ASAM Monthly Technical Assistance Series

ASAM Alignment Review – Provider Perspective
&
ASAM Alignment Review – Record Review

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Reminders

- Questions should be submitted 7 days in advance of the call to RA-DAASAM@pa.gov. If you want to submit a question in the chat, DDAP will record the question and post responses to all questions received during this call to the DDAP ASAM website.
- This call is being recorded. Please exit now if you do not want to be recorded. You will be able to review the video in its entirety on the DDAP webpage following this event.
- Suggestions for future call topics should be submitted to RA-DAASAM@pa.gov.

Disclaimers

Alignment with The ASAM Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.

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

ASAM Alignment
Pilot Survey Experience

ACADIA
HEALTHCARE

Survey Process

- The Survey consisted of three parts:
  - Part 1: A review of pre-submission materials and policies and procedures with focus on infrastructure to support ASAM Alignment.
  - Part 2: An on site review comprised of staff interviews and a tour of the program.
  - Part 3: An on site review of patient files to validate application of ASAM standards to service delivery.

Part I:
Pre-submission Materials

- The pre-submission materials included:
  - Policies and Procedures
  - Staff List with credentials
  - Staff trainings
  - Staff schedules
  - Program schedules

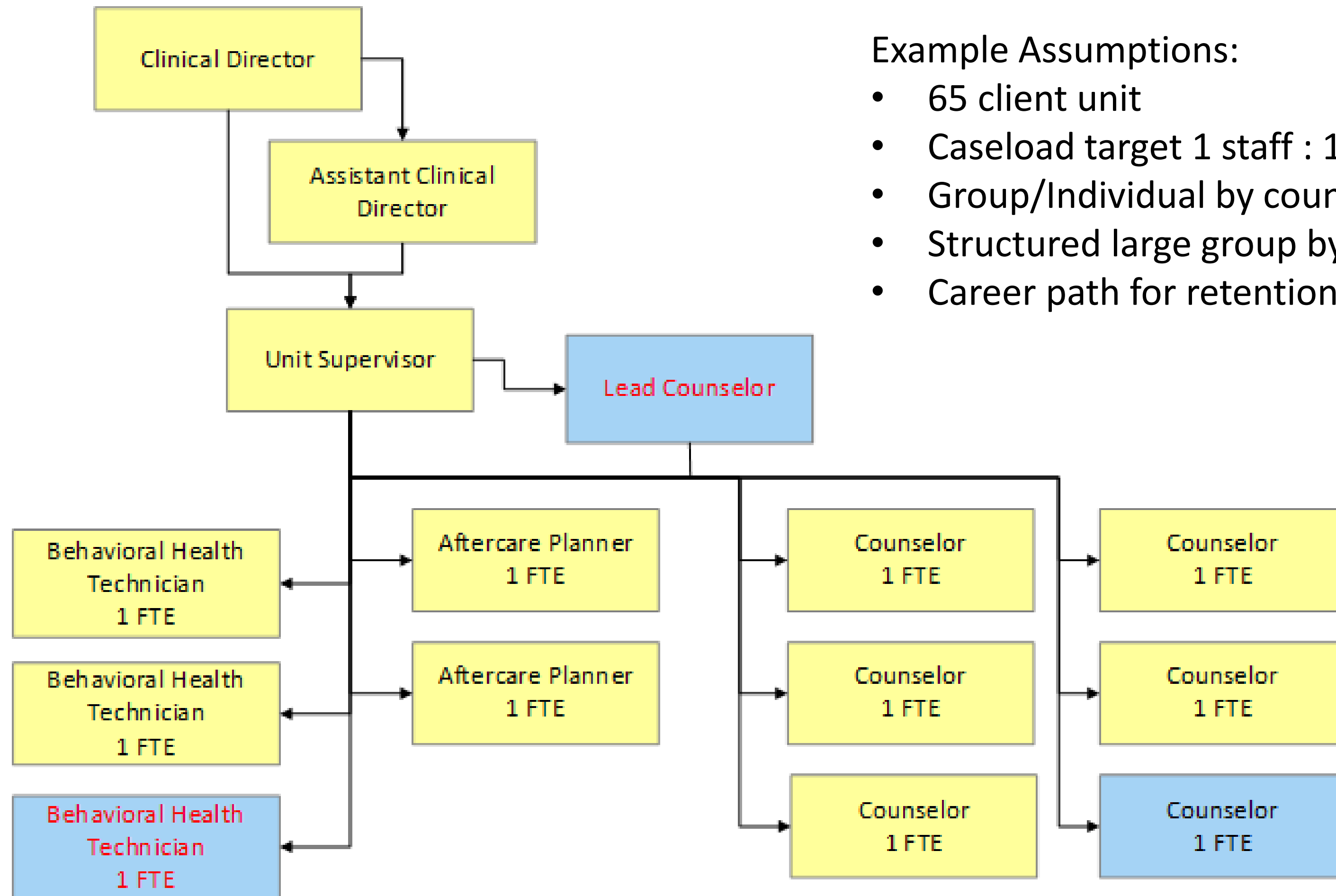
Part 2:
On Site Interviews and Tour

- The survey participants included:
  - White Deer Run: Key Management and Clinical Staff
  - DDAP: One representative
  - OMHSAS: Three representatives
  - SCA: One representative
  - Magellan: One representative
  - Beacon: One representative
  - CCBH: One representative

Interview Included an Overview of WDR Allenwood

- 324 Beds
  - 42 ASAM 3.7 WM beds (Adult Co-Ed)
  - 282 ASAM 3.5 Rehab Beds
    - All 282 beds are both DDAP and RTFA licensed
    - Co-occurring capable and co-occurring enhanced clients are mixed, but co-occurring enhanced receive additional psychiatric care
    - MAT clients are also mixed among this same group
    - Units operate as a smaller rehabs in a larger complex

Presentation of ASAM Alignment Program Model



Example Assumptions:

- 65 client unit
- Caseload target 1 staff : 10 clients
- Group/Individual by counselors
- Structured large group by techs
- Career path for retention

Blue boxes represent changes from pre-ASAM model

ACADIA HEALTHCARE

Interview also Included a Discussion on Challenges Impacting ASAM Alignment

- Documentation of services not previously documented
- Extension of weekday services to weekends
- Staffing 7 days a week (52 hours per shift) with 40 hour staff
- Finding licensed/credentialed staff; or finding those staff who can meet these requirements in the allotted time
- Adding more evidenced based trainings
- Reimbursement not keeping up with expenses
- Ongoing COVID challenges, especially to workforce
- Nurse shortage
- Increasing patient acuity: homeless, aggressiveness, MH/Physical health acuity, lack of basic needs (i.e., clothing, money, resources)

Discussion of Interventions Implemented

- Added positions:
  - 3 counselor positions
  - 5 behavioral health technician positions
  - 1 full time Psychiatric Nurse Practitioner
  - 1 family program counselor
  - 1 Acupuncturist
  - 1 Reiki program facilitator
- Created a career ladder system for each position to help fill vacancies from internally trained staff (8 promotions to date)
- Created a credentialing and licensure track for staff to include partial tuition reimbursement, payment for applications up front, and internal supervisors to conduct licensure supervision.
  - 7 direct care staff have received certification or licensure in 2022.

Interventions (continued)

- Weekly chart auditing
- Modified unit schedules
- Added a more robust activities/recreation program
- Added additional family services
- Added additional pre-admission screening training for call center and local admissions
- Additional Evidenced-Based trainings for all direct care staff
- Implemented De-escalation training with direct care staff
- HB253 Grant distributed for recruitment and retention
- Added patient involvement in certain types of documentation
  - This has promoted more engagement in treatment

Patient Contribution to Documentation (Example)

See next slide>>>

STRUCTURE GROUP ACTIVITY

Patient Name: [redacted] Patient Number: [redacted]

Counselor: [redacted] Start Time: 8am Stop Time: 9am Duration: 1 Hour

Location:

☒ Community Group Room ☐ Staff Office ☐ Lounge ☐ Outside ☐ Other: ______

Type of Group:

☐ Life Skills group ☐ Early Recovery group ☒ Daily meditation ☐ Daily Reflections ☐ Recreational activities

☐ Goal setting group ☐ Other: ______

DATA:

What was the topic of today's session: overcoming triggers, conscience

What did I learn from today's session? That much effort is required to maintain sobriety.

How did this activity support my treatment goals and recovery? Reinforces my acceptance to overcoming addiction by asking for help & seeking counsel.

Patient Signature [redacted] Date 7/18/22

STAFF WILL COMPLETE THIS SECTION

ASSESSMENT:

Participation: ☐ Very Active ☑ Moderately Active ☐ Limited Activity ☐ None

☐ Absent (explain): ______

ACADIA HEALTHCARE

Part 3:
Chart Reviews

ASAM Alignment Survey Team reviewed 15 charts in our Electronic Medical Record

Summary of Experience

The survey team:

- Was collaborative and offered insights and guidance;
- Was not punitive and gave no indication of such a plan;
- Was focused on finding evidence of individualized care rather than a black and white tally of daily hours;
- Looked for an increase in expanded and documented services;
- Looked for use of Evidenced-Based Practices that were used in the proper context and documented in the record;
- Looked for services to be patient specific as opposed to programmatic;
- Was reassuring that we have made good progress

Questions?

Learning Objectives

1. Provider perspective ASAM Alignment Review Pilot #1.
2. Identify tools and resources available to assist providers in preparing/evaluating records for ASAM Alignment Review.
3. Understand key elements of ASAM Criteria, 3rd Edition, 2013 that should be visible when reviewing patient records.

Key ASAM Concepts to Incorporate Across all LOC's

- Individualized and patient centered care (pgs. 420 & 425)
- Shared decision making/participant directed (p.428)
- Interdisciplinary team (p.420)
- Informed Consent (p.9)
- Variable length of service (p.4)
- Continuum of Care/Transition and Aftercare Planning (p.4)
- Six Dimensions
- Family involvement (p.419)
- Evidence based practices
- Pharmacotherapy
- Co-Occurring Capability (p.416)

Record Review

- Biopsychosocial Assessment
- Level of Care Assessment (s)
- Treatment Plan
- Progress Notes
- Case Consult Notes/Interdisciplinary Team Meeting Notes
- Medical Provider Notes (H&P, follow ups)
- Nursing Notes
- UDS results
- ROI's
- Transition Planning

Tools to Help You Prep

- ASAM Text.
- LOC Specific Self Assessment Checklists.
- Previous ASAM Monthly TA Calls.

December 2021: Individualized Documentation Considerations

January 2022: Therapies

Using the Self Assessment Checklist to Gauge Readiness for ASAM Alignment Record Review

Level 3.0 Residential/Inpatient Services

View documents

- Level 3.1 Clinically Managed Low-Intensity Residential Services by Service Characteristics
- Level 3.1 Clinically Managed Low-Intensity Residential Services Self Assessment
- Level 3.5 Clinically Managed High-Intensity Residential Services by Service Characteristics
- Level 3.5 Clinically Managed High-Intensity Residential Services Self Assessment
- Level 3.7 Medically Monitored Intensive Inpatient Services by Service Characteristics
- Level 3.7 Medically Monitored Intensive Inpatient Services Self Assessment

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Using the Self Assessment Checklist to Gauge Readiness for ASAM Alignment Record Review

VI. Documentation
Self Assessment Checklist

1. Has individualized progress notes in the patient's record that reflect implementation of the treatment plan and the patient's response to therapeutic intervention.
2. Has written policies and procedures on progress note documentation.
3. Treatment plan reviews are conducted at specified times and recorded in the treatment plan.
4. 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 and is conducted formally once a week, and more often if the person is quite unstable.

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V. Assessment/Treatment Plan Review
Self Assessment Checklist

1. An individualized, comprehensive biopsychosocial assessment of the patient's substance use disorder, conducted or updated by staff who are knowledgeable about addiction treatment.
2. Used to confirm the appropriateness of placement at Level 3.5 and to help guide the individualized treatment planning process.
3. Focused on the patient's strengths, needs, abilities, preferences, and desired goals.
4. Has a written policy that all patients receive an assessment that addresses the six dimensions of The ASAM Criteria.
5. Has an independent process for conducting the assess5ment.
6. Has written procedures on the ASAM Criteria training for personnel doing assessments, and/or other qualifications of personnel conducting the assessment.
7. Has written procedures identifying time frames for reviewing and modifying treatment plans to ensure that the plan for each patient reflects current issues, maintains relevance, and is reviewed formally once a week, or more often if the person is quite unstable.
8. Has a written procedure that a clinician will review all admission decisions to confirm clinical necessity of services and that the clinical necessity review is within the clinician's scope of practice for the population served.
9. There is an individualized treatment plan that is developed in collaboration with the patient and reflect's their goals.
10. Treatment plan reflects case management conducted by on-site staff and the integration of services at this and other levels of care.
11. Includes a biopsychosocial assessment, treatment plan, and updates that reflect the patient's clinical progress, and review by an interdisciplinary treatment team in collaboration with the patient.
12. Includes a physical examination, performed within a reasonable time, as determined by the patient's medical condition and consistent with facility policy or legal requirements.

Therapies

1. Daily clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery (e.g., personal responsibility, personal appearance, and punctuality) and to develop and practice prosocial behaviors (The ASAM Criteria, p. 251).
2. Planned clinical program activities to stabilize and maintain stabilization of the patient's addiction symptoms, 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 (The ASAM Criteria, p. 251).
3. Counseling and clinical monitoring to promote successful initial involvement or re-involvement in regular, productive daily activity (e.g., work or school) and, as indicated, successful reintegration into family living (The ASAM Criteria, p. 251).

Therapies (cont.)

4. Random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan (ASAM Criteria, p.251).

5. A range of evidence-based cognitive, behavioral, and other therapies administered on an individual and group basis, medication education and management, addiction pharmacotherapy, educational skill building groups, and occupational or recreational activities, adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities (The ASAM Criteria, p. 251).

Therapies (cont.)

6. Motivational enhancement and engagement strategies appropriate to the patient's stage of readiness and desire to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies (The ASAM Criteria, p. 251).

7. Counseling and clinical interventions to facilitate teaching the patient the skills needed for productive daily activity (e.g., work or school) and, as indicated, successful reintegration into family living. Health education services are also provided (The ASAM Criteria, p. 251).

8. Monitoring of the patient's adherence in taking any prescribed medications, and/or any permitted over-the-counter (OTC) medications or supplements (The ASAM Criteria, p. 252).

Therapies (cont.)

9. Planned clinical activities to enhance the patient's understanding of his or her substance use and/or mental disorders (The ASAM Criteria, p. 252).

10. Daily scheduled professional services, including interdisciplinary assessments and treatment, designed to develop and apply recovery skills. Such services may include relapse prevention, exploring interpersonal choices, and development of a social network supportive of recovery. Such services may also include medical services; nursing services; individual and group counseling; psychotherapy; family therapy; educational and skill building groups; occupational and recreational therapies; art, music, or movement therapies; physical therapy; and vocational rehabilitation activities (The ASAM Criteria, p. 252).

11. Planned community reinforcement designed to foster prosocial values, a prosocial milieu, and community living skills (The ASAM Criteria, p. 252).

12. Services for the patient's family and significant others (The ASAM Criteria, p.252).

Clinical Services/Therapies	3.1 LOC Available at least 5 hours per week (p.225-226)	3.5 LOC Available Daily (p.251-p.252)	3.7 LOC Available Daily (p.269)	4 LOC Available 16 hours a day (p.283)
Individual Therapy	X	X	X	X
Group Therapy	X	X	X	X
Motivation Interviewing/Enhancement Therapy	X	X	X	X
Family Therapy	X		X	
Education Groups	X	X		
Occupational/recreational Therapy	X	X		
Psychotherapy				
Pharmacotherapy/Medication Management	X	X	X	X
Drug Screens	X	X	X	
Recovery Support Services	X	X		
Family Support Services	X	X	X	X
Focus on ADLs, recovery, personal responsibility/appearance/punctuality	X			
Focus to stabilize and maintain stability of SUD symptoms, application of recovery skills, relapse prevention, interpersonal choice and recovery/social support network	X	X		
Develop and practice prosocial behaviors		X		
Counseling/Clinical Monitoring for successful involvement in regular productive daily activities such as work or school, successful reintegration into family living	X	X	X	
Planned clinical activities focused on increasing understanding/acceptance of SUD/MH		X	X	X
Planned community reinforcement of prosocial values/community living skills		X	X	
Appropriate medical and nursing services			X	X
Focus on stabilization of SUD/MH symptoms			X	X
Health education services			X	X
Acute symptom management			X	X
Biomedical, emotional, behavioral, management/treatment				X
Other Therapies	X	X	X	X

Biopsychosocial Assessment

1. An individualized, comprehensive biopsychosocial assessment of the patient's substance use disorder, conducted or updated by staff who are knowledgeable about addiction treatment. This assessment is used to confirm the appropriateness of placement at Level 3.5 and to help guide the individualized treatment planning process, which is focused on the patient's strengths, needs, abilities, preferences, and desired goals (ASAM Criteria, p. 252-253).

Treatment Plan

1. An individualized treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. The plan is developed in collaboration with the patient, and reflects the patient’s personal goals, while considering the capabilities and resources available to achieve the patient’s personal goals. The treatment plan also reflects case management conducted by on-site staff: coordination of related addiction treatment, healthcare, mental health, social, vocational, or housing services (provided concurrently); and the integration of services at this and other levels of care (The ASAM Criteria, p. 253).

Assessment/Treatment Plan Reviews

1. A biopsychosocial assessment, treatment plan, and updates that reflect the patient's clinical progress, as reviewed by an interdisciplinary treatment team in collaboration with the patient (The ASAM Criteria, p. 253).
2. Treatment plan reviews are conducted at specified times and recorded in the treatment plan (The ASAM Criteria, p. 254).

History and Physical Exam

1. A physical examination, performed within a reasonable time, as determined by the patient’s medical condition and consistent with facility policy or legal requirements (The ASAM Criteria, p. 253).

Progress Notes

1. There are individualized progress notes in the patient’s record that clearly reflect implementation of the treatment plan and the patient’s response to therapeutic intervention for all disorders treated, as well as subsequent amendments to the plan (ASAM Criteria, p. 254).

Care Coordination/Continuum of Care

1. Level 3.5 programs have direct affiliations with other levels of care, or close coordination through referral to more and less intensive levels of care and other services (e.g., vocational assessment and training, literacy training, and adult education (The ASAM Criteria, p. 249).
2. Need for case management (CM) assessed, noted in the treatment plan, and CM provided on site or through referral.

Tip #1 Individualized and Patient Centered

- Informed consent.
- Detailed, in-depth biopsychosocial assessment.
- Strengths, needs, abilities, preferences, goals.
- Direct quotes.
- Collaboration.
- Tailored daily schedule.
- Tailored interventions.
- Stage and problem matched.

Tip #2: Golden Thread

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Assessment	Treatment Plan	Progress Notes
Trauma	Trauma is identified in the tx plan, there is a patient quote about trauma and SUD, there are goals around trauma, and interventions listed to treat trauma and SUD, multidisciplinary approach.	Progress on this the trauma problem, patient response to interventions used to address the trauma problem, patient response to these interventions and goals or homework related to addressing the trauma problem.

Tip #3 MAT

- Evidence that patient received assessment for MAT?
- Evidence that clinically appropriate MAT offered?
- Evidence of patient education on MAT.
- Evidence of integrated team meetings in which patient's progress on MAT discussed?
- Evidence of coordination of care.

Tip #4 Variable Lengths of Stay

Do all patients in this program generally stay at this level of care for the same amount of time (example 28 days) or is it clear by looking at this record and a group of records that duration of treatment is individualized?

Are patients re-assessed using the 6 dimensions to ensure that continued service, discharge/transfer is justified?

Tip #5 Interdisciplinary Team Meetings/Discussions

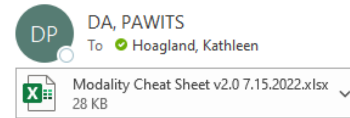
Reminders

Questions?

Please reach out to the PA WITS Help Desk ra-dapawits@pa.gov if you have any questions related to Program Setup Screen page in WITS.

Please reach out to the ASAM Resource Account ra-daasam@pa.gov if you have questions related to ASAM level of care options in the new modality option list.

FW: WITS Modality Types



Subject: WITS Modality Types

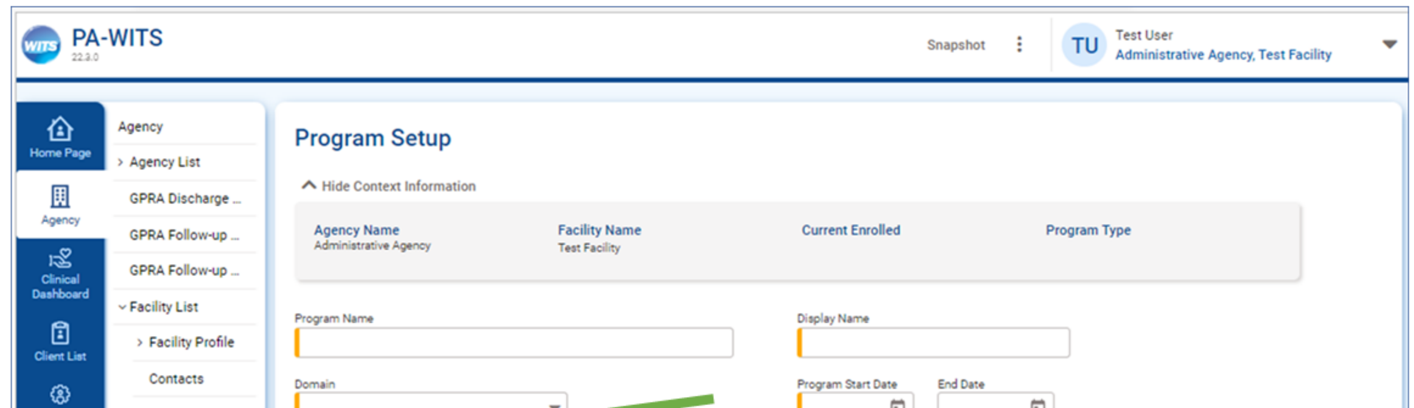
Dear SCA Administrators,

The purpose of this email is to make you aware of an update to WITS that will occur within the next week. There is no action that needs to be taken by the SCA's or contract providers within the WIT providers who enter data in WITS.

The coming update in WITS will remove references to the PCPC, and add language and naming consistent with the ASAM Criteria. There will be minimal impact to the treatment providers and up

This change will occur on the Program Setup screen where the provider or SCA enters information about the name and type of program that is being captured in WITS. This screen can be found und

This update in WITS will occur on the Program Setup screen in the Modality section where the green arrow below is pointing. Very simply, the new modality types will include all ASAM levels of care attached a guide to assist you with understanding the ASAM level of care equivalent with the old PCPC modalities that are being removed.



Reminders

Next ASAM Monthly TA Call: Monday September 12th, 10am-11am

Topic: Withdrawal Management

Presenter: Dr. Michael Lynch

Questions? Need Technical Assistance? Email RA-DAASAM@pa.gov

ASAM Transition

Important Note* We are updating the ASAM portion of our website. The **ASAM Transition Website Changes document** describes the changes made durin process.

Guidance for the Application of ASAM for Adults - 2/22

Behavioral HealthChoices Provider ASAM Rates

Guidance for the Application of ASAM WM in PA SUD Tx System ***New***