



Louisiana Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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November 26, 2025

Re: LASAM's Comments on 2025-BHS-5, Section 2.4 – Addiction Services

Dear Agency Stakeholders:

On behalf of the Louisiana Society of Addiction Medicine (LASAM), the medical specialty society representing physicians and other clinicians in Louisiana who specialize in the prevention and treatment of addiction, I write today to provide comments on the recently released proposal for [Section 2.4 – Addiction Services](#) (the “**Proposal**”). LASAM is the Louisiana chapter of the American Society of Addiction Medicine (“**ASAM**”), with a mission is to ensure that the highest quality treatment possible is available to people with substance use disorders (SUD). LASAM commends you for recognizing the importance of adopting the 4th Edition of *The ASAM Criteria* and provides the following comments for your consideration:

- **The ASAM Criteria Level of Care Assessment Guide:** Page 15 of the Proposal requires a “comprehensive bio-psychosocial assessment” prior to admission. However, the 4th Edition of *The ASAM Criteria* introduces new standards for a concise level of care assessment to determine which level of care would best serve the patient’s needs. As described on page 148 of the 4th Edition, this assessment evaluates ASAM’s six dimensions of care, with the subdimensions below informing level of care recommendations and the initial treatment of immediate needs. The initial level of care recommendation is based on the assessment of Dimensions 1-5; Dimension 6 is then used to determine which level of care recommendation the patient is willing and able to accept.
 - **Dimension 1:** Intoxication, Withdrawal, and Addiction Medications
 - Intoxication and Associated Risks
 - Withdrawal and Associated Risks
 - Addiction Medication Needs
 - **Dimension 2:** Biomedical Conditions
 - Physical Health Concerns
 - Pregnancy-Related Concerns
 - **Dimension 3:** Psychiatric and Cognitive Conditions

Active Psychiatric Symptoms
Persistent Disability

- **Dimension 4:** Substance-Related Risks
Likelihood of Engaging in Risky Substance Use
Likelihood of Engaging in Risky SUD-Related Behaviors
- **Dimension 5:** Recovery Environment Interactions
Ability to Function Effectively in Current Environment
Safety in Current Environment
Support in Current Environment
- **Dimension 6:** Person-Centered Considerations

To assist clinicians in making level of care determinations and selections, ASAM has developed [The ASAM Criteria, Fourth Edition Level of Care Assessment Guide](#). This guide provides a streamlined tool to help clinicians collect information to make an appropriate level of care determination *before* a patient begins treatment. (ASAM will also publish a comparable guide for its forthcoming Adolescent Volume (defined below) shortly after its release.) **LASAM recommends revising the Proposal to recognize ASAM's guide as an acceptable alternative to the proposed comprehensive bio-psychosocial assessment and to state explicitly that completing the guide is sufficient for determining, selecting, and admitting to the appropriate level of care. In the 4th Edition, once the patient begins treatment, a Treatment Planning Assessment (which includes a full bio-psychosocial assessment) is used to develop an individualized treatment plan. ASAM and UCLA are currently developing the Treatment Planning Assessment; in the meantime, ASAM has created a [Treatment Planning Template](#) to assist clinicians in preparing treatment plans, which LASAM encourages the Agency to reference in its final guidance.**

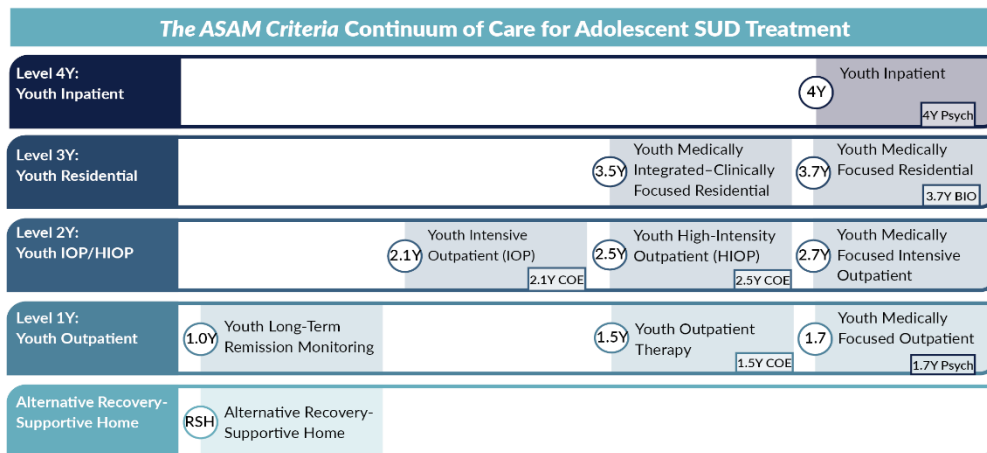
- **AHA Recognized Training.** Page 7 of the Proposal exempts psychiatrists and other clinicians from required training on First Aid, CPR, and seizure assessment. **LASAM recommends that non-psychiatrist physicians also be exempt from this training.**
- **ASAM Level 1.5 Nomenclature and Requirements.** The Proposal's Level 1.5 should be redesignated as "**Level 1.7: Medically Managed Outpatient Treatment**" to align with the 4th Edition of *The ASAM Criteria*. Level 1.7 providers must have a medical director who is a physician with at least two (2) years of documented experience delivering specialty addiction treatment. Level 1.7 providers not only provide psychosocial services but also provide direct withdrawal management and biomedical services as well as management of common psychiatric disorders. It is important to note that a physical exam is typically performed at initial assessment. Level 1.7 providers deliver fewer than nine (9) clinical service hours per week. (In the 4th Edition, Level 1.5 providers do not typically have medical staff and primarily provide 1:1 care.) Page 21 of the Proposal notes that these programs may vary in level of intensity but "are fewer than nine contact hours

per week for adults.” LASAM recommends clarifying that description to read “are fewer than nine **clinical service** hours per week for adults.”

- **ASAM Level 2.1 Requirements.** Page 27 of the Proposal requires Level 2.1 providers to have a physician medical director. However, in the 4th Edition of *The ASAM Criteria*, Level 2.1 providers do not typically provide medical services and, therefore, do not typically have medical staff, such as physicians. They should, however, have policies and procedures that define when and how to consult with and refer to addiction specialist physicians as needed.
- **ASAM Level 2.5 Addition.** LASAM recommends adding a new **Level 2.5: High-Intensity Outpatient Treatment**, consistent with the standards in the 4th Edition of *The ASAM Criteria*. This LOC includes partial hospitalization programs and is also consistent with the 3rd Edition standards. Without this addition, Louisiana Medicaid will continue to have a significant gap in the care continuum for patients who need a more intensive amount of clinical service hours than LOC 2.1, but do not meet admission criteria for LOC 2.7. Level 2.5 providers have a medical director and a program director. Level 2.5 providers provide direct psychosocial services and a therapeutic milieu, with at least 20 hours of clinical service hours per week.
- **ASAM Level 2.7 Requirements.** LASAM recommends clarifying the new sentence appearing on Page 28 of the Proposal to read as follows: “A minimum of 20 hours per week of **clinical** services are required at this LOC.” Page 32 of the Proposal requires Level 2.7 providers to have a physician medical director. LASAM recommends requiring such physicians to be board certified in addiction medicine or addiction psychiatry or have at least **five (5)** years of documented experience delivering specialty addiction treatment, which is consistent with the chart appearing on page 111 of the 4th Edition of *The ASAM Criteria*. A physical exam should be conducted within 24-48 hours of initial assessment.
- **Withdrawal Management.** The 3rd Edition of *The ASAM Criteria* includes separate levels of care for withdrawal management that are unbundled from the treatment levels of care. However, the 4th Edition recognizes that the delivery of withdrawal management services without engagement in ongoing addiction treatment is a clinical challenge that puts patients at risk for recurrence and death. As a result, LASAM recommends that the agency clarify the Proposal to reflect that (a) Level 2.7 providers should provide services consistent with the 3rd Edition Level 2-WM, as well as concurrent psychosocial treatment in alignment with Level 2.5 standards, directly or through formal affiliation, and (b) Level 3.7 providers should provide services consistent with the 3rd Edition 3.7-WM with integrated biomedical care, as well as concurrent psychosocial treatment in alignment with Level 3.5 standards, directly or through formal affiliation.
- **ASAM Level 4 Requirements.** Page 83 of the Proposal requires Level 4 (medically managed inpatient treatment: specialty unit) providers to have a physician medical director. LASAM recommends requiring that such physicians be board certified in addiction medicine or addiction psychiatry, which is consistent with

the chart appearing on page 111 of the 4th Edition of *The ASAM Criteria*. LASAM also recommends that general hospitals in the state be required to have physicians who are board certified in addiction medicine or addiction psychiatry available for addiction medicine consultations.

Finally, LASAM is pleased to share that in Spring 2026, ASAM will release *The ASAM Criteria* 4th Edition, Volume 2: Adolescents and Transition Aged Youths (the “**Adolescent Volume**”). The care continuum for adolescent SUD treatment will be as follows:



The Adolescent Volume will define an “adolescent” as a young person (under age 18) who has begun puberty but has not yet become an adult. “Transitioned-aged youth” will be defined as young people ages 16 to 25 years who are in the process of transitioning to adulthood, which includes navigating numerous psychosocial transitions such as gaining and maintaining independence. The Adolescent Volume emphasizes the importance of:

- **Fully integrated mental health treatment**, because co-occurring mental health conditions are highly prevalent and often co-primary with the SUD;
- **Comprehensive family services**, because adolescents do well when families do well; and
- **Coordination across systems of care (e.g., schools, child welfare, juvenile legal)**, because consistent messaging and treatment plan goals and coordination of resources are critical for effective care delivery.

ASAM is happy to provide early access to the full standards in the Adolescent Volume for any state entity under a non-disclosure agreement. Please reach out to Julia Kissel (jkissel@asam.org) if this information would be helpful.

LASAM hopes that this information is useful as you finalize the Proposal and contemplate future revisions. We want to ensure that the implementation of the 4th Edition of *The ASAM Criteria* for adults and adolescents/transitioned-aged youth into Louisiana Medicaid is as smooth as possible. We appreciate your work to this effect. Thank you for allowing us to share our comments with you. Additionally, we are happy to consult or review any future iterations of the Proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sarah C. Hamauei', with a stylized, flowing script.

Sarah C. Hamauei, MD, FASAM
Vice President, Louisiana Society of Addiction Medicine

