

LEVEL 4 MEDICALLY MANAGED INTENSIVE INPATIENT SERVICES BY SERVICE CHARACTERISTICS

Level 4, Medically Managed Intensive Inpatient Services is an organized service delivered in an acute inpatient setting. It is appropriate for patients whose acute biomedical and emotional, behavioral, and cognitive problems are so severe that they require primary medical and nursing care. (The ASAM Criteria, p. 280)

I. SETTING (1 sub-service characteristic)

Level 4 programs typically are housed in three types of settings: an acute care general hospital, an acute psychiatric hospital or psychiatric unit within an acute general hospital, and a licensed addiction treatment specialty hospital with acute care medical and nursing staff.

I.1. Level 4 program services may be offered in any appropriately licensed acute care setting that offers addiction treatment services in concert with intensive biomedical and/or psychiatric services (The ASAM Criteria, p. 281).

Level 4 programs offer medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, and/or biomedical distress resulting from, or co-occurring with, a patient's use of alcohol, tobacco, and/or other drugs.

I. Setting

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I.1. May be offered in any appropriately licensed acute care setting that offers addiction treatment services in concert with intensive biomedical and/or psychiatric services.

GOAL: Offer medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, and/or biomedical distress resulting from, or co-occurring with, a patient's use of alcohol, tobacco, and/or other drugs.

II. SUPPORT SYSTEMS (1 sub-service characteristics)

ASAM support systems standards address those services which need to be readily available to the program. 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. In Level 4, necessary support systems include a full range of acute care services, specialty consultation, and intensive care (The ASAM Criteria, p. 281-282).

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GOAL: 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.

Treatment is provided 24 hours a day in a permanent facility with inpatient beds. The full resources of a general acute care or psychiatric hospital are available. Although treatment is specific to substance use and other addictive disorders, the skills of the interdisciplinary team and the availability of support service, including medical consultation services, allow the joint treatment of any co-occurring biomedical conditions and mental disorders that need to be addressed.

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 team of appropriately credentialed clinical staff (including addiction-credentialed physicians, nurse practitioners, physician assistants, nurses, counselors, psychologists, and social workers) who assess and treat patients with severe substance use disorders, or addicted patients with concomitant acute biomedical, emotional, behavioral, and cognitive disorders staff Level 4 programs (*The ASAM Criteria*, p. 282).

Level 4 programs provide services for patients with complex and acute substance use, biomedical, emotional, behavioral, and cognitive disorders and require an interdisciplinary team that includes medical, addictions, and behavioral health professionals. Core competencies shall reflect each member's role in patient care.

III.2. Level 4 programs are staffed by a team of appropriately trained and credentialed professionals who provide medical management by physicians 24 hours a day, primary nursing care and observation 24 hours a day, and professional counseling services 16 hours a day (*The ASAM Criteria*, p. 282).

Level 4 programs are in permanent facilities with inpatient beds staffed to medically manage acute substance related and biomedical conditions 24 hours a day and provide 16 hours of counseling services.

III.3. Facility-approved addiction counselors, or licensed, certified, or registered addiction clinicians who administer planned interventions according to the assessed needs of the patient (*The ASAM Criteria*, p. 282).

Facility approved means that clinical staff are subject to the hospital's privileging requirements, as are any other professionals directing planned patient interventions in the facility.

IV. THERAPIES (5 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. But because the length of stay in a Level 4 program typically is sufficient only to stabilize the patient's acute signs and symptoms, a primary focus of the treatment plan is case management and coordination of care to ensure a smooth transition to continuing treatment at another level of care. 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.

III. Staff

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



III.1. An interdisciplinary team of appropriately credentialed clinical staff (including addiction-credentialed physicians, nurse practitioners, physician assistants, nurses, counselors, psychologists, and social workers) who assess and treat patients with severe substance use disorders, or addicted patients with concomitant acute biomedical, emotional, behavioral, and cognitive disorders staff Level 4 programs.

III.2. Staffed by a team of appropriately trained and credentialed professionals who provide medical management by physicians 24 hours a day, primary nursing care and observation 24 hours a day, and professional counseling services 16 hours a day.

III.3. Has facility-approved addiction counselors, or licensed, certified, or registered addiction clinicians who administer planned interventions according to the assessed needs of the patient.

GOAL: Provide services for patients with complex and acute substance use, biomedical, emotional, behavioral, and cognitive disorders and require an interdisciplinary team that includes medical, addictions, and behavioral health professionals

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. Offer an individualized array of treatment services for substance use disorders, as well as any concurrent biomedical, emotional, behavioral, or cognitive problems, delivered by an interdisciplinary team.

IV.2. Cognitive, behavioral, motivational, pharmacologic, and other therapies are provided on an individual or group basis, depending on the patient's needs. For the patient who has a severe biomedical disorder, physical health interventions are available to supplement addiction treatment.

IV.3. Health education services are provided

IV.4. Has planned clinical interventions that are designed to enhance the patient's understanding of his or her addiction illness.

IV.5. Services for the patient's family, guardian, or significant others.

GOAL: Because the length of stay in a Level 4 program typically is sufficient only to stabilize the patient's acute signs and symptoms, a primary focus of the treatment plan is case management and coordination of care to ensure a smooth transition to continuing treatment at another level of care.

IV.1. Level 4 programs offer an individualized array of treatment services for substance use disorders, as well as any concurrent biomedical, emotional, behavioral, or cognitive problems, delivered by an interdisciplinary team (*The ASAM Criteria*, p. 269).

The patient at Level 4 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. Cognitive, behavioral, motivational, pharmacologic, and other therapies are provided on an individual or group basis, depending on the patient's needs. For the patient who has a severe biomedical disorder, physical health interventions are available to supplement addiction treatment (*The ASAM Criteria*, p. 283).

Therapies in Level 4 are evidence based and fully integrated with physical health interventions and are matched to the patient's needs.

IV.3. Health education services are provided for patients in Level 4 programs (*The ASAM Criteria*, p. 283).

Substance use increases risk for a host of health conditions, acute and chronic. To lower risk, promote health, and teach disease management, the Level 4 curriculum should include patient education on related topics.

IV.4. Planned clinical interventions that are designed to enhance the patient's understanding of his or her addiction illness (*The ASAM Criteria*, p.283).

Patients in treatment often have significant gaps in knowledge and understanding of SUDs. Left unaddressed, misconceptions contribute to poor treatment response and eventually to relapse. Accordingly, the program provides accurate, current, evidence-based information about causes, consequences, and treatment of these disorders.

IV.5. Services for the patient's family, guardian, or significant others (*The ASAM Criteria*, p. 283).

Level 4 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. 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. 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 and to determine priorities so that an individualized treatment plan can be developed and updated.



The assessment and treatment plan review include:

V.1. A comprehensive nursing assessment, performed at the time of admission.

V.2. Physician approval of the admission.

V.3. A comprehensive history and physical examination, performed by a physician within 12 hours of admission.

V.4. A comprehensive biopsychosocial assessment, begun at the time of admission.

V.5. 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. Treatment plan reviews are conducted at specified times, as noted in the treatment plan.

GOAL: To evaluate an individual's strengths, weaknesses, limitations, problems, and needs. To determine priorities so that an individualized treatment plan can be developed and updated.

In Level 4 programs, the assessment and treatment plan review include:

V.1. A comprehensive nursing assessment, performed at the time of admission (*The ASAM Criteria, p.284*).

A comprehensive admission nursing assessment adds valuable information to the database for treatment planning.

V.2. Physician approval of the admission (*The ASAM Criteria, p. 284*).

By definition, Level 4 medically managed services are directed by a physician whose decisions encompass whether and when to admit the patient.

V.3. A comprehensive history and physical examination, performed by a physician within 12 hours of admission (*The ASAM Criteria, p. 284*).

A timely physical examination by a qualified physician is essential to establish that the patient is medically appropriate for the 4 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.3. A comprehensive biopsychosocial assessment, begun at the time of admission (*The ASAM Criteria, p. 284*).

A comprehensive biopsychosocial assessment centering on the patient's SUD, history and treatment, biomedical, emotional, behavioral and cognitive functioning, provides information to understand the patient's current need for treatment.

The 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. Treatment plan reviews are conducted at specified times, as noted in the treatment plan (*The ASAM Criteria, p. 284*).

Once the 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 (1 sub-service characteristic)

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. 285).

The focus of documentation is the degree of stabilization of the patient's substance related disorder and any concurrent biomedical, emotional, behavioral, or cognitive problem(s). Documentation also focuses on the elements fo the treatment plan that are related to case management and coordination of care to ensure a smooth transition to continuing service or another level of care.

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VI.1. Include 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.

GOAL: The focus of documentation is the degree of stabilization of the patient's substance related disorder and any concurrent biomedical, emotional, behavioral, or cognitive problem(s).