

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA Edition)**

SECTION 10.11

**NETWORK PROVIDER ASAM PROTOCOL FOR
DETOXIFICATION SERVICES**

I. Purpose

- A. To provide continuity of care for detoxification services based on the concept of “medical necessity” (see definitions) for members and potential members.
- B. To provide a framework for assessing the severity of the illness of a person with a substance use disorder and level of function.

Because substance related disorders are biopsychosocial in etiology and expression, treatment and care management are most effective when they, too, are biopsychosocial. The six dimensions identified in the ASAM PPC-2R encompass all pertinent biopsychosocial aspects of substance use disorders that determine the severity of the consumer’s illness and level of function.

CPSA endorses the American Society of Addiction Medicine Patient Placement Criteria second edition revised (ASAM PPC-2R) in assessing clients with substance use disorders when determining appropriateness for detoxification services.

The ASAM PPC-2R is a tool developed in the 1990’s to help make level of care recommendations for persons experiencing substance use-related disorders. The tool was developed to provide a standardized method for prescribing care to the substance using individual seeking help. Use of the ASAM Criteria enables practitioners to recommend treatment more appropriate to individual need.

II. Targeted Population/Scope

The following individuals are covered under this service:

- A. Title XIX/XXI Adults
- B. Non-Title XIX /XXI persons with a Serious Mental Illness (SMI)
- C. Non-Title XIX/XXI General Mental Health Adults (GMH)
- D. Non-Title XIX/XXI Substance Abuse Adults (SA)

III. Guidelines

- A. Treatment should be tailored to the needs of the person and guided by an individualized service plan that is developed in consultation with the member and his or her natural supports within the context of an Adult Recovery Team.
- B. As the member moves through treatment at any level of care, his or her progress in all six dimensions should be continually assessed.
- C. In the assessment process, certain problems and priorities are identified as justifying admission to a particular level of care.
- D. The resolution of those problems and priorities determines when a member can be treated at a different level of care or discharged from treatment.

Arizona Department of Health Services
Division of Behavioral Health Services
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- E. The appearance of new problems may require services that can be effectively provided at the same level of care, or that require a more or less intensive level of care.

IV. Procedures

A. Assessment

1. Members are assessed on the six dimensions by assigning a score (0-4) based on the severity of their concerns/circumstances (see [CPSA PM Form 10.11.1](#) and [CPSA PM Attachment 10.11.2](#)). This assessment is based upon member self report and collateral information when available. Assessment should be conducted within the context of an Adult Recovery Team.
2. Use the Risk Assessment Grid ([CPSA PM Attachment 10.11.2](#)) as a guide to determine the member's level of risk on each of the six dimensions by circling the number (0-4) that best describes the member's level of risk.
3. On the ASAM PPC-2R Assessment form ([CPSA PM Form 10.11.1](#)) circle the appropriate number describing the member's level of risk for each dimension. Under clinical evidence to support the rating write a brief description of the member's experience that put him or her at the assigned risk level. (DO NOT copy the description written on the Risk Assessment Grid. The documentation on the ASAM Assessment form should be specific to the member and written in behavioral terms.)
4. Once [CPSA PM Form 10.11.1](#) and [CPSA PM Attachment 10.11.2](#) are completed, determination of level of care placement can be made.

B. Placement

1. Placement is determined by matching the score/s on the six dimensions to the appropriate level of care (see [CPSA PM Attachment 10.11.3](#)). Because the levels of care in Arizona do not directly correspond to ASAM levels of care, use the reference guide when determining the level of care ([CPSA PM Attachment 10.11.4](#)). Placement decisions shall be made in collaboration with the member and his or her Adult Recovery Team.
2. Using the Placement Grid ([CPSA PM Attachment 10.11.3](#)) circle the number that corresponds to the level of risk that has been assigned to the member.
3. Using the Placement Grid as a means of determining placement, discuss treatment options with the member in order to determine the most appropriate level of care.
4. REMEMBER, whenever a member scores at a high risk level (3 or 4) on the first three dimensions, placement considerations must include ensuring the safety of the member.

C. Continued Stay

1. Using the Continued Service and Discharge Criteria ASAM PPC-2R grid ([CPSA PM Attachment 10.11.5](#)) as a guide, determine whether or not the member meets the Criteria for continued stay in each of the dimensions.
2. Continued stay reviews shall occur as follows:

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
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- a. upon movement to any other level of care based on any change in the level of member functioning or,
 - b. every 60 calendar days or after every 10 hours of treatment for members receiving Level I or residential extended care or,
 - c. every 20 calendar days or after every 27 hours of treatment for members receiving Level II care or,
 - d. every 14 calendar days for members receiving Level III care or,
 - e. every 24 hours for members receiving Level IV care and,
 - f. prior to planned discharge.
3. Documentation of the continued stay review shall be included in an updated treatment plan that is signed by the member. If there is a change in the ASAM biomedical Conditions and Complications (Dimension 2), a progress note written and dated by the medical practitioner should reflect this.
- For Level I Sub Acute, documentation should also meet Continued Psychiatric Acute Hospital of Sub-Acute Facility Authorization Criteria. (See [CPSA PM Attachment 10.11.6](#))

D. Discharge

1. Using the Continued Service and Discharge Criteria ASAM PPC-2R grid ([CPSA PM Attachment 10.11.5](#)) as a guide, determine whether or not the member meets criteria for discharge in each of the dimensions.
2. Documentation of discharge shall be included in a discharge plan that is signed by the member.

V. Definitions

Medical necessity: Pertains to necessary care for biopsychosocial severity and is defined by the extent and severity of problems in all six dimensions of the ASAM PPC 2R.