1.0: Outpatient Services

Aligning Service Delivery
to *The ASAM Criteria, 2013*

RESOURCES FOR TODAY'S WEBINAR
1.0 – OUTPATIENT SERVICES

- "Outpatient Services by Service Characteristics"
- "Self Assessment Checklist"
- "PA Expectations – Addendum"

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"For Professionals"

ASAM

Transition Status

- Began transition from PCPC to *The ASAM Criteria, 2013* in *2017*
- Use of the criteria as a Level Of Care Assessment (LOCA) tool January 1, 2019

Next Steps

- **Alignment of Service Delivery**

    Setting

    Supports

    Staff

    Therapies

    Assessment/Treatment Plan

    Documentation

Next Steps

ASAM Alignment = a continued PROCESS

- Goals and target dates
- Support and Assistance

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Level 1.0 Outpatient Services

1.0 Outpatient Services

SETTING:

- Outpatient; licensed

- Freestanding Facility (709.21)

- Variety of Settings

1.0 Outpatient Services

SETTING:

- Standard Outpatient

- Narcotic Treatment Programs (NTPs are also licensed as outpatient providers)

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1.0 Outpatient Services

SUPPORTS:

- Medical, psychiatric, psychological, laboratory and toxicology services

- Direct affiliation with more intensive levels of care (LoC)

1.0 Outpatient Services

Supports:

- Emergency services by telephone

- Access to pharmacotherapy

- Access to case management service

1.0 Outpatient Services

Staff:

Must meet licensing requirements

- Minimum education and training requirements (METs)

- Client:staff ratios (35:1)

1.0 Outpatient Services

Staff:

- Appropriately licensed or credentialed by the Pennsylvania Certification Board (PCB)

- Appropriately and adequately trained

1.0 Outpatient Services

Therapies:

- Services provided through regularly scheduled sessions of fewer than nine (9) hours/week

- Individualized & client driven/directed

1.0 Outpatient Services

Therapies:

- Use of Evidence-base programs and Interventions (EBPs and EBIs)

- Motivational Interviewing and Motivational Enhancement Strategies

- Therapies vs. Psycho-education

1.0 Outpatient Services

Therapies:

- Integration of care

- Counseling with and for family members

- Pharmacotherapy

- Case management

1.0 Outpatient Services

Assessment / Treatment (TX) Planning:

- Initial and ongoing 6-dimensional assessment

- Individualized Tx Planning:
  Collaborative

  Focused on Strengths as well as Needs
  Prioritized by risk
  Driven by client preference and choice

1.0 Outpatient Services

Assessment / Treatment (TX) Planning:

- Level of Care Assessment (LOCA) Independent or Evidence of Neutrality

- Include short-term and long-term goals

- Focus on overall progress of goals and objectives

- Services regularly updated to ensure relevance & appropriateness for Level 1.0

1.0 Outpatient Services

Documentation:

- Progress notes: individualized & reflect Tx Plan

- Notes should reflect any need for Tx Plan Updates

- Notes should be current and written in a timely manner

1.0 Outpatient Services

"Level 1 Outpatient Self Assessment Checklist"

1.0 Self Assessment Checklist

Setting:

1.0 Self Assessment Checklist

- Support Systems:

II. Support Systems
Self Assessment Checklist

1. Medical, psychiatric, psychological, laboratory, and toxicology services are available on-site or through consultation or referral.
2. Medical and psychiatric consultation is available within 24 hours by telephone or, if in person, within a time frame appropriate to the severity and urgency of the consultation requested.
3. Has written procedures that the program has the availability of medical personnel to respond to patient needs identified by the multidimensional assessment at program admission, or as needs emerge in treatment.
4. Has documentation of written relationships/agreements for laboratory and toxicology services.
5. Has written procedures describing the referral process for medical, psychiatric, psychological, laboratory, and toxicology services.
6. Has a direct affiliation with (or close coordination through referral to) more intensive levels of care and medication management.
7. Has written procedures for referral including referral to other services, when applicable, and coordination when a patient is concurrently served by another provider.
8. Has written procedures for transfer including identifying when transition planning will occur, identifying where transition planning summary is documented, documenting and reviewing the six ASAM Criteria dimensions as it relates to transfer decisions, and inactive status if appropriate.

9. Has written procedures for how it coordinates with providers delivering concurrent care (e.g. mental health or opioid treatment services).
10. Has written procedures for how it follows up with the patient and post transfer or referral source to ensure engagement in the next level of care.
11. Has written agreements that it has a network of affiliation to meet the needs of patients when they transfer to another level of care.
12. Has written procedures for unplanned discharges (e.g. AMA or patient abruptly leaves the program and transition planning is not possible), including timely follow up and necessary notifications.
13. Emergency services are available by telephone 24 hours a day, 7 days a week
14. Has written procedures that the program has the availability of clinical staff 24 hours a day, 7 days a week.
15. Has written procedures for patients on how to access emergency services by telephone 24 hours a day, 7 days a week.

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1.0 Self Assessment Checklist

Staff:

III. Staff
Self Assessment Checklist

1. Certified and/or licensed addiction counselors offer much of the counseling in this level of care, but medication management (pharmacotherapy) services are Level 1 services and require the involvement of a licensed independent practitioner with prescribing authority as granted by state-based licensing boards.

2. Has a written policy and procedures on clinical staff responsibility for treatment planning and counseling services.

3. Has a written policy on credentials of clinical staff.

4. Has a written job description and qualifications for the program director.

5. Office based nurses are often involved with medication management in support of prescribers. They provide patient education about medications and optimize patient adherence and treatment retention with outpatient medication management.

6. Has written policies and procedures on nursing staff responsibilities for patient education and support for medication management.

7. Addiction specialist physicians provide Level 1 services for medication management or integrated psychosocial services/ medication management in referral from generalist physicians, mental health professionals, or certified and/or licensed addiction counselors when the complexity of the case or problematic previous treatment response warrant the involvement of the most highly skilled clinician available.

8. Has a written positions description for the medical director.

9. There is evidence of the credentials of the medical director and other physicians working under the medical director's directions.

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1.0 Self Assessment Checklist

Therapies:

IV. Therapies
Self Assessment Checklist

1. Skilled treatment services, which may include individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, addiction pharmacotherapy, or other therapies.
2. Services are provided in an amount, frequency, and intensity appropriate to the patient's multidimensional severity and level of functioning.
3. Has a description of skilled treatment services provided to patients and their objectives.
4. Has a written policy of staff training on a range of evidence based cognitive and behavioral therapies on addiction, as well as psychiatric and addiction pharmacotherapies.
5. There is evidence that skilled treatment services are provided in an amount, frequency, and intensity appropriate to the individualized treatment plan that is formulated on the patient's multidimensional assessment.

6. Motivational enhancement and engagement strategies are used in preference to confrontational therapies.
7. Has a written policy on staff training on motivational enhancement therapies or other evidence based practices.
8. Has a training program for staff related to offering motivational enhancement therapies or other evidence based practice.
9. For patients with mental health conditions, the issues of psychotropic medication, mental health treatment, and their relationship to substance use and addictive disorders are addressed as the need arises.
10. Has a written policy and procedures to provide clinical activities to enhance patients' understanding of their addiction and mental health disorders.
11. Implements clinical activities that enhance a patient's understanding of their addiction and mental health disorder.

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1.0 Self Assessment Checklist

Assessment/Treatment Plan Review

V. Assessment/Treatment Plan Review

Self Assessment Checklist

1. Includes an individual biopsychosocial assessment of each patient, which includes a comprehensive substance use and addictive disorder history obtained as part of the initial assessment and reviewed by a physician, if necessary.
2. Has a written policy that all patients receive an assessment that addresses the six dimensions of the ASAM Criteria.
3. Has an independent process for conducting the assessment.
4. Has written procedures on ASAM Criteria training for personnel doing assessments, and/or qualifications of personnel conducting the assessment.
5. Has written procedures identifying timeframes for reviewing and modifying treatment plans to ensure that the plan for each patient reflects current issues and maintains relevance.
6. Has a written procedure that a clinician review all admission decisions to confirm clinical necessity of services and that the review is within the clinician's scope of practice.
7. May include a physical examination performed within a reasonable time, as determined by the patient's medical condition. Such determinations are made according to established protocols, which include reliance on the patient's personal physician whenever possible.
8. Has a written procedure that details when and how a physical examination is done.

9. Has a written contract with providers who can provide medical evaluations as appropriate and within the timeframe specified in the program's procedures, if medical personnel licensed to provide these services are not on the program staff.
10. Includes an individualized treatment plan which involves problems, needs, strengths, skills, and priority formulation. Short-term, measurable treatment goals and preferences are articulated along with activities designed to achieve those goals.
11. Plan is developed in collaboration with the patient and reflects the patient's personal goals.
12. Treatment plan reviews are conducted at specified times, as noted in the plan, or more frequently as determined by the appropriate credentialed professional.
13. Implements written procedures identifying timeframes for initial development of, and review and modification of treatment plans to ensure that the plan for each patient reflects current issues, maintains relevance, and assures patient consent for treatment.
14. Includes monitoring biomarkers and/or toxicology testing.
15. Implements written procedures that addresses drug testing practices.

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1.0 Self Assessment Checklist

Documentation:

VI. Documentation
Self Assessment Checklist

1. Includes individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.

2. Has written policies and procedures on progress note documentation.

3. There is evidence of personalized and individualized progress notes that meet policy and procedure.

4. Progress notes should document progress toward achievement of identified goals and objectives, significant events or changes in the life of the person served, the delivery of outcomes of specific interventions, modalities, and/or services that support the person centered plan, and changes in frequency of services and levels of care.

5. Progress notes are signed and dated.

6. Treatment plan reviews are conducted at specified times and are recorded in the treatment plan.

7. Has written policies and procedures for recording, reviewing, and modifying the patient's individualized treatment plan to ensure the plan reflects current issues and maintains relevance.

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1.0 Outpatient Services- OTS

OPIOID TREATMENT SERVICES [OTS]   (ASAM Criteria, pp 290 – 298)

- **Setting:** MMT/NTP/OTP or OBOT

- **Supports:** Linkages or access to medical, psych, lab, case management, etc.

- **Staff:** Interdisciplinary team

- **Therapies:** Individualized, based on 6-dimensional assessment; range of clinical therapies, psycho-educ. (PA regulation is minimum standard)

- **Assessment/Tx Plan:** Comprehensive; delivered as per 42CFR8.12 & PA 28§715; ongoing assessment and referral as necessary

- **Documentation:** Individualized Progress notes

1.0 Outpatient Services- OTS

- **§715.19 "Psychotherapy Services"**
    - 2.5 hrs./mo. for first 2 years; 1 hr. of which is individual; _additional therapy as needed per assessment_
    - 1 hr./mo. group or individual therapy in years 3 & 4; _additional therapy as needed per assessment_
    - 1 hr./2 mos. of group or individual therapy thereafter; _additional therapy as needed per assessment_

Licensing regulation = minimum standard;
Therapy should be individualized per 6-dimensional assessment

1.0 Outpatient Services- OTS

- **Appropriate Coordination or Collaboration of Care/LoC**

  -Every LoC described in ASAM includes pharmacotherapy.

  -If the intensity of clinical service cannot be provided at the OTP, coordinate for the LoC that is needed.

PA Expectations Addendum

Clinical Staffing Requirements after 7/1/2021

- Licensed or PA Certification Board (PCB) Certified Counselors and Allied Professionals (Case Managers)

- Can be "working toward" certification after hire

PA Expectations Addendum

Motivational Enhancement/Stages of Change

- All assessors are expected to have an immediate foundational awareness of the stages of change/ motivational interviewing

- All clinical supervisors complete DDAP approved MI training by 7/1/2023

- All clinical staff to have DDAP approved MI training by 7/1/2026

PA Expectations Addendum

Independent Assessment

- Wherever possible, independent Level of Care Assessments (LOCA) should occur

- Where assessments occur at a treatment provider, there must be evidence of neutrality with validation by the Single County Authority or 3rd party

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Need additional help?

Please be sure to review ASAM alignment resources on the DDAP website [ASAM Transition (pa.gov)](pa.gov).

Questions or requests for technical assistance can be emailed to ra-daasam@pa.gov.

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