



ASAM 3.1 Policy & Procedure Alignment Tool

PROVIDER AMBASSADOR PROGRAM UPDATED: MAY 2025

ASAM 3.1 Policy & Procedure Alignment Tool (Fourth Edition)

This tool is designed to help agencies evaluate whether their current policies and procedures align with the ASAM Fourth Edition standards for Level 3.1 Clinically Managed Low-Intensity Residential Treatment. Each item reflects a critical domain for 3.1 service delivery. Use this tool to identify where documentation exists, what needs revision, and where policies still need to be created to ensure ASAM fidelity and regulatory readiness.

Domain	Policy/Procedure Required	Status (Complete/ Incomplete)	Location/Polic y Reference	Revision or Development Plan and Responsible Parties
Admission Criteria	Policy clearly defines eligibility for 3.1 level of care in each dimension and admission process.			
Assessment & Placement	Assessment procedures include ASAM dimensions and level of care determination, with a level of care determination to be completed within 24 hours.			





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Treatment Planning	Policy ensures individualized, collaborative, and regularly updated treatment plans. Goals are in the words of the individual served. Treatment plans are completed within 72 hours, are reviewed weekly, and formally updated monthly.			
Personnel & Supervision	Outlines personnel qualifications, supervision structure, and 24/7 coverage expectations including disciplines needed to ensure access to 3.1 level of care services, including psychotherapy, and a			





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	program director with a master's degree in an addiction-related field, and 5 years of experience in the substance use disorder (SUD) field.			
Co-occurring Capability	Includes integrated care for mental health and substance use disorders, including methods to ensure access to treatment for mild to moderate mental health needs and procedures for care coordination.			
Therapeutic Environment	Describes structure of daily program and use of milieu in treatment. Policies on a trauma-informed approach to searching			





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	individuals living spaces and common areas.			
	Policies on visitors, searching visitors and managing contraband.			
Trauma-Informed Care (TIC)	Guidelines for training, agency and personnel evaluation, and ongoing supervision of TIC practices and trauma-recovery treatment.			
Clinical Documentation	Guidelines for consistent, timely, and ASAM-aligned clinical documentation.			
Crisis & Risk Management	Protocols for psychiatric, medical, and behavioral emergencies.			





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Use of Evidence-Based Practices (EBP)	Policy promotes use of EBP and fidelity monitoring.			
Length of Stay (LOS)	Outlines that LOS is based on an assessment of functioning in each of the six dimensions, progress, and clinical need, not fixed duration.			
Individual Voice & Grievance	Procedures to ensure individual feedback, participation, and rights.			
Cultural Responsiveness	Commitment to cultural and linguistically appropriate services. Strategies to promote a culturally and			





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	linguistically responsive personnel.			
MAT Access & Integration	Policies reflect support for MAT and reduce related stigma and care coordination to ensure access while in the 3.1 level of care and at transition.			
Recovery Supports	Integration of peer support, case management, and transition planning.			
Quality Improvement	Policies for tracking outcomes, monitoring fidelity, and continuous improvement.			
Behavioral Intervention Strategies	Policies on managing recurrence and rule violations in a clinical			





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	and person-centered manner.			
Use of Toxicology Screenings	Policies on the approach to toxicology, including frequency and cause for testing, addressing results in a person-centered and therapeutic manner, and maintaining the privacy and dignity of the individual served. Policies on confirmatory testing of point-of-care testing.			
Harm Reduction Approaches	Policies on harm reduction principles, practices, and approaches, including access to safe use supplies and Narcan.			





Additional Considerations			
Question	Notes		
Are your policies and procedures aligned with the new clinical level of care, including risk assessment, crisis intervention, discharge planning, and care coordination?			
Do policies and procedures clearly outline how to maintain safety within the milieu, including frequency of observation and adapting based on clinical need?			
Are the roles and responsibilities of personnel clearly defined?			
Are there processes in place to respond to rule violations with skillful treatment responses as a primary approach?			
How do you handle grievances, treatment refusals, or clinical deterioration?			



