

# ASAM Technical Assistance Series

## ASAM Alignment Reviews: A Summary of Pilots Conducted June 2022 – October 2022



# Reminders

- Questions should be submitted 7 days in advance of the call to [RA-DAASAM@pa.gov](mailto:RA-DAASAM@pa.gov). Please feel free to submit questions in the chat.
- 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](mailto: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.*



# Learning Objectives

1. Review the purpose of ASAM Alignment Reviews.
2. Review the process followed in the ASAM Alignment Reviews.
3. Summary of strengths observed across the reviews.
4. Summary of areas of improvement identifies across the reviews.
5. Next steps.



# Today's Presenters

- Erica Nocho, Department of Drug and Alcohol Programs
- Benny Varghese, Department of Human Services
- Jessi Mayfield - Beacon Health Options
- Rebecca Noll - Performcare
- Reneya Buseck – Community Care Behavioral Health
- Anita Kelly - Magellan Healthcare of PA



# Purpose of ASAM Alignment Reviews

- CMS approved PA's 1115 Waiver application effective July 1, 2018, authorizing the Commonwealth to receive federal Medicaid match for SUD treatment in residential and inpatient facilities that met the definition of an Institution for Mental Disease (IMD). The current approval is valid through September 30, 2027.
- A key requirement of the 1115 Waiver is the use of ASAM criteria.
- The 1115 Waiver requires the Commonwealth to implement a state process to ensure that SUD providers are providing care consistent with the ASAM criteria.
- Act 70 indicates drug and alcohol treatment providers are to align service delivery conditions with the American Society of Addiction Medicine Criteria, 3<sup>rd</sup> edition, 2013



# Process Followed

- The Departments of Human Services (DHS) and Drug and Alcohol Programs (DDAP) collaborated with the BHMCOs and SCA to develop a process for reviewing residential treatment providers for alignment to The ASAM Criteria, 2013
- DHS's contracted provider developed an ASAM Alignment Review tool for use during the pilot programs in conjunction with DHS and DDAP
- The review consisted of an infrastructure review of documentation to support ASAM alignment, an onsite interview with the provider, and a clinical record review



# Who was Involved in the Pilot Reviews

- Department of Drug and Alcohol Programs
- Department of Human Services
- Behavioral Health Managed Care Organizations (BHMCOs): Performcare, Community Care Behavioral Health, Community Behavioral Health, Magellan Healthcare of PA, Beacon Health Options
- Single County Authorities (SCAs): Lehigh, Philadelphia, Dauphin, Beaver, Blair, Lycoming/Clinton





# Strengths-Infrastructure

- Providers use electronic health records that were easy to navigate
- Medication administration process was clear, organized
- Campus layout offers the ability to allow for multiple types of groups
- Staff are trained in ASAM
- Documentation was completed within regulatory time frames



# Strengths-Infrastructure

- Thorough policies on utilization review that incorporate use of ASAM criteria to guide appropriate service.
- Providers offer a range of Evidence-Based Practices as well as daily living programming.
- Contracted and affiliated services with local hospital to meet needs including medical or psychiatric needs
- 24-hour nursing available on site as well as physicians or extenders on call 24/7 and onsite M-F.



# Strengths-Records Review

- Initial assessments utilized to formulate master treatment plans (excluding the initial treatment plan)
- The record included an assessment of the individual's "Stage of Change" and documented throughout the clinical notes
- Nursing Assessments/Notes were thorough.
- Initial assessments were thorough, and provided information related to each dimension.
- ASAM justified admission to 3.5 LOC



# Strengths-Record Review

- The records evidenced that members' medical needs were addressed appropriately and in a timely manner.
- Medication adherence was organized and clearly documented in most Medication Administration Records.
- Medications for opioid use disorder education form was clear
- Many of the individual progress notes were detailed, specific, and reflective of the treatment plan, included relevant therapeutic homework, and patient response to interventions.



# Strengths-Record Review

- Case Management was integrated into level 3.5. Most records included documentation of the involvement of the case management including setting up various aftercare appointments as well as in-depth coordination with other involved entities (i.e., probation, children & youth, behavioral health providers, PCPs, etc.).
- Implementation of daily living skills track for Person in Recovery (PIRs).



# Strengths-Record Review

- Treatment plan updates were completed frequently.
- Physicals were completed in a timely manner
- Aftercare planning was clear



# Areas for improvement-Infrastructure

- Evidence of PCPC and fixed length of stay language remained (e.g., PCPC levels of care found, short and long-term)
- It appears updates to biopsychosocial assessments seem to only occur for re-admissions into the program, but not if there is a need identified.
- Several policies were conflicting with program practices. Providers should ensure all policies align with ASAM and their current practice



# Areas for improvement - Infrastructure

- Clinical staff being available 24 hours a day as this was not evident in reviewing all schedules.
- Planned activities were outlined, but it was difficult to determine which activities were clinical and which were non-clinical
  - Activities did not always tie back into the biopsychosocial assessment needs or treatment plan





# Areas for improvement –Records Review

- Lack of individualization within programming
  - Ensure programming focuses on developing skills for reintegration of life (ie: life skills, employment, educational development).
  - Ensure group notes, psych ed and life skills notes tie back to the member's treatment plans.
  - Group topics should be linked or applied to relevant treatment topics. Some people attended the same group multiple times (with the same group topic). It was unclear how the groups were organized differently and was unclear how it linked back to the treatment plans.
  - Clinicians should be using and documenting evidenced based practices.



# Areas for improvement –Records Review

- Family Programming- Family and additional supports are often not included in treatment. Families should be included and it should be documented when they participate. If there are barriers to family participation, this should be noted.
- Treatment plans should be updated and these updates should be reflected in the charts.
- Case consultations sometimes occurred early in treatment. Providers might want to consider adding them closer to discharge as well, to discuss progress in treatment and after care planning.



# Areas for improvement –Records Review

- Ensure all activities are recorded in the records. Case Management services were not consistently documented in the records.
- When there is a significant psychiatric concern or trauma, appropriate referrals should be made for treatment and should be documented. If there are barriers to obtaining specialized services, this should be noted in the record.



# Areas for improvement –Records Review

- Behavioral health technician documentation was not always present in the EMR, which would be important as they are providing some of the daily services.
- Stages of change were not updated throughout the treatment stay despite documentation indicating a patient may have moved to a different stage.
- Patients transferring from one of care to another should be document within the record, as well as reviewing/updating the biopsychosocial and H&P accordingly.
- Clinical time on weekends need to occur more consistently.



# Next steps

- Pilot programs will receive a summary of the ASAM alignment review noting strengths and areas for improvement
- DDAP and DHS, along with the MCO and SCA representatives are making changes to improve the use of the ASAM Alignment Review tool
- Additional residential programs will be reviewed by a team from the BHMCOs and SCAs once the tool is finalized
- DDAP and DHS will continue to meet on a regular basis to discuss PA's progress with the ASAM alignment as it relates to adherence to the 1115 Waiver



# Reminders

Next ASAM TA Call = Monday, February 6, 2023 10am-11am  
\*Holiday Break December and January\*

Topic = TBD

