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UNDERSTANDING THE 4TH EDITION ASAM CRITERIA: A GUIDE FOR PROVIDERS

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SPEAKER DISCLOSURES

✓ Any conflicts of interest?

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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OBJECTIVES

1. Understand the new 4th edition criteria
2. Articulate the continuum of care for all healthcare professionals
3. Recognize the implications for the advancement of addiction care

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WHAT IS THE ASAM CRITERIA?

- *American Society of Addiction Medicine (ASAM)*
- *The ASAM Criteria* is the most widely used and comprehensive set of standards for level of care recommendations, continued service, and care transitions for individuals with addiction and co-occurring conditions.

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PURPOSE OF THE ASAM CRITERIA

- To promote individualized and holistic treatment planning.
- Guide clinicians and care managers in making objective decisions about patient admission, continuing care, and movement along the continuum of care.
- The criteria provide a consistent way to:
  - assess patients' biopsychosocial circumstances to identify the appropriate level of care
  - develop comprehensive, individualized, and patient-centered treatment plans
  - define the services that should be available at each level of care

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GOALS OF THE FOURTH EDITION

- Update the standards to reflect the current state of science and practice
- Promote a chronic care model that supports seamless movement along the care continuum
- Facilitate patient-centered, holistic, integrated care
- Improve clarity and simplify where possible to support more effective implementations.

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ADDITIONAL VOLUMES

- Adolescent and Transition Age Youth
- Correctional Settings and Reentry
- Behavioral Addictions

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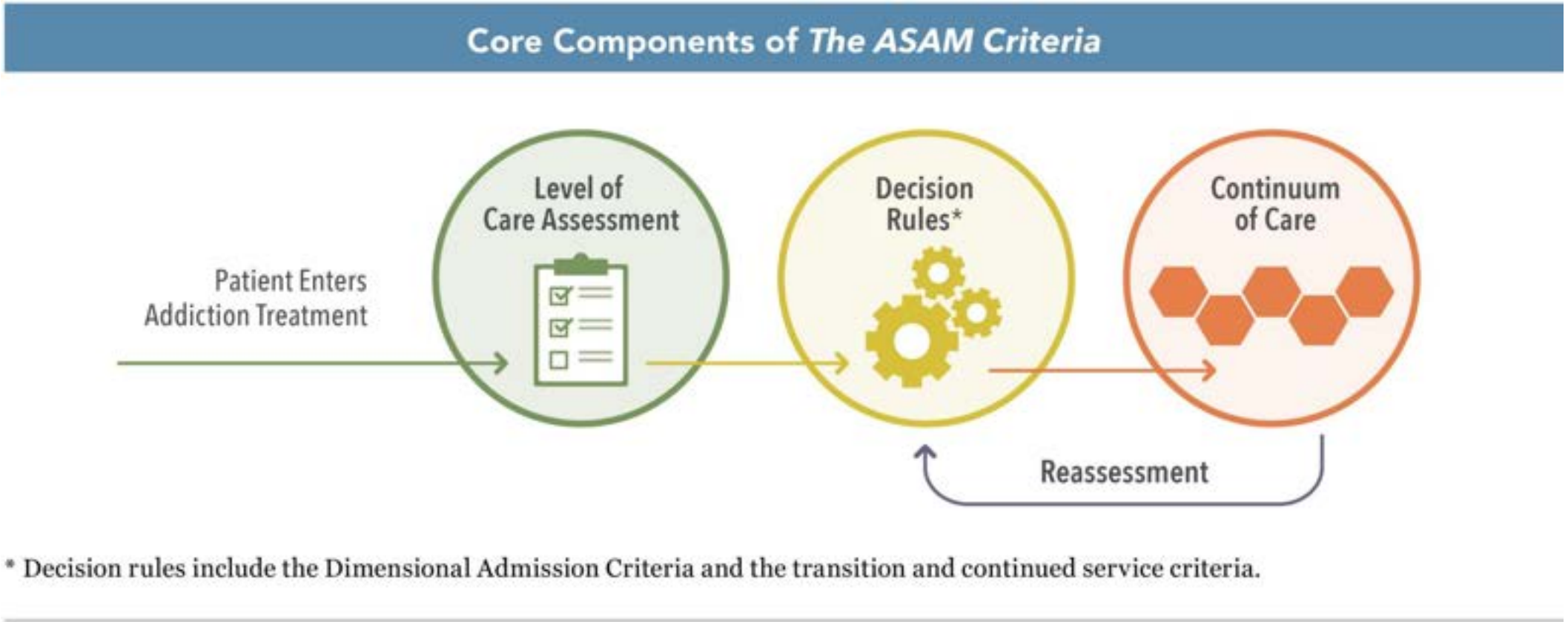
Core Components of The ASAM Criteria



GUIDING PRINCIPLES OF *THE ASAM CRITERIA*

- Admission into treatment is based on patient needs, not arbitrary prerequisites
- Multidimensional assessment addresses the broad biological, psychological, social, and cultural factors that contribute to addiction and recovery
- Treatment plans are individualized based on patient needs and preferences
- Care is interdisciplinary, evidence-based, patient-centered, and delivered from a place of empathy
- Co-occurring conditions are an expectation, not an exception
- Patients move along the continuum of care based on their progress, not predetermined lengths of stay
- Informed consent and shared decision-making accompany treatment decisions

ASAM CRITERIA ASSESSMENT

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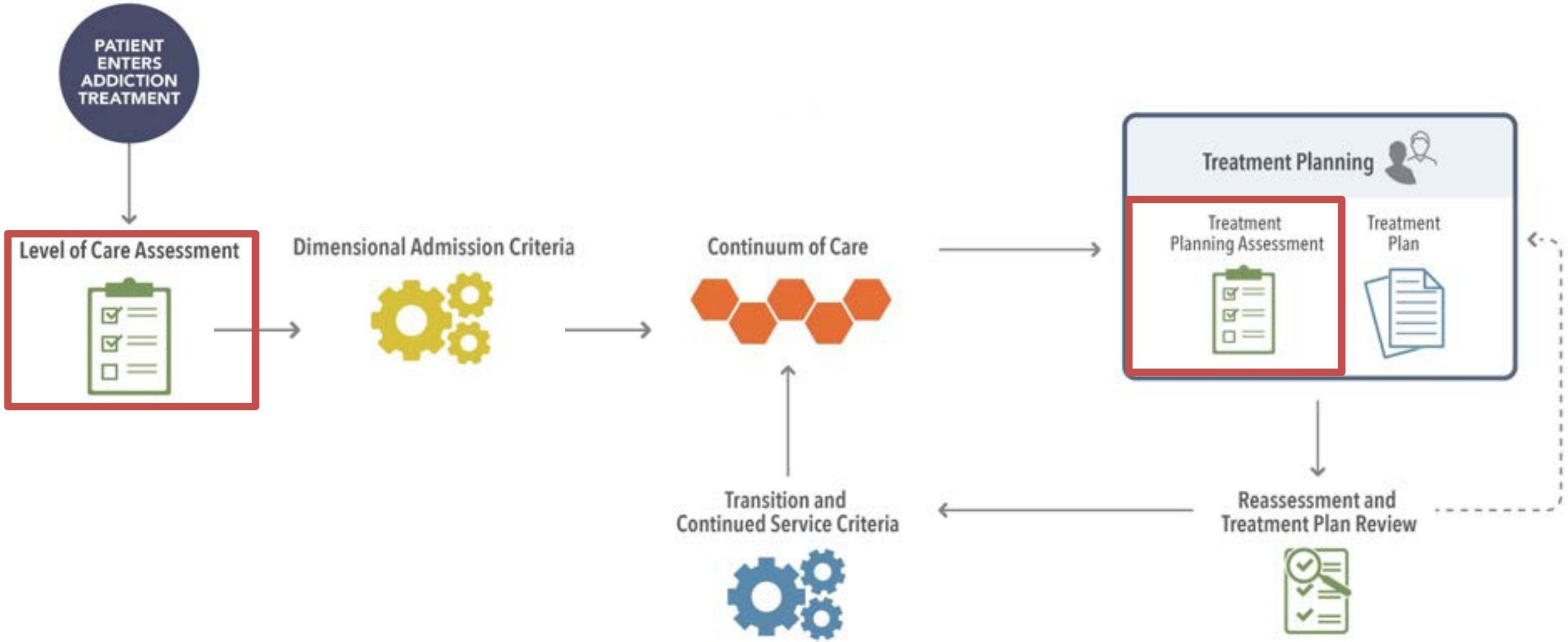
A Patient's Journey Through the Continuum of Care



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ASAM CRITERIA ASSESSMENTS

- Assessments are a process of evaluating and obtaining information from an individual to determine what health concerns they have and what clinical and recovery support services they need.
  - The ASAM Criteria **Level of Care Assessment** is used to determine the recommended level of care
  - The ASAM Criteria **Treatment Planning Assessment** informs treatment planning
  - Both assessments are multidimensional and consider the patient's full biological, psychological, and sociocultural context

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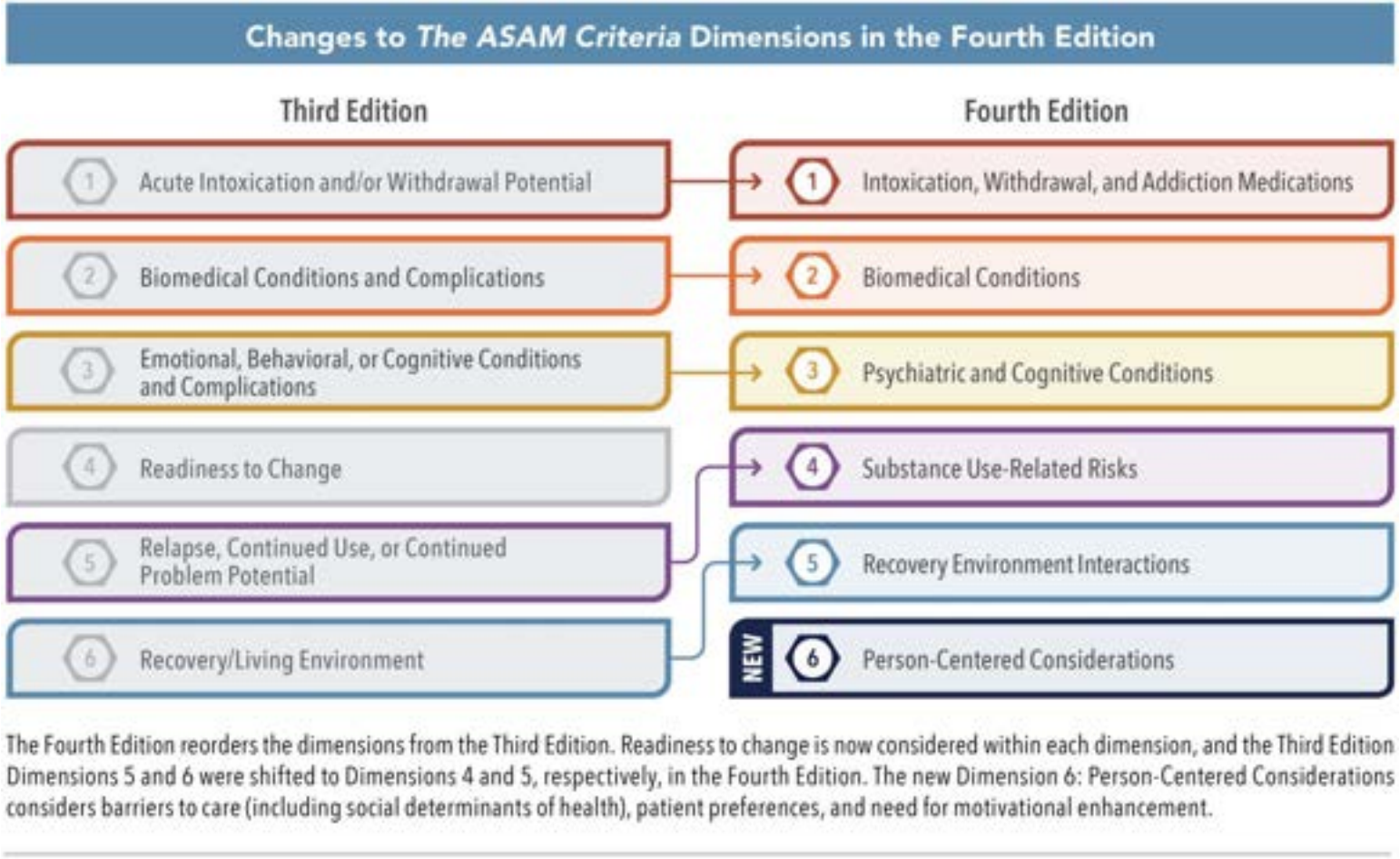
CHANGES FROM THE 3RD TO 4TH DIMENSIONS



The Fourth Edition reorders the dimensions from the Third Edition. Readiness to change is now considered within each dimension, and the Third Edition Dimensions 5 and 6 were shifted to Dimensions 4 and 5, respectively, in the Fourth Edition. The new Dimension 6: Person-Centered Considerations considers barriers to care (including social determinants of health), patient preferences, and need for motivational enhancement.

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ASAM CRITERIA SUBDIMENSIONS

Dimension 1 – Intoxication, Withdrawal, and Addiction Medications

- Intoxication and associated risks
- Withdrawal and associated risks
- Addiction medication needs

Dimension 2 – Biomedical Conditions

- Physical health concerns
- Pregnancy-related concerns
- Sleep problems

Dimension 3 – Psychiatric and Cognitive Conditions

- Active psychiatric concerns
- Persistent Disability
- Cognitive Functioning
- Trauma exposure and related needs
- Psychiatric and cognitive history

Dimension 4 – Substance Use Related Risks

- Likelihood of risky substance use
- Likelihood of risky SUD-related behaviors

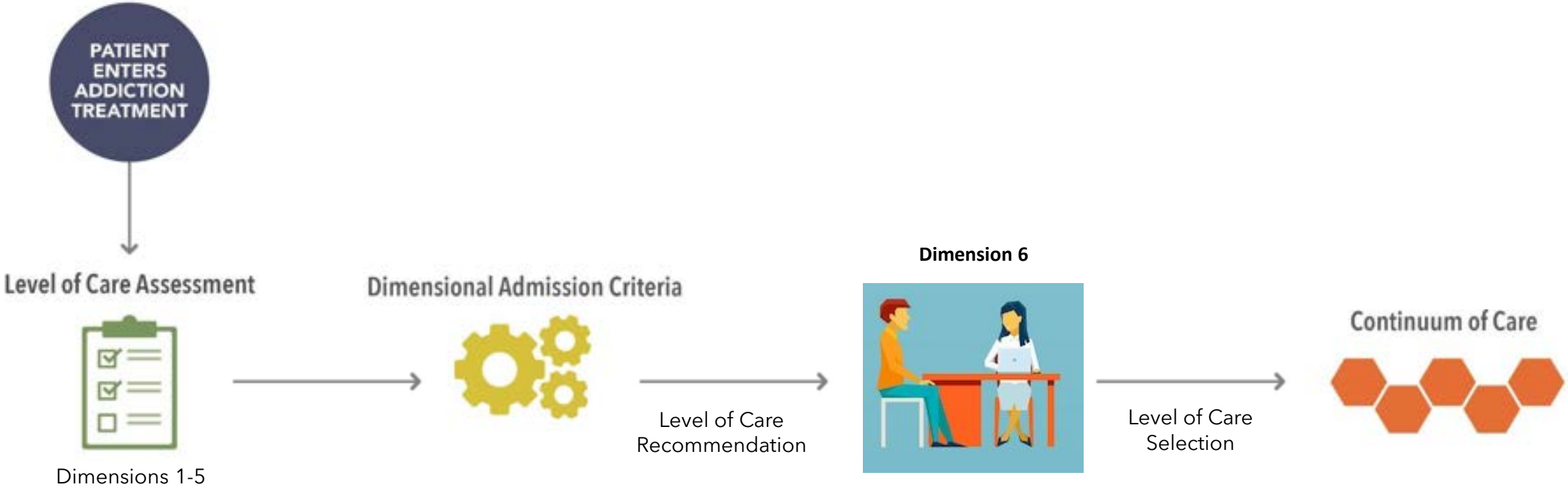
Dimension 5 – Recovery Environment Interactions

- Ability to function in current environment
- Safety in current environment
- Support in current environment
- Cultural perceptions of substance use

Dimension 6 – Person-Centered Considerations

- Patient preferences
- Barriers to care
- Need for motivational enhancement

Level of Care Assessment



LEVEL OF CARE ASSESSMENT

- Gathers only enough information to match the patient to an appropriate level of care
- Assesses Dimensions with the highest potential for acute medical needs first
  - The assessment can stop if the need for Level 4 is identified
- The level of care recommendation is based on the assessment of Dimensions 1 through 5
- Dimension 6 is used to determine which level of care recommendation the patient is willing and able to accept.

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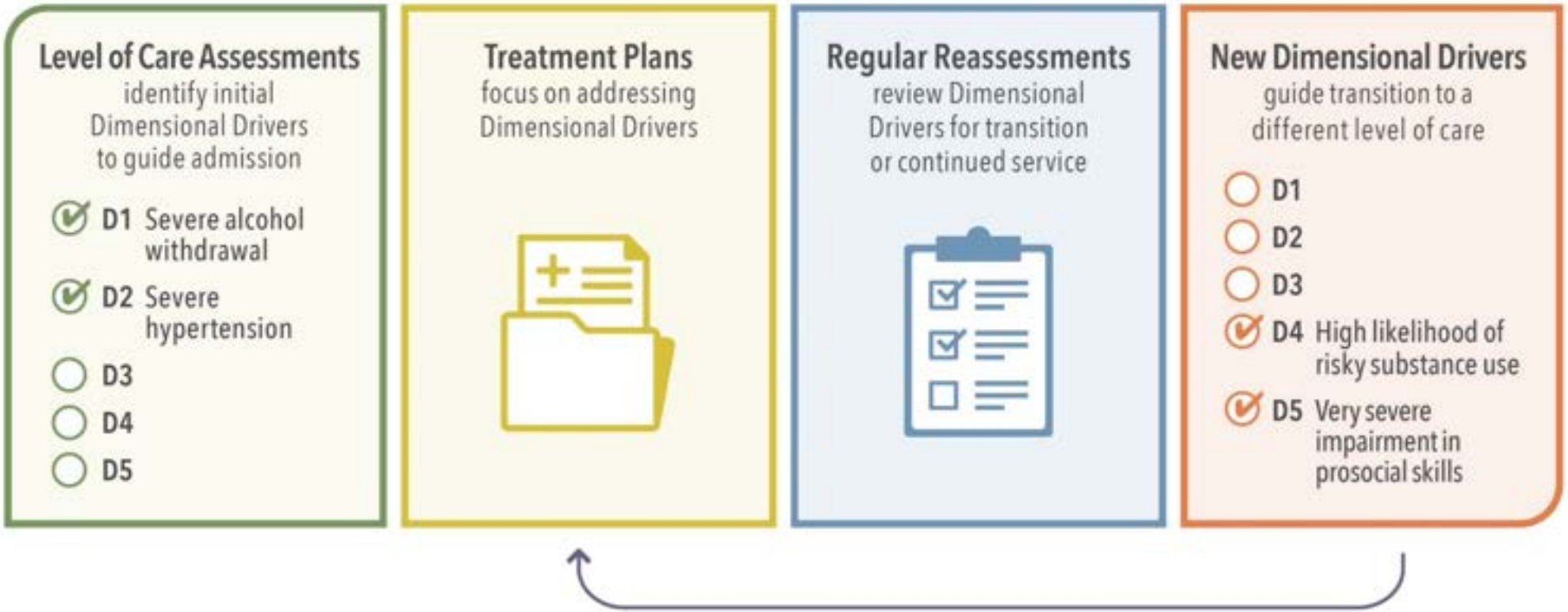
The ASAM Criteria Dimensional Drivers*



* The Dimensional Drivers presented in this figure are illustrative; Dimensional Drivers should be individualized to each patient.

DIMENSIONAL ADMISSION CRITERIA

- Clinicians assign a risk rating for each subdimension based on the associated clinical descriptions
- Level of care determination algorithm is used to identify recommended level of care

Subdimensions	Risk Rating
Dimension 1: Intoxication, Withdrawal, and Addiction Medications	
Intoxication and Associated Risks	ANY = Any Level of Care
Withdrawal and Associated Risks	1 = minimum Level 1.7
Addiction Medication Needs	A = Minimum 1.7
Dimension 2: Biomedical Conditions	
Physical Health Concerns	0 = No specific needs
Pregnancy-related Concerns	1 = minimum Level 1.7
Dimension 3: Psychiatric and Cognitive Conditions	
Active Psychiatric Symptoms	2A = minimum Level 2.5 COE
Persistent Disability	0 = No specific needs
Dimension 4: Substance Use-related Risks	
Likelihood of Engaging in Risky Substance Use	D = minimum Level 3.1
Likelihood of Engaging in Risky SUD-related Behaviors	0 = No specific needs
Dimension 5: Recovery Environment Interactions	
Ability to Function Effectively in Current Environment	B = minimum Level 2.5
Safety in Current Environment	A = minimum Recovery Residence
Support in Current Environment	A = minimum Recovery Residence

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The ASAM Criteria Continuum of Care for Adult Addiction Treatment

Level 4: Inpatient				4 Medically Managed Inpatient 4 Psych
Level 3: Residential		3.1 Clinically Managed Low-Intensity Residential	3.5 Clinically Managed High-Intensity Residential 3.5 COE	3.7 Medically Managed Residential 3.7 BIO 3.7 COE
Level 2: IOP/HIOP		2.1 Intensive Outpatient (IOP)	2.5 High-Intensity Outpatient (HIOP) 2.5 COE	2.7 Medically Managed Intensive Outpatient 2.7 COE
Level 1: Outpatient	1.0 Long-Term Remission Monitoring		1.5 Outpatient Therapy 1.5 COE	1.7 Medically Managed Outpatient 1.7 COE
Recovery Residence	RR Recovery Residence			

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NOTABLE LEVEL OF CARE CHANGES

Removing Level 0.5. Early intervention and prevention are addressed in a new chapter.

Removing Level 3.3. Reflecting that cognitive deficits should be addressed in all levels of care.

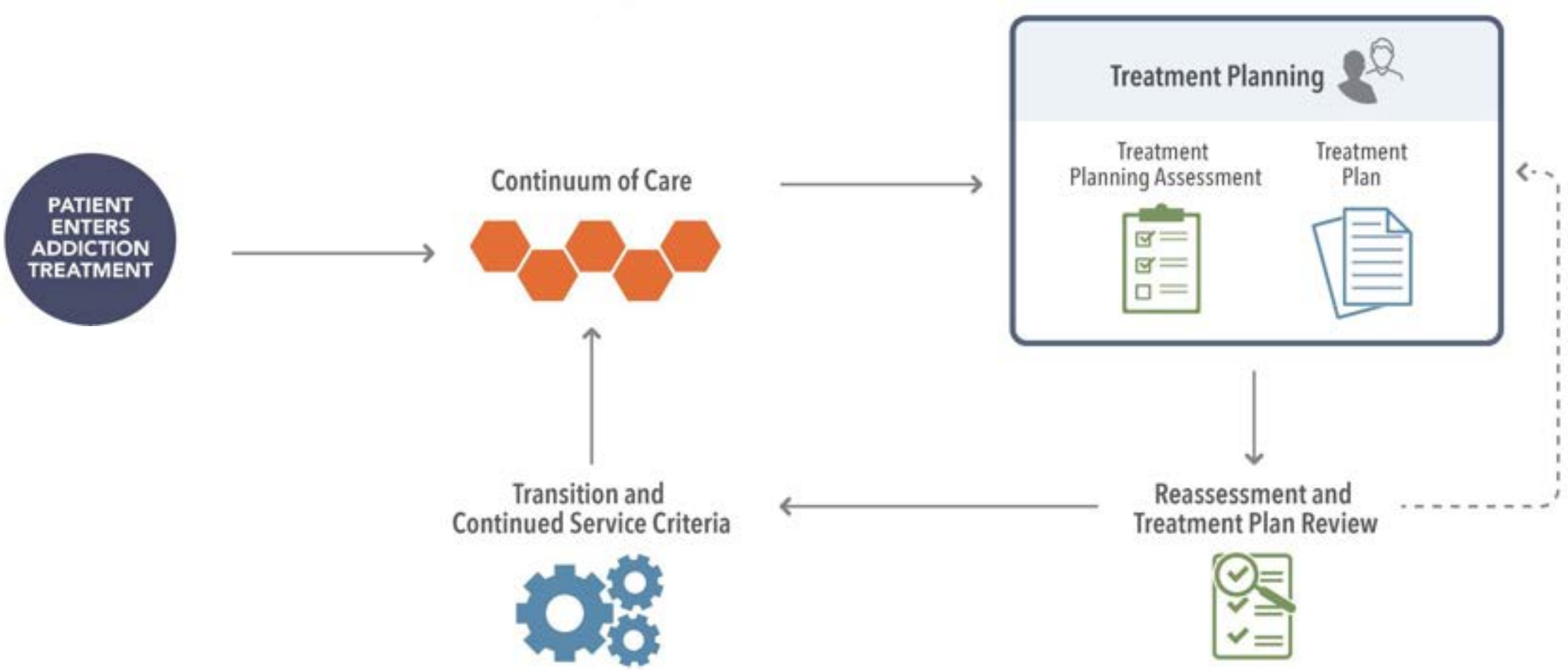
Level 3.2 WM services integrated into Level 3.5.

Recovery support service expectations at each level of care.

Expectation that all levels of care be co-occurring capable at minimum.

Adding harm reduction as a component of individualized care.

Treatment Planning Assessment



TREATMENT PLANNING ASSESSMENTS

- Comprehensive biopsychosocial assessment, including a full patient history
  - Explore the patient's needs in each subdimension
  - Strengths to build upon
  - Clinical service needs
  - Care coordination needs
  - Recovery support service needs
  - Harm reduction service needs
- May be completed by multiple clinicians in a multidisciplinary process

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ACCESS TO ADDICTION MEDICATIONS

- Dimension 1 updated to include “Addiction Medication Needs” to support delivery of the standard of care for SUD treatment
- All medically managed levels of care able to initiate all FDA-approved medications for SUD
- All patients should have a physical exam within a reasonable time that assesses addiction medication needs
- All clinically managed levels of care able to support continuation of any FDA-approved medication

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CONTINUUM OF CARE & SERVICE STANDARDS

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The ASAM Criteria Level of Care Management

Clinically managed levels of care:

Level 1.5	Outpatient Therapy
Level 2.1	Intensive Outpatient Treatment
Level 2.5	High-Intensity Outpatient Treatment
Level 3.1	Clinically Managed Low-Intensity Residential Treatment
Level 3.5	Clinically Managed High-Intensity Residential Treatment

Medically managed levels of care:

Level 1.7	Medically Managed Outpatient Treatment
Level 2.7	Medically Managed Intensive Outpatient Treatment
Level 3.7	Medically Managed Residential Treatment
Level 4	Medically Managed Inpatient Treatment

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CLINICALLY MANAGED OUTPATIENT

	1.0 Long-term Remission Monitoring	1.5 Outpatient Therapy	2.1 Intensive Outpatient Treatment	2.5 High-intensity Outpatient Treatment
Medical Director	Not typical	Not typical	Not typical	Yes
Nursing	Not typical	Not typical	Not typical	Variable†
Program Director	Variable‡	Yes	Yes	Yes
Allied Health Staff	Variable	Variable	Typically available	Typically available
Physical exam	Verify a physical exam in the last year or refer	Within 1 month of treatment initiation	Within 14 days of admission §	Within 7 days of admission
Nursing Assessment	Not typical	Not typical	Not typical	Not typical
Clinical Services	Recovery and remission management services	Direct psychosocial services	Direct psychosocial services Therapeutic milieu	Direct psychosocial services Therapeutic milieu
Clinical Service Hours	Quarterly services at minimum	<9 h/wk	9-19 h/wk	≥20 h/wk
Recovery Support Services (RSS)	Recovery management checkups and other RSS*	Yes*	Yes*	Yes*

* Directly or through formally affiliated provider

RESIDENTIAL LEVELS OVERVIEW

	3.1	3.5
	Clinically Managed Low-intensity Residential Treatment	**Clinically Managed High-intensity Residential Treatment**
Supervision	Patients may leave independently during the day with appropriate accountability checks	24-h supervision
Medical Director	Not typical	Yes
Physicians and Advanced Practice Providers	Not typical	Available to review admission decisions.
Nursing	Not typical	Variable†
Program Director	Yes	Yes
Allied Health Staff	On-site and alert 24 h/d	On-site and alert 24 h/d
Physical Exam	Within 14 days of admission‡	Within 72 hours of admission
Nursing Assessment	Not typical	Not typical
Clinical Services	• Direct psychosocial services • Therapeutic milieu	• Direct psychosocial services • High-intensity therapeutic milieu
Hours of Clinical Services	9-19 h/wk, available 7 d/wk	≥20 h/wk, available 7 d/wk
Recovery Support Services	Yes*	Yes*

* Directly or through formally affiliated provider

MEDICALLY MANAGED OVERVIEW

	1.7	2.7	3.7	4
	Medically Managed Outpatient Treatment	**Medically Managed Intensive Outpatient Treatment**	**Medically Managed Residential Treatment**	**Medically Managed Inpatient Treatment: Addiction Specialty Unit**
Supervision	N/A	N/A	24-h supervision	24-h supervision
Medical Director	Yes*	Yes	Yes	Yes
Physicians and Advanced Practice Providers	Variable	Available on-site or via telehealth during program hours	Available on-site or via telehealth 24/7	Typically available on-site 24/7
Nursing	Variable	Yes	Available 24/7	Available 24/7
Program Director	Not typical	Yes	Yes	Variable
Allied Health Staff	Variable	Typically available	Typically available	Typically available
Physical Exam	Typically at initial assessment	Within 24-48 hours of initial assessment	Within 24 hours of admission	Within 24 hours of admission
Nursing Assessment	Variable	At admission	At Admission	At Admission
Clinical Services	Direct withdrawal management and biomedical services Management of common psychiatric disorders Psychosocial services*	Direct withdrawal management and biomedical services, with extended nurse monitoring Management of common psychiatric disorders Psychosocial services*	Direct withdrawal management and biomedical services Management of common psychiatric disorders Psychosocial services (direct or through formal affiliation)	Direct withdrawal management and biomedical services (ICU available) Psychiatric services Psychosocial services (direct or through formal affiliation)
Hours of Clinical Services	<9 h/wk	≥20 h/wk	≥20 h/wk	Variable
Recovery Support Services	Yes*	Yes*	Yes*	Yes*

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SERVICE CHARACTERISTIC STANDARDS

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UNIVERSAL STANDARDS

- Chapter 4 outlines universal standards that apply to all levels
  - Universal staff standards
  - Universal support system standards
  - Universal service standards
    - Psychosocial service standards
    - Recovery support service standards
    - Co-occurring capability
    - Care coordination
  - Universal documentation standards

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THERAPEUTIC MILIEU

- The therapeutic milieu teaches patients how to:
  - function prosocially within a well-functioning community,
  - ask for and accept help,
  - create a daily structure that is supportive of recovery, and
  - build a positive social support network.
- Intensity of the milieu is related to the number of hours within it

Structured social environment in which patients can learn from and support each other while they learn and practice prosocial behaviors.

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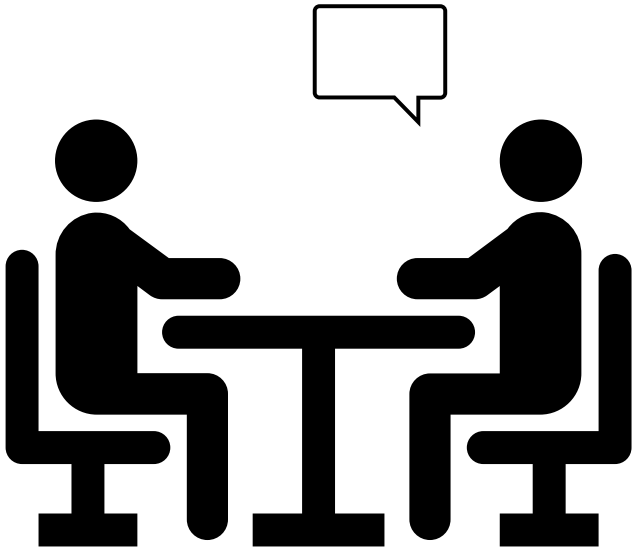
UNIVERSAL PSYCHOSOCIAL SERVICE STANDARDS



Psychotherapy

- evidence-based psychological methods to help a person change behavior, increase happiness, and overcome problems

Counseling

- professional assistance in coping with SUD and co-occurring conditions

Psychoeducation

- systematic, structured, and didactic knowledge transfer

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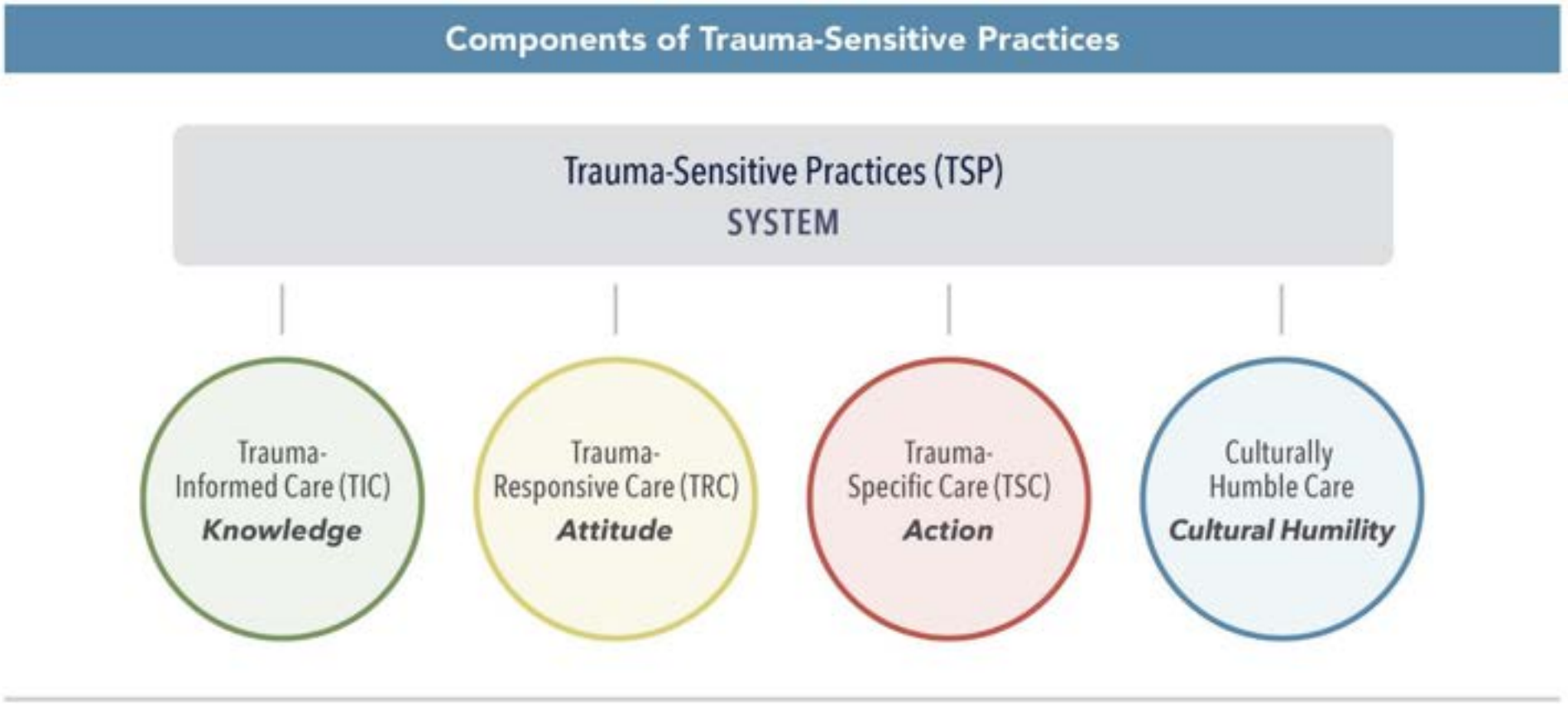
TRAUMA SENSITIVITY AND CULTURAL HUMILITY



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RECOVERY SUPPORT SERVICES

- Often delivered by allied health staff
  - Peer support
  - Identifying and accessing mutual support
  - Practicing life skills
  - Support accessing services
  - Patient navigation
  - Transition planning

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UNIVERSAL DOCUMENTATION STANDARDS

- Patient record
  - Assessments
  - Treatment plans
  - Transition plans
  - Laboratory and toxicology testing
  - Progress notes
  - Care coordination
- Policies and Procedures
  - Admission, transition, and continued service criteria
  - Safe and effective staffing
  - Staff training
  - Care delivery and coordination
  - Patient supervision
  - Confidentiality
  - Referrals
  - Emergencies

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POLICIES AND PROCEDURES: DIMENSIONS 1 AND 2

Reviewed and approved by medical director or experienced physician or advanced practice provider

- When to transfer or refer to medically managed level of care
- When is a medical evaluation needed before admission
- Responding to medical emergencies
- Drug testing
- Infectious disease screening and management or referral
- Access to addiction medications
- Management of patients with chronic biomedical comorbidities, including pain

POLICIES AND PROCEDURES: DIMENSION 3

Reviewed and approved by qualified mental health professional

- Admission, transition, and continued service criteria
- Determining when full mental health assessment is needed
- Accommodations for mental health and cognitive concerns
- Access to psychiatric medications
- Management of mental health advanced directives
- Responding to emergencies

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ADDICTION MEDICATIONS

- Medically managed levels of care directly support initiation and titration
- All patients should be assessed for the need for addiction medications during the initial physical exam
  - Within a reasonable timeframe at Level 1.7
  - Within 24 hours of admission at Level 2.7 and 3.7
  - Within 7 days of admission at Level 2.5 and 3.5
  - Within 14 days of admission at Level 2.1 and 3.1
  - Within one month of admission at Level 1.5

COORDINATION OF CARE

- Many patients have comorbid biomedical and/or mental health conditions
- Some patients need integrated treatment in a medically managed treatment program, others may be supported through care coordination with external treatment providers

- Clinical staff can support coordination through:
  - Appointment reminders
  - Medication reminders
  - Adherence monitoring
  - Psychoeducation

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INTEGRATING CO-OCCURRING CAPABILITY

All programs should be co-occurring capable

at minimum

- Program services designed with expectation that most patients have co-occurring conditions
- Ability to manage mild to moderate acuity, instability, and/or functional impairment.
- At least one staff member qualified to assess and triage mental health conditions
- Integrated treatment plans
- Coordination with external mental health providers as needed
- Program content that addresses co-occurring conditions

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COMORBIDITIES

- If a co-occurring biomedical or mental health condition is significantly more severe than the SUD, consider treatment in medical, surgical, or mental health treatment system
- The Criteria focus on the severity and acuity of comorbid conditions
  - Programs should not exclude patients based on current or past diagnoses alone
  - Conditions that can be self-managed or managed effectively by an external provider are not a reason to deny admission

CO-OCCURRING ENHANCED (COE) CARE

- Routinely serve patients with serious co-occurring psychiatric and cognitive conditions
- Psychiatric management or oversight
- Skilled mental health interventions
- More individualized support
  - Higher staff to patient ratio
- Established relationships with mental health treatment programs

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4TH EDITION IMPLICATIONS FOR INTEGRATED PRACTICE

- Recognize addiction as a chronic illness
- Decisions are based upon medical necessity, not set time limits
- Promotion of addictions medications at all levels of care
- Integrate medical, MH, and SUD professionals
- Utilization of recovery capital and community resources
- Client-centered approach with shared decision making

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QUESTIONS?

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