ASAM Criteria 4th Edition: Overview of Changes

Carelon Behavioral Health
2025

ASAM 4th Edition (Adult)-Reframing Medical Necessity

1. Changes in the Continuum of Care
2. Changes in ASAM Levels of Care
3. Changes to ASAM Risk Dimensions
4. Changes in Assessment and Treatment Planning

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1
Changes in the Continuum of Care

ASAM Criteria 4th Edition Continuum of Care: Key Points

- Purpose of *The ASAM Criteria 4th Edition:*
  - Promote individualized and holistic treatment planning for substance use disorder services
  - Guide clinicians and care managers in making objective decisions regarding
    - Admissions
    - Continuing care
    - Movement along the continuum of care
  - A shared decision-making process considering patient preferences and barriers to care (new Dimension 6)

ASAM Criteria 4th Edition Continuum of Care: Key Points, con't.

- **Changes from ASAM Criteria 3rd Edition to ASAM Criteria 4th Edition**
  - Some familiar features and constructs are retained while others have been modified.
  - Requires attention to detail
- **Section 1 on the Continuum of Care contains a series of repeating slides with shifting highlights to emphasize specific changes in the ASAM continuum of care.**

ASAM Criteria 4th Edition: Definitions

- Clinically Managed Program-Treatment services are primarily overseen and delivered by *clinical* staff (therapists, addiction counselors, peer recovery specialists).
    - Clinically Managed Programs include the x.1 and x.5 designations
- Medically Managed Program-Treatment services have a primary focus of treating withdrawal and /or stabilizing biomedical and psychiatric concerns while also providing psychosocial services for patients able to participate effectively. These services are overseen and delivered by *medical* staff (doctors, advanced practice practitioners, nurses).
    - Medically Managed Programs include the Level 4 and x.7 designations
- Biomedically Enhanced Program (BIO)-enhanced capability to deliver biomedical services, typically defined as IV fluids, medications, and advanced wound care.
- (See Appendix A: Service Characteristics for full details)

ASAM Criteria 4th Edition: Definitions, con't

- Co-Occurring Capable (COC)-Programs having the capability to address patients with co-occurring mental health concerns in the routine course of addiction treatment. All levels of care in ASAM Criteria 4th Edition are expected to be co-occurring capable.

- Co-Occurring Enhanced (COE)-Programs having enhanced resources to routinely serve patients with more serious co-occurring mental health or cognitive conditions.

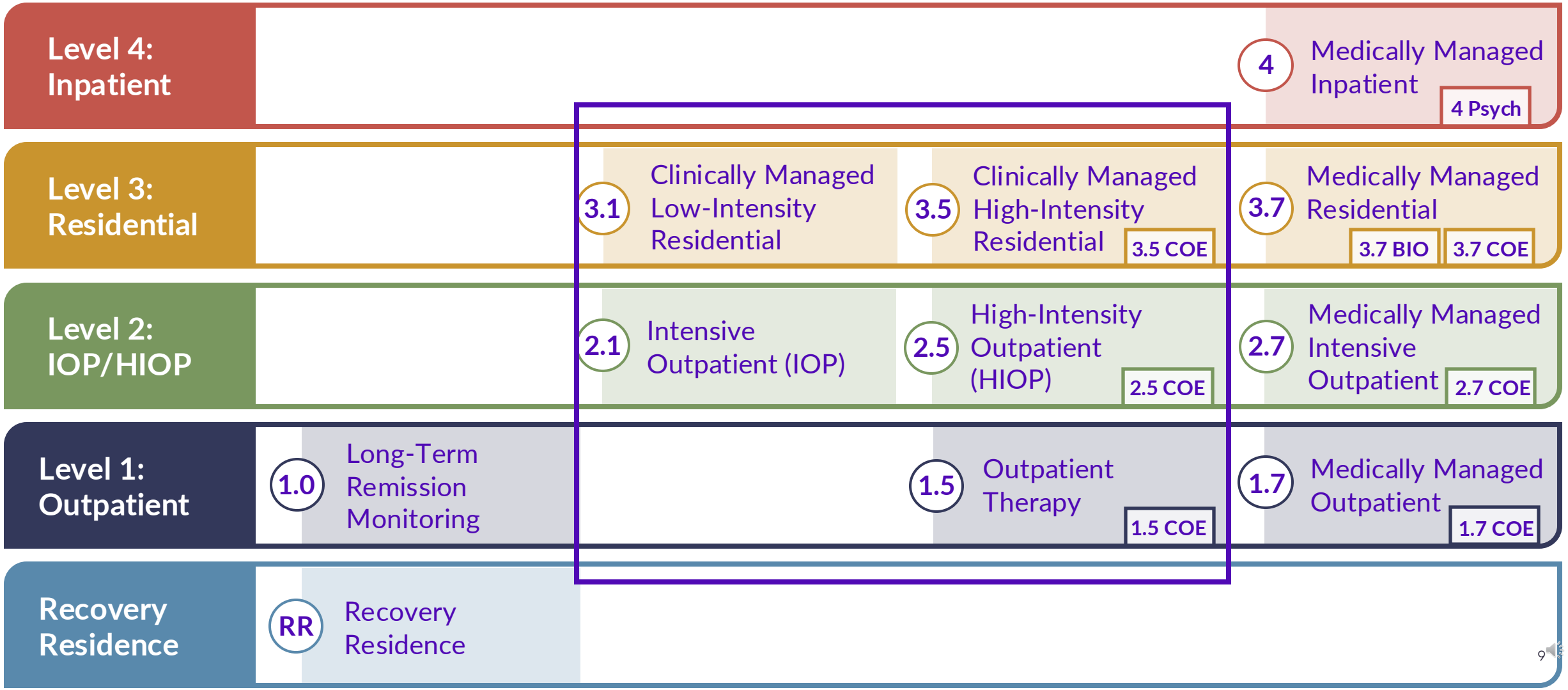
- Recovery Residence-Recovery-supportive living settings free of alcohol and drugs, not prescribed by a licensed medical provider. Examples include sober living homes, recovery homes, halfway houses, and therapeutic communities.

The ASAM Criteria Continuum of Care for Adult Addiction Treatment

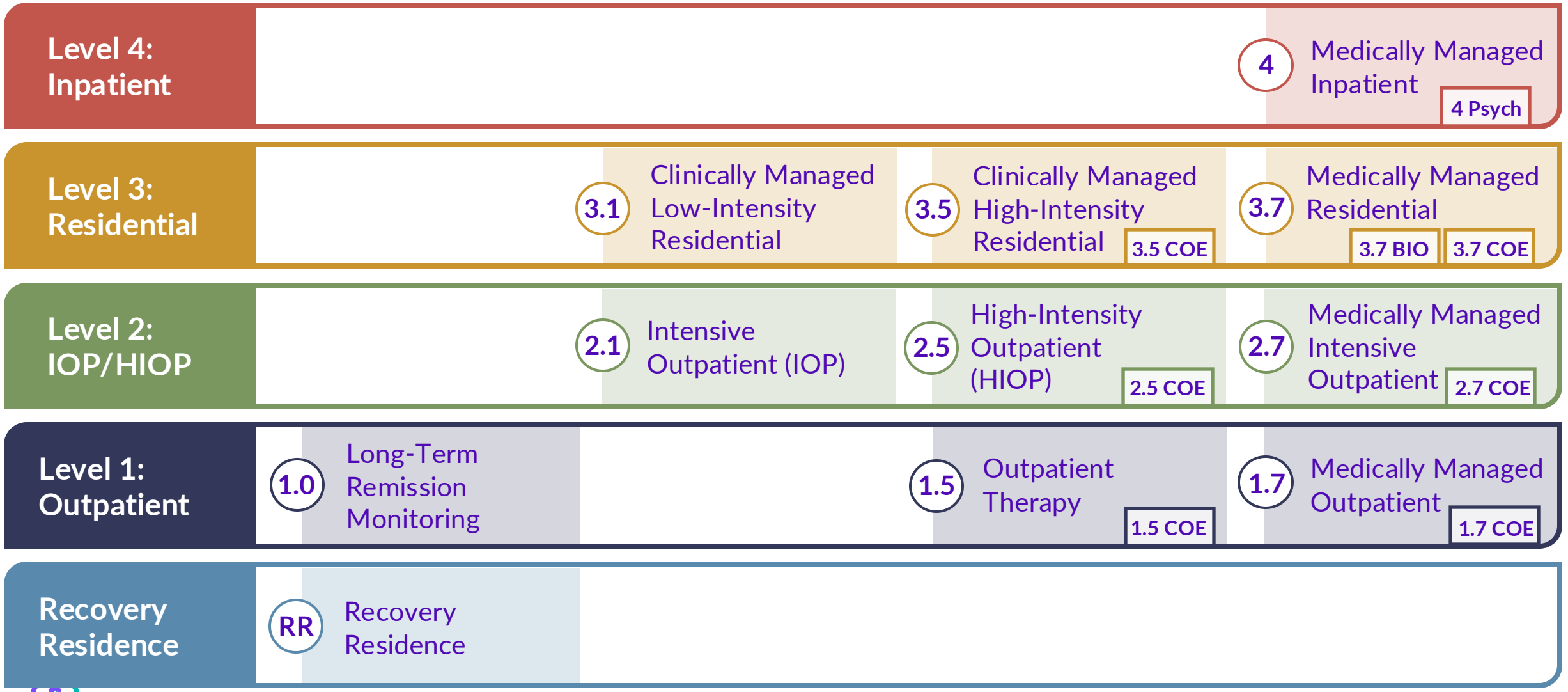
Level 4: Inpatient				4 Medically Managed Inpatient 4 Psych
Level 3: Residential		3.1 Clinically Managed Low-Intensity Residential	3.5 Clinically Managed High-Intensity Residential 3.5 COE	3.7 Medically Managed Residential 3.7 BIO 3.7 COE
Level 2: IOP/HIOP		2.1 Intensive Outpatient (IOP)	2.5 High-Intensity 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			

Clinically Managed Care

The ASAM Criteria Continuum of Care for Adult Addiction Treatment

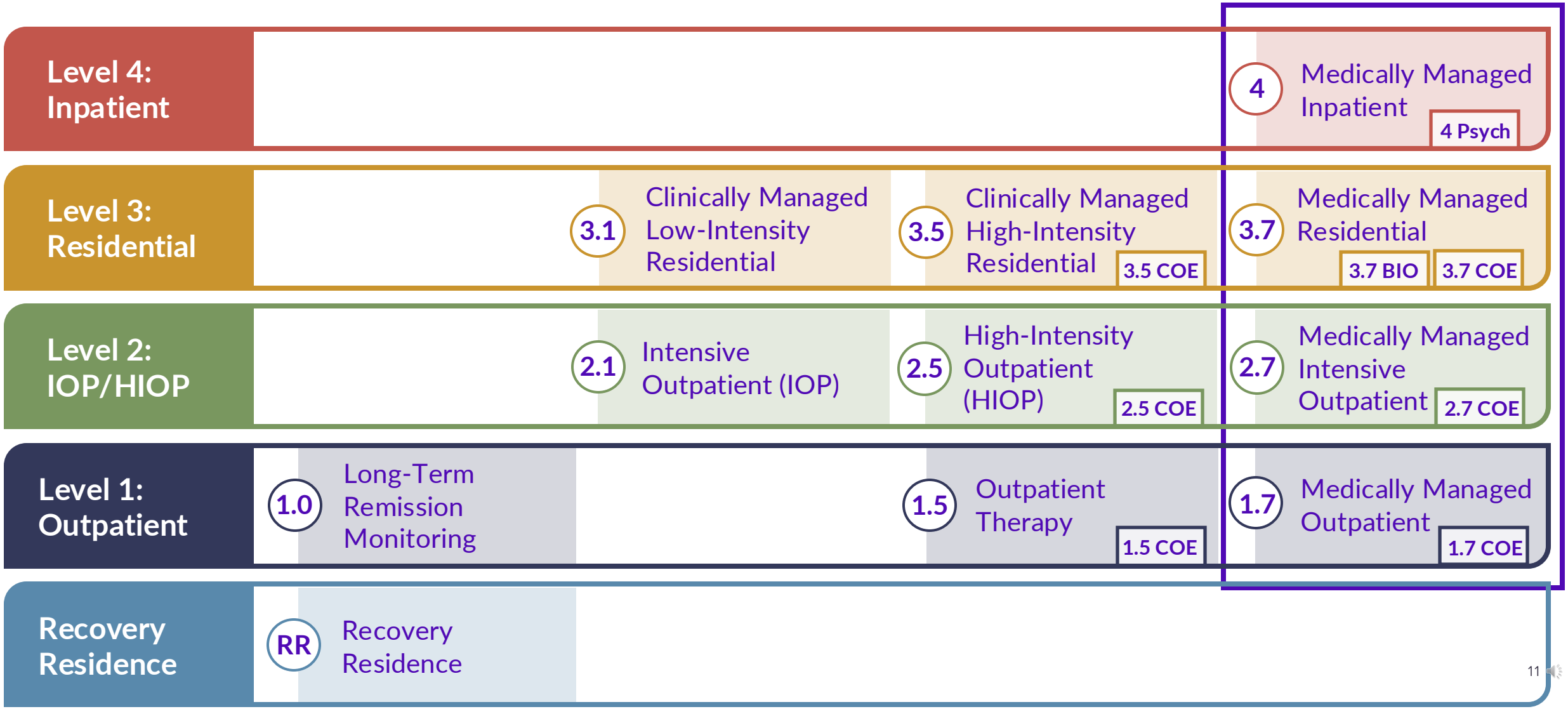


The ASAM Criteria Continuum of Care for Adult Addiction Treatment



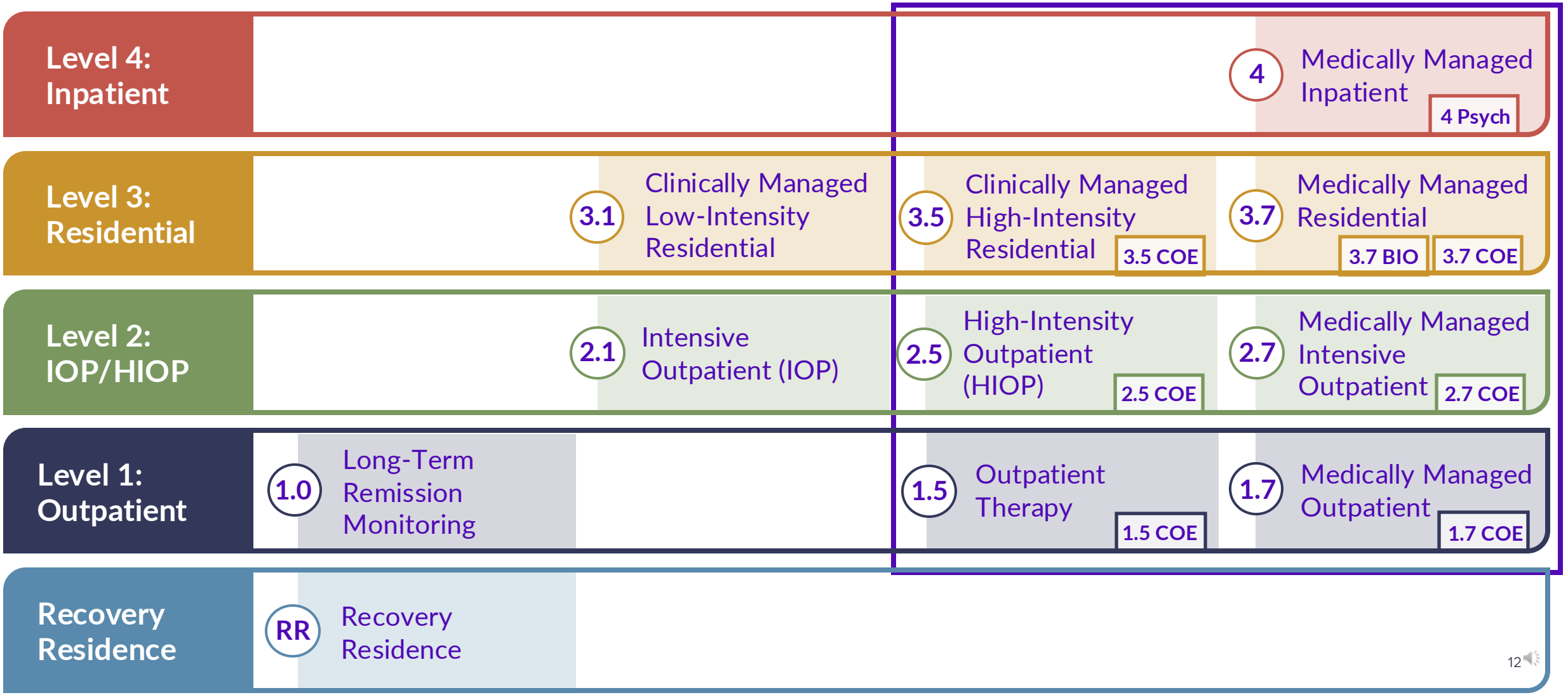
Medically Managed Care

The ASAM Criteria Continuum of Care for Adult Addiction Treatment



Integrated Care

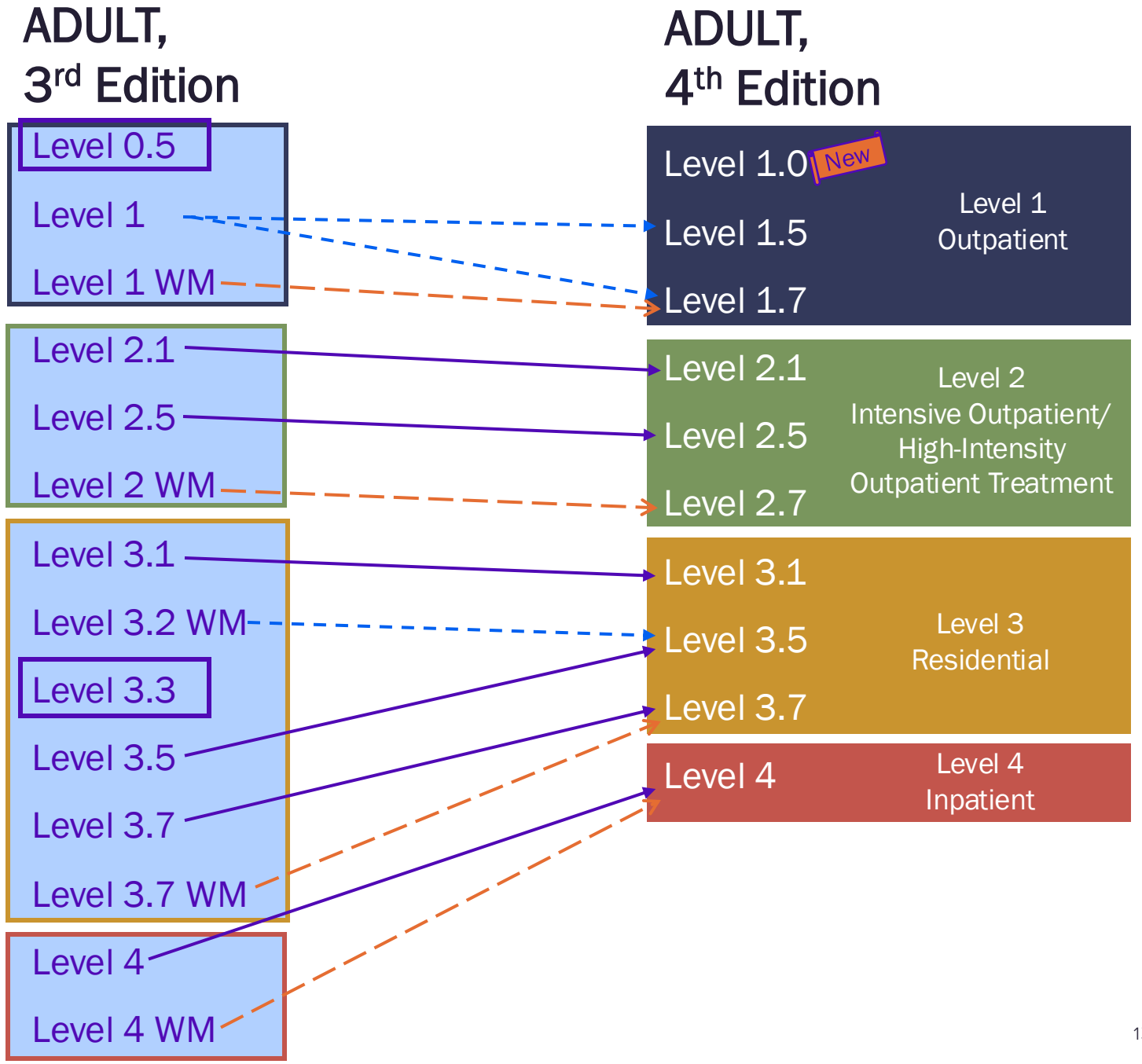
The ASAM Criteria Continuum of Care for Adult Addiction Treatment



Changes to The ASAM Criteria Continuum of Care – Adult

Key

- Services discussed in new chapters
- Elements incorporated into other level(s)
- Incorporated into a new level care
- Revised and updated level of care



2
Changes in ASAM Levels of Care

ASAM Criteria 4th Edition Level of Care Changes: Key Points

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.

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

3
Changes to ASAM Risk Dimensions

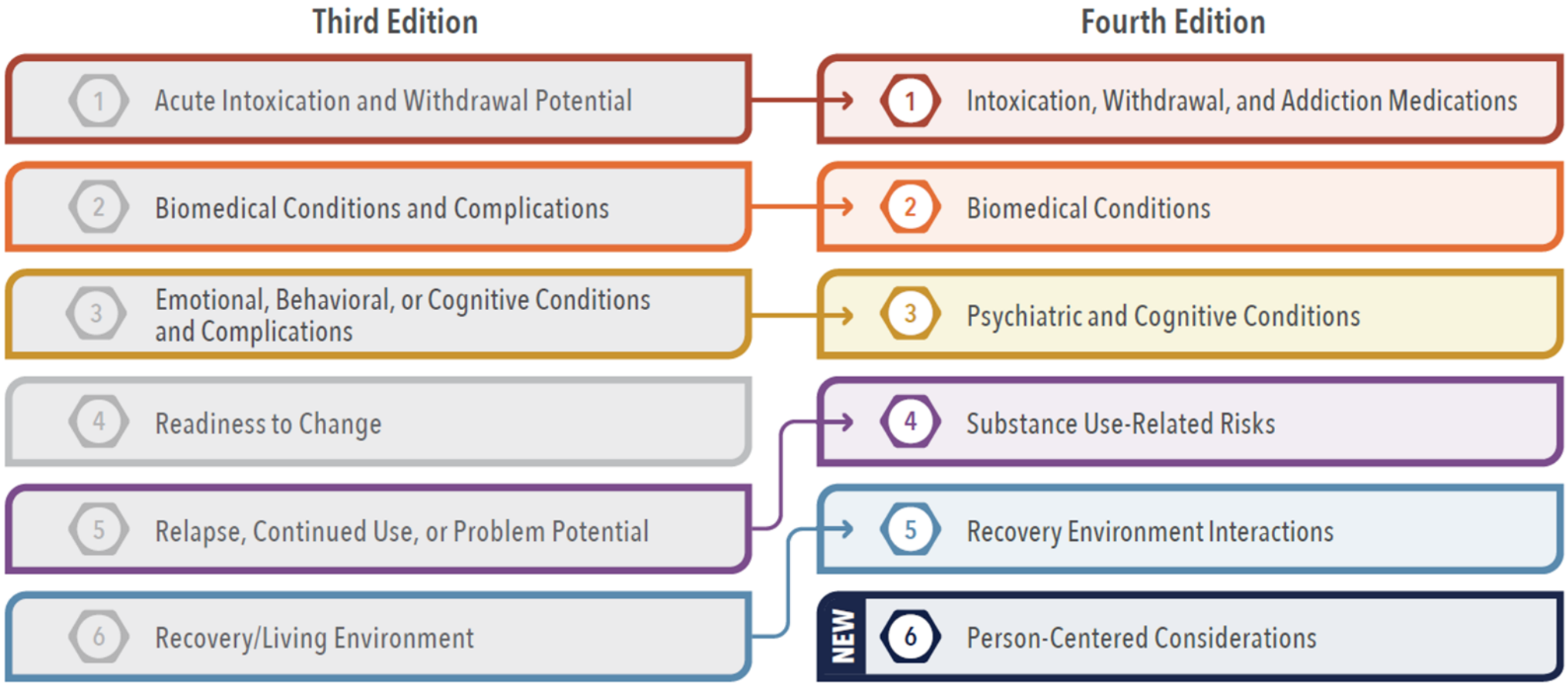
ASAM Criteria 4th Edition Risk Dimensions: Key Points

- Subdimensions define core actionable factors and create greater patient and case specificity
- Risk Ratings no longer represent a linear gradation of severity or risk.
- Risk Ratings are not included in every level of care or every subdimension. They are only designated for clinical presentations that require a specific LOC or service.
- Each Risk Rating is now aligned with:
  - The minimum (least intensive) level of care at which a patient should be placed to be safely and effectively treated

  -or-

  - Services that should be provided in addition to or within the recommended LOC
    - Ex: Recovery residence, Continuation of medication for OUD (MOUD-C), Prompt medical evaluation (EVAL)

Changes to *The ASAM Criteria* Dimensions in the Fourth Edition



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.

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

4
Changes in Assessment and Treatment Planning

ASAM Criteria 4th Edition Assessment & Treatment Planning: Key Points

- Level of Care Assessment-a single encounter intended to acquire key information ("Dimensional Drivers") to determine the level of care recommendation
    - **Subdimensions in blue are used for initial level of care determinations and initial treatment for immediate needs**
- Treatment Planning Assessment-multiple encounters may be used to develop the comprehensive treatment plan
    - Comprehensive treatment plan uses all dimensions and subdimensions

Three Key Assessments

1. Level of Care Assessment
2. Treatment Planning Assessment
3. Treatment Plan Reviews and Reassessment

- The Level of Care Assessment is a brief, preliminary assessment intended to inform the patient's level of care recommendation.
- It is meant to link patients to the most appropriate care *faster* by gathering key information in the first encounter.

Graphic based on source material from Train For Change (2024)

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Dimension 6 – Person-Centered Considerations

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Key Changes in ASAM Criteria 4th Edition

Continuum of care concepts are separated into Medically Managed Services and Clinically Managed Services

Management of intoxication, withdrawal, and addiction medications are all now captured in Dimension 1

Dimensions are redefined and broken down into actionable subdimensions to support LOC assessment and determinations

The new Dimension 6 incorporates assessment of barriers to care, including SDOH, as well as member preferences and need for motivational enhancement services

Appendix A: Summary of Service Characteristic Standards for ASAM Criteria 4th Edition

Clinically Managed Outpatient-Core Service Characteristics

	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 Treatment-Core Service Characteristics

	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 Treatment-Core Service Characteristics

	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	Available by appointment	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)
Clinical Service Hours	<9 h/wk	≥20 h/wk	≥20 h/wk	Variable
Recovery Support Services	Yes*	Yes*	Yes*	Yes*

‡ may be the responsible physician in an independent practice; * Directly or through formally affiliated provider

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Thank You!