely and effectively at an available less intensive level of care.

- **Dimension 3 (current Level 2.5 COE):** The patient no longer requires intensive clinical services with integrated skilled mental health interventions to support mental health stability and safety or participation in treatment.
 - If the patient requires non-intensive integrated skilled mental health interventions or more individualized staff support than can be provided by a standard (ie, co-occurring capable) level of care to support mental health stability and safety and participation in addiction treatment, consider **Level 1.5 COE**.
 - If the patient no longer requires integrated skilled mental health interventions or more individualized staff support than can be provided by a standard (ie, co-occurring capable) level of care (eg, because the patient can access adequate mental health care externally), consider a standard (ie, co-occurring capable) level of care based on the patient's needs in other dimensions.
- **Dimension 4:** The patient no longer requires high-intensity therapeutic services or a daily or near-daily therapeutic milieu to prevent return to risky substance use and/or risky SUD-related behaviors.
 - If the patient still requires clinical services and/or a therapeutic milieu several times per week to prevent risky use and/or behaviors, consider **Level 2.1**.
 - If the patient requires non-intensive clinical services to prevent risky use and/or behaviors, consider a **minimum of Level 1.5**.

continued

Transition and Continued Service Criteria

LEVEL 2.5 OR LEVEL 2.5 COE

Transition to a
Less Intensive
Level of Care*continued*

- **Dimension 5:** The patient no longer requires high-intensity clinical services with a daily or near-daily therapeutic milieu to support adequate functioning and safety.
 - If the patient has moderate functional impairment in life activities and/or social relationships, consider Level 2.1.

Transition and Continued Service Criteria

LEVEL 2.1

Continued Service at the Current Level of Care

The patient's signs and/or symptoms are improving or expected to improve with interventions provided at the current level of care but are not sufficiently clinically stable to support transition to a less intensive level of care.

- The patient still requires clinical services several days per week and/or a low-intensity therapeutic milieu to address symptoms in Dimensions 4 and/or 5; **and/or**
- New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for Level 2.1.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity are provided at the current level of care and cannot be delivered safely and effectively at an available less intensive level of care.

Transition to a More Intensive Level of Care

Dimensional Drivers have *not* decreased in severity within a reasonable time frame given the patient's clinical presentation and no imminent improvement is expected; **and/or**

New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for a more intensive level of care.

AND

The treatment interventions provided at the current level of care are *not* sufficient or have proven insufficient to safely and effectively address the patient's present Dimensional Drivers and symptom severity, including any new or worsened signs and/or symptoms.

- If new signs and/or symptoms have emerged in Dimensions 1, 2, or 3 that require medical management and/or nursing care, consider a **minimum of Level 2.7**.
 - If the patient requires integrated psychiatric management, consider a **minimum of Level 2.7 COE**.
- **Dimension 3:** If new signs and/or symptoms have emerged in Dimension 3 or existing Dimension 3 signs and/or symptoms have not improved or have worsened (but do not require integrated medical management and/or nursing care), consider a **minimum of Level 2.5 COE**.
- **Dimension 4:** If new signs and/or symptoms have emerged in Dimension 4 or existing Dimension 4 signs and/or symptoms have not improved or have worsened, consider a **minimum of Level 2.5**.
 - If the patient requires 24-hour supervision to avoid risky use and/or behaviors while developing recovery-sustaining skills, consider **Level 3.5**.

continued

Transition and Continued Service Criteria

LEVEL 2.1

Transition to a
More Intensive
Level of Care*continued*

- If the patient requires daily or near-daily intensive clinical services with a therapeutic milieu to avoid risky use and/or behaviors while practicing recovery-sustaining skills, consider **Level 2.5**.
- **Dimension 5:** If new signs and/or symptoms have emerged in Dimension 5 or existing Dimension 5 signs and/or symptoms have not improved or have worsened, consider a **minimum of Level 2.5**.
 - If the patient has very severe functional impairment in life activities and/or social relationships **and** is assessed as unable to learn the skills necessary for recovery in a less intensive level of care, consider **Level 3.5**.
 - If the patient has severe functional impairment in life activities and/or social relationships, consider **Level 2.5**.

Transition to a
Less Intensive
Level of Care

Dimensional Drivers have stabilized sufficiently such that the patient no longer meets the Dimensional Admission Criteria for Level 2.1.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity can be delivered safely and effectively at an available less intensive level of care.

- **Dimension 4:** The patient no longer requires clinical services several days per week and/or a therapeutic milieu to prevent return to risky substance use and/or SUD-related behaviors.
 - If the patient requires non-intensive clinical services to avoid risky use and/or behaviors, consider **Level 1.5**.
- **Dimension 5:** The patient no longer requires clinical services several days per week to support adequate functioning.
 - If the patient has adequate daily functioning to support ongoing recovery but is not yet in sustained remission, consider **Level 1.5**.

Transition and Continued Service Criteria

LEVEL 1.7 OR LEVEL 1.7 COE

Continued Service at the Current Level of Care

The patient's signs and/or symptoms are improving or expected to improve with interventions provided at the current level of care but are not sufficiently clinically stable to support transition to a less intensive level of care.

- The patient still requires integrated medical or psychiatric management for continuing moderate signs and/or symptoms in Dimensions 1, 2, and/or 3; ***and/or***
- New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for Level 1.7 or Level 1.7 COE.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity are provided at the current level of care and cannot be delivered safely and effectively at an available less intensive level of care.

OR

The patient requires occasional (ie, weekly or less frequent) medication management (eg, addiction medications) but does not wish to engage in psychosocial treatment.

Transition to a More Intensive Level of Care

Dimensional Drivers have *not* decreased in severity within a reasonable time frame given the patient's clinical presentation and no imminent improvement is expected; ***and/or*** New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for a more intensive level of care.

AND

The treatment interventions provided at the current level of care are *not* sufficient or have proven insufficient to safely and effectively address the patient's present Dimensional Drivers and symptom severity, including any new or worsened signs and/or symptoms.

- If new moderately severe signs and/or symptoms have emerged in Dimensions 1 or 2 or existing signs and/or symptoms in Dimensions 1 or 2 have not improved or have worsened, consider a **minimum of Level 2.7**.
- **Dimension 3 (current Level 1.7 COE):** If new signs and/or symptoms have emerged in Dimension 3 that require daily or near-daily psychiatric management and/or nursing care to achieve sufficient stability and safety, consider a **minimum of Level 2.7 COE**.

continued

Transition and Continued Service Criteria

LEVEL 1.7 OR LEVEL 1.7 COE

Transition to a
More Intensive
Level of Care*continued*

- **Dimension 3 (current Level 1.7):** If new signs and/or symptoms have emerged in Dimension 3 or existing signs and/or symptoms in Dimension 3 have not improved or have worsened such that psychiatric management is now indicated, consider a **minimum of Level 1.7 COE**.
 - **Exception:** If the patient was admitted to Level 1.7 for Dimension 1 and/or 2 signs and/or symptoms only but now requires medical management of low to moderate acuity and low complexity psychiatric signs and/or symptoms **and** is unable to access adequate psychiatric care externally, consider continued service at **Level 1.7**.

Transition to a
Less Intensive
Level of Care

Dimensional Drivers have stabilized sufficiently such that the patient no longer meets the Dimensional Admission Criteria for Level 1.7 or Level 1.7 COE.

AND

The treatment interventions necessary to address the patient's present Dimensional Drivers and symptom severity can be delivered safely and effectively at an available less intensive level of care.

- If the patient still requires non-intensive clinical services to achieve or maintain recovery and is not yet in sustained remission, consider **Level 1.5**.
- **Dimension 1 (if applicable):** The patient no longer requires integrated medical management for withdrawal and/or addiction medication needs.
 - If the patient requires less frequent ongoing medication management (eg, addiction medications) but does not wish to engage in psychosocial treatment, service at **Level 1.7** should continue.
- **Dimension 2 (if applicable):** The patient no longer requires integrated medical management for biomedical signs and/or symptoms.
- **Dimension 3 (if applicable):** The patient no longer requires integrated medical or psychiatric management for psychiatric signs and/or symptoms.
 - If the patient requires integrated skilled mental health interventions and/or more individualized staff support than provided in a standard (ie, co-occurring capable) Level 1.5 program, consider **Level 1.5 COE**.

Transition and Continued Service Criteria

LEVEL 1.5 OR LEVEL 1.5 COE

Continued Service at the Current Level of Care

The patient's signs and/or symptoms are improving or expected to improve with interventions provided at the current level of care but are not sufficiently clinically stable to support transition to a less intensive level of care.

- The patient still requires non-intensive clinical services to address existing signs and/or symptoms in Dimension 4 and is not yet in sustained remission.
- **Dimension 3 (current Level 1.5 COE):** The patient still requires non-intensive integrated skilled mental health interventions with individualized support to address existing Dimension 3 signs and/or symptoms and support stability and safety; ***and/or***
- New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for Level 1.5 COE.

AND

The treatment interventions necessary to address the patient's current Dimensional Drivers and symptom severity are provided at the current level of care and cannot be delivered safely and effectively at an available less intensive level of care.

Transition to a More Intensive Level of Care

Dimensional Drivers have *not* decreased in severity within a reasonable time frame given the patient's clinical presentation and no imminent improvement is expected; ***and/or***

New signs and/or symptoms have emerged or been identified that meet the Dimensional Admission Criteria for a more intensive level of care.

AND

The treatment interventions provided at the current level of care are *not* sufficient or have proven insufficient to safely and effectively address the patient's present Dimensional Drivers and symptom severity, including any new or worsened signs and/or symptoms.

- If new signs and/or symptoms have emerged in Dimensions 1, 2, or 3 that require integrated medical or psychiatric management, consider a **minimum of Level 1.7**.
 - If the patient requires daily or near-daily integrated medical management and/or nursing care for signs and/or symptoms in Dimensions 1 or 2, consider a **minimum of Level 2.7**.
 - If the patient requires daily or near-daily integrated psychiatric management for signs and/or symptoms in Dimension 3, consider a **minimum of Level 2.7 COE**.

continued

Transition and Continued Service Criteria

LEVEL 1.5 OR LEVEL 1.5 COE

Transition to a
More Intensive
Level of Care*continued*

- If the patient requires nonspecialist medication management for low to moderate acuity and low complexity psychiatric signs and/or symptoms **and** is unable to access adequate psychiatric care externally, consider a **minimum of Level 1.7**.
- If the patient requires psychiatric management **and** the patient is unable to access adequate psychiatric care externally or requires additional integrated skilled mental health interventions, consider a **minimum of Level 1.7 COE**.
- **Dimension 3 (current Level 1.5 COE):** If the patient requires intensive integrated skilled mental health interventions (but not integrated medical or psychiatric management and/or nursing care), consider a **minimum of Level 2.5 COE**.
- **Dimension 3 (current Level 1.5):** If new Dimension 3 signs and/or symptoms have emerged or Dimension 3 signs and/or symptoms have not improved or have worsened such that integrated skilled mental health interventions and/or a more flexible treatment environment is required (but not integrated medical or psychiatric management and/or nursing care), consider a **minimum of Level 1.5 COE**.
- **Dimension 4:** If new signs and/or symptoms have emerged in Dimension 4 or Dimension 4 signs and/or symptoms have not improved or have worsened, consider a **minimum of Level 2.1**.
- **Dimension 5:** If significant new functional impairments in life activities and/or social relationships have been identified in Dimension 5, consider a **minimum of Level 2.1**.

Transition to a
Less Intensive
Level of Care

Dimensional Drivers have stabilized sufficiently such that the patient no longer meets the Dimensional Admission Criteria for Level 1.5 or Level 1.5 COE.

- If the patient is in stable remission, transition to **Level 1.0**.
- **Dimension 3 (current Level 1.5 COE):** If the patient no longer requires integrated skilled mental health interventions or more individualized staff support than can be provided by a standard (ie, co-occurring capable) level of care (eg, because the patient can access adequate mental health care externally) but still requires non-intensive clinical services to achieve recovery goals, consider **Level 1.5**.



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