

**ASAM LEVEL 3.1 CLINICALLY MANAGED LOW INTENSITY RESIDENTIAL SERVICES**

COMPARISON OF ASAM AND STATE LICENSURE/PROGRAM STANDARDS

AREA	ASAM KEY ELEMENTS	STATE LICENSURE STANDARDS/OTHER PROGRAM REQUIREMENTS	COMMENTS
LEVEL OF CARE	3.1 Clinically Managed Low Intensity Residential Services	Standards for approval/licensure of are outlined in Oregon Administrative Rules (OAR) 415-012-0000 Oregon Revised Statutes (ORS) for the provisions of residential services are ORS 430.010 and 443.400	
SETTING	<ul style="list-style-type: none"> <li>• Provides 24-hour structure and support</li> <li>• Provides a 24-hour supportive living environment</li> </ul>	Standards and expectations for program setting is outlined in OAR 309-018-0000, Division refers to ORS 443.400 as a program that provides 24-hour observation and monitoring for individuals, consistent with Level III of ASAM PCC.	
ADMISSION PROCESS	Patients admitted to this level of care should have been seen in Level 1 or 2 services prior to admission for multidimensional assessment and differential diagnosis	Individuals may self-refer to this level of care, however, the treatment programs are obligated to provide a comprehensive multidimensional assessment. OAR 309-018-0140 indicates that each assessment must be consistent with the dimensions described in the ASAM PPC, and must document a diagnosis and level of care determination consistent with the DSM and ASAM PPC.	
STAFFING	<ul style="list-style-type: none"> <li>• 24 hour staff</li> </ul>	ORS 430.010 and 443.400 and OAR 309-018-0140 define residential as a program that provides 24-hour staffing. Exclusions from definition of residential facility 443.405 is a place providing care and treatment on less than a 24-hour basis.	

<p>TYPE OF STAFF</p>	<ul style="list-style-type: none"> <li>• Allied health professional staff, such as counselor aides or group living workers who are on-site 24/7, or as required by licensing standards</li> <li>• Clinical staff who are knowledgeable about the biological and psychosocial dimensions of SUDs and their treatment and who are able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation</li> <li>• A team composed of appropriately trained and credentialed medical, addiction and mental health professionals</li> </ul>	<p>ORS 443.450 for residential treatment OHA shall adopt rules governing the number, <b>experience and training of the staff.</b></p> <p>OAR 309-018-0120 indicates personnel must meet <b>applicable licensing and credentialing standards.</b></p> <p>OAR 309-018-0125 speaks to <b>qualifications</b> and <b>competencies</b> of treatment team.</p> <p>OAR 309-018-0130 speaks to <b>training</b> and supervision</p> <p>Substance use disorders treatment staff must:</p> <p>Demonstrate competence in treatment of substance-use disorders including individual assessment and individual, group, family and other counseling techniques, program policies and procedures for service delivery and documentation, and identification, implementation and coordination of services identified to facilitate intended outcomes; <b>and Be certified or licensed by a health or allied provider agency,</b> as defined in these rules, to provide addiction treatment within two years of the first hire date and must make application for certification no later than six months following that date. The two years is not renewable if the person ends employment with a provider and becomes re-employed with another provider.</p> <p>-For treatment staff holding certification in addiction counseling, qualifications for the certificate must have included at least: 750 hours of supervised experience in substance use counseling;</p>	
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PHYSICIAN COVERAGE	<ul style="list-style-type: none"> <li>• Telephone or in-person consultation with a physician and emergency services available 24/7</li> <li>• An addiction physician should review admission decisions to confirm the clinical necessity of services</li> </ul>	<p>Each program has a medical director, meaning a physician licensed to practice medicine and who is designated by a substance use disorder treatment program to be responsible for the program's medical services to be available 24/7.</p> <p>All Clinical Supervisors must demonstrate competence in leadership, wellness, oversight and evaluation of services, staff development, service planning, case management and coordination, utilization of community resources, group, family and individual therapy or counseling, documentation and rationale for services to promote intended outcomes and implementation of all provider policies.</p>	<p>Addictionologist are very limited in the state of Oregon, at this time an addiction physical is not available for programs to utilize to confirm clinical necessity. However, it is up to the programs to document the rational using ASAM PPC and DSM for clinical necessity of services. Post payment reviews are conducted, the programs are financially at risk for any services rendered to individuals that do not meet clinical necessity.</p>

<p>SCHEDULE OF CLINICAL SERVICES</p>	<ul style="list-style-type: none"> <li>5 hours of planned, clinical activities of professionally directed treatment per week</li> </ul>	<p>Each service plan is individualized to meet the individual's unique needs. Service Plan requirements are outlined in OAR 309-018-0145. Since we require our treatment programs to follow ASAM PPC, all Level 3.1 have a minimum of 5 hours per week. Each Service Plan must include:  Individualized treatment objectives;  The specific services and supports that will be used to meet the treatment objectives;  <b><i>A projected schedule for service delivery, including the expected frequency and duration of each type of planned therapeutic session or encounter;</i></b>  The type of personnel that will be furnishing the services; and  A projected schedule for re-evaluating the Service Plan.</p>	
<p>TYPES OF CLINICAL SERVICES</p>	<ul style="list-style-type: none"> <li>Treatment is characterized by services such as individual, group and family therapy; medication management; and psycho-education</li> </ul>	<p>Treatment service provided in a residential program include individual, group and family therapy, medication management and psycho-education.  Core services, utilizing EBP include;  -Cognitive-Behavioral Therapy  -Relapse Prevention  -Trauma-Informed Treatment  -Continuing Care/Recovery Management  -Psycho-education  -Contingency Management  -Smoking Cessation  -Family Relations/Parenting</p>	
<p>PURPOSE OF TREATMENT</p>	<ul style="list-style-type: none"> <li>Services facilitate the application of recovery skills, relapse prevention, and emotional coping strategies</li> <li>They promote personal responsibility and reintegration of the individual into</li> </ul>	<p>Services facilitate the individual's ability to acquire basic living skills, application of recovery skills, relapse prevention, and emotional coping strategies. They promote personal responsibility and</p>	

	the network systems of work, education and family life	reintegration of the individual into the workforce, education and family life.	
SERVICES	<ul style="list-style-type: none"> <li>• Clinically directed treatment</li> <li>• Addiction pharmacotherapy</li> <li>• Random drug screening</li> <li>• Motivational enhancement and engagement strategies</li> <li>• Counseling and clinical monitoring</li> <li>• Regular monitoring of patient's medication adherence</li> <li>• Recovery support services</li> <li>• Services for the patient's family and significant others, as appropriate</li> <li>• Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapy as a tool to manage his or her addictive disorder</li> <li>• Self-help meetings are available on-site, or easily accessible in the local community</li> </ul>	<p>Programs are expected to provide the following services and are included on the Health Services Commission List of Covered services;</p> <ul style="list-style-type: none"> <li>-All treatment must be Clinically directed and individualized utilizing ASAM PPC.</li> <li>-Medication Assisted Treatment (MAT) is offered to individuals to manage their SUD as part of a comprehensive care plan when appropriate.</li> <li>-Random drug screening through UAs</li> <li>-Case Management</li> <li>-Withdrawal Management when appropriate</li> <li>-Counseling and clinical services</li> <li>-Community and social skills training</li> <li>-Education Services</li> <li>-Motivation enhancement and engagement strategies, use of EBPs</li> <li>-Regular monitoring of patient's medication adherence through observation and UAs</li> <li>-Individual and Group Services available for the patient's family and significant others, as appropriate</li> <li>-Smoking cessation services</li> <li>-reintegration services (family/schools)</li> <li>-Family counseling</li> <li>-Self-Help and Peer services are available, and when applicable youth dominated self-help</li> <li>-Acupuncture services</li> <li>-Non-emergent transportation to clinical appointments</li> </ul>	

		<p>-Gender, culturally and linguistically specific services and supports</p> <p>-Parenting training when applicable</p>	
SUPPORT SYSTEMS	<ul style="list-style-type: none"> <li>• Direct affiliations with other levels of care, or close coordination through referral to more and less intensive services (such as IOP, vocational, literacy training and adult education)</li> <li>• Ability to arrange for needed procedures, including laboratory and toxicology tests</li> <li>• Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications</li> </ul>	<p>Programs are expected to have the following support systems;</p> <p>-Direct affiliations with other levels of care, and/or close coordination through referral to more and less intensive SUD services, including withdrawal management.</p> <p>-Ability to coordinate services and supports for IOP, vocational, literacy training, adult education, childcare, housing, transportation.</p> <p>-Ability to arrange for needed physical health care, vision care, dental care and mental health care.</p> <p>-Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications</p> <p>-Ability to arrange for peer delivered supports</p> <p>-Ability to arrange for primary medical care and Primary pediatric care when applicable</p> <p>-Ability to provide access to child care while the parent is receiving services</p> <p>-Ability to provide therapeutic interventions for children in the custody of parents while in treatment.</p> <p>-Linkage to emancipation services when appropriate</p> <p>-Linkage to physical or sexual abuse counseling and support services when appropriate.</p> <p><i>OR 309-018-0175, 309-018-0180, 309-018-0190 and 309-018-0185 provide guidelines and expectations around</i></p>	

		<i>administration of medication, medical protocols, women specific care, and treatment and recovery services.</i>	
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