Pathway to ASAM Fourth Edition Level 3.1 Clinically Managed Low-Intensity Residential Treatment

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Agenda

- Introduction
- Overview of Pathways
- ASAM Fourth Edition- Level 3.1 Clinically Managed Low-Intensity Residential Treatment
- Overview of the Provider ASAM Fourth Edition Changes
- Provider Ambassador Program Toolkit
- Provider Ambassador Program Resources
- Discussion

Before we get started

- Providers viewing this webinar should review the introductory webinar or the appendix of this deck to better understand the Provider Ambassador Program background and goals.

- Click here to view the Introductory Webinar

Considerations

Level of Care Transitions	• The integration of 3.2 into 3.5 is not a lost level of care- It allows for smooth transition from clinical monitoring of withdrawal to treatment initiation and engagement • Individuals who complete 3.5 often need a safe less-intensive level of care to transition into. • 3.1 often functions best when connected to a 3.5 level of care. Individuals can move up if 3.1 isn't enough or move down if they are ready to begin their transition back into the community.
Population Needs	• Individuals "experiencing or anticipated to imminently experience moderately severe or severe signs and/or symptoms of intoxication" and require medical management/nursing after hours should be admitted to 3.7 Level of Care, as it has been found to be more safe and effective than 3.2. • Individuals admitted to a 3.1 Level of Care should no longer be experiencing acute withdrawal

Waller RC, Boyle MP, Daviss SR, et al, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions, Volume 1: Adults*. 4th ed. Hazelden Publishing: 2023

Provider Ambassador Program Pathways

Transitioning from ASAM Third Edition 3.2-WM Level of Care Provider Pathway Options

Crisis Pathway # 1 — Behavioral Health Crisis Center (BHCC)*

- Accept and serve individuals experiencing behavioral health crises 24 hours/day. This includes mental health and substance-involved needs with rapid access to medication assisted treatment (MAT) services.
- Has urgent walk-in and law enforcement drop off availability on-site.

Crisis Pathway #2 — Crisis Stabilization Unit (CSU)*

- Accept and serve individuals experiencing behavioral health crises in a bedded environment. This includes mental health and substance-involved needs with rapid access to MAT services.
- Works in partnership with Walk-In-Crisis (WIC) facility for placement.

Residential Pathway #3 — ASAM Level 3.5 Clinically Managed High-Intensity Residential Treatment

- Accept and serve individuals in residential setting for substance use disorder (SUD) or co-occurring treatment. May direct admit or remain on-site for supervised intoxication and withdrawal management services, including rapid access to MAT services. 24-hour drop-off not required.

Residential Pathway #4 — ASAM Level 3.1 Clinically Managed Low-Intensity Residential Treatment

- Accept and serve individuals in residential setting for SUD or co-occurring treatment. Works in partnership with a crisis or higher level of care provider for intoxication, withdrawal management, and MAT service needs.

*Name subject to change

ASAM Fourth Edition Changes

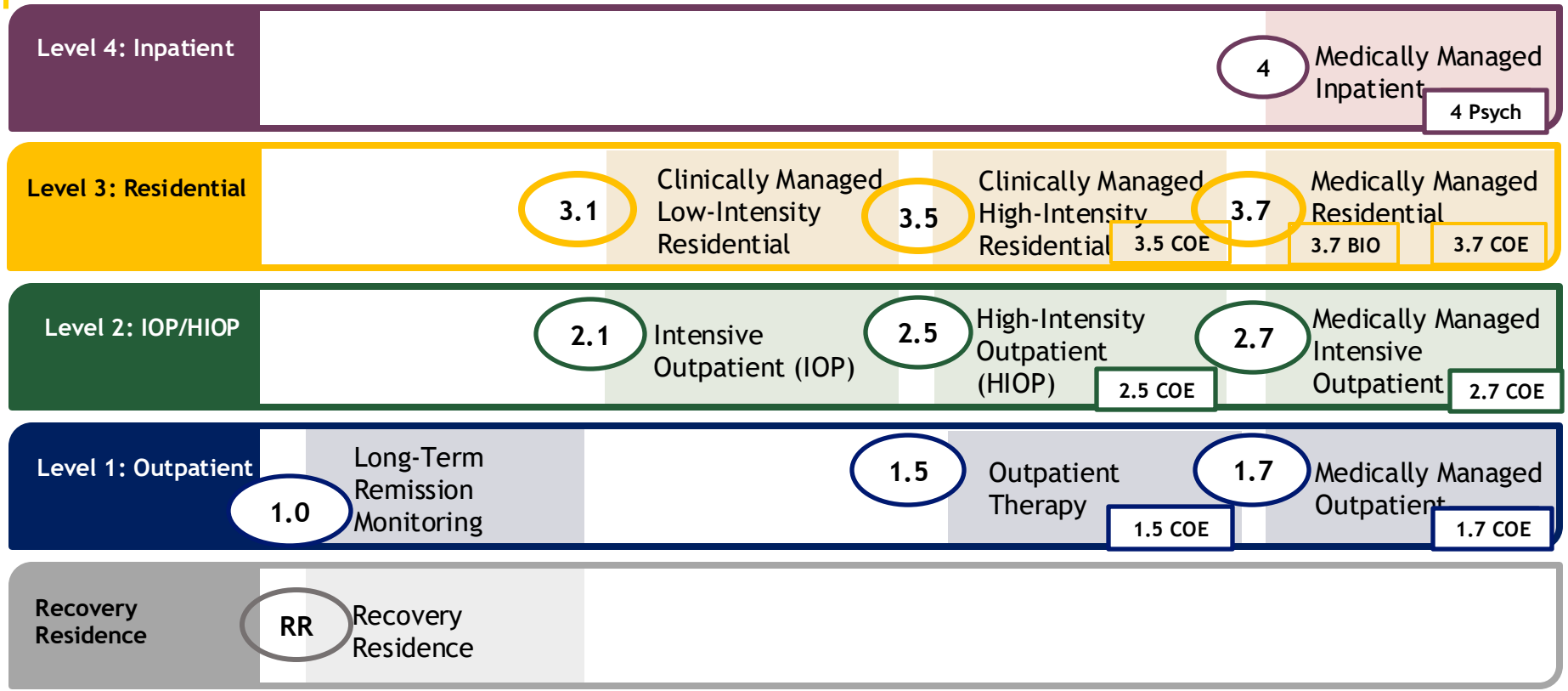
Overarching Changes in the Fourth Edition

- Increased integration of biomedical treatment into all levels of care
- Emphasis on availability of addiction medications at all levels of care
- All levels of care are expected to be co-occurring capable
- Should be able to identify and provide symptom management for co-occurring conditions
- Integration of harm reduction
- Emphasis on cultural humility, trauma-informed care, and social determinants of health
- Integration of recovery support services
- Improved care coordination

New Subdimensions for Level of Care Assessment

Dimension	Subdimension
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	• Intoxication and Associated Risks • Withdrawal and Associated Risks • Addiction Medications
Dimension 2: Biomedical Conditions	• Physical Health Concerns • Pregnancy-Related Concerns
Dimension 3: Psychiatric and Cognitive Conditions	• Active Psychiatric Symptoms • Persistent Disability
Dimension 4: Substance Use-Related Risks	• Likelihood of Engaging in Risky Substance Use • Likelihood of Engaging in Risky SUD-Related Behaviors
Dimension 5: Recovery Environment Interactions	• Ability to Function Effectively in Current Environment • Safety in Current Environment • Strengths in Current Environment
Dimension 6: Person-Centered Considerations	• Barriers to Care • Preferences • Motivational Enhancement

The ASAM 4th Edition Continuum of Care for Adult Addiction Treatment

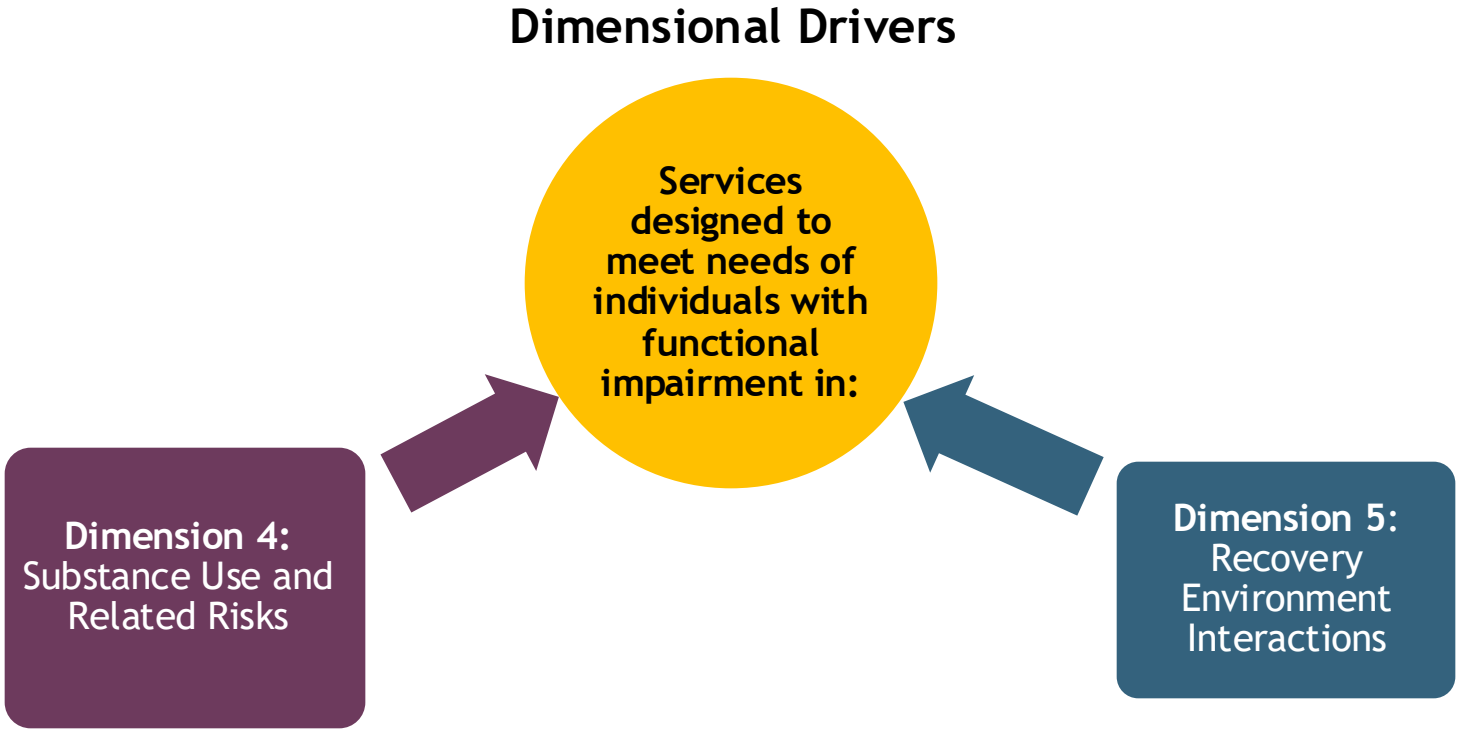


https://www.asam.org/asam-criteria/asam-criteria-4th-edition

ASAM Fourth Edition Changes

Level 3.1
Clinically Managed Low-Intensity Residential Treatment

Level 3.1: Clinically Managed Low-Intensity Residential Treatment



3.1: Clinically Managed Low-Intensity Residential (Fourth Edition)

Individuals entering this level of care need time and structure to develop, practice, and integrate their recovery skills in a clinically managed and supportive residential environment.

Setting & Support Systems

- 24/7 community-based setting
- Affiliations to support coordination of medical care, as needed
- Ability to refer for specialized psychological or cognitive consult, as needed
- Policies and procedures to respond to urgent medical and/or psychiatric concerns

Focus

- Facilitate the application of recovery, recurrence prevention, coping skills and strategies
- Promote social skills, skills of daily living, personal responsibility and reintegration into work, family and community

3.1: Clinically Managed Low-Intensity Residential Treatment

Assessment

- Point of care pregnancy screening; Laboratory and toxicology tests (can be through offsite arrangement)
- Infectious disease screening
- Physical exam completed by physician or advanced practitioner within 14 days of admission, if no recent physical exam
- Assessment and management of low-severity co-occurring mental health conditions

Services

- Improved functioning and coping skills to safely engage in treatment at a less-intensive level of care
- Address readiness to change
- Planned integration into the community
- Initiation or continuation of medications for addiction treatment, including medications for opioid use disorder (MOUD)
- Psychotherapy, individual and group counseling, and psycho-education (9-19 hours per week; delivered 7 days per week)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August's Case

- Mr. August B. is a 58-year-old cisgender male who is referred by his primary care physician after a recent recurrence of alcohol use
- History includes 30-years of chronic heavy drinking with periods of sustained remission, longest being 10 years. He returned to drinking 6 weeks ago after being laid off from his job at a tech company. Currently drinking a pint of vodka/daily with last drink yesterday afternoon

August’s Case (cont.)

- August's medical history is significant for hypertension (high blood pressure), hyperlipidemia (high cholesterol) for which he takes medication daily and for osteoarthritis of the knees for which he takes ibuprofen
- He also has a history of major depression with suicidal ideation and hasn't taken his antidepressant for the last 3 weeks
- His husband kicked him out and he had been staying on his sister’s couch, but she has now told him he has to leave
- August is now willing to accept treatment and to restart his antidepressant.
- On presentation to his primary care physician’s (PCPs) office, he was sweaty, anxious, and irritable with mild tremors of his hands (No history of severe alcohol withdrawal)
- The PCP prescribed a short course of medication for withdrawal management and referred him to your facility

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June's case

- Mrs. June J. is a 32-yo woman with 8-year h/o polysubstance use (opioids and tobacco) referred to your program by her opioid treatment program (OTP)
- She is 6 months pregnant; 5-year-old daughter recently placed in foster care
  - CPS got involved after a call from daycare provider
- June is smoking $80 - 100 of fentanyl per day, with last use yesterday evening
- She also smokes ½ pack of cigarettes daily
- Enrolled and started on 50mg of methadone at OTP yesterday morning
  - Experiencing mild discomfort
- Wants to regain custody of her daughter

June's Case

- Past medical history: No chronic medical conditions; hospitalized x1 for childbirth; no obstetrical visits since the end of her first trimester
- Past psych history: Depression, anxiety and PTSD; symptoms worse in past 2 weeks
- Relationship status: Married; husband currently in a residential program for last 2 weeks after mandated to treatment
- Living situation: Recently evicted and lost most family belongings; unhoused, sleeping in shelter most nights; abandoned building
- Education: Associate's degree
- Employment: Not currently working; previously worked as a Certified Nursing Assistant (CNA)

3.1: Clinically Managed Low-Intensity Residential Treatment (3)

Personnel*

- Must be trained and evaluated in administration of listed therapies
- Minimum of 2 personnel on-site whenever one or more individuals present
- Maximum individual to personnel ratio of 20:1
- Full-time personnel must obtain minimum of Certified Addiction Technician (CAT) or Certified Addiction Specialist (CAS) within 18 months of hire
- Oversight by Program Director (with Masters Degree in SUD-related field and 5 years of experience in SUD treatment)

**The current BHA 3.1 requirements is 20:1 minimum of 2 on-site is expected to remain, however, the state is still deciding on ratio. This will be determined through formal interest holder engagement this fall so in the interim, providers can refer to current BHA rules for the 3.1.*

3.2-WM (Third Edition) vs. 3.1 (Fourth Edition)

	3.2-WM (Third Edition)	3.1(Fourth Edition)
Dimensional Drivers	Dimension 1 (Acute Intoxication and Withdrawal Potential) and 5 (Recovery/Living Environment)	4 (Substance Use and Related Risks), 5 (Recovery Environment Interactions)
Supervision	24-hour supervision	24-hour supervision
Program Leadership	Personnel overseeing day-to-day operations should be one of the following: 1. An authorized practitioner, 2. A licensee; or 3. A certified addiction specialist (CAS)	Program Director- Minimum of master's degree in clinical behavioral health related field and at least 5 years of experience in addiction treatment

3.2-WM (Third Edition) vs. 3.1 (Fourth Edition) (cont.)

	3.2-WM (Third Edition)	3.1 (Fourth Edition)
Support Systems	• Protocols developed and supported by a physician knowledgeable in addiction medicine that determine the nature of medical or nursing care required • Medical evaluation and consultation is available twenty-four (24) hours per day • Must include how to determine when nursing and/or physician care is warranted, and/or when transfer to a medically monitored facility or acute care hospital is necessary	• Established partnerships and 24/7 protocols to coordinate urgent medical and psychiatric care, including guidance on engaging on-call providers or contacting 911/988. • Ability to refer for specialized psychological or cognitive consultation as appropriate • Appropriately trained clinical personnel on-site or on-call 24/7

Considerations for Implementation: Physical Plant

- ✓ **Living Space**
  - Ability to accommodate longer term stays
- ✓ **Clinical Space**
  - Individual and group counseling
- ✓ **Recreational/Community Space**
- ✓ **Dining Space**
- ✓ **Storage Space**
  - Secure storage for self-administered medications & individual's belongings
  - Food storage space

Considerations for Implementation: Personnel

Program Director

- Masters degree in addiction-related field

Clinical personnel trained to assess and treat SUD and co-occurring conditions

- Examples: psychologists, clinical social workers, SUD and mental health counselors

Allied Health personnel

- Examples: Group Living Workers, Peer Support Specialists

Considerations for Implementation: Clinical and Recovery Support Services

9-19 hours of structured clinical services per week

- Psychoeducation
- Counseling
  - Individual, Family and/or Group
- Evidence-based psychotherapies

Clinical services delivered 7 days per week

- May require alternate work schedules for some personnel

Weekly treatment plan reviews

- Will need to develop a process to continually assess functioning in each of the 6 dimensions and justify level of care

Considerations for Implementation: Clinical and Recovery Support Services

Recovery supports

- Consistent therapeutic milieu with structure and support
- Planned community reinforcement activities

Considerations for Implementation: Competencies

Engaging individuals over a longer period of time

- Adapting programming as an individual progresses over time

Co-occurring capable – Mental Health

Co-occurring capable – Physical Health*

Integration of addiction medications at all levels of care and settings

Social determinants of health

Cultural humility

Trauma-sensitive practices

**Programs should have policies and procedures that define when and how to consult medical providers, including addiction specialist practitioners.*

Considerations for Implementation- Competencies, Length of Stay and Programming: Treatment Planning and Reassessment Updates

Level of Care Assessment - the assessor* gathers information to recommend an appropriate level of care and support initiation of treatment for immediate needs

Treatment Planning Assessment - assessor performs a comprehensive biopsychosocial assessment to gather more detailed information for longer-term treatment planning

Treatment Plan Reviews - clinician performs repeated assessments to support treatment plan updates and inform level of care transitions

After patient is admitted to a level of care, a comprehensive multi-dimensional Treatment Planning Assessment should be conducted

Each area of the multi-dimensional Treatment Planning Assessment contributes to a comprehensive biopsychosocial profile of the patient's needs and should inform treatment planning

The initial Treatment planning Assessment should cover each of The ASAM Criteria dimensions and **subdimensions**

***Assessors will be under clinical supervision.**


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August's Case (1)

- Mr. August B. is a 58-year-old cisgender male who is referred by his primary care physician after a recent recurrence of alcohol use

- History includes 30-years of chronic heavy drinking with periods of sustained remission, longest being 10 years. He returned to drinking 6 weeks ago after laid off from his job at a tech company. Currently drinking a pint of vodka/daily with last drink yesterday afternoon

August's Case (2)

- August's medical history is significant for hypertension (high blood pressure), hyperlipidemia (high cholesterol) for which he takes medication daily and for osteoarthritis of the knees for which he takes ibuprofen
- He also has a history of major depression with suicidal ideation and hasn't taken his antidepressant for the last 3 weeks
- His husband kicked him out and he had been staying on his sister's couch, but she has now told him he has to leave
- August is now willing to accept treatment and to restart his antidepressant.
- On presentation to his primary care physician's (PCP) office, he was sweaty, anxious, and irritable with mild tremors of his hands
    - No history of severe alcohol withdrawal
- The PCP prescribed a short course of medication for withdrawal management and referred him to your facility

August’s Case (3)

- August's medical history is significant for hypertension (high blood pressure), hyperlipidemia (high cholesterol) for which he takes medication daily and for osteoarthritis of the knees for which he takes ibuprofen.
- He also has a history of major depression with suicidal ideation and has resumed his medications
- His husband would like to see more time in treatment before August can return
- His counselor is coordinating care with August’s PCP


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August's Update

- August's withdrawal symptoms were monitored while he engaged in treatment and was initiated on naltrexone to manage cravings
- The counselor and medical director coordinated with the mental health provider and August has resumed his medications and symptoms are stable
- August's husband is concerned about August returning to the community and August does not have a safe location to transition to for out
- August reports not feeling ready to manage cravings or use recurrence-prevention skills in the community

Benefits of a 3.1 (Fourth Edition) Admission for August

- 24-hour supportive environment to support application of recovery skills
- Assessment and monitoring of mental health symptoms, ongoing care coordination
- Ability to attend some community appointments independently
- Intensive clinical services to support application of recurrence prevention and coping skills
- Culturally responsive programming for clients identifying as LGBTQIA+

June's Case

- PMH: no chronic medical conditions; hospitalized x1 for childbirth; now linked to OB
- Past Psych H/o: depression, anxiety and PTSD; managed with medication
- Relationship status: married; husband currently in a residential program
- Living situation: Resides in Level 3.5 Residential Treatment program; does not have a safe location to transition to
- Education: Associate's degree
- Employment: not currently working; previously worked as a Certified Nursing Assistant (CNA)

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June's Update

- June has been at 3.5 LOC at your program for 4 weeks
- She is now on a stable dose of methadone from her OTP
- She reestablished care with her OB and is engaged in prenatal care
- Saw psych provider and is on medications for her mood and anxiety disorders
- Cut down on her smoking to 1-2 cigarettes daily
- Able to have a supervised visit with her daughter
- Able to complete application process for her essential documents (ID, SSN card, insurance card)
- Actively engaged in group and individual counseling

Benefits of a 3.1 (Fourth Edition) Admission for June

- 24-hour supportive environment
- Allows for care coordination with OB and OTP
  - Allows for June to begin attending appointments independently to practice recovery skills in the community
- Clinical services to support application of recurrence prevention and coping skills
- Case management to link to other services - vocational services, housing services, parenting classes

Level 3.1 Clinically Managed Low-Intensity Residential Treatment

Toolkit

Pathways Toolkits

Service Transformation Toolkit & Guide	ASAM 3.1 Comprehensive Transition Planning Tool (Fourth Edition)	Service Type Comparison Tool	ASAM 3.1 Policy and Procedure Alignment Tool (Fourth Edition)
Implementation Workflow Tool	ASAM 3.1 Level of Care Monthly Curriculum Planning Tool (Fourth Edition)	ASAM 3.1 Physical Plant Requirements Tracking Tool (Fourth Edition)	Personnel Crosswalk
ASAM 3.1 Integration Self Assessment Tool: Medical, Psychiatric, and MAT Services	Pathway Decision Considerations Guide	Pathway Decision Tree	Compendium of Resources

Service Transformation Toolkit & Guide

This document provides context and additional guidance for how to use the various tools included in the toolkit.

- Outlines what a shift from Level 3.2-WM Third Edition to ASAM Level 3.1 Fourth Edition entails and key steps to take when considering or transitioning your practice to this level of care
- Highlights key updates in the 4th Edition

ASAM 3.1 Comprehensive Transition Planning Tool (Fourth Edition)

This tool is designed to help agencies evaluate whether they are implementing comprehensive transition planning and closed-loop referral pathways in alignment with the ASAM Fourth Edition.

- ASAM emphasizes that discharge and transition planning should begin at admission and include coordination with medical, mental health, substance use, housing, and recovery support services
- Closed-loop referrals require follow-up to confirm that services were not only referred, but also accessed and integrated into the individual's recovery plan

Service Type Comparison Tool

This tool designed to support providers in understanding the differences between ASAM 3.2-WM Third Edition and ASAM Level 3.1 Fourth Edition.

Serves two purposes:

1. To compare and clarify the distinctions between these two levels of care across Editions
2. To help agencies delivering 3.2-WM services identify what changes are needed to transition to a 3.1 under the current guidance

Personnel can use this resource for:

- Strategic planning
- Operational improvement
- Workforce development
- Communication with payers or regulatory bodies

ASAM 3.1 Policy and Procedure Alignment Tool (Fourth Edition)

This tool will help agencies evaluate whether their current policies and procedures align with the ASAM Fourth Edition standards.

- Each item reflects a critical domain for 3.1 service delivery
- Use this tool to identify where documentation exists, what needs revision, and where policies still need to be created to ensure program fidelity and regulatory readiness

Personnel Crosswalk

This tool is designed to help organizations plan for workforce needs, compliance, and service delivery.

- Understanding the personnel implications is critical as each level of care carries distinct requirements for medical oversight, personnel-to-individual ratios, and the integration of peer support and therapeutic services
- Provides a comparison of personnel standards and expectations between the two levels, including typical ratios where applicable
- Includes to a workflow tool [more on next slide]

Implementation Workflow Tool

This tool allows agencies to assess current operations and take strategic action toward full compliance with the ASAM 4th Edition standards.

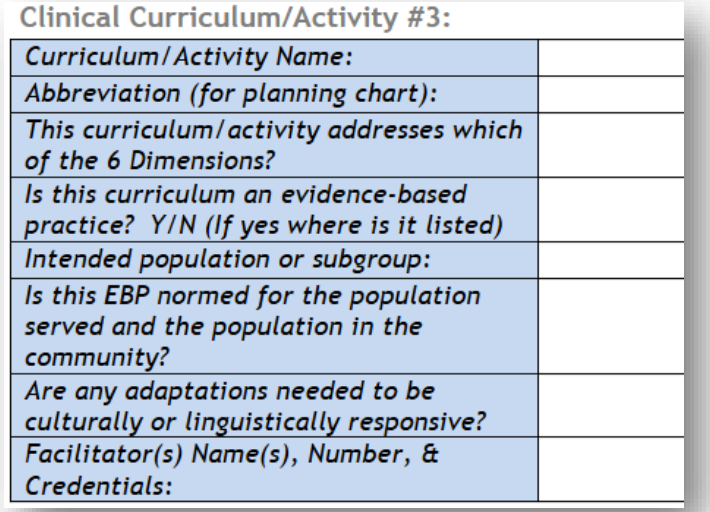
How to use this tool:

- ✓ Review each section of the workflow with your implementation team
- ✓ Assess your current state of alignment with ASAM Fourth Edition criteria
- ✓ Identify action items that need to be completed
- ✓ Assign responsibilities and track completion
- ✓ Document all progress and training

ASAM 3.1 Level of Care Monthly Curriculum Planning Tool (Fourth Edition)

This planning tool is designed to help providers transitioning to ASAM 3.1 (Fourth Edition) map out curriculum and daily structure.

- Agencies will map out curriculum and daily structure
- Record curriculum details and plan hourly activities across a full month
- Agencies should add/remove tables as appropriate for your practice

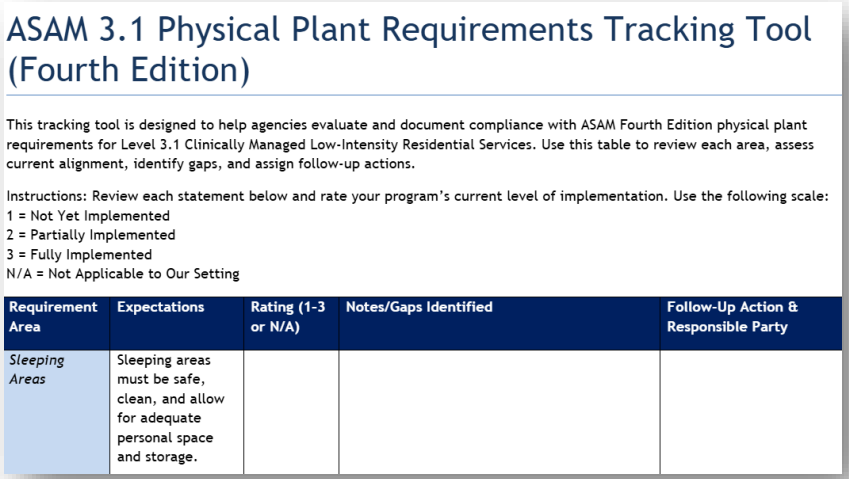


Clinical Curriculum/Activity #3:	
Curriculum/Activity Name:	
Abbreviation (for planning chart):	
This curriculum/activity addresses which of the 6 Dimensions?	
Is this curriculum an evidence-based practice? Y/N (If yes where is it listed)	
Intended population or subgroup:	
Is this EBP normed for the population served and the population in the community?	
Are any adaptations needed to be culturally or linguistically responsive?	
Facilitator(s) Name(s), Number, & Credentials:	

ASAM 3.1 Physical Plant Requirements Tracking Tool (Fourth Edition)

This tool is designed to help agencies evaluate and document compliance with ASAM Fourth Edition physical plant requirements for Level 3.1.

- Use this table to review each area, assess current alignment, identify gaps, and assign follow-up actions



ASAM 3.1 Physical Plant Requirements Tracking Tool (Fourth Edition)

This tracking tool is designed to help agencies evaluate and document compliance with ASAM Fourth Edition physical plant requirements for Level 3.1 Clinically Managed Low-Intensity Residential Services. Use this table to review each area, assess current alignment, identify gaps, and assign follow-up actions.

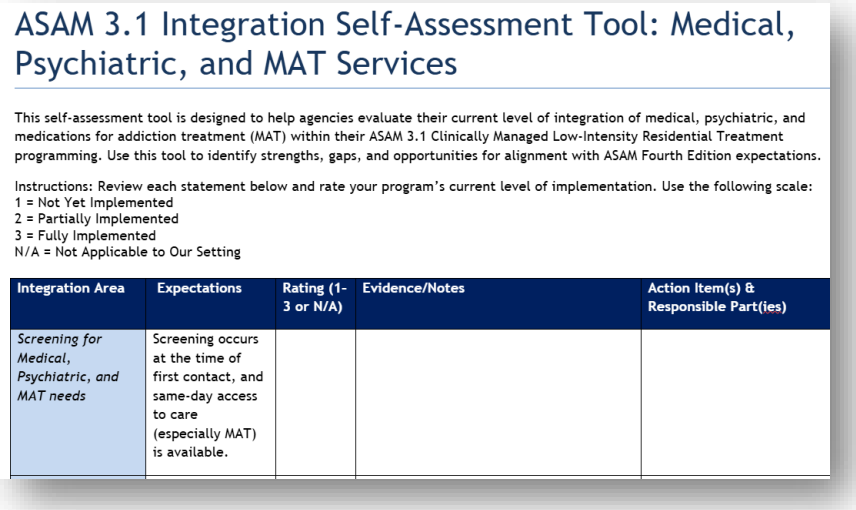
Instructions: Review each statement below and rate your program's current level of implementation. Use the following scale:
1 = Not Yet Implemented
2 = Partially Implemented
3 = Fully Implemented
N/A = Not Applicable to Our Setting

Requirement Area	Expectations	Rating (1-3 or N/A)	Notes/Gaps Identified	Follow-Up Action & Responsible Party
Sleeping Areas	Sleeping areas must be safe, clean, and allow for adequate personal space and storage.			

ASAM 3.1 Integration Self Assessment Tool: Medical, Psychiatric, and MAT Services

Use this tool to identify strengths, gaps, and opportunities for alignment with ASAM Fourth Edition expectations.

- This self-assessment tool is designed to help agencies evaluate their current level of integration of medical, psychiatric, and medications for addiction treatment (MAT) within their ASAM 3.1 Clinically Managed Low-Intensity Residential Services programming



ASAM 3.1 Integration Self-Assessment Tool: Medical, Psychiatric, and MAT Services

This self-assessment tool is designed to help agencies evaluate their current level of integration of medical, psychiatric, and medications for addiction treatment (MAT) within their ASAM 3.1 Clinically Managed Low-Intensity Residential Treatment programming. Use this tool to identify strengths, gaps, and opportunities for alignment with ASAM Fourth Edition expectations.

Instructions: Review each statement below and rate your program's current level of implementation. Use the following scale:
1 = Not Yet Implemented
2 = Partially Implemented
3 = Fully Implemented
N/A = Not Applicable to Our Setting

Integration Area	Expectations	Rating (1-3 or N/A)	Evidence/Notes	Action Item(s) & Responsible Part(ies)
Screening for Medical, Psychiatric, and MAT needs	Screening occurs at the time of first contact, and same-day access to care (especially MAT) is available.			

Pathway Decision Considerations Guide

This document is intended to help agencies evaluate the multiple areas that will contribute to which model is the best fit for their agency.

- As agencies navigate the shift away from 3.2WM, they will need to weigh potential benefits and concerns related to each model they are considering
- Each pathway offers distinct advantages and challenges, depending on an agency's mission, population served, funding environment, and regional system needs
- Prior to examining potential options all providers should assess community needs to ensure they are complementing, not duplicating existing levels of care

Pathway Decision Tree

The goal of this tool is to provide 3.2-WM practices with a decision aid to determine which of the 4 provider pathways makes the most sense for them.

Factors in the decision aid include:

- Community needs assessment, inclusive of availability of existing levels of care in their current ecosystem
- Analysis of population(s) being served and assessment of agencies' existing expertise
- Alignment between current treatment model and pathway treatment model
- Infrastructure alignment
- Reimbursement considerations

Program Resources

Engagement Opportunities

Office Hours

- Virtual, once a month May- July
- Focus topics to be released in advance of the meeting
- Representatives from HMA will be available to answer questions

Available 1:1 Technical Assistance

- Request 1:1 Technical Assistance via the request form - click here to access the form
- Technical Assistance sessions are offered to providers on an as-needed basis

Other Feedback Opportunities

- At the conclusion of each webinar, providers will be asked to complete a survey to help inform future TA
- Providers can use the Technical Assistance and Feedback form to provide additional feedback and ask questions related to the Ambassador Program
- Questions collected and answered through the feedback will inform the FAQ document
- Dedicated e-mail address: HCPFAmbassadorTTA@healthmanagement.com

Additional Resources

- **Office Hours** — June 30, July 30, 2025 at noon– Register Here
- **E-mail List** — Join the E-mail list to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities.
- **Website** — Visit https://hcpf.colorado.gov/ensuring-full-continuum-sud-benefits-providers for helpful information! HCPF is in the process of building a new webpage that will hold all Ambassador Program content.
- **TA Request Form and E-mail** — Request TA support or share your ideas, questions and concerns about this effort using the TA Request Form or e-mail questions and comments to: HCPFAmbassadorTTA@healthmanagement.com
- **State Agency E-mail** — For general questions for BHA or HCPF related to the transition to ASAM Fourth Edition Criteria- hcpf_sudbenefits@state.co.us or cdhs_bharulefeedback@state.co.us

Discussion

To better inform our future trainings and request technical assistance, please access the feedback and TA request form by clicking the link below or scanning the QR code. Your feedback is important. Thank you!

Scan Here

OR

Click here: https://tinyurl.com/y79pb37k

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Appendix A

Provider Ambassador Program- Overview

Provider Ambassador Program Overview

Cross-Agency Collaboration

- The Colorado Department of Health Care Policy and Financing (HCPF), Behavioral Health Administration (BHA) and Health Management Associates (HMA) are working together to design and implement a Provider Ambassador Program.

Purpose

- The Program will support current Substance Use Disorder (SUD) 3.2 Withdrawal Management (3.2-WM) providers in transitioning to the American Society of Addiction Medicine (ASAM) Fourth Edition standards or other related service models.

Goal

- Provide a comprehensive suite of resources, guidance materials, operational strategy tools, training and technical assistance to assist providers in making decisions and preparing for the transition to an aligned level of care or service model.

Landscape Analysis

To inform the development of the Provider Ambassador program, HMA performed a landscape scan that included a detailed review of existing information, analysis of the provider operating environment, and targeted partner and community engagement to identify key issues and priorities.

Reviewed and analyzed state policies, regulations, or initiatives impacting SUD providers.

Reviewed federal policies or programs that create opportunities or challenges for providers, such as Medicaid policy changes, grants, or federal funding requirements.

Compared ASAM Third Edition requirements to ASAM Fourth Edition requirements and identified how these changes may affect provider practices, service delivery, and resource needs.

Identified additional systemic or operational changes, including evolving community needs, workforce challenges, or funding shifts that impact provider operations.

Participated in provider listening session to gather insights from partners and the provider community to help identify specific barriers and training needs for providers to successfully transition to the ASAM Fourth Edition.

Participated in the state SUD workgroup(s) to design the framework for the Provider Ambassador Program, focusing on key program goals, expected outcomes, and strategies for implementation.

Reviewed feedback collected though the provider state-distributed 3.2WM Transition Survey

Provider Concerns

Capital investment and construction

- Providers and practices require significant capital investment for this kind of transition.

Personnel and regulatory concerns

- Providers note that recruiting and maintaining sufficient personnel, especially for a WIC/CSU model, with WM-protocols is a concern. Providers are unaware of regulatory requirements and are unsure if their current facilities can support the required changes.

Prior authorization-related issues

- Providers expressed concern around prior authorization processes, particularly when navigating different rules across Managed Care Entities (MCEs) and suggested a streamlined process across MCEs.

Provider Concerns, cont.

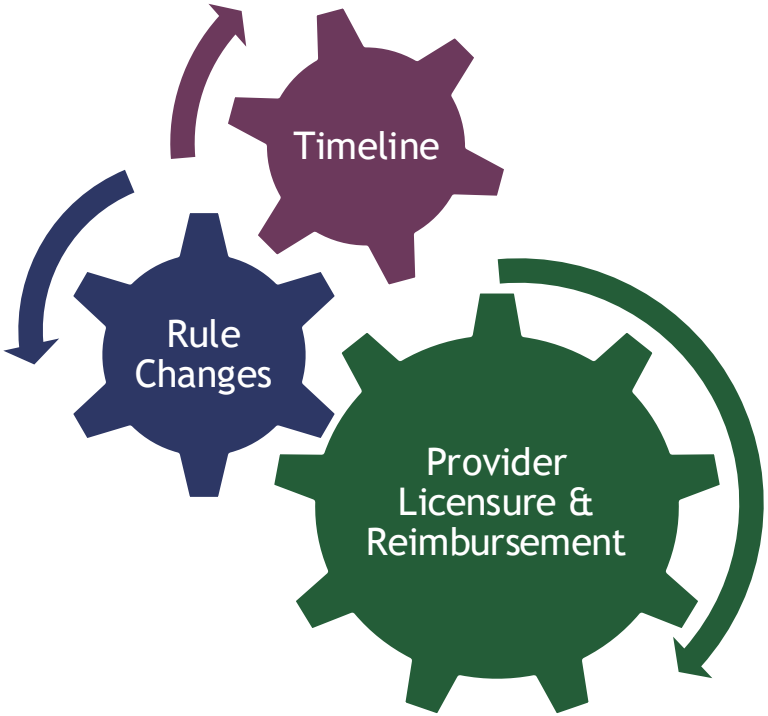
Impact on rural communities

- Providers expressed concern about the impact of changes on rural areas, particularly where WM services are critical for public safety and emergency care.
- One provider stated “WM in rural areas serves as a safety net for law enforcement, emergency rooms when a resident is intoxicated and unsafe and is often an alternative to jails or long and/or frequent stays in the ER. These admissions would not currently meet the ATU or CSU level of care and WICs are not set up for this scope of practice.”

Integration of WM services into both residential and acute crisis settings

- Providers emphasized the importance of integrating WM services into both residential and acute settings, with some already providing these services in a seamless manner.

Behind the Scenes- Many Moving Parts!



Commitments to providers as the program moves forward include:

- ✓ Cross-agency collaboration
- ✓ Updates early & often
- ✓ Provide tailored technical assistance
- ✓ Solicit and review feedback often
- ✓ Prompt follow up on provider questions

Appendix B

ASAM Background and Review

Background: What is ASAM?

The American Society of Addiction Medicine (ASAM) Criteria is a nationally utilized set of guidelines for the treatment of individuals with substance use disorder (SUD) and co-occurring disorders.

The ASAM Criteria provide a comprehensive framework for assessing and treating SUDs, ensuring that they receive care tailored to their specific needs.

ASAM guidelines cover:
- ✓ Placement
- ✓ Continued stay
- ✓ Transfer/discharge of services

Source: https://bhmpc.com/2022/10/asam-criteria/

The Guiding Principles of the ASAM Criteria are

- Admission is based on individual needs rather than arbitrary prerequisites
- Individuals receive a multi-dimensional assessment that addresses broad biological, psychological, social, and cultural factors
- Individualized treatment plans are based on each individual's needs and preferences
- Care is interdisciplinary, evidence-based, and person-centered
- Individuals move along the clinical continuum based on their progress

History of The ASAM Criteria

1991

Placement Criteria for the Treatment of Psychoactive Substance Use Disorders

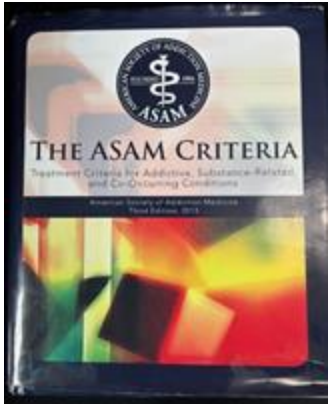
1996

Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 2nd Edition

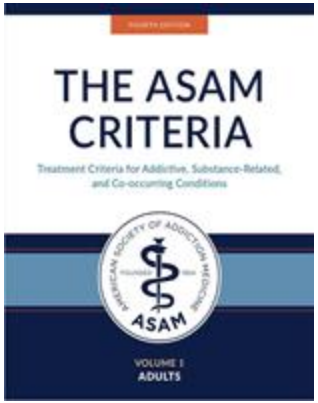
2001

Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 2nd Edition-Revised

2013



2023



https://www.hazelden.org/store/item/581328

Appendix C

ASAM Fourth Edition Changes

Changes to the ASAM Criteria Dimensions

Third Edition

1: Acute Intoxication and Withdrawal Potential

2: Biomedical Conditions and Complications

3: Emotional, Behavioral or Cognitive Conditions and Complications

4: Readiness to Change

5: Relapse Continued Use, or Continued Problem Potential

6: Recovery/Living Environment

Fourth Edition

1: Intoxication, Withdrawal, and Addiction Medications

2: Biomedical Conditions and Complications

3: Psychiatric and Cognitive Conditions

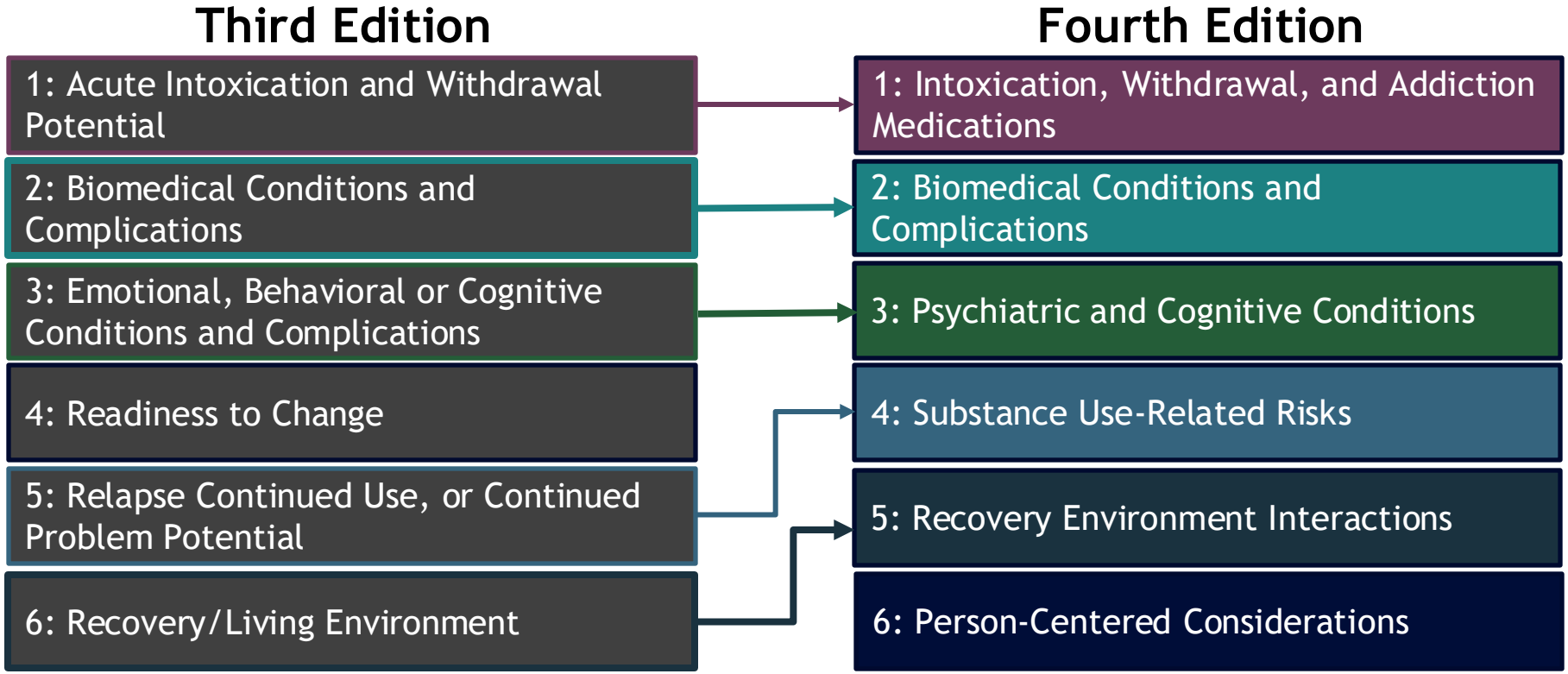
4: Substance Use-Related Risks

5: Recovery Environment Interactions

6: Person-Centered Considerations

For a visual representation of the mapping from Third to Fourth Edition, please see the next slide.

Changes to the ASAM criteria dimensions (visual)



https://www.asam.org/asam-criteria/asam-criteria-4th-edition

Adapted from: The ASAM Criteria 4th Edition, Volume 1: Adults

Deductive Approach

Does the individual require acute inpatient care?

If Level 4 is required in any subdimension the assessment can end, and the individual should be immediately transferred to an appropriate facility

Does the individual require medical management?

After assessing Dimensions 1-3, if the individual requires a minimum of Level 3.7 in any subdimension (but not Level 4) the assessment can end

Does the individual require residential treatment?

Fourth Edition Updates in Risk Rating

- Substantial change in risk ratings for each subdimension
- Each subdimension should first be considered independently
    - Needs in other dimensions/subdimensions should not be considered when assigning risk ratings, except where the decisional rules instruct consideration of dimensional interactions
- Risk rating is aligned with:
    - Minimum (least intensive) level of care in which individuals should be placed to be safely and effectively treated, or
    - Services that should be in addition to or within recommended level of care
- Initial level of care recommendation is based on assessment of dimensions 1-5
- Dimension 6 factors assist in determining the level of care the individual is willing and able to accept

Level of care updates: Residential treatment

Third Edition	Fourth Edition	Change
Residential Treatment		
Level 3.1 Clinically Managed Low-Intensity Residential	**Level 3.1** Clinically Managed Low-Intensity Residential Treatment	Level has been updated to incorporate more clinical service hours per week and structured services 7 days per week.
Level 3.2-WM Clinically Managed Residential Withdrawal Management	**INCORPORATED**	Standards for this level has been incorporated into Level 3.5 program, which are expected to provide clinical monitoring for withdrawal that does not require medical management.
Level 3.3 Clinically Managed Population Specific High-Intensity Residential	**ELIMINATED**	This level has been eliminated and replaced with a new chapter that addresses how to address co-occurring cognitive impairments in the context of addiction treatment (new Chapter 19).

ASAM Criteria 4th Edition Residential Level of Care Updates

Third Edition	Fourth Edition	Change
Residential Treatment		
Level 3.7 Medically Monitored Intensive In Services	**Level 3.7** Medically Managed Residential Treatment	Combines Levels 3.7 and 3.7-WM. Provides residential withdrawal management and biomedical care as a residential treatment level. Dimensional admission criteria have been aligned with what a residential treatment level can provide.
Level 3.7-WM Medically Monitored In Withdrawal Management		

Appendix D

Additional Clinical & Treatment Planning Information

New Subdimensions for Treatment Planning

Dimension	Subdimension
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	• Intoxication and Associated Risks • Withdrawal and Associated Risks • Addiction Medications
Dimension 2: Biomedical Conditions	• Physical Health Concerns • Pregnancy-Related Concerns + **New! Sleep Concerns**
Dimension 3: Psychiatric and Cognitive Conditions	• Active Psychiatric Symptoms • Persistent Disability + **New! Cognitive Functioning** + **New! Trauma-Related Needs** + **New! Psychiatric and Cognitive History**
Dimension 4: Substance Use-Related Risks	• Likelihood of Engaging in Risky Substance Use • Likelihood of Engaging in Risky SUD-Related Behaviors
Dimension 5: Recovery Environment Interactions	• Ability to Function Effectively in Current Environment • Safety in Current Environment • Strengths in Current Environment + **New! Cultural Perceptions of Substance Use and Addiction**
Dimension 6: Person-Centered Considerations	• Barriers to Care • Preferences • Motivational Enhancement

Treatment Planning Updates (cont.)

- The assessment should identify:
  - Dimensional drivers
  - Strengths to build upon
  - Care coordination needs
  - Recovery support service (RSS) needs (with a focus on what needs to be addressed prior to a transition in care)

- Should be regularly reassessed for progress, and treatment plans should be updated at a frequency appropriate to the level of care

Reassessment Updates

- Reassessments and Treatment Plan Reviews should be used to track the individual's progress and inform clinical decision-making including:
  - Midcourse adjustments to the treatment plan according to the individual's evolving needs and/or met goals.
  - Making decisions concerning treatment setting and transitions (i.e., determining the appropriateness of continued service or transition to another level of care).

Appendix E: References

American Society of Addiction Medicine (ASAM). (2023). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Fourth Edition*. Rockville, MD: ASAM Publishing.

Waller RC, Boyle MP, Daviss SR, et al, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions, Volume 1: Adults. 4th* ed. Hazelden Publishing: 2023