

ASAM Level of Care (LOC) Determination Guidelines (1 of 2)

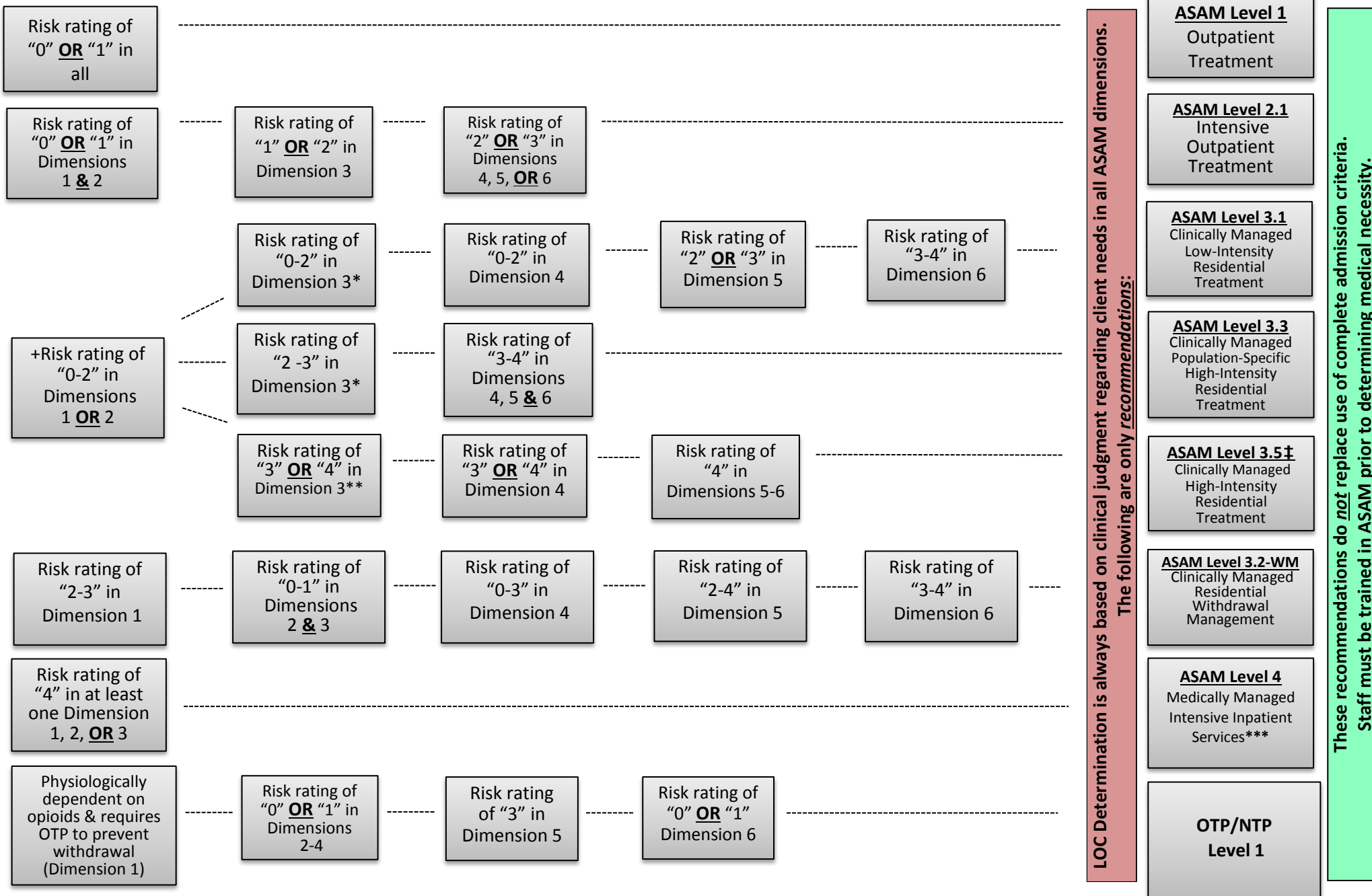
As emergency needs come first, the highest severity problem (with specific attention to Dimensions 1, 2 and 3) should guide the client’s entry point into the treatment continuum. Then, the least intensive level of care that can safely and effectively help the client meet identified needs guides the LOC determination. This brief overview is not intended to replace the use of the comprehensive admission criteria as described in “The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, 2013.”

ASAM Levels of Withdrawal Management	Level	Description
Ambulatory WM without Extended Onsite Monitoring (Outpatient)	1-WM	Mild withdrawal but is at minimal risk of severe withdrawal syndrome and is assessed as likely to complete needed WM and to enter into continuing treatment or self-help recovery as evidenced by meeting one of these criteria: <ul style="list-style-type: none"> • Has an adequate understanding of ambulatory WM and has expressed commitment to enter such a program, <u>or</u> • Has adequate support services to ensure commitment to completion of WM and entry into ongoing treatment or recovery, <u>or</u> • Is willing to accept a recommendation for tx (i.e. MAT) or to attend outpatient sessions/self-help
Ambulatory WM with Extended Onsite Monitoring (Outpatient)	2-WM	Moderate withdrawal requiring extended WM support and supervision; at night, has supportive living situation; likely to complete WM as evidenced by meeting the first criteria and either of the three remaining criteria: <ul style="list-style-type: none"> • Client/supports clearly understand instructions for care and are able to follow instructions, <u>and</u> • Has an adequate understanding of ambulatory WM and has expressed commitment to enter such a program, <u>or</u> • Has adequate support services to ensure commitment to completion of WM and entry into ongoing treatment <u>or</u> recovery, <u>or</u> • Evidences willingness to accept a recommendation for treatment once withdrawal has been managed (for example, to attend outpatient sessions or self-help groups)
Clinically Managed Residential WM	3.2-WM	Moderate-severe withdrawal, but needs 24-hour support because of inadequate home supervisor or support structure, as evidenced by meeting one of these three criteria: <ul style="list-style-type: none"> • Recovery environment is not supportive of WM and entry into treatment, and the client does not have sufficient coping skills to safely deal with the problems in the recovery environment, <u>or</u> • Has a recent history of WM at less intensive levels of service that is marked by inability to complete WM or to enter into continuing addiction treatment, and the client continues to have insufficient skills to complete WM, <u>or</u> • Has demonstrated an inability to complete WM at a less intensive level of service, as manifested by continued use of other-than-prescribed drugs or other mind-altering substances.
Medically managed Intensive Inpatient WM	4-WM	Level 4 is the only available level of care that can provide the medical support and comfort care needed, as evidenced by one of these: <ul style="list-style-type: none"> • WM regimen or a client’s response to that regimen requires monitoring or intervention more frequently than hourly, <u>or</u> • Need for WM or stabilization while pregnant, until she can be safely treated in a less intensive level of care.

Note: Clients may be in a level of Withdrawal Management and another LOC at the same time.

ASAM Level of Care (LOC) Determination Guidelines (2 of 2)

Please note these are guidelines and not rules as clinical judgment should always be utilized when determining an ASAM LOC.



*For adults - if stable, a co-occurring capable program is appropriate. If not stable, a co-occurring enhanced program is required.

+ For adolescents, withdrawal (or risk of withdrawal) is being managed concurrently at another level of care.

**For adults, a co-occurring enhanced setting is required for those with severe and chronic mental illness.

‡ For adolescents, mild to moderate withdrawal or risk, but does not need pharmacological management or frequent medical or nursing monitoring.

***If the client's only severity is in Dimensions 4-6 without high severity in Dimension 1, 2, and/or 3, then the client is not appropriate for this level of care.