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COLORADO
Department of Health Care Policy & Financing

COLORADO
Behavioral Health Administration

Frequently Asked Questions (FAQs)

PROVIDER AMBASSADOR PROGRAM

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Provider Ambassador Program

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Table of Contents

Settings

How do we design our program to separate the individual's experiencing withdrawal from 3.5 Residential?

In 3.5 programs, individuals may have varying physical and emotional withdrawal symptoms. All such programs should offer same-day access to approved addiction medications for withdrawal management and ongoing care. The medical director, in partnership with staff, must establish clear protocols regarding which withdrawal cases can be managed onsite.

Active withdrawal should not occur within ASAM Level 3.5 Residential settings, as it often requires more intensive medical monitoring and can disrupt treatment for others. Providers must screen for withdrawal risk at intake and refer at-risk individuals—especially those withdrawing from benzodiazepines or alcohol—to appropriate services before residential admission, using tools like Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-AR) or Clinical Institute Withdrawal Assessment Scale- Benzodiazepines (CIWA-B) for close monitoring.

If withdrawal management is on site, it must be separate and properly staffed. This ensures compliance with ASAM criteria and supports a stable environment for all clients.

What are the physical plant requirements to transition from 3.2-WM to 3.5?

The physical plant requirements do not differ for 3.2-Withdrawal Management (3.2-WM) and 3.5 programs. Both services require an elevated level of supervision, and personnel should verifying the whereabouts of individuals hourly at a minimum. Additionally, the physical plant in 3.5 should be structured so that personnel are able to monitor all public spaces either through line of sight or livestream cameras.

We currently have an Intensive Outpatient Program (IOP). Can we attach housing to the IOP and qualify as 3.1?

Group homes and other supportive living environments are not considered to be 3.1 levels of care. Level 3.1 programs deliver clinically managed low-intensity services to support individuals who require structure and support to build and practice recovery and coping skills. In the 4th Edition, they are designed to deliver the same number of clinical services as an IOP; 9-19 hours. Thus, IOP with housing does not qualify as Level 3.1.

We are currently considering 3.5 and there are no 3.1 programs in our community. Can an agency offer both 3.5 and 3.1 in the same location?

Yes, the 4th Edition is designed to encourage multiple levels of care in the same setting to promote seamless transitions through levels of care. Because 3.1 offers individuals the opportunity to apply the recovery skills learned in 3.5, having a co-located 3.1 is considered a best practice.

What are the physical plant requirements for a Crisis Stabilization Unit (CSU)?

A CSU must be in a 24/7/365 setting. Due to the high acuity of individuals served in a CSU, the agency should ensure the setting allows for frequent observation and is clear of risks, such as ligatures.

Personnel

What personnel are required to manage withdrawal in the 3.5 setting?

3.5 is also a clinically managed level of care. The medical director, in partnership with staff, should develop policies and procedures to monitor symptoms and when to seek medical consultation or transition to a higher level of care. Well-trained allied health personnel can monitor symptoms through vitals monitoring and evidence-based withdrawal scales with clear policies and procedures.

Why does a clinically managed program need a medical director?

The role of the medical director is to develop, approve and regularly review the program's policies, procedures, and protocols for making admission decisions and be available to review admission decisions in partnership with staff personnel. This is to

ensure that individuals admitted to 3.5 are medically appropriate for the 3.5 level of care and do not need a higher level of care.[1]

Can a Physician Assistant (PA) or Nurse Practitioner (NP) serve as the medical director for the 3.5 level of care?

In Colorado, the scope of practice rules prevents Advanced Practitioners from serving in this role.

How does the personnel model differ in 3.1 from 3.2-WM and 3.5?

3.1 does not require a medical director. Other personnel requirements are the same.

What is the requirement for medical personnel in a CSU?

CSUs must have access to an authorized practitioner and must have nursing personnel available 24/7/365 to complete the nursing assessment.

Assessment/Treatment Planning

ASAM 4th Edition talks about evaluating the level of care at weekly team meetings, but having a formal level of care evaluation monthly, what is the difference?

3.5 and 3.7 treatment planning should be weekly as these are very high levels of care and factors in each dimension can see significant change more rapidly.

Therapies

How can an individual in withdrawal participate in clinical services with individuals in residential?

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[2]. Individuals admitted to a 3.5 Level of Care should be experiencing mild to moderate withdrawal; appropriate for clinical, not medical, management. Thus, their symptoms should not be severe enough to disrupt the milieu.

Twenty hours of service feels intense for someone in withdrawal. Why?

Individuals "experiencing or anticipated to imminently experience moderately severe or severe signs and/or symptoms of intoxication" and require medical

[1] American Society of Addiction Medicine. (2023). *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (4th ed.). American Society of Addiction Medicine.

[2] American Society of Addiction Medicine. (2023). *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (4th ed.). American Society of Addiction Medicine.

management/nursing after hours should be admitted to 3.7[3]. Individuals admitted to a 3.5 Level of Care should be experiencing mild to moderate withdrawal; appropriate for clinical, not medical, management and able to participate in therapeutic services. Schedules should be individualized and tailored to the individual's *documented* multidimensional assessment and *documented* current symptomology.

The hours of service feel like they are a lot for 3.1; how is this different from 3.5?

Individuals typically remain at Level 3.1 for longer periods of time than at 3.5, thus the intensity of their onsite services will vary from when they transition into 3.1 and then transition into their next level of care; particularly as they begin to practice recovery skills in the community. Treatment plans and schedules should be individualized and person-centered.

What are the required number of hours to be provided in a CSU?

There are no specific hours requirements. CSUs should provide group and individual therapy.

Workforce

Clinical and medical personnel are difficult to find, particularly in rural areas. Is telehealth an option for these services?

Telehealth can be used to supplement medical services. Agencies should develop policies and procedures regarding telehealth and ensure a confidential and private location for individuals to receive care through telehealth. Please see 2 CCR 502-1 2.9 (B)[4] for rules regarding the provision of services via telehealth.

[3] American Society of Addiction Medicine. (2023). *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (4th ed.). American Society of Addiction Medicine.

[4] Colorado Department of Human Services. (2024, January 1). *2 CCR 502-1: Behavioral health rules*. Colorado Secretary of State. https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=11259&fileName=2%20CCR%20502-1