ASAM and DHS 75 Best Practices: What to do when the recommended level of care is not available

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Introductions

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Learning Objectives

• Gain understanding of ASAM recommendations related to alternative levels of care and supportive services.
• Increase knowledge regarding ASAM and DHS 75 assessment techniques and requirements.
• Develop creative ideas and solutions to utilize supportive resources when the recommended level of care is not available.
• Be informed regarding DHS 75 requirements for documentation of level of care.
What is ASAM?

Guide for providers to develop care plans and make objective decisions about placement along the continuum of care

Guiding Principles of ASAM Criteria

- Moving from limited number of levels of care to broad and flexible continuum of care
- Moving from fixed to variable length of treatment
- Moving from program-driven treatment to clinically driven and outcomes-driven treatment
- Moving toward multidisciplinary team-based care

Six dimension assessment
Risk Ratings

Six Dimensions of Multidimensional Assessment

1. Acute intoxication and/or withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral, or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problems potential
6. Recovery and living Environment

Withdrawal Management

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>Withdrawal Management</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-LLM</td>
<td>Ambulatory Withdrawal Management</td>
<td>Mild withdrawal with daily or less than daily OP supervision likely to continue withdrawal management and or continue treatment or recovery</td>
</tr>
<tr>
<td>2-LLM</td>
<td>Ambulatory Withdrawal Management with Extended On-Site Monitoring</td>
<td>Moderate withdrawal with all day withdrawal management support and supervision, staff can support family or living situation. likely to continue withdrawal management</td>
</tr>
<tr>
<td>3-LWM</td>
<td>Clinically Managed Inpatient Withdrawal Management</td>
<td>Moderately withdrawn, but staff 24 hour support to complete withdrawal management and continue Belladonna of consuming treatment or recovery</td>
</tr>
<tr>
<td>4-IVW</td>
<td>Medically Managed Inpatient Withdrawal Management</td>
<td>Severe withdrawal and needs 24 hour nursing care and physician visits as necessary. unlikely to complete withdrawal management without medical, nursing monitoring</td>
</tr>
<tr>
<td>5-IVM</td>
<td>Medically Managed Intensive Inpatient Withdrawal Management</td>
<td>Severe, certain withdrawal and need. 24 hour nursing care and physician visits as necessary. unlikely to complete withdrawal management without medical, nursing monitoring</td>
</tr>
</tbody>
</table>
What levels of care do these critters need to go to?

1 Withdrawal Management
   2.1 Intensive Outpatient Program
2.5 Day Treatment
   Peer Support Specialist

3.2 Withdrawal Management
4 Medically Managed Intensive Inpatient Treatment-
   stabilization
3.3 Clinically-Managed, Population-Specific High
   Intensity-Residential Treatment

ASAM Levels of Care
Treatment Levels of Service

0.5 Early Intervention
1 Outpatient Treatment
2 Intensive Outpatient and Partial Hospitalization
3 Residential/Inpatient Treatment
4 Medically-Managed Intensive Inpatient Treatment

Continuum of Care

- Network of treatment services
- Network of treatment providers
- Meets individual’s changing needs
- Includes clinical and non-clinical modalities
- Gapless system of treatments
Moving through the Treatment Continuum

Should not
- Be based on time spent in treatment
- Depend on the number of goals completed
- Be determined without input from the client
- Be made by a non-clinical system

Should
- Include input from the client
- Depend on the client’s ongoing need through multidimensional assessment
- Match a client’s specific needs
- Provide service at the least restrictive level of care that is safe

Biggest Challenges in Practice with Continuum of Care

- Fixed length of stay
- Misunderstanding residential treatment
- Barriers or ambivalence of referring across county line
- Limited levels of withdrawal management
- Level of care not available

Wis. Admin. Code. ch. DHS 75
Community Substance Use Service Standards

Wis. Stat. ch. 51 provides authority:
“To assure the provision of a full range of treatment and rehabilitation services in the state.”

“The department shall establish the minimum standards for certification of approved treatment facilities.”

Revision
DHS 75 FAQs

- When was DHS 75 created?
  DHS 75 was created on August 1, 2000, replacing rules for certification of community alcohol and drug abuse prevention and treatment programs that were previously codified in Wis. Admin. Code ch. DHS 61.

- Why is DHS 75 so long?
  DHS 75 covers 13 different levels of care. While most other services have separate administrative rules for various programs, facility types, or services, all of the community substance use service standards for Wisconsin are located within DHS 75. Although this results in DHS 75 being longer than other administrative rules, it also provides simplicity in having a single repository for all requirements related to community substance use services.

- When was the rule revised previously?
  Although there have been minor amendments to particular provisions in the DHS 75 rule as recently as 2019, the rule has not been substantially revised since 2010.

- What is the status of the rule revision process, and when would a new rule be effective?
  The proposed rule is still under review with the Wisconsin Legislature. It is expected that this review will conclude in the coming months. If approved, the rule would be published in 2021. The proposed effective date is one year after publication, allowing providers time to transition to the new requirements.

DHS 75 Levels of Care

- Wisconsin Uniform Placement Criteria (WI-UPC)

<table>
<thead>
<tr>
<th>LEVEL OF CARE KEY</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>1A</td>
<td>Transitional Residential Treatment Service</td>
</tr>
<tr>
<td>1</td>
<td>Residential Intoxication Monitoring Service</td>
</tr>
<tr>
<td>2</td>
<td>Ambulatory Detoxification Service</td>
</tr>
<tr>
<td>3</td>
<td>Medically Monitored, Residential Detoxification Service</td>
</tr>
<tr>
<td>4</td>
<td>Medically Managed, Inpatient Detoxification Service</td>
</tr>
<tr>
<td>D-1</td>
<td>Outpatient Treatment Service</td>
</tr>
<tr>
<td>D-2</td>
<td>Day Treatment Service</td>
</tr>
<tr>
<td>D-3</td>
<td>Medically Monitored Treatment Service</td>
</tr>
<tr>
<td>D-4</td>
<td>Medically Managed, Inpatient Treatment Service</td>
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- ASAM or other approved placement criteria
Level of Care Crosswalk

<table>
<thead>
<tr>
<th>ASAM</th>
<th>DHS 75</th>
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<tbody>
<tr>
<td>Level 0.5 Early Intervention</td>
<td>DHS 75.16 Intervention Service</td>
</tr>
<tr>
<td>Level 1 Intensive Outpatient Services</td>
<td>DHS 75.15 Outpatient Treatment Service</td>
</tr>
<tr>
<td>Level 1.1 Clinically Managed Low Intensity Residential Services</td>
<td>DHS 75.14 Transitional Residential Treatment Service</td>
</tr>
<tr>
<td>Level 1.3 Clinically Managed Population-Specific High-Intensity Residential Services</td>
<td>DHS 75.11 Medically-Monitored Treatment Service</td>
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<tr>
<td>Level 2.0 Medically-Monitored Intensive Inpatient Services</td>
<td>DHS 75.10 Medically-Monitored Inpatient Treatment Service</td>
</tr>
<tr>
<td>Level 2.5 Partial Hospitalization Services or Day Treatment</td>
<td>DHS 75.12 Day Treatment Service</td>
</tr>
<tr>
<td>Level 3.3 Clinically-Managed Medium Intensity Residential Services</td>
<td>DHS 75.13 Residential Intoxication Monitoring Service</td>
</tr>
<tr>
<td>Level 3.3 Clinically-Managed Low Intensity Residential Services</td>
<td>DHS 75.14 Transitional Residential Treatment Service</td>
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DHS 75 Requirements

- **Screening**
  Acceptance of a patient for substance use services shall be based on the application of approved patient placement criteria consistent with WI-UPC, ASAM. 75.03(10)

- **Assessment**
  Substance abuse counselor's evaluation of the patient and documentation of psychological, social, and physiological signs and symptoms of substance use, mental health, and trauma, based on DSM. Recommendations shall be included in written case record that includes a summary of the assessment information leading to the conclusions determined from the counselor's evaluation of patient's problems and needs. 75.03(12)
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<th><strong>DHS 75 Requirements</strong></th>
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<tr>
<td><strong>Treatment</strong></td>
<td>A patient’s treatment plan shall be based on the assessment, and a discussion with the patient to ensure that the plan is tailored to the individual’s needs. 75.03(13)</td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
<td>Staffing shall include applicable criteria from the approved placement criteria being used to recommend the appropriate level of care. 75.03(14)</td>
</tr>
<tr>
<td><strong>Transfer</strong></td>
<td>If the service transfers a patient to another provider or if a change is made in the patient’s level of care, documentation of the transfer or change in the level of care shall be made in the record. 75.03(16)</td>
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<td><strong>Discharge</strong></td>
<td>A patient’s discharge date shall be the date the patient no longer meets criteria for any level of care in the substance use treatment service system, and is excluded from each of these levels of care as determined by approved placement criteria. 75.03(17)</td>
</tr>
<tr>
<td><strong>Patient case records</strong></td>
<td>A completed copy of the most current placement criteria summary for initial placement or for documentation of the applicable approved placement criteria or WI-UPC assets and needs criteria if the patient has been transferred to a level of care different from initial placement. 75.03(8)</td>
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<tr>
<th><strong>Reasons for Not Accessing Recommended Level of Care</strong></th>
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<tbody>
<tr>
<td>• Not available in the local community</td>
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<tr>
<td>• Lack of insurance coverage or ability to pay</td>
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<td>• Individual declines</td>
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<tr>
<td>• Childcare, employment, transportation</td>
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What do we do if the level of care is not available?

No Intensive Outpatient Program in Community

• “Sam” is a single mother with 13-year-old and 4-year-old kids.
• She works cleaning houses (Mon-Fri, 8 a.m.-12 p.m.) and as a CNA (Sat-Sun 4 p.m.-12 a.m.) for a man who had a major stroke.
• She brings her kids to work on the weekend sometimes.
• The 13-year-old is in charge while mom is at work.
• Grandmother watches kids from time to time.

Level of Care is NOT Available

Transport Sam to another county that has intensive outpatient program services

Offer Sam one individual session and 2-3 groups per week through outpatient program services
Level of Care is NOT Available

Be creative! If Sam lived in your community, what supportive or therapeutic activities could help her?

Document, Document, Document

- Capture accurate assessment and treatment planning in the clinical record
- Ensure that care coordination activities are documented
- Document required follow-up activities
- Review level of care placement at regular intervals appropriate to the frequency of contact or as clinically indicated

Additional Considerations

- Priority populations
- Safety risks (harm reduction)
- Recovery support
- Collateral supports or community services (mitigating or reducing dimensional risk areas)
Questions?