Medically Necessary Covered Services
Behavioral health services provided by qualified service providers within the scope of their practice to prevent disease, disability, and other adverse health conditions or their progression or to prolong life that are aimed at achieving the following:

- The prevention, diagnosis, and treatment of behavioral health impairments;
- The ability to achieve age-appropriate growth and development; and
- The ability to attain, maintain, or regain functional capacity.

(from State of Arizona Behavioral Health Services definitions)

Service Planning

Goal: Identify a treatment goal, the achievement of which indicates treatment is no longer necessary.

Objectives: Identify behavioral and/or learning thresholds intended to move positively in the direction of Goal achievement.

Functional and/or symptomatic improvement. DBHS has identified two broad categories: 1) improvements in health functioning and 2) improvements in social functioning.

Review alcohol and other drug use in relation to achieving improvements in these and other areas.

Motivate for healthy change. Discover and resolve discrepancy.
Substance Use and Addictive Disorders

<table>
<thead>
<tr>
<th>Substance</th>
<th>Clinical Labeled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Withdrawal</td>
<td>Other Withdrawal</td>
</tr>
<tr>
<td>Amphetamine Withdrawal</td>
<td>Behavioral, Dysregulation</td>
</tr>
<tr>
<td>Oral/Inhalant Withdrawal</td>
<td>Physical Withdrawal</td>
</tr>
<tr>
<td>Cannabis Withdrawal</td>
<td>Other (or Unknown) Substance Withdrawal</td>
</tr>
<tr>
<td>Cocaine Withdrawal</td>
<td></td>
</tr>
<tr>
<td>Gambling Disorder</td>
<td></td>
</tr>
</tbody>
</table>

Substance Use Disorder Defined

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by 2 (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
Substance Use Disorder Defined
2. recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)

Substance Use Disorder Defined
3. continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

Substance Use Disorder Defined
4. tolerance, as defined by either of the following:
   - a need for markedly increased amounts of the substance to achieve intoxication or desired effect
   - markedly diminished effect with continued use of the same amount of the substance (this phenomenon is seen with stimulants such as amphetamines, sedatives, hypnotics, or narcotics)
Substance Use Disorder Defined
5. Withdrawal, as manifested by either of the following:
   a. the characteristic withdrawal syndrome for the substance
   b. the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

(Ren: Withdrawal is any response for these intake syndromes cause medical preoccupation such as headaches, muscle cramps, autonomic orientation or heart problems)

Substance Use Disorder Defined
6. The substance is often taken in larger amounts or over a longer period than was intended

Substance Use Disorder Defined
7. There is a persistent desire or unsuccessful efforts to cut down or control substance use
Substance Use Disorder Defined
8. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

Substance Use Disorder Defined
9. Important social, occupational, or recreational activities are given up or reduced because of substance use.

Substance Use Disorder Defined
10. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
Substance Use Disorder Defined

1. Craving or a strong desire or urge to use a specific substance.

Determining Severity

- Need 2 criteria for SUD
- 3-3 criteria = moderate
- 4 or more = severe

Gambling Disorder

- A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:
  1. Preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
  2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
  3. Has repeated unsuccessful efforts to control, cut back, or stop gambling
  4. Is restless or irritable when attempting to cut down or stop gambling
Assessing Severity and Level of Function (ASAM PPC-2R, page 282)

To determine the multidimensional severity or level of function profile, consider each of the six ASAM PPC dimensions as it regards pertinent assessment data organized under the three H’s: History, Here and Now and How Worried Now.

Three H’s

The History of a client’s past signs, symptoms and treatment is important, but never overrides the Here and Now of how a client is presenting currently in signs and symptoms. For example, if a person has by History had severe alcohol withdrawal with seizures, but has not been drinking Here and Now at a rate or quantity that would predict any significant withdrawal; and as you look at them, they are not shaky or in withdrawal so you are not Worried about severe withdrawal, then there is no significant Dimension 1 severity.

The Here and Now presentation of a client’s current information of substance use and mental health signs and symptoms can override the History. For example, if a person has never had serious suicidal behavior before by History; and in the Here and Now is indeed depressed and impulsively suicidal, you would not dismiss his or her severe suicidality just because he or she had never done anything serious before. The Dimension 3 severity would be quite high especially if you talked with him or her now and you are Worried that he or she could not reach out to someone if he or she became impulsive.

How Worried Now you are as the clinician, counselor or assessor determines your severity or level of function (LOF) rating for each ASAM dimension. The combination of the three H’s: History, Here and Now and How Worried Now guides the clinician in presenting the severity and LOF profile.

Stay focused on a brief explanation of your rating using the framework of the three H’s to structure your information. For example, “Dimension 5 is high severity because even though the client wants to stop using all substances (Dimension 4), he has never had a history of being able to stay abstinent for longer than two weeks. He has never had treatment or experience with recovery groups (History); and here and now, the client has intense cravings with few peer refusal and coping skills. As I look at him, he is anxious, craving (Here and Now); and I am worried now that he has no internal knowledge, coping skills or ability to prevent continued alcohol use.” (How Worried Now).
### Crosswalk of the ASAM PPC-2R Adult Placement Criteria:
**Levels of Service 0.5 through IV (ASAM PPC-2R Pages 27-33)**

<table>
<thead>
<tr>
<th>Criteria Dimensions</th>
<th>LEVEL 0.5 Early Intervention</th>
<th>OMT Opioid Maintenance Therapy</th>
<th>LEVEL I Outpatient Treatment</th>
<th>LEVEL II.1 Intensive Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIMENSION 1:</strong> Acute Intoxication &amp;/ or Withdrawal Potential</td>
<td>No withdrawal risk</td>
<td>Physiologically dependent on opiates and requires OMT to prevent withdrawal</td>
<td>Not experiencing significant withdrawal, or at minimal risk of severe withdrawal</td>
<td>Minimal risk of severe withdrawal</td>
</tr>
<tr>
<td><strong>DIMENSION 2:</strong> Biomedical Conditions &amp; Complications</td>
<td>None or very stable</td>
<td>None or manageable with outpatient medical monitoring</td>
<td>None or very stable, or is receiving concurrent medical monitoring</td>
<td>None or not a distraction from treatment. Such problems are manageable at Level II.1.</td>
</tr>
<tr>
<td><strong>DIMENSION 3:</strong> Emotional, Behavioral or Cognitive Conditions &amp; Complications</td>
<td>None or very stable</td>
<td>None or manageable in an outpatient structured environment</td>
<td>None or very stable, or is receiving concurrent mental health monitoring</td>
<td>Mild severity, w/ potential to distract from recovery; needs monitoring</td>
</tr>
<tr>
<td><strong>DIMENSION 4:</strong> Readiness to Change</td>
<td>Willing to explore how current alcohol or drug use may affect personal goals</td>
<td>Ready to change the negative effects of opiate use, but is not ready for total abstinence</td>
<td>Ready for recovery but needs motivating and monitoring strategies to strengthen readiness. Or high severity in this dimension but not in other dimensions. Needs a Level I motivational enhancement program</td>
<td>Has variable engagement in tx, ambivalence, or lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress through the stages of change</td>
</tr>
<tr>
<td><strong>DIMENSION 5:</strong> Relapse, Cont. Use or Cont. Problem Potential</td>
<td>Needs an understanding of, or skills to change, current alcohol and drug use patterns</td>
<td>At high risk of relapse or continued use without OMT and structured therapy to promote treatment progress</td>
<td>Able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support</td>
<td>Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems w/o close monitoring &amp; support several times a week</td>
</tr>
<tr>
<td><strong>DIMENSION 6:</strong> Recovery Environment</td>
<td>Social support system or significant others increase the risk of personal conflict about alcohol or drug use</td>
<td>Recovery environment is supportive and/or the client has skills to cope</td>
<td>Recovery environment is supportive and/or the client has skills to cope</td>
<td>Recovery environment is not supportive but, w/ structure &amp; support, the client can cope</td>
</tr>
</tbody>
</table>

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37  Understanding and Using ASAM PPC-2R
# Crosswalk of the ASAM PPC-2R Adult Placement Criteria: Levels of Service 0.5 through IV (ASAM PPC-2R Pages 27-33)

<table>
<thead>
<tr>
<th>Criteria Dimensions</th>
<th>LEVEL II.5: Partial Hospitalization</th>
<th>LEVEL III.1: Clinically-managed Low Intensity Residential Services</th>
<th>LEVEL III.3: Clinically-managed Medium Intensity Residential Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1: Acute Intoxication &amp;/or Withdrawal Potential</td>
<td>Moderate risk of severe withdrawal</td>
<td>No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving Level I-D (minimal) or Level II-D (moderate) services</td>
<td>Not at risk of severe withdrawal, or moderate withdrawal is manageable at Level III.2-D</td>
</tr>
<tr>
<td>D2: Biomedical Conditions &amp; Complications</td>
<td>None or not sufficient to distract from treatment. Such problems are manageable at Level II.5.</td>
<td>None or stable, or receiving concurrent medical monitoring</td>
<td>None or stable, or receiving concurrent medical monitoring</td>
</tr>
<tr>
<td>D3: Emotional, Behavioral, or Cognitive Conditions &amp; Complications</td>
<td>Mild to moderate severity, w/ potential to distract from recovery; needs stabilization</td>
<td>None or minimal; not distracting to recovery. If stable, a Dual Diagnosis Capable program is appropriate. If not, a Dual Diagnosis Enhanced program is required.</td>
<td>Mild to moderate severity; needs structure to focus on recovery. If stable, a Dual Diagnosis Capable program is appropriate. If not, a Dual Diagnosis Enhanced program is required. Tx should be designed to respond to the client’s cognitive deficits</td>
</tr>
<tr>
<td>D4: Readiness to Change</td>
<td>Has poor engagement in tx., significant ambivalence, or lack of awareness of the substance use or mental health problem, requiring a near-daily structured program or intensive engagement services to promote progress through stages of change</td>
<td>Open to recovery, but needs a structured environment to maintain therapeutic gains</td>
<td>Has little awareness &amp; needs interventions available only at Level III.3 to engage and stay in tx.; or there is high severity in this dimension but not in others. The client therefore needs a Level I motivational enhancement program.</td>
</tr>
<tr>
<td>D5: Relapse, Cont. Use or Cont. Problem Potential</td>
<td>Intensification of addiction or mental health symptoms, despite active participation in a Level I or II.1 program, indicates a high likelihood of relapse or continued use or continued problems w/o near-daily monitoring and support</td>
<td>Understands relapse but needs structure to maintain therapeutic gains</td>
<td>Has little awareness and needs intervention available only at Level III.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction</td>
</tr>
<tr>
<td>D6: Recovery Environment</td>
<td>Recovery environment is not supportive but, w/ structure &amp; support &amp; relief from the home environment, the client can cope</td>
<td>Environment is dangerous, but recovery is achievable if Level III.1 24-hour structure is available</td>
<td>Environment is dangerous and client needs 24-hour structure to learn to cope</td>
</tr>
</tbody>
</table>

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38 Understanding and Using ASAM PPC-2R
**Clinical Assessment and Placement Summary**

Name: ___________________________ Date: ___________________________

**Immediate Need Profile:** Consider each dimension to assess immediate needs. Check "yes" or "no" for the following questions:

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute Intoxication and/or Withdrawal Potential</td>
<td>(a) Past history of serious withdrawal, life-threatening symptoms or seizures during withdrawal? e.g., need for IV therapy; hospitalization for seizure control; psychosis with DT's; medication management with close nurse monitoring and medical management?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) Currently having severe, life-threatening and/or similar withdrawal symptoms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Biomedical Conditions/Complications</td>
<td>2 Any current severe physical health problems? e.g., bleeding from mouth or rectum in past 24 hours; recent, unstable hypertension; recent, severe pain in chest, abdomen, head; significant problems in balance, gait, sensory or motor abilities not related to intoxication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Emotional/Behavioral/Cognitive Conditions/Complications</td>
<td>(a) Imminent danger of harming self or someone else? e.g., suicidal ideation with intent, plan and means to succeed; homicidal or violent ideation, impulses and uncertainty about ability to control impulses, with means to act on.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) Unable to function in activities of daily living, care for self with imminent, dangerous consequences? e.g., unable to bathe, feed, groom and care for self due to psychosis, organicity or uncontrolled intoxication with threat of imminent safety to self, others resulting in death or severe injury.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"Yes" to questions 1a and 1b; or 1b alone; 2 and/or 3 requires that the caller/client immediately receive medical or psychiatric care for evaluation of need for acute, inpatient care.

| 4. Readiness to Change | 4(a) Does client appear to need alcohol or other drug treatment/recovery and/or mental health treatment, but ambivalent or feels it is unnecessary? e.g., severe addiction, but client feels controlled use still OK; psychotic, but blames a conspiracy. |     |    |
|                       | 4(b) Client has been coerced, mandated or required to have assessment and/or treatment by the criminal justice system, health or social services, work/school, or family/significant other? |     |    |

"Yes" to questions 4a and/or 4b alone, requires caller/client to be seen for assessment within 48 hrs, and preferably earlier, for motivational strategies, unless patient is imminently likely to walk out and needs containment.

| 5. Relapse/Continued Use/Prob. Potential | 5(a) Is client currently under the influence? |     |    |
|                                           | 5(b) Is client likely to continue to use or relapse in an imminently dangerous manner, without immediate care? |     |    |
|                                           | 5(c) Is client's most troubling, presenting problem(s) that brings he or she for assessment, dangerous to self or others? (See examples above in dimensions 1, 2 and 3) |     |    |

"Yes" to question 5a alone, assess for further need for immediate intervention e.g., taking keys of car away; having a relative/friend pick client up if severely intoxicated and unsafe.

| 6. Recovery Environment | 6 Are there any dangerous family, sig. others, living/work/school situations threatening client's safety, immediate well-being, and/or sobriety? e.g., living with a drug dealer; physically abused by partner or significant other; homeless in freezing temperatures. |     |    |

"No" to questions 1, 2 and 3 and "Yes" to questions 5b, 5c and/or 6, requires that the caller/client be referred to a safe or supervised environment e.g., shelter, alternative safe living environment, or residential treatment depending on level of severity and impulsivity.

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Understanding and Using ASAM PPC-2R
1. Engaging the Client as a Participant in Treatment

1. Stages of Change and How People Change

12-Step model - surrender versus comply; accept versus admit; identify versus compare

Transtheoretical Model of Change (Prochaska and DiClemente):

- **Pre-contemplation**: not yet considering the possibility of change although others are aware of a problem; active resistance to change; seldom appear for treatment without coercion; could benefit from non-threatening information to raise awareness of a possible “problem” and possibilities for change.

- **Contemplation**: ambivalent, undecided, vacillating between whether he/she really has a “problem” or needs to change; wants to change, but this desire exists simultaneously with resistance to it; may seek professional advice to get an objective assessment; motivational strategies useful at this stage, but aggressive or premature confrontation provokes strong resistance and defensive behaviors; many Contemplators have indefinite plans to take action in the next six months or so.

- **Preparation**: takes person from decisions made in Contemplation stage to the specific steps to be taken to solve the problem in the Action stage; increasing confidence in the decision to change; certain tasks that make up the first steps on the road to Action; most people planning to take action within the very next month; making final adjustments before they begin to change their behavior.

- **Action**: specific actions intended to bring about change; overt modification of behavior and surroundings; most busy stage of change requiring the greatest commitment of time and energy; care not to equate action with actual change; support and encouragement still very important to prevent drop out and regression in readiness to change.

- **Maintenance**: sustain the changes accomplished by previous action and prevent relapse; requires different set of skills than were needed to initiate change; consolidation of gains attained; not a static stage and lasts as little as six months or up to a lifetime; learn alternative coping and problem-solving strategies; replace problem behaviors with new, healthy life-style; work through emotional triggers of relapse.

- **Relapse and Recycling**: expectable, but not inevitable setbacks; avoid becoming stuck, discouraged, or demoralized; learn from relapse before committing to a new cycle of action; comprehensive, multidimensional assessment to explore all reasons for relapse.

- **Termination**: this stage is the ultimate goal for all changers; person exits the cycle of change, without fear of relapse; debate over whether certain problems can be terminated or merely kept in remission through maintenance strategies.

Readiness to Change - not ready, unsure, ready, trying: Motivational interviewing (Miller and Rollnick)