

Service Name	ASA OUTPATIENT INDIVIDUAL THERAPY– LEVEL 1: ADULT SUBSTANCE USE DISORDER
Setting	Outpatient services are rendered in a professional office, clinic, home or other environment appropriate to the provision of substance use services.
Facility License	License as required by DHHS Division of Public Health.
Basic Definition	Outpatient individual substance use disorder therapy describes the professionally directed evaluation, treatment, management, and recovery services for individuals experiencing a substance related disorder that causes moderate and/or acute disruptions in the individual’s life.
Service Expectations basic expectations for more detail see Title 471 chapters 20	<ul style="list-style-type: none"> • A substance use disorder (SUD) assessment 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 than 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. • Individualized treatment, management and recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis, adjusted as medically necessary, and signed by the team including the individual served. • Treatment, assessments, and referrals as necessary to address co-occurring needs. • Monitoring stabilized co-occurring mental health problems. • If the individual has a co-occurring diagnosis it is the provider’s responsibility to coordinate with other treating professionals. • Medication assisted treatment (MAT) as necessary. • All staff are to be educated/trained in recovery principles, and trauma informed care.
Length of Service	Length of treatment is individualized and based on clinical criteria for admission and continued treatment as well as the individual’s ability to benefit from treatment and recovery goals.
Staffing	Appropriately licensed and credentialed professionals (Physician, physician assistant, APRN, Psychologist, Provisionally Licensed Psychologist, LIMHP, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment.
Staffing Ratio	1:1 individual
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has met their treatment plan goals and objectives. • Individual is able to remain stable without this treatment. • Individual has support systems secured to help the individual maintain stability.
Admission guidelines	<ul style="list-style-type: none"> • The individual is assessed as meeting the diagnostic criteria for an SUD as defined in the most recent DSM as well as all six of the dimensional criteria for admission. • There are significant symptoms as a result of the diagnosis that interfere with the individual's ability to function in at least one life area. • There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment. <p>The following six dimensions and criteria are abbreviated. Providers should refer to ASAM Criteria – 3rd Edition for complete criteria for each dimension.</p>

	<ul style="list-style-type: none"> • Dimension 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL: Acute Intoxication &/or Withdrawal Potential: Not experiencing withdrawal/minimal risk of severe withdrawal. • Dimension 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS: Biomedical Conditions & Complications: None or very stable or receiving concurrent medical monitoring. • Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS: None or very stable or receiving mental health monitoring. • Dimension 4: READINESS TO CHANGE: Ready for recovery but needs motivation and monitoring strategies to strengthen readiness OR High severity in this dimension but not in other dimensions. Needs a Level I motivational enhancement program. • Dimension 5: RELAPSE, CONTINUED USE OR CONTINUE PROBLEM POTENTIAL: Able to maintain abstinence or control use and pursue recovery or motivational goals with minimal support. • Dimension 6: RECOVERY ENVIRONMENT: Recovery environment is not supportive but, with structure and support, the individual can cope.
Continued stay guidelines	<ul style="list-style-type: none"> • 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 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.