

# ASAM 101 and Maryland's Behavioral Health system

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### Introduction

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Dr. Olsen currently serves as Medical Director of the Institutes for Behavior Resources Inc/REACH Health Services in Baltimore City. This is an outpatient substance use disorder treatment program that provides a broad range of services and includes a health home.

Link to biography





### Disclaimers

- This training is for informational purposes only and the content has not been endorsed or approved by ASAM.
- Maryland's Behavioral Health System references those services funded by public dollars, including Medicaid and federal and state grant funds. Commercially funded services may vary.



## Learning Objectives

By the end of this presentation, participants should be able to:

- I. Describe the ASAM Level of Care continuum
- II. Identify how Maryland structures its specialty behavioral health system
- III. Understand how to effectively and efficiently access specialty behavioral health system services and resources for patients



### The American Society of Addiction Medicine

- ASAM: professional society of physicians, clinicians, and associated professionals in addiction medicine with focus on education and treatment
- Developed ASAM placement criteria in late 1980's in response to over 50 sets of different criteria from payers on treatment eligibility and service types
- ASAM criteria revised several times since 1991 now known as ASAM Criteria



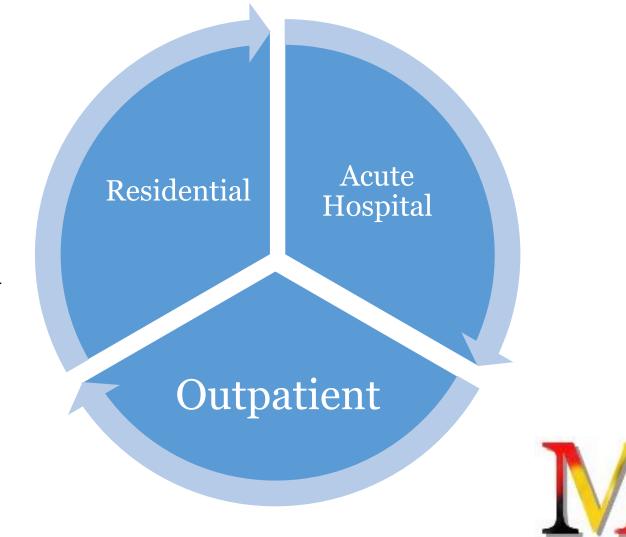
### ASAM Criteria

- Provides common nomenclature for describing continuum of addiction treatment services
- Comprehensive set of guidelines for placement, continued stay, and transfer/discharge of patients with addiction and co-occurring conditions.
- Currently used in over 30 states.

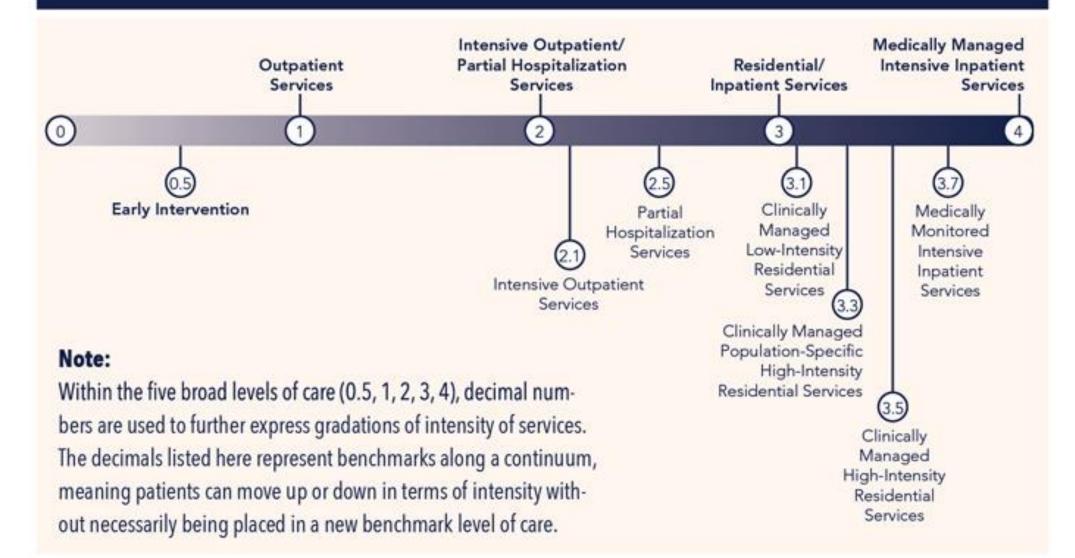


### A Continuum of Care

Intensity of the intervention is paired with the intensity of the symptomatology



#### **REFLECTING A CONTINUUM OF CARE**



### Source: The ASAM Criteria, Third Edition, p. 105

## ASAM Continuum of Care in Other Terms

LOC 0.5	LOC 1	LOC 1	LOC 2.1	LOC 2.5	LOC 3.1	LOC 3.3	LOC 3.5	LOC 3.7	LOC 4
Early Intervention	OP	OPT	IOP	РНР	RTC Minimal Clinical Monitored	RTC Specialized Clinical Monitored	RTC Clinical Monitored	RTC Medical Monitored	Inpatient Hospital
assessment and education of at risk individuals who do not meet criteria for substance abuse treatment	Less than 9hrs of service per week adults, less than 6hrs per week adolescents for recovery or motivational enhancement	Daily or several times weekly opioid agonist medication and counseling available to maintain stability for those with severe opioid use disorder	9+ hours per week adults and more than 6hrs per week adolescents.	20+ hours per week not requiring 24hr care	24hr structure with available trained personnel; at least 5hrs per week of clinical service	24hr care with trained counselors to stabilize imminent danger. Less intense milieu group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. **Not designated for	24hr care with trained counselors to stabilize imminent danger and prepare for outpatient. Able to tolerate and use full active milieu or therapeutic community.	24hr nursing care with physician availability for significant problems in Dimensions 1, 2, 3 and 16hr counselor availability.	24hr nursing care and daily physician care for severe, unstable problems in dimensions 1, 2, or 3. Counseling available to engage patient in treatment.
*RTC is also known as Intermediate Care Facilities (ICF)									

### Of note.....

- Most levels of care describe intensity in terms of counseling and other behavioral interventions
- Intensity of counseling and other behavioral interventions is described as number of hours of service (ie dose of treatment)
- Withdrawal management ("detox") can be an adjunct to any level of care with appropriate staffing based on types of withdrawal management offered
- Continuous opioid agonist and antagonist medications can be provided across different settings and levels of care with collaborations as needed



### Maryland's Specialty Behavioral Health System

- Before Jan 1, 2015: Public funding for addiction treatment rested with Medicaid MCOs and Alcohol and Drug Abuse Administration (ADAA)/Behavioral Health Administration
- January 1, 2015: Beacon Health Options® (formerly ValueOptions) began management of newly formed Public Behavioral Health System (PBHS)
- Maryland's public funding for substance use disorders based on regulations that specify ASAM levels of care



## Maryland Medicaid Reimburses Levels of Care in Specialty Behavioral Health System

- 1. Outpatient Treatment (OP/ASAM Level 1.0)\*
- 2. Opioid Treatment Program (OTP/ASAM Level 1.0)
  - a. Medication bundle (either methadone or buprenorphine)
  - b. Counseling
  - c. Medical services
  - d. Health Home services
- 3. Intensive Outpatient Program (IOP/ASAM Level 2.1)\*
- 4. Community and hospital based Partial Hospitalization Program (PHP/ASAM Level 2.5)\*
- 5. Ambulatory WM (Withdrawal Management or old "detox") (ASAM has levels 1-WM and 2-WM)
- 6. Intermediate Care Facilities for under 21 year olds (ICF-A/ASAM Level 3.7 and 3.7-WM)
- 7. Intermediate Care Facilities for adults (ICF-A)/ASAM levels 3.3, 3.5, 3.7, and 3.7-WM)
- 8. Inpatient WM (Withdrawal Management or old "detox"/ ASAM Level 4.0)



### Federal and/or State Grant Funded Services

- 1. Continuum of specialty addiction treatment services for uninsured or underinsured (including those covered only by Medicare)
- 2. Early Intervention (ASAM Level 0.5)
- 3. Half-way house (ASAM Level 3.1)
- 4. Recovery Support Services
  - a. Case management coordination
  - b. Recovery Coaching
  - c. Recovery Supported Housing
  - d. Transportation vouchers



# What about care outside of specialty behavioral health system?

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) services reimbursable in non-specialty settings
- Through MCOs, Maryland Medicaid covers office-based opioid addiction treatment with buprenorphine or injectable naltrexone integrated into primary care or other ambulatory, non-specialty settings
- Other SUD management integrated into primary care or other ambulatory, non-specialty settings covered through MCOs



### Determining Appropriate Level of Care

- System matches services to individually assessed needs.
- Not separate structures but represent a continuum of care.
- Moving away from fixed lengths of stay toward clinically driven interventions with expressed intention and evaluated results
- Appropriate level of care is "that which is the least intensive while still meeting treatment objectives and providing safety and security for the patient". (ASAM Criteria, Third Edition, p. 4)



## ASAM Dimensions for Addiction Symptomatology

- 1. Intoxication and Withdrawal Potential
- 2. Biomedical Conditions
- 3. Emotional, Cognitive, Behavioral Conditions
- 4. Readiness to Change
- 5. Relapse Potential
- 6. Recovery and Living Environment



### Framework for Level of Care Determination

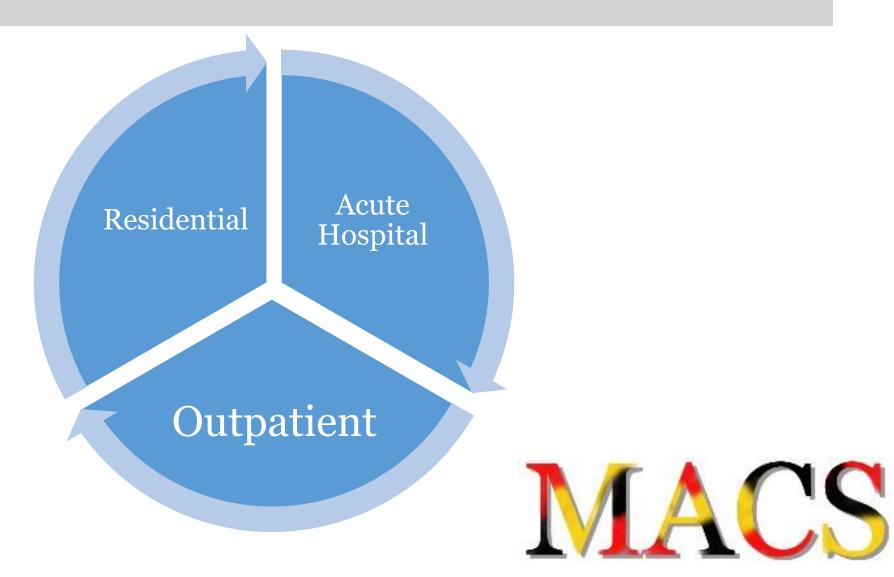
- What does the patient want?" "Why now?"
- "What life areas or dimensions are most important in determining treatment priorities?"
- "What specific services and service parameters are most appropriate?"
- "What is the outcome of the treatment plan and placement decision?"

Slide courtesy of Dr. Enrique Olivares, Director of Addiction Services, Beacon Health Options Maryland



### A Continuum of Care

Intensity of the intervention is paired with the intensity of the symptomatology



### Example of Typical Patient Characteristics for Residential Care

- Adult, >18 years old, with polysubstance use disorders including alcohol and/or benzodiazepines
  - Alcohol and benzodiazepine withdrawal requiring medical management and monitoring
  - Opioid use disorders can effectively be managed in outpatient settings with medications
- No acute medical issues needing acute hospital care (eg pancreatitis, unexplained fever in person with IV use)
- Not actively suicidal or homicidal but may have had passive thoughts of suicide in past or remote attempt
- Motivated at the moment for treatment
- Unstable housing and high relapse potential



### **Special Populations**

Adolescents

- Lower threshold for residential care
- May need more focus on sustaining motivation for treatment
- Fewer biomedical issues

Pregnant women

- Lower threshold for residential care
- May need accommodations for other children
- May need more focus on medical monitoring due to pregnancy

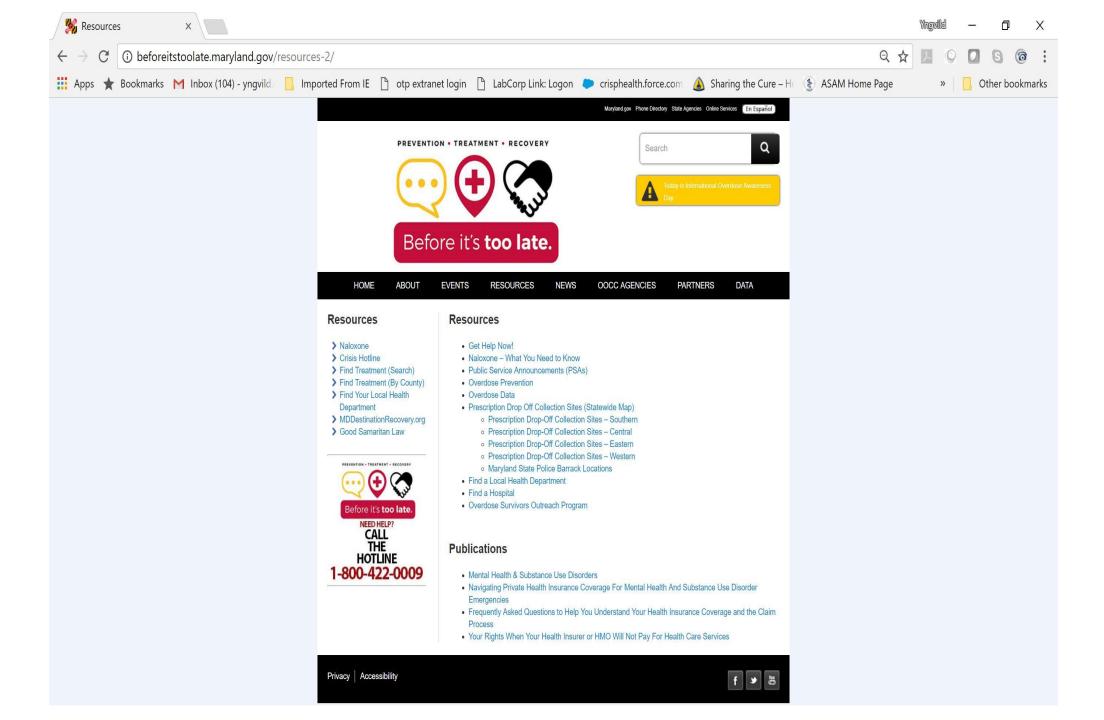


## Accessing Specialty Addiction Services

- Get Help Now! MDDestinationRecovery.org <u>https://bha.health.maryland.gov/OVERDOSE\_PREVENTION/Pages/G</u> <u>et-Help-Now-2.aspx</u>
- Beacon Health Options Maryland <u>http://maryland.beaconhealthoptions.com/</u>
- Maryland Crisis Hotline 1-800-422-0009
- Local Health Departments providing walk in assessments
- Before It's Too Late

http://beforeitstoolate.maryland.gov





### Maryland Addictions Consultation Service (MACS)

### 1-855-337-MACS

http://www.marylandmacs.org/

- Phone Consultation Service via telephone "Warm Line" – Clinical questions, resources, and general referral information
- Continuing Education
  - Training opportunities related to Opioid Use Disorders
- Resource & Referral Networking
  - Assistance identifying addiction and behavioral health resources that meet the needs of patients



### Evaluation

### Please fill out an evaluation:

https://umaryland.qualtrics.com/MACS\_WEBINAR\_EVAL



## Questions?

