

The ASAM Criteria **Infrastructure Readiness:**

Strengthening Alignment and Bridging Policy with Practice



Pennsylvania
**Department of Drug and
Alcohol Programs**

Disclaimers

- *Alignment with The ASAM Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.*
- *DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM training, and reviewing the resources available through DDAP including trainings and documents.*



Today's Presenters

- Gloria Gallagher, DDAP Division of Evaluation and Improvement
- Amanda Madison, DDAP Division of Evaluation and Improvement
- Victoria Jankowski, DDAP Division of Evaluation and Improvement



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Poll Question

1

What is your role?



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Poll Question

2

How comfortable are you with writing a policy aligned with the ASAM Criteria?



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Poll Question

3

How well do you think your current policies are aligned with your practices?



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Learning Objectives

- Explore strategies for writing policies that promote best practice and support quality infrastructure.
- Review common gaps and approaches to address these disparities.
- Discuss practical approaches to building policies and procedures



Background and Purpose of Today's Webinar

- March 2017 – DDAP announced its transition to the ASAM Criteria, 3rd Edition
- January 1, 2022 – All SUD treatment providers were expected to be aligned with the ASAM Criteria
- Providers should reference available tools, including the 2013 ASAM Criteria and DDAP's [ASAM Resources Page](#).



DDAP's Initial Reviews for Levels 2.5 and 3.7

- DDAP conducts **initial reviews** for providers delivering ASAM Levels 2.5 and 3.7 services who intend to contract with a single county authority, Behavioral Health-Managed Care Organization (BH-MCO), or receive federal funds.
- These reviews assess **key infrastructure components**, including policies, procedures, and service delivery documentation.
- To be considered for review and added to DDAP's public facing list, providers may e-mail the ASAM Resource Account at RA-DAASAM@pa.gov. Our team will respond with a checklist of required documentation.

Please note: This initial review does not replace the 1115 waiver ASAM alignment reviews conducted by the assigned Behavioral Health Managed Care Organization.



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DDAP's ASAM Resources Webpage

[Agencies](#) > [Department of Drug and Alcohol Programs](#) > [For Professionals](#) > [ASAM Resources](#)

FOR PROFESSIONALS

ASAM Resources

Find helpful ASAM resources for drug and alcohol treatment providers, Single County Authorities (SCA), and other professionals with service agreements with SCAs and/or managed care organizations.

Department of Drug and Alcohol Programs

About Us >

Newsroom >

Contact Us

Treatment and Support >

For Professionals >

Incorporated Documents

For Drug and Alcohol Treatment Providers

For Single County Authorities

Confidentiality

Licensing >

Funding Opportunities >

ASAM Resources

Training

Data Reporting >

For Gambling Treatment Providers

Technical Assistance Webinars


Overdose >

Substance Use Prevention >

Recovery

DDAP Search

Overview

The [ASAM Criteria](#)  is a clinical tool that aids addiction medicine clinicians in identifying and developing individualized treatment plans for SUD patients. The ASAM Criteria recognizes that the disease of addiction is complex and specific to each patient, allowing clinicians to develop treatment plans that meet the individual's needs.

Background

In 2017, Pennsylvania adopted The ASAM Criteria, Third Edition (2013), to guide the delivery of drug and alcohol treatment services. All licensed treatment programs in Pennsylvania are required to align with The ASAM Criteria, Third Edition (2013), to ensure standardized, evidenced-based care.

Documents for Providers

The following documents provide guidance for the application of The ASAM Criteria, Third Edition (2013) for professionals in the substance use disorder treatment system in Pennsylvania.

ASAM Alignment Infographic Guide →

Guidance for the Application of ASAM for Adults | Feb 2022 →

Behavioral Health Choices Provider ASAM Rates →

Guidance for the Application of ASAM Withdrawal Management →

OMHSAS-23-03 Bulletin | Aligning Co-Occurring Services with the ASAM Criteria →

Defining Onsite Reviews →


DDAP Approved Clinical Credentials →

Resources

Technical Assistance Webinars →

Contact

If you have questions or concerns, email:

 ra-daasam@pa.gov

FAQs


These frequently asked questions are intended to help providers and clients understand how substance use treatment needs are assessed and matched to the appropriate level of care—including outpatient, residential, and medically managed services—using The ASAM Criteria, Third Edition (2013).

Which treatment facilities in Pennsylvania have been reviewed for ASAM Criteria (2013) alignment?	▼
What does ASAM mean for Pennsylvanians?	▼
What are the benefits of ASAM?	▼
How is The ASAM Criteria useful to those receiving care?	▼
How is The ASAM Criteria useful to providers and clinicians?	▼
How is The ASAM Criteria useful to managed care providers?	▼
Additional FAQs	▼

Service Alignment Documents

Level 1.0 Outpatient	▼
Level 2.0 Intensive Outpatient	▼
Level 3.0 Residential/Inpatient Services	▼
Level 4.0 Medically Managed Intensive Inpatient	▼

Approved ASAM Criteria Training


DDAP's approved training options for *The ASAM Criteria, Third Edition (2013)*, are detailed in [this notice](#) .

ASAM Technical Assistance Webinars





From 2021 – 2024, DDAP hosted webinars to support providers with *The*

ASAM Technical Assistance Webinars

From 2021 – 2024, DDAP hosted webinars to support providers with *The ASAM Criteria, Third Edition (2013)*, alignment.

[Visit our ASAM Technical Assistance Webinars page to access on-demand recordings.](#) 

Additional References

- [Risk Rating Tip Sheet - 3/20](#) 
- [Listening Sessions Presentation - 6/18](#) 
- [Presentation from meeting with HealthChoices representatives - 10/18](#) 
- [Letter to General Assembly - 5/18](#) 

[ASAM Resources | Department of Drug and Alcohol Programs | Commonwealth of Pennsylvania](#)

Link

<https://www.pa.gov/agencies/ddap/for-professionals/asam-resources>

Web address

DDAP's ASAM Resources Webpage

Which treatment facilities in Pennsylvania have been reviewed for ASAM Criteria (2013) alignment? ^

All licensed drug and alcohol treatment facilities in Pennsylvania are required to align with the ASAM Criteria.

DDAP conducts an initial infrastructure review for providers offering Level 2.5 (Partial Hospitalization) and Level 3.7 (Medically Monitored Intensive Inpatient) services.

This review is a preliminary assessment of policies, procedures, and service delivery plans. Below are the lists of providers that have completed an initial review for these levels of care.

- [ASAM Level 2.5 \(Partial Hospitalization Services\) Aligned Facilities](#) 
- [ASAM Level 3.7 \(Medically Monitored Intensive Inpatient\) Aligned Facilities](#) 



ASAM Aligned Level 2.5 Facilities

July 2025

This list includes Department of Drug and Alcohol Programs (DDAP) licensed facilities that have completed the process for aligning with the ASAM Criteria, 3rd edition 2013 based on a review of policies, procedures, and plans for service delivery.

Highlights below indicate the following:

Green: Newly aligned facilities will be highlighted for one month.

Gray: Facility Closed or no longer providing ASAM aligned services will be highlighted for one month and then removed from the list.

If you have questions regarding the list of providers or are interested in information on alignment, please contact DDAP's ASAM Resource Account at RA-DAASAM@pa.gov.

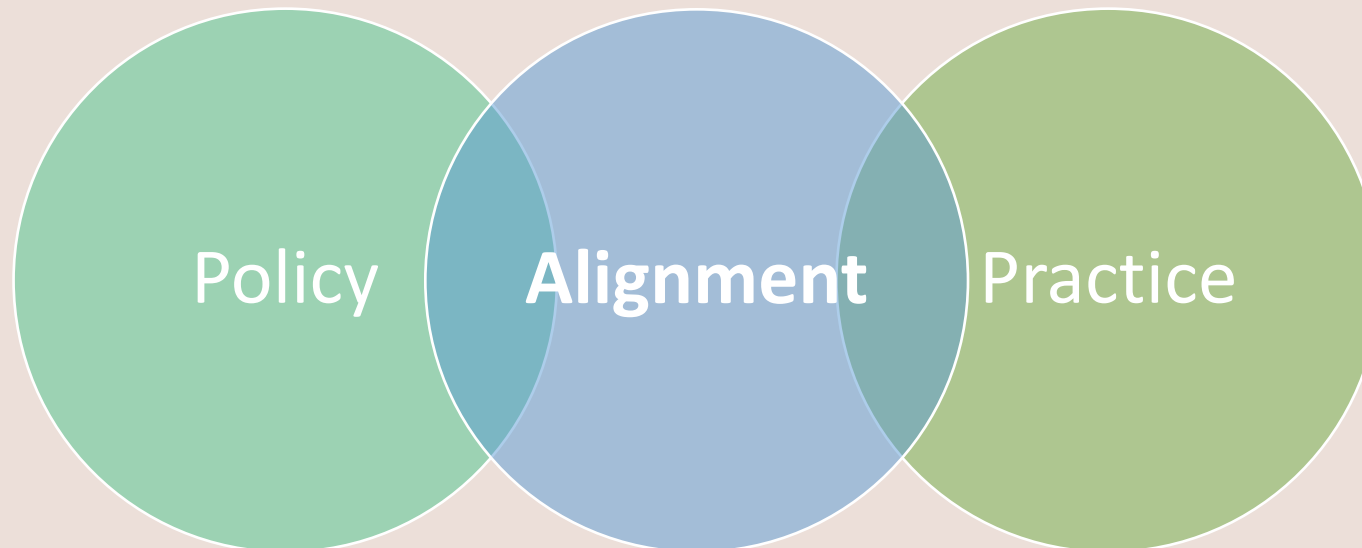
ASAM Level 2.5 (Partial Hospitalization Services) Aligned Facilities							
License Number	Facility Working Name	Address	City	Zip	County	Contact Name	Contact Phone
707278	Allied Addiction Recovery, LLC	787 Pine Valley Drive	Pittsburgh	15239	Allegheny	Jodi Axe	(412) 246-8964
637043	Allied Addiction Recovery, LLC	378 West Chestnut Street, Suite 106	Washington	15301	Washington	Jodi Axe	(412) 246-8964
657053	Allied Addiction Recovery, LLC	766 East Pittsburgh Street, Suite 101	Greensburg	15601	Westmoreland	Jodi Axe	(412) 246-8964
097134	Awise Wellness Collective	2288 Second Street Pike	Newtown	18940	Bucks	Melinda Goodwin	(610) 552-8473
157075	BGI OF Brandywine LLC	209 Limestone Road	Oxford	19363	Chester	Jennifer Madden	(610) 268-3588
367089	Blueprints for Addiction Recovery, Inc.	15 Mount Joy Street	Mount Joy	17552	Lancaster	Michael Koblensky	(717) 361-1660
367094	Blueprints for Addiction Recovery, Inc.	1901 Olde Homestead Lane, Suite 101	Lancaster	17601	Lancaster	Michael Koblensky	(717) 361-1660
087028	Bradford Recovery Center	64 School Street	Millerton	16936	Tioga	Judy Kahl	(570) 537-6035
107009	Butler Regional Recovery Day Program	One Hospital Way	Butler	16001	Butler	Ruthane Durso	(724) 284-4274
157058	Chester County Intermediate Unit - CHANGES	540 East Union Street, Suite D	West Chester	19380	Chester	Susan Lombardi	(484) 849-1229
077009	Cove Forge Behavioral Health System at Williamsburg	202 Cove Forge Road	Williamsburg	16693	Blair	Bobbi Jo Glunt	(814) 832-2131
707163	Cove Forge Behavioral Health System AT Pittsburgh	2500 Jane Street, Second Floor	Pittsburgh	15203	Allegheny	Christine O'Riley	(412) 440-5740
357255	Fellowship House	124-126 Willow Avenue	Olyphant	18447	Lackawanna	Amanda Scatton	(570) 382-8157
657040	Gateway Greensburg	212 Outlet Way, Suite 1	Greensburg	15601	Westmoreland	Kolleen Johnson	(412) 604-8900 ext. 1146
107017	Gateway North HILLS	105 Bradford Rd. Suite 100	Wexford	15090	Allegheny	Kolleen Johnson	(412) 604-8900 ext. 1146
707121	Gateway Greentree	1016 Greentree Road Suite 300	Pittsburgh	15220	Allegheny	Kolleen Johnson	(412) 604-8900 ext. 1146
227035	Gaudenzia Outpatient	2039 North Second Street	Harrisburg	17102	Dauphin	Brian Hofsass	(717) 233-3424

Updated 07/07/2025

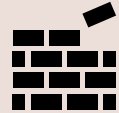
Why Infrastructure & Policy Alignment Matters

If it's in your policy, it should be in your practice. If it's in your practice, it should be in your policy.

Policy sets the standard; Practice brings it to life.



What Do We Mean By Infrastructure?



The Foundation behind Quality Care



Policies, Procedures, Training, Records



What's Written = What's Practiced



Supports Compliance and Consistency

7 Steps for Practice-Aligned Policy Writing

1. Start with Purpose
2. Define who is Responsible
3. Describe What Must Happen
4. Reference Relevant Standards
5. Clarify When it Must Happen
6. Outline Documentation Expectations
7. Ensure it Reflects Actual Practice

A strong policy reflects what you actually do – and what you do should reflect what's in your policy.



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Strengthening Alignment and Bridging Policy with Practice

Adult Dimensional Admission Criteria Example



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Strengthening Alignment and Bridging Policy with Practice

DDAP-EFM-1002 6/18		American Society of Addiction Medicine		Provider Location: _____	
		ASAM Placement Summary Sheet		Provider Name: _____	
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS		(Required fields are in BOLD)		DDAP License #: _____	
NOTE: For all SCA-funded individuals, the ASAM information is required to be entered into PA WITS.					
UCN: _____		Date: _____			
First Name: _____		M.I.: _____		Last Name: _____	
Assessor: _____		Phone # & Ext.: _____			
Type (Check One): <input type="checkbox"/> Admission <input type="checkbox"/> Continued Stay <input type="checkbox"/> Discharge					
Dimension		Level of Risk:		Level of Care:	
D1. Acute intoxication and/or withdrawal potential:		Criteria Included/Comments:			
D2. Biomedical Conditions and Complications:		Criteria Included/Comments:			
D3. Emotional/Behavioral or cognitive conditions and complications:		Criteria Included/Comments:			
D4. Readiness to change:		Criteria Included/Comments:			
D5. Relapse, continued use or continued problem potential:		Criteria Included/Comments:			
D6. Recovery Environment:		Criteria Included/Comments:			

→ D1: Acute Withdrawal and/or Withdrawal Potential

→ D2: Biomedical Conditions and Complications

→ D3: Emotional, Behavioral, or Cognitive Conditions and Complications

→ D4: Readiness to Change

→ D5: Relapse and Continued Use or Continued Problem Potential

→ D6: Recovery Environment



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Writing a Policy using the 7 Steps

Example Admission Policy for 3.7 Services Using the 7 Steps

ASAM Text: Services at this level of care are designed to meet the needs of individuals who have functional limitations in Dimensions 1, 2, and/or 3.

1. Start with Purpose:

ABC Facility provides 3.7 medically monitored intensive inpatient substance use treatment services to adults (18+, male and female) who have co-occurring substance use disorder, physical health and/or psychiatric considerations requiring 24-hour nursing care.

2. Define who is Responsible:

Medical Director and Admission Coordinator are responsible for overseeing the admission process and ensuring timely and appropriate admissions.



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Writing a Policy using the 7 Steps

3. Describe What Must Happen:

*Individuals appropriately admitted to ABC Facility for 3.7 level of care meet specifications in **at least two** of the six dimensions, **at least one** of which is Dimension 1, 2, or 3.*

Dimension 1: Individual is high risk for withdrawal but symptoms do not require the full resources of a hospital.

Dimension 2: Individual requires 24-hour monitoring but not intensive treatment.

Dimension 3: Individual's co-occurring emotional or behavioral health needs are of a moderate severity but need a 24-hour structured setting for the individual to be successful.

Dimension 4: Individual has a limited interest in treatment and an inability to regularly use coping skills requiring 24-hour monitoring and support to obtain and sustain sobriety.

Dimension 5: Individual is unable to discontinue use and their continued use poses serious risk to their health.

Dimension 6: Individual's living environment or community is not conducive to recovery and the individual has limited skills to avoid use while in this environment/community.



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Writing a Policy using the 7 Steps

4. Reference Relevant Standards

Admitting staff will utilize Dimensional Admission Criteria and Risk Ratings using the ASAM Criteria, 3rd Edition (2013) when evaluating individuals to determine appropriateness for admission to ABC facility.

5. Clarify When it Must Happen

Routine admission will occur between the hours of 9:00am and 9:00pm. After-hours admissions will be taken following warm-hand off protocols from local emergency departments. ABC facility will provide transportation daily (including weekends) from 9:00am-6:00pm for individuals within a 25-mile radius of ABC facility. Paperwork received from outside referrals will be referred by medical staff within 2 hours of receipt.



Writing a Policy using the 7 Steps

6. Outline Documentation Expectations

Documentation of the six dimensions will be completed using the ASAM Summary Sheet which is embedded in facility's electronic health records as well as PA WITS for SCA-funded individuals.

7. Ensure it Reflects Actual Practice

Admission records will be randomly audited by the Admission Coordinator monthly. Admissions Coordinator will review at least 10% of admitted charts each month. Admissions Coordinator will also have regular supervision with admissions staff to occur no less than 2 hours monthly.



Examples of Strong and Weak Policies

Weak Policy Example

X

ABC facility provides services to adults in a medically residential setting and completes admission on a rolling basis depending on bed availability.

- Vague.
- Does not address targeted populations or which residential services are provided.
- Does not provide any background to what criteria must be met for admission.
- Does not identify who is responsible to ensure services are provided.
- Does not set standard for when admissions are occurring.



Examples of Strong and Weak Policies

Stronger Policy Example



ABC Facility provides 3.7 medically monitored intensive inpatient substance use treatment services to adults (18+, male and female) who have co-occurring substance use disorder, physical health and/or psychiatric considerations requiring 24-hour nursing care. Individuals appropriately admitted to this level of care meet specifications in at least two of the six dimensions as outlined in the ASAM Criteria (3rd Edition), at least one of which is Dimension 1, 2, or 3.

Dimension 1: Individual is high risk for withdrawal but symptoms do not require the full resources of a hospital.

Dimension 2: Individual requires 24-hour monitoring but not intensive treatment.

Dimension 3: Individual's co-occurring emotional or behavioral health needs are of a moderate severity but need a 24-hour structured setting for the individual to be successful.

Dimension 4: Individual has a limited interest in treatment and an inability to regularly use coping skills requiring 24-hour monitoring and support to obtain and sustain sobriety.

Dimension 5: Individual is unable to discontinue use and their continued use poses serious risk to their health.

Dimension 6: Individual's living environment or community is not conducive to recovery and the individual has limited skills to avoid use while in this environment/community.

Medical Director and the Admission Coordinator oversee operations and ensure timely and appropriate admissions. Routine admissions occur between the hours of 9:00am to 9:00pm with availability after-hours and overnight admission for warm hand offs from local emergency departments. Paperwork received from outside referrals will be referred by medical staff within 2 hours of receipt. Documentation of the six dimensions will be completed using the ASAM Summary Sheet embedded in facility's electronic health records as well as PA WITS for SCA-funded individuals. Routine admission will occur between the hours of 9:00am and 9:00pm. After-hours admissions will be taken following warm-hand off protocols from local emergency departments. ABC facility will provide transportation daily (including weekends) from 9:00am-6:00pm for individuals within a 25-mile radius of ABC facility. Documentation of the six dimensions will be completed using the ASAM Summary Sheet embedded in facility's electronic health records as well as PA WITS for SCA-funded individuals. Admission records will be randomly audited by the Admission Coordinator monthly. Admissions Coordinator will review at least 10% of admitted charts each month. Admissions Coordinator will also have regular supervision with admissions staff to occur no less than 2 hours monthly.

Specifies services using the 7 steps to writing a policy.

- Provides clearer identification of population served
- Includes Admission Criteria
- Include hours of admission
- Includes responsible party

Support Systems in the ASAM Criteria: Focus on 2.5

- **Medical**
- **Psychiatric**
- **Psychological**
- **Laboratory**
- **Toxicology Services**



Support System Expectations at Level 2.5: Policy Considerations

ASAM Criteria for Level 2.5 – Support Systems (Section A)

Programs must ensure access to:

Medical, psychological, psychiatric, laboratory, and toxicology services

These services must be available through consultation or referral

Psychiatric and other medical consultation must be available:

By telephone within 8 hours

In person within 48 hours (or sooner if medically indicated)

Services do not need to be provided onsite, but access must be ensured

It is recommended that providers develop clear policies and procedures describing how these services are accessed, coordinated, and documented.



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Example Policy: Support Services by Consultation and Referral (Using the Seven Steps)

Writing a Practice-Aligned Policy – Level 2.5 Support Services, Section A

1. State the Purpose

Ensure timely access to required support services (medical, psychiatric, psychological, laboratory, and toxicology) for individuals in 2.5 level of care, in accordance with clinical necessity and the ASAM Criteria's 3rd edition.

2. Define Who is Responsible

Clinical and supervisory staff are responsible for identifying the need for support services and coordinating referrals or consultations.

The Program Director is responsible for maintaining formal agreements (e.g., affiliative agreements) with external providers and ensuring referral systems are functional and current.



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Writing a Policy using the 7 Steps

3. Describe What Must Happen

Required services must be available through consultation or referral.

When services are not provided onsite, the program must ensure access is facilitated through a documented process, including communicating with external providers and follow-up with individuals.

4. Reference Relevant Standards

This policy aligns with The ASAM Criteria, 3rd ed, Level 2.5, Support Systems (Section A)



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Writing a Policy using the 7 Steps

5. Clarify When it Must Happen

Access to support services must be initiated at the time of identified clinical need, as determined during the assessment or ongoing treatment process.

Access to medical and psychiatric consultation must occur within 8 hours by phone and 48 hours in person. Other support services should be initiated as indicated by clinical need.

6. Outline Documentation Expectations

Records must reflect referral or consultation efforts, timeliness, and follow-up coordination.

Individual clinical records must include:

- Dates and outcomes of referred or consultative services
- External lab or toxicology results
- Administrative files must contain current and signed affiliative agreements



Writing a Policy using the 7 Steps

7. Ensure it Reflects Actual Practice

All staff must be trained on how to access and document support services
Supervisors must monitor compliance through regularly clinical record review.
Policies and procedures related to support services will be reviewed at least annually and updated as needed to reflect actual workflows.



Example of Strong Policy

Strong Policy Example



- *The program ensures timely and appropriate access to medical, psychological, psychiatric, laboratory, and toxicology services, in accordance with the ASAM Criteria, 3rd edition, Level 2.5 (Section A – Support Systems). Medical and psychiatric consultation is available by phone within 8 hours and in person within 48 hours, or sooner if clinically indicated, through formal referral arrangements or affiliative agreements.*
- *Clinical and supervisory staff are responsible for ensuring access to all required services, including by way of affiliative agreements or established referral processes.*
- *All referrals and consultations are document in individual's clinical record, including dates, providers, and outcomes.*
- *External lab and toxicology results are included in the individual's record when applicable.*
- *Administrative records include current and signed affiliative agreements with providers of support services.*
- *The program director is responsible for conducting an annual review of affiliative agreements, referral systems, and related policies and procedures to ensure alignment with actual practice.*

Specifies services using the 7 steps to writing a policy.

Example of Weak Policy



Weak Policy Example

Support services such as medical and psychiatric care are available as needed. Referrals are made for laboratory and toxicology services, as needed.

Vague – no mention of timeliness – no clear process for consultation or referral – lacks reference to documentation or agreements, and who is responsible.

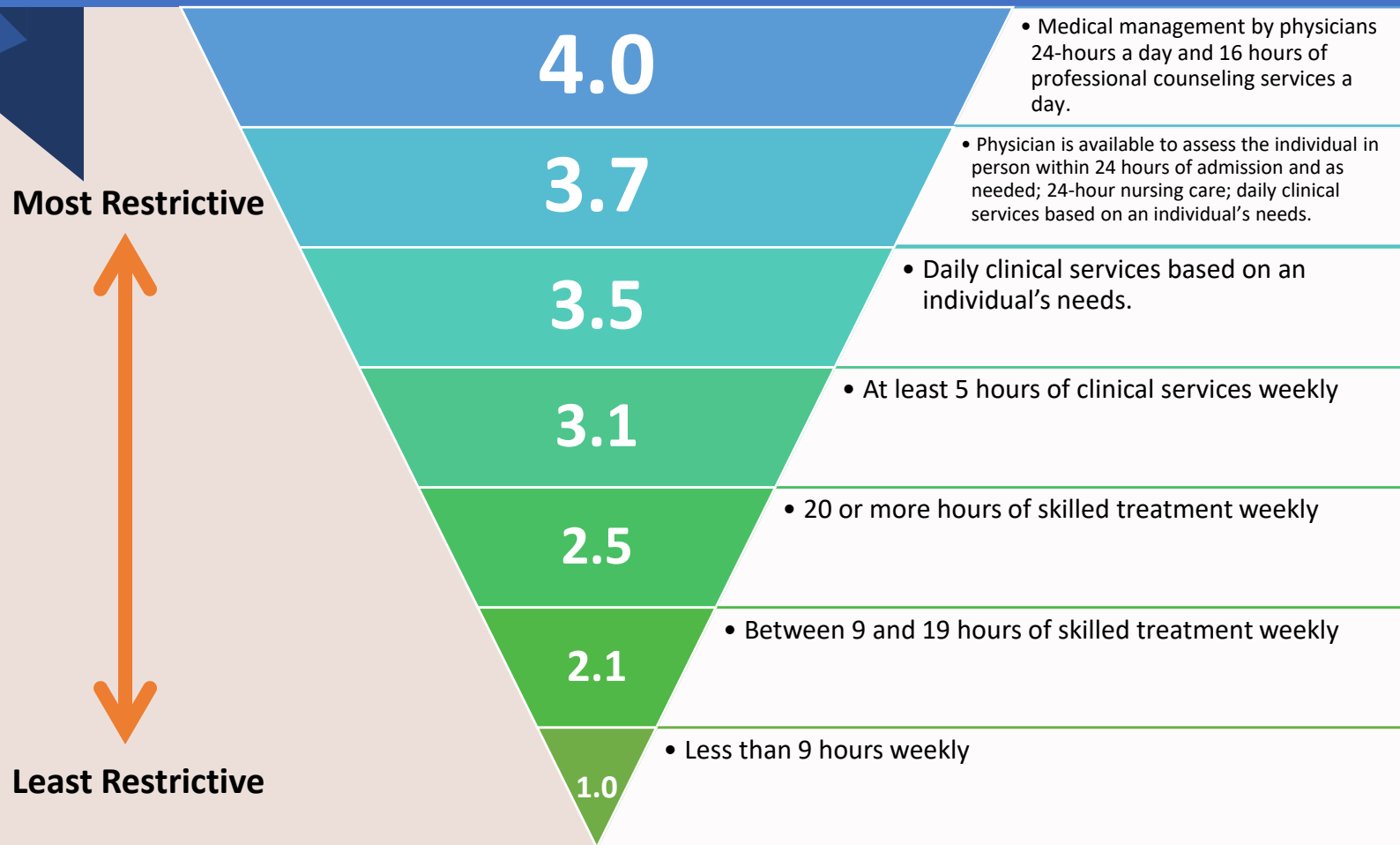
Strengthening Alignment and Bridging Policy with Practice

Overview of Services and Informed Consent



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Strengthening Alignment and Bridging Policy with Practice: Service Delivery



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Strengthening Alignment and Bridging Policy with Practice: Treatment Planning

Treatment Planning According to the ASAM Criteria 3rd Edition



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Strengthening Alignment and Bridging Policy with Practice: Treatment Planning



Treatment Planning

SMART goals are a framework designed to help you set clear and actionable objectives.



Strengthening Alignment and Bridging Policy with Practice: Treatment Planning

LOC 1.0 Treatment Plan Policy Example

Each client will complete an individualized treatment plan that is developed in collaboration with their counselor and based upon information obtained in the biopsychosocial assessment. This treatment plan will contain problems, needs, strengths, skills, and priority formulation. The treatment plan goals will be short-term and measurable using SMART format. The treatment plan will be reviewed at least every 60 days but updates will be made sooner as new priorities for recovery are identified which may stem from significant events such as return from higher level of care (SUD, MH and/or physical health related), release from incarceration; return to use; traumatic event, grief/loss, etc. If more frequent reviews are warranted, reviews will be completed congruent to the level of severity and need of the client. Facility director will complete a chart audit tool to ensure treatment planning practices are matching this identified policy.



Strengthening Alignment and Bridging Policy with Practice: Treatment Planning

Chart Audit Tool EXAMPLE

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there evidence the treatment plan was developed with the individual?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are the goals short-term?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are the goals measurable with timeframes or benchmarks?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the counselor use the SMART format?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a review/end date on the treatment plan?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the treatment plan include a problem statement in the individual's own words?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the treatment plan include strengths, needs, abilities, and preferences?



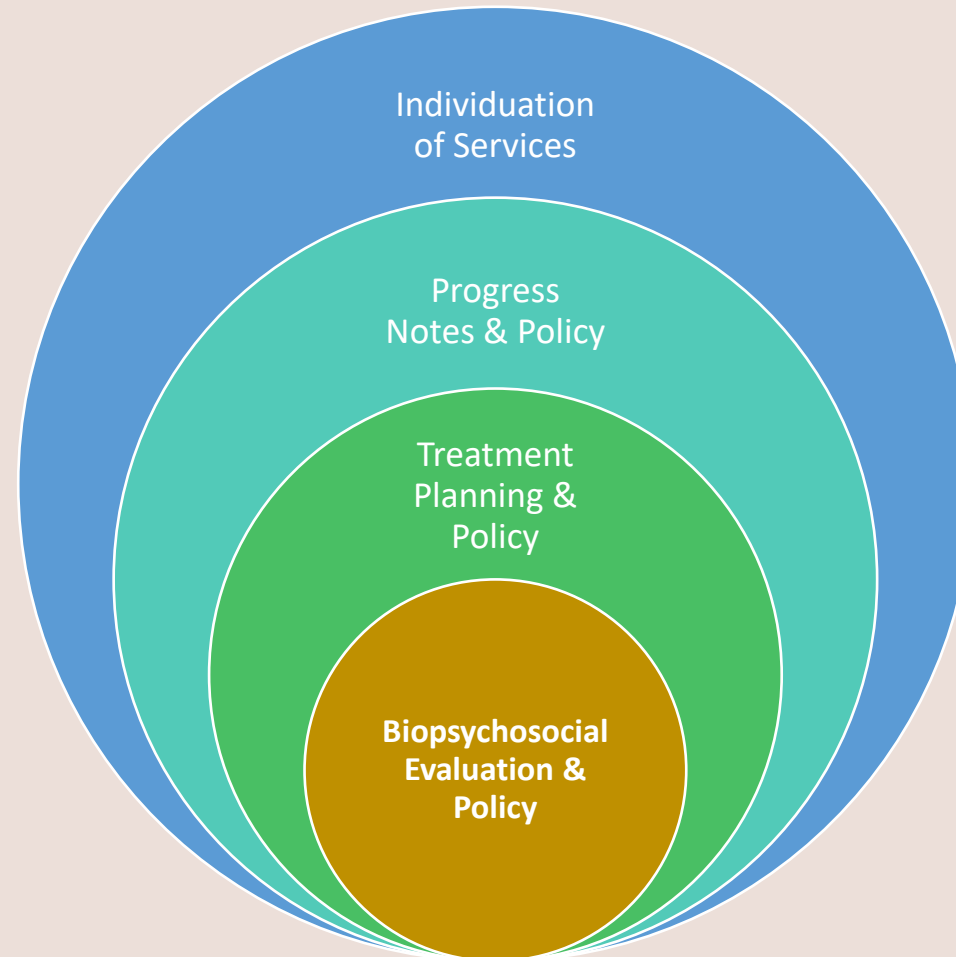
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Incorporation of the Golden Thread



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Resources

- Level 1 Outpatient
- [Level 1 Outpatient Services by Service Characteristics](#)
- [Level 1 Outpatient Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 1 Outpatient Co-Occurring Enhanced Services by Service Characteristics](#)
- ASAM Text: p. 184-196
- Treatment Planning Guidance: p. 189

Resources

- Level 2.1 Intensive Outpatient
- [Level 2.1 Intensive Outpatient Services by Service Characteristics](#)
- [Level 2.1 Intensive Outpatient Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 2.1 Intensive Outpatient Services Co-Occurring Enhanced Services by Service Characteristics](#)
- ASAM Text: p. 198-207
- Treatment Planning Guidance: p. 200



Resources

- Level 2.5 Partial Hospitalization Program
- [Level 2.5 Partial Hospitalization Services by Service Characteristics](#)
- [Level 2.5 Partial Hospitalization Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 2.5 Partial Hospitalization Co-Occurring Enhanced Services by Service Characteristics](#)
- ASAM Text: p. 208-222
- Treatment Planning Guidance: p. 212



Resources

- Level 3.1 Clinically Managed Low-Intensity Residential
- [Level 3.1 Clinically Managed Low Intensity Residential Services by Service Characteristics](#)
- [Level 3.1 Clinically Managed Low-Intensity Residential Self-Assessment Checklist](#)
- [Level 3.1 Clinically Managed Low-Intensity Residential Co-Occurring Enhanced by Service Characteristics](#)
- ASAM Text: p. 222-234
- Treatment Planning Guidance: p. 226 & 227



Resources

- Level 3.5 Clinically Managed High-Intensity Residential
- [Level 3.5 Clinically Managed High-Intensity Residential Services by Service Characteristics](#)
- [Level 3.5 Clinically Managed High-Intensity Residential Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 3.5 Clinically Managed High Intensity Residential Co-Occurring Enhanced Services by Service Characteristics](#)
- ASAM Text: p. 244-264
- Treatment Planning Guidance: p. 253 & 254



Resources

- Level 3.7 Medically Monitored Intensive Inpatient
- [Level 3.7 Medically Monitored Intensive Inpatient Services by Service Characteristics](#)
- [Level 3.7 Medically Monitored Intensive Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 3.7 Medically Monitored Intensive Inpatient Co-Occurring Enhanced Services by Service Characteristics](#)
- ASAM Text: p. 265-279
- Treatment Planning Guidance: p. 270 & 271

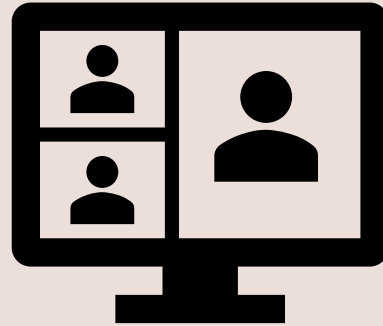


Resources

- Level 4 Medically Managed Intensive Inpatient
- [Level 4 Medically Managed Intensive Inpatient Services by Service Characteristics](#)
- [Level 4 Medically Managed Intensive Inpatient Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 4 Medically Managed intensive Inpatient Co-Occurring Enhanced Services by Service Characteristics](#)
- ASAM Text: p. 280-290
- Treatment Planning Guidance: p. 284



Next Call



Next TA Call = September 8, 2025 @ 10:00AM



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