Department of Legislative Services

Maryland General Assembly 2018 Session

FISCAL AND POLICY NOTE First Reader

Senate Bill 922 Finance (Senator Hershey)

Alcohol and Drug Abuse Program Facilities - ASAM Criteria Assessments

This bill requires a certified alcohol and drug abuse program facility to provide a patient with a copy of the patient's treatment records on the patient's request. Within 72 hours of completing an "ASAM criteria" assessment, the members of a patient's ASAM criteria assessment team must meet with the patient to explain or clarify specified information, including discharge options. A facility must send the appropriate application records to a treatment provider of the patient's next level of care within 72 hours of the assessment if the results show that the patient should receive residential treatment or treatment in a halfway house.

Fiscal Summary

State Effect: The bill is not expected to materially affect State finances or operations.

Local Effect: The bill is not expected to materially affect local finances or operations.

Small Business Effect: Minimal.

Analysis

Bill Summary: "ASAM criteria" means the nationally recognized comprehensive guidelines established by the American Society of Addiction Medicine for the assessment of the placement, continued stay, transfer, and discharge of patients with addiction and co-occurring conditions.

The patient's treatment provider at the facility must provide direct patient referrals to any other treatment providers specified in the results of the assessment and discharge plan. Further, a patient may request that an individual of the patient's choosing be designated as the patient's personal representative to advocate and speak for the patient to create a discharge plan based on the assessment results.

The patient and the patient's treatment provider must sign the discharge plan before the patient may be discharged.

Current Law/Background: In Maryland, residential substance-related disorder services are generally provided at the following levels of care:

- residential-low intensity level 3.1 programs provide clinically managed, low intensity, substance-related disorder treatment in large and small halfway houses;
- residential-medium intensity level 3.3 programs provide clinically managed, medium intensity, substance-related disorder treatment services; and
- residential-high intensity level 3.5 programs provide clinically managed, high-intensity, substance-related disorder treatment services in a highly structured environment, in combination with moderate- to high-intensity treatment and ancillary services.

According to the American Society of Addiction Medicine, ASAM criteria (formerly "ASAM patient placement criteria") are the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge of patients with addiction and co-occurring conditions. ASAM criteria use six dimensions for service planning and treatment:

- *Dimension 1*: Acute intoxication and/or withdrawal potential;
- *Dimension 2*: Biomedical conditions and complications;
- Dimension 3: Emotional, behavioral, or cognitive conditions and complications;
- *Dimension 4*: Readiness to change;
- Dimension 5: Relapse, continued use, or continued problem potential; and
- *Dimension 6*: Recovery and living environment.

Additionally, there are five broad levels of care and subsets within these levels to represent gradations of intensity of services and certain benchmarks:

- *Level 0.5*: Early intervention;
- *Level 1*: Outpatient services;
- Level 2: Intensive outpatient/partial hospitalization services;
- Level 2.1: Intensive outpatient services;
- Level 2.5: Partial hospitalization services;
- Level 3: Residential inpatient services;
- Level 3.1: Clinically managed, low-intensity residential services;
- Level 3.3: Clinically managed, population-specific, high-intensity residential services;
- Level 3.5: Clinically managed, high-intensity residential services;
- Level 3.7: Medically monitored, intensive inpatient services; and
- Level 4: Medically managed, intensive inpatient services.

Additional Information

Prior Introductions: None.

Cross File: HB 1579 (Delegate S. Howard, et al.) - Health and Government Operations.

Information Source(s): American Society of Addiction Medicine; Department of

Legislative Services

Fiscal Note History: First Reader - February 20, 2018

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