



ASAM
Level of Care
Certification:
2023 Rating
Element
Updates

Effective January 15, 2023



ASAM American Society of
Addiction Medicine

Introduction

This document is a supplement to the ASAM Level of Care Certification Manual (2020 Edition) and should be used in conjunction with the full manual. The rating elements contained in the 2020 Edition of the Manual, as updated by this supplement, are referred to as the “Rating Elements for Certification of ASAM Levels of Care (2023 Edition).”

The American Society of Addiction Medicine (ASAM) and the Commission on Accreditation of Rehabilitation Facilities (CARF) together celebrate the milestone of the first programs reaching the three-year recertification for the ASAM Level of Care Certification™ in February 2022. This document contains updated rating elements resulting from ASAM and CARF’s efforts to promote continuous quality improvement in the programs that achieve certification and recertification. All rating elements are jointly copyrighted by ASAM and CARF.

Rating Elements Development Process Update

To develop updated rating elements, ASAM and CARF completed a review of over two years of data from the ASAM Level of Care Certification. Based upon an analysis of the data, several elements were updated to reflect advances in practice and foster more comprehensive and effective adoption of existing ASAM Criteria rating elements across 3.1, 3.5, and 3.7 levels of care.

The changes are made in alignment with the guiding principles of The ASAM Criteria and support the expansion of patient-centered care, the individuation of treatment planning, and access to medications for addiction treatment.

Timeline

To allow programs adequate time to implement and operationalize the updated rating elements, changes will go into effect on **January 15, 2023**. At the time of certification or recertification, programs will be required to demonstrate compliance with the updated standards and rating elements.

Table of Contents

Updated Rating Elements for Level 3.1	1
I. Setting Standards	1
II. Staff Standards	1
1. Program Director credentials (Rating Element 1.C.1.b)	1
III. Support Systems Standards	1
1. Response to Emergencies (Rating Elements 1.B.1.a,b)	1
2. Continuity of Care: Pharmacotherapy (Rating Elements 1.B.2.b(1)(2)(3))	2
IV. Assessment / Treatment Planning Standards	4
1. Biopsychosocial assessment checks (Rating Elements 1.E.5.m,n,s)	4
V. Therapy Standards	4
1. Determining when medication is needed (Rating Elements 1.D.4.a(1)(2))	4
2. Incorporating daily activities for Level 3.1 (Rating Element 1.D.8.i)	5
VI. Documentation Standards	6
Updated Rating Elements for Level 3.5	7
I. Setting Standards	7
II. Staff Standards	7
1. Program Director credentials (Rating Element 2.C.1.b)	7
III. Support Systems Standards	8
1. Response to Emergencies (Rating Elements 2.B.1.a,b)	8
2. Continuity of Care: Pharmacotherapy (Rating Element 2.B.2.b(1)(2)(3))	9
IV. Assessment / Treatment Planning	10
1. Physical exams on weekends/holidays (Rating Element 2.E.3.g)	10
2. Biopsychosocial assessment checks (Rating Elements 2.E.5.m,n,s)	11
V. Therapy Standards	11
1. Determining when medication is needed (Rating Elements 2.D.3.a(1)(2))	11
2. Daily activities for Level 3.5 (Rating Element 2.D.6.a)	12
3. Couples Therapy (Rating Element 2.D.6.b(8)(a,b))	13
VI. Documentation	13
Updated Rating Elements for Level 3.7	14
I. Setting Standards	14
II. Staff Standards	14
1. Medical Director credentials (Rating Element 3.C.1.a(1)/(2))	14
2. Program Director credentials (Rating Element 3.C.3.b)	15
3. Clinicians' requirements (Rating Element 3.C.10)	15
4. Requirements for the multidisciplinary team (Rating Elements 3.C.11.a,b,c,d,e)	16
III. Support Systems Standards	16
1. Response to Emergencies (Rating Elements 1.B.1.a,b)	16
2. Continuity of Care: Pharmacotherapy (Rating Elements 3.B.2.b(1)(2)(3))	17
IV. Assessment / Treatment Planning	19
1. Biopsychosocial assessment checks (Rating Elements 3.E.5.m,n,s)	19
2. Nursing Assessment by RN (Rating Element 3.E.7.a(1)(2))	19
V. Therapy Standards	20
1. Determining when medication is needed (Rating Elements 3.D.4.a(1)(2))	20
2. Daily Activities for Level 3.7 (Rating Element 3.D.7.a)	21
3. Couples Therapy (Rating Element 3.D.7.b(5)(a,b))	22
VI. Documentation	22



Updated Rating Elements for Level 3.1

I. SETTING STANDARDS

No changes have been made to the setting standards rating elements.

II. STAFF STANDARDS

CARF surveyors will rate the following elements related to staff standards.

1. Program Director credentials (Rating Element 1.C.1.b)

Page	Rating Element 1.C.1	Rating Sub-Element 1.C.1.b	Summary of Changes
24	1.C.1: The program has a program director with documented evidence of:	b. At least five years of addiction services /treatment experience.	- Text Edit - Remains a defining element

Rationale

This change is intended to clarify the original intent that the program director should have sufficient direct clinical experience to effectively oversee the program.

Implementation

Programs should have a position description for the program director that includes a requirement of 5 years of addiction treatment experience. A qualified program director should have appropriate training and experience in addiction treatment. It is recommended that the program director possess a master’s degree in a relevant field, (such as master’s in clinical social work or addiction counseling) and they also have a clinical license or certification. The program director is recommended to have leadership skills, an understanding of confidentiality requirements, and ability to build and modify a set of cohesive policies and procedures, an understanding of The ASAM Criteria, and an understanding of how to construct and maintain a multidisciplinary team.

Documentation

The program director’s employee file should include documentation of these credentials (e.g., resume or curriculum vitae).

III. SUPPORT SYSTEMS STANDARDS

CARF surveyors will rate the following elements related to support systems standards.

1. Response to Emergencies (Rating Elements 1.B.1.a,b)

Page	Rating Element 1.B.1.a, 1.B.1.b	Summary of Changes
33	1.B.1: The program has written procedures to respond to urgent medical or and psychiatric situations 24 hours a day, 7 days a week that address:	- Text edit
	a. Access to medical personnel.	- Now defining
	b. When to call 911.	- Now defining

Rationale

This text edit is intended to clarify the requirement that written procedures should address a program's ability to respond to both medical and psychiatric emergencies. This element will now be a defining element, meaning it is required to be met at the time of the survey to achieve certification or recertification. This change will promote a focus on safety for all patients.

Implementation

Medical services, including in-person or telephone-based consultation with a medical provider, are available 24 hours a day, 7 days a week. Emergency medical services are also available 24 hours a day, 7 days a week. While Level 3.1 programs are not expected to have 24-hour medical personnel to treat and monitor patients onsite, these programs must have the ability to meet patients' needs through affiliation with medical providers. In addition, they must have established procedures for handling medical and psychiatric emergencies.

Compliance with this element can be demonstrated through written procedures regarding response to urgent medical and psychiatric situations; when to contact a medical provider and when to call 911, during normal program hours as well as overnight and on weekends. Procedures should also address when and how to notify supervisory staff when urgent medical and psychiatric problems occur.

Program procedures should address staff training and employee files should reflect training on the program's emergency medical procedures. Programs may also have written agreements with staff or contracted providers that outline their responsibilities and schedules to show coverage for medical and psychiatric emergencies.

Documentation

Past patient records should reflect historic medical emergencies, show evidence that emergency help was obtained in a timely manner, and treatment plans should show evidence of modification to address patients' medical and/or psychiatric needs.

2. Continuity of Care: Pharmacotherapy (Rating Elements 1.B.2.b.(1)(2)(3))

Page	Rating Element 1.B.2.b (1)(2)(3)	Summary of Changes
33	1.B.2: The program has a documented continuity of care network (internally or through community partners) to meet the needs of local patients who require:	- Text edit
	b. Addiction pharmacotherapies, including	- Text edit - Now defining
	(1) Opioid Treatment Program(s) able to provide Methadone (unless an exception applies).	- New defining element
	(2) Buprenorphine-waivered prescriber(s)	- New defining element
	(3) Prescriber(s) for other FDA-approved medications.	- New defining element

Rationale

Addiction pharmacotherapies are the standard of care for the treatment of opioid, alcohol, and tobacco use disorders. However, patients' access to FDA-approved medications remains a challenge. The rating elements are updated to require all programs to document a provider network to meaningfully support access to all medications approved by the FDA for the treatment of substance use disorder, including all three medications for opioid use disorder (with limited exceptions for instances where regulatory or logistical barriers make access to opioid treatment programs unachievable.)

Implementation

These services can be provided through affiliation with community providers. Written procedures should detail how FDA-approved medications can be provided to patients when needed, with special consideration for those medications that may be more difficult to access (e.g., methadone, buprenorphine). When possible, providers should consider how telehealth can be used to support medication access. Programs should also address coordination of care when patients are concurrently served by external providers.

It is recommended that programs have affiliation with transport assistance if services are not available on-site. Additionally, recommendations include policies and procedures that address transportation and other logistical considerations when medication access requires the patient to go off-site.

Programs should have comprehensive processes in place to ensure smooth referrals and transition planning that addresses access to FDA-approved medications for SUD. Systems should be in place to ensure that patients have uninterrupted access to all their current medications, and the patient's transition plan should include a description of where and how the patient will obtain each of their medications.

Exception

It is the expectation and general requirement that certified residential treatment facilities have access to evidence-based pharmacotherapy available for the corresponding substance use disorder. However, access to methadone treatment is not always logistically possible in all regions, specifically more rural or underserved communities. Opioid treatment programs (OTP) providing methadone for the treatment of opioid use disorder require special licensure to operate and are not available in all communities. As such, there may be program who are unable to create an affiliation agreement with an OTP because of geographical or other barriers. Therefore, this requirement will not apply when any of the following are applicable:

- No licensed OTP within 25 miles of the program facility
- Local or state regulations or legislation prevents affiliation with local OTPs (e.g., the only OTP within 25 miles is in another state and laws or regulations prevent interstate transfer of methadone)
- All OTPs within 25 miles of the program facility decline to partner with the program.

Programs applying for ASAM certification or recertification that are unable to meet Rating Element 1.B.2.b.(1) must clearly identify one of the above exceptions to the CARF surveyor. This exception does not apply to medications other than methadone. Programs should continue to offer access to other evidence-based FDA-approved pharmacotherapy including buprenorphine and naltrexone without exception as a requirement for certification.

Documentation

Patient records should reflect that the program's network of affiliate providers is routinely used for referrals for addiction pharmacotherapies. Patient records should also reflect care coordination with external providers as well as coordination of referrals, help with transportation, and other support necessary to enable meaningful access to all medications for the treatment of SUD.

IV. ASSESSMENT / TREATMENT PLANNING STANDARDS

CARF surveyors will rate the following elements related to assessment/treatment planning standards.

1. Biopsychosocial assessment checks (Rating Elements 1.E.5.m,n,s)

Page	Rating Element 1.E.5	Rating Sub-Element 1.E.5.m, 1.E.5.n, 1.E.5.s	Summary of Changes
45	1.E.5: The documented assessment process, in accordance with the six dimensions of The ASAM Criteria, includes:	m. Advance directives, when applicable.	- Element deleted
		n. Psychological and social adjustment to disabilities and/or disorders.	- Element deleted
		s. Documentation of the patient's sense of meaning, purpose, and values that guide attitudes, thinking, and behavior.	- Element deleted

Rationale

The elements above will be removed from the certification program requirements as these items are difficult to identify within patient records.

V. THERAPY STANDARDS

CARF surveyors will rate the following elements related to therapy standards.

1. Determining when medication is needed (Rating Elements 1.D.4.a(1)(2))

Page	Rating Element 1.D.4	Rating Sub-Element 1.D.4.a (1) (2)	Summary of Changes
60	1.D.4: The program has written procedures regarding substance use disorder medications that address:	a. How to determine when medications for substance use disorder are needed.	- Now defining
		(1) When patients should be assessed by a provider to determine if medications for SUD are needed.	- New defining element
		(2) When patients may need to be reassessed for the need for medication for SUD.	- New defining element

Rationale

This element was expanded to ensure that program procedures address when patients should be assessed, or reassessed, by a medical provider to determine if medications for SUD are needed.

Implementation

Programs should have written procedures that are designed to ensure meaningful access to all FDA-approved medications for SUD (directly or through affiliation). As discussed above, medications are available for the treatment of opioid, alcohol, and tobacco use disorders. The patient assessment should identify these issues and, when present, there should be a timely follow-up with a provider to determine if medications are appropriate, and to discuss available options with the patient. Program policies and procedures should also address when patients may need to be reassessed for the need for medications for SUD; For example, a patient with mild AUD may, in partnership with their doctor, decide that they do not want to initiate medication. This decision should be reassessed if the patient's AUD worsens.

Programs are recommended to maintain a network of providers for referral, provide transportation to appointments (including daily dosing appointments at opioid treatment programs when needed), support pharmacy access, monitor medication adherence, and coordinate care with the prescriber. The program's policies and procedures are recommended to reflect that opioid, alcohol, and tobacco use disorders are assessed; timely referrals to appropriate medical providers; lists of local providers; how the program will provide logistical support for patients to access appointments with appropriate providers; and how care will be coordinated and documented in the patient record.

Documentation

Patient records should reflect these referrals for assessment and reassessment (based upon clinical need), monitoring of patient adherence to medication when prescribed, and coordination of care with prescribers. Patient records also can include documentation of transportation and other logistical support for appointments.

2. Incorporating daily activities for Level 3.1 (Rating Element 1.D.8.i)

Page	Rating Element 1.D.8	Rating Sub-Element 1.D.8.i	Summary of Changes
61	1.D.8: The program has documented evidence of a written weekly schedule of activities that includes the following:	i. Active programming*, 7 days a week, including meaningful and intentional services on Saturday and Sunday. *Programming may include clinical services, recovery support services, and/or family services.	- New non-defining element

Rationale

A key component of Level 3.1 programs is 24-hour structure and support. This element was added to ensure that patients have access to programming 7 days a week.

Implementation

Active programming includes structured services to support patients to develop and practice their interpersonal and group living skills, strengthen their recovery skills, reintegrate into the community and family, and begin or resume employment or academic pursuits. While The ASAM Criteria require a minimum of 5 hours per week of professionally directed clinical services; more hours should be provided if clinically necessary, and recovery support and family services should also be provided to ensure that patients have sufficient daily structure and support. These structured clinical and recovery support components differentiate Level 3.1 programs from sober homes or recovery residences. This programming can include recovery support and family services on days when clinical services are not offered.

Programs should have written descriptions of these services and their objectives. Programs are recommended to develop policies and procedures to address coordination of care with recovery service personnel that provide scheduled activities.

Documentation

Patient records should reflect daily participation in these services. Programs should have documented evidence of a schedule that shows the range of services offered 7 days per week.

VI. DOCUMENTATION STANDARDS

No changes have been made to the documentation standards rating elements.



Updated Rating Elements for Level 3.5

I. SETTING STANDARDS

No changes have been made to the documentation standards rating elements.

II. STAFF STANDARDS

CARF surveyors will rate the following elements related to staff standards.

1. Program Director credentials (Rating Element 2.C.1.b)

Page	Rating Element 2.C.1	Rating Sub-Element 2.C.1.b	Summary of Changes
78	2.C.1: The program has a program director with documented evidence of:	b. At least five years of addiction services/ treatment experience.	- Text edit - Remains a defining element

Rationale

This change is intended to clarify the original intent that the program director should have sufficient direct clinical experience to effectively oversee the program.

Implementation

Programs should have a position description for the program director that includes a requirement of 5 years of addiction treatment experience. A qualified program director should have appropriate training and experience in addiction treatment. It is recommended that the program director possess a master's degree in a relevant field, (such as master's in clinical social work or addiction counseling) and they also have a clinical license or certification. The program director is recommended to have leadership skills, an understanding of confidentiality requirements, and ability to build and modify a set of cohesive policies and procedures, an understanding of The ASAM Criteria, and an understanding of how to construct and maintain a multidisciplinary team.

Documentation

The program director's employee file should include documentation of these credentials (e.g., resume or curriculum vitae).

III. SUPPORT SYSTEMS STANDARDS

CARF surveyors will rate the following elements related to support systems standards.

1. Response to Emergencies (Rating Elements 2.B.1.a,b)

Page	Rating Element 2.B.1.a, 2.B.1.b	Summary of Changes
87	2.B.1: The program has written procedures to respond to urgent medical or <u>and</u> psychiatric situations 24 hours a day, 7 days a week that address:	- Text edit
	a. Access to on-call medical personnel.	- Now defining
	b. When to call 911.	- Now defining

Rationale

This text edit is intended to clarify the requirement that written procedures should address a program’s ability to respond to both medical and psychiatric emergencies. This element will now be a defining element, meaning it is required to be met at the time of the survey to achieve certification or recertification. This change will promote a focus on safety for all patients.

Implementation

Medical services, including in-person or telephone-based consultation with a medical provider, are available 24 hours a day, 7 days a week. Emergency medical services are also available 24 hours a day, 7 days a week. While Level 3.5 programs are not expected to have 24-hour medical personnel to treat and monitor patients onsite, these programs must have the ability to meet patients’ needs through affiliation with medical providers. In addition, they must have established procedures for handling medical and psychiatric emergencies.

Compliance with this element can be demonstrated through written procedures regarding response to urgent medical and psychiatric situations; when to contact a medical provider and when to call 911, during normal program hours as well as overnight and on weekends. Procedures should also address when and how to notify supervisory staff when urgent medical and psychiatric problems occur.

Program procedures should address staff training and employee files should reflect training on the program’s emergency medical procedures. Programs may also have written agreements with staff or contracted providers that outline their responsibilities and schedules to show coverage for medical and psychiatric emergencies.

Documentation

Past patient records should reflect historic medical emergencies, show evidence that emergency help was obtained in a timely manner, and treatment plans should show evidence of modification to address patients’ medical and/or psychiatric needs.

2. Continuity of Care: Pharmacotherapy (Rating Element 2.B.2.b(1)(2)(3))

Page	Rating Element 2.B.2.b (1)(2)(3)	Summary of Changes
87	2.B.2: The program has a documented continuity of care network (internally or through community partners) to meet the needs of local patients who require:	- Text edit
	b. Addiction pharmacotherapies, including	- Text edit - Now defining
	(1) Opioid Treatment Program(s) able to provide Methadone (unless an exception applies).	- New defining element
	(2) Buprenorphine-waivered prescriber(s)	- New defining element
	(3) Prescriber(s) for other FDA-approved medications.	- New defining element

Rationale

Addiction pharmacotherapies are the standard of care for the treatment of opioid, alcohol, and tobacco use disorders. However, patients' access to FDA-approved medications remains a challenge. The rating elements are updated to require all programs to document a provider network to meaningfully support access to all medications approved by the FDA for the treatment of substance use disorder, including all three medications for opioid use disorder (with limited exceptions for instances where regulatory or logistical barriers make access to opioid treatment programs unachievable.)

Implementation

These services can be provided through affiliation with community providers. Written procedures should detail how FDA-approved medications can be provided to patients when needed, with special consideration for those medications that may be more difficult to access (e.g., methadone, buprenorphine). When possible, providers should consider how telehealth can be used to support medication access. Programs should also address coordination of care when patients are concurrently served by external providers.

It is recommended that programs have affiliation with transport assistance if services are not available on-site. Additionally, recommendations include policies and procedures that address transportation and other logistical considerations when medication access requires the patient to go off-site.

Programs should have comprehensive processes in place to ensure smooth referrals and transition planning that addresses access to FDA-approved medications for SUD. Systems should be in place to ensure that patients have uninterrupted access to all their current medications, and the patient's transition plan should include a description of where and how the patient will obtain each of their medications.

Exception

It is the expectation and general requirement that certified residential facilities have access to evidence-based pharmacotherapy available for the corresponding substance use disorder. However, access to methadone treatment is not always logistically possible in all regions, specifically more rural or underserved communities. Opioid treatment programs (OTP) providing methadone for the treatment of opioid use disorder require special licensure to operate and are not available in all communities. As such, there may be program who are unable to create an affiliation agreement with an OTP because of geographical or other barriers. Therefore, this requirement will not apply when any of the following are applicable:

- No licensed OTP within 25 miles of the program facility
- Local or state regulations or legislation prevents affiliation with local OTPs (e.g., the only OTP within 25 miles is in another state and laws or regulations prevent interstate transfer of methadone)
- All OTPs within 25 miles of the program facility decline to partner with the program.

Programs applying for ASAM certification or recertification that are unable to meet Rating Element 2.B.2.b.(1) must clearly identify one of the above exceptions to the CARF surveyor. This exception does not apply to medications other than methadone. Programs should continue to offer access to other evidence-based FDA-approved pharmacotherapy including buprenorphine and naltrexone without exception as a requirement for certification.

Documentation

Patient records should reflect that the program’s network of affiliate providers is routinely used for referrals for addiction pharmacotherapies. Patient records should also reflect care coordination with external providers as well as coordination of referrals, help with transportation, and other support necessary to enable meaningful access to all medications for the treatment of SUD.

IV. ASSESSMENT / TREATMENT PLANNING

CARF surveyors will rate the following elements related to assessment/treatment planning standards.

1. Physical exams on weekends/holidays (Rating Element 2.E.3.g)

Page	Rating Element 2.E.3	Rating Sub-Element 2.E.3.g	Summary of Changes
98	2.E.3: The program has a written procedure regarding the physical examination of each patient that addresses:	g. Admissions on weekends or holidays	- New defining element

Rationale

This element is made defining to match the commensurate element in Level 3.7.

Implementation

Programs should have written procedures that address when and how a physical exam will be conducted, including procedures for when a patient is admitted on a weekend or holiday. To ensure the safety of the patient, it is recommended that the medical examination be completed within 48 hours, or sooner if needed by the patient or otherwise required. Policies and procedures should describe when recent physical exams from an external provider are sufficient.

Documentation

Patient records should include a copy of the medical evaluation completed within 48 hours or less (depending on legal or other requirements), with accommodations for weekends and holidays.

2. Biopsychosocial assessment checks (Rating Elements 2.E.5.m,n,s)

Page	Rating Element 2.E.5	Summary of Changes 2.E.5.m, 2.E.5.n, 2.E.5.s	Summary of Changes
99	2.E.5: The documented assessment process, in accordance with the six dimensions of The ASAM Criteria, includes:	m. Advance directives, when applicable.	- Element deleted
		n. Psychological and social adjustment to disabilities and/or disorders.	- Element deleted
		s. Documentation of the patient's sense of meaning, purpose, and values that guide attitudes, thinking, and behavior.	- Element deleted

Rationale

The elements above will be removed from the certification program requirements as these items are difficult to identify within patient records.

V. THERAPY STANDARDS

CARF surveyors will rate the following elements related to therapy standards.

1. Determining when medication is needed (Rating Elements 2.D.3.a(1)(2))

Page	Rating Element 2.D.3	Summary of Changes 2.D.3.a (1)(2)	Summary of Changes
116	2.D.3: The program has written procedures regarding substance use disorder medications that address:	a. How to determine when medications for substance use disorder are needed.	- Now defining
		(1) When patients should be assessed by a provider to determine if medications for SUD are needed.	- New defining element
		(2) When patients may need to be reassessed for the need for medication for SUD	- New defining element

Rationale

This element was expanded to ensure that program procedures address when patients should be assessed, or reassessed, by a medical provider to determine if medications for SUD are needed.

Implementation

Programs should have written procedures that are designed to ensure meaningful access to all FDA-approved medications for SUD (directly or through affiliation). As discussed above, medications are available for the treatment of opioid, alcohol, and tobacco use disorders. The patient assessment should identify these issues and, when present, there should be timely follow-up with a provider to determine if medications are appropriate, and to discuss available options with the patient. Program policies and procedures should also address when patients may need to be reassessed for the need for medications

for SUD; For example, a patient with mild AUD may, in partnership with their doctor, decide that they do not want to initiate medication. This decision should be reassessed if the patient’s AUD worsens.

Programs are recommended to maintain a network of providers for referral, provide transportation to appointments (including daily dosing appointments at opioid treatment programs when needed), support pharmacy access, monitor medication adherence, and coordinate care with the prescriber. The program’s policies and procedures are recommended to reflect that opioid, alcohol, and tobacco use disorders are assessed; timely referrals to appropriate medical providers; lists of local providers; how the program will provide logistical support for patients to access appointments with appropriate providers; and how care will be coordinated and documented in the patient record.

Documentation

Patient records should reflect these referrals for assessment and reassessment (based upon clinical need), monitoring of patient adherence to medication when prescribed, and coordination of care with prescribers. Patient records also can include documentation of transportation and other logistical support for appointments.

2. Daily activities for Level 3.5 (Rating Element 2.D.6.a)

Page	Rating Element 2.D.6	Rating Sub-Element 2.D.6.a	Summary of Changes
116	2.D.6: The program has documented evidence of a written weekly schedule that includes:	a. Active treatment 7 days a week, including meaningful and intentional services on Saturday and Sunday.	- Now defining

Rationale

A key component of Level 3.5 programs is 24-hour structure and support. This element has been made defining to ensure that patients have 24-hour structure and support 7 days a week.

Implementation

Level 3.5 programs should offer a full range of daily clinical treatment services to assess and address patients’ individual treatment needs. Services delivered should be individualized for each patient and may include psychotherapy, psychoeducation, psychiatric and addiction pharmacotherapy, and medication education and management. Services should be evidence-based or evidence-informed practices with demonstrated effectiveness.

Level 3.5 programs should have the capacity to offer, directly or through coordination with other care providers, all the clinical services needed to effectively treat the patients they serve. Level 3.5 programs should provide a daily schedule of activities that includes a full range of clinical activities led by trained professional staff and designed to focus on stabilizing, or maintaining stabilization of, patients’ addictive disease. Schedules for individual patients should be personalized to the needs identified in their treatment plans. Services provided on the weekends may have a greater focus on prosocial skills development and family or social visits, but there should be a structure to the program with a clear clinical purpose.

The program schedule should include descriptions of services available in the program including the objectives. For each service provided, programs are recommended to have written documentation of the

purpose, goals modalities used, and competencies required. This documentation may be maintained in the program’s policies and procedures or in staff training materials.

Documentation

Written program schedules should show evidence of treatment service availability 7 days a week. In addition, clinical documentation within patient records should provide evidence of daily participation in treatment services 7 days a week. Programs are recommended to define how patient participation and engagement is documented.

3. Couples Therapy (Rating Element 2.D.6.b(8)(a,b))

Page	Rating Element 2.D.6.b(8)	Rating Sub-Element 2.D.6.b(8)(a,b)	Summary of Changes
117	2.D.6: The program has documented evidence of a written weekly schedule that includes:	(8) Counseling to improve patients’ ability to reintegrate into family, work, and/or school, including family education and treatment.	Text edit
	b. The following activities:	(a) Family education and treatment. (b) Couples education and treatment.	Elements deleted

Rationale

The element above will be removed from the certification program requirements as not all patients are in a coupled relationship and element 2.D.6.b(8)(a) incorporates “family education and treatment” which is intended to include significant others.

VI. DOCUMENTATION

No changes have been made to the documentation standards rating elements.



Updated Rating Elements for Level 3.7

I. SETTING STANDARDS

No changes have been made to the documentation standards rating elements.

II. STAFF STANDARDS

CARF surveyors will rate the following elements related to staff standards.

1. Medical Director credentials (Rating Element 3.C.1.a(1)/(2))

Page	Rating Element 3.C.1	Summary of Changes 3.C.1.a (1)(2)	Summary of Changes
135	3.C.1: The program has a written contract or position description for the medical director, who is a physician, that includes, at a minimum:	a. The credentials required of the position, including:	- Text edit - Defining element
		(1) MD or DO license.	- New defining element
		(2) Board-certified or Board-eligible in Addiction Medicine or Addiction Psychiatry.	- New non-defining element

Rationale

This element has been added to specify the expectations that the medical director should be a physician with an active MD or DO license, who is Board-certified or Board-eligible in Addiction Medicine or Addiction Psychiatry. Note that many states require that the physician serving as the medical director for a Level 3.7 treatment program be a certified addiction medicine physician or addiction psychiatrist.

Implementation

The position description for the Medical Director should reflect these credentials.

Documentation

Documentation of the medical director’s license and board certification or commensurate experience should be included in the employee files.

More Information

General requirements for Board eligibility in Addiction Medicine and Addiction Psychiatry can be found here:

- <https://www.theabpm.org/become-certified/subspecialties/addiction-medicine/>
- <https://www.abpn.com/maintain-certification/taking-a-moc-exam/subspecialty-moc-exams/addiction-psychiatry/>
- <https://certification.osteopathic.org/addiction-medicine/certification-process>

2. Program Director credentials (Rating Element 3.C.3.b)

Page	Rating Element 3.C.3	Rating Sub-Element 3.C.3.b	Summary of Changes
135	3.C.3: The program has a program director with documented evidence of:	b. At least five years of addiction services /treatment experience.	- Text edit - Remains a defining element

Rationale

This change is intended to clarify the original intent that the program director should have sufficient direct clinical experience to effectively oversee the program.

Implementation

Programs should have a position description for the program director that includes a requirement of 5 years of addiction treatment experience. A qualified program director should have appropriate training and experience in addiction treatment. It is recommended that the program director possess a master's degree in a relevant field, (such as master's in clinical social work or addiction counseling) and they also have a clinical license or certification. The program director is recommended to have leadership skills, an understanding of confidentiality requirements, and ability to build and modify a set of cohesive policies and procedures, an understanding of The ASAM Criteria, and an understanding of how to construct and maintain a multidisciplinary team.

Documentation

The program director's employee file should include documentation of these credentials (e.g., resume or curriculum vitae).

3. Clinicians' requirements (Rating Element 3.C.10)

Page	Rating Element 3.C.10	Summary of Changes
136	3.C.10: For the medical director and clinicians with substance use disorder expertise, the program has documented evidence of: a. Credentials b. Experience c. Training	- Text edit - non-defining element

Rationale

This element was amended to focus on the requirements for the clinicians so that the scoring of the element reflects a single issue. As discussed above, element 3.C.1 was amended to address the credentials and experience of the medical director.

4. Requirements for the multidisciplinary team (Rating Elements 3.C.11.a,b,c,d,e)

Page	Rating Element 3.C.11	Rating Sub-Element 3.C.11.a,b,c,d,e	Summary of Changes
136	3.C.11: The program has a policy on staffing that addresses the composition of the multidisciplinary team to address the biopsychosocial needs of patients, including, at a minimum:	a. Program director	- Now defining
		b. Physician	- No change
		c. Registered nurse	- Now defining
		d. Addictions counselor	- Now defining
		e. Other licensed or certified clinician(s).	-No change

Rationale

The rating elements above will now become defining elements, meaning they are required to be met at the time of the survey to achieve certification. A multidisciplinary team (including a program director, registered nurses, and licensed counselors) that delivers integrated treatment is central to Level 3.7 care as defined in The ASAM Criteria.

Implementation

The program should have written policies on staffing that address the composition of the multidisciplinary team to address the biopsychosocial needs of patients, including a program director, registered nurse, and addictions counselor. These policies should identify the positions that are critical for running the program and the level of staffing needed to safely operate the program.

Documentation

Employee files and staff schedules should reflect that the program is managed by a program director and staffed by nurses and addictions counselors.

III. SUPPORT SYSTEMS STANDARDS

CARF surveyors will rate the following elements related to support systems standards.

1. Response to Emergencies (Rating Elements 3.B.1.a,b)

Page	Rating Element 3.B.1.a, 3.B.1.b	Summary of Changes
143	3.B.1: The program has written procedures to respond to urgent medical or and psychiatric situations 24 hours a day, 7 days a week that address:	- Text edit
	a. Access to on-call medical personnel.	- Now defining
	b. When to call 911.	- Now defining

Rationale

This text edit is intended to clarify the requirement that policies and procedures should address a program's ability to respond to both medical and psychiatric emergencies. This element will now be a defining element, meaning it is required to be met at the time of the survey to achieve certification or recertification. This change will promote a focus on safety for all patients.

Implementation

When a patient presents with a non-emergent psychiatric problem, psychiatric consultation should be available by telephone within 8 hours of the psychiatric problem being identified. In an emergency, psychiatric services should be available sooner. The program should also have written procedures for handling psychiatric emergencies, including an affiliation agreement with a Level 4 program for patient transfer. In states that allow involuntary assessment and treatment, there should be policies and procedures regarding when practitioners with this legal authority will be called.

Compliance with this element can be demonstrated through written procedures regarding response to urgent medical and psychiatric situations; when to contact a medical provider and when to call 911, during normal program hours as well as overnight and on weekends. Procedures should also address when and how to notify supervisory staff when urgent medical and psychiatric problems occur.

Program procedures should address staff training and employee files should reflect training on the program's emergency medical procedures. Programs may also have written agreements with staff or contracted providers that outline their responsibilities and schedules to show coverage for medical and psychiatric emergencies.

Documentation

Past patient records should reflect historic medical emergencies, show evidence that emergency help was obtained in a timely manner, and treatment plans should show evidence of modification to address patients' medical and/or psychiatric needs.

2. Continuity of Care: Pharmacotherapy (Rating Elements 3.B.2.b(1)(2)(3))

Page	Rating Element 3.B.2.b (1)(2)(3)	Summary of changes
143	3.B.2: The program has a documented continuity of care network (internally or through community partners) to meet the needs of local patients who require:	- Text edit
	b. Addiction pharmacotherapies, including	- Text edit - Now defining
	(1) Opioid Treatment Program(s) able to provide Methadone (unless an exception applies).	- New defining element
	(2) Buprenorphine-waivered prescriber(s).	- New defining element
	(3) Prescriber(s) for other FDA approved medications.	- New defining element

Rationale

Addiction pharmacotherapies are the standard of care for the treatment of opioid, alcohol, and tobacco use disorders. However, patients' access to FDA-approved medications remains a challenge. The rating elements are updated to require all programs to document a provider network to meaningfully support access to all medications approved by the FDA for the treatment of substance use disorder, including all three medications for opioid use disorder (with limited exceptions for instances where regulatory or logistical barriers make access to opioid treatment programs unachievable.)

Implementation

These services can be provided through affiliation with community providers. Written procedures should detail how FDA-approved medications can be provided to patients when needed, with special consideration for those medications that may be more difficult to access (e.g., methadone, buprenorphine). When possible, providers should consider how telehealth can be used to support medication access. Programs should also address coordination of care when patients are concurrently served by external providers.

Programs should have comprehensive processes in place to ensure smooth referrals and transition planning that addresses access to FDA-approved medications for SUD. Systems should be in place to ensure that patients have uninterrupted access to all their current medications, and the patient's transition plan should include a description of where and how the patient will obtain each of their medications.

Exception

It is the expectation and general requirement that certified residential treatment facilities have access to evidence-based pharmacotherapy available for the corresponding substance use disorder. However, access to methadone treatment is not always logistically possible in all regions, specifically more rural or underserved communities. Opioid treatment programs (OTP) providing methadone for the treatment of opioid use disorder require special licensure to operate and are not available in all communities. As such, there may be program who are unable to create an affiliation agreement with an OTP because of geographical or other barriers. Therefore, this requirement will not apply when any of the following are applicable:

- No licensed OTP within 25 miles of the program facility
- Local or state regulations or legislation prevents affiliation with local OTPs (e.g., the only OTP within 25 miles is in another state and laws or regulations prevent interstate transfer of methadone)
- All OTPs within 25 miles of the program facility decline to partner with the program.

Programs applying for ASAM certification or recertification that are unable to meet Rating Element 3.B.2.b.(1) must clearly identify one of the above exceptions to the CARF surveyor. This exception does not apply to medications other than methadone. Programs should continue to offer access to other evidence-based FDA-approved pharmacotherapy including buprenorphine and naltrexone without exception as a requirement for certification.

Documentation

Patient records should reflect that the program's network of affiliate providers is routinely used for referrals for addiction pharmacotherapies. Patient records should also reflect care coordination with external providers as well as coordination of referrals, help with transportation, and other support necessary to enable meaningful access to all medications for the treatment of SUD.

IV. ASSESSMENT / TREATMENT PLANNING

CARF surveyors will rate the following elements related to assessment/treatment standards.

1. Biopsychosocial assessment checks (Rating Elements 3.E.5.m,n,s)

Page	Rating Element 3.E.5	Summary of Changes 3.E.5.m, 3.E.5.n, 3.E.5.s	Summary of Changes
156	3.E.5: The documented assessment process, in accordance with the six dimensions of The ASAM Criteria, includes:	m. Advance directives, when applicable.	- Element deleted
		n. Psychological and social adjustment to disabilities and/or disorders.	- Element deleted
		s. Documentation of the patient's sense of meaning, purpose, and values that guide attitudes, thinking, and behavior.	- Element deleted

Rationale

The elements above will be removed from the certification program requirements as these items are difficult to identify within patient records.

2. Nursing Assessment by RN (Rating Element 3.E.7.a(1)(2))

Page	Rating Element 3.E.7	Summary of Changes 3.E.7.a (1)(2)	Summary of Changes
157	3.E.7: The program has written procedures for nursing that address:	a. Alcohol or other drug-focused nursing assessment of each patient that is conducted at admission:	- Text edit - Now defining
		(1) Is completed at admission.	- New defining element
		(2) And is conducted or reviewed by a registered nurse.	- New defining element

Rationale

This element was amended to clarify the role of the registered nurse (RN) in conducting or overseeing the nursing assessments.

Implementation

A nursing assessment should be conducted at admission. This assessment may be performed by an RN or a licensed practice nurse (LPN). When performed by an LPN the assessment must be reviewed by an RN at admission.

Written policies and procedures should address the role of an RN in conducting nursing assessments.

Documentation

All patient records should include clear documentation of a nursing assessment performed at admission and who performed the assessment. If the nursing assessment was performed by a LPN, the patient record should include documentation of review of the assessment by a registered nurse.

V. THERAPY STANDARDS

CARF surveyors will rate the following elements related to therapy standards.

1. Determining when medication is needed (Rating Elements 3.D.4.a(1)(2))

Page	Rating Element 3.D.4	Summary of Changes 3.D.4.a (1)(2)	Summary of Changes
171	The program has written procedures regarding substance use disorder medications that address:	a. How to determine when medications for substance use disorder are needed.	- Now defining
		(1) When patients should be assessed by a provider to determine if medications for SUD are needed.	- New defining element
		(2) When patients may need to be reassessed for the need for medication for SUD	- New defining element

Rationale

This element was expanded to ensure that program procedures address when patients should be assessed, or reassessed, by a medical provider to determine if medications for SUD are needed.

Implementation

Programs should have written policies and procedures that are designed to ensure meaningful access to all FDA approved medications for SUD (directly or through affiliation). As discussed above, medications are available for the treatment of opioid, alcohol, and tobacco use disorders. The patient assessment should identify these disorders and, when present, there should be timely follow up with a provider to determine if medications are appropriate, and to discuss available options with the patient. Program policies and procedures should also address when patients may need to be reassessed for the need for medications for SUD; For example, a patient with mild AUD may, in partnership with their doctor, decide that they do not want to initiate medication. This decision should be reassessed if the patient's AUD worsens.

Programs are recommended to maintain a network of providers for referral, provide transportation to appointments (including daily dosing appointments at opioid treatment programs when needed), support pharmacy access, monitor medication adherence, and coordinate care with the prescriber. The program's policies and procedures are recommended to reflect that opioid, alcohol, and tobacco use disorders are assessed; timely referrals to appropriate medical providers; lists of local providers; how the program will provide logistical support for patients to access appointments with appropriate providers; and how care will be coordinated and documented in the patient record.

Documentation

Patient records should reflect these referrals for assessment and reassessment (based upon clinical need), monitoring of patient adherence to medication when prescribed, and coordination of care with prescribers. Patient records also can include documentation of transportation and other logistical support for appointments.

2. Daily Activities for Level 3.7 (Rating Element 3.D.7.a)

Page	Rating Element 3.D.7	Rating Sub-Element 3.D.7.a	Summary of Changes
171	3.D.7: The program has documented evidence of a written weekly schedule that includes:	a. Active treatment 7 days a week, including meaningful and intentional services on Saturday and Sunday.	- Now defining

Rationale

A key component of Level 3.7 programs is 24-hour structure and support. This element has been made defining to ensure that patients have 24-hour structure and support 7 days a week.

Implementation

Level 3.7 programs should offer a full range of daily clinical treatment services to assess and address patients' individual biomedical, psychiatric, and addiction-related needs. Services delivered should be individualized for each patient and may include medical and nursing services, psychotherapy, psychiatric and addiction pharmacotherapy, and medication education and management. Services should be evidence-based or evidence-informed practices with demonstrated effectiveness.

Level 3.7 programs should have the capacity to offer, directly or through coordination with other care providers, all the clinical services needed to effectively treat the patients they serve. Level 3.7 programs should provide a daily schedule of activities that includes a full range of clinical activities led by trained professional staff and designed to focus on stabilizing, or maintaining stabilization of, patients' addictive disease. Schedules for individual patients should be personalized to the needs identified in their treatment plans. Services provided on the weekends may have a greater focus on prosocial skills development and family or social visits, but there should be a structure to the program with a clear clinical purpose.

The program schedule should include descriptions of services available in the program including the objectives. For each service provided, programs are recommended to have written documentation of the purpose, goals, modalities used, and competencies required. This documentation may be maintained in the program's policies and procedures or in staff training materials.

Documentation

Written program schedules should show evidence of treatment service availability 7 days a week. In addition, clinical documentation within patient records should provide evidence of daily participation in treatment services 7 days a week. Programs are recommended to define how patient participation and engagement is documented. This documentation may be maintained in the program's files.

3. Couples Therapy (Rating Element 3.D.7.b(5)(a,b))

Page	Rating Element 3.D.7.b	Rating Sub-Element 3.D.7.b(5)(a,b)	Summary of Changes
171	3.D.7: The program has documented evidence of a written weekly schedule that includes:	(5) Counseling to improve patients' ability to reintegrate into family, work, and/or school, including family education and treatment.	Text edit
	b. The following activities:	(a) Family education and treatment. (b) Couples education and treatment.	Elements deleted

Rationale

The element above will be removed from the certification program requirements as not all patients are in a coupled relationship and element 3.D.6.b(8)(a) incorporates “family education and treatment” which is intended to include significant others.

VI. DOCUMENTATION

No changes have been made to the documentation standards rating elements.

