

LEVEL 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES BY SERVICE CHARACTERISTICS

Level 3.7 programs are appropriate for patients whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. (The ASAM Criteria, p. 265)

I. SETTING (1 Sub-service characteristic)

Level 3.7 programs provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.

I.1. Level 3.7 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility (The ASAM Criteria, p. 266).

This level, characterized as subacute, provides services and supervision not available at lower levels. Patient needs ordinarily involve enhanced medical and/or psychiatric care and are met through access to a specialized unit with services that comply with standards presented in this section.

II. SUPPORT SYSTEMS (4 sub-service characteristics)

The support system standards address those services which need to be readily available to the program through affiliation or contract. Support systems provide services, beyond the capacity of the staff of the program, which will not be needed by patients on a routine basis or services to augment those provided by staff.

II.1. Physician monitoring, nursing care, and observation are available. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary (In states where physician assistants or nurse practitioners are licensed to provide such services, they may perform the duties designated here for a physician).

A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration (The ASAM Criteria, p. 266).

Higher acuity in some patients dictates the need for 24 hour nursing care and direct involvement by the physician or other qualified practitioner.

II.2. Additional medical specialty consultation, and psychological, laboratory, and toxicology services, are available on-site, through consultation or referral (The ASAM Criteria, p. 267).

I. Setting

Provide a planned and structured regimen of 24-hour, professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.



I.1. Program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility.

GOAL: Provide services and supervision not available at lower levels such as enhanced medical and/or psychiatric care.

II. Support Systems



Address services which need to be readily available to the program through affiliation or contract.

II.1. Physician monitoring, nursing care, and observation are available. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary. An RN conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration.

II.2. Additional medical specialty consultation and psychological, laboratory, and toxicology services are available on-site through consultation or referral.

II.3. Programs have the ability to provide coordination of necessary services or other levels of care are available through direct affiliation or referral processes.

II.4. Psychiatric services are available on-site, through consultation or referral when a presenting issue could be attended to at a later time. Such services are available within eight hours by telephone or 24 hours in person.

GOAL: Provide services beyond the capacity of program staff which will not be needed by patients on a routine basis or services to augment those provided by staff.

Key services must be readily available in order to meet patient needs with respect to medical and mental health care. This includes specialty consultation, laboratory and toxicology, pharmacy and drug testing, among other services. Where not available onsite, these needs may be met through affiliation and agreement, in accordance with established policies and procedures.

II.3. ASAM Level 3.7 programs have the ability to provide coordination of necessary services, or other levels of care are available through direct affiliation or referral processes (such as step-down services for continuing care and/or medical follow-up services) (*The ASAM Criteria*, p. 267).

Although separate, the Level 3.7 unit is an integral part of a larger network involving multiple LoC and providers who work together to meet complex and changing patient needs. The involvement of multiple levels of care requires coordination and smooth communication to ensure quality and continuity of care.

II.4. Psychiatric services are available on-site,

through consultation or referral, when a presenting issue could be attended to at a later time. Such services are available within eight (8) hours by telephone or 24 hours in person (*The ASAM Criteria*, p. 267).

Psychiatric services are a frequent requirement at Level 3.7. Prompt access is essential, both to meet patient needs and to prevent crises. Services may be provided directly, through affiliation or agreement, or through consultation and referral, so long as care is appropriately matched to need.

III. STAFF (3 sub-service characteristics)

ASAM staff standards address the composition and competencies of professionals on the staff of the program.

III.1. An interdisciplinary staff (including physicians, nurses, addiction counselors, and behavioral health specialists) who are able to assess and treat the patient and to obtain and interpret information regarding the patient's psychiatric and substance use or addictive disorders (*The ASAM Criteria*, p. 268).

Level 3.7 services are best provided by a multidisciplinary team that includes medical, addictions, and behavioral health professionals. Core competencies shall reflect each member's role in patient care. A qualified Program Director shall provide administrative oversight.

III.2. Clinical staff knowledgeable about the biological and psychosocial dimensions of addiction and other behavioral health disorders, and with specialized training techniques and evidence-based practices. The staff is able to provide a planned regimen of 24-hour, professionally

directed evaluation, care, and treatment services (including administration of prescribed medications) (*The ASAM Criteria*, p. 268).

To provide quality services, clinicians at Level 3.7 must be knowledgeable re SUDs, CODs, their treatment and recovery. This includes EBPs and medical/nursing care of the subacute patient.

III.3. A licensed physician to oversee the treatment process and assure the quality of care. Physicians perform physical examinations for all patients admitted to this level of care. Many states require that the physician serving as medical director for a Level 3.7 treatment program be a certified addiction medicine physician or addiction psychiatrist. These physicians have specialty training and/or experience in addiction medicine or addiction psychiatry and, if treating adolescents, experience with adolescent medicine.

Many patients in this level of care receive addiction pharmacotherapy, integrated with psychosocial therapies. The provider of such care can be a physician assistant or other licensed independent practitioner with prescribing authority who is knowledgeable about addiction treatment, especially pharmacotherapies (*The ASAM Criteria*, p. 268).

A qualified physician /addiction specialist serves as Medical Director, with responsibilities that include oversight of care as well as supervision of other physicians or licensed practitioners.

IV. THERAPIES (10 sub-service characteristics)

ASAM therapies standards cover the range of therapies that programs need to be capable of offering to ensure they meet the personalized biopsychosocial needs of the patients they treat. Not all listed therapies must be provided to each person served, but the program should have the capacity to provide each of these as needed, and each day should include activities designed to meet the needs of the patients as defined in their individual treatment plans.

IV.1. Daily clinical services (provided by an interdisciplinary treatment team) to assess and address the patient's individual needs. Clinical services may involve appropriate medical and nursing services and individual, group, family, and activity services (*The ASAM Criteria*, p. 269).

The patient at Level 3.7 can benefit from daily programming by professional staff, which may include medical and nursing care as well as activities to improve motivation, enhance readiness for change, build recovery skills, and prepare for transition to a lower LoC.

IV.2. Planned clinical program activities to stabilize the acute addictive and/or psychiatric symptoms. Activities may include pharmacological, cognitive-behavioral, and other therapies administered to the patient on an individual and/or group basis. Such activities are adapted to the patient's level of comprehension (*The ASAM Criteria*, p. 269).

III. Staff

Address the composition and competencies of professionals on the staff of the program.



III.1. An interdisciplinary staff who are able to assess and treat the patient and to obtain and interpret information regarding the patient's psychiatric and substance use or addictive disorders.

III.2. Clinical staff knowledgeable about the biological and psychosocial dimensions of addiction and other behavioral health disorders. Able to provide a planned regimen of 24 hour, professionally directed evaluation, care, and treatment services.

III.3. A licensed physician to oversee the treatment process and assure quality of care. Physicians perform physical exams for all patients. These physicians have specialty training and/or experience in addiction medicine or addiction psychiatry.

GOAL: Deliver 24-hour treatment by a knowledgeable, multidisciplinary team that includes medical, addictions, and behavioral health professionals. A qualified Program Director shall provide administrative oversight.

Research has demonstrated that the use of evidence-based cognitive and behavioral therapies in both group and individual formats can improve outcomes for SUD / COD patients. Level 3.7 also presents a unique opportunity for education, counseling, and involvement in MAT. Programs may provide these services directly or through affiliation/ agreement

IV. Therapies

Cover the range of therapies that programs need to be capable of offering to ensure they meet the personalized biopsychosocial needs of the patients they treat.



IV.1. Daily clinical services to assess and address the patient's individual needs. Clinical services may involve appropriate medical and nursing services and individual, group, family, and activity services.

IV.2. Planned clinical program activities to stabilize the acute addictive and/or psychiatric symptoms. Activities may include pharmacological, cognitive-behavioral, and other therapies administered to the patient on an individual or group basis. These are adapted to the patient's level of comprehension.

IV.3. Counseling and clinical monitoring to promote successful initial involvement or re-involvement in, and skill building for regular, productive daily activity and successful reintegration into family living.

IV.4. Random drug screening to shape behavior and reinforce treatment gains.

IV.5. Regular monitoring of the patient's adherence in taking any prescribed medications.

IV.6. Planned clinical program activities design to enhance the patient's understanding of their substance use and/or mental disorders.

IV.7. Health education services associate with the course of addiction and other potential health-related risk factors.

IV.8. Evidence-based practices, such as motivational enhancement strategies and intervention appropriate to the patient's stage of readiness to change, designed to facilitate their understanding of the relationship between their SUD and attendant life issues.

IV.9. Daily treatment services to manage acute symptoms of the patient's biomedical substance use or mental disorder.

IV.10. Services, as appropriate, for the patient's family and significant others.

GOAL: Each day should include therapies and activities designed to meet the needs of patients as defined in their individual treatment plans.

IV.3. Counseling and clinical monitoring to promote successful initial involvement or re-involvement in, and skill building for, regular, productive daily activity (e.g., work or school) and, as indicated, successful reintegration into family living (*The ASAM Criteria*, p. 269).

As at other residential LoC, the patient at 3.7 may benefit from assistance in planning and implementing lifestyle changes that center on productive daily activity rather than substance use. Likewise, family and significant others can be encouraged to participate and develop their own skills for meeting the challenges of early recovery.

IV.4. Random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan (*ASAM Criteria*, p.269).

Studies have shown the value of random drug screens in monitoring and maintaining compliance with treatment regimens, particularly with respect to lapse and relapse. Monitoring works best when integrated with the treatment plan and adjusted in response to changes in patient status.

IV.5. Regular monitoring of the patient's adherence in taking any prescribed medications (*The ASAM Criteria*, p. 269).

Medications used by 3.7 patients may include drugs for addiction or mental health disorders; meds prescribed for various health needs; and OTC preparations. Predictably, non-adherence to medication regimens is a common problem. To improve outcomes, programs should establish procedures for monitoring compliance, both during treatment and to prepare for transition to a lower LoC.

IV.6. Planned clinical program activities designed to enhance the patient's understanding of his or her substance use and/or mental disorders (*The ASAM Criteria*, p. 269).

Patients in treatment often have significant gaps in knowledge and understanding of SUDs and CODs, including their own. Left unaddressed, misconceptions contribute to poor treatment response and even-

tually to relapse. Accordingly, the program provides accurate, current, evidence-based information about causes, consequences, and treatment of these disorders.

IV.7. Health education services associated with the course of addiction and, as appropriate, other potential health-related risk factors (e.g., HIV, hepatitis C, sexually transmitted diseases) (*The ASAM Criteria*, p. 269).

Substance use increases risk for a host of health conditions, acute and chronic. To lower risk, promote health, and teach disease management, the 3.7 curriculum should include patient education on related topics.

IV.8. Evidence-based practices, such as motivational enhancement strategies and interventions appropriate to the patient's stage of readiness to change, designed to facilitate the patient's understanding of the relationship between his or her substance use disorder and attendant life issues (*The ASAM Criteria*, p. 269).

Lack of motivation, along with ambivalence towards change, are common barriers to success in treatment. They can be effectively addressed through motivation enhancement and stage of change exercises. These practices can be used by staff with appropriate supervision and training.

IV.9. Daily treatment services to manage acute symptoms of the patient's biomedical, substance use, or mental disorder (*The ASAM Criteria*, p. 269).

Patients at 3.7 can be expected to present needs with respect to withdrawal management, various medical conditions, and/or emotional, behavioral, or cognitive difficulties. The program responds to these needs with 24 hour nursing care, access to medical services, and other services as needed.

IV.10. Services, as appropriate, for the patient's family and significant others (*The ASAM Criteria*, p. 269).

Level 3.7 presents an opportunity for engagement of family and significant others in the hope that they will become positive contributors to treatment and recovery. Family education can address practical solutions to predictable problems in early recovery, and may involve activities both along with or separate from the patient.

V.1. ASSESSMENT/TREATMENT PLAN REVIEW (4 sub-service characteristics)

ASAM assessment and treatment plan review standards detail the set of procedures a program expects its clinicians (e.g. addiction specialist physicians, licensed nurses, licensed counselors, licensed social workers, certified counselors, etc.) to use to evaluate an individual's strengths, weaknesses, limitations, problems, and needs and to determine priorities so that an individualized treatment plan can be developed and updated.

V.1. A physical examination, performed by a physician within 24 hours of admission, or a review and update by a facility physician within 24 hours of admission of the record of a physical examination conducted no more than seven (7) days prior to admission (*The ASAM Criteria*, p. 270).

A timely physical examination by a qualified physician or other licensed provider is essential to establish that the patient is medically appropriate for the 3.7 level of care, and able to benefit from services at that level. Findings may also provide important information for inclusion in the treatment plan.

V.2.A comprehensive nursing assessment, performed at the time of admission (*The ASAM Criteria, p.270*).

Along with the physical examination, a comprehensive admission nursing assessment adds valuable information to the database for treatment planning.

V.3. An individualized, comprehensive biopsychosocial assessment of the patient's substance use disorder and co-occurring disorder, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement at Level 3.7 and to guide the individualized treatment planning process (*The ASAM Criteria, p. 270*).

A comprehensive biopsychosocial assessment centering on the patient's SUD, history and treatment, and current status in regard to diverse areas of function, completes the database. Clinician and patient then make use of this information in formulating an individualized treatment plan.

V.4. An individualized treatment plan that includes problem formulation and articulation of short-term, measurable treatment goals, and activities designed to achieve those goals. The plan is developed in collaboration with the patient, reflects the patient's personal goals, and incorporates the patient's strengths. The treatment plan also reflects case management conducted by on-site staff; coordination of related addiction treatment, healthcare, mental health, social, vocational, or housing services (provided concurrently); and the integration of services at this and other levels of care (*The ASAM Criteria, pp.270-271*).

Once assessment is complete, a strength-based, patient-directed treatment plan is prepared that 1) reflects the patient's personal goals and 2) sets forth measurable objectives for progress. The plan should address SUD recovery, COD treatment, any coexisting medical or mental health problems, and issues related to lifestyle, attitude, values, and behavior. The completed plan serves as a guide to treatment and a "roadmap" for successful transition to lower LoC.

VI. DOCUMENTATION (2 sub-service characteristics)

ASAM documentation standards detail the expectations regarding the individualized patient information that needs to be captured to ensure optimal patient care.

VI.1. There are personalized and individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan, the patient's response to therapeutic intervention for all disorders treated, as well as subsequent amendments to the plan (*ASAM Criteria, p. 271*)

V. Assessment/Treatment Plan Review



Details the set of procedures a program expects its clinicians to use to evaluate an individual's strengths, weaknesses, limitations, problems, and needs.

V.1. A physical examination, performed by a physician within 24 hours of admission, or a review and update by a facility physician within 24 hours of admission of the record of a physical examination conducted no more than seven days prior to admission.

V.2. A comprehensive nursing assessment performed at the time of admission.

V.3. An individualized, comprehensive biopsychosocial assessment of the patient's SUD and COD, conducted or updated by staff who are knowledgeable about addiction treatment to confirm the appropriateness of placement at Level 3.7 and to guide the treatment planning process.

V.4. An individualized treatment plan that includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. The plan is developed in collaboration with the patient, reflects the patient's personal goals, and incorporates the patient's strengths. The treatment plan also reflects case management conducted by on-site staff; coordination of related addiction treatment, healthcare, mental health, social, vocational, or housing services; and the integration of services at this and other LoCs.

GOAL: To determine priorities so that an individualized treatment plan can be developed and updated.

VI. Documentation

Detail the expectations regarding the individualized patient information that needs to be captured to ensure optimal patient care.



VI.1. There are individualized progress notes in the patient's record that clearly reflect the implementation of the treatment plan, the patient's response to therapeutic intervention for all disorders treated, as well as subsequent amendments to the plan.

VI.2. Treatment plan reviews are conducted and recorded in the treatment plan and updated at a frequency relevant to the patient's level of stability and severity of illness.

GOAL: To accurately communicate patient information with a system of individualized notes, amendments, and the patient's response to therapeutic interventions.

The primary method for documenting progress is through regular notes that describe the implementation of the treatment plan, patient response to interventions, and any amendments made. Notes should be timely, completely and accurate, in accordance with established policies and procedures.

VI.2. Treatment plan reviews are conducted and recorded in the treatment plan and updated at a frequency relevant to the patient's level of stability and severity of illness (*The ASAM Criteria, p. 271*).

Due to patient acuity at 3.7, ASAM criteria should be applied daily (or more often if the patient is unstable), to allow assessment of progress and document continued appropriateness for the assigned LoC. Formal team review should occur at least weekly and more frequently if needed.