Level 2 Services:
2.1: Intensive Outpatient Services &
2.5: Partial Hospitalization

Aligning Service Delivery
to *The ASAM Criteria, 2013*

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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

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Next Steps

- **Alignment of Service Delivery**
  - Setting
  - Supports
  - Staff
  - Therapies
  - Assessment/Treatment Plan
  - Documentation

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Next Steps

ASAM Alignment = a continued PROCESS

- Goals and target dates
- Support and Assistance

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Level 2.1 Intensive Outpatient Services
Level 2.5 Partial Hospitalization Services

LEVEL 2.1 INTENSIVE OUTPATIENT SERVICES BY SERVICE CHARACTERISTICS

Level 2.1 intensive outpatient programs (IOP) for adults generally provide 9 – 19 hours of structured professionally directed programming per week. The program of services consists primarily of counseling and education about addiction-related and mental health problems. The patient's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and requires only maintenance monitoring of these conditions.

I SETTING ***(1 sub-service characteristic)***

Level 2.1 programs may be offered in any appropriate setting that meets state licensure or certification criteria.

I. Setting

Intensive outpatient programs (IOP) for adults generally provide 9-19 hours of structured, professionally directed programming per week.

I.1. May be offered in any appropriate setting that meets state licensure or certification criteria.

GOAL: Provides maximum flexibility to meet the treatment needs of patients at different stages of an SUD.

I.1 Level 2.1 services may be offered in any appropriate setting that meets state licensure or certification criteria ***(The ASAM Criteria, p 198).***

This level of service and the array of settings in which it is offered provides maximum flexibility to meet the treatment needs of patients at different stages of an SUD. Level 2.1 services for example may be appropriate as the initial level of care for a patient whose severity of illness and level of functioning warrants this intensity; it may represent a "step down" from a more intensive level of care (Levels 3.5, 3.7 and Level 4) for a patient whose progress warrants such a transfer; and it may represent a "step up" for a patient who requires additional structured programming to stabilize addiction and mental health problems.

II. SUPPORT SYSTEMS ***(3 sub-service characteristics)***

The support system standards address those services which need to be readily available to the program through affiliation or contract. Support systems provide services, beyond the capacity of the staff of the program, but augment existing services or help meet individual patient needs.

II. Support Systems

Address services which need to be readily available to the program through affiliation or contract.

II.1 Medical, psychiatric, psychological, laboratory, and toxicology services, are available on-site or through consultation or referral. Medical and psychiatric consultation is available within 24 hours by telephone and within 72 hours in person.

II.2. Emergency services are available by telephone 24 hours a day, 7 days a week when the treatment program is not in session.

II.3. Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing.

GOAL: Provide services beyond the capacity of the staff of the program, but augment existing services or help meet individual patient needs.

II.1 Medical, psychiatric, psychological, laboratory, and toxicology services, are available on-site or through consultation or referral. Medical and psychiatric consultation is available within 24 hours by telephone and within 72 hours in person ***(The ASAM Criteria, p 198).***

Level 2.1 programs provide a comprehensive, structured and integrated treatment service for patients at this level of intensity. Experience shows that patients routinely present with complex co-occurring mental health and medical conditions which are better met by an integrated service model.

II.2 Emergency services are available by telephone 24 hours a day, 7 days a week when the treatment program is not in session ***(The ASAM Criteria, p 198).***

7/9/2020

LEVEL 2.5 PARTIAL HOSPITALIZATION SERVICES BY SERVICE CHARACTERISTICS

Level 2.5 partial hospitalization programs (PHP), also known as "day treatment," generally provide 20 or more hours of clinically intensive programming per week, as specified in the patient's treatment plan. Level 2.5 partial hospitalization programs typically have direct access to psychiatric, medical and laboratory services, and thus are better able than Level 2.1 programs to meet needs identified in Dimension 1, Acute intoxication and/withdrawal potential; Dimension 2, Biomedical conditions and complications; and Dimension 3, Emotional, behavioral or cognitive conditions and complications; which warrant daily monitoring or management but which can be appropriately addressed in a structured outpatient setting.

I SETTING ***(1 sub-service characteristic)***

Level 2.5 programs may be offered in any appropriate setting that meets state licensure or certification criteria.

I. Setting

This level of service is distinguished from Level 2.1 services in that the setting is often part of a controlled residential facility, such as hospital, that provides 24 hour support and structure and that limits access to alcohol and other drugs.

I.1. May be offered in any appropriate setting that meets state licensure or certification criteria

GOAL: Provide 20 or more hours of clinically intensive programming per week, as specified in the patient's treatment plan.

I.1 Level 2.5 services may be offered in any appropriate setting that meets state licensure or certification criteria ***(The ASAM Criteria, p 208).***

This level of service is distinguished from Level 2.1 services in that the setting is often part of a controlled residential facility, such as hospital, that provides 24 hour support and structure and that limits access to alcohol and other drugs. The patient may reside in the facility, but the clinical programming is provided by the Level 2.5 program.

II. SUPPORT SYSTEMS ***(3 sub-service characteristics)***

The support system standards address those services which need to be readily available to the program through affiliation or contract. Support systems provide services, beyond the capacity of the staff of the program, but augment existing services or help meet individual patient needs.

II. Support Systems

Address services which need to be readily available to the program through affiliation or contract.

II.1 Medical, psychiatric, psychological, laboratory, and toxicology services, are available on-site or through consultation or referral. Medical and psychiatric consultation is available within 8 hours by telephone and within 48 hours in person.

II.2. Emergency services are available by telephone 24 hours a day, 7 days a week when the treatment program is not in session.

II.3. Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing.

GOAL: Provide services beyond the capacity of the staff of the program, but augment existing services or help meet individual patient needs.

II.1 Medical, psychiatric, psychological, laboratory, and toxicology services, are available on-site or through consultation or referral. Medical and psychiatric consultation is available within 8 hours by telephone and within 48 hours in person ***(The ASAM Criteria, p 208).***

Level 2.5 programs provide a comprehensive, structured and integrated treatment service for patients at this level of intensity who may have unstable medical and psychiatric problems.

II.2 Emergency services are available by telephone 24 hours a day, 7 days a week when the treatment program is not in session ***(The ASAM Criteria, p 208).***

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Ambulatory Treatment Services

Ambulatory Treatment Services		
	Pre-ASAM Criteria	ASAM Criteria
Outpatient (1.0)	At most, 5 hours a week (generally 1-2 hours of group or individual counseling)	Fewer than 9 hours a week
Intensive Outpatient (2.1)	At least 3 days/week 5 hours, less than 10 hours	9-19 hours a week
Partial Hospitalization (2.5)	At least three days/week At least 10 hours 2 individual/2 group a week	20+ hours a week

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2.1 Intensive Outpatient Services

SETTING:

- Intensive Outpatient; licensed
- Freestanding Facility (709.21)
- Variety of Settings

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2.1 Intensive Outpatient Services

SUPPORTS:

- Medical, psychiatric, psychological, laboratory and toxicology services
- Emergency Services, 24/ 7
- Direct affiliation with other levels of care & supportive housing services
- Pharmacotherapy
- Case Management

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2.1 Intensive Outpatient Services

STAFF:

- Must meet licensing requirements
- Minimum education and training requirements (METs)
- Appropriately and adequately trained

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2.1 Intensive Outpatient Services

STAFF:

- Appropriately licensed or credentialed by the Pennsylvania Certification Board (PCB) upon or ***after*** *hire*

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2.1 Intensive Outpatient Services

THERAPIES:

- Structured weekly sessions provided of more than nine (9) hours/week, but less than nine (19) hours of treatment per week
- Individualized & Client Driven/Directed
- Individual and group sessions

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2.1 Intensive Outpatient Services

Client: Staff Ratio = 1:15

Group Size: DDAP does not have regulations at any level of care dictating group capacity. Per DHS, group size for outpatient levels of care is capped at 10. However, providers are able to obtain an exception to conduct 12 person groups through OMHSAS. OMHSAS does not have regulations dictating group size for inpatient or residential levels of care therefore providers do not need to request a waiver for group size at the inpatient or residential levels of care. DDAP continues to recommend providers reach out to their Managed Care Organizations and payors to seek clarification on expectations regarding group size capacity.

2.1 Intensive Outpatient Services

THERAPIES:

- Use of Evidence-base programs and Interventions (EBPs and EBIs)
- Motivational Interviewing and Motivational Enhancement Strategies
- Therapies vs. Psycho-education

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2.1 Intensive Outpatient Services

THERAPIES:

- Integration of care
- Counseling with family members
- Case management
- Pharmacotherapy

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2.1 Intensive Outpatient Services

ASSESSMENT / TREATMENT PLANNING:

- Initial and ongoing 6-dimensional assessment

- Individualized Tx Planning:
  Collaborative
    Focused on Strengths as well as Needs
    Prioritized by risks
    Driven by client preference and choice

2.1 Intensive Outpatient Services

ASSESSMENT / TREATMENT 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 2.1

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2.1 Intensive 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

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2.1 Intensive Outpatient Services

"Level 2.1 Outpatient Self Assessment Checklist"

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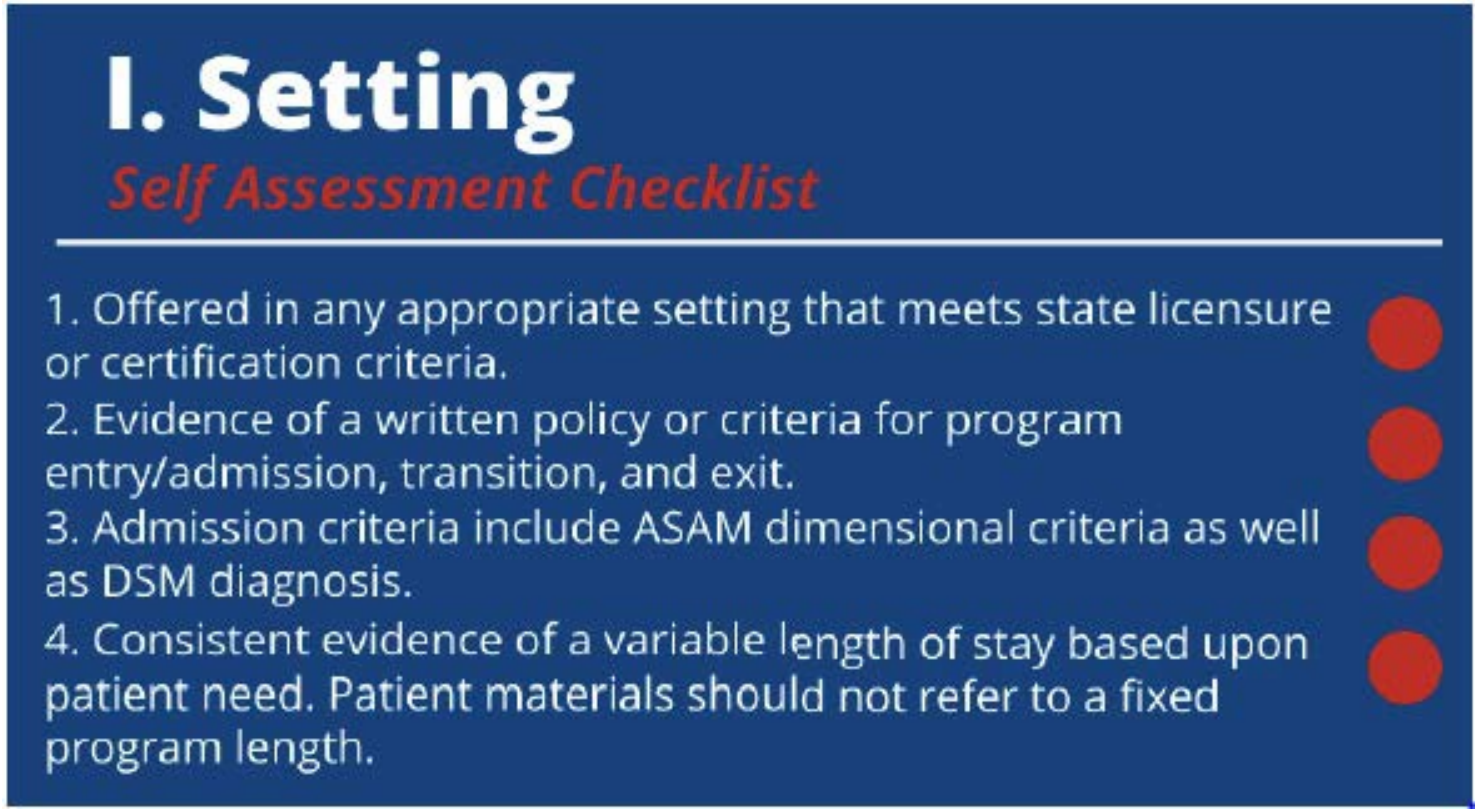
2.1 Intensive Self Assessment Checklist



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2.1 Self Assessment Checklist

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 and within 72 hours in person.
3. There are 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. There are written procedures that the program has the availability of appropriately licensed health professionals to provide psychiatric and psychological services to respond to patient needs identified by the multidimensional assessment at program admission, or as needs emerge in treatment.
5. There is documentation of written relationships/agreements for laboratory and toxicology services.
6. Has written procedures describing the referral process for medical, psychiatric, psychological, laboratory, and toxicology services.
7. Emergency services are available by telephone 24 hours a day, 7 days a week when the treatment program is not in session.
8. Has written procedures for patients on how to access emergency services by telephone 24 hours a day, 7 days a week.
9. Has direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing.
10. Has written procedures for referral, including referral to other services, when applicable, and coordination when a patient is concurrently served by another provider.
11. Has written procedures for transfer, including identifying when transition planning will occur, identifying when transition planning summary is documented, documented and reviewing the six ASAM Criteria dimensions as it relates to transfer decisions, and inactive status if appropriate.
12. Has written procedures for how it coordinates with providers delivering concurrent care (e.g. mental health or opioid treatment services).
13. Has written procedures for how it follows up with the patient post transfer or with the referral source to ensure engagement in the next level of care.
14. Has written agreements that it has a network of affiliations to meet the needs of patients when they transfer into another level of care, including supportive housing.
15. 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.

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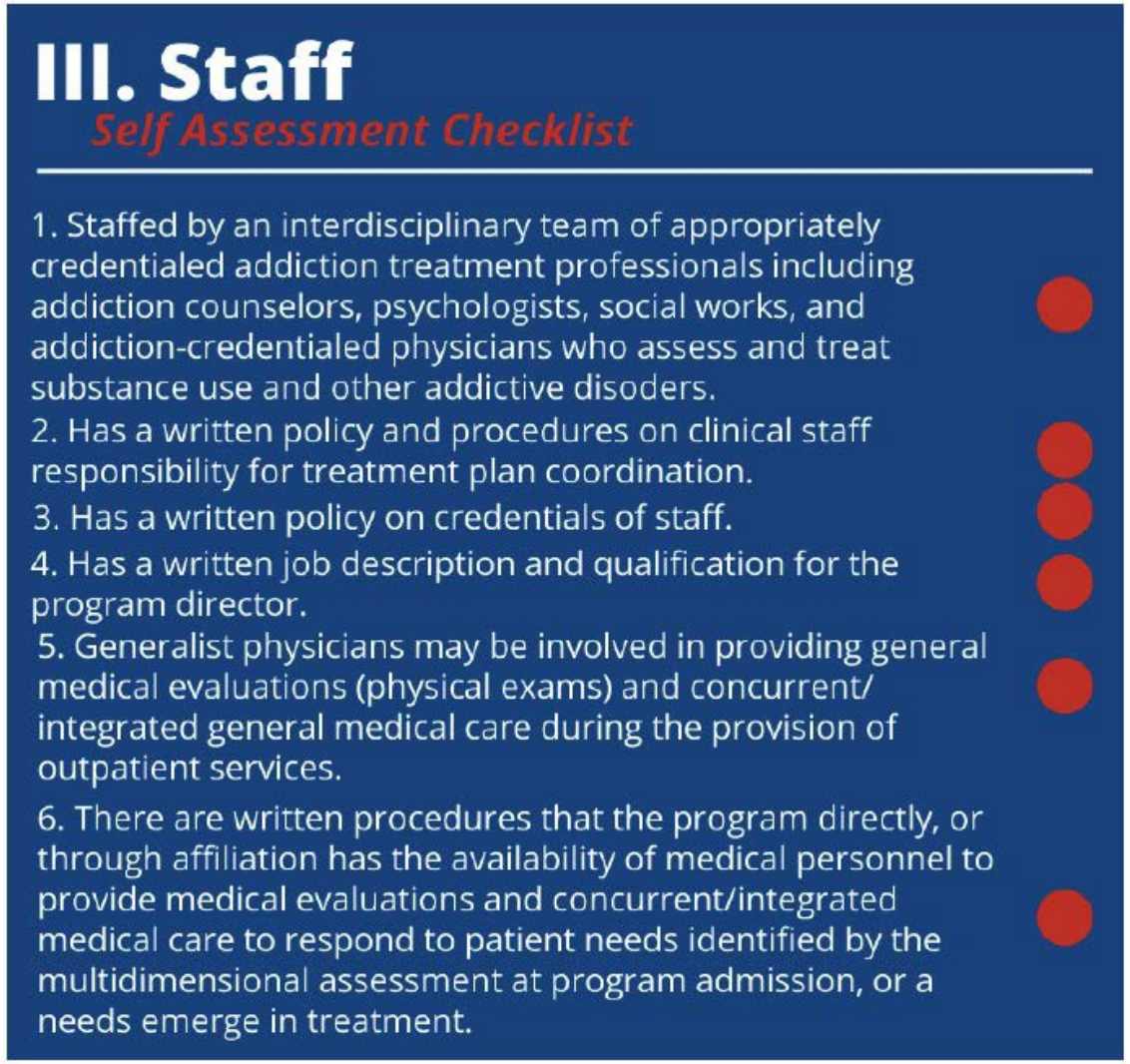
2.1 Self Assessment Checklist



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2.1 Self Assessment Checklist

IV. Therapies

Self Assessment Checklist

1. Includes, at a minimum, 9 hours per week of skilled treatment services. Such services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies.
2. Services are provided in an amount, frequency, and intensity appropriate to the objective of the treatment plan.
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. 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 treatment plan that is formulated on the patient's multidimensional assessment.
6. Family therapy, which involves family members or significant others in assessment, treatment, and continuing care of the patient.
7. Has a description of family therapy services provided to patients and their objectives.
8. Has a written policy on staff training and credentialing for family therapy staff.
9. There is a planned format of therapies, delivered on an individual and group basis and adapted to the patient's developmental stage and comprehension level.
10. Has a written description and rationale for all therapies offered.
11. Evidence of a daily schedule that shows individual and group programs that cover the full range of therapies offered for patients.
12. Motivational enhancement and engagement strategies are used in preference to confrontational therapies.
13. Has a written policy on staff training on motivational enhancement and engagement strategies.
14. Evidence of a training program for staff related to offering motivational enhancement therapies and engagement strategies.

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2.1 Self Assessment Checklist

V. Assessment/Treatment Plan Review

Self Assessment Checklist

1. An individual biopsychosocial assessment of each patient is performed, which includes a comprehensive substance use and addictive behaviors history obtained as part of the initial assessment and reviewed by a physician, if necessary as part of the assessment and treatment plan review.
2. Has a written policy that all patients receive an assessment that addresses the six dimensions of The ASAM Criteria.
3. Evidence that there is an independent process for conducting the assessment.
4. Has written procedures on ASAM Criteria training for personnel doing assessment, and/or qualifications of personnel conducting the assessment.
5. Has written procedures identifying time frames 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.
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. A physical examination may be 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 time frame 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. The plan is developed in collaboration with the patient and reflects the patient's personal goals. Treatment plan reviews are conducted at specified times, as noted in the plan, or more frequently as determined by the appropriate credentialed professional.
12. Implements written procedures identifying time frames 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.
13. Includes monitoring biomarkers and/or toxicology testing.
14. Implements written procedures that address drug testing practices including frequency, randomization, provisions for individualization of tests, interpretation of the results, action to be taken based on the results, collection methods, confidentiality and informed consent for sharing test results, education for patients, family/support systems, and personnel, and who is qualified to order tests.

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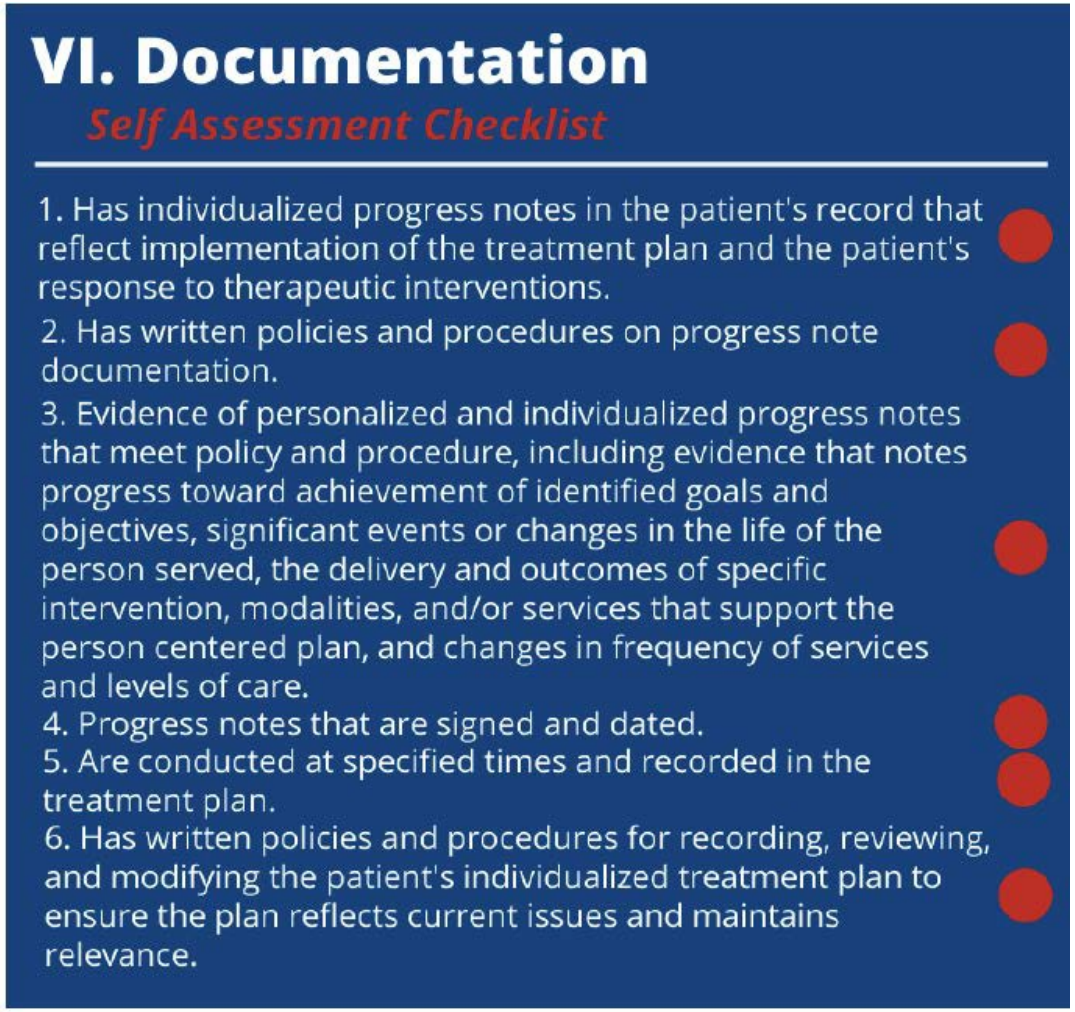
2.1 Self Assessment Checklist



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2.5 Partial Hospitalization Services

SETTING:

- Partial Hospitalization Services; licensed
- Freestanding Facility (709.21)

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2.5 Partial Hospitalization Services

SUPPORTS:

- Medical, psychiatric, psychological, laboratory and toxicology services
- Emergency Services, 24hrs. / 7days a week
- Direct affiliation with more & less intensive levels of care
- Case management and access to pharmacotherapy

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2.5 Partial Hospitalization Services

Staff:

- Must meet METs upon hire
- Have or be working toward credentialing
- Medical, psych, lab by consultation and referral but typically with direct access
- Psych & medical consultation by phone w/in 8 hours by phone and w/in 48 hours in person
- Sufficiently cross-trained in MH, at a minimum should be co-occurring capable
- 1:10 staff to client ratio

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2.5 Partial Hospitalization Services

Therapies:

- Minimum of 20 hours; daily intensive engagement
- Individual/group counseling, medication management, family therapy, other therapies
- Motivational enhancement & engagement strategies

Better geared to meet needs in Dimensions 1, 2, & 3 which warrant daily monitoring or management (p.208)

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2.5 Partial Hospitalization Services

Assessment/Treatment Plan Review

- Independent Level of Care Assessment

- Ongoing 6-dimensional assessment

- Individualized Tx Planning:
  - Collaborative
  - Focused on Strengths as well as Needs
  - Prioritized by risk
  - Driven by client preference and choice

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2.5 Partial Hospitalization 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

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2.5 PHP Self Assessment Checklist

- Use the checklist as a mechanism for self-gauging your program's progress in the alignment process

- Assess criteria in each sub-service characteristics

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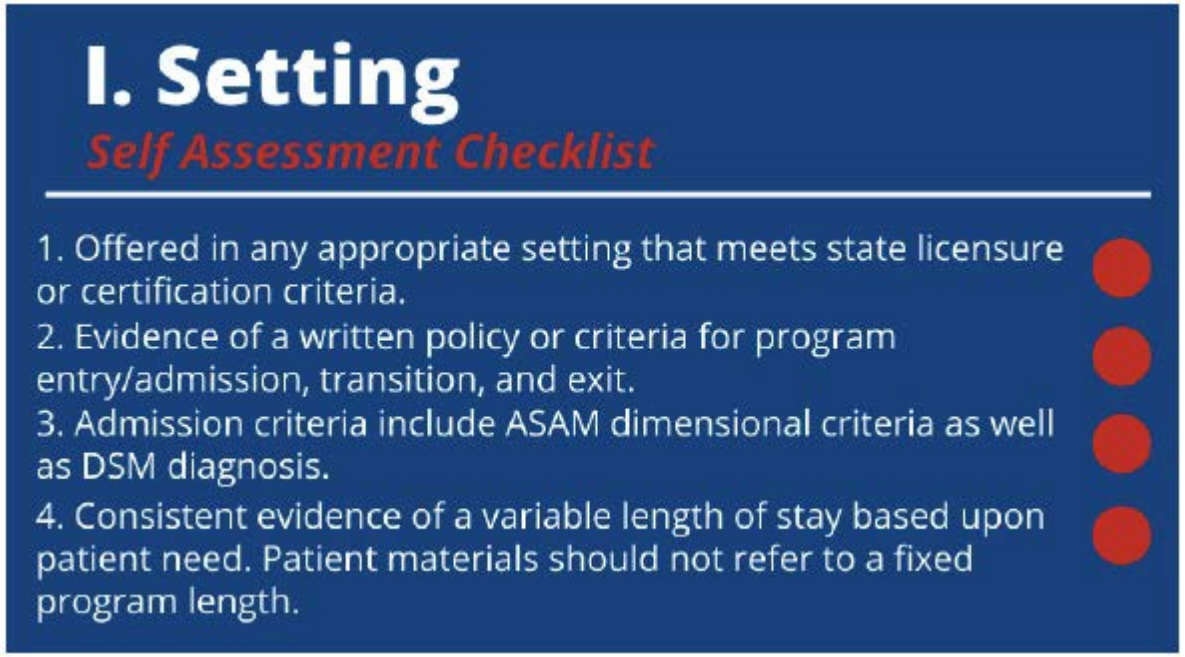
2.5 PHP Self Assessment Checklist



2.5 PHP Self Assessment Checklist

II. Support Systems

Self Assessment Checklist

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5. There is documentation of written relationships/agreements for laboratory and toxicology services.
6. Has written procedures describing the referral process for medical, psychiatric, psychological, laboratory, and toxicology services.
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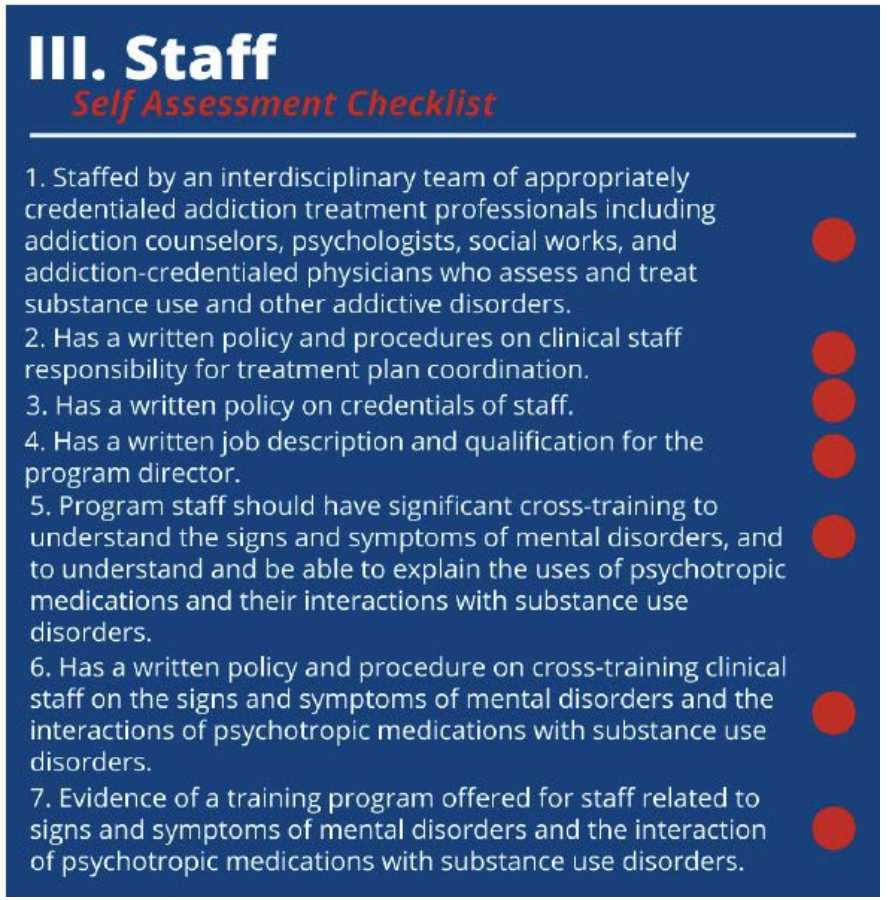
10. Has written procedures for referral, including referral to other services, when applicable, and coordination when a patient is concurrently served by another provider.
11. Has written procedures for transfer, including identifying when transition planning will occur, identifying when transition planning summary is documented, documented and reviewing the six ASAM Criteria dimensions as it relates to transfer decisions, and inactive status if appropriate.
12. Has written procedures for how it coordinates with providers delivering concurrent care (e.g. mental health or opioid treatment services).
13. Has written procedures for how it follows up with the patient post transfer or with the referral source to ensure engagement in the next level of care.
14. Has written agreements that it has a network of affiliations to meet the needs of patients when they transfer into another level of care, including supportive housing.
15. 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.

2.5 PHP Self Assessment Checklist



2.5 PHP Self Assessment Checklist

IV. Therapies

Self Assessment Checklist

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8. Has a written policy on staff training and credentialing for family therapy staff.
9. There is a planned format of therapies, delivered on an individual and group basis and adapted to the patient's developmental stage and comprehension level.
10. Has a written description and rationale for all therapies offered.
11. Evidence of a daily schedule that shows individual and group programs that cover the full range of therapies offered for patients.
12. Motivational enhancement and engagement strategies are used in preference to confrontational therapies.
13. Has a written policy on staff training on motivational enhancement and engagement strategies.
14. Evidence of a training program for staff related to offering motivational enhancement therapies and engagement strategies.

2.5 PHP Self Assessment Checklist

V. Assessment/Treatment Plan Review

Self Assessment Checklist

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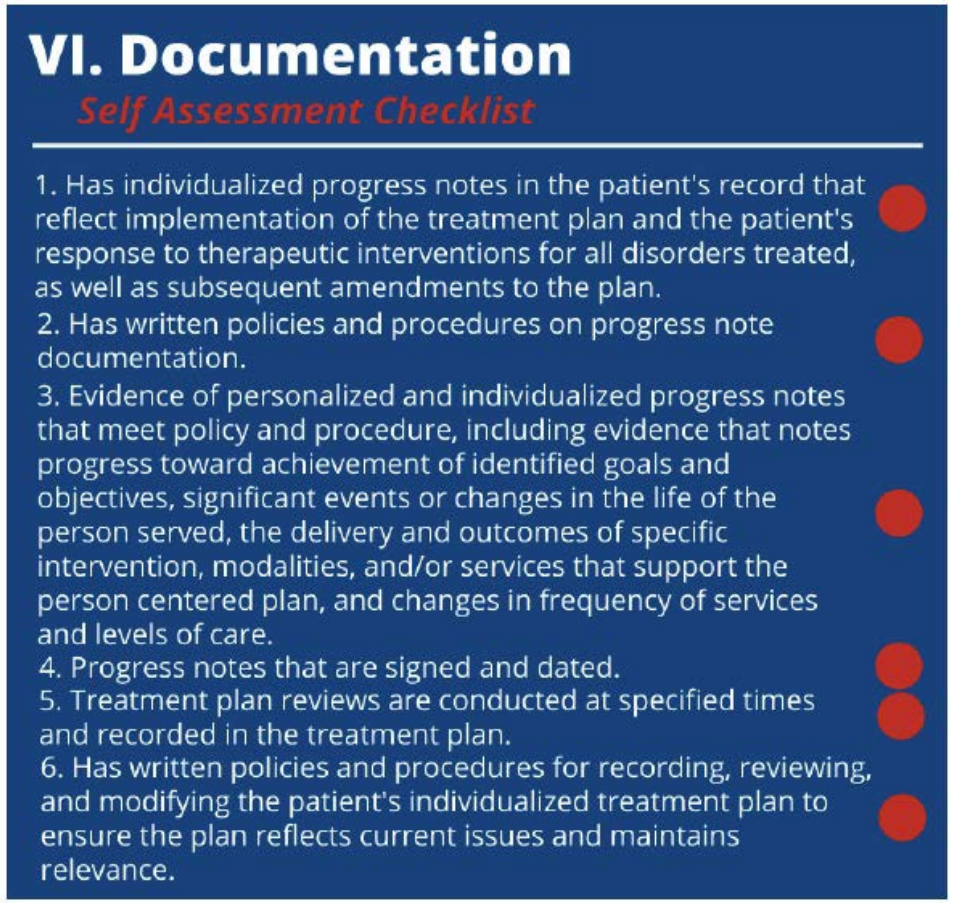
7. A physical examination may be performed within a reasonable time, as determined by the patient's medical condition. Such determinations are made according to established protocols, which include reliance on the patient's personal physician whenever possible.
8. Has a written procedure that details 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 time frame 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. The plan is developed in collaboration with the patient and reflects the patient's personal goals. Treatment plan reviews are conducted at specified times, as noted in the plan, or more frequently as determined by the appropriate credentialed professional.
12. Implements written procedures identifying time frames 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.

2.5 PHP Self Assessment Checklist



2.1 IOP or 2.5 PHP: Which One are We?

	Pre-ASAM Criteria	ASAM Criteria
Intensive Outpatient (2.1)	At least 3 days/week 5 hours, less than 10 hours/ week	9 – 19 hours/week
Partial Hospitalization (2.5)	At least 3 days/week At least 10 hours 2 individual/2 group per week	20+ hours/week

IOP versus PHP: What's the Difference Anyhow?

See chart on pp 175 -176 of ASAM Criteria, 2013 text

LoC	DIM 1	DIM 2	DIM 3	DIM 4	DIM 5	DIM 6
2.1	Minimal risk of severe Withdrawal	None or not a distraction from Tx. Manageable at 2.1	Mild severity, potential to distract from recovery; needs monitoring.	Variable engagement in Tx; ambivalence; requires structure several x's/wk	High likelihood of relapse w/o close monitoring & support several x's/wk	Recovery ≠ supportive, but can cope w/ structure & support
2.5	Moderate risk of severe withdrawal	None or not a distraction from Tx. Manageable at 2.5	Mild – moderate severity, potential to distract from recovery; needs stabilization.	Poor engagement, significant ambivalence; requires near daily **intensive engagement**	Intensification of SUD/MH SX with ↑ likelihood of relapse or cont'd use w/o near daily monitoring & support	Recovery ≠ supportive, but w/ structure, support & relief from it can cope

2.1 IOP or 2.5 PHP: Which One are We?

Next Steps:

1. PHP → ASAM Criteria aligned IOP
   - Relinquish PHP service on your license
   - Need OP license
   - Align services to ASAM IOP Criteria
2. PHP → ASAM Criteria aligned PHP
   - Maintain PHP service on license
   - Work to become fully aligned with ASAM PHP Criteria
   - Contact DDAP via ra-daasam@pa.gov

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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

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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.

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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).

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

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