

Developing and Evaluating the ASAM Criteria Level of Care Assessment Guide

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Disclosure Information

✦ Itai Danovitch, MD, MBA, FAPA, DFASAM

- ✦ Bexon Biomedical, Stockholder/Ownership interest
- ✦ Workit Health, Stockholder/Ownership interest
- ✦ Honorarium for development of Level of Care Assessment Guide

✦ Eman Gibson, MBA, LCSW, LCADC; J. Gregory Hobelmann, MD, MPH; John Smith, PhD, LCSW

- ✦ Honoraria for development of Level of Care Assessment Guide

✦ Anne Bellows Lee, MSW, LCSW

- ✦ No disclosures

Disclosure Information

☀ American Society of Addiction Medicine (ASAM)

- ☀ *The ASAM Criteria* and related products/Financial interest
- ☀ Level of Care Assessment Guide is free to public; however, ASAM offers training on the Level of Care Assessment Guide as part of Criteria education courses which are not free
- ☀ Level of Care Assessment Guide can be incorporated into EHRs via a royalty-free agreement

Level of Care Assessment

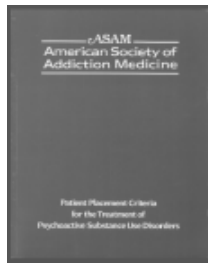


Learning Objectives

- ☀ Upon completion, learners will be able to explain the purpose of the ASAM Criteria Level of Care Assessment Guide.
- ☀ Upon completion, learners will be able to demonstrate how to use the Level of Care Assessment Guide to make a level of care recommendation.
- ☀ Upon completion, learners will be able to access information and resources for those who would like to implement the Level of Care Assessment Guide locally.

What is the ASAM Criteria?

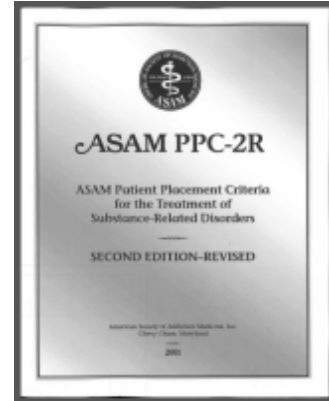
1991



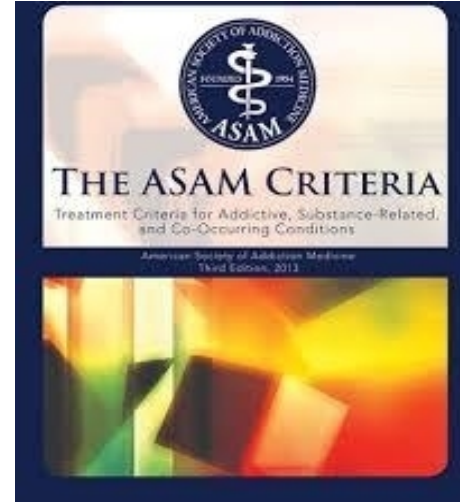
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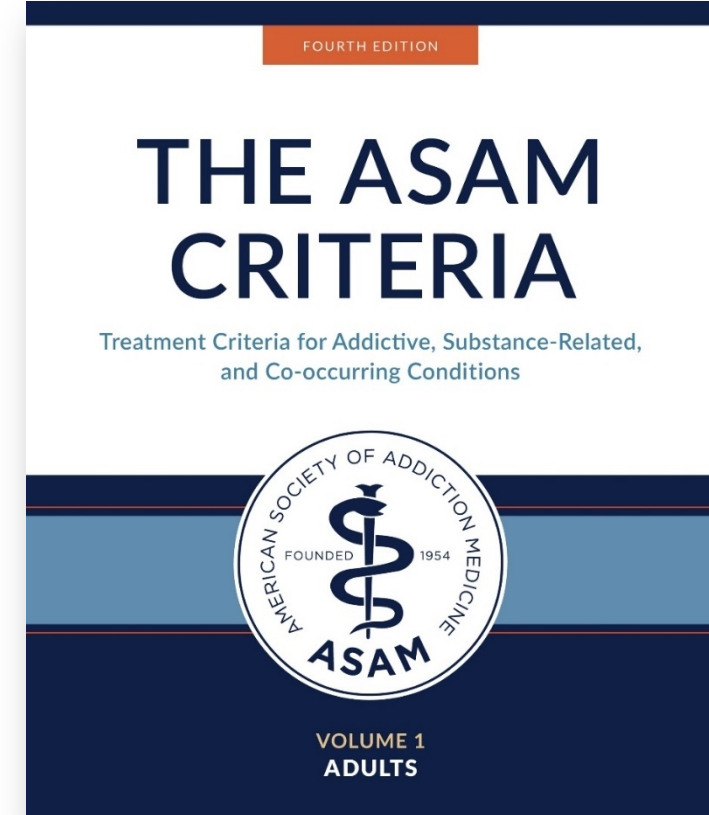
2001



2013



2024



ASAM American Society of
Addiction Medicine

Why is it necessary?

- To Standardize Placement for Appropriate Care Levels
- To Address Disparities in Treatment Access and Quality
- To Improve Patient Outcomes Through Proper Matching
- To Reduce the Harms of Undertreatment or Mismatched Care



Goals of the 4th 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.



Evidence Base for The ASAM Criteria

- The ASAM Criteria is built on a foundation of:
 - Evidence regarding multidimensional factors that influence disease severity and prognosis
 - Expert consensus from a broad coalition of clinical experts
- There have been more than two decades of peer-reviewed research on The ASAM Criteria

Evidence Based Medicine is “*the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients ... [by] integrating individual clinical expertise with the best available external clinical evidence from systematic research*”

- Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996

Development Process of *The ASAM Criteria*, Fourth Edition

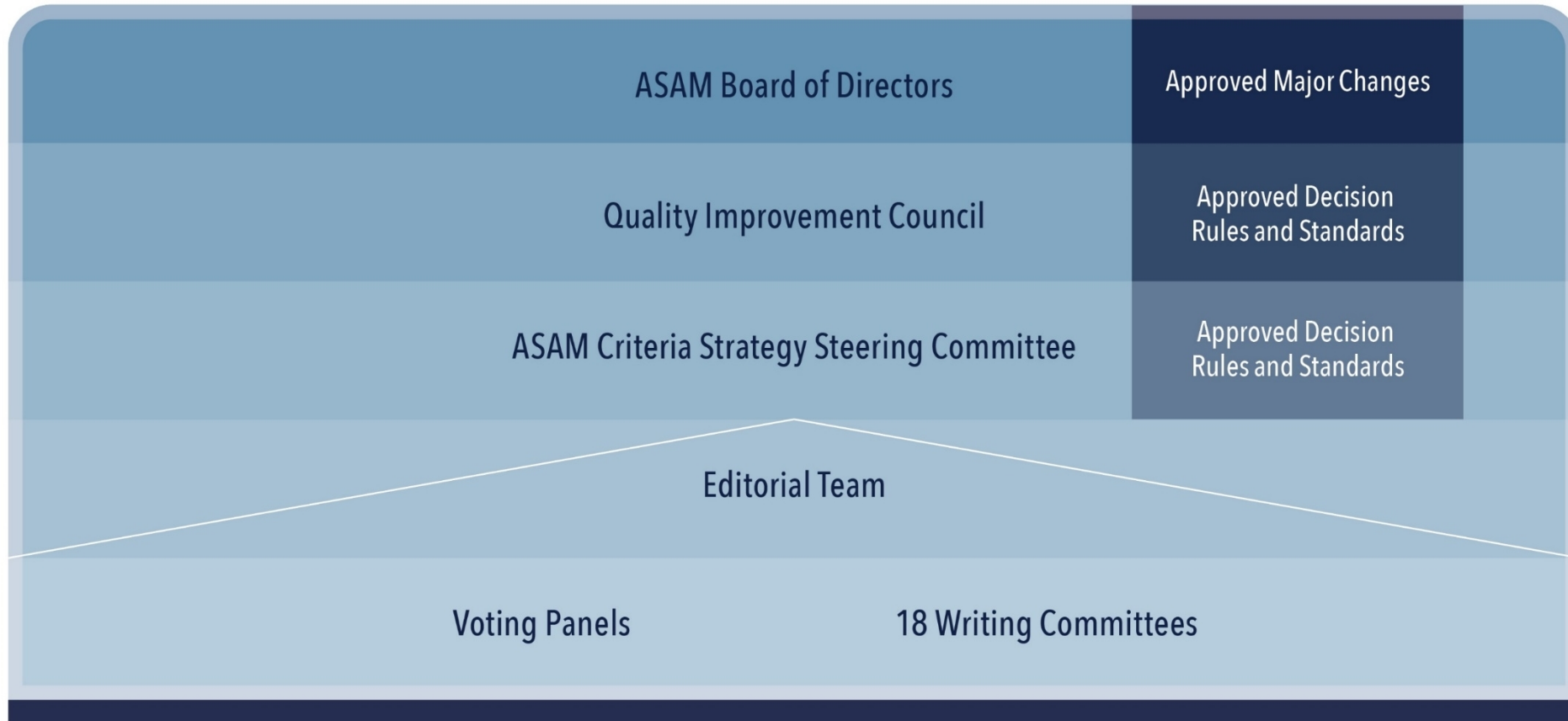
Decision Rules and Standards Development



Narrative Development



Governance and Oversight of *The ASAM Criteria*, Fourth Edition



A Patient's Journey Through the Continuum of Care

PATIENT
ENTERS
ADDICTION
TREATMENT

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

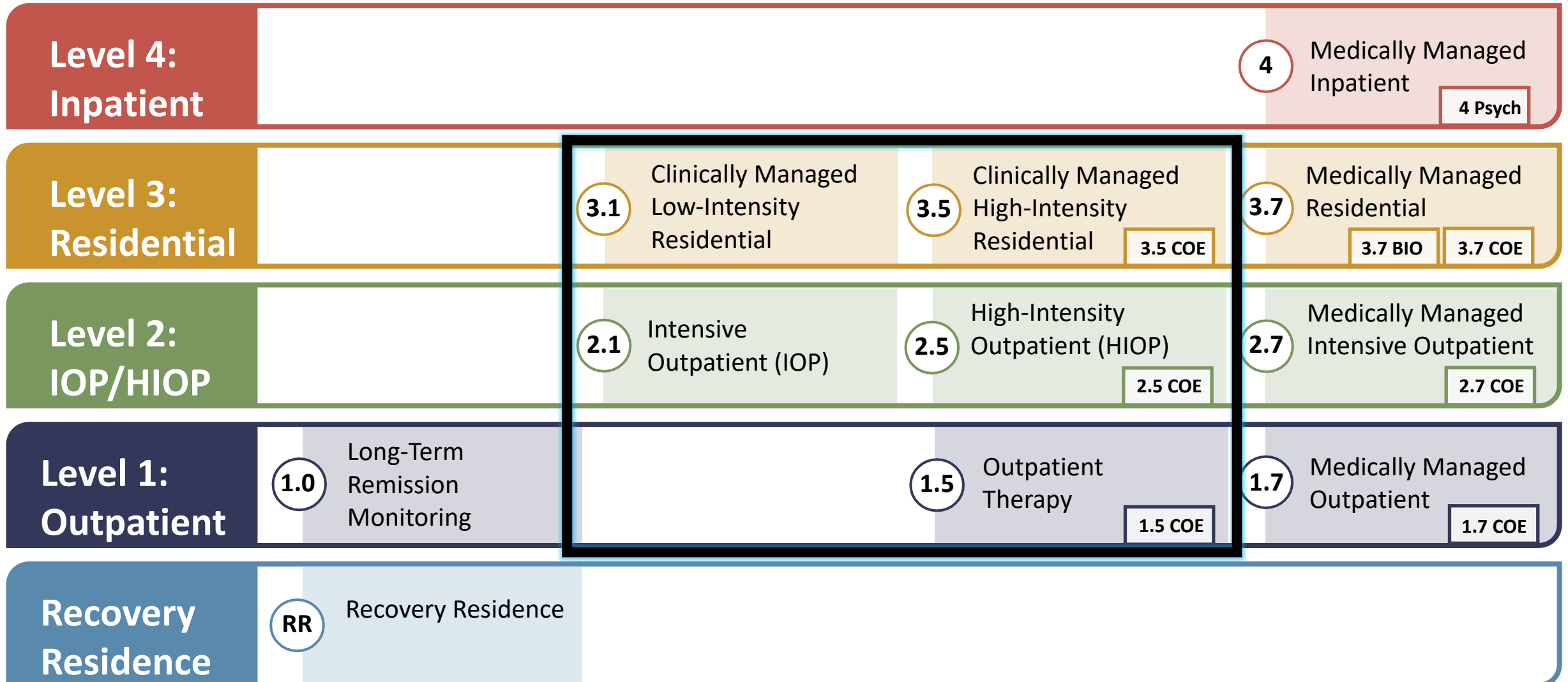
1.7 Medically Managed
Outpatient
1.7 COE

Recovery Residence

RR Recovery Residence

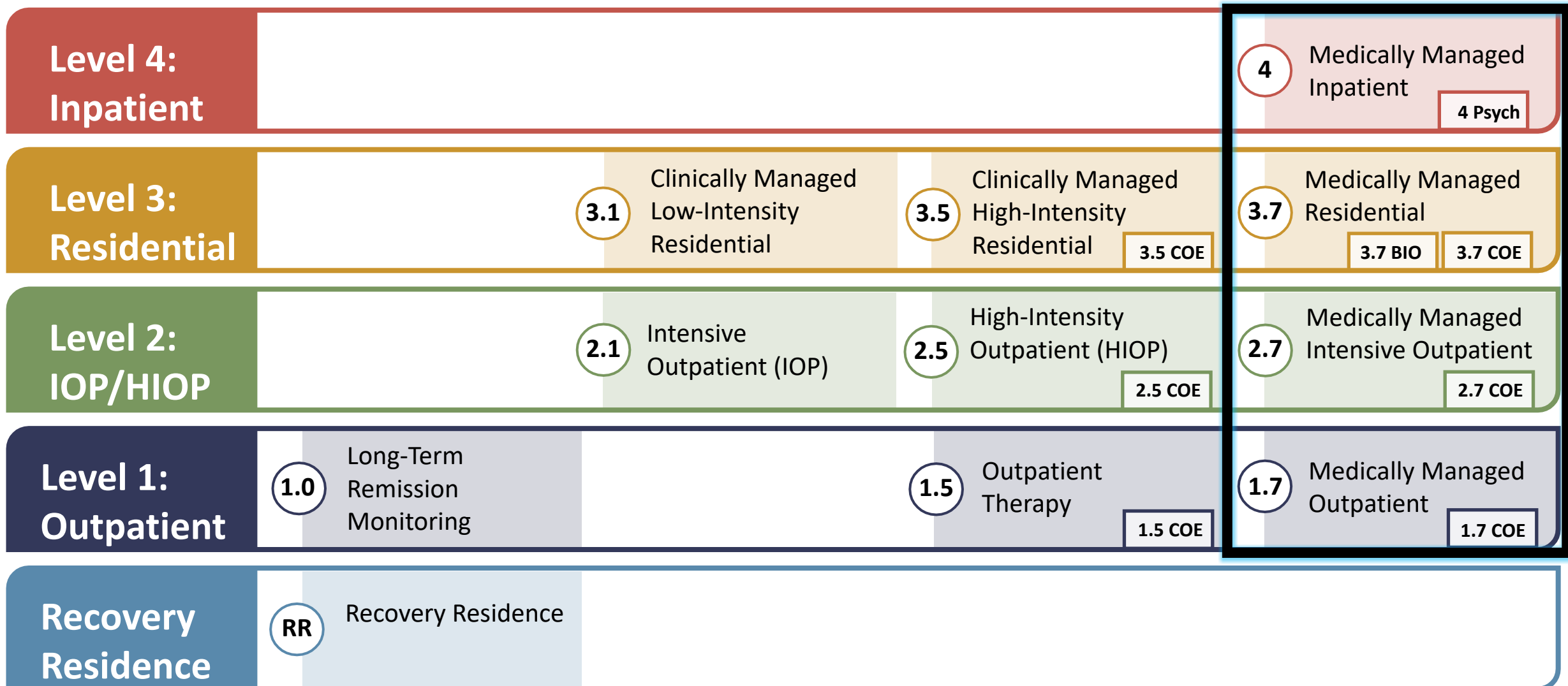
The ASAM Criteria® Continuum of Care

~ Clinically Managed Care



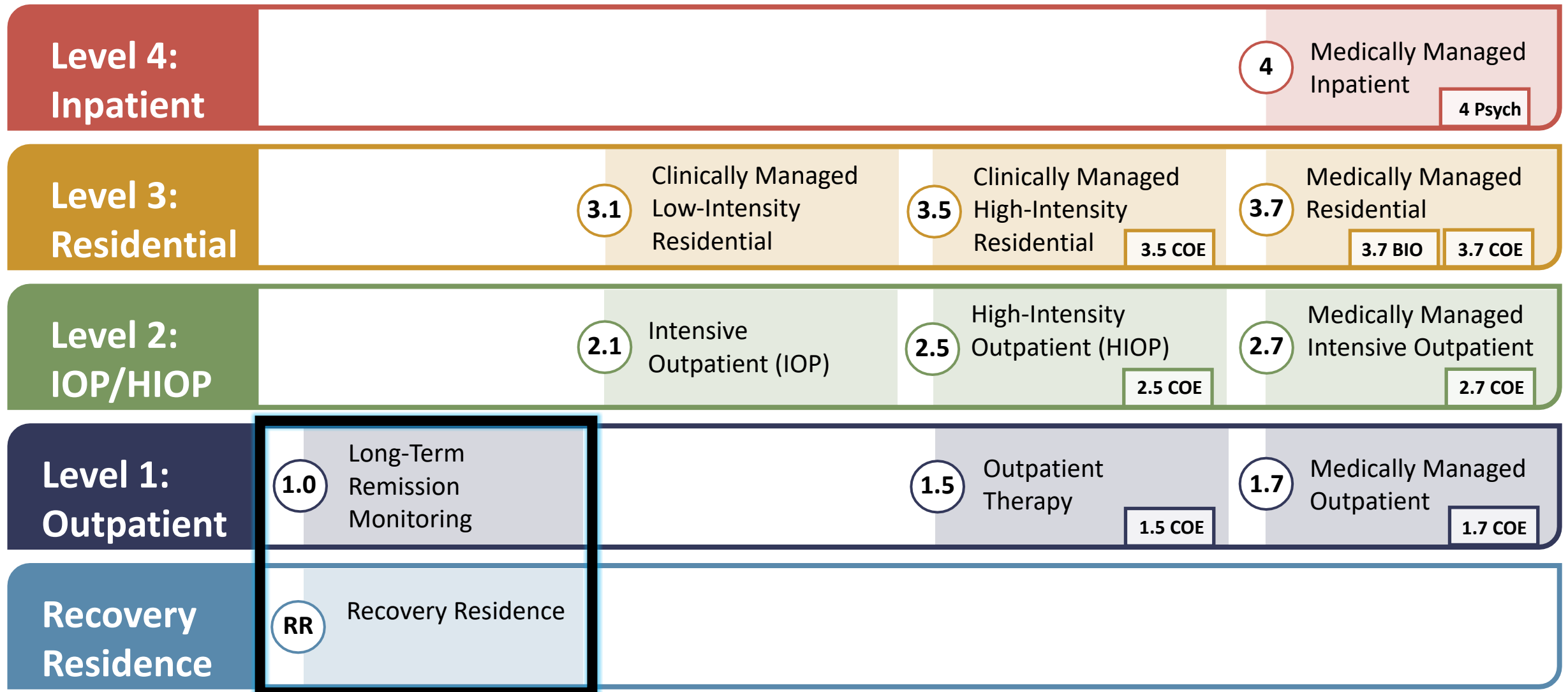
The ASAM Criteria® Continuum of Care

~ Medically Managed Care ~



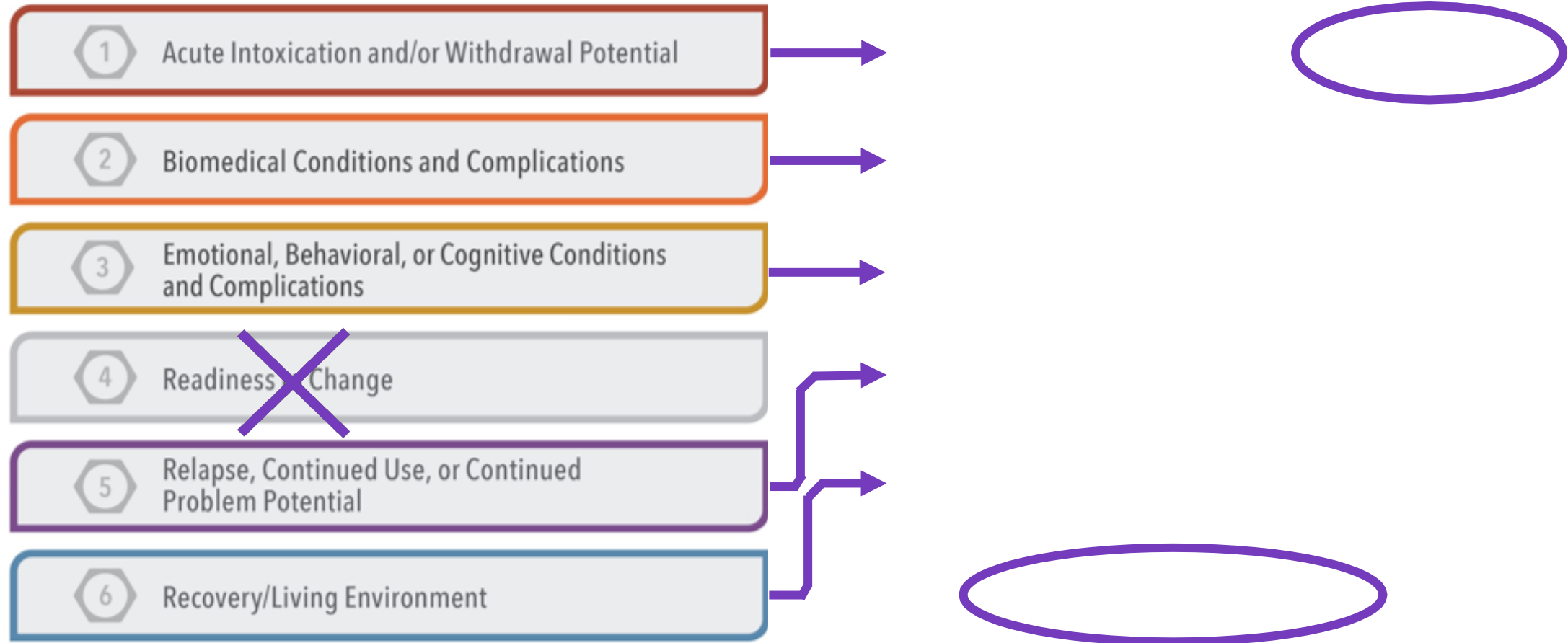
The ASAM Criteria® Continuum of Care

~ Chronic Care Model ~



Changes to the Dimensions in the Fourth Edition

Third Edition



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 Symptoms
- Persistent Disability
- Cognitive Functioning
- Trauma-Related Needs
- Psychiatric and Cognitive History

Dimension 4: Substance Use-Related Risks

- Likelihood of Engaging in Risky Substance Use¹
- Likelihood of Engaging in Risky SUD-Related Behaviors²

Dimension 5: Recovery Environment Interactions

- Ability to Function Effectively in Current Environment
- Safety in Current Environment
- Support in Current Environment
- Cultural Perceptions of Substance Use and Addiction

Dimension 6: Person-Centered Considerations

- Barriers to Care
- Patient Preferences
- Need for Motivational Enhancement

Level of Care Assessment

1



Identify risks & treatment needs quickly

3



Work with the patient to identify the best option (Dimension 6)

2



Recommend an appropriate Level of Care (Dimensions 1 – 5)

4



Make prompt referrals* for faster engagement in care

*If immediate needs or imminent risks are identified in **Dimensions 1, 2, or 3** that indicate the need for medically managed inpatient treatment, the Level of Care Assessment should end.

Dimensional Admission Criteria

- Clinicians assign a risk rating for each of the 12 subdimensions based on the associated clinical descriptions
- The level of care determination algorithm is used to identify the recommended level of care

Subdimensions	Risk Rating = Level of Care
<i>Dimension 1: Intoxication, Withdrawal, and Addiction Medications</i>	
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
<i>Dimension 2: Biomedical Conditions</i>	
Physical Health Concerns	0 = No specific needs
Pregnancy-related Concerns	1 = minimum Level 1.7
<i>Dimension 3: Psychiatric and Cognitive Conditions</i>	
Active Psychiatric Symptoms	2A = minimum Level 2.5 COE
Persistent Disability	0 = No specific needs
<i>Dimension 4: Substance Use-related Risks</i>	
Likelihood of Engaging in Risky Substance Use	D = minimum Level 3.1
Likelihood of Engaging in Risky SUD-related Behaviors	0 = No specific needs
<i>Dimension 5: Recovery Environment Interactions</i>	
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

Dimensional Admission Criteria

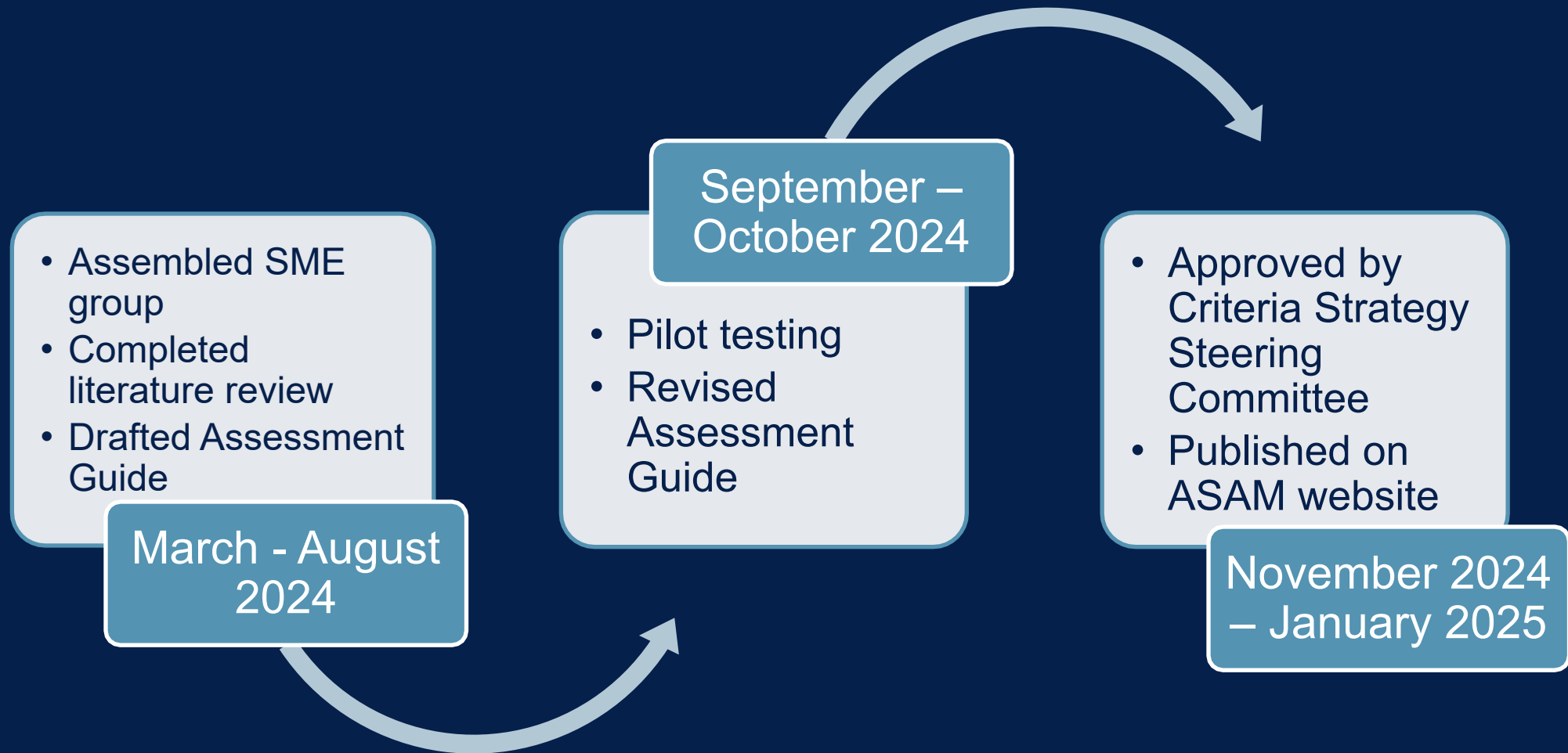
Risk ratings in each subdimension are the foundation of the Dimensional Admission Criteria.

For example:

- **Dimension 4** – Substance-Use Related Risks
- **Subdimension:** Likelihood of engaging in risky substance use
 - **Risk rating E** = Minimum Level 3.5
 - The patient has a high likelihood of engaging in substance use with significant risk of serious harm or destabilizing loss.
 - AND
 - The patient requires 24-hour clinical support and supervision to prevent substance use while developing recovery-sustaining skills.



Level of Care Assessment Guide: Development Timeline



Development of the Assessment Guide



The ASAM Criteria[®], Fourth Edition Level of Care Assessment Guide Adults

Instructions – General (please read before use)

1. This assessment guide is intended for adult patients with substance use disorder (SUD). It provides guidance for Levels 1.5 and more intensive levels of care as detailed in *The ASAM Criteria*, Fourth Edition, Volume 1: Adults. The guide does not include prevention or Level 1.0 (remission monitoring).
2. This assessment guide is intended to help the interviewer and patient utilize the Dimensional Admission Criteria detailed in *The ASAM Criteria*, Fourth Edition, Volume 1: Adults, pp 205-281¹. **The score items in this assessment are not intended to take the place of the full Dimensional Admission Criteria.** The assessment relies on the interviewer's judgment of imminent risk. Please seek clinical supervision and/or consultation as needed.
3. This assessment guide is **not** intended to take the place of a comprehensive biopsychosocial assessment, which should be conducted post-admission as part of the Treatment Planning Assessment.
4. Medical questions do not require the interviewer to conduct a medical examination. Rather, they are meant to assess the urgency of the patient's need for evaluation and treatment of medical concerns.
5. The first part of the assessment is meant to quickly determine the need for referral to an emergency department and provisional need for Level 4 and/or Level 4 Psychiatric. **If the patient reports or seems to have emergent needs in Dimensions 1, 2, or 3, stop the assessment and transfer immediately to an emergency department.** If the patient does not need immediate medical care, please continue the assessment.
6. Once Dimensions 1-3 are completed, if the patient meets criteria in any subdimension for a minimum of Level 3.7, Level 3.7 BIO, or Level 3.7 COE, the assessment can end there.
 - If the interviewer needs to obtain risk ratings for all subdimensions or wants to collect additional information for initial treatment planning and the patient is able to comfortably participate, the assessment can continue.
7. Pay close attention to the skip logic in Dimensions 1-3. If the patient is not intoxicated or at imminent risk for withdrawal and/or does not have co-occurring physical or mental health conditions, the assessment questions corresponding to those subdimensions may not need to be answered in detail.

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- J. Gregory Hobelmann, MD, MPH
- John Smith, PhD, LCSW

ASAM Staff:

- Anna Pagano, PhD
- Michelle Niculescu, PhD
- Radhika Sagar, MOT

Introduction

Assessment Form

[Clear Form](#)

Patient Name: John X

Interviewer Name: Greg Hobelmann

Date of Assessment: 4/25/2025


Interviewer Credentials (eg, LCSW, MD, NP): MD

☐ **Clinical/mental health** (eg, SUD or mental health counselor, social worker, psychologist) – complete medical questions to the best of your ability following physician-approved protocols. If there is any concern for emergent medical needs, transfer to emergency department.

☒ **Medical/physical health** (eg, nurse, physician, advanced practice provider) – seek behavioral health consultation as needed.

Mode of Interview:

☒ **In person** ☐ **Telehealth** – both audio and video ☐ **Telehealth** – audio only (ie, telephone)

 Thank you for speaking with me today. I'd like to ask you some questions to get a sense of what kind of care you need. My purpose today is to help and support you. Everything we talk about is confidential EXCEPT *[list limits to confidentiality]*. I'll do my best to make this a safe and comfortable space for us, but some of these questions may get personal and make you uncomfortable. You can decline to answer any question at any time. Do you have any questions for me? Would it be all right with you if we proceed?



1. What brings you in today? *[probes: What is leading you to seek help at this time? Who referred you to treatment?]*

I have a problem with drugs and need help.

Keep needing more and can't afford it. Sick and tired of being sick and tired. Afraid of dying.

Had a buddy who went into treatment and is going a lot better - he suggested it.

Screen for Acute Needs



Screen for Acute Medical Needs

	2. Do you have any physical health issues that feel like an emergency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, describe:			
	3. Are you concerned that you may have withdrawal symptoms severe enough to need care in a hospital?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	4. Have you ever been treated in a hospital for withdrawal?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

	5. Interviewer Assessment: Does the patient describe or seem to have <u>physical health</u> symptoms (including withdrawal) that might need hospital care?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> Is the patient able to communicate clearly and coherently? Do they seem to be very confused or have severe difficulty speaking? (if patient is unable to communicate, transfer to emergency department) <ul style="list-style-type: none"> (if patient is able to communicate) Does the patient describe any symptoms of severe illness or distress needing immediate medical attention? Does the patient expect to imminently experience very severe withdrawal? To a layperson, does the patient appear very unwell to the point where they might need emergency services? <ul style="list-style-type: none"> Is the patient struggling to breathe? Breathing very fast or very slow? Is the patient unable to stop vomiting? Vomiting or coughing up blood? (If able to measure): Does the patient have very high or low blood pressure or temperature? Very fast or slow heart rate? (If patient is pregnant): Is there bleeding? Contractions? Fluid loss? If at least 5 months pregnant, does the patient say they have stopped feeling the baby move? If the patient has been using alcohol or sedatives, do they report any history of severe withdrawal (eg, seizures, DTs)? 			
Comments:			

Screen for Acute Psychiatric Care Needs

	6. Are you having any mental health symptoms right now that feel like an emergency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	7. Have you recently had any thoughts of killing or severely harming yourself or others?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "yes" to Q7, ask:			
	7a. Have you been thinking about how you might do this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7b. [if yes] Do you intend to act on these thoughts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7c. Have you ever acted on thoughts about hurting yourself before? [if yes] When?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" to Q7a, Q7b, or Q7c, follow established clinical policies and procedures for full risk assessment.			
	8. Interviewer Assessment: Does the patient seem to be at imminent risk of harm to self or others? Are there other mental health signs/symptoms that may need inpatient psychiatric care?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> Does the patient express a plan with clear and imminent intent to harm themselves or others? Are they acting in a way that is unpredictable, aggressive, or violent? Are there signs that the patient is gravely disabled due to a severe mental health condition? (eg, are they so catatonic from depression or bipolar disorder, or so distracted by psychosis that they are unable to communicate coherently? Do they lack the capacity for even minimal self-care? Are they unable to keep themselves safe?) 			
Comments:			

Substance Use

Substance Use








9. Which substances have you used recently? For each substance mentioned, ask the following:

- When was your last use of [substance]? [Specify number and indicate unit of time, eg, 14 hours (H) ago]
- In the past month, how often have you used [substance]? [Check box if daily or near-daily use]
- How much [substance] do you usually use per day during periods when you're actively using? [Add number, unit of measurement, and unit of time: eg, 2 bags/day; 8 drinks/day; 0.5 oz/day; 1 gram per day]
- How do you normally use [substance]? [eg, orally, smoke, snort, inject]

Substance	Last use?	Past month: Daily use?	Usual amount per day	Route of use
<input type="checkbox"/> None				
<input type="checkbox"/> Alcohol:	Choose▼	<input type="checkbox"/>		
	Choose▼	<input type="checkbox"/>		
	Choose▼	<input type="checkbox"/>		
<input type="checkbox"/> Sedative-hypnotics/anxiolytics (eg, alprazolam, other benzos):	Choose▼	<input type="checkbox"/>		
	Choose▼	<input type="checkbox"/>		
	Choose▼	<input type="checkbox"/>		
<input type="checkbox"/> Opioids: fentanyl ("blues")	12 Hours ▼	<input checked="" type="checkbox"/>	6-8 "M30" pills	intranasal



Dimension 1 – Withdrawal


Withdrawal

	13. Are you experiencing withdrawal now or do you think you will soon?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	(If patient is likely to experience withdrawal, ask Q14 - Q15b)		
	14. How uncomfortable would your withdrawal symptoms likely become without treatment? Very uncomfortable - nausea, vomiting, diarrhea, lots of muscle and bone pain		
	15. Have you ever needed medical care for withdrawal?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	15a. [if yes] Where did you receive it? [eg, hospital, residential program, doctor's office]		
	15b. [if yes to 15] Have you ever had severe withdrawal symptoms like seizures?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
[if applicable] Current CIWA-Ar score: <input type="text"/> [if applicable] Current COWS score: 8			

Dimension 1- Addiction Medication Needs

Addiction Medication Needs

	16. Have you recieved substance use treatment before?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	16a. [if yes] Were you unable to complete treatment due to cravings or lingering withdrawal symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Comments:</p> <div></div>			

	17. Are you now taking, or have you ever taken, prescribed medication to help control substance cravings or other unwanted symptoms when you're trying to stop? [eg, buprenorphine, methodone, naltrexone, acamprosate, bupropion, etc.]	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>17a. If yes, specify:</p> <div></div>			

Dimension 1 Risk Rating

[Clear D1 RR](#)

Intoxication, Withdrawal, and Addiction Medications (<i>The ASAM Criteria</i> , pp 212-229)	Risk Rating
Intoxication and Associated Risks <ul style="list-style-type: none">Consider current intoxication onlyLevel 3.7 BIO is for patients who need IV fluids, IV medications, and/or advanced wound care	<input type="checkbox"/> 4 = Level 4 <input type="checkbox"/> 3B = Minimum Level 3.7 BIO <input type="checkbox"/> 3A = Minimum Level 3.7 (non-BIO) <input type="checkbox"/> 2 = Minimum Level 2.7 <input type="checkbox"/> ANY = Any Level of Care <input checked="" type="checkbox"/> 0 = No Specific Needs
Withdrawal and Associated Risks <ul style="list-style-type: none">Consider anticipated peak severity of current withdrawal episode based on recent use and history of prior withdrawal episodesLevel 3.7 BIO is for patents who need IV fluids, IV medications, and/or advanced wound care	<input type="checkbox"/> 4 = Level 4 <input type="checkbox"/> 3B = Minimum Level 3.7 BIO <input type="checkbox"/> 3A = Minimum Level 3.7 (non-BIO) <input type="checkbox"/> 2 = Minimum Level 2.7 <input type="checkbox"/> 1 = Minimum Level 1.7 <input checked="" type="checkbox"/> EVAL = Prompt Evaluation <input type="checkbox"/> 0 = No Specific Needs
Addiction Medication Needs <ul style="list-style-type: none">Consider the need to initiate or titrate addiction medications (eg, buprenorphine or methadone for opioid use disorder; acamprosate or naltrexone for alcohol use disorder) and the anticipated complexity of medication management.For patients who are currently taking medication for OUD, "MOUD-C" is intended to flag the need to identify a program that will support medication continuation.	<input type="checkbox"/> C = Minimum Level 3.7 <input checked="" type="checkbox"/> B = Minimum Level 2.7 <input type="checkbox"/> A = Minimum Level 1.7 <input type="checkbox"/> EVAL = Prompt Evaluation <input type="checkbox"/> ANY = Any Level of Care
	<input type="checkbox"/> MOUD-C = MOUD Continuation*

Dimension 2 – Biomedical Conditions

Dimension 2

19. Do you have any other health issues that are concerning you right now?

☐ Yes

☒ No

19a. [if yes] What are they?

20. [if applicable] Are you pregnant? [If unsure, offer pregnancy test as appropriate]

☐ Yes

☒ No

☐ Unsure

Comments:

→ IF NO SIGNIFICANT HEALTH PROBLEMS or CURRENT PREGNANCY, SKIP to Dimension 3

→ IF PREGNANT, CONTINUE to Q20a

→ IF NOT PREGNANT, but has other health concerns, SKIP to Q21

Dimension 2 Risk Rating

Clear D2 RR

Biomedical Conditions (<i>The ASAM Criteria</i> , pp 230-239)	Risk Rating
Physical Health Concerns <ul style="list-style-type: none">Level 3.7 BIO is for patients who need IV fluids, IV medications, and/or advanced wound care	<input type="checkbox"/> 4 = Level 4 <input type="checkbox"/> 3B = Minimum Level 3.7 BIO <input type="checkbox"/> 3A = Minimum Level 3.7 (non-BIO) <input type="checkbox"/> 2 = Minimum Level 2.7 <input type="checkbox"/> 1 = Minimum Level 1.7 <input type="checkbox"/> ANY = Any Level of Care <input checked="" type="checkbox"/> 0 = No Specific Needs
Pregnancy-related Concerns <ul style="list-style-type: none">Pregnant patients who are unable or unlikely to access prenatal care should receive a minimum of Level 1.7ANY means the pregnant patient is able and expected to access external prenatal care	<input type="checkbox"/> 4 = Level 4 <input type="checkbox"/> 3 = Minimum Level 3.7 <input type="checkbox"/> 2 = Minimum Level 2.7 <input type="checkbox"/> 1 = Minimum Level 1.7 <input type="checkbox"/> ANY = Any Level of Care <input checked="" type="checkbox"/> 0 = No Specific Needs

Dimension 3 – Psychiatric and Cognitive Conditions

Dimension 3

28. Do you currently have any troubling mental health symptoms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>28a. [if yes] What are your current mental health symptoms? [probes: Have you had any impulses to harm yourself, or symptoms that limit your ability to take care of yourself/others, or do what you need to do each day? Do you have them even when not using or withdrawing from substances?]</p> <p>Anxiety - worrying a lot; mood - low motivation, low energy, feelings of sadness and failure. Symptoms are present even when not using or withdrawing.</p> <p>No current or history of impulses to harm self or others. Low motivation to accomplish daily tasks but manages to work part-time and pay bills. Basic hygiene and self-care intact.</p>		
<p>28b. Do you have any mental health diagnoses? If so, which ones?</p> <p>Generalized anxiety disorder</p> <p>Major depressive disorder</p>		
28c. Do you feel like you need to see a doctor or therapist urgently for mental health medication or talk therapy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Comments:</p> <p>Patient was prescribed bupropion and escitalopram by a psychiatric NP one year ago at the local FQHC, but stopped taking the medication once his substance use increased.</p>		

Dimension 3 Risk Rating

[Clear D3 RR](#)

Psychiatric and Cognitive Conditions (The ASAM Criteria, pp 240-254)	Risk Rating
Active Psychiatric Symptoms <ul style="list-style-type: none">Levels 4 Psychiatric, 3.7 COE, 2.7 COE and 1.7 COE provide specialized psychiatric management and skilled mental health interventionsLevel 1.7 provides management of psychiatric medication for low acuity symptoms but does not provide skilled mental health interventionsLevels 3.5 COE, 2.5 COE, and 1.5 COE provide skilled mental health interventions but not specialized psychiatric medication management	<input type="checkbox"/> 4 = Level 4 Psychiatric <input type="checkbox"/> 3B = Minimum Level 3.7 COE <input type="checkbox"/> 3A = Minimum Level 3.5 COE <input type="checkbox"/> 2B = Minimum Level 2.7 COE <input type="checkbox"/> 2A = Minimum Level 2.5 COE <input checked="" type="checkbox"/> 1C = Minimum Level 1.7 COE <input type="checkbox"/> 1B = Minimum Level 1.7 <input type="checkbox"/> 1A = Minimum Level 1.5 COE <input type="checkbox"/> ANY = Any Level of Care <input type="checkbox"/> 0 = No Specific Needs
Persistent Disability <ul style="list-style-type: none">Consider mental health or cognitive symptoms that need individualized staff attention to enable addiction treatment participation	<input type="checkbox"/> 1Z = Minimum Level 1.5 COE <input type="checkbox"/> ANY = Any Level of Care <input checked="" type="checkbox"/> 0 = No Specific Needs

Dimension 6 – Person-Centered Considerations

Level of Care Recommendation

Based on the Level of Care Determination Rules, the patient meets criteria for the following level of care:

<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 3.7	<input type="checkbox"/> Level 2.7	<input type="checkbox"/> Level 1.7
<input type="checkbox"/> Level 4 Psychiatric	<input type="checkbox"/> Level 3.7 COE	<input checked="" type="checkbox"/> Level 2.7 COE	<input type="checkbox"/> Level 1.7 COE
	<input type="checkbox"/> Level 3.7 BIO	<input type="checkbox"/> Level 2.5	<input type="checkbox"/> Level 1.5
	<input type="checkbox"/> Level 3.5	<input type="checkbox"/> Level 2.5 COE	<input type="checkbox"/> Level 1.5 COE
	<input type="checkbox"/> Level 3.5 COE	<input type="checkbox"/> Level 2.1	
	<input type="checkbox"/> Level 3.1		

Is recovery residence recommended in addition to an outpatient level of care?

☒ Yes

☐ No

Dimension 6



59. Are you willing to attend the recommended level of care?

[If patient is ambivalent, use motivational interviewing techniques to encourage them to attend LOC]

☒ Yes

☐ No



60. Are you able to attend the recommended level of care?

☒ Yes

☐ No



60a. *[if no to 59 or 60]* **What are your concerns?** [eg, caregiving or employment responsibilities; transportation concerns, criminal legal system requirements]



60b. *[if no to 59 or 60]* **Do you think having additional support or services might help you to attend the recommended level of care?**

☐ Yes

☒ No

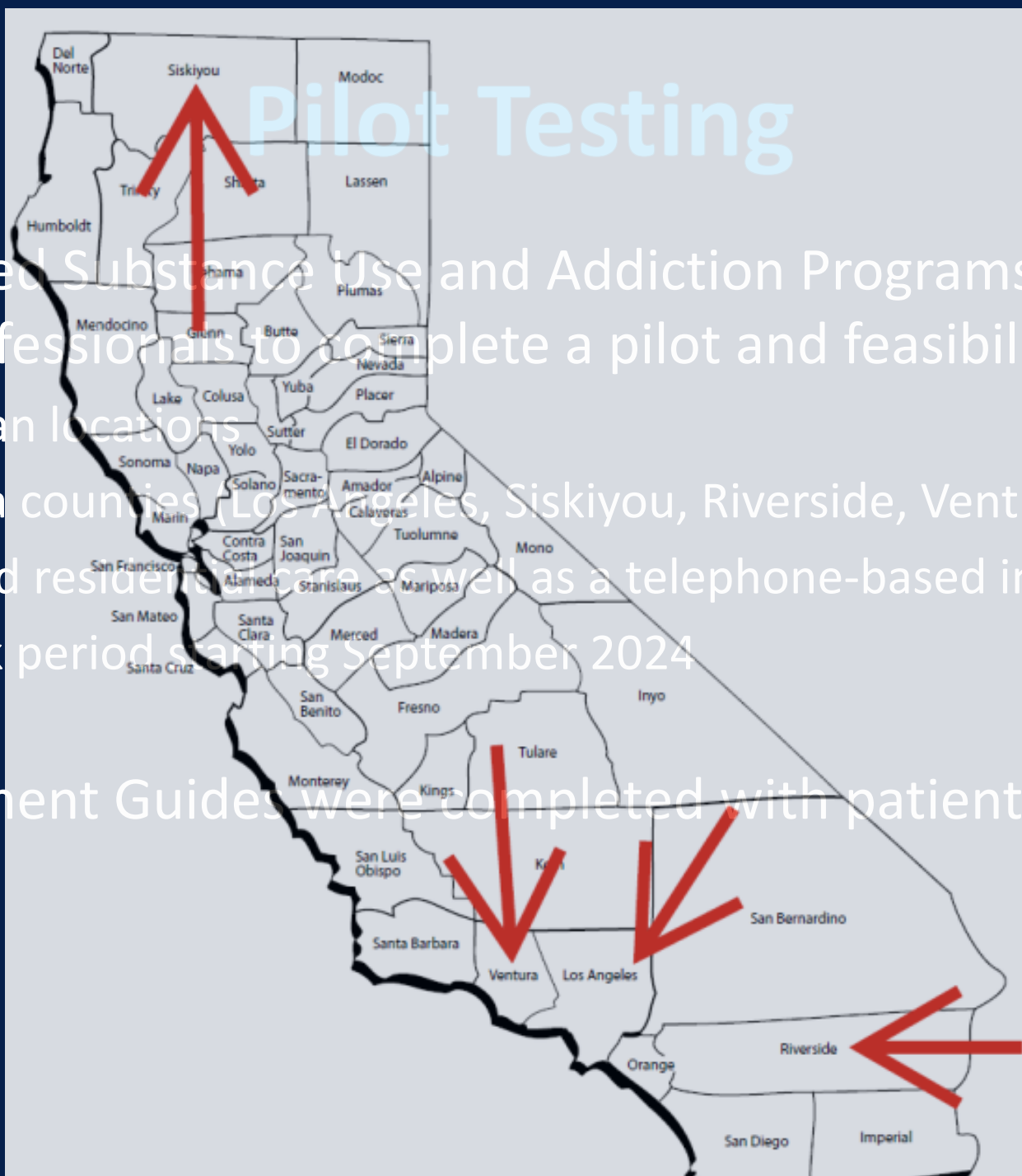


[if yes] **What kinds of support or services do you need?**

N/A

Pilot Testing

- ☀️ UCLA Integrated Substance Use and Addiction Programs recruited SUD treatment professionals to complete a pilot and feasibility test
- ☀️ Rural and urban locations
- ☀️ Four California counties (Los Angeles, Siskiyou, Riverside, Ventura)
- ☀️ Outpatient and residential care as well as a telephone-based intake center
- ☀️ Over a 3-week period starting September 2024
- ☀️ 136 Assessment Guides were completed with patients seeking SUD treatment.



Pilot Testing: Feedback

- ☀ All pilot testers and their supervisors were emailed Feedback Surveys
 - ☀ 75% SUD Counselors
 - ☀ 75% had more than 5 years of working in SUD field
 - ☀ 64% had access to the 4th ed
 - ☀ 54% agreed assessment was a good fit for their experience/scope of practice
- ☀ Pilot testers reported need for:
 - ☀ Questions tailored to local policies (re: MH diagnosis or CJ status)
 - ☀ Both more open-ended questions and more structured questions
 - ☀ More training and TA

Pilot Testing: Completed Assessments

☀️ Analysis of Completed Assessment Guides

- ☀️ 86% resulted in ASAM LOC of 3.5 or 3.7

- ☀️ Occasional disagreement between narrative and LOC determination, skewing to higher level of care, examples:

- ☀️ Dim 1, subdimension “Intoxication and associated risks” rated highly in spite of no recent use
- ☀️ Dim 2, rated X.7 LOC (need for increased medical management) but no reported symptoms, diagnoses, or meds
- ☀️ Dim 3, COE endorsed with no history
- ☀️ Dim 6, underutilized to record non-ASAM Criteria factors that impact LOC

Pilot Testing: Implications for Training

- ☀ Common errors indicate need for training
 - ☀ LOC assessment vs Intake/treatment planning
 - ☀ Overall familiarity with 4th Ed.
 - ☀ Relationship of subdimension to overall dimension
 - ☀ Definition of “Enhanced” care
 - ☀ Application of Dim 6 to reflect elements (program/county policies, availability of services) that impact LOC
 - ☀ Application of appendices and decision support

Implementation: Key Challenges

- ☀ Service infrastructure changes to transition from *The ASAM Criteria* Third Edition to Fourth Edition
- ☀ Ongoing inconsistencies between Fourth Edition versus locally available continuum of care
- ☀ Learning curve/need to adapt Fourth Edition Guide to specific contexts and workflows

Implementation: Key Opportunities

GENERAL:

- ☀ Increased standardization of clinical decisionmaking and documentation for treatment delivery and coverage
- ☀ Tracking care delivery and modifiable reasons for gaps in care

FOURTH EDITION:

- ☀ Simplified continuum of care
- ☀ More streamlined decisionmaking process

Tools to Facilitate Dissemination, Adoption, Fidelity

ASAM CONTINUUM®	
ASAM CO-Triage®	
ASAM Criteria Paper Assessment	
eLearning Center/ Foundations Course / Skill Building Course / Vignettes Course	
Criteria Navigator for Utilization Review	
Speaking the Same Language Toolkit	
Criteria Implementation Guidebook	
Forms (Medical necessity; Continued service; Treatment planning)	



Final Takeaways

- ☀ The ASAM Criteria Level of Care Assessment Guide aims to help clinicians implement the Dimensional Admission Criteria and standardize clinical decisionmaking and documentation.
- ☀ The Guide is offered free to all clinicians and can be used in many different clinical contexts.
- ☀ This resource can help assist states to facilitate continuity and consistency in substance use disorder (SUD) treatment delivery and coverage.
- ☀ Next steps are creating and testing a combined Level of Care/Treatment Planning Assessment.

Please provide feedback to ASAM on the Guide using the form on the webpage (<https://www.research.net/r/LOCGuide>) or send an email to asamcriteria@asam.org.

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