

# SUD Treatment Care Continuum and Program Standards (ASAM Criteria)

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**Overview of Substance Use Disorder (SUD) Care Clinical Guidelines:  
A Resource for States Developing SUD Delivery System Reforms**

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For the past two years, the Medicaid Innovation Accelerator Program (IAP) has been providing a broad group of state Medicaid and behavioral health agencies with a variety of technical support resources to support the development of robust approaches for addressing substance use disorders (SUD). In addition, IAP has also been working directly with a small group of leader states on issues related to reducing substance use disorders, as well as with a number of states to assist with their planning and development of section 1115 demonstration proposals focusing on SUD.<sup>1</sup> Through our close work with states under various IAP SUD activities, we have developed tools and resources such as this one designed to support state efforts to introduce policy, program and payment reforms appropriate for a robust SUD delivery system.

The purpose of this resource is to support states in their ongoing efforts to introduce SUD service coverage and delivery system reforms by providing information about the preventive, treatment and recovery services and the levels of care comprising the continuum of SUD care. This document also provides an overview of nationally developed guidelines for SUD treatment criteria, including provider and service standards for each level of care. In addition, it provides useful tools and examples of state-based initiatives that can assist states in their efforts to ensure that care is delivered consistent with industry standard SUD treatment guidelines and that Medicaid beneficiaries receive the most appropriate services given their treatment and recovery needs.

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<sup>1</sup> Medicaid Innovation Accelerator Program Reducing Substance Use Disorders. “High Intensity Learning Collaborative fact sheet”. <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/learn-hilc-iap.pdf>.

## **SUD TREATMENT CARE CONTINUUM AND PROGRAM STANDARDS**

Needs assessments and other research have shown that not all state Medicaid programs offer the full continuum of services needed by individuals with a SUD.<sup>2 3</sup> The SUD continuum of services should include interventions that are capable of meeting the various types of individual's needs, including various levels of care. As individuals move throughout the continuum in their recovery from SUD, they may need to transition to levels of care of greater or lesser intensity, depending on their clinical needs.

An example of patient flow throughout the SUD care continuum can illustrate how important service coverage of the full range of care is to appropriately treating SUD. An individual with SUD may be admitted to a medically managed withdrawal management or inpatient facility with acute physical health care needs requiring medical and nursing care. Once medically stable, the individual may next need a clinically managed adult residential program for treatment services or an intensive outpatient or outpatient program that includes medication assisted treatment (MAT).

Alternatively, an individual with SUD may begin treatment by receiving outpatient treatment services only to find that a more intensive level of care, such as intensive outpatient treatment, is more appropriate. Without the ability to transition to less or more intensive levels of care throughout treatment in response to changing clinical needs and treatment goals, individuals with SUD face higher risk of relapse and worse behavioral and physical health outcomes, including increased inpatient hospital utilization.<sup>4 5</sup>

Through our work with states, we have found that comparing existing Medicaid SUD benefits side- by-side with the nationally developed SUD care continuum is a useful exercise for identifying how well service coverage aligns to the full continuum of SUD services. This will allow states to identify any gaps in their coverage and review their inventory of SUD providers that offer these services. Included in this document is a template that can be used to crosswalk state Medicaid coverage of SUD services with the continuum of care described in the American Society of Addiction Medicine (ASAM) Criteria (see Appendix One).

In addition to aligning benefits coverage with nationally accepted guidelines, states can also assess their program standards to ensure that SUD service provision adheres to the industry standards.

Specifically, states can review their licensure standards, regulations, policy, provider manuals and contracts, managed care contracts, or other program guidance to determine if requirements for SUD providers and services comport with important provider and service standards in the ASAM Criteria. This document provides a brief overview of these provider competencies, and includes optional resources that states can use to conduct such reviews (see Appendix Two).

These two core features—offering service coverage for the full continuum of care and aligning

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<sup>2</sup> Clark RE, Samnaliev M, McGovern MP. Treatment for co-occurring mental and substance use disorders in five state Medicaid Programs. *Pediatr Serv.* 2007;58(7):942–948.

<sup>3</sup> Garnick DW, Lee MT, Horgan CM, et al. Adapting Washington Circle performance measures for public sector substance abuse treatment systems. *J Subst Abuse Treat.* 2009;36(3):265–277.

<sup>4</sup> Magura S, Staines G, Kosanke N, et al. Predictive validity of the ASAM Patient Placement Criteria for naturalistically matched vs. mismatched alcoholism patients. *Am J Addict.* 2003;12(5):386–397.

<sup>5</sup> Sharon E, Krebs C, Turner W, et al. Predictive validity of the ASAM Patient Placement Criteria for hospital utilization. *J Addict Dis.* 2003;22 Suppl 1:79–93.

provider requirements consistent with industry standards—are some of the hallmarks of a transformed system of care for individuals with SUD.

## **ASAM CRITERIA**

*The ASAM Criteria: Treatment Criteria for Addictive Substance-Related, and Co-Occurring Condition*<sup>6</sup> (henceforth called the ASAM Criteria) contains the most recent set of industry guidelines released on the treatment of SUDs. This resource provides a brief overview of the key provider competencies described in the ASAM Criteria. The Medicaid IAP appreciates the informal review, edits and contributions provided by ASAM to the clinical summaries included below.

**The content included in this document is an abbreviation of the full principles, concepts, and process described within the ASAM Criteria. Furthermore, the summary information in this document is based on the latest science available at the time of its release (the third edition of the ASAM Criteria) and will need to be updated upon subsequent editions and the availability of new research and science.**

The ASAM Criteria describes five broad levels of care (Levels 0.5–4) with specific service and recommended provider requirements to meet those needs. These levels of care (Levels 0.5–4) span a continuum of care that represent various levels of care. A full list of the levels of care is provided in Figure 1, with more in-depth descriptions following this section.<sup>7</sup>

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<sup>6</sup> Mee-Lee D, ed. *The ASAM Criteria: Treatment Criteria for Addictive Substance-Related, and Co-Occurring Conditions*. Chevy Chase, MD: American Society of Addiction Medicine; 2013. <http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria/text>. Accessed March 18, 2016.

<sup>7</sup> The ASAM Criteria discuss their application to adolescents in some detail, although they are not specified completely for adolescents as a separate population. The book includes a matrix for matching adolescent severity and level of function with type and intensity of service.

**Figure 1. ASAM Levels of Care**

## ASAM Criteria Levels of Care

### Level 0.5: Early Intervention

- Assessment and educational services specific to individuals who are at risk for developing a SUD
- Services may include Screening, Brief Intervention, and Referral to Treatment, driving under the influence/while intoxicated programs

### Level 1: Outpatient Services

- < 9 hours/weekly for adults, < 6 hours/weekly for adolescents for recovery or motivational enhancement therapies

### Level 2: Intensive Outpatient Services or Partial Hospitalization

- 2.1: Intensive Outpatient Services ( $\geq 9$  hours/weekly for adults,  $\geq 6$  hours/weekly for adolescents to treat multidimensional instability)
- 2.5: Partial Hospitalization Services ( $\geq 20$  hours/weekly, but not requiring 24-hour care for adults and adolescents to treat multidimensional instability)

### Level 3: Residential or Inpatient Services

- 3.1: Clinically Managed Low-Intensity Residential Services
- 3.3: Clinically Managed Population-Specific High-Intensity Residential Services for adults only (no adolescent equivalent)
- 3.5: Clinically Managed Residential Services (high intensity for adults, medium intensity for adolescents)
- 3.7: Medically Monitored High-Intensity Inpatient Services

### Level 4: Medically Managed Intensive Inpatient Services

- 24-hour nursing care and daily physician care, with counseling available for engaging both adult and adolescent patients

### Definition of Treatment Terms

*Throughout the ASAM Criteria, the following treatment terms are used to describe services within a specified level of care:*

- **Clinically managed** services are directed by nonphysician addiction specialists rather than medical personnel. They are appropriate for individuals whose primary problems involve emotional, behavioral, cognitive, readiness to change, relapse, or recovery environment concerns. Intoxication, withdrawal, and biomedical concerns, if present, are safely manageable in a clinically managed service. This type of care is described under Level 3.1, 3.3 and 3.5 residential programs.
- **Medically monitored** services are provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists, or other health and technical personnel under the direction of a licensed physician. Medical monitoring is provided through an appropriate mix of direct patient contact, review of records, team meetings, 24-hour coverage by a physician, 24-hour nursing and a quality assurance program. This type of care is described under Level 3.7 inpatient programs.
- **Medically managed** services involve daily medical care and 24-hour nursing. An appropriately trained and licensed physician provides diagnostic and treatment services directly, manages the provision of those services, or both. This type of care is described under Level 4 medically managed intensive inpatient programs.

### Level 0.5: Early Intervention

Professional services targeting individuals who are at risk of developing a substance-related problem but may not have a diagnosed SUD are provided in Level 0.5. These early intervention services—including individual or group counseling, motivational interventions, and Screening, Brief Intervention, and Referral to Treatment (SBIRT)—seek to identify substance-related risk factors to help individuals recognize the potentially harmful consequences of high-risk behaviors. These services may be coverable under Medicaid as stand-alone direct services or may also be coverable as component services of a program such as driving under the influence or driving while intoxicated programs and Employee Assistance Programs (EAPs). Length of service may vary from 15 to 60 minutes of SBIRT, provided once or over five brief motivational sessions, to several weeks of services provided in programs. Medicaid coverage of services and component services, whether provided directly or through programs, must comport with all applicable rules, such as state plan benefit requirements.

- **Setting:** Early intervention services are often provided in nonspecialty settings including primary care medical clinics, hospital emergency departments, community centers, worksites, or an individual's home. SBIRT may be conducted in a primary care physician's office, mental health practice, trauma center, emergency department, school setting, or other nonaddiction treatment environments.
- **Provider Type:** Appropriately credentialed and/or licensed treatment professionals, including addiction counselors, social workers, or health educators may offer early

intervention services. SBIRT activities are often provided by generalist health care professionals or addiction counselors who are knowledgeable about substance use and addictive disorders, motivational counseling, and the legal and personal consequences of high-risk behavior.

- **Treatment Goal:** Individual, group, or family counseling and SBIRT services should educate individuals about the risks of substance use and help them avoid such behavior. SBIRT services aim to intervene early, linking individuals with SUDs to appropriate formal treatment programs.

### **Level 1: Outpatient Services**

Level 1 is appropriate in many situations as an initial level of care for patients with less severe disorders; for those who are in early stages of change, as a “step down” from more intensive services; or for those who are stable and for whom ongoing monitoring or disease management is appropriate. Adult services for Level 1 programs are provided less than 9 hours weekly, and adolescents’ services are provided less than 6 hours weekly; individuals recommended for more intensive levels of care may receive more intensive services.

- **Setting:** Outpatient services are often delivered in a wide variety of settings such as offices, clinics, school-based clinics, primary care clinics, and other facilities offering additional treatment or mental health programs.
- **Provider Type:** Appropriately credentialed and/or licensed treatment professionals, including counselors, social workers, psychologists, and physicians (whether addiction-credentialed or generalist) deliver outpatient services, including medication and disease management services.
- **Treatment Goal:** Outpatient services are designed to help patients achieve changes in alcohol and/or drug use and addictive behaviors and often address issues that have the potential to undermine the patient’s ability to cope with life tasks without the addictive use of alcohol, other drugs, or both.
- **Therapies:** Level 1 outpatient services may offer several therapies and service components, including individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, MAT, or other skilled treatment services.

### **Level 2: Intensive Outpatient and Partial Hospitalization Programs**

Level 2 programs provide essential addiction education and treatment components and have two gradations of intensity. Level 2.1 intensive outpatient programs provide 9–19 hours of weekly structured programming for adults or 6–19 hours of weekly structured programming for adolescents. Programs may occur during the day or evening, on the weekend, or after school for adolescents.

#### ***Level 2.1: Intensive Outpatient Programs***

- **Setting:** Intensive outpatient programs are primarily delivered by substance use disorder

outpatient specialty providers, but may be delivered in any appropriate setting that meets state licensure or certification requirements. These programs have direct affiliation with programs offering more and less intensive levels of care as well as supportive housing services.

- **Provider Type:** Interdisciplinary team of appropriately credentialed addiction treatment professionals including counselors, psychologists, social workers, addiction-credentialed physicians, and program staff, many of whom have cross-training to aid in interpreting mental disorders and deliver intensive outpatient services.
- **Treatment Goal:** At a minimum, this level of care provides a support system including medical, psychological, psychiatric, laboratory, and toxicology services within 24 hours by telephone or within 72 hours in person. Emergency services are available at all times, and the program should have direct affiliation with more or less intensive care levels and supportive housing.
- **Therapies:** Level 2.1 intensive outpatient services include individual and group counseling, educational groups, occupational and recreational therapy, psychotherapy, MAT, motivational interviewing, enhancement and engagement strategies, family therapy, or other skilled treatment services.

#### ***Level 2.5: Partial Hospitalization Programs.***

Level 2.5 partial hospital programs differ from Level 2.1 intensive outpatient programs in the intensity of clinical services that are directly provided by the program, including psychiatric, medical and laboratory services. Partial hospitalization programs are appropriate for patients who are living with unstable medical and psychiatric conditions. Partial hospitalization programs are able to provide 20 hours or more of clinically intensive programming each week to support patients who need daily monitoring and management in a structured outpatient setting.

- **Setting:** Structured outpatient setting that offers direct access to psychiatric, medical and laboratory services. Such programs may be freestanding or located within a larger healthcare system so long as the partial hospitalization unit is distinctly organized from the rest of the available programs. These programs have direct affiliation with programs offering more and less intensive levels of care as well as supportive housing services.
- **Provider Type:** Similar to Level 2.1, partial hospitalization services are delivered by an interdisciplinary team of providers, with some cross-training to identify mental disorders and potential issues related to prescribed psychotropic drug treatment in populations with SUD. Additionally, these programs must support access to more and less intensive programs as well as supportive housing services. One major distinction from Level 2.1 is the requirement for qualified practitioners in partial hospitalization programs to provide medical, psychological, psychiatric, laboratory, toxicology and emergency services.
- **Treatment Goal:** At a minimum, this level of care meets the same treatment goals as described for Level 2.1, with psychiatric and other medical consultation services available within 8 hours by telephone or within 48 hours in person.
- **Therapies:** Level 2.5 intensive outpatient services include individual and group counseling, educational groups, occupational and recreational therapy, psychotherapy, MAT, motivational interviewing, motivational enhancement and engagement strategies, family

therapy, or other skilled treatment services.

### **Level 3: Residential or Inpatient Programs**

Level 3 programs include four sublevels that represent a range of intensities of service. The uniting feature is that these services all are provided in a structured, residential setting that is staffed 24 hours daily and are *clinically managed* (see definition of terms above). Residential levels of care provide a safe, stable environment that is critical to individuals as they begin their recovery process. Level 3.1 programs are appropriate for patients whose recovery is aided by a time spent living in a stable, structured environment where they can practice coping skills, self-efficacy, and make connections to the community including work, education and family systems.

#### ***Level 3.1: Clinically Managed Low-Intensity Residential Programs***

- **Setting:** Services are provided in a 24-hour environment, such as a group home. Both clinic-based services and community-based recovery services are provided. Clinically, Level 3.1 requires at least 5 hours of low-intensity treatment services per week, including medication management, recovery skills, relapse prevention, and other similar services. In Level 3.1, the 5 or more hours of clinical services may be provided onsite or in collaboration with an outpatient services agency.
- **Provider Type:** Team of appropriately credentialed medical, addiction, and mental health professionals provide clinical services. Allied health professional staff including counselors and group living workers and some clinical staff knowledgeable about biological and psychosocial dimensions of SUD and psychiatric conditions support the recovery residence component of care.
- **Treatment Goal:** Patients receive individual, group, or family therapy, or some combination thereof; medication management; and psychoeducation to develop recovery, relapse prevention, and emotional coping techniques. Treatment should promote personal responsibility and reintegrate the patient to work, school, and family environments. At a minimum, this level of care provides telephone and in-person physician and emergency services 24-hours daily, offers direct affiliations with other levels of care, and is able to arrange necessary lab or pharmacotherapy procedures.
- **Therapies:** Level 3.1 clinically managed low-intensity residential services are designed to improve the patient's ability to structure and organize the tasks of daily living, stabilize and maintain the stability of the individual's substance use disorder symptoms, and to help them develop and apply recovery skills. The skilled treatment services include individual, group and family therapy; medication management and medication education; mental health evaluation and treatment; motivational enhancement and engagement strategies; recovery support services; counseling and clinical monitoring; MAT; and intensive case management, medication management and/or psychotherapy for individuals with co-occurring mental illness.

***Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Programs (specified for adults only)***

This gradation of residential treatment is specifically designed for specific population of adult patients with significant cognitive impairments resulting from substance use or other co-occurring disorders. This level of care is appropriate when an individual's temporary or permanent cognitive limitations make it unlikely for them to benefit from other residential levels of care that offer group therapy and other cognitive-based relapse prevention strategies. These cognitive impairments may be seen in individuals who suffer from an organic brain syndrome as a result of substance use, who suffer from chronic brain syndrome, who have experienced a traumatic brain injury, who have developmental disabilities, or are older adults with age and substance-related cognitive limitations. Individuals with temporary limitations receive slower paced, repetitive treatment until the impairment subsides and s/he is able to progress onto another level of care appropriate for her/his SUD treatment needs.

- **Setting:** Services are often provided in a structured, therapeutic rehabilitation facility and traumatic brain injury programs located within a community setting, or in specialty units located within licensed healthcare facilities where high-intensity clinical services are provided in a manner that meets the functional limitations of patients. Such programs have direct affiliation with more or less intensive levels of care as well as supportive services related to employment, literacy training and adult education.
- **Provider Type:** Physicians, physician extenders, and appropriate credentialed mental health professionals lead treatment. On-site 24-hour allied health professional staff supervise the residential component with access to clinicians competent in SUD treatment. Clinical staff knowledgeable about biological and psychosocial dimensions of SUD and psychiatric conditions who have specialized training in behavior management support care. Patients have access to additional medical, laboratory, toxicology, psychiatric and psychological services through consultations and referrals.
- **Treatment Goal:** Specialized services are provided at a slower pace and in a repetitive manner to overcome comprehension and coping challenges. This level of care is appropriate until the cognitive impairment subsides, enabling the patient to engage in motivational relapse prevention strategies delivered in other levels of care.
- **Therapies:** Level 3.3 clinically managed population-specific high-intensity residential services may be provided in a deliberately repetitive fashion to address the special needs of individuals for whom a Level 3.3 program is considered medically necessary. Daily clinical services designed to improve the patient's ability to structure and organize the tasks of daily living and recovery, to stabilize and maintain the stability of the individual's substance use disorder symptoms, and to help them develop and apply recovery skills are provided. The skilled treatment services include a range of cognitive, behavioral and other therapies administered on an individual and group basis; medication management and medication education; counseling and clinical monitoring; educational groups; occupational and recreational therapies; art, music or movement therapies; physical therapy; clinical and didactic motivational interventions; and related services directed exclusively toward the benefit of the Medicaid-eligible individual.

***Level 3.5: Clinically Managed Residential Programs (high intensity for adults, medium intensity for adolescents)***

This gradation of residential programming is appropriate for individuals in some imminent danger with functional limitations who cannot safely be treated outside of a 24-hour stable living environment that promotes recovery skill development and deters relapse. Patients receiving this level of care have severe social and psychological conditions. This level of care is appropriate for adolescents with patterns of maladaptive behavior, temperament extremes and/or cognitive disability related to mental health disorders.

- **Setting:** Services are often provided in freestanding, licensed facilities located in a community setting or a specialty unit within a licensed health care facility. Such programs rely on the treatment community as a therapeutic agent.
- **Provider Type:** Interdisciplinary team is made up of appropriately credentialed clinical staff including addictions counselors, social workers, and licensed professional counselors, and allied health professionals who provide residential oversight. Telephone or in-person consultation with a physician is a required support, but -on-site physicians are not required.
- **Treatment Goal:** Comprehensive, multifaceted treatment is provided to individuals with psychological problems, and chaotic or unsupportive interpersonal relationships, criminal justice histories, and antisocial value systems. The level of current instability is of such severity that the individual is in imminent danger if not in a 24-hour treatment setting. Treatment promotes abstinence from substance use, arrest, and other negative behaviors to effect change in the patients' lifestyle, attitudes, and values, and focuses on stabilizing current severity and preparation to continue treatment in less intensive levels of care.
- **Therapies:** Level 3.5 clinically managed residential services are designed to improve the patient's ability to structure and organize the tasks of daily living, stabilize and maintain the stability of the individual's substance use disorder symptoms, to help them develop and apply sufficient recovery skills, and to develop and practice prosocial behaviors such that immediate or imminent return to substance use upon transfer to a less intensive level is avoided. The skilled treatment services include a range of cognitive, behavioral and other therapies administered on an individual and group basis; medication management and medication education; counseling and clinical monitoring; random drug screening; planned clinical activities and professional services to develop and apply recovery skills; family therapy; educational groups; occupational and recreational therapies; art, music or movement therapies; physical therapy; and related services directed exclusively toward the benefit of the Medicaid-eligible individual.

***Level 3.7: Medically Monitored Inpatient Programs (intensive for adults, high-intensity for adolescents)***

This level of care is appropriate for patients with biomedical, emotional, behavioral and/or cognitive conditions that require highly structured 24-hour services including direct evaluation, observation, and medically monitored addiction treatment. Medically monitored treatment is provided through a combination of direct patient contact, record review, team meetings and quality assurance programming. These services are differentiated from Level 4.0 in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.

Level 3.7 is appropriate for adolescents with co-occurring psychiatric disorders or symptoms that hinder their ability to successfully engage in SUD treatment in other settings. Services in this program are meant to orient or re-orient patients to daily life structures outside of substance use.

- **Setting:** Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility.
- **Provider Type:** Interdisciplinary team is made up of physicians credentialed in addiction who are available on-site 24 hours daily, registered nurses, and additional appropriately credentialed nurses, addiction counselors, behavioral health specialists, clinical staff who are knowledgeable about biological and psychosocial dimensions of SUD and psychiatric conditions who have specialized training in behavior management techniques and evidence-based practices.
- **Treatment Goal:** Patients with greater severity of withdrawal, biomedical conditions, and emotional, behavioral, or cognitive complications receive stabilizing care including directed evaluation, observation, medical monitoring, 24-hour nursing care and addiction treatment.
- **Therapies:** Daily clinical services, which may involve medical and 24-hour nursing services, individual, group, family and activity services; pharmacological, cognitive, behavioral or other therapies; counseling and clinical monitoring; random drug screening; health education services; evidence-based practices, such as motivational enhancement strategies; medication monitoring; daily treatment services to manage acute symptoms of the medical or behavioral condition; and related services directed exclusively toward the benefit of the Medicaid-eligible individual.

#### ***Level 4: Medically Managed Intensive Inpatient Programs***

This level of care is appropriate for patients with biomedical, emotional, behavioral and/or cognitive conditions severe enough to warrant primary medical care and nursing care. Services offered at this level differ from Level 3.7 services in that patients receive daily direct care from a licensed physician who is responsible for making shared treatment decisions with the patient (i.e. medically managed care). These services are provided in a hospital-based setting and include medically directed evaluation and treatment.

- **Setting:** Services may be provided in an acute care general hospital, an acute psychiatric hospital, or a psychiatric unit within an acute care general hospital, or through a licensed addiction treatment specialty hospital.
- **Provider Type:** Interdisciplinary team is made up of appropriately credentialed clinical staff including addiction-credentialed physicians who are available 24 hours daily, nurse practitioners, physicians' assistants, nurses, counselors, psychologists, and social workers. Some staff are cross-trained to identify and treat signs of comorbid mental disorders.
- **Treatment Goal:** Addiction services including medically directed acute withdrawal management are provided in conjunction with intensive medical and psychiatric services to alleviate patients' acute emotional, behavioral, and cognitive distresses associated with the SUD whose acute medical, emotional, behavioral and cognitive problems are so severe that

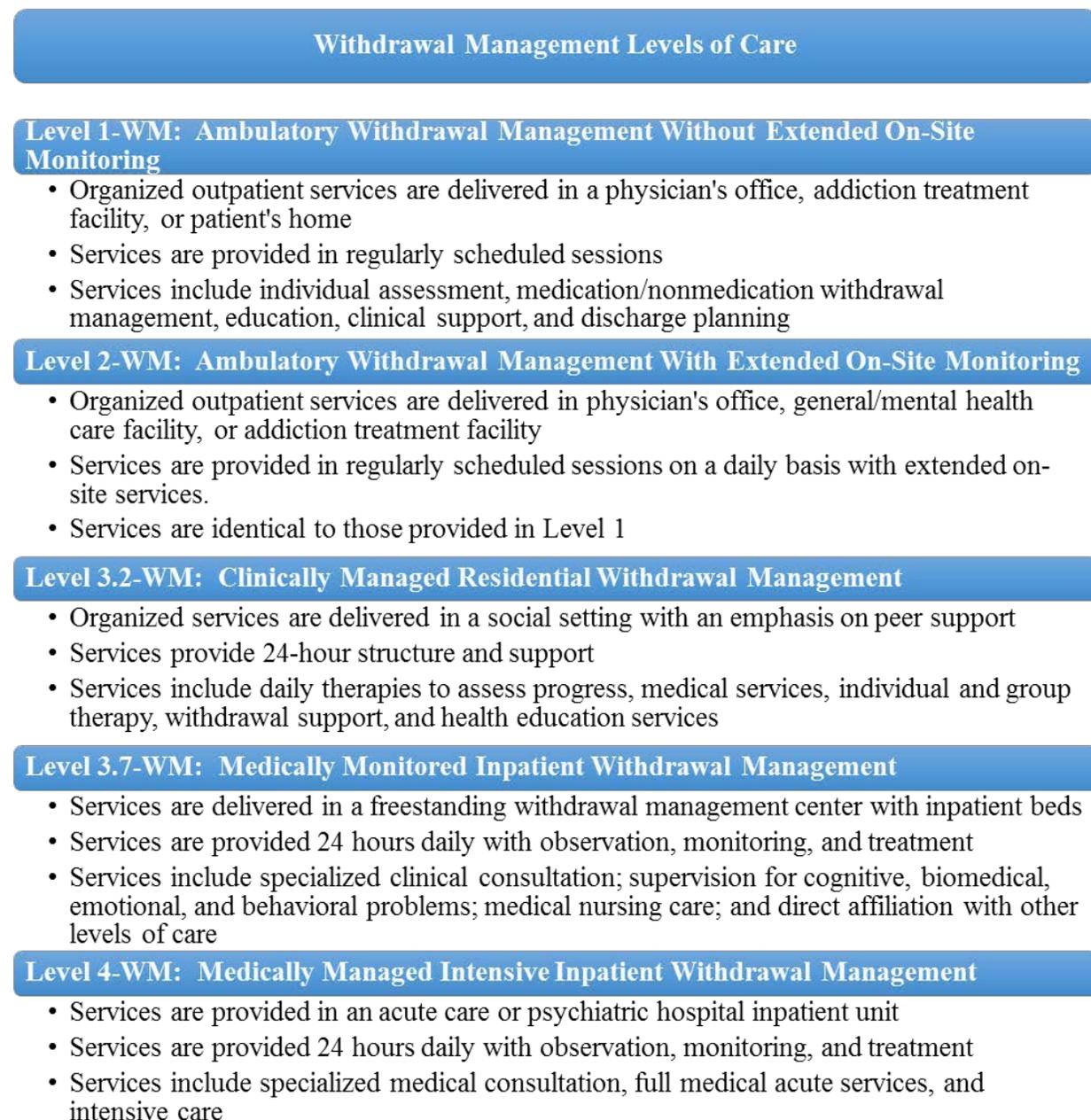
they require primary medical and 24-hour nursing care. Because the length of stay in a Level 4 program typically is sufficient only to stabilize the individual's acute signs and symptoms, a primary focus of the treatment plan is case management and coordination of care to ensure a smooth transition to continuing treatment at another level of care.

- **Therapies:** Cognitive, behavioral, motivational, pharmacologic and other therapies provided on an individual or group basis; physical health interventions; health education services; planned clinical interventions; and services for the patient's family, guardian or significant others.

## WITHDRAWAL MANAGEMENT LEVELS OF CARE

The ASAM Criteria includes five levels of withdrawal management services, which are described as if they were provided separately from the aforementioned level-of-care services available to manage SUDs. However, these services are routinely provided concurrently with other addiction services, by the same clinical staff, and in the same treatment setting. A brief description of withdrawal management services is provided in Figure 2.

**Figure 2. Withdrawal Management Levels of Care**



Staffing requirements differ according to the level of withdrawal management services required. For example, readily available physicians and nurses are required for *outpatient* withdrawal management, whereas *social residential* withdrawal management requires only that such personnel be available for consultation if protocols are in place and the care setting is staffed by appropriately credentialed and trained counselors.<sup>8</sup>

## OPIOID TREATMENT SERVICES

Opioid treatment services (OTS) is a broad term describing MAT options for opioid use disorders and the psychosocial supports and services provided in concert with pharmacological treatment. Two categories of MAT options exist for opioid use disorders—opioid agonists and antagonists.

Opioid agonist medications such as methadone and buprenorphine occupy and partially activate opioid receptors in the brain. These medications reduce opioid cravings and relieve withdrawal symptoms without producing a state of intoxication. As agonist medications, methadone and buprenorphine are covered under the Controlled Substances Act, which means that providers must meet certain regulatory requirements to prescribe them. Conversely, opioid antagonist medications such as naltrexone are not covered by the Controlled Substances Act. These medications occupy, but do not activate opioid receptors, thereby preventing the brain from responding to opioids and preventing intoxication when opioids are used.

Health care facilities that provide access to opioid agonists like methadone and buprenorphine are categorized as either opioid treatment programs (OTPs) or office-based opioid treatment (OBOT) models.

### *Opioid Treatment Programs*

OTPs, commonly known as methadone maintenance treatment clinics or opioid maintenance therapy clinics, directly administer MAT (primarily methadone) to patients on a daily basis. Thus individuals receiving medication from OTPs are not required to take a prescription to any outpatient dispensing pharmacy. Due to this organizational structure, OTPs are heavily regulated by federal and state agencies. OTPs are appropriate for individuals who are assessed as meeting the diagnostic criteria for a severe opioid use disorder.

- **Setting:** Dispensing of methadone is conducted in licensed permanent, freestanding clinics, community mental health centers, community health centers, hospital medication units or satellite clinics, mobile units attached to permanent clinic sites, or inpatient settings that meet criteria set by 42 CFR 8. These facilities are highly structured, ambulatory addiction treatment service centers, such as Level 1 outpatient settings, that may require patients' daily attendance to receive medication. Patients more established in their treatment eventually may receive "take home" medication supplies for limited durations, such as a weekend.

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<sup>8</sup> More information on specific withdrawal management levels of care is available from Mee-Lee D, ed. The ASAM Criteria: Treatment Criteria for Addictive Substance-Related, and Co-Occurring Conditions. Chevy Chase, MD: American Society of Addiction Medicine; 2013. <http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria/text>. Accessed March 28, 2016.

- **Provider Type:** Interdisciplinary teams of personnel trained in opioid use disorder treatment include a medical director, physicians, nurses, licensed or certified addictions counselors, licensed psychologists, mental health therapists, and social workers. Team members are knowledgeable in the assessment, interpretation, and treatment of substance use disorders. Patients have access to physiological, medical, and psychiatric consultation services that include emergency care, primary medical care, and laboratory and toxicology services.
- **Treatment Goal:** MAT is provided to address patients' need to eliminate the use of illicit drugs that could hinder recovery as well as the ability to achieve an improved level of functioning for major life tasks. A patient-centered treatment plan is developed to address lifestyle, attitudinal, and behavioral issues that may interfere with recovery or life tasks. Treatment duration is based on individual patient needs, but it is often long-term to achieve stabilization and may be lifelong to prevent relapse.
- **Therapies:** Individualized, patient-centered evaluation and treatment includes assessing, ordering, administering, reassessing, and regulating medication type and dose levels. Patients receive addiction counseling, mental health therapy, case management, health education, referral to other levels of care, and medication provision for comorbid physical and mental health disorders. Federal regulations require regular psychosocial treatment sessions, scheduled medication visits, and random urine drug screenings. Supervised withdrawal management from opioid analgesics including methadone and buprenorphine also is provided.

### ***Office-Based Opioid Treatment Models***

The OBOT model of care allows waived physicians in office-based settings and in private or public clinics to prescribe outpatient supplies of buprenorphine. However, waived physicians are not permitted to prescribe in inpatient settings. Physicians must complete an eight-hour training approved by the Center for Substance Abuse Treatment and must submit their training credits to the Drug Enforcement Agency to achieve waiver status that allows them to prescribe buprenorphine. Overall, federal regulation applies to the prescribing physician rather than the facility where s/he is practicing.<sup>9</sup>

- **Setting:** Patients are prescribed medication in a certified and waived physician's office or clinic. Medication is commonly dispensed in an outpatient retail pharmacy or by a pharmaceutical distributor or the prescribing physician, depending on local regulations.
- **Provider Type:** Waivered physicians also must demonstrate established referral relationships with psychosocial counseling services, including treatment modalities in Levels 1-4 that may be affiliated with a sponsoring OTP. Eligible waived physicians currently are capped at prescribing buprenorphine to 275 patients. In 2016 the Comprehensive Addiction and Recovery Act expanded prescribing privileges to waived nurse practitioners and physician assistants until 2021.<sup>10</sup>

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<sup>9</sup> Nurse practitioners and physician assistants may be able to train and apply to become waived practitioners in 2017. <https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers>

<sup>10</sup> S.524: Comprehensive Addiction and Recovery Act of 2016. <https://www.govtrack.us/congress/bills/114/s524/text>. See footnote 12, above.

- **Treatment Goal:** MAT is integrated into patients’ general medical and psychiatric care. Stabilized patients, including those referred from OTPs, continue to receive pharmacological treatment and ancillary psychosocial treatment services as needed.
- **Therapies:** Individualized, patient-centered evaluation and treatment includes assessing, prescribing, administering, reassessing, and regulating medication type and dose levels as well as providing or referring for psychosocial treatments. OBOT providers may perform medication management for comorbid physical and mental health disorders if they are the patient’s primary care physician or psychiatrist.

## **EXAMPLES OF STATE SUBSTANCE USE DISORDER PROGRAM STANDARDS**

As discussed above, the levels of care described in the ASAM Criteria may be used as a basis for designing Medicaid SUD benefits as part of a strategy to provide service coverage for the full continuum of care. In addition, the provider and service recommendations corresponding to each ASAM level of care can be used as a basis for designing Medicaid SUD program standards as part of a strategy to promote quality of addiction care. A number of state policy levers are available for this purpose, including licensure standards, regulations, policy guidance, provider manuals and contracts, managed care contracts, and other program guidance.

We have found that comparing existing Medicaid SUD program standards side-by-side with the specific provider and service recommendations for each level of care described in the ASAM Criteria is a useful step that states can take to ensure that care is delivered consistent with industry standard criteria. This exercise may be especially valuable for clinically intensive services such as residential treatment. Appendix Two includes a template that can be used to compare existing state protocols for SUD providers with the provider competencies recommended in the ASAM Criteria for Adult Level 3.1 services.

Many states have incorporated residential treatment into the SUD care continuum in a way that is designed to improve care quality while monitoring excessive use and expenditures. These states have articulated SUD provider and program standards to reflect with fidelity the ASAM Criteria recommendations for Adult Level 3 services. The examples below highlight select state mandates, licensure standards, program guidance, and managed care administration designs that specify SUD treatment, facility and provider requirements in line with the industry standard.

### **State Regulations and Licensure Standards**

California received approval for a section 1115 demonstration to pilot test a new program for the organized delivery of services to treat SUDs. California’s program, called the Drug Medi-Cal Organized Delivery System (DMC-ODS) aims to simultaneously increase access to SUD services, including residential treatment and withdrawal management, while decreasing programmatic costs to Medicaid. The DMC-ODS aims to provide Medicaid beneficiaries with the continuum of care modeled after the ASAM Criteria for SUD services.

California has taken several steps efforts to ensure that providers and treatment facilities participating in the DMC-ODS pilot are delivering care in accord with the ASAM criteria, including implementing strategies to assess short-term residential treatment providers as delivering care consistent with the ASAM Level 3.1, 3.3 and 3.5 levels of care. Providers operating at each level of care are required to achieve specific licensure or alcohol and other drug (AOD) certification. Provider applications for new licenses and certifications must show that the provider’s staffing plans, use of training to ensure evaluations, services, and referrals are conducted

in accordance with ASAM requirements. The California Department of Health Care Services also conducts onsite evaluations of residential programs to ensure that they are appropriately staffed and have the necessary services in place to be certified as Level 3.5 programs.<sup>11 12</sup>

The Maine Department of Health and Human Services issued regulations for licensing and certifying substance abuse treatment programs in 2008. These mandates clearly adopt the ASAM level-of-care requirements for residential services including residential withdrawal management. Provider credentials also are clearly stated in accordance with ASAM Criteria.<sup>13</sup>

## **Program Standards**

Several states have developed and issued guidance to support SUD treatment programs to provider care in accordance with key benchmarks from the ASAM Criteria. For example, in 2013 Michigan released a treatment policy formally establishing requirements for residential services to be in line with those set forth by the ASAM Criteria.<sup>14</sup> The document outlines specific provider, service and staffing requirements in accordance with key benchmarks from the ASAM Criteria descriptions for Level 3 programs, and carefully directs providers through the dimensions of care and gradations of intensity for residential services.

Several states have developed crosswalks between their locally developed patient placement criteria and the ASAM criteria to guide the use of residential services. For example, the Arizona Department of Health Services has developed a practice protocol to help Tribal and Regional Behavioral Health Authorities and providers better understand and implement the ASAM Criteria.<sup>18</sup> This protocol highlights criteria that would make beneficiaries eligible for continued stay, transfer, or discharge from residential treatment.

## **Conclusion**

We hope this document is valuable to states interested in introducing SUD benefit design, program and administrative reforms, as it provides general information about key benchmarks from nationally developed SUD treatment guidelines. The information and resources included in this document can also serve as a helpful reference for states that are developing a comprehensive benefits package covering the full continuum of care, and incorporating industry-standard benchmarks for defining medical necessity criteria, covered services and provider qualifications.

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<sup>11</sup> California Department of Health Care Services. Substance Use Disorder Services, Facility Certification. [http://www.dhcs.ca.gov/provgovpart/Pages/Facility\\_Certification.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx). Accessed March 18, 2016.

<sup>12</sup> State of California—Health and Human Services Agency, Department of Health Care Services. DHCS American Society of Addiction Medicine (ASAM) Residential Level of Care Designation Questionnaire. [http://www.dhcs.ca.gov/provgovpart/Documents/ASAM\\_Designation\\_Questionnaire\\_8-19-15.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/ASAM_Designation_Questionnaire_8-19-15.pdf). Accessed March 23, 2016.

<sup>13</sup> Michigan Department of Community Health, Behavioral Health and Developmental Disabilities Administration, Bureau of Substance Abuse and Addiction Services. Treatment Policy #10. Residential Treatment Continuum of Services. May 3, 2013. [http://www.michigan.gov/documents/mdhhs/Residential\\_TX\\_Policy\\_10\\_549861\\_7.pdf](http://www.michigan.gov/documents/mdhhs/Residential_TX_Policy_10_549861_7.pdf). Accessed March 23, 2016.

<sup>14</sup> Arizona Department of Health Services, Division of Behavioral Health Services. DBHS Practice Protocol: Comprehensive Assessment and Treatment of Adults With Substance Use Disorders. Effective July 1, 2012. <http://www.azdhs.gov/bhs/guidance/comprehensive-assessment.pdf>. Accessed March 23, 2016.

## APPENDIX ONE: Example Crosswalk of ASAM Criteria Continuum of Care Services

States interested in covering the full continuum of SUD care are encouraged to review their existing Medicaid benefits coverage to determine if the full continuum of care as described in the national guidelines is currently available to their beneficiaries with SUD. States can also consider using the following grid for the crosswalk exercise.

The service titles corresponding to each ASAM level of care are provided in the first and second columns. For each level of care, states can complete the crosswalk by inputting state-specific responses in the third, fourth, fifth and sixth columns. The sixth column indicates the Medicaid authority most appropriate to the state for service coverage. For example, Level 1 outpatient services may be covered in the state plan and delivered through a section 1915(b) waiver. The crosswalk has been completed as an example for illustrative purposes only.

**Table One. Example Crosswalk of ASAM Criteria Continuum of Care Services and [State] Medicaid System**

ASAM Level of Care	Service Title	[State] Description	Existing [State] Medicaid Service?	New [State] Medicaid Service?	Medicaid Authority Needed?
0.5	Early Intervention	<i>Screening, Brief Intervention and Referral for Treatment (SBIRT)</i>	<i>Yes</i>	<i>No</i>	<i>State Plan</i>
1	Outpatient Services	<i>Less than 9 hours of services /week (adults); less than 6 hours /week adolescents) for recovery or motivational enhancement therapies/strategies</i>	<i>Yes</i>	<i>No</i>	<i>State Plan</i>
2.1	Intensive Outpatient Services	<i>9 or more hours of service/week (adults); 6 or more hours /week (adolescents) to treat multi-dimensional instability</i>	<i>No</i>	<i>Yes</i>	<i>State Plan</i>
2.5	Partial Hospitalization Services	<i>20 or more hours of service/week for multi-dimensional instability, not requiring 24 hour care</i>	<i>Yes</i>	<i>No</i>	<i>State Plan</i>

ASAM Level of Care	Service Title	[State] Description	Existing [State] Medicaid Service?	New [State] Medicaid Service?	Medicaid Authority Needed?
3.1	Clinically Managed Low-Intensity Residential Services	<i>24 hour structure with trained personnel; at least 5 hours of clinical service/week and prepare for outpatient treatment</i>	<i>Yes (limited to subpopulations)</i>	<i>Yes (to expand to all populations)</i>	<i>1115 demonstration</i>
3.3	Clinically Managed Population Specific High Intensity Residential Services	<i>24 hour structure with trained counselors to stabilize multi-dimensional imminent danger; Less intense milieu; and group treatment for those with cognitive or other impairments unable to use fill active milieu or therapeutic community and prepare for outpatient treatment</i>	<i>No</i>	<i>Yes</i>	<i>1115 demonstration</i>
3.5	Clinically Managed High Intensity Residential Services	<i>24 hour care with trained counselors to stabilize multi-dimensional imminent danger and prepare for outpatient treatment.</i>	<i>No</i>	<i>Yes</i>	<i>1115 demonstration</i>
3.7	Medically Monitored Intensive Inpatient Services	<i>24 hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3. 16 hour/day counselor availability</i>	<i>Yes</i>	<i>No</i>	<i>State Plan</i>
4	Medically Managed Intensive Inpatient	<i>24 hour nursing care and daily physician care for severe unstable problems in Dimensions 1, 2 or 3. Counseling available to engage patient in treatment</i>	<i>Yes</i>	<i>No</i>	<i>State Plan</i>
OTP	Opioid Treatment Program	<i>Daily or several times weekly opioid agonist medication and counseling to maintain multidimensional stability for those with severe opioid use</i>	<i>No</i>	<i>Yes</i>	<i>State Plan</i>

<b>ASAM Level of Care</b>	<b>Service Title</b>	<b>[State] Description</b>	<b>Existing [State] Medicaid Service?</b>	<b>New [State] Medicaid Service?</b>	<b>Medicaid Authority Needed?</b>
OBOT	Office-Based Opioid Treatment	<i>Daily or several times weekly opioid agonist medication and counseling to maintain multidimensional stability for those with severe opioid use</i>	<i>Yes</i>	<i>No</i>	<i>State Plan</i>
1-WM	Ambulatory Withdrawal Management Without Extended on-Site Monitoring	<i>Mild withdrawal with daily or less than daily outpatient supervision</i>	<i>No</i>	<i>Yes</i>	<i>State Plan</i>
2-WM	Ambulatory Withdrawal Management with Extended On-site Monitoring	<i>Moderate withdrawal management and support and supervision; at night has supportive family or living situation</i>	<i>Yes</i>	<i>No</i>	<i>State Plan</i>
3.2-WM	Clinically Managed Residential Withdrawal Management	<i>Moderate withdrawal, but needs 24 hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery</i>	<i>No</i>	<i>Yes</i>	<i>1115 demonstration</i>
3.7-WM	Medically Monitored Inpatient Withdrawal Management	<i>Severe withdrawal, 24-hour nursing care and physician visits; unlikely to complete withdrawal management without medical monitoring.</i>	<i>No</i>	<i>Yes</i>	<i>1115 demonstration</i>

**APPENDIX TWO: Example Comparison of ASAM Level 3.1 Clinically Managed Low Intensity Residential Services and [State] Requirements.**

States that are interested in aligning their SUD service and provider requirements with key standards from the ASAM Criteria can conduct a self-assessment to identify gaps in key areas. The following crosswalk (Table Two) is a useful tool that states can use to compare key elements of the ASAM Criteria for an adult residential sublevel of care (3.1) with the various residential treatment service and provider requirements within a state.

The core provider and service standards corresponding to each ASAM level of care are provided in the first and second columns. States can complete this crosswalk by inputting state-specific responses in the remaining columns, depending on the programmatic levers the state wishes to include in the analysis (e.g., licensure standards, provider manuals, or subregulatory policy). Please note that this sample has been populated for ASAM Level 3.1. States can modify this template to reflect the core provider and service standards for additional sublevels of care. The crosswalk has been completed as an example for illustrative purposes only.

**Table Two. Example Comparison of ASAM Level 3.1 Clinically Managed Low Intensity Residential Services and [State] Requirements.**

AREA	ASAM KEY ELEMENTS	[STATE] LICENSURE STANDARDS	[STATE] PROVIDER CONTRACT
LEVEL OF CARE	3.1 Clinically Managed Low Intensity Residential Services	<i>“Residential Rehabilitation for Adults”</i>	<i>3.1 Clinically Managed Low Intensity Residential Treatment</i>
SETTING	<ul style="list-style-type: none"> <li>Provides 24-hour structure and support</li> <li>Provides a 24-hour supportive living environment</li> </ul>	<i>Requires a 24-hour a day structured and supportive environment</i>	<i>24-hour, structured, supportive, short-term residential services</i>
ADMISSION PROCESS	Patients admitted to this level of care should have been seen in Level 1 or 2 services prior to admission for multidimensional assessment and differential diagnosis	<i>The standards detail the admission determination criteria but don’t require Level 1 or 2 services prior to admission and don’t make reference to a multidimensional assessment.</i>	<i>Requires that all admissions come from one of the following:</i> <ul style="list-style-type: none"> <li><i>Public Acute Treatment providers</i></li> <li><i>Public Clinic Stabilization providers</i></li> <li><i>Homeless participants from public shelters who have a current primary SUD</i></li> <li><i>Admissions meet the ASAM criteria for discharge from ATS Level 3.7 or 3.5</i></li> <li><i>Admissions meet the ASAM Criteria for 3.1 and are pursuing further placement.</i></li> </ul>
STAFFING	<ul style="list-style-type: none"> <li>24 hour staff</li> </ul>	<ul style="list-style-type: none"> <li><i>24 hour staff</i></li> </ul>	<ul style="list-style-type: none"> <li><i>24 hour staff (implied)</i></li> </ul>

AREA	ASAM KEY ELEMENTS	[STATE] LICENSURE STANDARDS	[STATE] PROVIDER CONTRACT
TYPE OF STAFF	<ul style="list-style-type: none"> <li>• Allied health professional staff, such as counselor aides or group living workers who are on-site 24/7, or as required by licensing standards</li> <li>• Clinical staff who are knowledgeable about the biological and psychosocial dimensions of SUDs and their treatment and who are able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation</li> <li>• A team composed of appropriately trained and credentialed medical, addiction and mental health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• <i>RN, NP, PA or LPN available on site at least four hours each day (RN supervision)</i></li> <li>• <i>Full-time administrative manager</i></li> <li>• <i>Full-time administrative staff or on-duty designee available at all times</i></li> <li>• <i>Direct care staff have knowledge of and ability to promote recovery</i></li> <li>• <i>A multidisciplinary team that includes professionals with recognized expertise in a variety of areas of substance abuse treatment</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Case manager, primary program psycho-educators, group facilitator, individual case manager</i></li> <li>• <i>Full-time program director</i></li> <li>• <i>Case aids responsible for milieu management</i></li> <li>• <i>RN, NP, PA or LPN (RN supervision)</i></li> </ul>
PHYSICIAN COVERAGE	<ul style="list-style-type: none"> <li>• Telephone or in-person consultation with a physician and emergency services available 24/7</li> <li>• An addiction physician should review admission decisions to confirm the clinical necessity of services</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Referral for physical exam required within 30 days unless exam completed within prior 12 months.)</i></li> <li>• <i>Senior Clinician must approve assessment if conducted by clinician.</i></li> <li>• <i>QSO agreement required for inpatient transfer.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Onsite nursing services and medical monitoring</i></li> <li>• <i>Linkages to community health resources, including primary care, OB/GYN, mental health, dental, and eye care.</i></li> </ul>

AREA	ASAM KEY ELEMENTS	[STATE] LICENSURE STANDARDS	[STATE] PROVIDER CONTRACT
SCHEDULE OF CLINICAL SERVICES	<ul style="list-style-type: none"> <li>5 hours of planned, clinical activities of professionally directed treatment per week</li> </ul>	<ul style="list-style-type: none"> <li><i>Four hours of nursing services available each day.</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Minimum of 3 hours of psycho-education sessions daily conducted by case management staff, nursing staff, the program director, a clinical supervisor, or licensed/credentialed others</i></li> <li><i>At least 21 different topic presentations in a weekly schedule</i></li> </ul>
TYPES OF CLINICAL SERVICES	<ul style="list-style-type: none"> <li>Treatment is characterized by services such as individual, group and family therapy; medication management; and psychoeducation</li> </ul>	<ul style="list-style-type: none"> <li><i>Substance abuse therapies, counseling and education which conform to accepted standards of care</i></li> <li><i>Relapse prevention and recovery maintenance therapies</i></li> <li><i>Family support services</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Psycho-education</i></li> <li><i>Case management</i></li> <li><i>Crisis intervention</i></li> <li><i>Continuation of/linkage for MAT</i></li> </ul>
PURPOSE OF TREATMENT	<ul style="list-style-type: none"> <li>Services facilitate the application of recovery skills, relapse prevention, and emotional coping strategies</li> <li>They promote personal responsibility and reintegration of the individual into the network systems of work, education and family life</li> </ul>	<ul style="list-style-type: none"> <li><i>“Daily clinical services to improve residents’ ability to structure and organize the tasks of daily living and recovery, such as personal responsibility, personal appearance and punctuality.”</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Providers are designed to bridge the time and placement gap between detoxification or stabilization and residential care.</i></li> </ul>

AREA	ASAM KEY ELEMENTS	[STATE] LICENSURE STANDARDS	[STATE] PROVIDER CONTRACT
SERVICES	<ul style="list-style-type: none"> <li>• Clinically directed treatment</li> <li>• Addiction pharmacotherapy</li> <li>• Random drug screening</li> <li>• Motivational enhancement and engagement strategies</li> <li>• Counseling and clinical monitoring</li> <li>• Regular monitoring of patient's medication adherence</li> <li>• Recovery support services</li> <li>• Services for the patient's family and significant others, as appropriate</li> <li>• Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapy as a tool to manage his or her addictive disorder</li> <li>• Self-help meetings are available on-site, or easily accessible in the local community</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Substance abuse therapies, counseling and education which conform to accepted standards of care</i></li> <li>• <i>Relapse prevention and recovery maintenance therapies</i></li> <li>• <i>Family support services</i></li> <li>• <i>Identification of aftercare supports</i></li> <li>• <i>(nursing services)</i></li> <li>• <i>(case management services)</i></li> <li>• <i>(transportation services)</i></li> <li>• <i>(health monitoring, education and crisis services)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Psycho-education</i></li> <li>• <i>Case management</i></li> <li>• <i>Crisis intervention</i></li> <li>• <i>Health education and monitoring</i></li> <li>• <i>Milieu management</i></li> <li>• <i>Family network consultation</i></li> <li>• <i>Transportation</i></li> </ul>

AREA	ASAM KEY ELEMENTS	[STATE] LICENSURE STANDARDS	[STATE] PROVIDER CONTRACT
SUPPORT SYSTEMS	<ul style="list-style-type: none"> <li>• Direct affiliations with other levels of care, or close coordination through referral to more and less intensive services (such as IOP, vocational, literacy training and adult education)</li> <li>• Ability to arrange for needed procedures, including laboratory and toxicology tests</li> <li>• Ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Referral and follow-up for substance abuse treatment upon discharge</i></li> <li>• <i>Referral for physical examination within 30 days</i></li> <li>• <i>QSO agreement for psychiatric consultative, diagnostic, evaluative services; acute hospitalization; emergency medical or psychiatric services; any specialized service that a program provides.</i></li> <li>• <i>HIV education and counseling; TB screening, education and treatment; tobacco education and counseling; mental health services, including psychopharmacological services; health services; etc. must be provided directly or through QSO agreement.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Required to provide protocols for the continuation of MAT, including direct operational linkage or access to methadone, buprenorphine, Vivitrol providers</i></li> <li>• <i>Referrals to recovery oriented settings, including residential treatment, transitional/supportive housing, or community-based treatment</i></li> <li>• <i>Referral to outpatient counseling as the minimum expectation</i></li> <li>• <i>OB/GYN and prenatal linkage</i></li> <li>• <i>Transportation to aftercare appointments, placement, resource visits, community based self-help meetings, medical and psychiatric appointments, methadone dosing appointments and required court appearances.</i></li> </ul>

Centers for Medicare & Medicaid Services. (2017, April).  
Overview of Substance Use Disorder (SUD) Care Clinical Guidelines:  
A Resource for States Developing SUD Delivery System Reforms.  
Department of Health & Human Services.

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