



INTENSIVE OUTPATIENT SERVICES
ASAM 2.1

SETTING / DBHDS LICENSE TYPES

Level 2.1 program services may be offered in any appropriate setting that meets state licensure or certification status.

- Substance Abuse Intensive Outpatient for Adults, Children and Adolescents

SUPPORT SYSTEMS

- Medical, psychological, psychiatric, laboratory, and toxicology services are available through consultation or referral.
- Psychiatric and other medical consultation is available within 24 hours by telephone and preferably within 72 hours in personⁱ.
- Emergency services are available within 24 hours by telephone and within 72 hours in person.
- Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing services.

CO-OCCURRING ENHANCED PROGRAMS

- Level 2.1 co-occurring enhanced programs offer psychiatric services appropriate to the patient’s mental health condition. These psychiatric consultation services may be available by telephone and on siteⁱ, or closely coordinated off site, within a shorter time than in co-occurring capable program.

STAFF REQUIREMENTS

- Interdisciplinary team of credentialed addiction treatment professionalsⁱⁱ.
- Generalist physicians or physicians with experience in addiction medicine may be involved in providing general medical evaluations and concurrent/integrated general medical care.
- Some if not all program staff have sufficient cross-training to understand signs and symptoms of mental disorders and be able to understand and explain the uses of psychotropic medications and interactions with substance use and other addictive disorders.

CO-OCCURRING ENHANCED PROGRAMS

- Staff are appropriately credentialed mental health professionals who assess and treat co-occurring mental disorders.
- Clinical leadership and oversight should have at minimum, capacity to consult with addiction psychiatrist.

THERAPIES

- A minimum of 9 up to 19 hours of service a week for adults and 6 up to 19 hours per week for adolescents of skilled treatment services. Such service include individual and group counseling, medication management, family therapy, education groups, occupational and recreational therapy and other therapies.
- Family therapies involved family members, guardians, or significant other in the assessment, treatment, and continuing care of the patient.
- Planned format of therapies, delivered in individual or group setting must be adapted to the patient’s developmental stage and comprehension level.
- Motivational interviewing, enhancement, and engagement strategies must be used.

CO-OCCURRING ENHANCED PROGRAMS

- Level 2.1 co-occurring capable programs offer these therapies described above to patients with co-occurring addictive and mental disorders who are able to tolerate and benefit.



- Other patients who are not able to benefit from full program of therapies (severely or chronically mentally ill) will be offered enhanced program services to constitute intensity of hours in Level 2.1, including intensive case management, assertive community treatment, medication management and psychotherapy.

DAY TREATMENT / PARTIAL HOSPITALIZATION ASAM 2.5

SETTING/ DBHDS LICENSE TYPES

Level 2.5 program services may be offered in any appropriate setting that meets state licensure or certification status.

- Substance Abuse or Substance Abuse/Mental Health Partial Hospitalization

SUPPORT SYSTEMS

- Must include medical, psychological, psychiatric, laboratory, and toxicology services, which are available via consult or referral.
- Psychiatric and Medical formal agreements to provide consult within 8 hours by telephone, 48 hours in person.ⁱ 24/7 Emergency Services availability.
- Direct affiliation with or close coordination through referral to more and less intensive levels of care and supportive housing services.

CO-OCCURRING ENHANCED PROGRAMS

- Offer psychiatric services appropriate to the patient's mental health condition. Services may be available by telephone and on site, or closely coordinated off site, within a shorter time that in co-occurring capable program.
- Clinical leadership and oversight should have at minimum, capacity to consult with addiction psychiatrist.

STAFF REQUIREMENTS

- Interdisciplinary team of credentialed addiction treatment professionalsⁱⁱ and/or an addiction-credentialed physicianⁱⁱⁱ or physician extenders^{iv} with experience in addiction medicine.
- Physicians should have specialty training and/or experience in addiction medicine or addiction psychiatry. If treating adolescents, experience with adolescent medicine.
- Program staff have sufficient cross-training to understand signs and symptoms of mental disorders and be able to understand and explain the uses of psychotropic medications and interactions with substance use and other addictive disorders.

CO-OCCURRING ENHANCED PROGRAMS

- Staff are appropriately credentialed mental health professionals who assess and treat co-occurring mental disorders.
- Clinical leadership and oversight may be offered by certified and/or licensed addiction psychiatrist.
- Provide ongoing intensive case management for highly crisis-prone patients with co-occurring disorders. Such case management is delivered by cross-trained, interdisciplinary staff.

THERAPIES

- A minimum of 20 hours per week of skilled treatment services which may include individual and group counseling, medication management, family therapy, education groups, occupational and recreational therapy and other therapies.
- Family therapies involved family members, guardians, or significant other in the assessment, treatment, and continuing care of the patient.
- Planned format of therapies, delivered in individual or group setting must be adapted to the patient's



developmental stage and comprehension level.

- Motivational interviewing, enhancement, and engagement strategies must be used.

CO-OCCURRING ENHANCED PROGRAMS

- Level 2.5 co-occurring capable programs must offer therapies described above to patients with co-occurring addictive and mental disorders who are able to tolerate and benefit. Other patients who are not able to benefit from full program of therapies (severely or chronically mentally ill) will be offered enhanced program services to constitute intensity of hours in Level 2.5, including intensive case management, assertive community treatment, medication management and psychotherapy.

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

SETTING / DBHDS LICENSE TYPES

Level 3.1 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting.

- Mental Health and Substance Abuse Group Home Service for Adults and Children (Required for co-occurring enhanced programs)
- Substance Abuse Halfway House for Adults

SUPPORT SYSTEMS

- Telephone or in-person consultation with physician and emergency services available 24 hours a day, 7 days per week.
- Direct affiliations or close coordination through referral to more and less intensive levels of care and other services such as intensive outpatient, vocational assessment and placement, literacy training, and adult education.
- Ability to arrange for needed procedures (including indicated laboratory and toxicology tests) appropriate to the severity and urgency of patient’s condition.
- Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications.
- Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and other services such as sheltered workshops, literacy training, and adult education.
- Does not include sober houses, boarding houses or group homes where treatment services are not provided.

CO-OCCURRING ENHANCED PROGRAMS

- In addition to the Level 3.1 support systems listed above, Level 3.1 co-occurring enhanced programs offer appropriate psychiatric services, including medication evaluation and laboratory services. Such services are provided on-site or closely coordinated off-site¹, as appropriate to the severity and urgency of the patient’s mental condition.

STAFF REQUIREMENTS

- Staffed by allied health professionals (such as counselor aides/group living workers) who are available on-site 24 hours a day or as required by licensing regulations.
- Clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use disorders and their treatment, are able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation.
- Addiction-credentialed physician or physician with experience in addiction medicineⁱⁱⁱ should review admission to



confirm clinical necessity for services, team of trained/credentialed medical/addiction and mental health professionals develop and drive the individualized services plan

- Case management is included.
- Coordination with community physicians for review of treatments as needed.
- Biomedical enhanced services are delivered by appropriately credentialed medical staff who are available to assess and treat co-occurring biomedical disorders and to monitor the patient's administration of medications in accordance with a physician's prescription.

CO-OCCURRING ENHANCED PROGRAMS

- Level 3.1 co-occurring enhanced programs are staffed by appropriately credentialed mental health professionals, who are able to assess and treat co-occurring disorders with the capacity to involved addicted trained psychiatrists.
- Some of the addiction treatment professionals have sufficient cross-training in addiction and mental health to understand the signs and symptoms of mental disorders, and understand and be able to explain to patient the purpose of psychotropic medications and interactions with substance use.

THERAPIES

- Service structure should facilitate organization of daily living skills, recovery, personal responsibility, personal appearance and punctuality.
- Clinically directed program activities (constituting at least 5 hours per week of professionally directed treatment) designed to stabilize and maintain substance use disorder symptoms, and to develop and apply recovery skills. Activities may include relapse prevention, interpersonal choice exploration, development of social networks in support of recovery.
- Addiction pharmacotherapy, drug screening to monitor and reinforce recovery treatment gains.
- Motivational enhancement and engagement strategies.
- Counseling and clinical monitoring to support initial or re-involvement in regular productive daily activity and reintegration into family living with health education.
- Medication monitoring
- Recovery support services
- Services for the patient's family and significant others
- Opportunities for patient to be introduced to the potential benefits of addiction pharmacotherapies as a long term tool to manage addiction.

CO-OCCURRING ENHANCED PROGRAMS

- Level 3.1 co-occurring capable programs must offer the therapies described above as well as planned clinical activities (either directly or through affiliated providers) that are designed to stabilize the patient's mental health program and psychiatric symptoms and to maintain such stabilization.
- Goals of therapy apply to both the substance use disorder and any co-occurring mental disorder.
- Specific attention given to medication education and management and to motivational and engagement strategies.



**CLINICALLY MANAGED POPULATION
 SPECIFIC HIGH INTENSITY RESIDENTIAL SERVICES ADULT ONLY
 ASAM 3.3**

SETTING / DBHDS LICENSE TYPES

Level 3.3 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed health care facility.

- Supervised Residential Treatment Substance Abuse and Mental Health RTS for Adults and Children (Required for co-occurring enhanced programs).

SUPPORT SYSTEMS

- Telephone and in person consultation with physician or physician extender^{iv} and emergency services 24/7.
- Direct affiliations or close coordination through referral to more and less intensive levels of care and other services such as supported employment, vocational assessment and placement, literacy training, and adult education.
- Ability to arrange for needed procedures including lab and toxicology appropriate to the severity of need.
- Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications.
- Does not include sober houses, boarding houses or group homes where treatment services are not provided.

CO-OCCURRING ENHANCED PROGRAMS

- Offer appropriate psychiatric services, including medication evaluation and laboratory services. Provided on-site or closely coordinated off-site, as appropriate to the severity and urgency of the patient’s mental condition.

STAFF REQUIREMENTS

- Credentialed addiction treatment professionalsⁱⁱ and/or physicians or physician extenders^{iv} work with allied health professionals in an interdisciplinary team approach.
- Staffed by allied health professionals (counselor aides/group living workers) and clinical staff; onsite 24 hours per day or as required by licensing standards.
- One or more clinicians with substance use disorder competencies must be available on site or by phone 24/7.
- Case management is included in this LOC.
- Clinical staff knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment, and are able to recognize the signs and symptoms of acute psychiatric conditions including decompensation. Staff have specialized training in behavior management techniques.
- Biomedical enhanced services are delivered by appropriately credentialed medical staff who are available to assess and treat co-occurring biomedical disorders and to monitor the patient’s administration of medications in accordance with a physician’s prescription.

CO-OCCURRING ENHANCED PROGRAMS

- Level 3.3 co-occurring enhanced programs are staffed by appropriately credentialed psychiatrists and mental health professionals who assess and treat co-occurring mental disorders and who have specialized training in behavior management techniques.
- Some of the addiction treatment professionals have sufficient cross-training in addiction and mental health to understand the signs and symptoms of mental disorders, and understand and be able to explain to patient the purpose of psychotropic medications and interactions with substance use.



THERAPIES

- Daily Clinical services to improve organization of daily living skills, recovery, personal responsibility, personal appearance and punctuality.
- Clinically directed program activities designed to stabilize and maintain substance use disorder symptoms, and to develop and apply recovery skills. Relapse prevention, interpersonal choice exploration, development of social networks in support of recovery.
- Random drug screening
- Range of behavioral and other adapted therapies administered in group and, individual settings, counseling and clinical monitoring to assist the individual in initial involvement or re-involvement in regular productive daily activity such as work or school, with successful re-integration into family living with health education.
- Daily Professional addiction and mental health treatment services designed to develop and apply recovery skills may include medical and nursing, individual, group and family counseling, family therapy educational groups, occupational therapy, recreational therapy, art, music, physical therapy and vocational rehabilitation.
- Clinical and didactical motivational interventions to address readiness to change and understanding of disorder life impacts.
- Services for family and significant others.

CO-OCCURRING ENHANCED PROGRAMS

- Level 3.3 co-occurring enhanced programs offer planned clinical activities designed to stabilize the patient’s mental health programs and psychiatric symptoms, and to maintain stabilization.
- Specific attention given to medication education and management and to motivational and engagement strategies.
- Patients with co-occurring addictive and mental disorders who are able to tolerate and benefit. Other patients who are not able to benefit from full program of therapies (severely or chronically mentally ill), once stabilized, will be provided planning for and integration into intensive case management, medication management and/or psychotherapy.

**CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL SERVICES
 (ADULTS) / MEDIUM INTENSITY-(ADOLESCENT)
 ASAM 3.5**

SETTING / DBHDS LICENSE TYPES

Level 3.5 programs are offered in a (usually) freestanding, appropriately licensed residential facility located in a community setting, specialty unit within a licensed health care facility, or in a “therapeutic community.”

- Substance Abuse Residential Treatment Service for Adults or Children
- Psychiatric Unit (Required for co-occurring enhanced programs)
- Substance Abuse and Mental Health RTS for Adults and Children (Required for co-occurring enhanced programs)

SUPPORT SYSTEMS

- Telephone or in person consultation with a physician, physician assistant or nurse practitioner is available to perform MD services required in 3.5. Emergency Services available 24/7.
- Direct affiliations or close coordination through referral to more and less intensive levels of care and other services such as vocational assessment and training, literacy training, and adult education.
- Ability to arrange for needed procedures including medical, psychiatric, psychological, lab and toxicology



appropriate to the severity of need.

CO-OCCURRING ENHANCED PROGRAMS

- Level 3.5 co-occurring enhanced programs offer psychiatric services, medication evaluation, and laboratory services. Such services are available by telephone within 8 hours and on-site or closely coordinated off-site within 24 hours, as appropriate to the severity and urgency of the patient’s mental condition.

STAFF REQUIREMENTS

- Credentialed addiction treatment professionalsⁱⁱ and/or physicians or physician extenders^{iv} work with allied health professionals in an interdisciplinary team approach.
- Staffed by allied health professionals (counselor aides/group living workers) and clinical staff; onsite 24 hours per day or as required by licensing standards.
- One or more clinicians with SUD competencies must be available on site or by phone 24/7.
- Clinical staff knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment. They are able to recognize the signs and symptoms of acute psychiatric conditions including decompensation. Staff have specialized training in behavior management techniques.
- Biomedical enhanced services are delivered by appropriately credentialed medical staff who are available to assess and treat co-occurring biomedical disorders and to monitor the patient’s administration of medications in accordance with a physician’s prescription.

CO-OCCURRING ENHANCED PROGRAMS

- Level 3.5 co-occurring enhanced programs are staffed by appropriately credentialed mental health professionalsⁱⁱ, including addiction psychiatristsⁱⁱⁱ who are able to assess and treat co-occurring mental disorders and who have specialized training in behavioral management techniques.
- Some of the addiction treatment professionals have sufficient cross-training in addiction and mental health to understand the signs and symptoms of mental disorders, and understand and be able to explain to patient the purpose of psychotropic medications and interactions with substance use.

THERAPIES

- Daily Clinical services to improve organization, daily living skills, recovery, personal responsibility, personal appearance and punctuality. Development and practice of prosocial behaviors.
- Clinically directed program activities designed to stabilize and maintain SUD symptoms, and apply recovery skills. Relapse prevention, interpersonal choice exploration, development of social networks in support of recovery.
- Counseling and clinical monitoring assist the individual in initial involvement or re-involvement in regular productive daily activity such as work or school, with successful re-integration into family living with health education.
- Random drug screening to monitor and reinforce recovery.
- Evidence based cognitive, behavioral and other therapies administered on individual and group basis, medication education and management, addiction pharmacotherapy, education skill building groups and OT or RT activities.
- Motivational enhancements and engagement strategies appropriate to the individuals stage of readiness and desire to change.
- Counseling and clinical interventions to facilitate teaching the individual skills needed for productive living and successful reintegration into family living to include health education. Monitoring of the adherence to prescribed medications and OTC meds and supplements.



- Planned clinical interventions to enhance the individuals understanding of SU and MH disorders.
- Daily scheduled professional services, interdisciplinary assessments and treatment, designed to develop and apply recovery skills. Relapse prevention, interpersonal choices, development of social network supportive of recovery. Such services would include individual and group counseling, psychotherapy, family therapy, educational and skill building groups, OT, RT, PT, art, music, movement, vocational rehabilitation.
- Planned community reinforcement designed to foster prosocial values and milieu or community living skills.
- Services for family and significant others.

CO-OCCURRING ENHANCED PROGRAMS

- Level 3.5 co-occurring enhanced programs offer planned clinical activities designed to stabilize the patient’s mental health problems and psychiatric symptoms, and to maintain such stabilization.
- Specific attention is given to medication education and management and motivational and engagement strategies.

MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES (ADULT)
HIGH INTENSITY INPATIENT (ADOLESCENT)
ASAM 3.7

SETTING / DBHDS LICENSE TYPES

Level 3.7 program services are offered in a (usually) freestanding, appropriately licensed facility located in a community setting, or a specialty unit in a general or psychiatric hospital or other license health care facility. The setting may be a more intensive unit of a freestanding residential facility or inpatient unit of an acute care hospital or psychiatric unit with 24 hour clinical supervision.

- Inpatient Psychiatric Unit with a DBHDS Medical Detoxification License
- Substance Abuse Residential Treatment Services (RTS) for Adults/Children with a DBHDS Medical Detoxification License
- Residential Crisis Stabilization Unit with DBHDS Medical Detoxification License

SUPPORT SYSTEMS

- Physician monitoring, nursing care and observation are available. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary.
- A registered nurse conducts an alcohol or other drug focused nursing assessment upon admission. An appropriately credentialed and licensed nurse (registered nurse or licensed practical nurse) is responsible for monitoring the patient progress and for medication administration duties.
- Additional medical specialty consultation, psychological, laboratory and toxicology services are available on site, through consultation or referral.
- Coordination of necessary services are available through direct affiliation or referral processes to step down and or medical follow up services.
- Psychiatric services are available onsite, through consultation or referral when a presenting problem could be attended to at a later time. Such services are available within 8 hours by telephone and 24 hours in-person¹.

CO-OCCURRING ENHANCED PROGRAMS

- Level 3.7 co-occurring enhanced programs offer appropriate psychiatric services, medication evaluation, and laboratory services.
- A psychiatrist assesses the patient within 4 hours of admission by telephone and within 24 hours following admission in person, or sooner, as appropriate to the patient’s behavioral health condition, and thereafter as



medically necessaryⁱ.

- A registered nurse or licensed mental health clinician conducts a behavioral health-focused assessment at the time of admission. An appropriately credentialed and licensed nurse (registered nurse or licensed practical nurse) is responsible for monitoring the patient's progress and administering of monitoring the patient's self-administration of psychotropic medications.

STAFF REQUIREMENTS

- Interdisciplinary team of credentialed addiction treatment professionalsⁱⁱ and addiction-credential physiciansⁱⁱⁱ or physicians with experience in addiction medicine assess, treat and obtain and interpret information regarding the patients psychiatric and substance use or addictive disorders.
- Clinical staff knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment. They are able to recognize the signs and symptoms of acute psychiatric conditions including decompensation. Staff have specialized training in behavior management techniques and evidence based best practices. The staff is able to provide a planned regimen of 24hr professionally directed evaluation, care and treatment including the administration of prescribed medications.
- Addiction-credentialed physicianⁱⁱⁱ or physician with experience in addiction medicine oversees the treatment process and assures quality of care. Licensed physician must perform physical examinations for all patients admitted. Must have the ability to supervise addiction pharmacotherapy, integrated with psychosocial therapies. Can be a physician/psychiatrist, or physician assistant or nurse practitioner if knowledgeable about addiction treatment especially pharmacotherapies.

CO-OCCURRING ENHANCED PROGRAMS

- Level 3.7 co-occurring enhanced programs are staffed by psychiatrists and appropriately credentialed behavioral health professionalsⁱⁱ, who are able to assess and treat co-occurring psychiatric disorders and who have specialized training in the behavior management techniques and evidenced-based practices.
- Ideally staffed by addiction-credentialed physicianⁱⁱⁱ along with general psychiatrist, by physician certified as addiction psychiatrist, or by psychiatrist with experience in addiction medicine.
- Some of the addiction treatment professionals have sufficient cross-training in addiction and mental health to understand the signs and symptoms of mental disorders, and understand and be able to explain to patient the purpose of psychotropic medications and interactions with substance use.

THERAPIES

- Daily clinical services provided by an interdisciplinary team to involve appropriate medical and nursing services, individual, group and family activity services.
- Planned clinical program activities to stabilize acute addictive or psychiatric symptoms. Activities may include pharmacological, cognitive-behavioral, and other therapies administered on an individual or group basis and adapted to the individual's level of comprehension.
- Counseling and clinical monitoring to promote re-involvement in or skill building in regular productive daily activity such as work or school and successful re-integration into family living if applicable.
- Random drug screens to monitor use and reinforce recovery and treatment gains.
- Regular medication monitoring.
- Planned clinical activities to enhance understanding of disorder.
- Health education associated with the course of addiction and other potential health related risk factors such as Tuberculosis, HIV, Hepatitis B and C, and other Sexually Transmitted Infections.
- Evidence based practices such as motivational enhancement strategies and interventions appropriate to address the individuals readiness to change, designed to facilitate understanding of relationship of the substance use



disorder and life impacts.

- Daily treatments to manage acute symptoms of biomedical substance use or mental health disorder.
- Services to family and significant others.

CO-OCCURRING ENHANCED PROGRAMS

- Level 3.7 co-occurring enhanced programs offer planned clinical activities designed to promote stabilization of the patient's behavioral health needs and psychiatric symptoms, and to promote stabilization.
- Specific attention is given to medication education/management and to motivational and engagement strategies.

MEDICALLY MANAGED INTENSIVE INPATIENT SERVICES

ASAM 4

SETTING

Level 4 program services may be offered in any appropriately licensed acute care setting that offers addiction treatment services in concert with intensive biomedical and/or psychiatric services.

- Must offer medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, and/or biomedical distress resulting from, or co-occurring with, a patient's use of alcohol, tobacco, and/or other drugs.

And

- Acute Care General Hospital licensed by Virginia Department of Health (12VAC5-410)

SUPPORT SYSTEMS

- All necessary support systems include a full range of acute care services, specifically consultation, and intensive care.

STAFF REQUIREMENTS

- Managed by addiction-credentialed physicianⁱⁱⁱ or physician with experience in addiction medicine.
- Interdisciplinary team of credentialed addiction treatment professionalsⁱⁱ (including licensed professional counselors, clinical psychologists, licensed clinical social workers, and nurses) with knowledge of biopsychosocial dimensions of addictions.
- Medical management by physicians and primary nursing care available 24 hours per day.
- Counseling services available 16 hours per day.
- Credentialed addiction treatment professionalsⁱⁱ administer planned interventions according to the assessed needs of the patient.

CO-OCCURRING ENHANCED PROGRAMS

- Level 4 co-occurring enhanced programs are staffed by appropriately credentialed mental health professionalsⁱⁱ, who assess and treat the patient's co-occurring mental disorders.
- Staff are knowledgeable about the biological and psychosocial dimensions of psychiatric disorders and their treatment.
- Staff are cross-trained and appropriately credentialed addiction and mental health professionals.
- Ideally led by addiction-credentialed physicianⁱⁱⁱ working in collaboration with a psychiatrist consultantⁱ; board certified psychiatrist working in collaboration with an addiction-credentialed physician; or an addiction-credentialed physician who has had further training in psychiatry but not board-certified.

THERAPIES



- An individualized array of treatment services for substance use disorders, as well as any concurrent biomedical, emotional, behavioral, or cognitive problems, delivered by an interdisciplinary treatment team.
- Cognitive, behavioral, motivational, pharmacologic, and other therapies provided on an individual or group basis, depending on patient's needs. For patients with severe biomedical disorder, physical health interventions are available to supplement addiction treatment. For the patient who has less stable psychiatric symptoms, Level 4 co-occurring capable programs offer individualized treatment activities designed to monitor the patient's mental health, and to address the interaction of the mental health programs and substance use disorders.
- Health education services
- Planned clinical interventions that are designed to enhance the patient's understanding and acceptance of illness of addiction.
- Services for the patient's family, guardian, or significant other.
- This level of care offers 24-hour nursing care and daily physician care for severe, unstable problems in ASAM Dimensions 1, 2 or 3.

CO-OCCURRING ENHANCED PROGRAMS

- Level 4 co-occurring enhanced programs offer individualized treatment activities designed to stabilize the patient's active psychiatric symptoms. Specific attention is given to medication evaluation and management. Treatment features motivational and engagement strategies.

ⁱ Telemedicine when provided by live interactive video, meets the standard of in person of "face-to-face" care for psychiatric consults.

ⁱⁱ "Credentialed Addiction Treatment Professionals" include licensed clinical psychologists, licensed clinical social workers, licensed professional counselors, licensed psychiatric clinical nurse specialists, licensed psychiatric nurse practitioners, licensed marriage and family therapists, licensed substance abuse treatment practitioners, or individuals with certification as a substance abuse counselors (CSAC) who are under the direct supervision of one of the licensed practitioners listed above. Also included are the following:

- "Residents" under supervision of licensed professional counselor, licensed marriage and family therapist or licensed substance abuse treatment practitioner approved by the Virginia Board of Counseling;
- "Residents in psychology" under supervision of a licensed clinical psychologist approved by the Virginia Board of Psychology; and
- "Supervisees in social work" under the supervision of a licensed clinical social worker approved by the Virginia Board of Social Work.

ⁱⁱⁱ "Addiction-Credentialed Physicians" have achieved professional recognition in the treatment of addiction and have been certified for their expertise in treating addiction by one of the following three pathways: 1) any physician who has completed an addiction medicine fellowship or met other eligibility criteria and then by examination, received certification and diplomate status from the American Board of Addiction Medicine; or 2) a psychiatrist who completed a fellowship in addiction psychiatry and then by examination, became certified by the American Board of Psychiatry and Neurology; or 3) a doctor of osteopathy (DO) who received certification in addiction medicine through examination and certification by the American Osteopathic Association.

Special Note: In situations where a certified addiction physician is not available, physicians treating addiction should have some specialty training and/or experience in addiction medicine or addiction psychiatry. If treating adolescents, they should have experience with adolescent medicine.

^{iv} "Physician Extenders" are licensed nurse practitioners and physician assistants.