Service Name	**ASA INTERMEDIATE RESIDENTIAL (CO-OCCURRING DIAGNOSIS CAPABLE) – LEVEL 3.3**
Setting	Facility based
Facility License	This service may be located in a community setting or a specialty unit within a licensed health care facility such as a substance abuse treatment center. Licensed as required by DHHS Division of Public Health.
Basic Definition	Intermediate residential treatment is intended for adults with a primary substance use disorder for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of dependence on the individual's life or because of a history of repeated short-term or less restrictive treatment failures. Typically this service is more supportive than therapeutic communities and relies less on peer dynamics in its treatment approach.
Service Expectations (basic expectations for more detail see Title 471 chapter 20	• A substance use disorder (SUD) assessment completed by a licensed clinician prior to the beginning of treatment. • If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information, an SUD addendum would be necessary. • All Medicaid eligible individuals will be screened for co-occurring conditions throughout the assessment. If the clinician is a LADC or a PLADC and suspects a possible mental health condition, a referral is to be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders. • An initial treatment/recovery plan to guide the first seven days of treatment developed within 24 hours. The comprehensive individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual within seven days of admission. • Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every 30 days or more often as needed. • A nursing assessment by a RN, or LPN under RN supervision is to be completed within 24 hours of admission. The assessment will include recommendations for further physical examination if necessary. • Therapies/interventions should include 30 hours per week of individual, family, and group substance use disorder counseling, and educational groups. • Program is characterized by slower paced interventions purposefully repetitive to meet special individual treatment needs. • Monitoring to promote successful reintegration into regular, productive

	daily activity such as work, school or family living. • Other services could include 24 hours crisis management, family education, self-help group and support group orientation. • Monitoring stabilized co-occurring mental health problems. • Consultation and/or referral for general medical, psychiatric, and psychological needs. • All staff will be educated/trained in recovery principles and trauma informed care.
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness.
Staffing	• Clinical Director – APRN, RN, LMHP, LIMHP, LADC, or licensed psychologist - to provide clinical supervision, consultation and support to all program staff and the Medicaid eligible individuals they serve. This individual will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment who are knowledgeable about the biological and psychosocial dimensions of substance use disorder. • Direct care staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field, are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Other program staff may include RNs, LPNs, recreation therapists or social workers. • All staff are to be trained in recovery and trauma informed care.
Staffing Ratio	• Clinical director to direct care staff ratio as needed to meet all responsibilities. • 1:10 direct care staff to individuals served during all waking hours. • 1:10 therapist to individuals. • One awake staff for each ten individuals during individuals' sleep hours (overnight) with on-call availability for emergencies, two awake staff overnight for 11 or more individuals served. • On-call availability of medical and direct care staff and licensed clinicians to meet the needs of individuals served 24/7.

Hours of Operation	24/7
Desired Individual Outcome	• The individual has met their treatment plan goals and objectives. • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions. • The individual has alternative support systems secured to help the individual maintain stability.
Admission guidelines	• The individual has a substance-related diagnosis (including Substance Use Disorder or Substance-Induced Disorder) with functional impairments in each of the following areas: activities of daily living, employment, education, physical health, legal and social which are the direct result of the diagnosis • The individual is expected to benefit from this level of treatment. The individual meets the diagnostic criteria for a substance-related disorder, as defined in the most recent DSM, as well as the dimensional criteria for each of the 6 ASAM. • Dimension 1: ACUTE INTOXICATION &/OR WITHDRAWAL POTENTIAL: At minimal risk of withdrawal, at Levels 3.3 or 3.5. If withdrawal is present, it meets Level 3.2-D criteria. • Dimension 2: BIOMEDICAL CONDITIONS & COMPLICATIONS: None or stable, or receiving concurrent medical monitoring. • Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS & COMPLICATIONS: Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A Dual Diagnosis Enhanced setting is required for SPMI Severely and Persistently Mentally Ill individuals. • Dimension 4: READINESS TO CHANGE: Has marked difficulty with, or opposition to treatment, with dangerous consequences; or there is high severity in this dimension but not in others. The individual, therefore, needs a Level I motivational enhancement program. • Dimension 5: RELAPSE, CONT. USE OR CONT. PROBLEM POTENTIAL: Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences? • Dimension 6: RECOVERY ENVIRONMENT: Environment is dangerous and individual lacks skills to cope outside of a highly structured 24-hour setting.
Continued stay guidelines	It is appropriate to retain the individual at the present level of care if: • The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan.

	• Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals; • The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan; and/or • New problems have been identified that are appropriately treated at this level of care. • This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively. • To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem(s), he or she should continue in treatment at the present level of care.