



*To compassionately serve  
Hoosiers of all ages and  
connect them with  
social services, health care  
and their communities.*

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# Indiana Levels of Care: for substance use disorder treatment

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**Division of  
Mental Health  
and Addiction**



# Indiana Levels of Care:

## Brief overview

- Recap
- Your Voice
- Trainings
- Resources





# Indiana Levels of Care for Addiction Services

The 30 day public comment period will run from January 24, 2020, through February 28, 2020. Comments may be sent to [SUD.Services@fssa.IN.gov](mailto:SUD.Services@fssa.IN.gov)

Mail address below:

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Addiction & Forensic Treatment Team  
402 W. Washington St., W353  
Indianapolis, IN 46204

Website: <https://www.in.gov/fssa/dmha/3073.htm>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>0.5 - Early Intervention</p>	<ul style="list-style-type: none"> <li>➤ Services for individuals who are at risk of developing substance-related disorders</li> <li>➤ No withdrawal risk</li> <li>➤ No substance use disorder</li> <li>➤ Form of prevention and intervention</li> </ul>	<ul style="list-style-type: none"> <li>➤ At risk means: meeting no more than two criteria in the DSM for a SUD and does not meet criteria for higher level of care.</li> <li>➤ Binge drinking or similar type using of other substances.</li> <li>➤ Underage drinking, tobacco or other drug use.</li> <li>➤ Best Practice Group Size max 1:20 clinician to consumer ratio not to exceed 20.</li> </ul>	<ol style="list-style-type: none"> <li>1. Employee Certification: Licensed Addiction Counselor (LAC), prevention certified person having completed the International Certification &amp; Reciprocity Consortium (IC&amp;RC) exam.</li> <li>2. Highly encouraged: Part Time Employee (PTE), Clinical supervisor</li> <li>3. Best Practice: Additional Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>1.0 - Outpatient Services</p>	<ul style="list-style-type: none"> <li>➤ Outpatient treatment (usually less than 9 hours a week for adults and less than six for adolescents), including counseling, evaluations, and interventions.</li> <li>➤ Minimal risk of severe withdrawal.</li> <li>➤ WM services 1</li> <li>➤ Ability to arrange for pharmacotherapy for psychiatric or addiction medications</li> </ul>	<ul style="list-style-type: none"> <li>➤ Less than 9 hours of clinical addiction services per week but must be at least one hour monthly</li> <li>➤ Processing Group Size max: 24</li> <li>➤ Best Practice for processing group clinician to consumer ratio 1:12</li> <li>➤ Best practice is to provide Clinical Supervision for licensed and or credentialed staff which is based on 40hr week. Supervision should occur 1 hour weekly for first year of licensure/credential and Biweekly after.</li> </ul>	<ol style="list-style-type: none"> <li>1. Employee Credentials: Licensed Clinical Addiction Counselor (LCAC).</li> <li>2. PTE: clinical supervisor, medical director if necessary</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>1.0 - Outpatient Services (CONTINUED)</p>	<ul style="list-style-type: none"> <li>➤ Outpatient treatment (usually less than 9 hours a week for adults and less than six for adolescents), including counseling, evaluations, and interventions.</li> <li>➤ Minimal risk of severe withdrawal.</li> <li>➤ WM services 1</li> <li>➤ Ability to arrange for pharmacotherapy for psychiatric or addiction medications</li> </ul>	<ul style="list-style-type: none"> <li>➤ Each consumer must be staffed and overseen by a medical director at least once a month.</li> <li>➤ Required to provide protocols for the continuation of MAT, including direct operational linkage or access to methadone, buprenorphine, oral/injectable naltrexone providers</li> <li>➤ 75% of services are clinical in addition medical</li> </ul>	<ol style="list-style-type: none"> <li>1. Employee Credentials: Licensed Clinical Addiction Counselor (LCAC).</li> <li>2. PTE: clinical supervisor, medical director if necessary</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>2.1 - Intensive Outpatient Services</p>	<ul style="list-style-type: none"> <li>➤ 9-19 hours of structured programming per week</li> <li>➤ (Counseling and education about addiction-related and mental health programs).</li> <li>➤ Minimal risk of severe withdrawal</li> <li>➤ WM services 2 and lower</li> <li>➤ Ability to arrange for pharmacotherapy for psychiatric</li> </ul>	<ul style="list-style-type: none"> <li>➤ 9-19 hours of clinical addiction services per week</li> <li>➤ Processing Group Size max: 16</li> <li>➤ Best Practice for processing group clinician to consumer ratio 1:8</li> <li>➤ Best practice is to provide Clinical Supervision for licensed and or credentialed staff which is based of 40hr week. Supervision should occur 1 hour weekly for first year of licensure/credential and Biweekly after.</li> </ul>	<ol style="list-style-type: none"> <li>1. Employee Credentials: clinical supervisor, LCAC</li> <li>2. PTE: Medical director</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>





ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>2.1 - Intensive Outpatient Services (CONTINUED)</p>	<ul style="list-style-type: none"> <li>➤ 9-19 hours of structured programming per week</li> <li>➤ (Counseling and education about addiction-related and mental health programs).</li> <li>➤ Minimal risk of severe withdrawal</li> <li>➤ WM services 2 and lower</li> <li>➤ Ability to arrange for pharmacotherapy for psychiatric</li> </ul>	<ul style="list-style-type: none"> <li>➤ Required to provide protocols for the continuation of MAT, including direct operational linkage or access to methadone, buprenorphine, oral/injectable naltrexone providers</li> <li>➤ Able to offer level 2 and 1 withdrawal management.</li> <li>➤ 75% of services are clinical in addition medical               <ul style="list-style-type: none"> <li>○ Must provide addiction medication upon intake as medically indicated. Telehealth, contracted with dr.</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Employee Credentials: clinical supervisor, LCAC</li> <li>2. PTE: Medical director</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>2.5 - Partial Hospitalization</p>	<ul style="list-style-type: none"> <li>➤ 20 or more hours of clinically intensive programming</li> <li>➤ per week</li> <li>➤ Moderate risk of severe withdrawal</li> <li>➤ Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications</li> <li>➤ WM services 2 and lower</li> </ul>	<ul style="list-style-type: none"> <li>➤ Processing Group Size max: 16</li> <li>➤ Best Practice for processing group clinician to consumer ratio 1:8</li> <li>➤ Best practice is to provide Clinical Supervision for licensed and or credentialed staff which is based of 40hr week. Supervision should occur 1 hour weekly for first year of licensure/credential and Biweekly after.</li> <li>➤ Each consumer must be staffed and overseen by a medical director at least once a month.</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE: clinical supervisor, HSPP psychologist, Nurse</li> <li>2. PTE: Medical director</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>2.5 - Partial Hospitalization (CONTINUED)</p>	<ul style="list-style-type: none"> <li>➤ 20 or more hours of clinically intensive programming</li> <li>➤ per week</li> <li>➤ Moderate risk of severe withdrawal</li> <li>➤ Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications</li> <li>➤ WM services 2 and lower</li> </ul>	<ul style="list-style-type: none"> <li>➤ Each consumer must meet with one of the medical staff (physician, physician assistant, or advanced practice registered nurse every 7 day.</li> <li>➤ Required to provide protocols for the continuation of MAT, including direct operational linkage or access to methadone, buprenorphine, oral/injectable naltrexone providers</li> <li>➤ Able to offer levels 1 and 2 withdrawal management.</li> <li>➤ 75% of services are clinical in addition</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE: clinical supervisor, HSPP psychologist, Nurse</li> <li>2. PTE: Medical director</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
3.1 - Clinically Managed Low-Intensity Residential	<ul style="list-style-type: none"> <li>➤ 24-hour supportive living environment; at least 5 hours of low-intensity treatment per week</li> <li>➤ Minimal stable risk of withdrawal</li> <li>➤ WM services 2 and lower</li> <li>➤ Ability to arrange for and monitor pharmacotherapy for psychiatric medications</li> <li>➤ Must offer addiction medications when clinically indicated</li> </ul>	<ul style="list-style-type: none"> <li>➤ Processing Group Size max: 16</li> <li>➤ Best Practice for processing group clinician to consumer ratio 1:8</li> <li>➤ Best practice is to provide Clinical Supervision for licensed and or credentialed staff which is based of 40hr week. Supervision should occur 1 hour weekly for first year of licensure/credential and Biweekly after.</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE: clinical supervisor, LCAC</li> <li>2. PTE and on call: Medical director, Nurse</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>3.1 - Clinically Managed Low-Intensity Residential (CONTINUED)</p>	<ul style="list-style-type: none"> <li>➤ 24-hour supportive living environment; at least 5 hours of low-intensity treatment per week</li> <li>➤ Minimal stable risk of withdrawal</li> <li>➤ WM services 2 and lower</li> <li>➤ Ability to arrange for and monitor pharmacotherapy for psychiatric medications</li> <li>➤ Must offer addiction medications when clinically indicated</li> </ul>	<ul style="list-style-type: none"> <li>➤ Each consumer must be staffed and overseen by a medical director at least once a month.</li> <li>➤ Required to provide protocols for the continuation of MAT, including access to buprenorphine, oral/injectable naltrexone providers and linkage to methadone.</li> <li>➤ Able to offer levels 1 and 2 withdrawal management.</li> <li>➤ 75% of services are clinical in addition medical</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE: clinical supervisor, LCAC</li> <li>2. PTE and on call: Medical director, Nurse</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>3.3 Clinically Managed Population – Specific High Intensity Residential services</p> <p>(Adult only)</p>	<ul style="list-style-type: none"> <li>➤ 24 hour living environment, treatment milieu depended on impairments.</li> </ul>	<ul style="list-style-type: none"> <li>➤ 10 - 20 hours of co-occurring enhanced clinical addiction services per week</li> <li>➤ Processing Group Size max: 16</li> <li>➤ Best Practice for processing group clinician to consumer ratio 1:8</li> <li>➤ Best practice is to provide Clinical Supervision for licensed and or credentialed staff which is based of 40hr week. Supervision should occur 1 hour weekly for first year of licensure/credential and Biweekly after.</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE: clinical supervisor, Psychologist, LCAC,</li> <li>2. PTE &amp; on call: Medical director, Nurse</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>3.3 Clinically Managed Population – Specific High Intensity Residential services</p> <p>(Adult only)</p> <p>(CONTINUED)</p>	<ul style="list-style-type: none"> <li>➤ 24 hour living environment, treatment milieu depended on impairments.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Each consumer must be staffed and overseen by a medical director at least twice a month.</li> <li>➤ Required to provide protocols for the continuation of MAT, including access to buprenorphine, injectable naltrexone and linkage to methadone.</li> <li>➤ Able to offer levels 1 and 2 withdrawal management.</li> <li>➤ 75% of services are clinical in addition medical</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE: clinical supervisor, Psychologist, LCAC,</li> <li>2. PTE &amp; on call: Medical director, Nurse</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
3.5 - Clinically Managed High- Intensity Residential	<ul style="list-style-type: none"> <li>➤ 24-hour living environment, more high-intensity</li> <li>➤ treatment (level 3.7 without intensive medical and nursing component)</li> <li>➤ Minimal risk of severe withdrawal</li> <li>➤ WM services 3.2 and lower</li> <li>➤ Ability to arrange for and monitor pharmacotherapy for psychiatric or anti-addiction medications</li> </ul>	<ul style="list-style-type: none"> <li>➤ 20 or more hours of clinical addiction services per week</li> <li>➤ Group Size max: 1:8 not to exceed 16</li> <li>➤ Best practice is to provide Clinical Supervision for licensed and or credentialed staff which is based of 40hr week. Supervision should occur 1 hour weekly for first year of licensure/credential and Biweekly after.</li> <li>➤ Each consumer must be staffed and overseen by a medical director at least twice a month.</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE: clinical supervisor, LCAC,</li> <li>2. PTE &amp; on call: Medical director, Nurse</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>





ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
3.5 - Clinically Managed High- Intensity Residential	<ul style="list-style-type: none"> <li>➤ 24-hour living environment, more high-intensity</li> <li>➤ treatment (level 3.7 without intensive medical and nursing component)</li> <li>➤ Minimal risk of severe withdrawal</li> <li>➤ WM services 3.2 and lower</li> <li>➤ Ability to arrange for and monitor pharmacotherapy for psychiatric or anti-addiction medications</li> </ul>	<ul style="list-style-type: none"> <li>➤ Required to provide protocols for the continuation of addiction medication, including direct operational linkage or access to methadone, buprenorphine, injectable naltrexone providers</li> <li>➤ Able to offer levels 1, 2 and 3.2 withdrawal management.</li> <li>➤ 75% of services are clinical in addition to medical</li> <li>➤ Each consumer must meet with one of the medical staff (physician, physician assistant, or advanced practice registered nurse every 7 day.</li> <li>➤ Transpiration must be provided to the next level of care if other residential services are needed or if outside services are needed.</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE: clinical supervisor, LCAC,</li> <li>2. PTE &amp; on call: Medical director, Nurse</li> <li>3. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>3.7 - Medically Monitored Intensive Inpatient Services</p>	<ul style="list-style-type: none"> <li>➤ 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in a hospital setting</li> <li>➤ High risk Inpatient of severe withdrawal</li> <li>➤ WM services 3.7 or lower</li> <li>➤ Ability to arrange for and administer pharmacotherapy for psychiatric or anti-addiction medications</li> </ul>	<ul style="list-style-type: none"> <li>➤ 10 or more hours of clinical addiction services and medical educational services per week</li> <li>➤ Group Size max: 1:8 not to exceed 16</li> <li>➤ Best practice is to provide Clinical Supervision for licensed and or credentialed staff which is based of 40hr week. Supervision should occur 1 hour weekly for first year of licensure/credential and Biweekly after.</li> <li>➤ Each consumer must be staffed and overseen by a medical director at least twice a month.</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE: Medical Director, clinical supervisor, Psychologist, Nurse, LCAC</li> <li>2. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>3.7 - Medically Monitored Intensive Inpatient Services (CONTINUED)</p>	<ul style="list-style-type: none"> <li>➤ 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in a hospital setting</li> <li>➤ High risk Inpatient of severe withdrawal</li> <li>➤ WM services 3.7 or lower</li> <li>➤ Ability to arrange for and administer pharmacotherapy for psychiatric or anti-addiction medications</li> </ul>	<ul style="list-style-type: none"> <li>➤ Required to provide protocols for the continuation of MAT, including access to buprenorphine, oral/injectable naltrexone providers Able to offer levels 1, 2, 3.2 and 3.7 withdrawal management.</li> <li>➤ 50% of services are medical in addition to clinical interventions</li> <li>➤ Each consumer must meet with one of the medical staff (physician, physician assistant, or advanced practice registered nurse every day.</li> <li>➤ Transpiration must be provided to the next level of care if other residential services are needed or if outside services are needed.</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE: Medical Director, clinical supervisor, Psychologist, Nurse, LCAC</li> <li>2. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
4.0 - Medically Managed Intensive Inpatient	<ul style="list-style-type: none"> <li>➤ 24-hour hospital setting treatment requiring the full resources of an acute care or psychiatric hospital</li> <li>➤ High risk of severe withdrawal</li> <li>➤ WM services 4 and lower</li> <li>➤ Ability to prescribe and administer pharmacotherapy for psychiatric or anti-addiction medications</li> </ul>	<ul style="list-style-type: none"> <li>➤ 10 or more hours of clinical addiction services and medical educational services per week</li> <li>➤ Group Size max: 1:8 not to exceed 12</li> <li>➤ Best practice is to provide Clinical Supervision for licensed and or credentialed staff which is based of 40hr week. Supervision should occur 1 hour weekly for first year of licensure/credential and Biweekly after</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE, Medical Director, Psychiatrist, clinical supervisor, Nurse, LCAC</li> <li>2. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



ASAM Level of Care	ASAM Brief Description	Indiana Levels of Care (In addition to ASAM)	Staff Minimums
<p>4.0 - Medically Managed Intensive Inpatient (CONTINUED)</p>	<ul style="list-style-type: none"> <li>➤ 24-hour hospital setting treatment requiring the full resources of an acute care or psychiatric hospital</li> <li>➤ High risk of severe withdrawal</li> <li>➤ WM services 4 and lower</li> <li>➤ Ability to prescribe and administer pharmacotherapy for psychiatric or anti-addiction medications</li> </ul>	<ul style="list-style-type: none"> <li>➤ Each consumer must be staffed and overseen by a medical director or MD/Psychiatrist that has the medical director's approval to oversee at least three times a month.</li> <li>➤ Able to offer levels 1, 2, 3.2, 3.7 and 4 withdrawal management.</li> <li>➤ 75% of services are medical in addition to clinical interventions</li> <li>➤ Each consumer must meet with one of the medical staff (physician, physician assistant, or advanced practice registered nurse every day.</li> <li>➤ Transpiration must be provided to the next level of care if other residential services are needed or if outside services are needed.</li> </ul>	<ol style="list-style-type: none"> <li>1. FTE, Medical Director, Psychiatrist, clinical supervisor, Nurse, LCAC</li> <li>2. Best Practice: Non-clinical, peer recovery services throughout treatment for non-clinical services</li> </ol>



Participate in change and assisting those who you serve receive better care!

- This is your time to make your voice heard
- Will become rule July 1 2021



# Next ASAM trainings

- Vincennes, Indiana: Wednesday, February 5, 2020:  
[https://elearning.asam.org/products/asam-criteria-course-vincennes-indiana-wednesday-february-5-2020#tab-product tab overview](https://elearning.asam.org/products/asam-criteria-course-vincennes-indiana-wednesday-february-5-2020#tab-product%20tab%20overview)
- Columbus, Indiana: Thursday, February 6, 2020:  
[https://elearning.asam.org/products/asam-criteria-course-columbus-indiana-thursday-february-6-2020#tab-product tab overview](https://elearning.asam.org/products/asam-criteria-course-columbus-indiana-thursday-february-6-2020#tab-product%20tab%20overview)
- Lawrenceburg, Indiana: Friday, February 7, 2020:  
[https://elearning.asam.org/products/asam-criteria-course-lawrenceburg-indiana-friday-february-7-2020#tab-product tab overview](https://elearning.asam.org/products/asam-criteria-course-lawrenceburg-indiana-friday-february-7-2020#tab-product%20tab%20overview)
- North training will be in April

Contract [Kelly.Welker@fssa.in.gov](mailto:Kelly.Welker@fssa.in.gov) for any ASAM training questions



***Save the date!!!***

***May 13<sup>th</sup> & 14<sup>th</sup>***

***Clinical Supervision Training***

***Indianapolis IGCS***





# Resources

Substance Abuse and Mental Health Services  
Administration (SAMHSA)

<https://store.samhsa.gov/>

Addiction Technology Transfer Center  
Network

<https://attcnetwork.org/>

Extension for Community Healthcare  
Outcomes (ECHO)

[oudecho.iu.edu](http://oudecho.iu.edu)

[kellykr@iu.edu](mailto:kellykr@iu.edu)



# Thank you!!!

The 30 day public comment period will run from January 24, 2020, through February 28, 2020. Comments may be sent to [SUD.Services@fssa.IN.gov](mailto:SUD.Services@fssa.IN.gov)

Mail address below:  
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Website: <https://www.in.gov/fssa/dmha/3073.htm>

