

Clinically-Managed Low-Intensity Residential Services, i.e., Halfway House (HWH) – Level 3.1 (pp. 228 -231)

ADULT DIMENSIONAL ADMISSION CRITERIA – HWH Services

Admission is appropriate when specifications are met in **each** of the six dimensions:

- **DIM 1:** The patient has no signs or symptoms of withdrawal, OR his or her withdrawal needs can be safely managed in a Level 3.1 setting.
- **DIM 2:**
 - a) If present, the patient’s biomedical problems are stable and do not require medical monitoring, and the patient is able to self-administer medication; *OR*
 - b) a current biomedical condition is not severe enough to warrant inpatient treatment but is sufficient to distract from treatment or recovery efforts.
- **DIM 3:** The patient may not have any significant problems in this dimension. However, if any of the Dimension 3 conditions are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment). In Pennsylvania, these admission criteria can be satisfied by an admission into a co-occurring capable, a co-occurring enhanced program, a program with a Certificate of Approval as meeting the criteria in the co-occurring disorder competent bulletin or through a client referral to a mental health provider. As noted on p. 45: “If the emotional, behavioral or cognitive signs and symptoms are part of addiction, then Dimension 3 needs may be safely addressed as part of addiction treatment.” *See “Co-Occurring,” p. 24
 - a) Patient has no significant problems in this area, or the condition is assessed as sufficiently stable to allow the patient to participate in the therapeutic interventions provided at this level of care and to benefit from treatment; *AND*
 - b) The psychiatric condition is stable; *OR*
 - c) The patient’s symptoms and functional limitations, when considered in the context of his or her home environment, are sufficiently severe that he or she is assessed as not likely to maintain mental stability and/or abstinence if treatment is provided in a nonresidential setting; *OR*
 - d) The patient demonstrates an inability to maintain stable behavior over a 24-hour period without the structure and support of a 24-hour setting; *OR*
 - e) The patient’s co-occurring psychiatric, emotional, behavioral, or cognitive conditions are being addressed concurrently through appropriate psychiatric services.

While ASAM’s primary focus in DIM 3 is mental status due to a psychiatric condition, the Criteria recognizes that thought disorders, anxiety, guilt and/or depression may be related to SUD problems that are currently stable but may lead to relapse if not in a structured environment. (ASAM, p. 228)

- **DIM 4:** At least one of the following:
 - a) The patient acknowledges the existence of a psychiatric condition and/or substance use problem;
 - b) The patient is assessed as appropriately placed at Level 1 or 2 (Please note: for MH treatment - since in PA, one would not be in Level 3.1 and receiving services in level one or two unless these are OP MH services) and is receiving Level 3.1 concurrently;
 - c) The patient requires a 24-hour structured milieu to promote treatment progress and recovery because they are not likely to succeed in OP;

- d) The patient's perspective impairs his or her ability to make behavior changes without the support of a structured environment.

(Note: while some states may use the 3.1 LOC as "discovery, dropout prevention", Pennsylvania's licensing regulation and DDAP's description of the service type is only for those individuals whose SUD symptoms have been previously stabilized (in detox or a higher level of residential service), where the individual acknowledges a SUD problem, but needs 24-hour clinical structure to maintain sobriety and to develop life-skills/recovery maintenance skills.)

- **DIM 5:** Characterized by at least ONE of the following:
 - a) The patient demonstrates limited coping skills to address relapse triggers and urges and/or deteriorating mental functioning;
 - b) The patient understands his or her addiction, but is at risk of relapse in a less structured LOC;
 - c) The patient needs staff support to maintain engagement in his or her recovery program while transitioning to the community;
 - d) The patient is at high risk of substance use, addictive behavior, or deteriorated mental functioning, with dangerous emotional, behavioral, or cognitive consequences in the absence of 24-hour structured environment.
- **DIM 6:**
 - a) The patient is able to cope, for limited periods of time, outside of the 24-hour structure of a Level 3.1 program to participate in vocational, educational, and community activities, *AND*
 - b) The patient has been living in an environment that is characterized by a moderately high risk of initiation or repetition of physical, sexual, or emotional abuse, or substance use so endemic that the patient is assessed as being unable to achieve or maintain recovery at a less intensive level of care; *OR*
 - c) The patient lacks social contacts or has high-risk social contacts that jeopardize his or her recovery, or the patient's social network is characterized by significant social isolation and withdrawal; *OR*
 - d) The patient's social network involves living in an environment that is so invested in alcohol or other drug use that the patient's recovery goals are assessed unachievable; *OR*
 - e) Continued exposure to the patient's school, work, or living environment makes recovery unlikely, and the patient has insufficient resources and skills to maintain an adequate level of functioning outside of a 24-hour supportive environment; *OR*
 - f) The patient is in danger of victimization by another and requires 24-hour supervision.

The ASAM Criteria "do not purport to set medical or legal standard of care and may not encompass all the levels of service options that may be available in a changing health care field or within any particular state" (ASAM, p. ix). Additionally, the descriptions are intended to provide a more comprehensive understanding of each LOC; and "are not intended to replace or supersede the relevant statutes, licensure, or certification requirements of any state or federal jurisdiction" (ASAM, p. 19). Therefore, training and application guidance, as it pertains to Pennsylvania's halfway house LOC, is set forth in this document.

1. DDAP, recognizing The ASAM Criteria is a guide for placement and overall clinical care, clarifies that Pennsylvania's description of service delivery will continue to be determined by regulatory requirements outlined in the PA licensing requirements, and as defined by DDAP in its contractual agreements (Treatment Manual, Operations Manual, etc.). Additionally, DDAP clarifies the

utilization of The ASAM Criteria does not change the regulatory definition or application of the term “medically necessary”, as set forth in 55 Pa. Code Chapter 1101.21.

2. In PA, the HWH LOC is licensed as a non-hospital residential facility providing, structured, regulated, and professionally staffed services focused on developing self-sufficiency through counseling, employment and other services. Within the ASAM Criteria, the term halfway house is not synonymous with the term halfway house as documented in PA regulations and licensing requirements.
3. The ASAM Criteria’s Level 3 placements include a continuum of residential services, 3.1, 3.3, 3.5, and 3.7. Within Pennsylvania’s system of care, it has been determined that HWHs, because of the live-in, work-out environment, are most appropriately described by ASAM’s 3.1, with guidance for applying The ASAM Criteria to PA’s system of care and regulatory requirements.
4. Contrary to the ASAM Criteria’s indication that clinical services in this 3.1 LOC are usually provided in an outpatient setting (ASAM, p. 223), in Pennsylvania, HWH’s are licensed clinical providers that deliver onsite substance use disorder treatment, with referrals to an appropriate off-site mental health provider unless a provider is also credentialed to provide such services within the facility.
5. As always, it is essential that assessors are aware of all the service providers to which they make referrals so that individuals being referred are appropriately matched to the provider/facility that can best meet the needs of the individual.
6. The ASAM Criteria is individually focused, rather than program-focused. It is DDAP’s expectation that clients in any LOC will be treated as individuals, and if a service is needed, the provider will ensure that the client’s needs are met within the program’s structure or through a referral to a specialized provider.
7. Even though there has been legislation passed to certify or license recovery residences, recovery houses are not authorized to provide clinical services. While housing may be an ancillary need that can be met while an individual is participating in one of the outpatient levels of care, the appropriate clinical service would be either ASAM’s 1.0, 2.1, or 2.5, with an ancillary referral to an approved recovery residence, but NOT an ASAM Level 3 placement. The need for housing and a safe recovery environment cannot be the sole driver for placement into HWH/residential services, rather an individual must meet the admission criteria of the other dimensions as well.
8. DDAP is providing clarification to the Level 3.1 Adult Dimensional Admission Criteria, Dimension 3, All Programs statement located on page 228:

All Programs: The patient may not have any significant problems in this dimension. However, if any of the Dimension 3 conditions are present, the patient must be admitted to a co-occurring capable or co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment). In Pennsylvania, these admission criteria can be satisfied by an admission into a co-occurring capable, a co-occurring enhanced program, a program with a Certificate of Approval as meeting the criteria in the co-occurring disorder competent bulletin, or through a client referral to a mental health provider. As noted on ASAM’s p. 45: “If the emotional, behavioral or cognitive signs and symptoms are part of addiction (e.g., mood swings because the individual is using “uppers” and “downers”), then Dimension 3 needs may be safely addressed as part of addiction treatment.”

9. An individual is not required to have a co-occurring issue to utilize the 3.1 LOC, nor does having a co-occurring condition negate placement in this LOC. Rather, The ASAM Criteria is inclusive of those individuals who may have co-occurring conditions in Level 3.1 (and all LOCs).