

Organizational Self-Assessment: Readiness for ASAM III Tool

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ORGANIZATIONAL SELF-ASSESSMENT: READINESS FOR ASAM III TOOL

Introduction

Since the early 1990's, *The ASAM Criteria* has contributed to the development and refinement of a multidimensional and patient-centered approach to assessing needs, matching individuals to the appropriate level of care, and coordinating the array of services that support recovery across a clearly defined continuum of care. It has evolved to encompass and address emerging science and research, as well as changes in service systems and practices in substance use disorder (SUD) treatment and addiction medicine. This Organizational Self-Assessment: Readiness for ASAM III Tool (ASAM III Tool) is designed for providers to self-assess the alignment of their current addiction treatment programs and services with the ASAM levels of care under the Minnesota Substance Use Disorder System redesign and implementation initiative. This Tool will help identify areas of need in alignment with the Third Edition of *The ASAM Criteria* (ASAM III) **at minimum**, with the goal of preparing providers for the transition to meet the Fourth Edition of *The ASAM Criteria* (ASAM IV). It includes all levels of care to provide a comprehensive framework for assessing addiction treatment services, even if some levels, like 3.7 and 4.0, are not offered in Minnesota. This approach ensures consistency across states, helps identify service gaps, and supports referrals to care available elsewhere. Including all levels of care also helps providers understand the full continuum of care and plan for future system improvements.

The ASAM Criteria standards promote individualized care, creating a framework for assessing the range of concerns that can impact a patient's treatment and recovery needs. It also provides a consistent approach for making level of care recommendations and identifying when a patient may need to transition to a more or less intensive level of care. Additionally, it creates a shared language across treatment settings, providers, and payers that supports individuals in accessing the appropriate level of care at the right time to address their needs.

ASAM III is grounded in the following guiding principles:

- Admission to treatment is based on patient need.
- Patients receive a multidimensional assessment.
- Care is interdisciplinary, evidence-based, patient-centered, and grounded in shared decision-making, recognizing that many patients with SUD have co-occurring conditions.
- Patients move along the clinical continuum of care based on progress and outcomes.

ASAM III outlines a treatment continuum in four broad levels of care (outpatient treatment, intensive outpatient/high-intensity outpatient treatment, residential treatment, and medically managed inpatient treatment), characterized by varying intensities of clinical treatment services and the degree of medical care or oversight. Within these broad levels of care, decimal numbers indicate treatment intensity levels and define specific types of medical care provided. This tool specifically focuses on these key elements and the differences between program and service standards within these realms as defined in the ASAM III Criteria. It is not intended to specifically address state-specific licensing, billing, or regulatory standards.

The ASAM Criteria structures a multidimensional assessment around six dimensions, which are summarized in [Appendix A](#) and, for illustration purposes, compared to the dimension changes reflected in ASAM IV.

How to Use This Tool

The Organizational Self-Assessment: Readiness for ASAM III Tool consists of a level of care and staffing requirement rating sheet reflecting ASAM III. It also includes checklists to self-assess referral capacity and partnerships, as well as readiness for organizational change necessary for implementing and evolving ASAM level of care programs and services. It can be used to assess the current state of licensed programs by level of care and identify areas for improvement or expansion. For program administrators and interdisciplinary teams, it can serve as a mechanism to help recognize and prioritize key areas to address, which will help transition programs and services to prepare for ASAM IV, as well as prepare for emerging service and practice standards in Minnesota.

The Tool is structured so that you may choose to complete it in stages, depending on your program's unique circumstances. For example, some programs may be offering a new level of care or just starting out, while others may be further along in *The ASAM Criteria* implementation process. Providers, regardless of their readiness stage, can begin by first completing the ASAM III Rating Sheet. Then, depending on the insights revealed after completion, some program teams may choose to concentrate on indicated areas needing attention, while other programs that are further along or have fully implemented ASAM III, according to the ASAM III Rating Sheet results, may then choose to explore their readiness to implement ASAM IV. It is up to each program's team to determine their priorities, action steps, and timing for completing this readiness tool.

Step 1: Complete the ASAM III Rating Sheet.

The first step is to complete the [ASAM III Rating Sheet](#), which consists of two sections. You, in partnership with team members, will rate your program's current level(s) of care offered and current staffing. The combined results of each section will help you to identify areas in need of attention and provide insight into your stage of readiness to fully implement ASAM III.

Step 2: Record and Analyze ASAM III Rating Scores.

Record the total scores for your current level(s) of care and staffing in the subsequent [tables](#) provided and analyze the results. Determine whether there are any gaps or priorities that need to be addressed. For further exploration, work with your team to complete one or both of the [checklists](#).

Step 3: Address Gaps and Priorities.

As indicated by the rating sheet results and checklists, develop and implement strategies to address any gaps and priorities your team identified to fully align with ASAM III. Refer to the [resources](#) to support these implementation efforts.

Step 4: Assess ASAM IV Readiness.

When ready, refer to the Organizational Self-Assessment: Readiness for ASAM IV Tool to assess your SUD treatment program and services alignment with ASAM IV levels of care.

ASAM III Rating Sheet

The ASAM III Rating Sheet reflects SUD treatment as a continuum marked by broad levels of service, including an early intervention level. It also reflects settings that are clinically and medically managed.

Clinically managed levels of care are led by clinical staff, including psychologists, social workers, and counselors. A physician leads medically managed levels of care. Importantly, while not all levels of care are required to have medical staff, all are expected to support the continuation of addiction medication. This means all clinically managed levels of care require partnerships with external providers.

This rating sheet is not meant to be all-inclusive but will assist your program’s team in identifying components that may need extra attention and focus to reach alignment with the ASAM III Criteria.

Current Level of Care

Please insert the numerical answer that best reflects your program’s current circumstances. If the component does not apply to your program, mark the N/A (not applicable) box.

SERVICE LEGEND

Clinically managed level of care

Medically managed level of care

Current Level of Care	Description	Components	N/A [X]	Never [1]	Sometimes [2]	Mostly [3]	Always [4]
Level 0.5: Early Intervention	Services for individuals who, for a known reason, are at risk of developing substance-related problems, or for those with insufficient information to document a diagnosable SUD	Group, individual, or family counseling					
		SBIRT services, as well as planned educational experiences that focus on recognizing and avoiding harmful or high-risk substance use an/or addictive behavior					
		Appropriate documentation: Individualized progress notes in patient’s record reflecting treatment plan, patient’s response to interventions, and any adjustments to plan					
Level 0.5 Total							
Level 1: Outpatient Services	Level 1: Outpatient services, which can be provided in a wide variety of settings that meet state licensure or certification criteria	Medical, psychiatric, psychological, laboratory, and toxicology services are available onsite or through consultation or referral					
		Fewer than 9 contact hours/week for adults					
		Medical and psychiatric consultation available within 24 hours by telephone or in person, within appropriate timeframe to severity and urgency					

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		Individual biopsychosocial assessment conducted and reviewed by physician						
		Physical exam performed within a reasonable time						
		Individualized treatment plan developed						
		Co-occurring enhanced programs offered						
		Appropriate documentation: Individualized progress notes in patient’s record reflecting treatment plan, patient’s response to interventions, and any adjustments to plan						
		Level 1 Total						
		Level 1-Withdrawal Management (WM): Ambulatory WM without Extended Onsite Monitoring	Mild withdrawal with daily or less-than-daily outpatient supervision					
			Availability of specialized psychological and psychiatric consultation and supervision					
			Ability to obtain comprehensive medical history and physical examination at admission by physician, physician assistant, or nurse practitioner					
			Sufficient biopsychosocial screening assessments					
			Individualized treatment plan					
			Daily assessment of progress					
			Transfer/discharge planning beginning at admission					
			Referral and linking arrangements for counseling, medical, psychiatric, and continuing care					
			Affiliation with other levels of care					
			Ability to conduct and/or arrange appropriate laboratory and toxicology tests					
			24 hours/day 7 days per week (24/7) access to emergency medical consultation services as indicated					
			Appropriate documentation: Individualized progress notes in patient’s record reflecting treatment plan, patient’s response to interventions, and any adjustments to plan					
			Level 1-WM Total					
Level 2: Intensive Outpatient/Partial Hospitalization Services ¹	Outpatient services capable of meeting complex needs, delivering treatment services during the day, before or after work or school, and/or on weekends	Level 2.1: Intensive Outpatient Services ²	9–19 hours structured programming/week for adults, consisting primarily of counseling and education about addiction-related and mental health issues					
			Individual biopsychosocial assessment conducted					
			Individualized treatment plan developed					
			Treatment plan reviews conducted at specified times, as noted in plan					
			Planned format of therapies delivered individually and in groups, including family therapy					

¹ Level 2 referred to as Intensive Outpatient/High Intensity Outpatient Treatment in ASAM IV.

² No major changes in Level 2.1 from ASAM III to IV.

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	Services serve as point of entry or step down from more intensive levels of care		Co-occurring enhanced programs offered by telephone and onsite, or closely coordinated offsite					
			Appropriate documentation: Individualized progress notes in patient’s record reflecting treatment plan, patient’s response to interventions, and any adjustments to plan					
			Level 2.1 Total					
		Level 2.5: Partial Hospitalization Services (day treatment or partial hospital programs) ³	20 or more hours of service per week for multidimensional instability not requiring 24/7 care					
			Individual biopsychosocial assessment conducted					
			Individualized treatment plan developed					
			Treatment plan reviews conducted at specified times, as noted in plan					
			Planned format of therapies delivered individually and in groups, including family therapy					
			Co-occurring enhanced programs offered by telephone and onsite, or closely coordinated off site					
			Appropriate documentation: Individualized progress notes in patient’s record reflecting treatment plan, patient’s response to interventions, and any adjustments to plan					
			Level 2.5 Total					
		Level 2-WM: Ambulatory WM with Extended Onsite Monitoring Services provided in regularly scheduled sessions and under defined set of physician-approved policies and physician-monitored procedures or clinical protocols	Moderate withdrawal with all-day WM support and supervision; at night, supportive family or living situation					
			Availability of specialized clinical consultation and supervision					
			Ability to obtain comprehensive medical history and physical examination at admission					
			Access to psychological and psychiatric consultation					
			Affiliation with other levels of care					
			Ability to conduct and/or arrange for appropriate laboratory and toxicology tests					
			Individualized treatment plan					
			Daily assessment of progress					
			Discharge/transfer planning beginning at admission					
			Referral arrangements as needed					
			24/7 access to emergency medical consultation services					

³ No major changes in Level 2.5 from ASAM III to IV. However, Level 2 is referred to as Intensive High Intensity Outpatient Treatment in ASAM IV.

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			Appropriate documentation: Individualized progress notes in patient’s record reflecting treatment plan, patient’s response to interventions, and any adjustments to plan					
			Level 2-WM Total					
Level 3: Residential/Inpatient Services	Organized treatment services in 24/7 settings featuring planned and structured care regimen	Level 3.1: Clinically Managed Low-Intensity Residential Services	Planned clinical program activities; minimum 5 hours low-intensity SUD treatment/week					
			Services to improve patient’s ability to structure and organize daily living and recovery tasks					
			Addiction pharmacotherapy					
			Random drug screening					
			Motivational enhancement and engagement strategies					
			Counseling and clinical monitoring, including patient’s medication adherence					
			Recovery support and family/significant other support services					
			Physical exam performed within a reasonable time					
			Co-occurring enhanced programs offering appropriate psychiatric services, including medication evaluation and lab services provided onsite or closely coordinated offsite					
			Addiction physician reviews admission decision to confirm clinical necessity					
			Individual biopsychosocial assessment conducted					
			Individualized treatment plan					
			Treatment plan reviews conducted at specified times, as noted in plan					
			Ongoing transition/continuing care planning					
			Appropriate documentation: Individualized progress notes in patient’s record reflecting treatment plan, patient’s response to interventions, and any adjustments to plan					
		Level 3.2-WM: Clinically Managed Residential WM ⁴	Moderate withdrawal with 24/7 support based on clinical protocols to complete WM					
			Managed by clinicians					
			Daily clinical services to assess and address needs, including appropriate medical services, individual and group therapies, and withdrawal support					
			Addiction-focused history obtained as part of initial assessment and reviewed with physician during admission					
			Physical exam by physician, physician assistant, or nurse practitioner as part of initial assessment					

⁴ Standards for Level 3.2 - WM (ASAM III) have been integrated into 3.5 (ASAM IV).

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			Sufficient biopsychosocial screening assessment to determine level of care						
			Individualized treatment plan developed						
			Daily assessment of progress						
			Discharge/transfer planning beginning at admission						
			Referral arrangements as needed						
			Appropriate documentation: Individualized progress notes in patient’s record reflecting treatment plan, patient’s response to interventions, and any adjustments to plan						
			Level 3.2 Total						
			Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Services ⁵	24/7 care with trained counselors to stabilize multidimensional imminent danger; less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community					
		Daily clinical services							
		Planned clinical program activities							
		Random drug screening							
		Range of cognitive, behavioral, and other therapies administered on an individual and group basis; medication education and management, educational groups, and occupational or recreational activities							
		Counseling and clinical monitoring							
		Regular monitoring of adherence in taking any prescribed medications							
		Daily scheduled professional addiction and mental health treatment services							
		Clinical and didactic motivational interventions							
		Co-occurring enhanced programs offering appropriate psychiatric services							
		Individual biopsychosocial assessment conducted							
		Individualized treatment plan developed							
		Treatment plan reviews conducted at specified times, as noted in plan							
		Ongoing transition/continuing care planning							
		Appropriate documentation: Individualized progress notes in patient’s record reflecting treatment plan, patient’s response to interventions, and any adjustments to plan							
		Level 3.3 Total							
		Level 3.5: Clinically Managed High-Intensity Residential		24/7 care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment; able to tolerate and use full active milieu or therapeutic community					

⁵ Not included in ASAM IV. There is a new chapter on the management of cognitive impairment throughout the continuum of care.

		Services	Daily clinical services					
			Planned clinical program activities					
			Random drug screening					
			Range of cognitive, behavioral, and other therapies administered on an individual and group basis; medication education and management, educational groups, and occupational or recreational activities					
			Counseling and clinical monitoring					
			Regular monitoring of adherence in taking any prescribed medications					
			Daily scheduled professional addiction and mental health treatment services					
			Clinical and didactic motivational interventions					
			Co-occurring enhanced programs offering appropriate psychiatric services					
			Individual biopsychosocial assessment conducted					
			Individualized treatment plan developed					
			Treatment plan reviews conducted at specified times, as noted in treatment plan					
			Ongoing transition/continuing care planning					
			Appropriate documentation: Individualized progress notes in patient's record reflecting treatment plan, patient's response to interventions, and any adjustments to plan					
			Level 3.5 Total					
		Level 3.7: Medically Monitored Intensive Inpatient Services	Severe withdrawal with 24/7 nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3					
			Counseling available to engage patient in treatment					
			Psychiatric services available onsite, through consultation or referral available within 8 hours by telephone or 24 hours in person					
			Additional medical specialty consultation, psychological lab, and toxicology services available onsite, through consultation, or referral					
			Appropriate documentation: Individualized progress notes in patient's record reflecting treatment plan, patient's response to interventions, and any adjustments to plan					
			Level 3.7 Total					
		Level 3.7-WM: Medically Monitored Inpatient WM	Severe withdrawal with 24/7 nursing care and physician visits as necessary					
			Initial assessment reviewed by physician during admission process					
			Physical exam within 24 hours of admission and appropriate laboratory and toxicology testing (if step-down from Level 4, records of exam within the preceding 7 days evaluated by physician within 24 hours of admission)					
			Sufficient biopsychosocial screening assessments to determine level of care					

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			Individualized treatment plan					
			Daily assessment of progress					
			Discharge/transfer planning beginning at admission					
			Referral arrangements as needed					
			Appropriate documentation: Individualized progress notes in patient's record reflecting treatment plan, patient's response to interventions, and any adjustments to plan					
			Level 3.7-WM Total					
Level 4: Medically Managed Intensive Inpatient Services	Organized services delivered in an acute care inpatient setting	24/7 treatment in permanent facility with inpatient beds						
		Nursing assessment at admission and physician approval of the admission						
		24/7 monitoring: hourly or more frequent until improvement begins, then every 2 to 3 hours						
		Comprehensive history and physical exam performed by physician within 12 hours of admission						
		Medically directed evaluation and treatment services managed by a physician						
		Support systems representing full range of acute care services, specialty consultation, and intensive care services						
		Individualized array of treatment services for SUD, as well as any concurrent biomedical, emotional, behavioral, or cognitive problems						
		Cognitive, behavioral, motivation, pharmacologic, and other therapies on an individual or group basis depending on needs						
		Health education services						
		Planned clinical interventions						
		Services for patient's family, guardian, or significant other(s)						
		Individualized treatment plan						
		Co-occurring capable programs offering skilled assessment and monitoring						
		Co-occurring enhanced programs offering appropriate psychiatric services						
		Appropriate documentation: Individualized progress notes in patient's record reflecting treatment plan, patient's response to interventions, and any adjustments to plan						
		Level 4 Total						
		Level 4-WM: Medically Managed Intensive Inpatient WM	Severe, unstable withdrawal with 24/7 medically directed evaluation and WM in acute care inpatient setting requiring primary medical and nursing care services					
			Availability of specialized medical consultation					
			Full medical acute care services					
			Intensive care services as needed					
			Comprehensive nursing assessment at admission					
			Approval of admission by physician					

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			Physical exam within 12 hours of admission and appropriate laboratory and toxicology testing					
			Sufficient biopsychosocial screening assessments to determine placement and individualized care plan					
			Discharge/transfer planning beginning at admission					
			Referral arrangements as needed					
			Individualized treatment plan					
			Daily assessment of progress					
			Appropriate documentation: Individualized progress notes in patient's record reflecting treatment plan, patient's response to interventions, and any adjustments to plan					
			Level 4-WM Total					

Current Staffing

Please insert the numerical answer that best reflects your program’s current circumstances. If the component does not apply to your program, mark the N/A (not applicable) box.

SERVICE LEGEND

Clinically managed level of care

Medically managed level of care

Current Staffing	Description	Components		N/A [X]	Never [1]	Sometimes [2]	Mostly [3]	Always [4]
Level 0.5: Early Intervention	Staffed by trained personnel knowledgeable about biopsychosocial dimensions of substance use and addictive disorders	Physicians, especially primary care physicians and emergency medicine physicians involved in screening and brief intervention activities						
		Certified and/or licensed addiction counselors involved in screening and brief intervention activities						
		Generalist health care professionals (social workers, nurses, health educators) involved in screening and brief intervention activities						
		Level 0.5 Total						
Level 1: Outpatient Services	Staffed by appropriate credentialed and/or licensed treatment professionals, including generalist physicians	Certified and/or licensed addiction counselors offering most counseling services						
		Addiction specialist physicians provide medication management or integrated psychosocial services/medication management in referral from generalist physicians, mental health professionals, or certified and/or licensed addiction counselors						
		Program staff obtain and interpret patient information regarding biopsychosocial needs and are knowledgeable about biopsychosocial dimensions, including assessment if readiness to change stage						
		Program staff monitor stabilized mental health problems and recognize any instability in patients with co-occurring conditions						
		Staff of co-occurring enhanced programs include credentialed mental health trained personnel able to assess, monitor, and manage severe and chronic mental disorders, as well as other psychiatric disorders that are mildly unstable						
		Level 1 Total						
		Level 1 – WM: Ambulatory WM without Extended Onsite Monitoring	Medical and nursing personnel readily available to evaluate and confirm WM in less supervised setting is relatively safe					
			Staffed by physicians and nurses, although they need not always be present					
			Level 1-WM Total					
Level 2: Intensive Outpatient/Partial	Staffed by an interdisciplinary team of appropriately	Level 2.1: Intensive Outpatient Services ⁷	Physicians with specialty training and/or experience in addiction medicine or addiction psychiatry					

⁷ No major changes in Level 2.1 from ASAM III to IV.

Organizational Self-Assessment: Readiness for ASAM III Tool

Current Staffing	Description	Components		N/A [X]	Never [1]	Sometimes [2]	Mostly [3]	Always [4]
Hospitalization Services ⁶	credentialed addiction treatment professionals, including counselors, psychologists, social workers, mental health professionals, and addiction-credentialed physicians who assess and treat substance use and other addictive disorders		Program staff able to obtain and interpret information regarding biopsychosocial needs					
			Generalist physicians provide general medical evaluations and concurrent/integrated general medical care					
			May also be staffed by allied health staff (certified peer support specialists, patient navigators, health educators, counselor aids)					
			Clinical leadership and oversight offered by an addiction specialist physician					
			Level 2.1 Total					
		Level 2.5: Partial Hospitalization Services	Program director with minimum of master’s degree in field related to clinical behavioral health and at least 5 years documented experience in addiction treatment					
			Physicians with specialty training and/or experience in addiction medicine or addiction psychiatry					
			Program staff able to obtain and interpret information regarding biopsychosocial needs					
			Allied health staff (certified peer support, health educators, patient navigators)					
			Generalist physicians provide general medical evaluations and concurrent/integrated general medical care					
			Clinical leadership and oversight offered by a certified and/or licensed addiction psychiatrist					
			Level 2.5 Total					
		Level 2-WM: Ambulatory WM with Extended Onsite Monitoring	Physicians and nurses available to evaluate and confirm WM in less supervised setting is safe					
			Counselors, psychologists, and social workers available through WM services or affiliation with entities providing other Level 2 services					
			Level 2- WM Total					
Level 3: Residential Treatment	Staffed 24 hours/day with interdisciplinary team of appropriately trained and supervised addiction treatment	Level 3.1: Clinically Managed Low-Intensity	Allied health professional staff available onsite 24/7or as required by licensing regulations					
			Appropriately trained/credentialed medical, addiction, and mental health professionals					

⁶ No major changes in Level 2.5 from ASAM III to IV. However, Level 2 is referred to as Intensive High Intensity Outpatient Treatment in ASAM IV.

Organizational Self-Assessment: Readiness for ASAM III Tool

Current Staffing	Description	Components		N/A [X]	Never [1]	Sometimes [2]	Mostly [3]	Always [4]
	professionals acting within their state-regulated scopes of practice	Residential Services ⁸	Clinical staff knowledgeable about biological and psychosocial dimensions of SUD and treatment; able to identify signs and symptoms of acute psychiatric conditions					
			Level 3.1 Total					
		Level 3.2-WM: Clinically Managed Residential WM ⁹	Appropriately credentialed personnel training and competent to implement physician-approved protocols					
			Level 3.2-WM Total					
		Level 3.3: Clinical Managed Population-Specific High-Intensity Residential Treatment ¹⁰	Physicians or physician extenders and appropriately credentialed mental health professionals					
			Allied health professional staff available onsite 24/7or as required by licensing regulations					
			Clinical staff knowledgeable about biological and psychosocial dimensions of SUD and treatment; able to identify signs and symptoms of acute psychiatric conditions					
			Level 3.3 Total					
			Level 3.5: Clinically Managed High-Intensity Residential Services					
			Licensed or credentialed clinical staff (addiction counselors, social workers, licensed professional counselors)					
			Allied health professional staff available onsite 24/7or as required by licensing regulations					
			Clinical staff knowledgeable about biological and psychosocial dimensions of SUD and treatment; able to identify signs and symptoms of acute psychiatric conditions					
			Level 3.5 Total					
		Level 3.7 Medically Monitored Intensive Inpatient Services	Licensed physician monitoring, nursing care, and observation					
			Registered nurse (RN) to conduct alcohol or other drug-focused nursing assessment at admission					

⁸ Level 3.1 in ASAM IV was updated to incorporate more clinical service hours and structured services 7 days/wk.
⁹ Standards for Level 3.2 - WM (ASAM III) have been integrated into 3.5 (ASAM IV).
¹⁰ Not included in ASAM IV. There is a new chapter on the management of cognitive impairment throughout the continuum of care.

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Current Staffing	Description	Components		N/A [X]	Never [1]	Sometimes [2]	Mostly [3]	Always [4]
			Addiction psychiatrists and appropriately credentialed behavioral health professionals able to assess and treat co-occurring psychiatric disorders and have specialized training in behavior management techniques and evidence-based practices					
			Additional medical specialty consultation available onsite or referral					
		Level 3.7-WM: Medically Monitored Inpatient WM	Level 3.7 Total					
			24/7 nursing care					
			Physicians available 24/7 by telephone; physician visits as necessary					
			RN or other licensed and credentialed nurse available to conduct a nursing assessment on admission; responsible for overseeing and monitoring of progress and medication administration on an hourly basis if needed					
			Licensed, certified, or registered clinicians provide planned regimen of 24/7-directed evaluation, care, and treatment services					
			Interdisciplinary team of appropriately trained clinicians available to assess and treat patients; number and disciplines appropriate to range and severity of patient problems					
			Level 3.7-WM Total					
Level 4: Medically Managed Intensive Inpatient Services	Staffed 24 hours/day with interdisciplinary team of appropriately trained and credentialed clinical staff who assess and treat patients with severe SUD	If specialty addiction service, physician is frequently an addiction specialist physician						
		If acute psychiatric facility, physician ideally an addiction specialist psychiatrist						
		Team of appropriately trained and credentialed professionals providing medical management by physicians 24/7, primary nursing care and observation 24/7, and professional counseling services 16 hours/day						
		Facility-approved addiction counselors or licensed, certified, or registered addiction clinicians						
		Co-occurring enhanced programs staffed by appropriately cross-trained credentialed addiction and mental health professionals						
		Co-occurring capable programs ideally led by a certified addiction psychiatrist						
		Level 4 Total						
		Level 4-WM: Medically Managed Intensive Inpatient WM	Physicians available 24/7					
			RN or other licensed and credentialed nurse available for primary nursing care and observation 24/7					
			Facility-approved addiction counselors or licensed, certified, or registered addiction clinicians available 8 hours/day					

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Current Staffing	Description	Components		N/A [X]	Never [1]	Sometimes [2]	Mostly [3]	Always [4]
			Interdisciplinary team of appropriately trained clinicians, counselors, social workers, and psychologists available to assess and treat patients with SUD					
			Level 4-WM Total					

Total ASAM III Ratings

Record your total scores for your current level(s) of care and staffing in the tables below. The higher the scores, particularly in the “Always,” category, indicates greater likelihood of optimal readiness of fully implementing ASAM III to fidelity.

- If your responses are predominantly “Never,” or “Sometimes,” it is recommended that you and your team explore ways to address any identified gaps and discuss how you might prepare to fully implement ASAM III. Consider completing both the [organizational change](#) and/or [referral capacity and partnership](#) checklists and referring to the [resources](#) to support implementation efforts.
- If your responses are a mix of “Never,” “Sometimes,” “Mostly,” and “Always,” it is recommended that you and your team identify areas of need and discuss how you might want to address them. Consider completing one or both of the [checklists](#), and refer to the [resources](#) to support implementation efforts.
- If your responses are a combination of “Mostly” and “Always,” it is recommended that you and your team complete one or both of the [checklists](#) to identify any areas of need that could be more closely aligned with ASAM III. When you are ready, consider preparing for ASAM IV using the Organizational Self-Assessment: Readiness for ASAM IV Tool.

Total ASAM III Ratings - continued

Current Level of Care – Total Scores					
	N/A	Never	Sometimes	Mostly	Always
Level 0.5					
Level 1					
Level 1-WM					
Level 2.1					
Level 2.5					
Level 2-WM					
Level 3.1					
Level 3.2-WM					
Level 3.3					
Level 3.5					
Level 3.7					
Level 3.7-WM					
Level 4					
Level 4-WM					

Current Staffing – Total Scores					
	N/A	Never	Sometimes	Mostly	Always
Level 0.5					
Level 1					
Level 1-WM					
Level 2.1					
Level 2.5					
Level 2-WM					
Level 3.1					
Level 3.2-WM					
Level 3.3					
Level 3.5					
Level 3.7					
Level 3.7-WM					
Level 4					
Level 4-WM					

Checklists

Organizational Change Checklist

Organizational change refers to actions in which a company or business alters a major component of its organization, such as its culture, the underlying technologies or infrastructure it uses to operate, or its internal processes. Organizational change management is the process of guiding organizational change to a successful resolution, typically including three major phases: preparation, implementation, and follow-through.¹¹ The following organizational change checklist will assist you in building on your program’s current efforts and preparing for organizational change needed to fully apply the guiding principles of *The ASAM Criteria*.

Please respond to each of the following statements by marking “yes” or “no” in the corresponding columns.	Yes	No
Leaders of my organization are knowledgeable and supportive of ASAM implementation.		
A strong leader with authority has been designated to be responsible for making the changes.		
Leaders talk about <i>The ASAM Criteria</i> in their communications.		
Leaders have been trained on <i>The ASAM Criteria</i> .		
An individual is designated to oversee and assure all staff are trained on <i>The ASAM Criteria</i> .		
Audits are conducted to assess the level of ASAM integration into the counseling processes.		
Ongoing ASAM-specific data review and assessment are used as part of the quality improvement process.		
Quality assurance activities are in place to assure fidelity to <i>The ASAM Criteria</i> .		
Staff have been cross trained to understand signs and symptoms of mental disorders and can explain uses of psychotropic medications and interactions with SUDs.		
Staff job descriptions establish expectation of using <i>The ASAM Criteria</i> in their day-to-day work.		
Staff receive training and supervision on how to apply <i>The ASAM Criteria</i> .		
Counseling staff have been trained on <i>The ASAM Criteria</i> .		

¹¹ Stobierski, T. (2020, January 21). [Organizational change management: what it is & why it’s important](https://online.hbs.edu/blog/post/organizational-change-management#:~:text=Organizational%20change%20refers%20to%20the%20actions%20in%20which,it%20uses%20to%20operate%2C%20or%20its%20internal%20processes). Harvard Business School online. <https://online.hbs.edu/blog/post/organizational-change-management#:~:text=Organizational%20change%20refers%20to%20the%20actions%20in%20which,it%20uses%20to%20operate%2C%20or%20its%20internal%20processes>

Organizational Change Checklist - continued

Total number of “yes” responses: _____

Total number of “no” responses: _____

The number of “yes” responses compared with “no” responses will offer insight into the areas your program may want to work on and prioritize to fully implement ASAM III.

Referral Capacity and Partnership Checklist

Assessing your program’s capacity for referrals and partnerships is outlined in ASAM III and essential for programmatic implementation success. Please note this is not a comprehensive list. Please refer to the ASAM III Criteria regarding all referrals and partners.

Please respond to each of the following components by marking “yes,” “no,” or not applicable (N/A) in the corresponding columns.

Level of Care		Component	Yes	No	N/A
All Levels of Care	Access to psychological and psychiatric consultation				
	Direct affiliations with (or close coordination through referral) to more and less intensive levels of care and supportive housing services				
Level 0.5	Referral for and linking to ongoing treatment of substance use or addictive disorders treatment if person found to meet diagnostic criteria for addiction				
	Referral for medical, psychological, or psychiatric services, including assessment				
	Referral for community social services				
Level 1-WM	Availability of specialized psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive problems as indicated				
	Ability to conduct and/or arrange for appropriate lab and toxicology tests, which can be point-of-care testing (capacity to obtain tests at the site of patient care and receive rapid test results to inform care)				
	24-hour access to emergency medical consultation services should services become indicated				
	Ability to provide or assist in accessing transport services for patients who lack safe transport				
Level 2: All	Medical, psychological, psychiatric, laboratory, and toxicology services through consultation or referral				
	Emergency services available by telephone 24/7				
	Psychiatric and other medical consultation available within 24 hours by telephone and within 72 hours in person				
	Co-occurring enhanced programs offered by telephone and onsite or closely coordinated onsite				
Level 3: All	Telephone or in-person consultation with a physician and emergency services available 24 hrs./day, 7 days a week				
	Co-occurring enhanced programs offering appropriate psychiatric services, including medication evaluation and lab services provided onsite or closely coordinated offsite				
	Ability to arrange for needed procedures as appropriate to severity and urgency				
	Ability to arrange for pharmacotherapy for psychiatric or medications for addiction treatment				
Level 3.2	Medical evaluation and consultation available 24/7, in accordance with treatment/transfer practice protocols and guidelines				
	Ability to arrange for appropriate lab and toxicology tests				
Level 3.7	Additional medical specialty consultation, psychological, laboratory, and toxicology services available onsite through consultation or referral				
Level 4	Access to all services and the necessary support systems to include a full range of acute care services, specialty consultation, and intensive care service				

Referral Capacity and Partnership Checklist - continued

Total number of “yes” responses: _____

Total number of “no” responses: _____

The number of “yes” responses compared with “no” responses will offer insight into the areas your program may want to work on and prioritize to fully implement ASAM III.

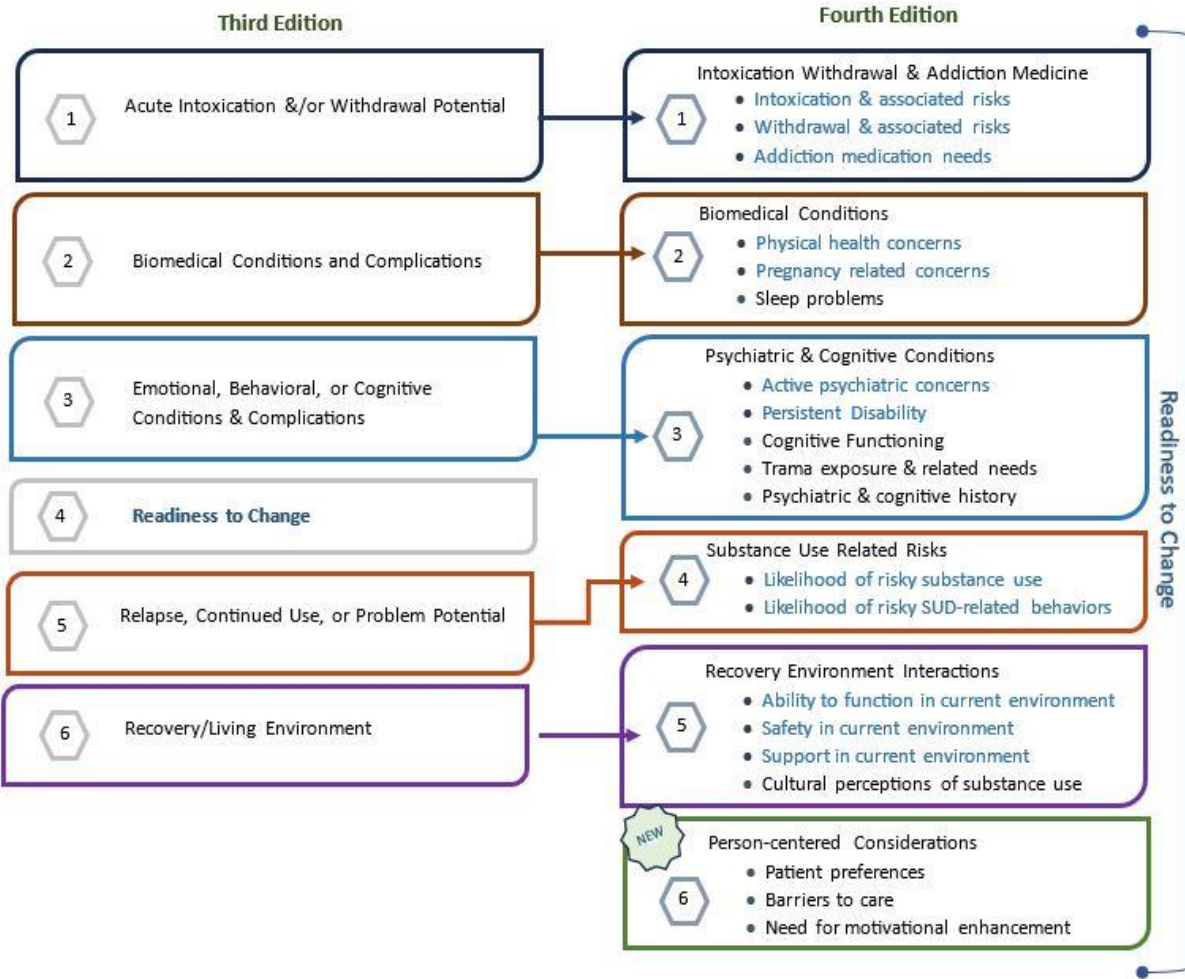
Appendix A: Dimensions

Assessments are clinical evaluations used to obtain information on individual health concerns and related service needs. *The ASAM Criteria* defines two types of assessments: (1) the level of care assessment, used to determine the recommended level of care, and (2) the treatment planning assessment, used to develop an individualized patient treatment plan. Both assessments are multidimensional, considering the broad range of biomedical, psychological, and sociocultural factors influencing patient treatment and recovery support needs.

The assessments are designed to:

- 1. Recommend the least restrictive or intensive level of care where the patient can be safely and effectively treated.
- 2. Maximize the patient’s safety and function while minimizing distractions to recovery.¹²

The ASAM Criteria uses six Dimensions to create a holistic, biopsychosocial assessment of an individual, which is used for service planning and treatment across all services and levels of care.¹³



Adapted from [The ASAM Criteria Fourth Edition Overview of Changes](#) and [Introduction to the Fourth Edition of The ASAM Criteria](#)

¹² Waller, R.C., Boyle, M.P., Davis, S. R., et al, eds. *The ASAM Criteria: Treatment criteria for addictive substance-related, and co-occurring conditions, volume 1: adults* (4th ed.). <https://www.asam.org/asam-criteria>

¹³ Ibid.

Appendix A: Dimensions – continued

Slight modifications to these six dimensions were made in ASAM IV.

- The language was simplified to align with the dimensional admission criteria framework of ASAM IV.
- Changes were also made to the admission and assessment criteria.
- Each dimension is broken down into actional subdimensions representing key clinical components of the dimension.
- The dimensions are reordered from ASAM III.
 - Readiness to change, which was in Dimension 4 of ASAM III, is now considered within each Dimension in ASAM IV.
 - Dimensions 5 and 6 in ASAM III are now Dimensions 4 and 5 in ASAM IV.
- The ASAM IV subdimensions are considered in the dimensional admission criteria and contribute to the level of care recommendation.
- Dimension 6 in ASAM IV is used as a foundation for shared decision-making to determine what level of care the patient is willing and able to engage in. All subdimensions are considered when developing the treatment plan.

Appendix B: Resources

Below is a collection of featured ASAM resources that are intended to serve as a *starting place* for you and your team members and not an exhaustive list. These resources offer implementation guidance, pathways, solutions, or tools that can help you begin to prepare and think through your program's next steps and priorities toward full implementation of *The ASAM Criteria*.

[ASAM Criteria Interview Assessment Guide](#) — Developed by ASAM in partnership with UCLA Integrated Substance Abuse Programs.

- Provides first publicly available standardized ASAM Criteria assessment and free to all clinicians.

[ASAM Criteria Implementation Guide](#)

- Guides programs to implement *The ASAM Criteria* more effectively *and* uses the evidence-based NIATx model for process improvement.
- Offers training and consultation through The Change Companies in partnership with NIATx.

[ASAM Criteria Software](#)

- Suggests diverse ASAM Criteria software solutions to meet practice needs.

[ASAM Level of Care Certification](#) — Administered by CARF® International.

- Accepts applications, conducts site surveys, and issues independent certification decisions.
- Assesses treatment program's capacity to deliver an ASAM level of care.
- Offers training and other educational resources to help programs prepare for certification.

[ASAM Implementation Tools](#)

- Aims to help clinicians, payers, managed care entities, and policymakers effectively implement *The ASAM Criteria*.

[ASAM Training and Consulting](#)

- Offers live and online courses to help counselors, social workers, administrators, utilization review staff and others develop patient-centered service plans and make objective decisions about patient admission, continued service, and transitions in care.
- Arranges for licensed trainers to provide instruction on *The ASAM Criteria*.

Appendix B: Resources – continued

[The ASAM Criteria Fourth Edition Overview of Changes](#)

- Summarizes the changes from ASAM III to ASAM IV.
Of note: A summary of changes to the levels of care is included in Appendix A (pages 535-537) of [The ASAM Criteria: Treatment Criteria for Addictive Substance-Related, and Co-occurring Conditions](#).

[The ASAM Criteria Fourth Edition Supplemental Reference Materials](#)

- Contains appendices with core reassessment measures, standardized instruments, and resources, as well as abbreviations and acronyms.

[Toolkit for Policymakers and Other Stakeholders](#)

- Lists strategies and potential pathways interested states can pursue for integrating *The ASAM Criteria*.
- Presents an overview of existing implementation tools and highlights examples from current state efforts.
- Features model legislative, regulatory, and contractual language from which interested states can draw.

[Quick Resources](#)

- Furnishes a downloadable PDF includes continuum of care overview, core service characteristics, risk rating list and tracker, level of care flow chart, and more.

Appendix C: References

American Society of Addiction Medicine. (2023). *ASAM Criteria implementation guide*. <https://shop.changecompanies.net/products/asam-criteria-implementation-guide>

American Society of Addiction Medicine. (2023). *The ASAM Criteria implementation tools*. <https://www.asam.org/asam-criteria/implementation-tools>

Hazelden Betty Ford Foundation. (2023). *Overview of changes for The ASAM Criteria fourth edition*. <https://e2.hazeldenbettyford.org/l/220262/2023-11-13/2bv7rf>

Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., Miller, M. M., & Provence, S. M. (2013). *The ASAM Criteria: Treatment for addictive, substance-related, and co-occurring conditions* (3rd ed.). American Society for Addiction Medicine. <https://www.asam.org/asam-criteria/asam-criteria-3rd-edition>

Stobierski, T. (2020, January 21). *Organizational change management: What it is & why it's important*. *Harvard Business School Online*. <https://online.hbs.edu/blog/post/organizational-change-management#:~:text=Organizational%20change%20refers%20to%20the%20actions%20in%20which,it%20uses%20to%20operate%2C%20or%20its%20internal%20processes>

Waller, R. C., Boyle, M. P., Davis, S. R., et al., eds. *The ASAM Criteria: Treatment criteria for addictive substance-related, and co-occurring conditions, volume 1: Adults* (4th ed.). <https://www.asam.org/asam-criteria>