

# ASAM Technical Assistance Series

## Results from Provider Alignment Reviews Monday, April 1, 2024

# Questions and Future Topics

- Suggestions for future webinar topics
- Questions should be submitted 7 days in advance of the webinar

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# ASAM Technical Assistance Series

## Presenters:

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# Disclaimers

*Alignment with the American Society of Addiction Medicine (ASAM) Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities (SCAs) and/or Managed Care Organizations (MCOs).*

*DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM 2-day training, and reviewing the resources available through DDAP including trainings and documents.*

# Learning Objectives

- What is the purpose of the reviews?
- Answer questions about the status of the reviews?
- What are the reviews finding?

# SUD 1115 Demonstration — Context

- The Demonstration gives the Commonwealth federal funds for large SUD residential facilities over 16 beds traditionally not funded by Medicaid
- The Demonstration requires the Commonwealth to establish standards matching ASAM and Medication Assisted Treatment (MAT) is available and offered and monitored ensuring that the residential facilities are aligned with the standards
- State law requires the use of ASAM, 3rd Edition

# Federal CMS Demonstration Requirements — Reviewed by Tool

- Milestone #2: Widespread use of evidence-based, SUD-specific patient placement criteria.
  - Providers use ASAM multidimensional assessment tools reflecting ASAM clinical treatment guidelines to assess treatment needs.
  - Beneficiaries access SUD services at the appropriate ASAM LOC.
  - Interventions are appropriate for the diagnosis and ASAM LOC.
  - Independent review of placement in residential treatment settings.

# Federal CMS Demonstration Requirements — Reviewed by Tool (Cont.)

- Milestone #3: Use of ASAM to set residential treatment provider qualifications.
  - Residential treatment provider standards meet ASAM Criteria including service types, clinical care hours, and staff credentials.
  - State process to review residential treatment providers to ensure compliance with ASAM standards.
  - Residential treatment facilities offer MAT on-site or facilitate access offsite.



# Federal CMS Demonstration Requirements — Reviewed by Tool (Cont.)

- Milestone #4: Completion of an assessment of availability of providers and accepting new patients to ensure sufficient provider capacity at critical LOCs, including for MAT for OUD.

# What is the Purpose of the reviews?

- The reviews are used to assess provider ASAM alignment at the provider level and to indicate opportunities for improvement.
- If the review process identifies issues with program integrity or health and safety, the reviewers shall follow-up with providers, the primary contractors (PCs)/BH-MCOs/SCAs fraud and abuse staff or licensure staff as needed.

Score	Description	Follow-up Review
4	Not Aligned in Significant Key Areas	3–6 months
3	Not Aligned in Primary Areas	6 months–1 year
2	Not Aligned in Minor Areas	1–2 years
1	Substantial Compliance	3 years

# Status of Reviews

- The horizontal numbers represent the number of providers who scored a 1, 2, 3, 4 on the infrastructure reviews.
- The vertical numbers are the providers who scored a 1, 2, 3, 4 on the medical record reviews.
- The numbers in the intersecting cells represent the number of providers who meet the criteria of the score for infrastructure and the score for records review.

Scores	Medical Records				Totals	
	1	2	3	4		
Infrastructure	1	9	2	22	43	76
	2	-	-	-	3	3
	3	4	-	11	19	34
	4	1	-	2	18	21
Totals	14	2	35	83	134	

# Status of Reviews

- 11 providers scored a 3 for infrastructure and a 3 for the medical records review. There were 2 providers who had a 1 for infrastructure and 2 for medical records review.
- Most providers scored a 3 or 4 in medical records review (118 of 134 providers)
- Most providers scored a 1 or 2 for infrastructure review (79 of 134)
- 43 of the 135 providers had a 1 on infrastructure and a 4 on medical records review.

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Totals	14	2	35	83	134	

# Best Scores

<b>Infrastructure = 1 and Record Reviews = 1</b>	
CBH	Gaudenzia_Hutchinson
CBH	Gaudenzia_Washington
CCBH	Endless Mountain Extended Care
CCBH	Gateway_Erie
CCBH	Gaudenzia_Community House
CCBH	Gaudenzia_House of Healing
CCBH	Granitesville
CCBH	Stairways
PerformCare	Firetree (re-review)

# Highest Scored Items — Infrastructure Review

Item	Description	LOC	Percentage of facilities reviewed meeting requirements
3.1	The facility has documentation that the admission criteria utilized by the program matches the ASAM admission criteria for the identified LOC.	All	98.9%
3.2a 3.2c	The facility has documentation requiring: 1. An individualized, comprehensive biopsychosocial assessment of the patient's SUD. 2. The biopsychosocial assessment is conducted or updated by staff who are knowledgeable about addiction treatment.	All but 3.7WM	96.6%
4.1	The provider has a process in place to conduct continued service reviews that are individualized, person centered, and based on the clinical assessment and needs of the client OR the documents indicate there is not a fixed length of stay (such as a 3-day detoxification or 28-day rehabilitation stay).	All but 3.7WM	99.2%
7.02	Is there evidence of planned clinical program activities that stabilize and maintain stabilization of the patient's addiction symptoms?	3.5	99.1%

# Highest Scored Items — Record Review

Item	Description	LOC	Percentage of medical records meeting requirements
3.1	Evidence in the medical record shows that: The admission criteria utilized by the program matches the admission criteria.	All	91%
3.2a	Evidence of a biopsychosocial assessment that is individualized.	All but WM	98.5%
4.1	Individual remains appropriate for the current LOC as determined by the assessment process noted and whether the needs identified in the treatment plan have adequately been accomplished or can continue to be addressed at that intensity of service. A fixed length of stay (such as 3-day detoxification or 28-day rehabilitation stay) is not written in the chart.	All	95.8%
7.04	Evidence in the medical record shows that: individual and group therapies, family therapy, medication management and psychoeducation are provided to facilitate the application of recovery skills, relapse prevention, and emotional coping strategies. The services promote personal responsibility and reintegration of the individual into the network systems of work, education and family life.	3.1	100%

# Lowest Scored Items — Infrastructure Review

Item	Description	LOC	Percentage of facilities reviewed meeting requirements
3.4b	The program has a policy that a physical examination must be performed by a physician within 24 hours of admission.	3.7	88.6%
3.4c	If Level 3.7 WM services are step-down services from Level 4 WM, records of a physical examination within the preceding 7 days are evaluated by a physician within 24 hours of admission.	3.7WM	94.9%
7.03 7.14	Random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan.	3.1, 3.5	79.6%



# Lowest Scored Items — Infrastructure Review

Item	Description	LOC	Percentage of facilities policies reviewed meeting requirements
7.15	Is there evidence of how programming is adapted to the patient’s developmental stage and level of comprehension, understanding, and physical abilities?	3.5	94.9%
7.16	Is there evidence that strategies are appropriate to the patient’s stage of readiness and desire to change?	3.5	94.3%
8.2b	Physician or Physician Extenders are available 24 hours a day, 7 days per week by phone/in person.	3.1, 3.5	91.3%
8.3b	The facility has evidence that psychiatric services are available within 8 hours by telephone or 24 hours in person and the facility has an available licensed physician who has specialty training and/or experience in addiction medicine or addiction psychiatry.	3.7	85.5%

# Lowest Scored Items — Record Review (All LOCs)

Item	Description	LOC	Percentage of medical records meeting requirements
3.3e	Evidence that the treatment plan includes articulation of short-term, measurable treatment goals.	3.1 3.5/3.7	76.7% 86.7%
5.1c	Evidence in the medical record shows that the treatment plan was regularly reviewed and significant events or changes that occurred were documented, and the treatment plan was adjusted accordingly.	All	82.4%
3.3e	Evidence that the treatment plan includes articulation of short-term, measurable treatment goals.	3.1 3.5/3.7	76.7% 86.7%
11.3c	Documentation of communication with other LOC(s) and referred services is present.	All	80.5%
11.3d	Documentation of the review of all six ASAM Criteria dimensions as it relates to discharge/transfer decisions.	All	72.3%

# Lowest Scored Items — Record Review (ASAM 3.1)

Item	Description	LOC	Percentage of medical records meeting requirements
7.02	At least 5 hours per week of planned clinical program activities to stabilize and maintain the stability of the patients SUD and to help him or her develop and apply recovery skills. Activities may include relapse prevention, exploring interpersonal choices, and development of a social network supportive of recovery.	3.1	79.6%
7.03	Evidence in the medical record shows that: Random drug screenings were done in accordance with the patient's individual treatment plan.	3.1	58.6%
7.08	Evidence in the medical record shows that: <ul style="list-style-type: none"> <li>• Services for the patient's family and significant others were offered as appropriate.</li> <li>• Services for the patient's family and significant others were provided if accepted as offered.</li> </ul>	3.1	67.3% 54%

# Lowest Scored Items — Record Review (ASAM 3.5)

Item	Description	LOC	Percentage of medical records meeting requirements
7.11	<ul style="list-style-type: none"> <li>• Did random drug screenings occur?</li> <li>• Were drug screenings included in the treatment plan (as an intervention)?</li> </ul>	3.5	62.1% 23.4%
7.17	Is there documentation for a daily professional service during the treatment episode?	3.5	88.7%
7.19	<ul style="list-style-type: none"> <li>• Does the medical record include services for the patient's family and significant others?</li> <li>• Evidence in the medical record shows that services for the patient's family and significant others were provided if accepted as offered.</li> </ul>	3.5	63.6% 79.8%
7.20	Of the individuals needing consultation/emergency services, was the patient able to access those services?	3.5	82.5%

# Lowest Scored Items — Record Review (ASAM 3.7)

Item	Description	LOC	Percentage of medical records meeting requirements
7.26	Evidence that there is counseling and clinical monitoring to promote successful initial involvement or reinvolved in and skill building for regular productive daily activity (such as work or school).	3.7	81.5%
7.32	<ul style="list-style-type: none"><li>• Evidence that there are services for patient's family/significant others (when applicable).</li><li>• Services for the patient's family and significant others were provided if accepted as offered.</li></ul>	3.7	74.1% 85.2%

# Lowest Scored Items — Record Review (ASAM 3.7WM)

Item	Description	LOC	Percentage of medical records meeting requirements
7.34	Evidence in the medical record that: <ul style="list-style-type: none"> <li>• A range of cognitive, behavioral, medical, mental health, and other therapies designed to enhance the patient’s understanding of addiction, the completion of the WM process, and referral to an appropriate LOC for continuing treatment and delivered on an individual and/or group basis were provided.</li> <li>• Health and education services were provided (e.g., HIV, HEP C, TB education or testing given, medication education, etc.).</li> </ul>	3.7WM	78.6% 90%
7.35	Physician/PA/ARNP is available to provide on-site monitoring of care and further evaluation on a daily basis (ASAM page 139).	3.7WM	87.4%
3.2g	Evidence that the biopsychosocial assessment was used to determine: <ul style="list-style-type: none"> <li>• The LOC where the patient is placed.</li> <li>• Treatment priorities in the individualized plan of care.</li> </ul>	3.7WM	86.6% 72.4%
3.3c	The treatment plan includes: <ul style="list-style-type: none"> <li>• Problem identification in Dimensions 2–6.</li> <li>• Treatment goals and measurable treatment objectives.</li> <li>• Activities to meet the objectives.</li> </ul>	3.7WM	52.7% 71% 75.4%

# Reminder

Next Technical Assistance Call is Monday, May 6, 2024, at 10:00 am ET

Topic: Addressing Traumatic Brain Injury Across the LOCs

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