



# HCPF Provider Ambassador Program: Introductory Webinar

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# Agenda

- Background and Context
- ASAM Fourth Edition
- Provider Pathways
- Provider Ambassador Program
- Program Resources



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HEALTH MANAGEMENT ASSOCIATES

# 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 (3.2WM) 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 through the provider state-distributed 3.2WM Transition Survey



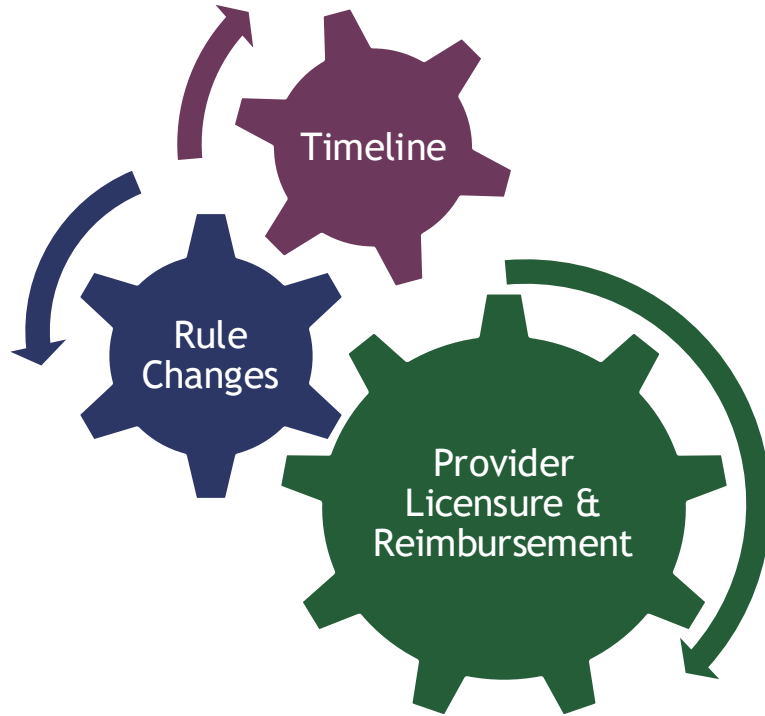
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# Behind the Scenes- Many Moving Parts!



**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



# The ASAM Fourth Edition Criteria



# 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



# ASAM Fourth Edition Criteria - Goals & Impacts

## Goals of ASAM Fourth Edition Criteria

- Update the standards to reflect the current state of science and practice
- Further promote a chronic care model that supports seamless movement along the care continuum
- Improve clarity and simplify where possible to support more effective implementations

## Updated Guidelines

- Reflect current research and clinical best practices
- Promote individualized, patient-centered, holistic treatment and services for individuals with SUDs and co-occurring

## Changes Impacting 3.2WM providers

- Integration of biomedical service with increased emphasis on withdrawal management services
- Impacting:
  - ✓ Target population served
  - ✓ Service delivery
  - ✓ Support systems
  - ✓ Program personnel
  - ✓ Reimbursement



# Provider Pathways

# Transitioning from ASAM Third Edition 3.2-WM Level of Care

## CRISIS 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.

\*Name subject to change.



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# Transitioning from ASAM Third Edition 3.2-WM Level of Care

## RESIDENTIAL PATHWAY Options

### Residential Pathway 1 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 2 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.



# Provider Concerns

## Capital investment and construction

- Significant capital investment for this kind of transition

## Personnel and regulatory concerns

- Recruiting and maintaining sufficient personnel, especially for a WIC/CSU model, with WM-protocols is a concern
- Providers unsure of regulatory requirements

## Prior authorization-related issues

- Confusion around prior authorization processes

# Provider Concerns, cont.

## Impact on rural communities

- Concerned about negative impact of changes on rural areas

## 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

*“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.”*



# Improving Quality and Continuity of SUD Care For Coloradans

Rose is a 27-year-old cis-female who uses fentanyl and methamphetamines daily. Following the removal of her daughter from custody she presents for treatment, experiencing mild withdrawal.

## Current System

- Rose presents at the 3.2-WM
- Personnel administer the Clinical Opiate Withdrawal Scale (COWS)
- Personnel monitor for signs of withdrawal
- Rose's is stable within 24 hours
- Rose remains for 5 days, participates in some group activities and meets with a discharge planner who refers her to a 3.5 level of care with a next day appointment.
- Rose receives a bus pass to get the intake appointment the next day

## 4<sup>th</sup> Edition Model

- Rose presents at 3.5
- Personnel administer the COWS
- Rose's withdrawal symptoms stabilize within 24 hours of admission
- Rose meets with the counselor for her initial treatment plan and develop a therapy schedule
- Rose meets with her counselor weekly to review the plan
- After 6 weeks Rose is assessed to need a 3.1 level of care



# The Provider Ambassador Program

# Ambassador Program Components

Pathways Webinars

Training Toolkits and  
Resources

Office Hours

1:1 Technical  
Assistance (TA)



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# Transitioning from ASAM Third Edition 3.2WM Level of Care Provider Pathway Options (cont.)

## 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.



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# Pathways Webinars

## Webinar Structure

- Four one-hour live, virtual webinars (one webinar per pathway)

## Webinar Content

- An overview of the specific service type
- Service structure
- Key components, requirements & considerations
- Pathway Toolkit & Resources

## Webinar Dates & Registration

- Pathway 1 Webinar: ASAM Level 3.5 Residential Treatment - 6/4, 10 a.m. [Register here!](#)
- Pathway 2 Webinar: ASAM Level 3.1 Residential Treatment - 6/13, 9 a.m. [Register here!](#)
- Pathway 3 Webinar: Crisis Stabilization Unit (CSU) - 6/18, 11 a.m. [Register here!](#)
- Pathway 4 Webinar: Behavioral Health Crisis Center (BHCC) - 6/26, 11 a.m. [Register here!](#)

# Pathways Toolkits

Compendium of  
Supporting Resources  
& FAQs

Decisions  
Considerations Guide

Comprehensive  
Service  
Transformation  
Toolkit and Guide

Pathway Decision  
Tree

Policy and Procedure  
Alignment Tool

Implementation  
Workflow Tool

Curriculum Planning  
Tool

Service Type  
Comparison Tool

Physical Plant  
Requirements  
Tracking Tool

Personnel Crosswalk

Medical &  
Psychiatric  
Integration Personnel  
Assessment Tool





Let's Pause for a  
Readiness Poll!

# 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 (TA)

- Request 1:1 TA via the request form - [click here to access the form](#)
- TA 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 TA 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](mailto:HCPFAmbassadorTTA@healthmanagement.com)



# Additional Resources

## Office Hours

May 30, June 30, July 30, 2025 at Noon- [Register Here](#)

## Website

Visit the website [<insert link when available>](#) for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more

## TA Request & Feedback Form

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](mailto:HCPFAmbassadorTTA@healthmanagement.com)

## Dedicated E-mail Addresses

For general questions for BHA or HCPF related to the transition to ASAM Fourth Edition Criteria- [hcpf\\_sudbenefits@state.co.us](mailto:hcpf_sudbenefits@state.co.us) or [cdhs\\_bharulefeedback@state.co.us](mailto:cdhs_bharulefeedback@state.co.us)



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>

# Appendix A: 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.