

NAATP NATIONAL 2023



NATIONAL ASSOCIATION
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ADDICTION TREATMENT PROVIDERS

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Introducing the ASAM Criteria 4th Edition: Analysis of New Dimensions from Theory to Implementation



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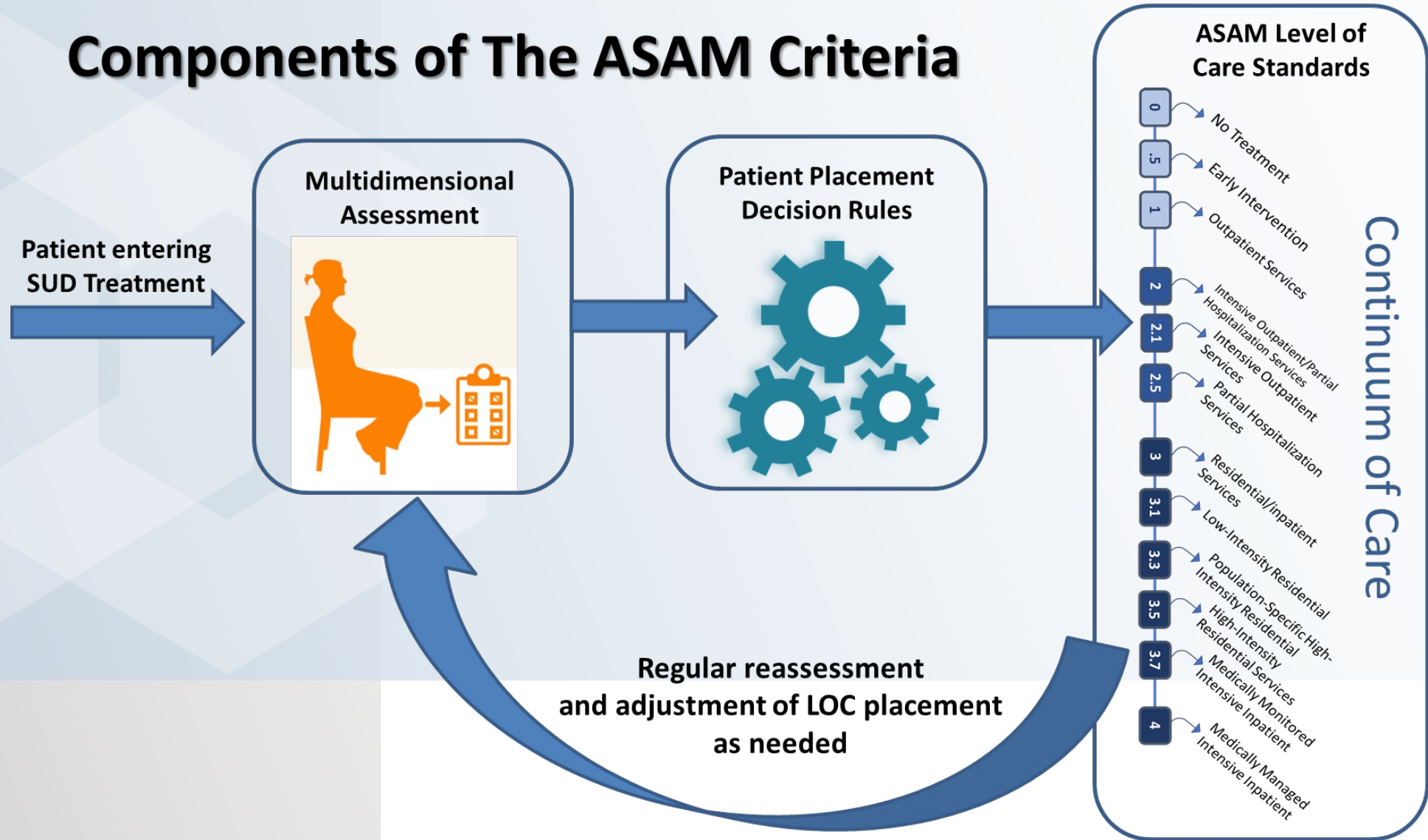
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Components of The ASAM Criteria



ASAM Criteria 4th Edition Development Process

17 Writing
Committees

Structured
Evidence
Review

Review 3rd
Edition
standards

Draft standards
and decision
rules

Voting Panel
rating and
reconciliation

Public comment
period and
reconciliation

Board and
Council Review
and Approval

Narrative
Chapter Field
Reviews

274 unique organizations & individuals for targeted outreach

- 61 Directors of Single State Agencies + NASADAD
- 52 State Medicaid Directors + NAMD
- 51 Allied Organizations
- 37 ASAM State Chapter Presidents
- 23 Payers
- 21 Organizations representing diverse clinical experts
- 18 Federal Agencies
- 7 Patients, People in Recovery, PWUD Organizations
- 4 Justice Involved Agencies

>87k recipients of non-targeted email outreach

425 Subscribers for Updates!

Public Comment Period #1
Initial Thoughts on 3rd Ed

35 Organizations

224 Commenters

1504 Comments

Public Comment Period #2
Proposed Major Changes

55 Organizations

135 Commenters

461 Comments

Same Guiding Principles

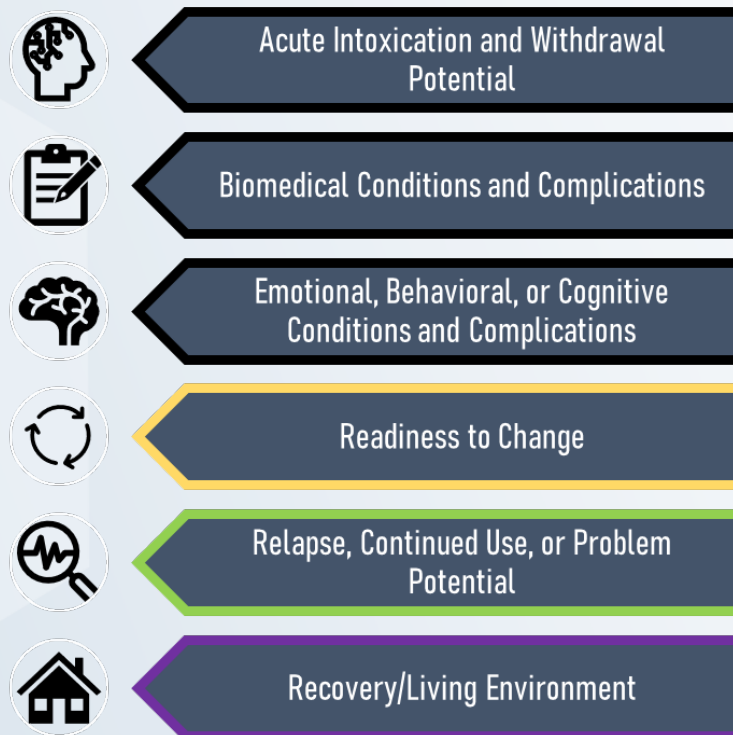
- Built on the bio-psycho-social model of addiction
 - Using a multidimensional assessment to drive care decisions
- Promoting individualized patient care
 - Clinically-driven and outcomes-driven treatment
 - No pre-determined length of treatment
- Advancing the chronic care model of treatment
 - Reflecting a broad and flexible continuum of care

- 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
 - The ASAM Criteria Treatment Planning Assessment
 - Both assessments will be multidimensional and consider the patient's full biological, psychological, and sociocultural context

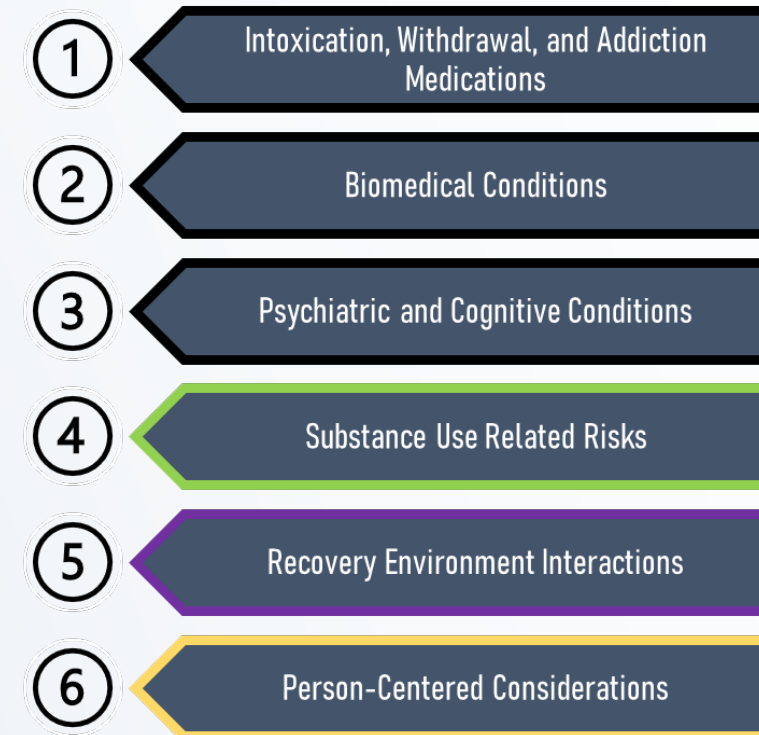
Reordering the dimensions

- Since readiness to change does not independently contribute to initial treatment recommendations the dimensions will be adjusted
- Readiness considered across all dimensions.
- New Dimension 6 focuses on patient preferences, barriers to care, and need for motivational enhancement

Third Edition



Fourth Edition



- The 4th edition will define subdimensions. For example:
 - 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

Dimensional Admission Criteria

- Severity ratings in each subdimensions are the foundation of the dimensional admission criteria. For example:
 - Dimension 3 – Psychiatric and Cognitive Conditions
 - Subdimension: Unstable or evolving mental health concerns
 - Severity rating 3 = minimum Level 3.7 COE (The patient has severe psychiatric or cognitive disorder(s) that pose acute risk of harm to self or others; but the patient has sufficient control and ability to seek help such that a locked unit is not required.)

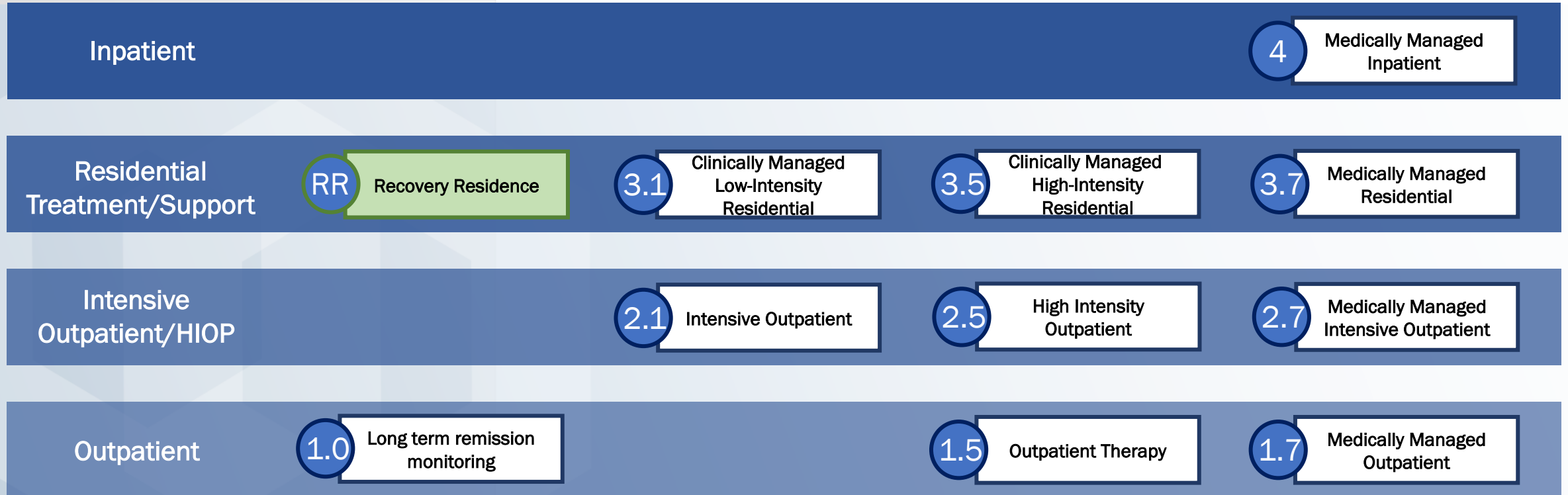
Updates to the Continuum of Care

- Integration of Care
 - Withdrawal management and biomedical services integrated into the main continuum
 - All programs will be expected to be co-occurring capable
- Chronic Disease Model
 - New Level 1.0 – Long term remission monitoring (chronic care model)
 - Identifying recovery support needs (including need for recovery residence)

Updates to the Continuum of Care

- Increasing the clinical care expectations at Level 3.1
 - 9 – 19 hours of clinical services per week
 - Structured services available 7 days per week
- Alignment of clinical expectations between
 - Level 2.1 and 3.1 and Level 2.5 and 3.5
 - E.g., Level 3.1 will be equivalent to Level 2.1 with the addition of 24-hour structure and support

The ASAM Criteria Continuum of Care (Adult)



Co-occurring enhanced care (COE) Standards
Defined for x.5, x.7, and Level 4

Strategic Importance for the Field

- Rapidly growing adoption of The ASAM Criteria
- Potential to drive quality improvements
- Future needs
 - Adolescent volume – the adolescent standards are built into current state laws but are incomplete and outdated
 - Criminal Justice volume – stakeholders are increasingly looking to ASAM for guidance on how to organize care in CJ systems

Current adoption of the ASAM Criteria

- 33 states with 1115 SUD IMD waivers
- 45 health plans licensing The ASAM Criteria
- Over 140 Million covered lives
- 15 states require commercial payers to use The ASAM Criteria for medical necessity
- All but one state require Medicaid plans to use The ASAM Criteria for medical necessity
- 13 states use The ASAM Criteria level of care standards for licensing SUD treatment programs

The ASAM Criteria Suite of Tools

Implementation of The ASAM Criteria can improve the addiction treatment system, but only if it is **implemented comprehensively and effectively**



