



ASAM Fourth Edition Level 3.5 Implementation Workflow

PROVIDER AMBASSADOR PROGRAM

UPDATED: MAY 2025

Provider Ambassador Program

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Introduction

The American Society of Addiction Medicine (ASAM) Criteria Fourth Edition introduces updated standards for substance use disorder treatment. Level 3.5, Clinically Managed High-Intensity Residential Services, requires agencies to provide a structured therapeutic environment for individuals with complex needs. To ensure successful implementation, agencies must assess current operations, identify alignment gaps, and take strategic action toward full compliance with the ASAM Fourth Edition standards.

How to Use This Workflow

1. Review each section of the workflow with your implementation team.
2. Assess your current state of alignment with ASAM Fourth Edition criteria.
3. Use the checklist of action items to identify tasks that need to be completed.
4. Assign responsibilities and track completion using the checkboxes provided.
5. Document all progress and training to ensure mastery and demonstrate readiness to leadership and accrediting bodies.

Level 3.5 ASAM Fourth Edition Alignment Table

Domain	Key Action Items	Evidence/Notes	Action Item(s) & Responsible Parties
<i>Population Served</i>	☐ Review and update admission and transition criteria for 3.5 level of care.		



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Domain	Key Action Items	Evidence/Notes	Action Item(s) & Responsible Parties
	☐ Ensure marketing and referral materials reflect accurate eligibility.		
	☐ Train clinical and intake teams on updated dimensions, new subdimensions, and risk ratings.		
	☐ Train clinical team on assessing for appropriate levels of care.		
	☐ Train clinical team on reassessment to determine appropriate levels of care for movement across the care continuum.		
<i>Personnel Requirements</i>	☐ Assess 24/7 coverage and confirm credentialed personnel availability.		
	☐ Update job descriptions to align with 3.5 competencies.		



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Domain	Key Action Items	Evidence/Notes	Action Item(s) & Responsible Parties
	☐ Develop a personnel training plan to meet ASAM expectations.		
	☐ Ensure clinical coverage to meet the minimum of 20 hours per week of clinical services, to be delivered 7 days per week. Provide individual, family, and crisis support. This may require consideration of alternative work schedules.		
	☐ Review credential of existing program director to ensure a master's degree in a related field and at least 5 years of addiction treatment.		
	☐ Develop a personnel training plan for medication storage and observation of		



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Domain	Key Action Items	Evidence/Notes	Action Item(s) & Responsible Parties
	self-administration of medication(s).		
	☐ Recruit and onboard medical director.		
<i>Medical Monitoring</i>	☐ Medical director develops/approves policies, protocols, and procedures related to ensuring appropriateness for admission and clinical monitoring of mild intoxication withdrawal.		
	☐ Establish workflow for completion of physical exams within 72-hours of admission or prior to admission if self-administration of medications is to occur.		
	☐ Ensure 24/7 on-call availability of physician or advanced practice provider		



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Domain	Key Action Items	Evidence/Notes	Action Item(s) & Responsible Parties
	☐ Ensure policies and procedures for medication storage and observation of self-administration of medication(s).		
	☐ Develop policies, protocols, and procedures for initiation and/or continuation of addiction medications.		
	☐ Establish policies and procedures for responding to urgent medical and psychiatric needs 24/7.		
Therapeutic Environment	☐ Review and update daily programming schedules.		
	☐ Ensure there is a clear plan for which evidence-based curriculum will be used, minimizing duplication for program participants		



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Domain	Key Action Items	Evidence/Notes	Action Item(s) & Responsible Parties
	(recommend evaluating based on which curriculum is used in other levels of care as well).		
	☐ Ensure all clinical personnel are trained in the selected EBPs		
	☐ Ensure milieu activities support recovery-focused, structured living.		
	☐ Gather feedback from residents on environmental support.		
<i>Treatment Planning</i>	☐ Ensure treatment plans use BHA-compliant language.		
	☐ Train clinicians on individualized, needs-based treatment and service planning.		



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	☐ Update workflows for weekly treatment plan reviews.		
	☐ Implement a schedule of supervision quality reviews for treatment plan quality.		
<i>Co-occurring Capability</i>	☐ Integrate mental health and substance use disorder (SUD) assessment tools.		
	☐ Ensure a clear pathway exists for referral to same or next-day, withdrawal management (WM) and medications for addiction treatment (MAT) access.		
	☐ Develop workflows for co-occurring treatment delivery.		
	☐ Train personnel in co-occurring capable best practices.		



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<i>Clinical Documentation</i>	☐ Revise templates to align with BHA requirements.		
	☐ Ensure documentation reflects medical necessity.		
	☐ Create a schedule and design for record audits for fidelity to BHA requirements.		
<i>Length of Stay & Transitions</i>	☐ Develop process for ongoing multidimensional reassessment.		
	☐ Incorporate transition readiness tools into transition planning.		
	☐ Train personnel on dynamic transition criteria.		
<i>Cultural Responsiveness</i>	☐ Evaluate program alignment with Culturally and Linguistically		



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	Appropriate Services (CLAS) standards.		
	☐ Offer ongoing training in cultural humility and equity.		
	☐ Partner with diverse community organizations for feedback.		
<i>Recovery Support Services</i>	☐ Integrate peer support into the care model.		
	☐ Ensure life skills, case management, and transition planning are present.		
	☐ Review outcomes data specific to recovery supports and adjust as needed.		
	☐ Develop care coordination agreements with recovery support services in the community		



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	for warm hand-offs at transition		
<i>Trauma Sensitive Practices</i>	☐ Develop process for training on and integration of trauma-sensitive practices, inclusive of personnel self-care.		
	☐ Ensure all facility personnel are trained in trauma-sensitive practices.		
<i>Social Determinants of Health (SDOH)</i>	☐ Implement SDOH screening at assessment.		
	☐ Implement SDOH wraparound plan as part of transition planning.		
<i>Quality & Fidelity Monitoring</i>	☐ Develop a fidelity checklist aligned with ASAM 4th Edition.		
	☐ Implement monthly Continuous Quality		



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	Improvement (CQI) review of program and documentation.		
	☐ Assign personnel to report quarterly to leadership on ASAM alignment status.		
	☐ Identify the type of service delivery errors and potential errors that will be monitored. They must be based, at a minimum, on a review of negative individual outcomes that are unanticipated, individual disputes, critical incidents, deficiencies cited by regulatory agencies, occurrences and/or errors and potential for errors reported by personnel.		
	☐ Identify a process for personnel to report		



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Quality & Fidelity Monitoring	service delivery error and potential for error within a prescribed period of time and a plan for how personnel will be trained regarding such reporting.		
	☐ Identify the methods used to collect and analyze data to find patterns and trends. The plan must also include how the governing body, if applicable, and the administrator will be informed of such patterns and trends.		
	☐ Identify the methods to select quality management projects.		
	☐ Identify the method for selecting the service delivery practice(s) that will be reviewed.		



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	☐ Include development of improvement strategies. This may include identifying the personnel that will be involved in designing the intervention, opportunities for individual input, and the administrative approvals needed to finalize the intervention.		
	☐ Document a description of the intervention design. For individual safety improvements, this must include how information about patterns and trends will be shared with personnel and how the underlying systemic problem(s) that led to the pattern or trend will be addressed.		



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	☐ Document how personnel will be allocated or trained to implement the strategy.		
	☐ Document how the strategy will be evaluated for effectiveness.		
	☐ Document the timelines for implementation and evaluation of the strategy and how the BHE is tracking the meeting of these milestones.		



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