

# Behavioral Health Medical Necessity Criteria Webinar

LOCUS, CASII, & ASAM

May 6, 2015



# Introductions

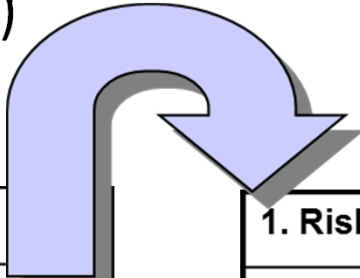
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# LOCUS & CASII

- LOCUS: Level of Care Utilization System
- CASII: Child & Adolescent Service Intensity Instrument
  - Formerly CALOCUS (Child & Adolescent Level of Care Utilization System)



Level Zero	Basic Services for Prevention and Maintenance
Level One	Recovery Maintenance and Health Management
Level Two	Outpatient Services
Level Three	Intensive Outpatient Services
Level Four	Intensive Integrated Services Without 24-Hour Psychiatric Monitoring
Level Five	Non Secure, 24-Hour Psychiatric Monitoring
Level Six	Secure, 24-Hour Psychiatric Monitoring

1. Risk of Harm
2. Functional Status
3. Co-Morbidity
4. Recovery Environment – Includes Stress and Support
5. Resiliency and Treatment History
6. Acceptance and Engagement

# LOCUS/CASII

## Levels of Care

- Basic (Preventative)
- Recovery Maintenance
- Low Intensity Community Based
- High Intensity Community Based
- Medically Monitored Community Based
- Medically Monitored Residential
- Medically Managed Residential/Inpatient

# Basic Services

- Basic services designed to prevent the onset of illness or to limit the magnitude of morbidity associated with already established disease.
- Emergency and routine evaluations, brief interventions, crisis stabilization

# Recovery Maintenance

- Treatment 2 hours/month, no less than 1 hour/ 3months
- Supportive services (i.e. social worker)



# Low Intensity Community Services

- Up to 3 hours/week, not less than 1 hour per 2 weeks
- Does not require case management services
- May include individual, group and family therapy
- For children/adolescents: medication evaluation, access to pediatrician, child psychiatrists, occupational, recreational, vocational, expressive therapies.
- Outpatient services

# High Intensity Community Services

- Individual, group, family therapy 3 days/week, 2-3 hours/day.
- Case management and outreach services
- Availability of psychiatrist (child/adolescent)
- Ability to manage aggression (children/adolescents)
- Integrate with wraparound team (children/adolescents)
- Intensive outpatient services





# Medically-Monitored Non-Residential

- Services available throughout the day 5 or more days a week
- May include home based services (children/adolescents)
- Individual, group, family
- Rehabilitation a key component
- Nursing service availability permitting medication administration/monitoring
- Medical assessments available on-site
- Case management, social services, mobile outreach, wraparound
- Ability to manage aggression (children/adolescents)
- Partial Hospitalization

# Medically Monitored Residential

- On-site treatment 7 days/week
- Nursing on-site 40 hours/week
- Individual, group and family therapy
- Rehabilitation and educational services
- Immediate access to emergency care
- Medication management (children/adolescents)
- Case management and wraparound (children/adolescents)
- Residential care

# Medically Managed Residential

- 24 hour clinical services
- Psychiatric, medical and nursing services on-site or in close enough proximity to afford a rapid response
- Individual, group, family therapy
- Medication administration
- Locked (children and adolescents)
- Inpatient or Medical Residential

# Scoring Guidelines

(additional detail available in Appendix)

- **Dimension I: Risk of Harm**
  - Minimal, Low, Moderate, Serious, Extreme Risk of Harm
- **Dimension II: Functional Status**
  - Minimal, Mild, Moderate, Serious, Severe Impairment
- **Dimension III: Co-Morbidity**
  - None, Minor, Significant, Major, Severe Co-Morbidity
- **Dimension IV: Recovery Environment**
  - A) Level of Stress
    - Low, Mildly, Moderately, Highly, Extremely Stressful Environment
  - B) Level of Support
    - Highly, Supportive, Limited, Minimal, No Support
- **Dimension V: Treatment and Recovery History**
  - Fully, Significant, Moderate, Poor, Negligible Response to Treatment
- **Dimension VI: Acceptance & Engagement**
  - Optimal, Positive, Limited, Minimal, Unengaged



## LOCUS WORKSHEET VERSION 2000

Rater Name \_\_\_\_\_ Date \_\_\_\_\_

Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total your score and determine the recommended level of care.

### I. Risk of Harm

1. Minimal Risk of Harm
2. Low Risk of Harm
3. Moderate Risk of Harm
4. Serious Risk of Harm
5. Extreme Risk of Harm

Score \_\_\_\_\_

### II. Functional Status

1. Minimal Impairment
2. Mild Impairment
3. Moderate Impairment
4. Serious Impairment
5. Severe Impairment

Score \_\_\_\_\_

### III. Co-Morbidity

1. No Co-Morbidity
2. Minor Co-Morbidity
3. Significant Co-Morbidity
4. Major Co-Morbidity
5. Severe Co-Morbidity

Score \_\_\_\_\_

### IV-A. Recovery Environment - Level of Stress

1. Low Stress Environment
2. Mildly Stressful Environment
3. Moderately Stressful Environment
4. Highly Stressful Environment
5. Extremely Stressful Environment

Score \_\_\_\_\_

### IV-B. Recovery Environment - Level of Support

1. Highly Supportive Environment
2. Supportive Environment
3. Limited Support in Environment
4. Minimal Support Environment
5. No Support in Environment

Score \_\_\_\_\_

### V. Treatment and Recovery History

1. Full Response to Treatment and Recovery Management
2. Significant Response to Treatment and Recovery Management
3. Moderate or Equivocal Response to Treatment and Recovery Management
4. Poor Response to Treatment and Recovery Management
5. Negligible Response to Treatment

Score \_\_\_\_\_

### VI. Engagement

1. Optimal Engagement
2. Positive Engagement
3. Limited Engagement
4. Minimal Engagement
5. Unengaged

Score \_\_\_\_\_

Composite Score \_\_\_\_\_

Level I = 10-13

Level II = 14 - 16

Level III = 17 - 19

Level IV = 20 - 22

Level V = 23 -27

Level VI = 28 or more

## CASII WORKSHEET

Rater Name \_\_\_\_\_

Date \_\_\_\_\_

Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total your score and determine the recommended level of care.

### I. Risk of Harm

1. Low Potential for Risk of Harm
2. Some Potential for Risk of Harm
3. Significant Potential for Risk of Harm
4. Serious Potential for Risk of Harm
5. Extreme Potential for Risk of Harm

Score \_\_\_\_\_

### II. Functional Status

1. Minimal Impairment
2. Mild Impairment
3. Moderate Impairment
4. Serious Impairment
5. Severe Impairment

Score \_\_\_\_\_

### III. Co-Morbidity

1. No Co-Morbidity
2. Minor Co-Morbidity
3. Significant Co-Morbidity
4. Major Co-Morbidity
5. Severe Co-Morbidity

Score \_\_\_\_\_

### IV-A. Recovery Environment - Level of Stress

1. Minimally Stressful Environment
2. Mildly Stressful Environment
3. Moderately Stressful Environment
4. Highly Stressful Environment
5. Extremely Stressful Environment

Score \_\_\_\_\_

Composite Score: \_\_\_\_\_

Level I: 10 – 13

Level II: 14 – 16

Level III: 17 – 19

Level IV: 20 – 22

Level V: 23 – 27

Level VI: 28+

### IV-B. Recovery Environment - Level of Support

1. Highly Supportive Environment
2. Supportive Environment
3. Limited Support in Environment
4. Minimal Support in Environment
5. No Support in Environment

Score \_\_\_\_\_

### V. Resiliency and Treatment History

1. Full Response to Treatment
2. Significantly Resilient and/or Response to Treatment
3. Moderate or Equivocal Response to Treatment And Recovery Management
4. Poor Response to Treatment and Recovery Management
5. Negligible Response to Treatment

Score \_\_\_\_\_

### VI-A. Acceptance and Engagement - Child/Adolescent

1. Optimal
2. Constructive
3. Obstructive
4. Destructive
5. Inaccessible

Score \_\_\_\_\_

### VI-B. Acceptance and Engagement - Parent/Primary Caretaker

1. Optimal
2. Constructive
3. Obstructive
4. Destructive
5. Inaccessible

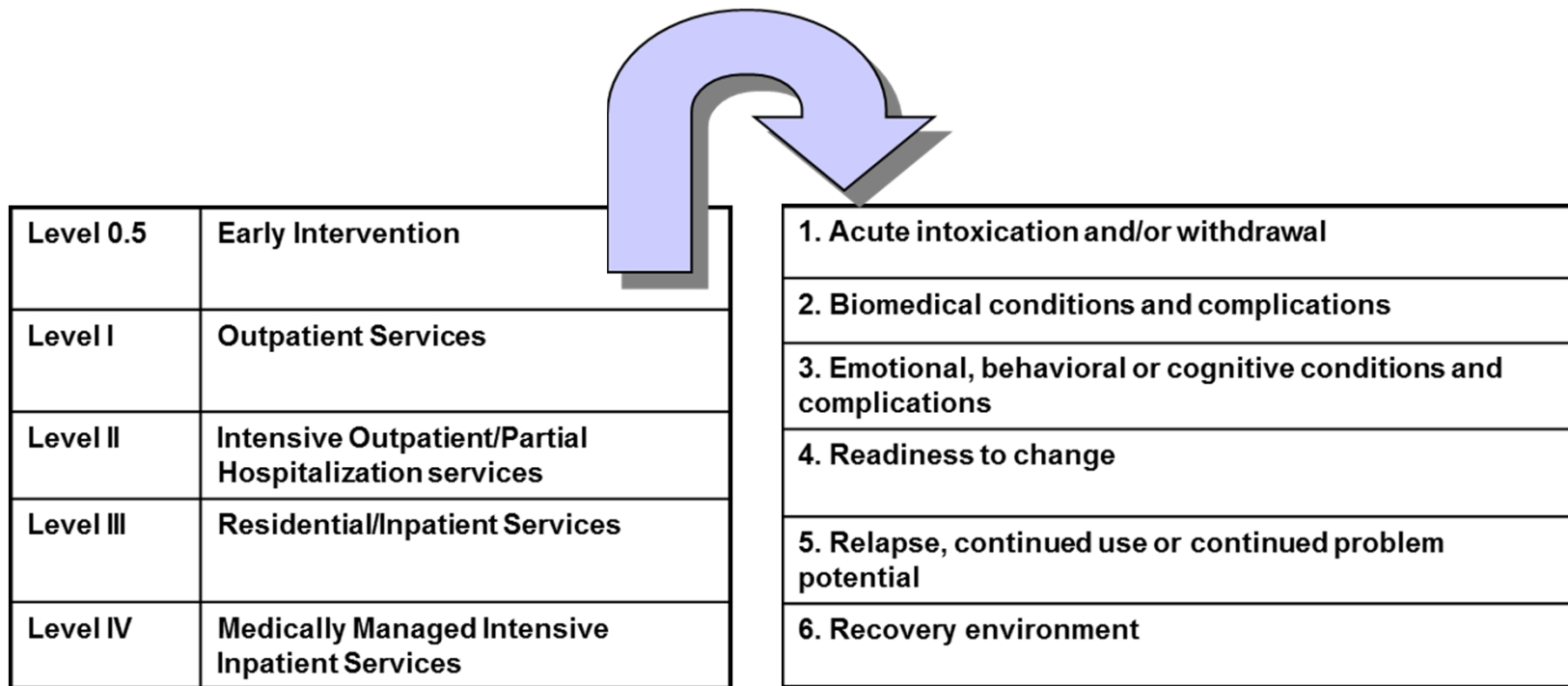
Score \_\_\_\_\_

Level of Care Recommendation: \_\_\_\_\_

# ASAM

- **American Society of Addiction Medicine**

- Details five levels of care assessed over six dimensions.
- Designed to explore all factors that may contribute to an individual's treatment outcomes.



# ASAM Levels of Care

- 0.5 Early Intervention
- 1.0 Outpatient
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization
- 3.1 Clinically Managed Low-Intensity Residential
- 3.5 Clinically Managed High-Intensity Residential (adults)  
Clinically Managed Medium-Intensity (adolescents)
- 3.7 Medically Monitored Intensive Inpatient (adults)  
Medically Monitored High-Intensity Inpatient (adolescents)
- 4.0 Medically Managed Intensive



# ASAM Levels of Care

- 0.5 Early Intervention
- 1.0 Outpatient: availability of medical, psychiatric, psychological, laboratory and toxicology services, affiliation with more intensive levels of care, availability of emergency services
- 2.1 Intensive Outpatient Services: 9 hours/week, adults, 6 hours/week adolescents, individual, group and family therapy, multidisciplinary team, individualized treatment
- 2.5 Partial Hospitalization: 20 hours/week, individual, group, family, educational occupational, recreational therapies

# ASAM Levels of Care

- 3.1 Clinically Managed Low-Intensity Residential: 24 hour clinically trained staff, 5 hours of programming a week, pharmacotherapy, random drug testing
- 3.5 Clinically Managed High-Intensity Residential (adults) Clinically Managed Medium-Intensity (adolescents): Daily clinical services, multidisciplinary services, individualized treatment plan
- 3.7 Medically Monitored Intensive Inpatient (adults) Medically Monitored High-Intensity Inpatient (adolescent): physician oversight, nurses, addictions counselors, behavioral health specialists, comprehensive assessment within 24 hours
- 4.0 Medically Managed Intensive Inpatient : physician driven, 24 hour nursing, 16 hour professional counseling, comprehensive assessment within 12 hours

# Six Dimension Assessment

- 1) Acute Intoxication and Withdrawal
- 2) Biomedical Conditions and Complications
- 3) Emotional, Behavioral or Cognitive Conditions and Complications
- 4) Readiness to Change
- 5) Relapse, Continued Use or Continued Problem Potential
- 6) Recovery/Living Environment



## DIMENSION 1

### Acute Intoxication and/or Withdrawal Potential

- Acute Intoxication: Observe and control
- Withdrawal symptoms start when blood levels drop
- Withdrawal:
  - Are they using alcohol, opioids or sedative hypnotics
  - Are they physically dependent (continuous daily use)
  - Do they have a history of significant withdrawal problems
  - Are they experiencing significant withdrawal problems
    - CIWA for alcohol and sedative/hypnotics
    - COWS or CINA for opioids

## DIMENSION 2

### Biomedical Conditions and Complications

- Medical History of Current/Past Problems That Requires Medical Intervention or Observation
- Level 4: Do they belong on a medical unit?
- Alcohol/Drug Related
  - History of DT's, seizures, barbiturate dependency, liver failure, cardiac disease
- Unrelated to Alcohol or Drugs
  - Malignant hypertension
  - Recent MI
  - Trauma with head injury

## DIMENSION 3

### Emotional, Behavioral or Cognitive Conditions

- DSM V condition that requires level of care, in or of itself
  - Psychosis
  - Depression/Mania
  - Anorexia
- DSM V condition that complicates drug/alcohol treatment
  - Cognitive
  - Anxiety
  - Trauma
  - Disruptive/Impulsive/Conduct (adolescents)

## DIMENSION 4

### Readiness to Change

- Motivated to Change, needs help
- No motivation, doesn't recognize as a problem
- May justify residential level only if member scores high on other dimensions

## DIMENSION 5

### Relapse, Continued Use

- Complete history of past use and past treatment
- What has and hasn't worked
- Residential justified if unable to abstain
- Relapse During Treatment
  - Revise treatment plan
  - Transfer to another level of care or another provider

## DIMENSION 6

# Recovery/Living Environment

- Safe, drug free home environment
- Supportive Family
- Homeless
- Alcohol/drug using associates





# ASAM Scoring Guide

**Score each box separately: 0=none, 1=mild, 2=moderate, 3=severe**

<p><b>Dimension 1: Acute Intoxication and/or withdrawal potential.</b></p> <ul style="list-style-type: none"> <li>-What is the risk associated with current level of intoxication?</li> <li>-Is there significant risk of withdrawal symptoms or seizures?</li> <li>-Consider prior withdrawal episodes, age, vitals, medical issues, substances used</li> </ul>	<p><b>Dimension 4: Readiness to Change (Degree of Readiness)</b></p> <ul style="list-style-type: none"> <li>-Is member self-motivated?</li> <li>-How strongly does the member agree or disagree with the perception they have an addictive disorder?</li> <li>-Is member leveraged, coerced, or court-ordered into treatment?</li> </ul>
<p><b>Dimension 2: Biomedical Conditions and Complications</b></p> <ul style="list-style-type: none"> <li>-Are there current physical illnesses, other than withdrawal, that create risk or may complicate treatment?</li> <li>-Are there chronic conditions that affect treatment?</li> <li>-Note if there are chronic pain issues, heart disease, neurologic conditions, diabetes mellitus or physical disabilities</li> </ul>	<p><b>Dimension 5: Relapse, Continued Use or Continued Problem Potential (based on current problem and history)</b></p> <ul style="list-style-type: none"> <li>-Is the member in imminent or immediate danger without treatment?</li> <li>-How severe are problems/consequences that may continue or reappear if not engaged in treatment?</li> <li>-How aware is the member of relapse triggers? How are the member's coping skills and impulse control?</li> </ul>
<p><b>Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications</b></p> <ul style="list-style-type: none"> <li>-Are there current, acute, or chronic psychiatric conditions, psychological factors, or cognitive problems that may create a risk or complicate treatment?</li> <li>-Are these problems independent or connected to the addiction?</li> <li>-Is the patient able to manage Activities of Daily Living?</li> </ul>	<p><b>Dimension 6: Recovery/Living Environment</b></p> <ul style="list-style-type: none"> <li>-Do any family members, living situations, school or work situations pose a threat to member's safety or engagement in treatment?</li> <li>-Does member have resources that increase likelihood of successful treatment?</li> <li>Are there transportation, housing, or employment issues that need to be addressed?</li> </ul>

# ASAM corresponding LOC recommendations

- n **Early Intervention/DUI Program (Level 0.5):** Dimensions 1, 2, 3 and 4 stable. Dimensions 5 and 6 are potentially problematic.
- n **Outpatient Treatment (Level 1.0):** Dimensions 1, 2, 3, 5 and 6 only mild problems. Dimension 4 is problematic.
- n **Intensive Outpatient Treatment (Level 2.1):** Dimensions 1 and 2 stable. Dimension 3 mild severity. Dimensions 4, 5 and 6 mild to moderate severity.
- n **Partial Hospital Program (Level 2.5):** Dimensions 1, 2 and 3 warrant daily monitoring or management. Meet moderate severity in 2 out of 3 of Dimensions 4, 5 or 6.
- n **Residential Treatment (Level 3.1—example: Halfway House):** Problems in Dimensions 5 and 6.
- n **Residential Treatment (Level 3.3—example: Extended/Long-Term Care):** Mild to moderate severity in Dimension 3 and in 2 out of 3 of Dimensions 4, 5 or 6. Not used for adolescents.
- n **Residential Treatment (Level 3.5):** Significant problems in Dimensions 3 and 6; Moderate problems in Dimensions 4 and 5.
- n **Residential Treatment (Level 3.7):** Functional deficits in 2 out of 3 of Dimensions 1, 2 or 3; Moderate severity in Dimensions 4, 5 and 6.
- n **Inpatient Treatment (Level 4.0):** Severe problems in Dimensions 1, 2 or 3. Problems in the other Dimensions do not qualify for this level of care.

# Case Study # 1

- 40 year old woman with a history of alcohol abuse for the past 7 years. Her pattern is to go on heavy binges lasting several days to a week. During these binges she engages in high risk behavior. She has been assaulted and robbed. She's been raped on at least one occasion. She has had multiple DUIs. She has been in several residential programs. She spent 6 months in a ½ way house. While being monitored she's never relapsed. The longest she's been able to stay sober outside of a residential program is 4 months.
- In addition to the alcohol use, she is periodically dysphoric and anxious. This appears to predate the alcohol abuse. The psychiatric symptoms are compounded by her shame and guilt about the alcohol abuse. She is currently taking an antidepressant (Effexor) and a mood stabilizer (Lamictal).

# Case Study # 1

- For the past year she's been living with her mother. The mother is both supportive and very angry. The mother gets very upset and judgmental whenever her daughter drinks. After 3 days of heavy drinking she is brought to the ER by the police after assaulting a police officer who removed her from a bar. She is grossly intoxicated. Her liver function tests are normal. She's never had severe withdrawal symptoms. She has no other medical problems.
- The hospital wants to admit her for alcohol detoxification.
- Auth or deny inpatient?

# ASAM Scoring Guide

Score each box separately: 0=none, 1=mild, 2=moderate, 3=severe

<p><b>Dimension 1: Acute Intoxication and/or withdrawal potential.</b></p> <ul style="list-style-type: none"> <li>-What is the risk associated with current level of intoxication?</li> <li>-Is there significant risk of withdrawal symptoms or seizures?</li> <li>-Consider prior withdrawal episodes, age, vitals, medical issues, substances used</li> </ul> <p><b>MILD</b></p>	<p><b>Dimension 4: Readiness to Change (Degree of Readiness)</b></p> <ul style="list-style-type: none"> <li>-Is member self-motivated?</li> <li>-How strongly does the member agree or disagree with the perception they have an addictive disorder?</li> <li>-Is member leveraged, coerced, or court-ordered into treatment?</li> </ul> <p><b>MODERATE</b></p>
<p><b>Dimension 2: Biomedical Conditions and Complications</b></p> <ul style="list-style-type: none"> <li>-Are there current physical illnesses, other than withdrawal, that create risk or may complicate treatment?</li> <li>-Are there chronic conditions that affect treatment?</li> <li>-Note if there are chronic pain issues, heart disease, neurologic conditions, diabetes mellitus or physical disabilities</li> </ul> <p><b>NONE</b></p>	<p><b>Dimension 5: Relapse, Continued Use or Continued Problem Potential (based on current problem and history)</b></p> <ul style="list-style-type: none"> <li>-Is the member in imminent or immediate danger without treatment?</li> <li>-How severe are problems/consequences that may continue or reappear if not engaged in treatment?</li> <li>-How aware is the member of relapse triggers? How are the member's coping skills and impulse control?</li> </ul> <p><b>MODERATE</b></p>
<p><b>Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications</b></p> <ul style="list-style-type: none"> <li>-Are there current, acute, or chronic psychiatric conditions, psychological factors, or cognitive problems that may create a risk or complicate treatment?</li> <li>-Are these problems independent or connected to the addiction?</li> <li>-Is the patient able to manage Activities of Daily Living?</li> </ul> <p><b>MILD</b></p>	<p><b>Dimension 6: Recovery/Living Environment</b></p> <ul style="list-style-type: none"> <li>-Do any family members, living situations, school or work situations pose a threat to member's safety or engagement in treatment?</li> <li>-Does member have resources that increase likelihood of successful treatment?</li> <li>-Are there transportation, housing, or employment issues that need to be addressed?</li> </ul> <p><b>MODERATE</b></p>

# Case Study # 1 Decision

- Dimension I: 1/mild
  - Dimension II: 0/none
  - Dimension III: 1/mild
  - Dimension IV: 2/moderate
  - Dimension V: 2/moderate
  - Dimension VI: 2/moderate
- 
- Recommended Level: 2.1 Intensive Outpatient

# Case Study # 2

- An 8 y/o boy with developmental delay due to an autism spectrum disorder. He has marked impairments in social interactions. He remains in school but requires special education. He has a loving and supportive family.
- During the past year he has become increasingly frustrated. He's subject to angry outbursts when he hits, bites and destroys property. He's been in individual and family therapy. The parents are very concerned about the welfare of their other 2 children (ages 10 and 5).

# Case Study # 2

- He's seen a psychiatrist who tried several medications with limited success. The psychiatrist is recommending partial hospitalization.
- Auth or deny partial hospitalization?




## CASII WORKSHEET

Rater Name \_\_\_\_\_

Date \_\_\_\_\_


Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total your score and determine the recommended level of care.

### I. Risk of Harm

- 
1. Low Potential for Risk of Harm
  2. Some Potential for Risk of Harm
  3. Significant Potential for Risk of Harm
  4. Serious Potential for Risk of Harm
  5. Extreme Potential for Risk of Harm


Score \_\_\_\_\_

### II. Functional Status

- 
1. Minimal Impairment
  2. Mild Impairment
  3. Moderate Impairment
  4. Serious Impairment
  5. Severe Impairment


Score \_\_\_\_\_

### III. Co-Morbidity

- 
1. No Co-Morbidity
  2. Minor Co-Morbidity
  3. Significant Co-Morbidity
  4. Major Co-Morbidity
  5. Severe Co-Morbidity

Score \_\_\_\_\_

### IV-A. Recovery Environment - Level of Stress

- 
1. Minimally Stressful Environment
  2. Mildly Stressful Environment
  3. Moderately Stressful Environment
  4. Highly Stressful Environment
  5. Extremely Stressful Environment

Score \_\_\_\_\_

Composite Score: \_\_\_\_\_

Level I: 10 – 13

Level II: 14 – 16


Level III: 17 – 19

Level IV: 20 – 22

Level V: 23 – 27


Level VI: 28+

### IV-B. Recovery Environment - Level of Support

- 
1. Highly Supportive Environment
  2. Supportive Environment
  3. Limited Support in Environment
  4. Minimal Support in Environment
  5. No Support in Environment


Score \_\_\_\_\_

### V. Resiliency and Treatment History

- 
1. Full Response to Treatment
  2. Significantly Resilient and/or Response to Treatment
  3. Moderate or Equivocal Response to Treatment And Recovery Management
  4. Poor Response to Treatment and Recovery Management
  5. Negligible Response to Treatment


Score \_\_\_\_\_

### VI-A. Acceptance and Engagement - Child/Adolescent

- 
1. Optimal
  2. Constructive
  3. Obstructive
  4. Destructive
  5. Inaccessible

Score \_\_\_\_\_

### VI-B. Acceptance and Engagement - Parent/Primary Caretaker

- 
1. Optimal
  2. Constructive
  3. Obstructive
  4. Destructive
  5. Inaccessible

Score \_\_\_\_\_

Level of Care Recommendation: \_\_\_\_\_

# Case Study # 2 Decision

- Dimension I: 3/moderate
- Dimension II: 4/serious
- Dimension III: 1/none
- Dimension IV-A: 3/moderate
- Dimension IV-B: 2/supportive
- Dimension V: 3/moderate
- Dimension VI-A: 3/limited
- Dimension VI-B: 3/limited
  
- Recommended Level of Care: 22/Level IV – Medically Monitored Non-Residential (Community-Based)/Partial Hospitalization

# Case Study # 3

- A 15 y/o boy diagnosed with ADHD and conduct disorder. He's been abusing alcohol and marijuana since age 11. During the past year he's been abusing Percocet, oxycodone as well as hallucinogens and glue.
- He stays in his room most of the time and refuses to go to school. He refuses to see a therapist or psychiatrist.

# Case Study # 3

- The parents want him out of the house, however they are reluctant to have him go to foster care. He has no friends or support. He has no medical problems and no history of significant withdrawal symptoms.
- The family is requesting residential treatment.
- Auth or deny residential treatment?


## CASII WORKSHEET

Rater Name \_\_\_\_\_

Date \_\_\_\_\_


Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total your score and determine the recommended level of care.

### I. Risk of Harm

- 
1. Low Potential for Risk of Harm
  2. Some Potential for Risk of Harm
  3. Significant Potential for Risk of Harm
  4. Serious Potential for Risk of Harm
  5. Extreme Potential for Risk of Harm


Score \_\_\_\_\_

### II. Functional Status

- 
1. Minimal Impairment
  2. Mild Impairment
  3. Moderate Impairment
  4. Serious Impairment
  5. Severe Impairment


Score \_\_\_\_\_

### III. Co-Morbidity

- 
1. No Co-Morbidity
  2. Minor Co-Morbidity
  3. Significant Co-Morbidity
  4. Major Co-Morbidity
  5. Severe Co-Morbidity

Score \_\_\_\_\_

### IV-A. Recovery Environment - Level of Stress

- 
1. Minimally Stressful Environment
  2. Mildly Stressful Environment
  3. Moderately Stressful Environment
  4. Highly Stressful Environment
  5. Extremely Stressful Environment

Score \_\_\_\_\_

Composite Score: \_\_\_\_\_

Level I: 10 – 13

Level II: 14 – 16


Level III: 17 – 19

Level IV: 20 – 22

Level V: 23 – 27


Level VI: 28+

### IV-B. Recovery Environment - Level of Support

- 
1. Highly Supportive Environment
  2. Supportive Environment
  3. Limited Support in Environment
  4. Minimal Support in Environment
  5. No Support in Environment


Score \_\_\_\_\_

### V. Resiliency and Treatment History

- 
1. Full Response to Treatment
  2. Significantly Resilient and/or Response to Treatment
  3. Moderate or Equivocal Response to Treatment And Recovery Management
  4. Poor Response to Treatment and Recovery Management
  5. Negligible Response to Treatment


Score \_\_\_\_\_

### VI-A. Acceptance and Engagement - Child/Adolescent

- 
1. Optimal
  2. Constructive
  3. Obstructive
  4. Destructive
  5. Inaccessible

Score \_\_\_\_\_

### VI-B. Acceptance and Engagement - Parent/Primary Caretaker

- 
1. Optimal
  2. Constructive
  3. Obstructive
  4. Destructive
  5. Inaccessible

Score \_\_\_\_\_

Level of Care Recommendation: \_\_\_\_\_

# Case Study # 3 Decision

- Dimension I: 3/moderate
  - Dimension II: 4/serious
  - Dimension III: 3/significant
  - Dimension IV-A: 3/moderate
  - Dimension IV-B: 4/minimal
  - Dimension V: 1/no prior treatment
  - Dimension VI-A: 4/minimal
  - Dimension VI-B: 4/minimal
- 
- Recommended Level of Care: 26/Level V – Medically Monitored Residential

# Questions



# Appendix





# Scoring Guidelines

## Dimension I: Risk of Harm

- 1 - Minimal risk of harm
  - No indication of suicidal or homicidal thoughts or impulses, and no history of suicidal or homicidal ideation, and no indication of significant distress.
  - Clear ability to care for self now and in the past.
- 2 - Low risk of harm
  - No current suicidal or homicidal ideation, plan, intentions or severe distress, but may have had transient or passive thoughts recently or in the past.
  - Substance use without significant episodes of potentially harmful behaviors.
  - Periods in the past of self-neglect without current evidence of such behavior.
- 3 - Moderate risk of harm
  - Significant current suicidal or homicidal ideation without intent or conscious plan and without past history.
  - No active suicidal/homicidal ideation, but extreme distress and/or a history of suicidal/homicidal behavior exists.
  - History of chronic impulsive suicidal/homicidal behavior or threats and current expressions does not represent significant change from baseline.
  - Binge or excessive use of substances resulting in potentially harmful behaviors without current involvement in such behavior.
  - Some evidence of self neglect and/or compromise in ability to care for oneself in current environment.

# Scoring Guidelines

## Dimension I: Risk of Harm (continued)

- 4 - Serious risk of harm
  - Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety.
  - History of chronic impulsive suicidal/homicidal behavior or threats with current expressions or behavior representing a significant elevation from baseline.
  - Recent pattern of excessive substance use resulting in disinhibition and clearly harmful behaviors with no demonstrated ability to abstain from use.
  - Clear compromise of ability to care adequately for oneself or to be adequately aware of environment.
- 5 - Extreme risk of harm
  - Current suicidal or homicidal behavior or such intentions with a plan and available means to carry out this behavior...
    - - without expressed ambivalence or significant barriers to doing so, or
    - - with a history of serious past attempts which are not of a chronic, impulsive or consistent nature, or
    - - in presence of command hallucinations or delusions which threaten to override usual impulse control.
  - Repeated episodes of violence toward self or others, or other behaviors resulting in harm while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.
  - Extreme compromise of ability to care for oneself or to adequately monitor environment with evidence of deterioration in physical condition or injury related to these deficits.

# Scoring Guidelines

## Dimension II: Functional Status

- 1 - Minimal Impairment
  - No more than transient impairment in functioning following exposure to an identifiable stressor.
- 2 - Mild Impairment
  - Experiencing some deterioration in interpersonal interactions, with increased incidence of arguments, hostility or conflict, but is able to maintain some meaningful and satisfying relationships.
  - Recent experience of some minor disruptions in aspects of self care or usual activities.
  - Developing minor but consistent difficulties in social role functioning and meeting obligations such as difficulty fulfilling parental responsibilities or performing at expected level in work or school, but maintaining ability to continue in those roles.
  - Demonstrating significant improvement in function following a period of deterioration.
- 3 - Moderate Impairment
  - Becoming conflicted, withdrawn, alienated or otherwise troubled in most significant relationships, but maintains control of any impulsive or abusive behaviors.
  - Appearance and hygiene may fall below usual standards on a frequent basis.
  - Significant disturbances in vegetative activities such as sleep, eating habits, activity level, or sexual appetite which do not pose a serious threat to health.
  - Significant deterioration in ability to fulfill responsibilities and obligations to job, school, self, or significant others and these may be avoided or neglected on some occasions.
  - Chronic and/or variably severe deficits in interpersonal relationships, ability to engage in socially constructive activities, and ability to maintain responsibilities.
  - Recent gains and or stabilization in function have been achieved while participating in treatment in a structured and /or protected setting.

# Scoring Guidelines

## Dimension II: Functional Status (continued)

- **4 - Serious Impairment**
  - Serious deterioration of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, or abusive behaviors.
  - Significant withdrawal and avoidance of almost all social interaction.
  - Consistent failure to maintain personal hygiene, appearance, and self care near usual standards.
  - Serious disturbances in vegetative status such as weight change, disrupted sleep, or fatigue that threaten physical well being.
  - Inability to perform close to usual standards in school, work, parenting, or other obligations and these responsibilities may be completely neglected on a frequent basis or for an extended period of time.
- **5 - Severe Impairment**
  - Extreme deterioration in social interactions which may include chaotic communication, threatening behaviors with little or no provocation, or minimal control of impulsive or abusive behavior.
  - Development of complete withdrawal from all social interactions.
  - Complete neglect of personal hygiene and appearance and inability to attend to most basic needs such as food intake and personal safety with associated impairment in physical status.
  - Extreme disruptions in vegetative function causing serious harm to health and well being.
  - Complete inability to maintain any aspect of personal responsibility as a citizen, or in occupational, educational, or parental roles.

# Scoring Guidelines

## Dimension III: Co-Morbidity

- 1 - No Co-morbidity
  - No evidence of medical illness, substance use disorders, or psychiatric disturbances apart from the presenting disorder.
  - Any illnesses that may have occurred in the past are now stable and pose no threat to the stability of the current condition.
- 2 - Minor Co-morbidity
  - Existence of medical problems which are not themselves immediately threatening or debilitating and which have no impact on the course of the presenting disorder.
  - Occasional episodes of substance misuse, but any recent episodes are self limited, show no pattern of escalation, and there is no indication that they adversely affect the course of any co-existing psychiatric disorder.
  - May occasionally experience psychiatric symptoms which are related to stress, medical illness, or substance use, but which are transient and have no discernable impact on the co-existing substance use disorder.
- 3 - Significant Co-morbidity
  - Medical conditions exist, or have potential to develop (such as diabetes or a mild physiologic withdrawal syndrome), which may require significant medical monitoring.
  - Medical conditions exist which may be adversely affected by the existence of the presenting disorder.
  - Medical conditions exist which may adversely affect the course of the presenting disorder.
  - Ongoing or episodic substance use occurring despite adverse consequences with significant or potentially significant negative impact on the course of any co-existing psychiatric disorder.
  - Recent substance use which has had clearly detrimental effects on the presenting disorder but which has been temporarily arrested through use of a highly structured or protected setting or through other external means.
  - Significant psychiatric symptoms and signs are present which are themselves somewhat debilitating, and which interact with and have an adverse affect on the course and severity of any co-existing substance use disorder.

# Scoring Guidelines

## Dimension III: Co-Morbidity (continued)

- 4 - Major Co-morbidity
  - Medical conditions exist, or have a very high likelihood of developing (such as a moderate, but uncomplicated, alcohol, sedative, or opiate withdrawal syndrome, mild pneumonia, or uncontrolled hypertension), which may require intensive, although not constant, medical monitoring.
  - Medical conditions exist which are clearly exacerbated by the existence of the presenting disorder.
  - Medical conditions exist which are clearly detrimental to the course and outcome of the presenting disorder.
  - Uncontrolled substance use occurs at a level, which poses a serious threat to health if unabated, and/or which poses a serious barrier to recovery from any co-existing psychiatric disorder.
  - Psychiatric symptoms exist which are clearly debilitating and which interact with and seriously impair ability to recover from any co-existing substance use disorder.
- 5 - Severe Co-morbidity
  - Significant medical conditions exist which may be poorly controlled and/or potentially life threatening in the absence of close medical management (e.g., severe or complicated alcohol withdrawal, uncontrolled diabetes mellitus, complicated pregnancy, severe liver disease, debilitating cardiovascular disease).
  - Presence and lack of control of presenting disorder places client in imminent danger from complications of existing medical problems.
  - Uncontrolled medical condition severely exacerbates the presenting disorder, dramatically prolonging the course of illness and seriously impeding the ability to recover from it.
  - Severe substance dependence with inability to control use under any circumstance with intense withdrawal symptoms and /or continuing use despite clear exacerbation of any co-existing psychiatric disorder and other aspects of well being.
  - Acute or severe psychiatric symptoms are present which seriously impair client's ability to function and prevent recovery from any co-existing substance use disorder, or seriously exacerbate it.

# Scoring Guidelines

## Dimension IV: Recovery Environment (continued)

- A) Level of Stress
- 1 - Low Stress Environment
  - Essentially no significant or enduring difficulties in interpersonal interactions and significant life circumstances are stable.
  - No recent transitions of consequence.
  - No major losses of interpersonal relationships or material status have been experienced recently.
  - Material needs are met without significant cause for concern that they may diminish in the near future, and no significant threats to health or safety are apparent.
  - Living environment poses no significant threats or risk.
  - No pressure to perform beyond capacity in social role.
- 2 - Mildly Stressful Environment
  - Presence of some ongoing or intermittent interpersonal conflict, alienation, or other difficulties.
  - A transition that requires adjustment such as change in household members or a new job or school.
  - Circumstances causing some distress such as a close friend leaving town, conflict in or near current habitation, or concern about maintaining material well being.
  - A recent onset of a transient but temporarily disabling or debilitating illness or injury.
  - Potential for exposure to alcohol and/or drug use exists.
  - Performance pressure (perceived or actual) in school or employment situations creating discomfort.

# Scoring Guidelines

## Dimension IV: Recovery Environment

- 3 - Moderately Stressful Environment
  - Significant discord or difficulties in family or other important relationships or alienation from social interaction.
  - Significant transition causing disruption in life circumstances such as job loss, legal difficulties or change of residence.
  - Recent important loss or deterioration of interpersonal or material circumstances.
  - Concern related to sustained decline in health status.
  - Danger in or near habitat.
  - Easy exposure and access to alcohol and drug use.
  - Perception that pressure to perform surpasses ability to meet obligations in a timely or adequate manner.
- 4 - Highly Stressful Environment
  - Serious disruption of family or social milieu which may be due to illness, death, divorce or separation of parent and child, severe conflict, torment and/or physical or sexual mistreatment.
  - Severe disruption in life circumstances such as imminent incarceration, lack of permanent residence, or immersion in an alien culture.
  - Inability to meet needs for physical and/or material well being.
  - Recent onset of severely disabling or life threatening illness.
  - Difficulty avoiding exposure to active users and other pressures to partake in alcohol or drug use.
  - Episodes of victimization or direct threats of violence near current home.
  - Overwhelming demands to meet immediate obligations are perceived.



# Scoring Guidelines

## Dimension IV: Recovery Environment (continued)

- 5 - Extremely Stressful Environment
  - An acutely traumatic level of stress or enduring and highly disturbing circumstances disrupting ability to cope with even minimal demands in social spheres such as:
    - - ongoing injurious and abusive behaviors from family member(s) or significant other.
    - - witnessing or being victim of extremely violent incidents perpetrated by human malice or natural disaster.
      - » - persecution by a dominant social group.
      - » - sudden or unexpected death of loved one.
  - Unavoidable exposure to drug use and active encouragement to participate in use.
  - Incarceration or lack of adequate shelter.
  - Severe pain and/or imminent threat of loss of life due to illness or injury
  - Sustained inability to meet basic needs for physical and material well being;
  - Chaotic and constantly threatening environment.

# Scoring Guidelines

## Dimension IV: Recovery Environment (continued)

- B) Level of Support
- 1 - Highly Supportive Environment
  - Abundant sources of support with ample time and interest to provide for both material and emotional needs in all circumstances.
  - Effective involvement of Assertive Community Treatment Team (ACT) or other similarly highly supportive resources. *(Selection of this criterion pre-empts higher ratings)*
- 2 - Supportive Environment
  - Supportive resources are not abundant, but are capable of and willing to provide significant aid in times of need.
  - Some elements of the support system are willing and able to participate in treatment if requested to do so and have capacity to effect needed changes.
  - Professional supports are available and effectively engaged (i.e. ICM). *(Selection of this criterion pre-empts higher ratings)*
- 3 - Limited Support in Environment
  - A few supportive resources exist in current environment and may be capable of providing some help if needed.
  - Usual sources of support may be somewhat ambivalent, alienated, difficult to access, or have a limited amount of resources they are willing or able to offer when needed.
  - Persons who have potential to provide support have incomplete ability to participate in treatment and make necessary changes.
  - Resources may be only partially utilized even when available.
  - Limited constructive engagement with any professional sources of support which are available.

# Scoring Guidelines

## Dimension IV: Recovery Environment (continued)

- 4 - Minimal Support Environment
  - Very few actual or potential sources of support are available.
  - Usual supportive resources display little motivation or willingness to offer assistance or they are dysfunctional or hostile toward client.
  - Existing supports are unable to provide sufficient resources to meet material or emotional needs.
  - Client may be alienated and unwilling to use supports available in a constructive manner.
- 5 - No Support in Environment
  - No sources for assistance are available in environment either emotionally or materially.

# Scoring Guidelines

## Dimension V: Treatment and Recovery History

- 1 - Fully Responsive to Treatment and Recovery Management
  - There has been no prior experience with treatment or recovery.
  - Prior experience indicates that efforts in all treatments that have been attempted have been helpful in controlling the presenting problem.
  - There has been successful management of extended recovery with few and limited periods of relapse even in unstructured environments or without frequent treatment.
- 2 - Significant Response to Treatment and Recovery Management
  - Previous or current experience in treatment has been successful in controlling most symptoms but intensive or repeated exposures may have been required.
  - Recovery has been managed for moderate periods of time with limited support or structure.
- 3 - Moderate or Equivocal Response to Treatment and Recovery Management
  - Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms.
  - Previous treatment exposures have been marked by minimal effort or motivation and no significant success or recovery period was achieved.
  - Equivocal response to treatment and ability to maintain a significant recovery.
  - At least partial recovery has been maintained for moderate periods of time, but only with strong professional or peer support or in structured settings.

# Scoring Guidelines

## Dimension V: Treatment and Recovery History (continued)

- 4 - Poor Response to Treatment and Recovery Management
  - Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms even with intensive and/or repeated exposure.
  - Attempts to maintain whatever gains that can be attained in intensive treatment have limited success, even for limited time periods or in structured settings.
  
- 5 - Negligible Response to Treatment
  - Past or current response to treatment has been quite minimal, even with intensive medically managed exposure in highly structured settings for extended periods of time.
  - Symptoms are persistent and functional ability shows no significant improvement despite this treatment exposure.

# Scoring Guidelines

## Dimension VI: Acceptance & Engagement

- 1 - Optimal Engagement
  - Complete understanding and acceptance of illness and its affect on function.
  - Shows strong desire to change.
  - Is enthusiastic about treatment, is trusting, and shows strong ability to utilize available resources.
  - Understands recovery process and personal role in a successful recovery plan.
- 2 - Positive Engagement
  - Significant understanding and acceptance of illness and attempts to understand its affect on function.
  - Willingness to change.
  - Engages in treatment in a positive manner, capable of developing trusting relationships, and will use available resources independently when necessary.
  - Shows some recognition of personal role in recovery and accepts some responsibility for it.
- 3 - Limited Engagement
  - Some variability or equivocation in acceptance or understanding of illness and disability.
  - Has limited desire or commitment to change.
  - Relates to treatment with some difficulty and establishes few, if any, trusting relationships.
  - Does not use available resources independently or only in cases of extreme need.
  - Has limited ability to accept responsibility for recovery.

# Scoring Guidelines

## Dimension VI: Acceptance & Engagement (continued)

- 4 - Minimal Engagement
  - Rarely, if ever, able to accept reality of illness or any disability which accompanies it.
  - Has no desire to adjust behavior.
  - Relates poorly to treatment and treatment providers and ability to trust is extremely narrow.
  - Avoids contact with and use of treatment resources if left to own devices.
  - Does not accept any responsibility for recovery.
  
- 5 - Unengaged
  - No awareness or understanding of illness and disability.
  - Inability to understand recovery concept or contributions of personal behavior to disease process.
  - Unable to actively engage in treatment and has no current capacity to relate to another or develop trust.
  - Extremely avoidant, frightened, or guarded.