

ADOLESCENT ADMISSION CRITERIA CROSSWALK

Dimensions	Level I Outpatient	Level II.1 Intensive Outpatient	Level II.5 Partial	III.1 Low Intensity Residential	III.5 Medium Intensity Residential	III.7 Medically monitored high intensity residential/inpatient	IV Medically managed Intensive inpatient
Dimension 1 Acute Intoxication and or Withdrawal	Not at risk	Minimal sxs or risk for w/drawal	Mild withdrawal or at risk	State of w/d or risk is managed concurrently at another level	Mild to mod sxs but not needing pharmacological management or frequent MD/RN monitoring	Mod to severe w/drawal but manageable to III.7-d	Severe withdrawal & require intensive active medical management
Dimension 2 Biomedical Conditions and Complications	None or v. stable	None or very stable Distracting from treatment at lower level	None or stable. Distracting from Rx at lesser level.	None or stable	None or stable. Concurrent medical monitoring as needed	Needs medical monitoring but not intensive treatment	Requires 24 hour medical and RN care
Dimension 3 Emotional, Behavioral or Cognitive Conditions/Compl ications	All of the following	At least one of the following	At least one of the following	At least one of the following required 24 hour supervision	At least one of the following	At least one of the following	At least one of the following

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Dimension 4 Readiness to change	+ Willing to engage in Rx + contemplating changes, needs strategies & monitoring	Variable engagement or poor recognition of need for help Requires close monitoring several/week	Poor engagement Escalating substance use and functional impairment, or lack of recognition of role of ETOH/drugs in present problem	Open to recovery but needs limited 24 hour support to promote or sustain progress	Minimal engagement or opposition to Rx: needs intensive, motivating strategies in a structured program	Lack of engagement due to biomedical or emotional condition Openly opposed to treatment requires confinement or needs case management linkage to better be able to use outpatient services	Adolescent problems in this dimension do not qualify for this LOC
Dimension 5 Relapse/Continued Use Potential	Needs limited support to maintain abstinence or control use & pursue recovery goals	Poor relapse prevention skills: Need close monitoring and support due to significant risk of relapse, deterioration in function	Minimal relapse prevention skills: High risk of relapse or continued use and deterioration in function	Understands potential for continued use/has emerging recovery skills. Support needed for reinforcement	Unable to control environ triggers/cravings, has insufficient support between encounters or has high chronicity or poor rx response.	Unable to interrupt a high severity or frequency pattern of use and avoid dangerous consequences	Adolescent problems in this dimension do not qualify for this LOC
Dimension 6 Recovery Environment	Family & environment can support recovery with limited assistance	Environment impeding recovery: Close monitoring to help overcome this.	Environment renders recovery unlikely without near-daily support or relief	Environment poses risk for recovery: Alternative residential support or placement needed.	Environment is dangerous to recovery	Environment is dangerous to recovery	Adolescent problems in this dimension do not qualify for this LOC.

ASAM Patient Placement Criteria, Second Edition-Revised (adapted for PrimariLink use, T. W. Mandell, M.D. 2002)

a) Dangerousness/ Lethality	No risk of self harm	Low risk: safe between sessions	Low risk: safe over night	Needs stable living environment for safety	Moderate but stable risk of harm therefore needs medium intensity 24 hr monitoring for safety	Moderate but, stable risk of harm Need 24 hour high intensity rx or secure containment	Severe risk of harm
b) Interference with Recovery	Minimal interference	Mild interference Needs this loc to support engagement	Moderate: needs this level to support engagement.	Mod interference requires limited 24 hour supports	Mod to severe interference: needs medium intensity residential	Severe interference High intensity residential to support engagement.	V. Severe interference and pat not able to participate as less intensive loc
c) Social Functioning	Minimal/mild impairment	Mild to mod impair but can sustain responsibilities	Moderate impairment: can sustain responsibility	Moderate impairment: needs 24 hr supervision	Moderate impairment; can't be managed at less intensive loc	Shows severe impairment	Frequent and dangerous impairment and needs frequent Medical/nursing intervention
d) Self Care	Minimal current difficulties with ADLs but significant risk of deterioration	Mild to mod diff with ADLs Frequent monitor & intervention needed	Moderate difficulty w/ ADLs & nearly daily intervention	Mod difficulty with ADLs Requires limited 24 supervision and prompting	Mod to severe problems with ADLs and requires 24 hour supervision and medium intensity assistance	Severe compromise of ADLs	Severe difficulties with ADLs
e) Course of Illness (History & current presentation)	Minimal imminent risk, but condition may predict need for monitoring	Predictive of need for frequent monitoring or interventions	Predicts need for near daily monitoring or interventions	Predictive of instability without 24 hour supervision	Predictive of deterioration without this level of care	Predictive of deterioration at lower LOC	Predictive of decompensation without current LOC