

DDAP Technical Assistance Series

ASAM Ambulatory Level of Care Alignment Review

July 7, 2025



Pennsylvania
Department of Drug and
Alcohol Programs

Disclaimers

Alignment with the American Society of Addiction Medicine (ASAM) Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities (SCAs) and/or Managed Care Organizations (MCOs).

DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM two-day training, and reviewing the resources available through DDAP, including training sessions and documents.



Pennsylvania
Department of Drug and
Alcohol Programs

Learning Objectives

- Participants will gain an understanding of the purpose of the ambulatory level of care (LOC) alignment reviews.
- Providers will understand the expectations of the alignment review and their roles.
- Participant questions about the plan for the alignment reviews will be answered.



Today's Presenters

- Brenda Jackson, MPP — Mercer
- Laurie Klanchar, RN, MSN — Mercer
- Stacy Smith, LCMHC-S, LCAS — Mercer



SUD 1115 Demonstration — Context

- The Demonstration provides the Commonwealth with federal funds for large SUD residential facilities with more than 16 beds that are traditionally not funded by Medicaid.
- The Demonstration requires the Commonwealth to establish standards that align with ASAM and Medication-Assisted Treatment (MAT).
- Ambulatory providers are reviewed to ensure that the services are offered and are in alignment with these standards.
- State law requires the use of ASAM, 3rd Edition.



Federal CMS Demonstration Requirements — Reviewed by Tool

- **Milestone #2:** Widespread use of evidence-based, SUD-specific patient placement criteria.
 - Providers use ASAM multidimensional assessment tools reflecting ASAM clinical treatment guidelines to assess treatment needs.
 - Beneficiaries access SUD services at the appropriate ASAM LOC.
 - Interventions are appropriate for the diagnosis and ASAM LOC.
- **Milestone #4:** Completion of an assessment of availability of providers and accepting new patients to ensure sufficient provider capacity at critical LOCs, including for MAT for Opioid Use Disorder (OUD).



How will the alignment reviews be conducted?

- Providers will be contacted by the BH-MCO
 - Document requests in advance asking for the agency/site policy and procedures
 - Medical record on-site review visits (may be performed off-site depending on BH-MCO/provider)



What is the purpose of the reviews?

- The reviews are used to assess provider ASAM alignment at the provider level and to identify opportunities for improvement.
- If the review process identifies issues with program integrity or health and safety, the reviewers shall follow up with providers, the primary contractors (PCs), BH-MCOs, SCAs, and fraud, waste and abuse staff, or licensure staff as needed.

Score	Description	Follow-up Review
4	Not Aligned in Significant Key Areas	Corrective Action Plan within 60 days; Status update in 6 months; Re-review in 1 year
3	Not Aligned in Primary Areas	Corrective Action Plan within 60 days; Status update in 6 months; Re-review in 1 year
2	Not Aligned in Minor Areas	2 years
1	Substantial Compliance	3 years



Policy and Procedure Review: Provider Assessment (ASAM 1, 2.1, and 2.5)

- **Provider Assessment:** Does the provider have a policy and procedures that outlines the correct ASAM criteria for admission for each LOC? Do the assessment, treatment plan, and continued stay criteria match the ASAM LOC?
- Program documentation meets the following requirements:
 - **ASAM admission criteria** for the identified LOC is utilized.
 - **An individualized, comprehensive biopsychosocial assessment** with history is obtained by trained staff and reviewed by a physician if necessary. It includes **all six dimensions of ASAM** and focuses on the patient's **strengths, needs, abilities, preferences, and desired goals**. **Monitoring, including biomarkers and/or toxicology testing**, is included.
 - The **biopsychosocial assessment guides the treatment planning process**, and the individual receives individualized, adaptable and interdisciplinary care.
 - The **Treatment Plan addresses** problems, needs, strengths, skills, priority problem formation, short-term measurable treatment goals, and activities to achieve goals. Monitoring, including biomarkers and/or toxicology testing, is included.
 - The **Treatment Plan is developed in collaboration with the patient** and reflects the patient's goals.
 - A **physical exam** is performed within a reasonable time based on established protocols.
 - **Treatment Plan reviews** are scheduled consistent with agency documentation, as noted in the plan, or more frequently as needed.
 - **Discharge/transfer planning** begins at admission, with **referral arrangements** made as needed.



Policy and Procedure Review: Utilization Review, Continued Services, & Transfer/Discharge

- Policies, procedures, or evidence of practices are in place to support that Utilization Management (UM) approaches ensure that beneficiaries access the appropriate LOCs. The correct ASAM Criteria for continuing stay and authorization results in a sufficient amount, duration, and scope to reasonably achieve its purpose. The provider's internal process uses placement criteria correctly to make treatment recommendations.
 - There is a process to conduct **continued service reviews that are individualized, person centered and based on the clinical assessment and needs of the client**. The documents **do not indicate a fixed length of stay** (such as an 8-week IOP or partial hospitalization program program). There is a protocol for completing continued stay reviews based on patient progress. The continued stay protocol incorporates the six dimensions of ASAM. The continued stay protocol includes updating the treatment plan to reflect progress. **Note:** Mark "No" if there is no updated treatment plan requirement in the continued stay protocol.
 - The provider has a process in place to ensure that the **duration of treatment varies with the severity** of the individual's illness and his or her response to treatment.



Policy and Procedure Review: Interventions (ASAM 1.0, 2.1, and 2.5)

- Interventions are appropriate to diagnosis and LOC — Facilities have written documentation that outlines a standard being utilized for UM/continued stay criteria by the provider for admission is incorporated into routine clinical reviews/supervisor reviews of progress notes and treatment plans. The interventions are appropriate once the individual is placed in the correct LOC. At a minimum, the facilities must review with individualized frequency.
 - The facility documentation requires individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.
 - The facility requires documentation of the patient's mental health problems, the relationship between the patient's mental and substance-related and addictive disorders, and the patient's current level of mental functioning.
 - Per Bulletin OMHSAS-23-03, under Act 70, all drug and alcohol treatment providers must be co-occurring capable.
 - **All Levels Addiction Pharmacology** Agonist, partial agonist, or antagonist medications used in the treatment of OUD are prescribed in the context of psychosocial supports and interventions to manage the patient's addiction.



Policy and Procedure Review: Types of Services (ASAM 1.0, 2.1, and 2.5)

- The agency policy, procedures, and practices includes activities each day that meets the needs of the patient as defined in their individual treatment plan. The program has documentation that the therapies offered by ASAM 1.0 include:
 - Skilled treatment services, which may include individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, addiction pharmacotherapy, or other therapies.
 - Therapies/services offered are provided in an amount, frequency, and intensity appropriate to the patient's multidimensional severity and level of function.
 - For patients with mental health conditions, the issues of psychotropic medication, mental health treatment, and their relationship to substance use and addictive disorders are addressed as the need arises.
 - Addiction services are integrated with primary medical care and other general medical care services.



Policy and Procedure Review: Types of Services (ASAM 1.0, 2.1, and 2.5)

- The ASAM 2.1 program has documentation that therapies offered include:
 - A minimum of 9 hours per week for adults and 6 hours per week for adolescents of skilled treatment services. Such services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies.
 - Services are provided in amounts, frequencies, and intensities appropriate to the objectives of the treatment plan.
 - The documentation includes a statement that "In cases in which the patient is not yet fully stable to safely transfer to a Level 1 program that is not associated with the treatment agency, the patient's treatment for Level 1 services may be continued within the current Level 2.1 program." The documentation includes when this should occur and for what reason (e.g., if the member did not receive a minimum of 9 hours a week of skilled treatment services, a biopsychosocial and/or ASAM assessment update clinically found that the member was not fully stable to safely transfer to a program not associated with the current treatment agency).
 - Family therapy involves family members, guardians, or significant other(s) in the assessment, treatment, and continuing care of the patient.
 - A planned format of therapies, delivered on an individual and group basis and adapted to the patient's developmental stage and comprehension level. Documentation includes motivational interviewing, enhancement, and engagement strategies, which are used in preference to confrontational approaches.
 - Therapies previously described typically are offered by co-occurring capable programs to patients with co-occurring addictive and mental disorders who are able to tolerate and benefit from a planned program of therapies.



Policy and Procedure Review: Types of Services (ASAM 1.0, 2.1, and 2.5)

- The ASAM 2.5 program has documentation that therapies offered include:
 - A minimum of 20 hours per week of skilled treatment services. Services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies.
 - Services are provided in amounts, frequencies, and intensities appropriate to the objectives of the treatment plan.
 - Family therapy involves family members, guardians, or significant other(s) in the assessment, treatment, and continuing care of the patient.
 - A planned format of therapies, delivered on an individual and group basis and adapted to the patient's developmental stage and comprehension level.
 - Motivational interviewing, enhancement, and engagement strategies, which are used in preference to confrontational approaches.
 - Therapies are typically offered by Level 2.5 co-occurring capable programs to patients with co-occurring addictive and mental disorders who are able to tolerate and benefit from a planned program of therapies.



Policy and Procedure Review: Staffing (ASAM 1.0, 2.1, and 2.5)

- Hours of clinical care — Policies and Procedures reflect the delivery of individualized service hours. All programs have evidence in the training records that services and interventions provided by program staff had received ASAM training within 365 days of hire or the supervisor signs off on the assessment for the first 365 days after hire if the training is not completed. ASAM 1.0 programs have documentation that:
 - Services are staffed by appropriately credentialed and/or licensed treatment professionals (including addiction-credentialed physicians, counselors, psychologists, social workers, and others) who can assess and treat substance-related, mental, and addictive disorders.
 - The program has a process to escalate complex cases to Addiction Specialist physicians and other specialty providers as needed.
 - Certified and/or licensed addiction counselors offer much of the counseling in Level 1 services.
 - Medication management (pharmacotherapy) services are available and require the involvement of a licensed independent practitioner with prescribing authority as granted by state-based professional licensing boards (i.e., physicians and physician assistants/advanced registered nurse practitioners are the most common prescribers).
 - Collaboration between credentialed and/or licensed mental health or addiction professionals, (e.g., an addiction specialist physician) occurs when co-occurring mental health or general medical conditions (e.g., pain syndromes, sleep disorders, infectious diseases) are present. The policy outlines when assessment services for both diagnostic and treatment planning purposes may require the most highly skilled clinician available.
 - In the absence of an addiction specialist physician, a prescribing physician or physician extender may be used in consultation with an addiction specialist physician.



Policy and Procedure Review: Staffing (ASAM 1.0, 2.1, and 2.5)

- The 2.1 and 2.5 program has documentation that:
 - Programs are staffed by an interdisciplinary team of appropriately credentialed addiction treatment professional, which can include counselors, psychologists, social workers, and addiction-credentialed physicians who assess and treat substance use and other addictive disorders.
 - Physicians treating patients in this level should have specialty training and/or experience in addiction medicine or addiction psychiatry, and if treating adolescents, experience with adolescent medicine.
 - Some, if not all, program staff complete cross-training to understand the signs and symptoms of mental disorders, the uses of psychotropic medications and their interactions with substance use and other addictive disorders.



Policy and Procedure Review: Care Coordination (ASAM 1.0, 2.1, 2.5)

- The facility has policies and procedures to address how an individual's clinical and non-clinical needs are met. Care coordination starts as soon as the client seeks treatment services and done throughout the entire treatment stay.
 - **ASAM 1.0:** Medical, psychiatric, psychological, laboratory, and toxicology services, are available on-site or through consultation or referral. Medical and psychiatric consultation is available within 24 hours by telephone or, if in person, within a time frame appropriate to the severity and urgency of the consultation requested. The facility has direct affiliation with (or close coordination through referral to) more intensive LOCs and medication management. The facility has emergency services available by telephone 24 hours a day, 7 days a week.
 - **ASAM 2.1, ASAM 2.5:** Medical, psychological, psychiatric, laboratory, and toxicology services are available through consultation or referral. Psychiatric and other medical consultation is available within 8 hours by telephone and within 48 hours in person for 2.5, and 24 hours by telephone and within 72 hours in person for 2.1. The facility has direct affiliation with (or close coordination through referral to) more and less intensive LOCs and supportive housing services. The facility has emergency services available by telephone 24 hours a day, 7 days a week when the treatment program is not in session.



ASAM 3rd Edition Page References

ASAM 3 rd Edition	1.0	2.1	2.5
ASAM Admission Criteria	190–191	202	213
Comprehensive Biopsychosocial Assessment	189	200	211
Treatment Plan	189	200	212
Physical Exam	189	200	211–212
Utilization Reviews	186	197	197
Interventions	189	201	212
Types of Services	188	199	210
Staffing	187	198	209
Care Coordination	187	198	208



Record Review

- The infrastructure is the foundation for alignment.
 - Policies, procedures, and program descriptions are formalized in writing.
 - Staff training provides clear expectations.
- Record reviews demonstrate the implementation of and adherence to the infrastructure.
 - Documentation templates and job aids ensure that critical areas are included.
 - Chart reviews through supervision or QI identify opportunities.



Record Review

Demonstration of Key Treatment Components

- ASAM criteria used to determine LOC for admission and continued stay
- Comprehensive biopsychosocial assessment that includes six dimensions of ASAM
- Treatment plan is individualized and developed with the recipient
- Treatment length of stay and therapies are individualized
- Education, assessment, and referral (if desired) for addiction pharmacology
- Care coordination for clinical and non-clinical needs
- Discharge/transfer planning



Recommendations

- Review policies, procedures, program descriptions to ensure they are current.
 - Compare against ASAM requirements, sample policies, and slide content.
 - Develop or revise materials as needed.
- Implement a plan to operationalize practices.
 - Create documentation templates and job aids if needed.
 - Train staff and provide support and resources.
- Utilize QI process to evaluate progress and identify opportunities.



Timeline

- Ambulatory reviews to begin January 2026
 - General information (LOC offered, capacity, availability)
 - Infrastructure
 - Record review (minimum of two per LOC)
- Focus on providers who offer:
 - Level 2.5
 - Level 2.1
 - Level 1-WM
 - Level 1 OTP
- ASAM 1 OP, CM, and Smoking Cessation will be reviewed later unless offered with services above
- Goal to complete all initial reviews by December 2026
- Re-review timeline and process differs from residential LOC



Questions???

Any questions regarding the presentation or ASAM Alignment can be directed to Department of Human Services at RA-PWOMHSASASAM@pa.gov



Pennsylvania
Department of Drug and
Alcohol Programs

Service Characteristics Check-lists

Service Documents by Level of Care

Level 1

[Level 1 Outpatient Services by Service Characteristics](#)

[Level 1 Self Assessment.pdf](#)

[Level 1 co-occurring by service characteristics 3.23.pdf](#)

Level 2

[Level 2.1 by service characteristics.pdf](#)

[Level 2.1 self assessments.pdf](#)

[Level 2.1 co-occurring by service characteristics 3.23.pdf](#)

[Level 2.5 by service characteristics.pdf](#)

[Level 2.5 self assessment.pdf](#)

[Level 2.5 co-occurring by service characteristics 3.23.pdf](#)



Pennsylvania
Department of Drug and
Alcohol Programs

Appendix

Policy and Procedure Review: Provider Assessment (other LOCs and specialty)

- **Withdrawal Management:** An addiction focused history was obtained and reviewed by the physician or physician extender. The biopsychosocial assessment has sufficient information to determine the correct ASAM LOC and treatment priorities. The treatment plan identifies issues and addresses goals and objectives for all six dimensions of ASAM with treatment goals and measurable objectives and with activities to meet those objectives. A physical exam was performed within a reasonable time based upon established protocols. The treatment plan includes a daily assessment of progress during WM and any treatment changes. Assessment and treatment plan include serial medical assessments, using appropriate measures of withdrawal.
- **Co-occurring Enhanced:** The member's recent psychiatric history is reviewed, and a mental status examination is completed. A comprehensive psychiatric history and examination, and a psychodiagnostics assessment was performed within a reasonable time, as determined by the patient's psychiatric condition. The program provides active reassessment of the patient's mental status and follow through with mental health treatment and psychotropic medication at each visit. The program uses evidence-based diagnosis specific assessments were used, as determined by the patient's psychiatric condition. A review of the patient's recent psychiatric history and a mental status examination was completed (reviewed by a psychiatrist, if necessary). A comprehensive psychiatric history and examination and a psychodiagnostics assessment are performed within a reasonable time frame.
- **Adolescent-Specific Considerations for 2.5:** Assessment and Treatment Planning; The facility policy shows that information or assessment and treatment planning may be obtained from a parent, guardian, or other important resource (such as a teacher or probation officer). The facility policy shows that the assessment also includes an initial withdrawal assessment, including a medical evaluation at admission (or medical review of an evaluation performed within the 48 hours preceding admission, or within 7 days preceding admission for a patient who is stepping down from a residential setting). The facility policy shows that the treatment plan review also includes ongoing withdrawal monitoring assessments, performed several times a week and ongoing screening for medical and nursing needs, with medical and nursing evaluation available through consultation or referral.



Policy and Procedure Review: Utilization Review, Continued Services, & Transfer/Discharge (other LOCs)

- **Co-occurring:** The program has policies in place that ensure programming is appropriate for members with co-occurring mental and substance-related disorders and ensures the provision of active mental health services.
- **Adolescent:** The provider has a process in place for adolescent-specific programs to provide ongoing active treatment to sustain an adolescent's therapeutic gains, for example relapse prevention, strengthening of protective factors, and on-going monitoring. The provider has a process in place for adolescent-specific programs to provide review of Withdrawal Management — Dimension 1 and a process in place to refer to a more intensive LOC if an adolescent is at risk of acute withdrawal syndrome.
- **ASAM 1-WM:** 1. There is a protocol for the withdrawal management program to have discharge criteria and protocols that include the patient continuing in Level 1-WM withdrawal management services until: a. Withdrawal signs and symptoms are sufficiently resolved that he or she can participate in self-directed recovery or ongoing treatment without the need for further medical or nursing withdrawal management monitoring; or b. The patient's signs and symptoms of withdrawal have failed to respond to treatment, and have intensified such that transfer to a more intensive level of withdrawal management service is indicated; or c. The patient is unable to complete withdrawal management at Level 1-WM, despite an adequate trial. For example, he or she is experiencing intense craving and evidences insufficient coping skills to prevent continued alcohol, tobacco, and/or other drug use concurrent with the withdrawal management medication, indicating a need for more intensive services (such as addition of a supportive living environment).



Policy and Procedure Review: Types of Services (other LOCs)

- **ASAM 1-WM and ASAM 2-WM: Use of Withdrawal Rating Scale and Flow Sheets** The facility has documentation standards that include withdrawal rating scale tables and flow sheets (which may include tabulation of vital signs) as needed.
- **ASAM 2.5 Therapies: Adolescent** a. In addition to the therapies described for all programs, educational services are provided (when not available through other resources), which are designed to maintain the educational and intellectual development of the patient and, when indicated, to provide opportunities to remedy deficits in the adolescent's education. b. Clinical services are provided to assess and address the adolescent's withdrawal status and treatment needs. Such clinical services may include nursing and medical monitoring or treatment, use of over-the-counter medications for symptomatic relief, individual or group therapies specific to withdrawal, and withdrawal support.
- **ASAM 1-WM, ASAM 2-WM: Therapies** offered by ambulatory withdrawal management services include: a. Individual assessment, b. Medication or non-medication methods of withdrawal management, c. Patient education, d. Non-pharmacological clinical support, e. Involvement of family members or significant others in the withdrawal management process, f. Discharge or transfer planning, including referral for counseling and involvement in community recovery support groups, g. Physician and/or nurse monitoring, h. Physician and/or nurse daily assessment of progress during withdrawal management and any treatment changes (or less frequent, if the severity of withdrawal is sufficiently mild or stable), i. Physician and/or nurse management of signs and symptoms of intoxication and withdrawal, j. The program has documentation that the number of hours allocated to other treatment services (e.g., recovery counseling) at ambulatory withdrawal management is separate from, and does not include, those to be allocated for withdrawal management in an ambulatory setting.



Policy and Procedure Review: Types of Services

- **ASAM 1.0, ASAM 1-WM: Addiction Pharmacology** Specific program characteristics and criteria for OTPs using methadone and/or buprenorphine are presented here as a Level 1 service because an outpatient setting is the context in which opioid agonist medications are most commonly offered.
- **ASAM 2-WM, ASAM 2.1, ASAM 2.5: Addiction Pharmacology** . Patients receiving Level 2 substance use and co-occurring disorder care can be referred to or otherwise be concurrently enrolled in OTP or OBOT services, and patients in Level 2 care can be prescribed buprenorphine while receiving psychosocial services in the level of addiction care most appropriate given their severity of illness and their assets and resiliencies.



Policy and Procedure Review: Staffing

- **ASAM 1.0 Co-Occurring Enhanced: Documentation — Licensed, Certified, or Registered Clinicians** The provider has documentation that: Staff of Level 1 co-occurring enhanced programs include credentialed mental health trained personnel who are able to assess, monitor, and manage the types of severe and chronic mental disorders seen in a Level 1 setting, as well as other psychiatric disorders that are mildly unstable. Such staff is knowledgeable about the management of co-occurring mental and substance-related disorders, including assessment of the patient's stage of readiness to change and engagement of patients who have co-occurring mental disorders.
- **ASAM 1.0: Adolescent: Documentation — Licensed, Certified, or Registered Clinicians** The provider has documentation that the team of licensed, certified, or registered clinicians are knowledgeable about adolescent development and experienced in working with and engaging adolescents.
- **ASAM 2.1 Co-Occurring: Documentation — Licensed, Certified, or Registered Clinicians** a. The policies for a provider with a co-occurring capable program documents that it is staffed by appropriately credentialed mental health professionals, who assess and treat co-occurring mental disorders. b. The procedures outline how clinical leadership and oversight is offered by an addiction specialist physician, or at a minimum, outlines how to consult with an available addiction psychiatrist.



Policy and Procedure Review: Staffing (cont.)

- **ASAM 2.1 Adolescent: Documentation — Licensed, Certified, or Registered Clinicians** The provider with an adolescent program has documentation that staff should be knowledgeable about adolescent development and experienced in engaging and working with adolescents. Clinical staff who assess and treat adolescents are able to recognize the need for specialty evaluation and treatment for intoxication or withdrawal and are able to arrange for such evaluation or treatment in a timely manner.
- **ASAM 2.5 Co-Occurring Staff: Documentation — Licensed, Certified, or Registered Clinician** a. Co-occurring enhanced programs are staffed by appropriately credentialed mental health professionals, who assess and treat co-occurring mental disorders. b. The program has documentation that co-occurring enhanced programs provide ongoing intensive case management for highly crisis-prone (and often homeless) patients with co-occurring disorders. Such case management is delivered by cross-trained, interdisciplinary staff through mobile outreach, and involves engagement-oriented addiction treatment, and psychiatric programming.
- **ASAM 2.5 Adolescent Staff: Documentation — Licensed, Certified, or Registered Clinicians** a. Staff for an adolescent level 2.5 are knowledgeable about adolescent development and are experienced in engaging and working with adolescents. b. Policies and procedures exist for clinical staff to assess and treat adolescents and arrange for specialty evaluation and treatment for intoxication or withdrawal in a timely manner. 2.5-WM: Appropriately licensed and credentialed staff are available to administer and/or monitor medications and to provide individual or group education about the medications and their use. Nursing care is available and appropriate to the services provided.



Policy and Procedure Review: Staffing (cont.)

- **ASAM 2.1 Enhanced Programs Providing WM: Staff** — The provider offers: a. Appropriately trained personnel who are competent to implement physician-approved protocols for patient observation, supervision, treatment (including the use of over-the-counter medications for symptomatic relief), and determination of the appropriate LOC. b. Nursing and/or medical evaluation and consultation, which are available 24 hours a day to monitor the safety and outcome of withdrawal management efforts, in accordance with practice guidelines for patient treatment or transfer. c. Clinicians who assess and treat adolescents are able to obtain and interpret information regarding the signs and symptoms of intoxication and withdrawal, as well as the appropriate treatment and monitoring of those conditions and the best way to facilitate the adolescent's transition to ongoing care.
- **ASAM 1-WM, ASAM 2-WM Staff: Documentation — Licensed, Certified, or Registered Clinicians** The provider has : a. Ambulatory withdrawal management services are staffed by physicians and nurses, who are essential but need not be present in the treatment setting at all times. Physician assistants or nurse practitioners may perform the duties designated for a physician under collaborative agreements or other requirements of the medical practice act in PA. Note: Physicians do not need to be certified as addiction specialist physicians and nurses do not need to be certified as addiction nurses, but training and experience in assessing and managing intoxication and withdrawal states is necessary. b. The provider has documentation that medical and nursing personnel are readily available to evaluate and confirm that withdrawal management in the less supervised setting is relatively safe. c. The services of counselors, psychologists, and social workers are available through the withdrawal management service or may be accessed through affiliation with other entities providing Level 1 services. d. The training tab documents that all clinicians who assess and treat patients are trained on ASAM.



Policy and Procedure Review: Care Coordination

- **ASAM 1.0: Documentation — Support Services — Co-Occurring Enhanced** a. The facility has Level 1 co-occurring enhanced programs offer or coordinate ongoing intensive case management for highly crisis-prone (and often homeless) individuals with co-occurring disorders, if applicable. Note: this is in addition to medical, psychiatric, psychological, laboratory, and toxicology services, direct affiliation to more intensive LOCs and medication management and the availability of emergency services available via telephone 24/7 Note: the documentation should note that the facility must complete a referral and include external case managers in treatment planning if intensive case management is not offered on site. b. The facility has documentation that intensive case management services are delivered by cross-trained interdisciplinary staff through mobile outreach and engagement-oriented psychiatric and addictive disorders programming.
- **ASAM 1-WM** Availability of specialized psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive problems as indicated.
- **ASAM 2-WM** Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems.
- **ASAM 2.5: Adolescent** The facility has medical, psychological, psychiatric, laboratory, and toxicology, educational, occupational, and other services needed by adolescents are available through consultation or referral.
- **ASAM 2.5: Adolescent** Medical and psychiatric consultation is available within 8 hours by telephone and within 48 hours face-to-face (depending on the urgency of the situation) through on-site services, referral to offsite services, or transfer to another LOC.



Policy and Procedure Review: Care Coordination (cont.)

- **ASAM 1-WM, ASAM 2-WM** The facility has an affiliation with other LOCs, including other levels of specialty addiction treatment, for additional problems identified through a comprehensive biopsychosocial assessment.
- **ASAM 1-WM, ASAM 2-WM** The facility has 24-hour access to emergency medical consultation services exists should such services become indicated.
- **ASAM 2.1, ASAM 2.5 Documentation — Support Services — Co-Occurring Enhanced**
 - a. The facility has Level 2.1 and 2.5 co-occurring enhanced programs offer (on-site) psychiatric services appropriate to the patient's mental health condition. Note: this is in addition to medical, psychiatric, psychological, laboratory, and toxicology services, direct affiliation to more intensive LOCs and medication management and the availability of emergency services available via telephone 24/7.
 - b. The facility has documentation that psychiatric services are available by telephone and on-site, or closely coordinated offsite, within a shorter time than in a co-occurring capable program.
 - c. The facility has documentation that clinical leadership and oversight may be offered by a certified addiction medicine physician. At a minimum, the program has at least the capacity to consult with an addiction psychiatrist.



Policy and Procedure Review: Care Coordination (cont.)

- **ASAM 1-WM, ASAM 2-WM** The facility has the ability to conduct and/or arrange for appropriate laboratory and toxicology tests, which can be point-of-care testing. The facility has documentation that it has the ability to provide or assist in accessing transportation services for patients who lack safe transportation. The facility has documentation that it has the ability to obtain a comprehensive medical history and physical examination of the patient at admission. The facility has documentation that it has access to psychological and psychiatric consultation.
- **ASAM 2.5-WM: Adolescent** The facility has the Adolescent Level 2.5-WM support systems also feature: a. Availability of specialized clinical consultation and supervision for biomedical, emotional, cognitive, or behavioral problems related to intoxication or withdrawal management. b. Protocols used to determine the nature of the medical monitoring and/or interventions required (including the need for nursing or physician care and/or transfer to a more intensive LOC) are developed and supported by a physician who is knowledgeable in addiction medicine.

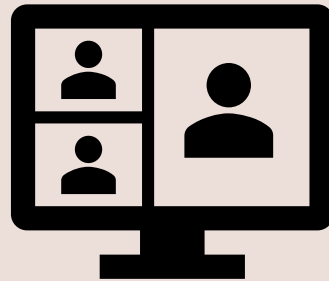


ASAM 3rd Edition Page References

ASAM 3 rd Edition	Co-occurring Enhanced	Adolescent	1-WM	2-WM
ASAM Admission Criteria	189; 200; 212	194; 205; 211	132	134
Comprehensive Biopsychosocial Assessment	189; 200; 212	185; 200; 211	133	135
Treatment Plan	189; 200; 212	185; 200; 211	133	135
Physical Exam	189; 200; 212	185; 200; 211	132	135
Utilization Reviews	186; 196–197; 212	185; 200; 211	133	134
Interventions	189; 199; 212	185; 199; 211	133–134	135–136
Types of Services	188; 198; 208	185; 198; 211	133; 134; 290	135; 136; 197
Staffing	188; 199; 209	187; 199; 210	133; 210	135; 210
Care Coordination	187; 199; 209	185; 200; 209	132	134



Next Call



Next Technical Assistance Call
August 4, 2025 @ 10:00AM



Pennsylvania
Department of Drug and
Alcohol Programs