Pathway to ASAM Fourth Edition Level 3.5 Clinically Managed High-Intensity Residential Treatment

Stock Photo.

COLORADO
Department of Health Care Policy & Financing

COLORADO
Behavioral Health Administration

HMA
Health Management Associates

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

Myths and Facts

Myths	Facts
We are losing a level of care	• 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 • Withdrawal management without linkage to treatment can be harmful
The people we treat in 3.2-WM are very different than the people treated at 3.5	• Persons "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 • Persons admitted to a 3.5 Level of Care should be experiencing mild to moderate withdrawal; appropriate for clinical, not medical, management. This is the same criteria that was once served in 3.2-WM

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

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

Stock Photo.

Agenda

- Introduction
- Overview of Pathways
- Overview of the Provider ASAM Fourth Edition Changes
- ASAM Fourth Edition- Level 3.5 Clinically Managed High-Intensity Residential Treatment
- Provider Ambassador Program Toolkit
- Provider Ambassador Program Resources
- Discussion

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

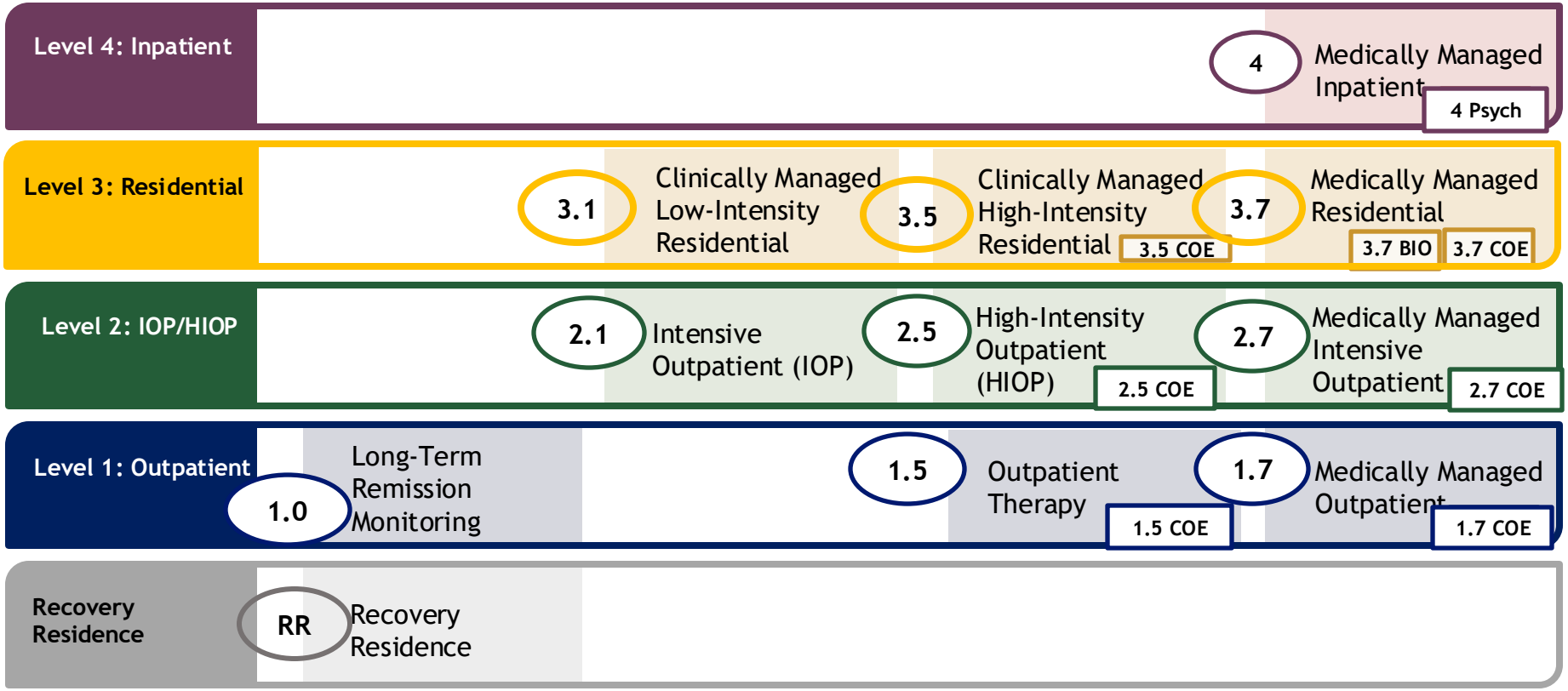
Overarching Changes in the Fourth Edition

- 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 • Patient 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 3.5
Clinically Managed High-Intensity Residential Treatment


Stock Photo. Posed by Models

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 (continued)

- 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

Stock Photo. Posed by Models

June's case

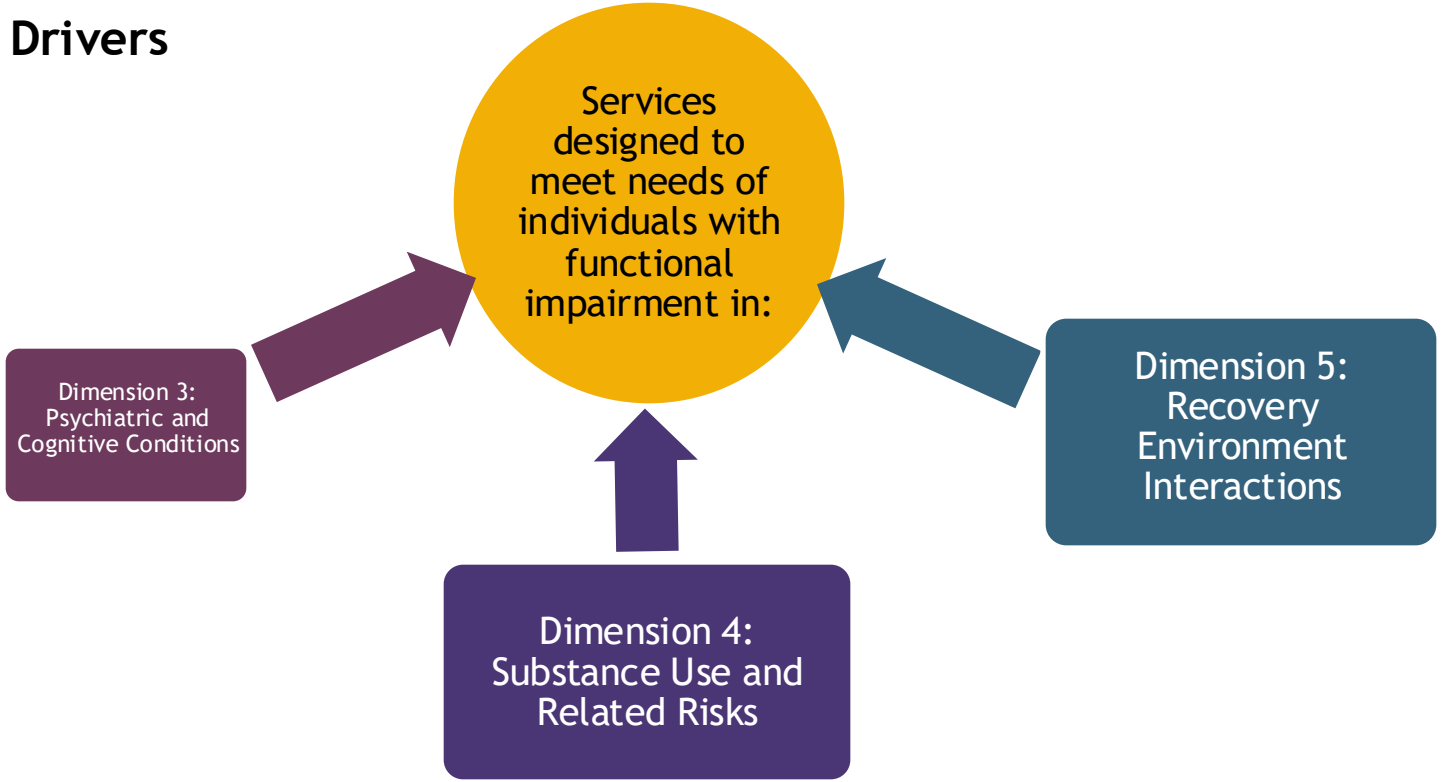
- Mrs. June J. is a 32-yo woman with 8-year h/o polysubstance use (opioids and tobacco) referred to your program by her opioid treatment program (OTP)
- She is 6 months pregnant; 5-year-old daughter recently placed in foster care
  - CPS got involved after a call from daycare provider
- June is smoking $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 (continued)

- 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)

Level 3.5: Clinically Managed High-intensity Residential

Dimensional Drivers



3.5: Clinically Managed High-Intensity Residential Treatment

Individuals entering this level of care are generally using substances in a manner that poses significant risk for harm or destabilization

Support systems

- Policies and procedures to respond to urgent medical and/or psychiatric concerns, with 24/7 on call physician or advanced practice provider (Including intoxication or withdrawal management-related concerns)
- Affiliations (or MOUs) to support biomedical care coordination, as needed
- Referral for specialized psychological or cognitive consult, as needed

Setting

- 24/7/365, often community-based

Focus

- Habilitation and rehabilitation of skills:
  - Discontinuation of use
  - Prevention of return to use
  - Adaptive coping
- Monitoring of intoxication or withdrawal not requiring medical monitoring

3.5: Clinically Managed High-Intensity Residential Treatment (1)

Assessment

- Physical examination within 72 hours (prior to admission, if self-administered withdrawal management medications will be used)
- Point of care pregnancy screening; Laboratory and toxicology tests (can be through offsite arrangement)
- Infectious disease screening
- Assessment and management of low-severity co-occurring mental health conditions
- Administration of valid withdrawal assessment tool(s)

3.5: Clinically Managed High-Intensity Residential Treatment (2)

Services

- 24/7 observation, supervision and support for individuals experiencing intoxication or withdrawal not requiring medical monitoring
- Implementation of intoxication and withdrawal management protocols by a medical director
- Supervision of self-administered medications
- Initiation or continuation of medications for addiction treatment, including medications for opioid use disorder (MOUD)
- Psychotherapy, individual and group counseling, and psycho-education (minimum 20 hours per week; delivered 7 days per week)

3.5: Program Oversight

Program Director

- Minimum of Master's Degree in clinical behavioral health related field & at least 5 years experience in addiction treatment
- *In partnership with other program personnel*, policy and procedure design and oversight of the clinical program

Medical Director

- Physician or Advanced Practice Provider with at least 2 years experience in specialty addiction treatment
- Oversees effective care coordination and collaboration with external medical/ psychiatric provider
- Ensures 24-hour on-call medical support to address urgent/emergent medical concerns
- *In partnership with other program personnel*, policies and procedures development, review, and approval

Other Personnel

- Must be trained and evaluated in administration of listed therapies with a minimum of 2 personnel on-site whenever one or more individuals present
- Maximum individual to personnel ratio of 10:1
- Full-time personnel must obtain minimum of addiction technician certificate within 18 months of hire

3.5: Clinical and Recovery Support Services

Array of psychosocial services and recovery supports

- Psychoeducation
- Counseling
- Evidence-based psychotherapies

Minimum of 20 hours of structured clinical services weekly

- Delivered 7 days per week

Recovery supports

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

3.2-WM (Third Edition) vs. 3.5 (Fourth Edition)

	3.2-WM (Third Edition)	3.5 (Fourth Edition)
Dimensional Drivers	Dimension 1 (Acute Intoxication and Withdrawal Potential) and 5 (Recovery/Living Environment)	Dimensions 3 (Psychiatric and Cognitive Conditions), 4 (Substance Use and Related Risks), 5 (Recovery Environment Interactions)
Supervision	24-hour supervision	24-hour supervision with personnel verifying whereabouts and wellness of patients at least hourly
Program Leadership	The person overseeing day-to-day operations for agencies providing Level 3.2-WM services must 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 **Medical Director-**(physician or APP with at least 2 years of experience in specialty addiction treatment)

3.2-WM (Third Edition) vs. 3.5 (Fourth Edition) (cont.)

	3.2-WM (Third Edition)	3.5 (Fourth Edition)
Support Systems	• Protocols developed and supported by a physician knowledgeable in addiction medicine • Medical evaluation and consultation is available twenty-four (24) hours per day; • Have protocols that clearly determine the nature of medical, or nursing care required. • 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	• Protocols developed, reviewed and updated by Medical Director • Physician or APP available on-call 24/7 • MOUs with local hospitals, urgent care providers, and EDs to support coordination of biomedical care as necessary; • Policies and procedures for responding to urgent medical and psychiatric needs 24/7, inclusive of when to engage on-call providers, when to call 911, and when to call 988 • Ability to refer for specialized psychological or cognitive consultation as appropriate

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 & the individual's belongings
  - Food storage space

Considerations for Implementation: Personnel

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 Professional

Considerations for Implementation: Clinical Services

20 hours of structured clinical services per week

- Psychoeducation
- Counseling
  - Individual
  - 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 for regular assessment and documentation of individuals' functioning in each of the 6 dimensions

Considerations for Implementation: Competencies

Incorporating assessment and monitoring of withdrawal in all levels of care

- Use of validated withdrawal scales
- Know when to escalate to medical

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 - assessor performs repeated assessments to support treatment plan updates and MBC 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.


Stock Photo. Posed by Models

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

Benefits of a 3.5 (Fourth Edition) Admission for August

- 24-hour supportive environment to assist in monitoring of adherence to ambulatory withdrawal management protocol
- Having medical director potentially allows for quick assessment for appropriateness for level of care
    - Also allows for oversight of other biomedical conditions
    - Adds additional guidance in protocols to assess for appropriateness
- Assessment and monitoring of mental health symptoms
- Rapid transition to treatment initiation with access to clinical services to support discontinuation and prevent recurrence of use
- Intensive clinical services to support re-emergence of recurrence prevention and coping skills
- Therapeutic milieu to support real time practice of skills
- Culturally responsive programming for individuals identifying as LGBTQ+

Stock Photo. Posed by Models

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)

Benefits of a 3.5 (Fourth Edition) Admission for June

- 24-hour supportive environment
- Having medical director potentially allows for quick assessment and prescribing of adjuvant medications for withdrawal while methadone is titrated to therapeutic dose and allows for care coordination with obstetric provider and OTP
- Assessment and monitoring of mental health symptoms
- Rapid transition to treatment initiation with access to clinical services to support discontinuation and prevent recurrence of use
- Intensive clinical services to support development of recurrence prevention and coping skills
- Therapeutic milieu to support real time practice of skills
- Case management to link to other services - vocational services, housing services, parenting classes

Level 3.5 Clinically Managed High-Intensity Residential Treatment

Toolkit

Pathways Toolkits

Service Transformation Toolkit & Guide	ASAM 3.5 Comprehensive Transition Planning Tool (Fourth Edition)	Service Type Comparison Tool	ASAM 3.5 Policy and Procedure Alignment Tool (Fourth Edition)
Implementation Workflow Tool	ASAM 3.5 Level of Care Monthly Curriculum Planning Tool (Fourth Edition)	ASAM 3.5 Physical Plant Requirements Tracking Tool (Fourth Edition)	Personnel Crosswalk
ASAM 3.5 Integration Self Assessment Tool: Medical, Psychiatric, and MAT Services	Pathway Decision Considerations Guide	Pathway Decision Tree	Compendium of Resources

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 3.2-WM, they will need to weigh potential benefits and concerns related to each model they are considering.
- 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 the Pathway Decision Tree is to provide 3.2-WM programs with a decision aid to determine which of the 4 provider pathways options makes the most sense for their respective organizations.

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 serve and assessment of agencies' existing expertise
- Alignment between current treatment model and pathway treatment model
- Infrastructure alignment
- Reimbursement considerations

Service Transformation Toolkit & Guide

This document is intended to support providers who have chosen to explore or navigate the pathway from the Level 3.2-WM ASAM Third Edition to the ASAM Level 3.5 Clinically Managed High-Intensity Residential Treatment Fourth Edition.

- Outlines what a shift from Level 3.2-WM Third Edition to ASAM Level 3.5 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.

Service Type Comparison Tool

Crosswalk and gap analysis tool designed to support providers in understanding the key differences between ASAM Level 3.2-WM from the Third Edition of The ASAM Criteria and ASAM Level 3.5 from the Fourth Edition.

Serves two purposes:

1. To compare and clarify the distinctions between these two levels of care across editions.
2. To help organizations delivering 3.2-WM services identify what changes are needed to transition to a 3.5 program under the current guidance.

ASAM 3.5 Policy and Procedure Alignment Tool (Fourth Edition)

This tool is designed to help agencies evaluate whether their current policies and procedures align with the ASAM Fourth Edition standards for Level 3.5 Clinically Managed High-Intensity Residential Service.

- Each item reflects a critical domain for 3.5 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.

Implementation Workflow Tool

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

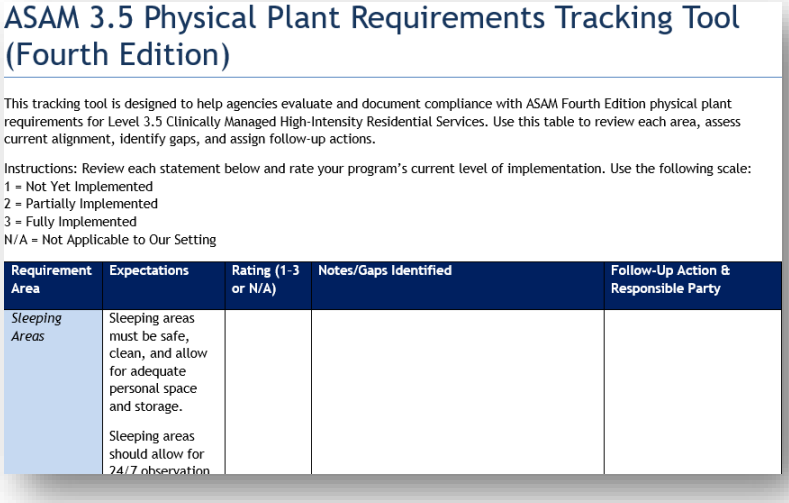
How to use this tool:

- ✓ Review current workflow with team and assess state of alignment with ASAM Fourth Edition criteria
- ✓ Use the checklist of action items to identify next steps
- ✓ Assign responsibilities and track completion
- ✓ Document all progress and training

ASAM 3.5 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 3.5 Clinically Managed High-Intensity Residential Services.

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



ASAM 3.5 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 3.5 Clinically Managed High-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. Sleeping areas should allow for 24/7 observation			

Personnel Crosswalk

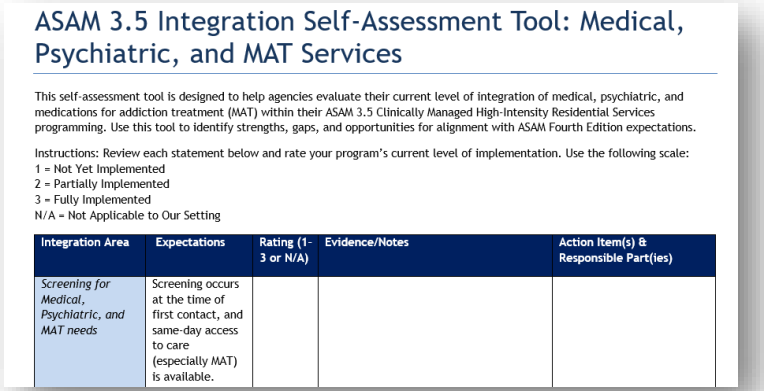
This tool is designed to help organizations plan effectively for workforce needs, compliance, and service delivery as they explore whether this level of care is right for their agency.

- As provider agencies consider transitioning from ASAM Level 3.2-WM (Third Edition) to ASAM Level 3.5 (Fourth Edition), understanding the personnel implications is critical
- Each level of care carries distinct requirements for medical oversight, personnel-to-individual ratios, and the integration of peer support and therapeutic services

ASAM 3.5 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 tool is designed to help agencies evaluate their current level of integration of medical, psychiatric, and medications for addiction treatment (MAT) within their ASAM 3.5 Clinically Managed High-Intensity Residential Services programming



ASAM 3.5 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 3.5 Clinically Managed High-Intensity Residential Services 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.			

ASAM 3.5 Level of Care Monthly Curriculum Planning Tool (Fourth Edition)

This planning tool is designed to help ASAM 3.5 programs (under the Fourth Edition) map out curriculum and daily structure.

- Services should be designed to be both habilitative and rehabilitative in nature and should address each of the six dimensions
- All curricula should be reviewed to ensure it is culturally responsive to the community, is appropriate for multiple literacy levels, and is trauma-informed
- Programs should regularly assess community demographics and needs of the people entering treatment

ASAM 3.5 Comprehensive Transition Planning Tool (Fourth Edition)

This self-assessment 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.

Program Resources

Engagement Opportunities

Office Hours

- Virtual, once a month April-June,
- 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**: May 30, 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

COLORADO
Department of Health Care Policy & Financing

COLORADO
Behavioral Health Administration

HMA
Health Management Associates

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.

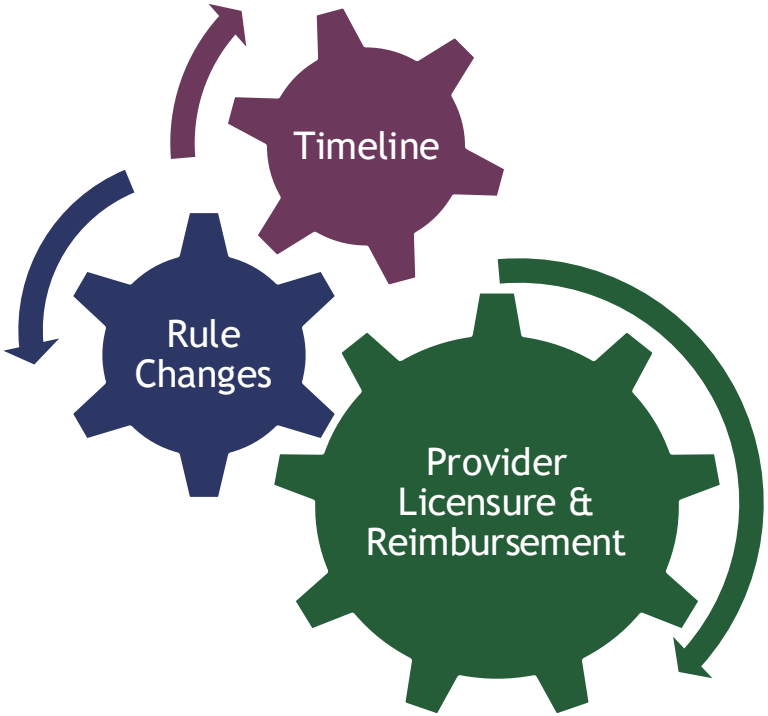
Impact on rural communities

- 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

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.

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 individuals 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 patient-centered
- Individuals move along the clinical continuum based on their progress

History of The ASAM Criteria

1991

Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders

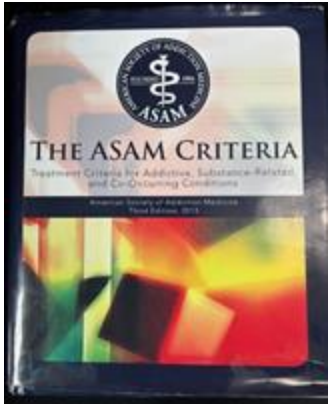
1996

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

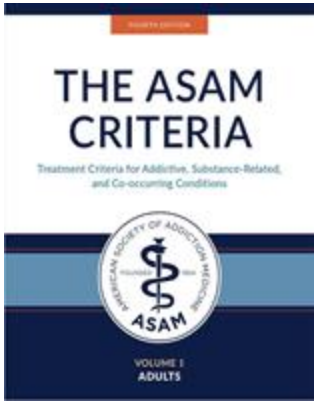
2001

Patient 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

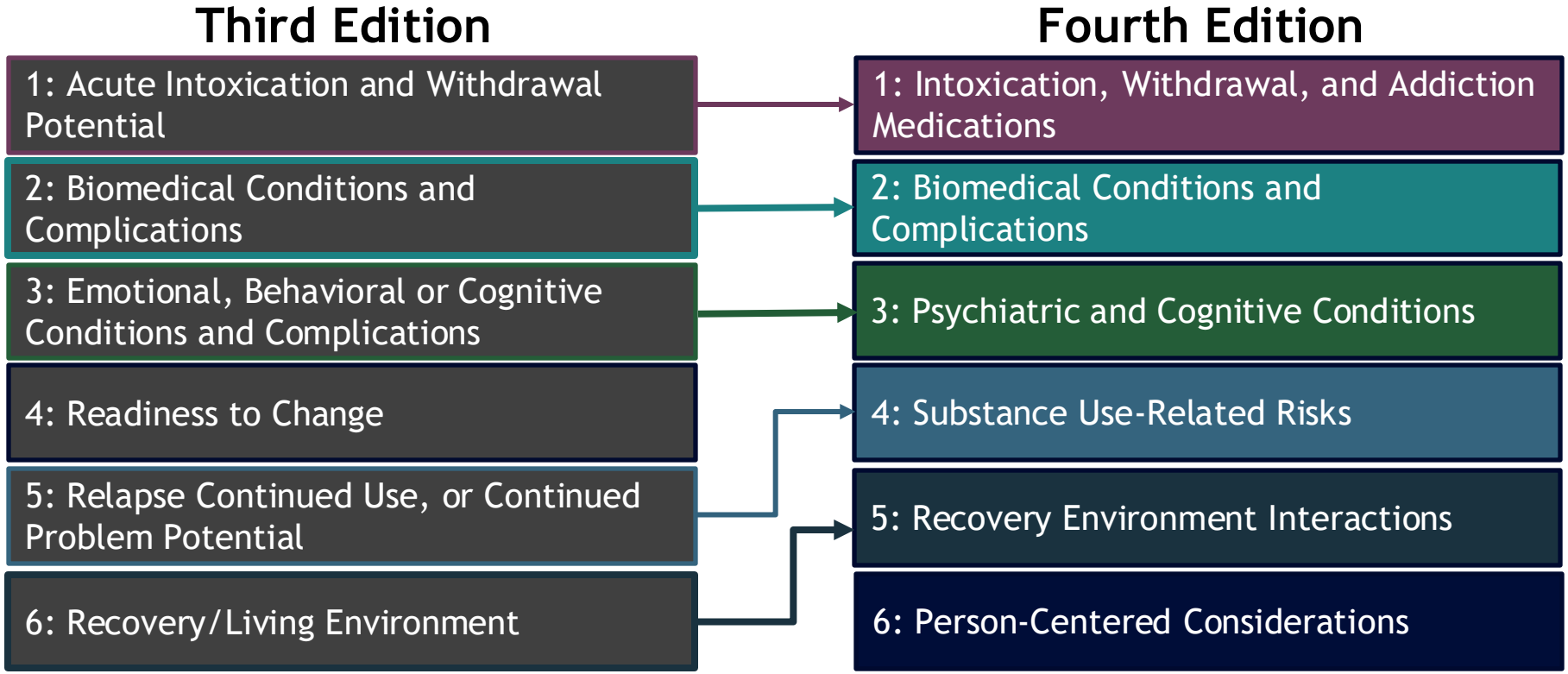
4: Substance Use-Related Risks

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.

Appendix E. 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

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 • Patient Preferences • Motivational Enhancement

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 patient is willing and able to accept

Deductive Approach

Does the individual require acute inpatient care?

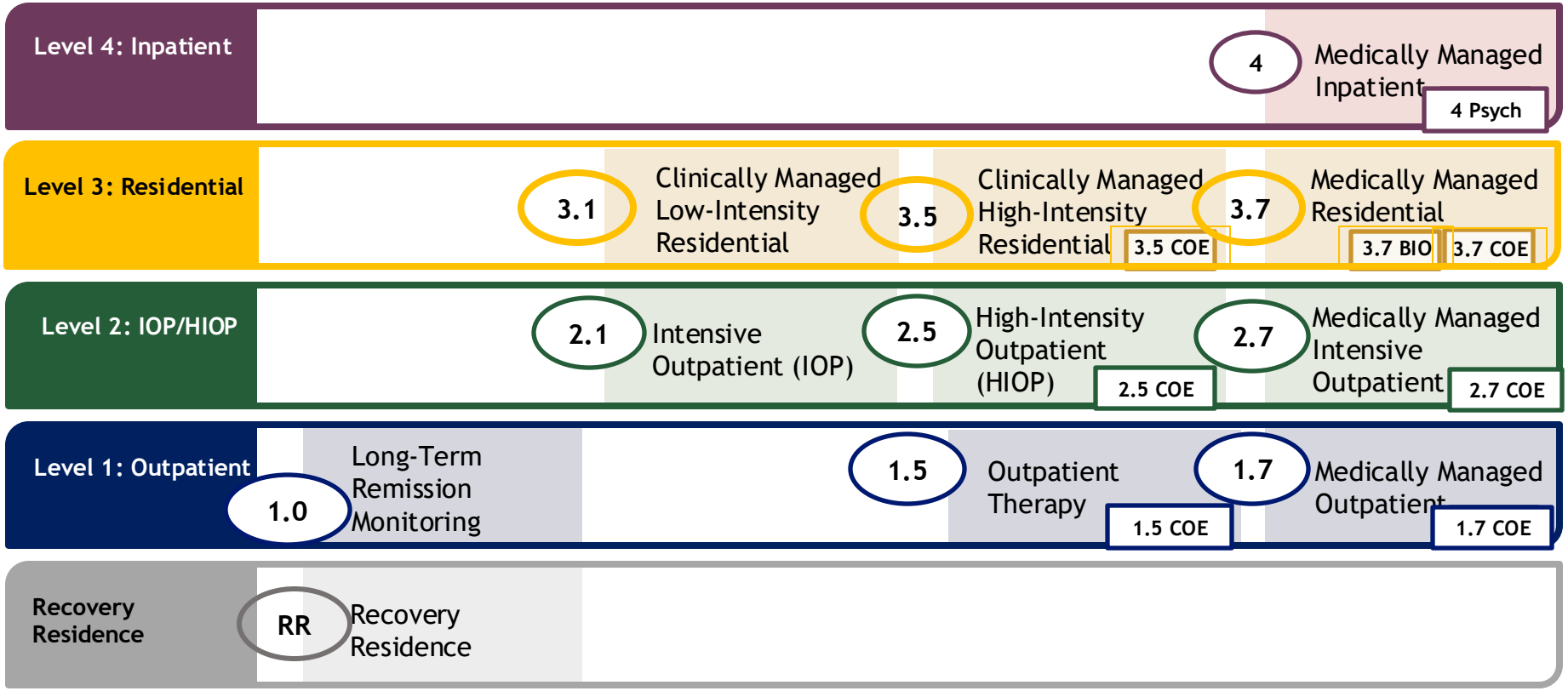
If Level 4 is required in any subdimension the assessment can end, and the individual should be immediately transferred to an appropriate facility

Does the individual require medical management?

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

Does the individual require residential treatment?

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



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

ASAM Criteria 4th Edition Residential Level of Care Updates

Third Edition	Fourth Edition	Change
Residential Treatment		
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 3.7 Medically Monitored Intensive Inpatient 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 Inpatient Withdrawal Management		

Appendix D

Clinical Context and Treatment Planning

Treatment Planning and Reassessment Updates

ASAM Assessment Moments

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

Treatment Planning Assessment – clinician 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 MBC and inform level of care transitions

Treatment Planning Updates

- 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**

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 • Patient 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 needs that need to be addressed prior to a transition in care)

- Individuals 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 patient'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