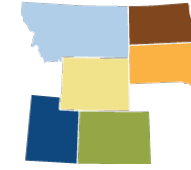




Mountain Plains ATTC (HHS Region 8)

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Addiction Technology Transfer Center Network  
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# Overview of American Society of Addiction Medicine (ASAM) 4<sup>th</sup> Edition

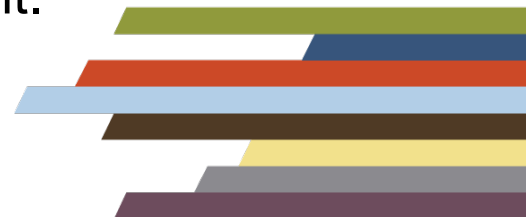
Presented by Mark Disselkoen, MSSW, LCSW, LCADC  
October 31, 2023



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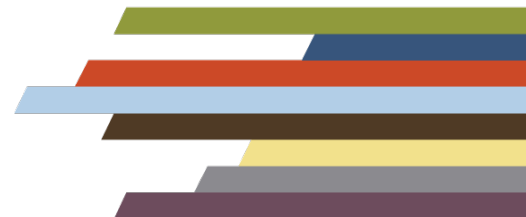
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# ATTC

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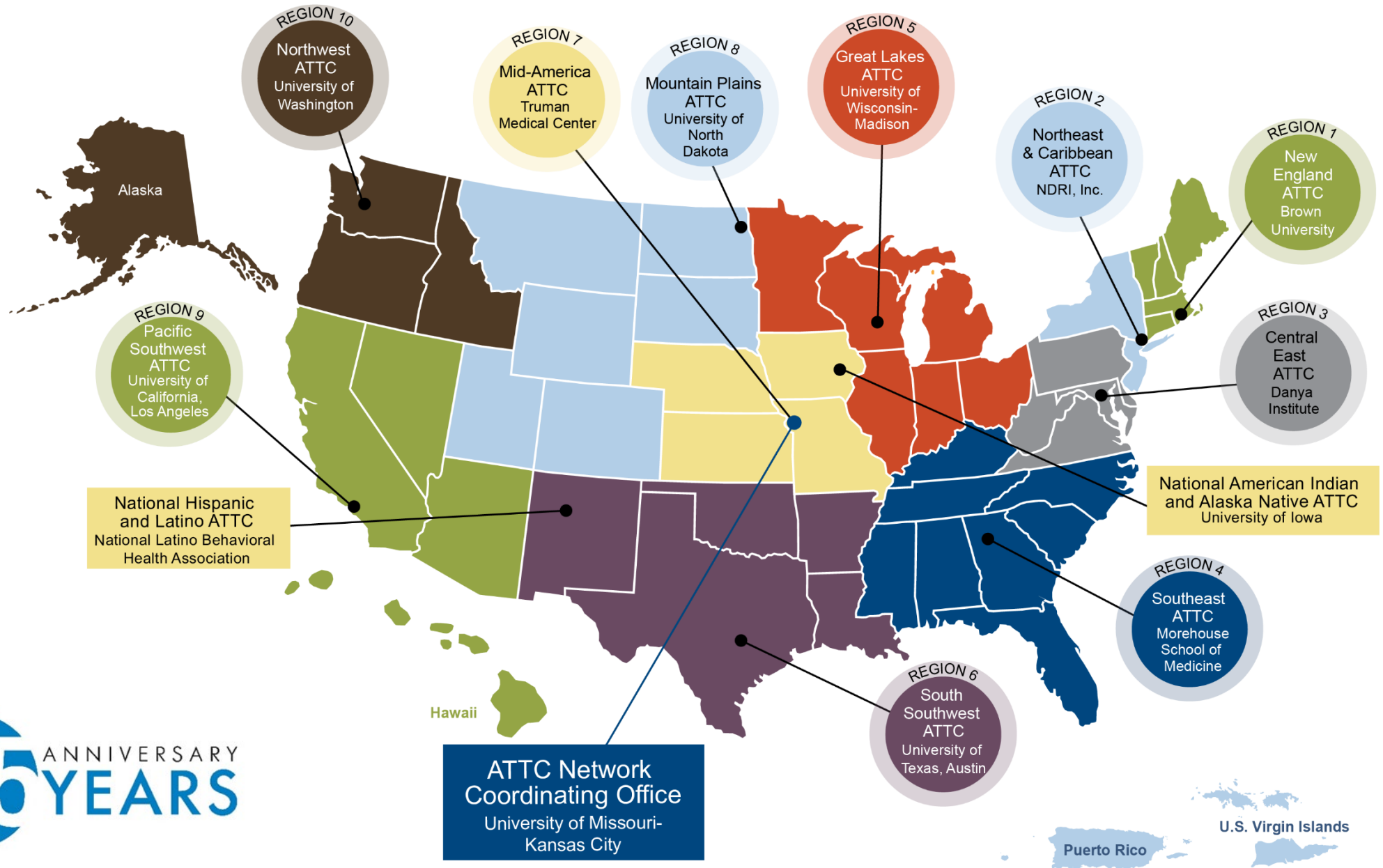




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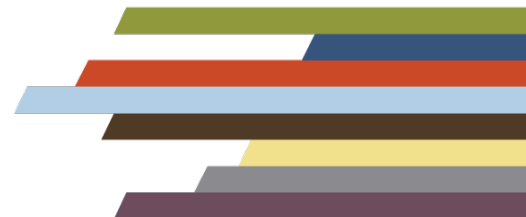
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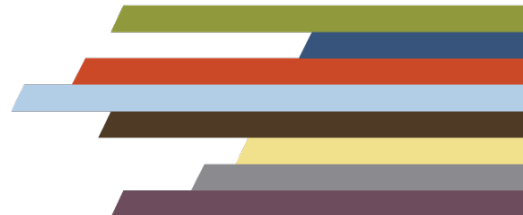
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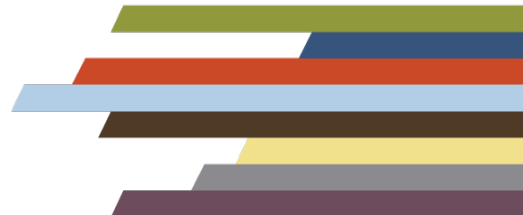
# Topics Covered Today

- Note: 4<sup>th</sup> Edition is Adult only
- Quick Summary of Changes
- ASAM 4<sup>th</sup> Edition Updates
- ASAM Levels of Care
- ASAM Dimension Changes
- Assessment and Treatment Planning



# Topics Covered Today, continued

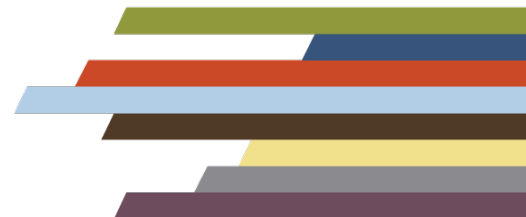
- Level of Care Placement
- Risk Ratings
- Level of Care Decision Rules



# Quick Summary of Changes

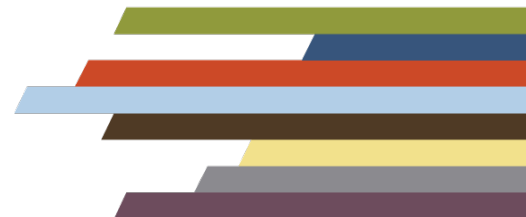
“The editorial team has made major changes in the 4th Edition of *The ASAM Criteria* to facilitate dissemination and implementation and to address known gaps in the quality of addiction treatment. The core principles of *The ASAM Criteria* remain the same, including:”:

- Admission into treatment is based on patient need rather than arbitrary prerequisites (e.g., prior treatment failure).
- Patients receive a multidimensional assessment that addresses the broad biological, psychological, social, and cultural factors that contribute to addiction and recovery.



# Quick Summary of Changes, continued

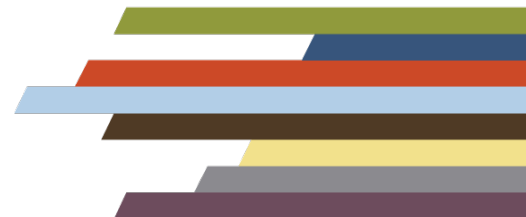
- Treatment plans are individualized based on a patient's needs and preferences.
- Care is interdisciplinary, evidence based, delivered from a place of empathy, and centered on the patient.
- Clients move along a clinical continuum of care based on progress and outcomes.
- Informed consent and shared decision making accompany all treatment decisions.



# ASAM 4<sup>th</sup> Edition Updates

*The ASAM Criteria to:*

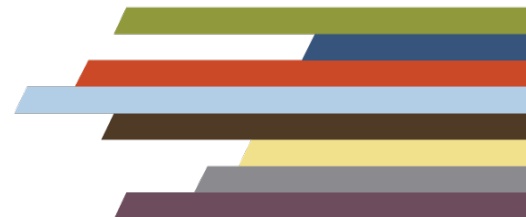
- Update the continuum of care to:
  - Reflect the diversity of care that occurs at Level 1 outpatient treatment
  - Better describe the biomedical, psychosocial and recovery support services needed at each level of care
  - Emphasize the importance of treating this chronic disease with a team-based chronic care model, including incorporating standards for remission monitoring.
  - Integrate withdrawal management and biomedical care into the main continuum of care
  - Clarify the role of risk ratings in determining initial level of care placement



# ASAM 4<sup>th</sup> Edition Updates, continued

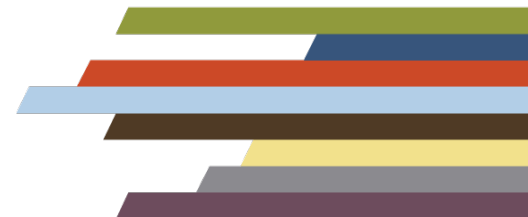
Update the ASAM Criteria Assessment and Treatment Planning standards.

- Provides separate standards for an initial **Level of Care Assessment** and a **Treatment Planning Assessment**.
- Addresses how social determinants of health influence prognosis and how they should be addressed within the treatment plan.
- Incorporates principles of measurement-based care to support a patient-centered approach to symptom and progress monitoring.



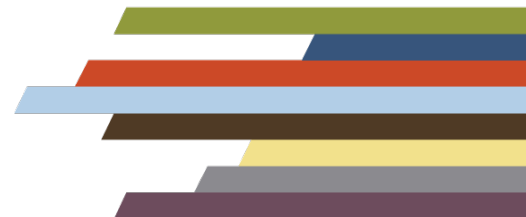
# ASAM 4<sup>th</sup> Edition Updates, continued

- Increases access to addiction pharmacotherapies. The editorial team incorporated standards into each level of care to either directly or through a formal affiliation
  - (i.e., contract or memorandum of understanding), provide 1 access to all addiction pharmacotherapies, with limited exceptions for access to methadone when no Opioid Treatment Programs exist within a reasonable distance of the program.
- Promotes more integrated care for co-occurring mental health conditions by incorporating standards for co-occurring capable care into the core standards for each level of care.



# ASAM 4<sup>th</sup> Edition Updates, continued

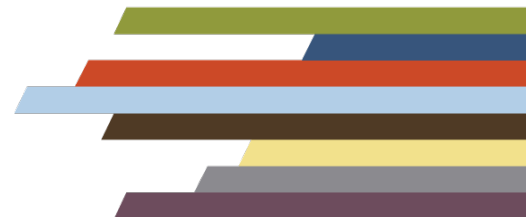
- Promotes better integration of SUD treatment into general healthcare by emphasizing the role of primary care providers in managing patients with stable SUD and the role of emergency departments in initiating treatment and supporting engagement in ongoing care.
- Incorporates treatment of individuals with cognitive impairments across the continuum.
  - The 4th edition will eliminate Level 3.3 and add a chapter that discusses standards for addressing cognitive impairments within any level of care in the continuum.





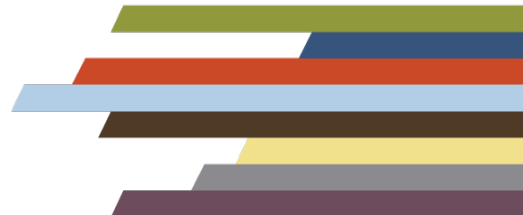
# ASAM 4<sup>th</sup> Edition Updates, continued

- Supports better communication of medical necessity. The 4th Edition of *The ASAM Criteria* will take a patient-centered and dimension forward approach to medical necessity by developing more standardized medical necessity criteria as well as standards for medical necessity documentation, in alignment with the clinical assessment standards. This approach is intended to reduce the variance in implementation and usage.
- Discusses how telehealth, mobile treatment services, and digital therapeutics can be incorporated into treatment at each level of care.
- Updates the language throughout to reflect evolving terminology in the field.
- Reviews and updates the standards with a focus on diversity, equity, and inclusion.



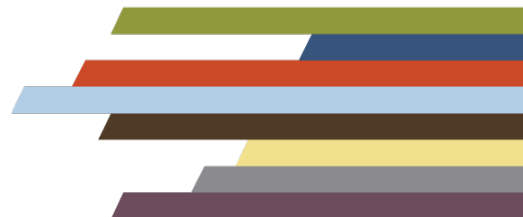
# ASAM Levels of Care

- Early Intervention (Separate Chapter)
- Level 1.0 Long term remission monitoring
- Level 1.5 Long term therapy
- Level 1.7 Medically managed outpatient
- Level 2.1 Intensive Outpatient
- Level 2.5 High Intensity Outpatient
- Level 2.7 Medically Managed Intensive Outpatient



# ASAM Levels of Care

- Level 3.1 Clinical Managed Low-Intensity Residential
- Level 3.5 Clinically Managed High-Intensity Residential (adult)
- Level 3.7 Medically Managed Intensive Residential
- Level 4 Medically Managed Inpatient



# ASAM Dimensions 4<sup>th</sup> Edition Changes

Dimension 1: Intoxication, Withdrawal, and Addiction Medications

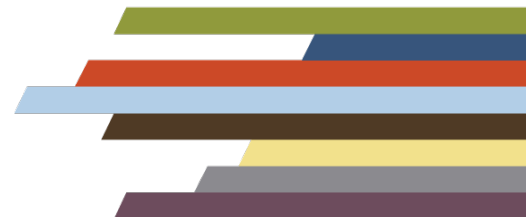
Dimension 2: Biomedical Conditions

Dimension 3: Psychiatric & Cognitive Conditions

Dimension 4: Substance Use Related Risks

Dimension 5: Recovery Environment Interactions

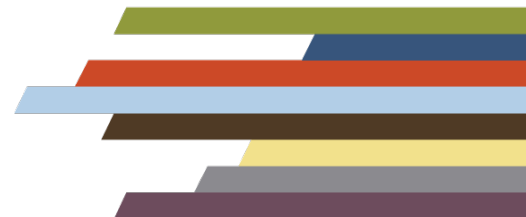
Dimension 6: Person Centered Considerations



# Dimension 1

## Intoxication, Withdrawal, and Addiction Medication

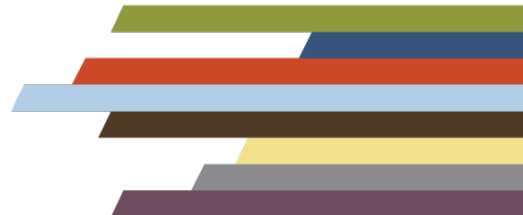
- Intoxication and Associated Risks
- Withdrawal and Associated Risks
- Addiction Medication Needs



# Dimension 2

## Biomedical Conditions

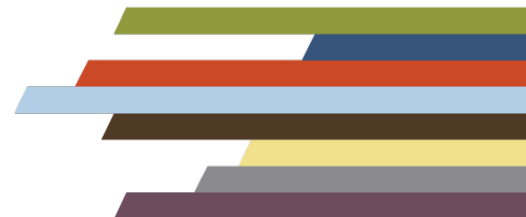
- Physical Health Concerns
- Pregnancy-Related Concerns



# Dimension 3

## Psychiatric and Cognitive Conditions

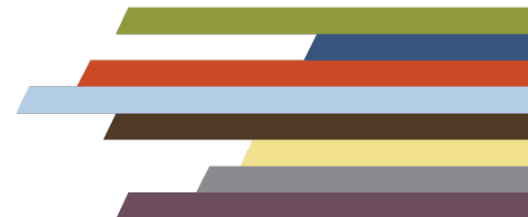
- Active Psychiatric Symptoms
- Persistent Disability



# Dimension 4

## Substance Use Related Risks

- Likelihood of Engaging in Risky Substance Use
- Likelihood of Engaging in other Harmful SUD Related Behaviors

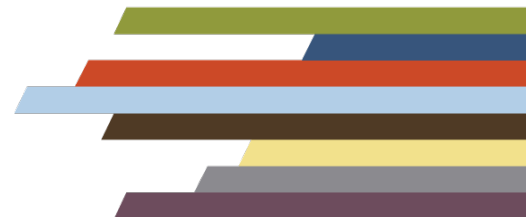




# Dimension 5

## Recovery Environment Interactions

- Ability to Function Effectively in Current Environment
- Safety in Current Environment
- Support in Current Environment

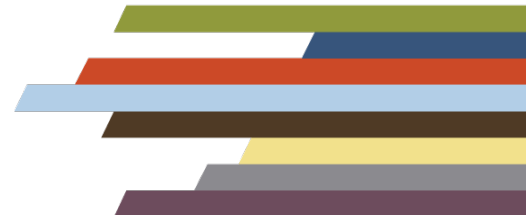


# Dimension 6

## Person Centered Considerations

Not considered in initial Level of Care  
Recommendation

- Barriers to treatment
- Treatment preferences
- Need for Motivational Interviewing

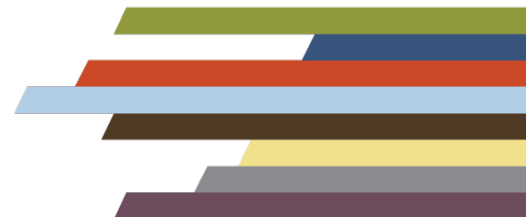


# Assessment and Treatment Planning Standards

A full biopsychosocial assessment is not necessary for determining patient placement, but it is the foundation for a comprehensive treatment plan.

The 4th Edition will describe separate standards for the ASAM Criteria Level of Care Assessment that is used to determine the recommended level of care and the ASAM Criteria Treatment Planning Assessment.

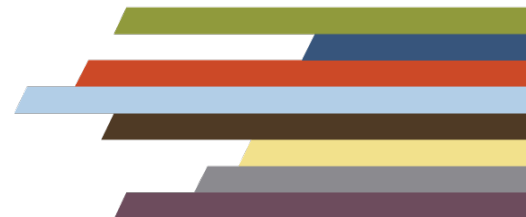
Both assessments will be multidimensional and consider the patient's full biological, psychological, and sociocultural context.



# Important Questions Related to Assessment and Initial Treatment Planning

What does this mean from a practical standpoint?

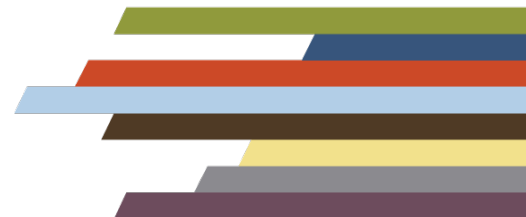
What flexibility does a state and/or provider have related to this change of sequence?



# Assessment Policies and Procedures

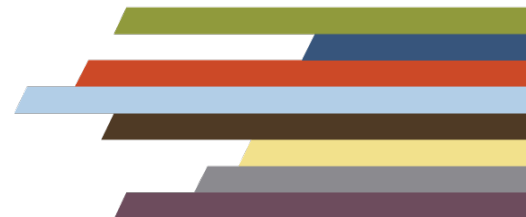
Prior to admission, each patient should be assessed to determine, at minimum:

- A provisional diagnosis of Substance Use Disorder (SUD).
- The recommended Level of Care that represents the least intensive level at which the patient can be safely and effectively treated.
- Provisional SUD diagnosis should be followed soon afterward by a formal DSM-5 TR substance use disorder diagnosis (for all Levels of Care except 0.5).
  - Treatment programs should have protocols in place for obtaining a diagnosis from a qualified clinician acting within their scope of practice.



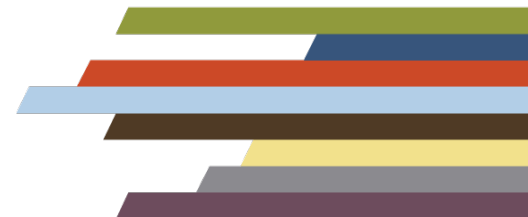
# Treatment Planning Assessment Standards

- After the patient is placed in a Level of Care, a comprehensive multidimensional assessment (“full biopsychosocial”) should be conducted for **treatment planning purposes**.
- If the patient is being treated for unstable physical or psychiatric symptoms, treatment planning assessment may focus more on short-term goals.
- If the patient requires immediate treatment for acute physical or psychiatric symptoms, the treatment planning assessment should occur once the patient is stabilized, coherent, and able to participate comfortably.



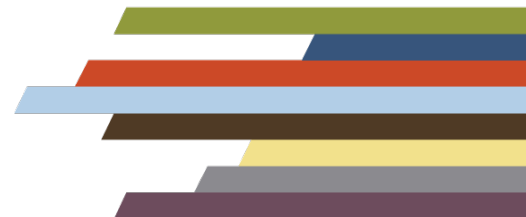
# Treatment Planning Assessment Standards, continued

- The treatment planning assessment does not need to be completed in one session and can be completed by multiple clinicians in a multidisciplinary process, and/or over several sessions.
- If the treatment planning assessment is spread over multiple days, the patient should begin to receive treatment services while the assessment is being completed based on clinical data known or evident.



# Treatment Planning Assessment Standards, continued

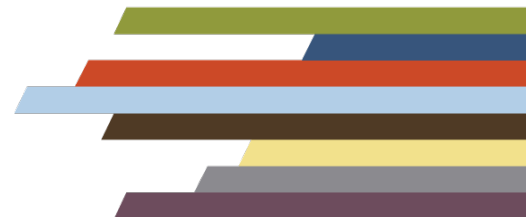
- If the Level of Care assessment was completed by another provider, the treatment program should attempt to obtain a release of information authorization and receipt of the Level of Care assessment.
- If unable to obtain the Level of Care assessment, the treatment program complete the ASAM assessment





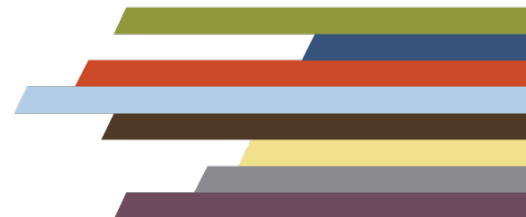
# Level of Care Recommendations

- The Level of Care recommendation should be made on the basis of the patient's needs in Dimensions 1 through 5, referring to the dimensional risk ratings and admission criteria.
- After the clinician arrives at the Level of Care recommendation, Dimension 6 needs should be assessed to determine the patient's readiness and resources needed to attend the recommended Level of Care.



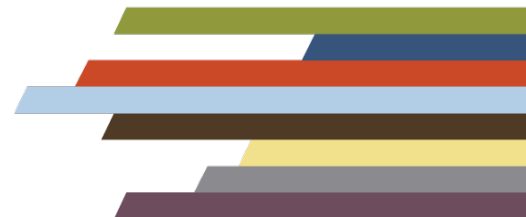
# Level of Care Recommendations, continued

- The Level of Care placement may need to be adjusted based on patient readiness and on the availability of, and patient access to, recommended services.
- Motivational interviewing should be used during parts of the assessment related to Dimension 6 to encourage the patient to engage in the recommended Level of Care.



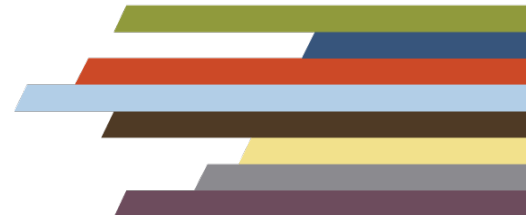
# Level of Care Recommendations, continued

- At the end of the assessment, the clinician should document both the indicated Level of Care (determined by assessment of Dimensions 1 through 5) and the adjusted Level of Care, if applicable (based on clinician recommendation following assessment of Dimension 6).
- If there is a discrepancy between indicated and adjusted Level of Care, the reason(s) for this discrepancy should be documented.



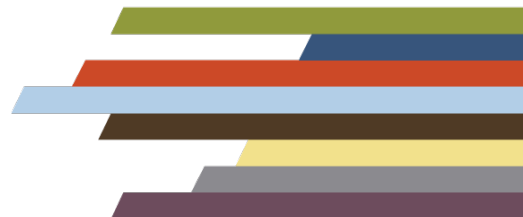
# New Biomedical Levels of Care

- Level 1.7 Medically Managed Outpatient
- Level 2.7 Medically Managed Intensive Outpatient
- Level 3.7 Medically Managed Intensive Residential



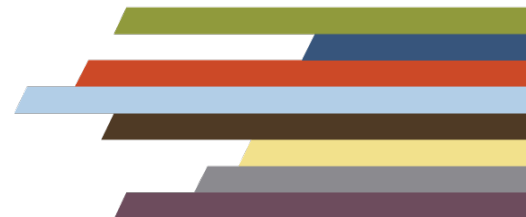
# New Biomedical Levels of Care, continued

- Impact on Withdrawal Management Services?
- Impact on Cognitive Conditions?



# Level 1.7 Medically Managed Outpatient Example

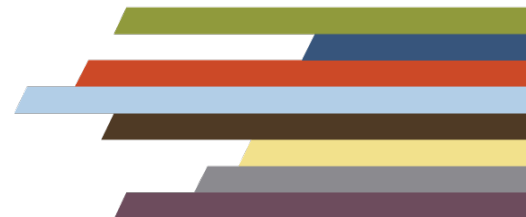
- Level 1.7 programs provide outpatient psychosocial interventions, biomedical interventions, and withdrawal management services for patients with SUD who can be safely and effectively treated with low intensity outpatient services.
- Level 1.7 programs should provide all the services of a Level 1.5 program either directly or through formal affiliation with other providers or programs.



# Level 1.7 Medically Managed Outpatient Example

## Biomedical Capabilities in a Level 1.7:

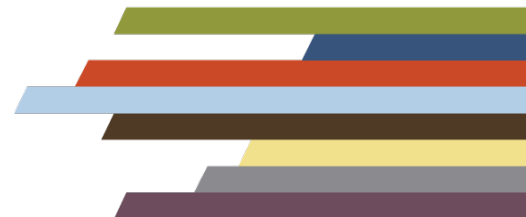
- Vitals measurement and monitoring
- Pulse oximetry
- Basic first aid
- Automated external defibrillator (AED)
- Basic wound care



# Level 1.7 Medically Managed Outpatient Example

## Biomedical Capabilities, continued:

- Injectable épinéphrine
- Overdose reversal medication (eg. naloxone, nalmeffene)
- Point-of-care pregnancy testing
- Laboratory services
- Drug testing and toxicology services

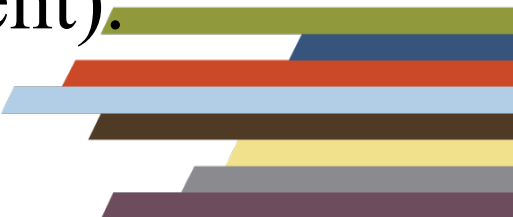




# How to Use Dimensional Admission Criteria (Risk Ratings)

For each subdimension, determine the risk rating based on the associated descriptions of clinical presentation.

Each risk rating is aligned with either

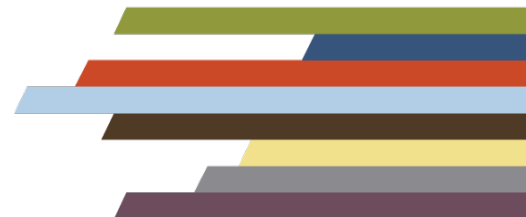
- (1) the minimum level of care at which a patient with the described presentation should be placed to be safely and effectively treated, or
  - (2) services that should be provided in addition to, or within, the recommended level of care (e.g., recovery residence, supportive housing, continuation of medications for OUD treatment).
- 

# How to Use Dimensional Admission Criteria (Risk Ratings), continued

The dimensional admission criteria are designed to identify the least intensive level of care where a patient can be safely and effectively treated.

To make the initial recommendation, the assessor will first consider specific subdimensions, then dimensional interactions (See Level of Care Determination Rules).

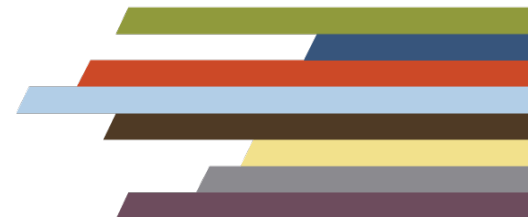
After the initial level of care recommendation is determined, issues in Dimension 6 (Readiness and Resources), should be considered to determine where the patient is willing and able to engage in treatment (See Assessment Standards).



# How to Use Dimensional Admission Criteria (Risk Ratings), continued

It is important to note that the examples described in the dimensional admission criteria do not articulate all possible clinical scenarios.

The examples are illustrative, rather than a comprehensive list of clinical presentations that would be served appropriately at each level of care.



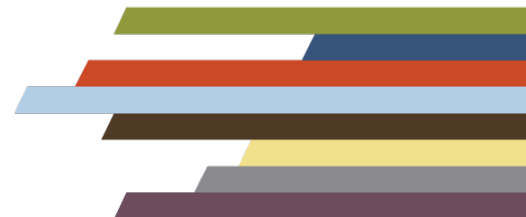
# How to Use Dimensional Admission Criteria (Risk Ratings), continued

Each subdimension should be considered independently. The “minimum level of care” criteria within each subdimension articulates the issues that would be appropriately treated at that level of care based on the described clinical presentation alone.

When making the initial risk rating determinations, the assessor should isolate the specific subdimension to determine the minimum level of care at which the patient should be placed (based on clinical presentation in that subdimension alone) to maximize safety/function and minimize distractions to SUD recovery.

The patient's needs in other dimensions and subdimensions should NOT be considered when rating, except where otherwise specified

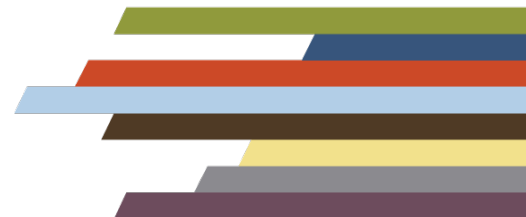
(e.g., criteria that consider how issues in Dimensions 1 or 2 may exacerbate Dimension 3 severity).



# How to Use Dimensional Admission Criteria (Risk Ratings), continued

The dimensional admission criteria are defined based on the core service characteristic standards for each level of care.

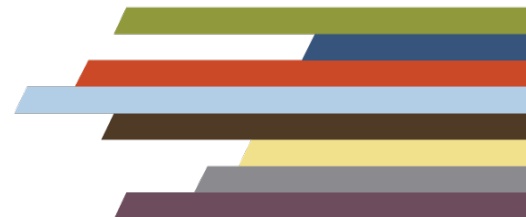
If a program has enhanced capabilities that allow it to meet a given patient's additional needs (beyond what is defined in the service characteristic standards for that level of care), it may be appropriate to do so, as determined by the clinical judgement of a qualified healthcare professional.



## Dimension 4

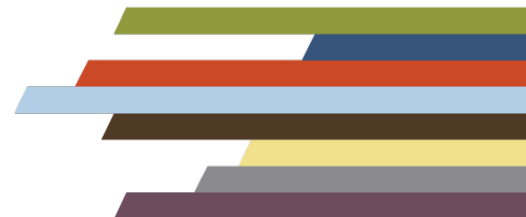
### Substance Use Related Risks: Level 3.5 & Level 3.1

- **Minimum Level 3.5 = Risk Rating E**
  - The patient has a high likelihood of engaging in substance use with significant serious harm or destabilizing loss. And
  - The patient requires 24-hour clinical support and supervision to prevent substance use while developing-sustaining skills.



# Level of Care Decision Rules

- Examples Include:
  - Patient has exhibited a recent pattern of substance use with significant risk of serious harm
  - The patient is at high risk of overdose and is unable or unwilling to take the steps to avoid use, such as drawing on the support of health peers when experiencing substance use craving.;

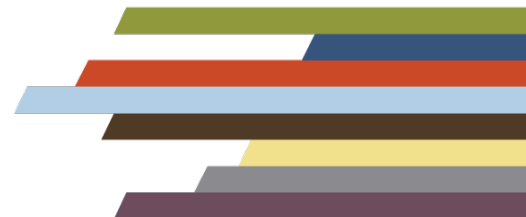


# Reference

The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, 2013.

The ASAM 4<sup>th</sup> Edition Draft Document, 2023

The ASAM Adults-Fourth Edition, 2023



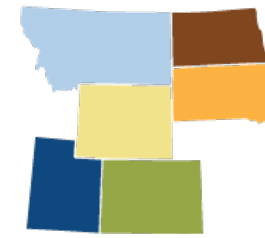




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Funded by Substance Abuse and Mental Health Services Administration



# Thank you!

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