

ADULT SUBSTANCE USE DISORDER (SUD) BENEFIT PACKAGE

Level Of Care (LOC)	ASAM Level	DHCS ASAM Description	DMC-ODS LOC	ASAM Dimension "D" 1 Acute Intoxication/ Withdrawal	ASAM Dimension "D" 2 Biomedical	ASAM Dimension "D" 3 The "ABCDE"	ASAM Dimension "D" 4 Readiness to Change	ASAM Dimension "D" 5 Relapse/ Continued Use	ASAM Dimension "D" 6 Recovery/ Living Environment	Funding Source
Early Intervention	0.5	Screening, brief intervention, and referral (as needed).	No	No withdrawal risk	None; very stable	No psychiatric conditions; very stable	Willing to explore current use and/ or risky behaviors	Needs an understanding or skills to change current use/ risky behaviors	Social support/ environment increase risk of conflict over use	Health Plans not DMC-ODS
Outpatient	1	Less than 9 hours of service per week for recovery or motivational enhancement therapies and strategies.	Yes	Not experiencing significant withdrawal; minimal risk; manageable at Level 1-WM	None or very stable; receiving concurrent medical monitoring	None or very stable psychiatric conditions; receiving concurrent mental health monitoring	Ready for recovery but needs motivating strategies	Able to maintain abstinence, control use and pursue recovery	Recovery environment is supportive; client has skills to cope	DMC
Intensive Outpatient	2.1	Nine (9) or more hours of service per week to treat multidimensional instability.	Yes	Minimal risk of severe withdrawal; manageable at Level 2-WM	None; biomedical conditions not distracting from treatment	Mild severity with potential distraction; receiving concurrent mental health treatment	Ambivalent to treatment; lack of insight to substance use disorder or mental health problem; requires structured program many times a week to progress through stages of change	Intensification of symptoms indicate high likelihood of relapse or continued use without close monitoring/ support many times a week	Recovery environment is not supportive but can cope with structure	DMC
Partial Hospitalization	2.5	20+ hours of service per week for multidimensional instability. No 24-hour care.	No	Moderate risk of severe withdrawal	None; biomedical conditions not sufficiently distracting from treatment	Mild to moderate severity with potential distraction	Significant ambivalence to treatment; lack of insight to substance use disorder or mental health problem; requires structured program almost every day to progress through stages of change	Intensification of symptoms indicate high likelihood of relapse or continued use without close monitoring/ support almost every day	Recovery environment is not supportive but can cope with structure and when provided relief from home environment	Per DHCS, not funded under DMC-ODS
Low Intensity Residential	3.1	24-hour structure with available trained personnel and at least 5 hours of clinical service per week. Prepare for outpatient treatment.	Yes	None/ minimal/ stable withdrawal risk; concurrently receiving Level 1-WM or Level 2-WM	None/ stable/ receiving concurrent medical monitoring	None/ minimal; not distracting recovery; if stable, a co-occurring capable program is appropriate; if not stable, co-occurring enhanced program is required	Open to recovery but needs structured environment to improve	Understands relapse; needs structure	Dangerous environment but safe with 24-hour structure	DMC
High Intensity Residential Population Specific	3.3	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive and other impairments unable to use full active milieu. Prepare for outpatient treatment.	Yes	Minimal risk of severe withdrawal; if withdrawal present, manageable at Level 3.2-WM	Mild/ stable/ receiving concurrent medical monitoring	Mild/ moderate severity; needs structure; treatment designed to address cognitive defects; if stable, co-occurring capable program is appropriate; if not stable, co-occurring enhanced program is required	Little awareness; needs interventions available only at this LOC to stay in treatment	Little awareness; needs interventions available only at this LOC to prevent continued use	Dangerous environment; needs 24-hour structure to learn to cope	DMC
High Intensity Residential Non-Population Specific	3.5	24-hour care with trained counselors to stabilize multidimensional imminent danger for individuals able to use full active milieu. Prepare for outpatient treatment.	Yes	Minimal risk of severe withdrawal; if withdrawal present, manageable at Level 3.2-WM	None/ stable/ receiving concurrent medical monitoring	Repeated inability to control impulses; unstable; requires 24-hour setting for stabilization; co-occurring enhanced setting required for those with severe/ chronic mental illness	Marked difficulty/ opposition to treatment with dangerous consequences	No recognition of skills needed to prevent continued use; with imminent dangerous consequences	Dangerous environment; lacks coping skills outside of 24-hour highly structured setting	DMC
Intensive Inpatient Services Medically Monitored	3.7	24-hour nursing care with physician availability for significant problems with ASAM Dimensions 1, 2, or 3. Includes counselor availability for 16 hours per day.	No	High risk of withdrawal but manageable at Level 3.7-WM	Requires 24-hour medical monitoring but not intensive treatment	Moderate severity; needs 24-hour structured setting; for co-occurring mental disorder, requires concurrent mental health services	Low interest in treatment/ poor impulse control despite negative consequences; needs coping/ motivating strategies safely available only in 24-hour structured setting	No self-control; with imminently dangerous consequences	Dangerous environment; lacks skills to cope outside of a highly structured 24-hour setting	Per DHCS, not funded under DMC-ODS but provided by other healthcare facilities in LA County
Intensive Inpatient Services Medically Managed	4.0	24-hour nursing care and daily physician care for severe, unstable problems with ASAM Dimensions 1, 2, or 3. Counseling available to engage patient in treatment.	No	High risk of withdrawal; require Level 4-WM and the full resources of a licensed hospital	Requires 24-hour medical and nursing care with full resources of a licensed hospital	Severe and unstable problems requiring 24-hour psychiatric care with concurrent addiction treatment (co-occurring enhanced)	Problems in these dimensions do not qualify client for this LOC; must have severity in Dimensions 1-3	Problems in these dimensions do not qualify client for this LOC; must have severity in Dimensions 1-3		
Ambulatory Withdrawal Management: Without Extended On-Site Monitoring			1-WM	Yes	Mild withdrawal with daily or less than daily outpatient supervision.		Minimal risk of severe withdrawal that is manageable at this LOC; at least mild withdrawal symptoms or withdrawal is imminent		DMC	
Ambulatory Withdrawal Management: With Extended On-Site Monitoring			2-WM	Yes	Moderate withdrawal with all day withdrawal management and support and supervision. At night patient has supportive family or living situation.		Moderate risk of severe withdrawal outside the program setting; no severe physical and psychiatric complications; safely responds to several hours of monitoring, medication and treatment; signs and symptoms of withdrawal or withdrawal is imminent		DMC	
Residential Withdrawal Management: Clinically Managed			3.2-WM	Yes	Moderate withdrawal but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment and recovery.		Not at risk of severe withdrawal; moderate withdrawal safely managed at this LOC; signs and symptoms of withdrawal or withdrawal is imminent		DMC	
Inpatient Withdrawal Management: Clinically Managed			3.7-WM	No	Severe withdrawal and needs 24-hour nursing care and physician visits. Unlikely to complete withdrawal management without medical monitoring.		Severe withdrawal syndrome that is manageable at this LOC; signs and symptoms of severe withdrawal or withdrawal is imminent		Per DHCS, not funded under DMC-ODS but provided by other healthcare facilities in LA County	
Inpatient Withdrawal Management: Medically Managed & Intensive Services			4-WM	No	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.		Signs and symptoms of severe withdrawal; severe withdrawal is imminent; requires primary medical and nursing care services, and 24-hour observation, monitoring and treatment			
Opioid (Narcotic) Treatment Program	1-OTP	Daily or several time weekly opioid agonist medications and counseling available to maintain multidimensional stability for those with severe opioid use disorder.	Yes	Physiological dependence on opioid; requires this LOC to prevent withdrawal	None; can be managed with outpatient medical monitoring	None; can be managed in an outpatient structured setting	Ready to change from opioid use but not for total abstinence from illicit prescription/ non-prescription drug use	High risk of relapse without this LOC and structured therapy	Supportive environment; patient has coping skills	DMC

This is a summary of the description of ASAM dimensions within each level of care. For full details, please consult the American Society of Addiction Medicine's publication, *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions*, third edition (2013) by David Mee-Lee, Gerald Shulman, Marc Fishman, David Gasfriend, Michael Miller and Scott Provence.

ADOLESCENT SUBSTANCE USE DISORDER (SUD) BENEFIT PACKAGE										
Level Of Care (LOC)	ASAM Level	DHCS ASAM Description	DMC ODS LOC	ASAM Dimension "D" 1 Acute Intoxication/ Withdrawal	ASAM Dimension "D" 2 Biomedical	ASAM Dimension "D" 3 The "ABCDE"	ASAM Dimension "D" 4 Readiness to Change	ASAM Dimension "D" 5 Relapse/ Continued Use	ASAM Dimension "D" 6 Recovery/ Living Environment	Funding Source
Early Intervention	0.5	Screening, brief intervention, and referral (as needed).	No	No withdrawal risk	None or very stable	None or very stable. Any D3 issues are being addressed through concurrent mental health services and do not interfere with early intervention addiction treatment services.	Willing to explore how current alcohol, tobacco, medications, other drug use and/or high-risk behaviors may affect achievement of personal goals.	Needs an understanding of, or skills to change, current alcohol, tobacco, other drug, or medication use patterns, and/or high-risk behaviors.	Adolescent's risk of initiation of or progression in substance use and/or high-risk behaviors is increased by substance use or values about use. High-risk behaviors of family, peers, or others in the adolescent's social support system.	Health Plans not DMC-ODS
Outpatient	1	Less than 6 hours of service per week for recovery or motivational enhancement therapies and strategies.	Yes	No withdrawal risk	None; very stable; receives concurrent medical monitoring	Not at risk of harm; minimal interference with addiction/ mental health recovery efforts; minimal to mild social impairment; minimal difficulties with daily living activities but with significant risk of deterioration; minimal imminent risk	Willing to engage in treatment; contemplating change; needs motivating strategies	Can maintain abstinence/ control use/ pursue recovery with minimal support	Supportive family and environment	DMC
Intensive Outpatient	2.1	Six (6) or more hours of service per week to treat multidimensional instability.	Yes	Minimal withdrawal; at risk of withdrawal	None; stable	Low risk of harm; mild interference with addiction/ mental health recovery efforts; mild to moderate social impairment but can perform responsibilities; mild to moderate difficulties with daily living activities and requires frequent monitoring/ interventions; history and current situation predict need for frequent monitoring/ interventions	Requires close monitoring many times a week; no interest in getting help	Significant risk of relapse; problems and deterioration in functioning level; poor prevention skills; needs close monitoring	Environment impedes recovery; requires close monitoring and support	DMC
Partial Hospitalization	2.5	20+ hours of service per week for multidimensional instability. No 24-hour care.	No	Mild withdrawal; at risk of withdrawal	None; stable	Low risk of harm and is safe overnight; moderate interference with addiction/ mental health recovery efforts; moderate social impairment but can perform responsibilities; moderate difficulties with daily living activities and requires near-daily monitoring/ interventions; history and current situation predict need for near-daily monitoring/ interventions	Requires near-daily structured program; no awareness of role of alcohol, tobacco and/or other drugs use in current problems	High risk of relapse; problems and deterioration in functioning level; minimal prevention skills; needs near-daily monitoring	Environment not supportive of recovery without near-daily monitoring or frequent relief from home environment	Per DHCS, not funded under DMC-ODS but provided by other healthcare facilities in LA County
Low Intensity Residential	3.1	24-hour structure with available trained personnel and at least 5 hours of clinical service per week. Prepare for outpatient treatment.	Yes	Withdrawal is concurrently managed at another LOC	None; stable; receiving concurrent medical monitoring as necessary	Needs stable living environment; moderate interference with addiction/ mental health recovery efforts needing limited 24-hour supervision to support treatment engagement; moderate social impairment needing limited 24-hour supervision to perform responsibilities; moderate difficulties with daily living activities needing limited 24-hour supervision and frequent prompting; history and current situation predict instability without limited 24-hours supervision	Open to recovery but needs limited 24-hour supervision	Understands consequences of continued use; has emerging recovery skills but needs supervision	Environment poses risk to recovery; requires alternative residence or support	DMC
High Intensity Residential Population Specific	3.3	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive and other impairments unable to use full active milieu. Prepare for outpatient treatment.	N/A							Non-ASAM Level for Adolescents
High Intensity Residential Non-Population Specific	3.5	24-hour care with trained counselors to stabilize multidimensional imminent danger for individuals able to use full active milieu. Prepare for outpatient treatment.	Yes	Mild to moderate withdrawal; at risk of withdrawal	None; stable; receiving concurrent medical monitoring as necessary	Moderate but stable risk of harm needing medium-intensity 24-hour monitoring; moderate to severe interference with addiction/ mental health recovery efforts needing medium-intensity residential treatment; moderate to severe social impairment; moderate to severe difficulties with daily living activities needing 24-hour supervision and medium-intensity assistance; history and current situation predict destabilization without medium-intensity residential treatment	Needs intensive motivating strategies in 24-hour structured program	Lacks use/ behavior control and avoid impairment without 24-hour structured program; unable to overcome triggers/ cravings; poor treatment response	Dangerous environment; requires residential treatment for recovery/ protection	DMC
Intensive Inpatient Services Medically Monitored	3.7	24-hour nursing care with physician availability for significant problems with ASAM Dimensions 1, 2, or 3. Includes counselor availability for 16 hours per day.	No	Moderate to severe withdrawal	Requires 24-hour medical monitoring but not intensive treatment	Moderate risk of harm needing high-intensity 24-hour monitoring or secure placement; severe interference with addiction/ mental health recovery efforts needing high-intensity residential treatment; severe social impairment; severe difficulties with daily living activities needing 24-hour supervision and high-intensity assistance; history and current situation predict destabilization without high-intensity residential treatment	Needs motivating strategies in 24-hour medically monitored program; requires secure placement; needs high-intensity case management	Unable to interrupt high-severity or high-frequency pattern of use and/or behaviors, and avoid dangerous consequences without high-intensity 24-hour interventions	Dangerous environment; requires residential treatment for recovery/ protection	Per DHCS, not funded under DMC-ODS but provided by other healthcare facilities in LA County
Intensive Inpatient Services Medically Managed	4.0	24-hour nursing care and daily physician care for severe, unstable problems with ASAM Dimensions 1, 2, or 3. Counseling available to engage patient in treatment.	No	Severe withdrawal; requires intensive active medical management	Requires 24-hour medical and nursing care, and full resources of licensed hospital	Severe risk of harm; very severe interference with addiction/ mental health recovery efforts; very severe, dangerous social impairment needing frequent medical and nursing interventions; very severe difficulties with daily living activities needing frequent medical and nursing interventions; history and current situation predict destabilization without inpatient medical management	Problem in this dimension does not qualify patient for Level 4 services. If patient's only severity is in Dimension 4, 5 and/or 6 without high severity in Dimension 1, 2 and/or 3, then patient does not qualify for Level 4			Per DHCS, not funded under DMC-ODS but provided by other healthcare facilities in LA County
Ambulatory Withdrawal Management Without Extended On-Site Monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision.	N/A							Non-ASAM Level for Adolescents
Ambulatory Withdrawal Management With Extended On-Site Monitoring	2-WM	Moderate withdrawal with all day withdrawal management and support and supervision. At night patient has supportive family or living situation.	N/A							Non-ASAM Level for Adolescents
Residential Withdrawal Management Clinically Managed	3.2-WM	Moderate withdrawal but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment and recovery.	N/A							Non-ASAM Level for Adolescents
Inpatient Withdrawal Management Clinically Managed	3.7-WM	Severe withdrawal and needs 24-hour nursing care and physician visits. Unlikely to complete withdrawal management without medical monitoring.	N/A							Non-ASAM Level for Adolescents
Inpatient Withdrawal Management Medically Managed	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.	N/A							Non-ASAM Level for Adolescents
Opioid (Narcotic) Treatment Program	1-OTP	Daily or several time weekly opioid agonist medications and counseling available to maintain multidimensional stability for those with severe opioid use disorder.	N/A							Non-ASAM Level for Adolescents

This is a summary of the description of ASAM dimensions within each level of care. For full details, please consult the American Society of Addiction Medicine's publication, *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions*, third edition (2013) by David Mee-Lee, Gerald Shulman, Marc Fishman, David Gasfriend, Michael Miller and Scott Provence.