

# ASAM Monthly Technical Assistance Series

## ASAM Alignment Document Review

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# Reminders

- Questions should be submitted 7 days in advance of the call to [RA-DAASAM@pa.gov](mailto: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](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. Understand the types of documents that will be reviewed during ASAM Alignment Review.
2. Identify tools and resources available to assist providers in preparing documents for ASAM Alignment Review.
3. Understand key elements of ASAM Criteria, 3<sup>rd</sup> Edition, 2013 to incorporate into documents (and in practice).
4. Review a few examples of ASAM aligned documentation vs. non ASAM aligned documentation.



# Examples of documentation that might be submitted:

- Policies
- Procedures
- Program Schedules
- Program Descriptions
- Training Plans
- Job Descriptions
- MOUs, QSOAS, Letters of Agreement



# Tools to Help You Prep

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

**November 2021:** MAT Across the Continuum of Care

[View Slides](#) | [View Recording](#)  | [Q&A](#)

**December 2021:** Individualized Documentation Considerations

[View Slides](#) | [View Recording](#)  | [Q&A](#)

**January 2022:** Therapies

[View Slides](#) | [View Recording](#)  | [Q&A](#)

**February 2022:** Co-Occurring Capability

[View Slides](#) | [View Recording](#)  | [Q&A](#)

**March 2022:** Special Populations

[View Slides](#) | [View Recording](#)  | [Q&A](#)

**April 2022:** ASAM Myths and Facts

[View Slides](#) | [View Recording](#) 

**May 2022:** Support System

[View Slides](#) | [View Recording](#) 

**June 2022:** Staffing

[View Slides](#) | [View Recording](#) 



# Using the Self Assessment Checklist to Prepare Documentation (Policies, etc.)



## Level 2.0 Intensive Outpatient

[View documents](#)



## 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](#)



Evidence of a program description of services and their objectives. Educational materials for families.

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

The program implements written procedures that address drug testing practices, including:

- Frequency
- Randomization
- Provisions for individualization of tests
- Interpretation of the results
- Actions to be taken based on the results
- Collection methods
- Confidentiality and informed consent for sharing test results
- Education for patients, family/support system, and personnel
- Who is qualified to order tests

Documentation of training for personnel and family/support system members.

Documentation of procedures for responding to positive drug test results that include principles of re-assessment and modifications to the treatment plan.

## IV. Therapies

### Self Assessment Checklist

1. Has daily clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery and to develop and practice prosocial behaviors. ●
2. Has a daily schedule of activities designed to improve patients' ability to structure and organize the activities of daily living, to practice prosocial behaviors, and to focus on applying recovery skills. ●
3. Has a program description describing services and the objective of those services. ●
4. Has planned clinical program activities to stabilize and maintain stabilization of the patient's addiction symptoms, and to help them develop and apply recovery skills. ●
5. Offers counseling and clinical monitoring to promote successful initial involvement or re-involvement in regular, productive daily activity and successful reintegration into family living. ●
6. Schedule includes counseling to improve patients' ability to reintegrate into family, work, and/or school, including family and couples therapy. ●
7. Offers educational materials for families. ●
8. Has random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan. ●
9. Implements written procedures that address drug testing practices. ●
10. Has documentation of training for personnel and family/support system members. ●
11. Has documentation of procedure for responding to positive drug test results that include principles of re-assessment and modifications to the treatment plan. ●
12. Has a written agreement with a laboratory. ●
13. Has a range of evidence-based cognitive, behavioral, and other therapies administered on an individual and group basis adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities. ●
14. Has a schedule that shows individual and group programs that cover the full range of therapies and educational activities matched to the population served. ●
15. Has a written policy on staff training on cognitive and behavioral therapies and addiction pharmacotherapies. ●
16. If prescribing providers on staff are unavailable, there is evidence of an affiliation with provider(s) who can offer the full range of addiction and psychiatric pharmacotherapies. ●



**pennsylvania**  
DEPARTMENT OF DRUG AND  
ALCOHOL PROGRAMS





# When prepping policies . . .

- Does this policy accurately reflect how you and your staff are practicing program wide?
- Is your program incorporating what the policy says in their clinical practice?
- Do your policies reflect just one level of care or multiple levels of care?
- Do your policies align with requirements/principles in the ASAM text?
- Do your policies go above and beyond what's required in the licensing regs?



# 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)



# Daily Clinical Services/Therapies

- Evidence of a daily schedule of activities designed to improve patients' ability to structure and organize the activities of daily living (e.g. budgeting shopping, laundry) and to develop and practice prosocial behaviors.)
- Evidence of a daily schedule of activities designed to focus on applying recovery skills.
- Evidence of a schedule that includes offering counseling to improve patients' ability to reintegrate into family, work, and/or school, including family and couple's therapy.
- Evidence of a schedule that shows individual and group programs that cover the full range of therapies and educational activities matched to the population served.
- Evidence of a daily schedule of activities that includes patient skills for activities of daily living (e.g., budgeting, shopping, laundry) and health education.
- Evidence that shows community reinforcement activities, including community meetings and problem solving.
- Evidence of a schedule that shows individual and group programs that cover the full range of professional services matched to the population served.
- Evidence of a program description describing services and the objective of those services.



# Pre ASAM-Aligned – Daily Clinical Services/Therapies Example

\_\_\_\_\_ Treatment Program is an abstinence-based program that believes drug and alcohol addiction is a chronic, progressive disease. Our staff uses therapeutic models that are supportive of an abstinence-based approach. Therapeutic models used are as follows:

- Twelve Step Facilitation.
- Reality Therapy.
- Cognitive Behavioral Therapy.
- Matrix Model.
- Disease Concept Model.

Daily services include the following:

- Group therapy.
- Peer support.
- Psychoeducation.
- 12 Step Meetings.





# ASAM-Aligned – Daily Clinical Services/Therapies Example (Page 2)

Daily clinical services include the following:

- Group therapy. At least once daily and more frequently based on patient need and goals.
- Individual Therapy. At least once weekly and more frequently based on patient need and goals.
- Medication Management including care for primary medical services, psychiatry and medication assisted treatment (MAT). An initial assessment is completed within 24 hours of admission, and nursing staff will meet with patients once daily to monitor responsiveness to medications. Patients will then meet with medical provider at least once a week while in residential care, and more frequently as needed.
- Psychoeducation including health education. At least three times weekly and more frequently based on patient need and goals. Topics are tailored to individual needs, their treatment plan, and their goals.
- Family therapy as agreed upon by patient and tailored to patient and family needs.
- Urine drug testing as appropriate to the patient's treatment plan and other factors.
- Living skills-based groups and activities, occupational and recreational therapy, and educational and vocational and rehabilitation as appropriate to the individual's treatment plan and their goals and needs.





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# Skilled Treatment Services/Types of Services (p.429)

Such services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies. Attendance at self /mutual help meetings such as Alcoholics or Narcotics Anonymous; volunteer activities; or homework assignments involving watching videos, journaling, and workbooks do not represent “skilled treatment services” for the purpose of clinical service hours for each level of care.



# Urine Drug Testing

- The program implements written procedures that address drug testing practices, including:
  - Frequency
  - Randomization
  - Provisions for individualization of tests
  - Interpretation of the results
  - Actions to be taken based on the results
  - Collection methods
  - Confidentiality and informed consent for sharing test results
  - Education for patients, family/support system, and personnel.
  - Who is qualified to order tests
- Documentation of training for personnel and family/ support system members.
- Documentation of procedures for responding to positive drug test results that include principles of reassessment and modifications to the treatment plan.
- Written agreement with a laboratory.

# Pre ASAM-Aligned -- Urine Drug Testing Policy Example

Urine drug testing is a requirement of \_\_\_\_\_ program. The following is the process \_\_\_\_\_ follows with regards to urine drug testing.

1. All patients receive a urine drug test at the time of admission.
2. Results of this urine drug test are documented in the patient record.
3. If a patient is required to submit another urine drug test during treatment and that test is positive, the patient will be administratively discharged immediately.

# ASAM Aligned (Page 1) -- Urine Drug Testing Policy Example

\_\_\_\_\_ is a program that identifies urine drug testing as one tool in assisting patients in their substance use disorder treatment and recovery. \_\_\_\_\_ program does not identify urine drug testing as a punitive measure, rather as a resource to assist individuals and the clinical team to gauge effectiveness of the treatment plan, and to identify any modifications that might be made to the treatment plan. All staff are trained in this urine drug testing policy within 30 days of hire and will complete a pre and post training survey to confirm understanding regarding this policy and procedure.



# ASAM Aligned (Page 2) -- Urine Drug Testing Policy Example

The following are procedures all staff are required to follow with regard to urine drug testing in all residential programs.

1. Admission staff will explain to patients during intake the program philosophy regarding urine drug testing. All patients will receive informational document titled “Urine drug testing, a treatment tool not a punishment.” Admission staff and patient will also discuss releases of information and sharing of information as it relates to urine drug testing and relevant regulations.
2. During the treatment planning process counselors will discuss urine drug testing with patient and ask if they have any specific requests for urine drug testing. Specific requests might include frequency, and trauma informed considerations. Counselor and patient will develop treatment plan goal regarding urine drug testing.
3. Random: Urine drug tests are administered at intake and randomly based on the flag generated by the electronic medical record.
4. Ordered: Urine drug tests can also be ordered by counselors, nursing and medical staff by completing the “Justification for Urine Drug Test Order” and submitting this form in the electronic medical record (EMR). Head nurse and clinical supervisor review this form to ensure the request is in accordance with program philosophy. Once approved, a flag is put in the EMR for nursing to administer urine drug test. Nursing will share reason for drug test with patient. If form is not approved, Clinical Supervisor or Head Nurse will discuss reason for non approval with relevant staff and next steps will be identified.

# ASAM Aligned (Page 3) -- Urine Drug Testing Policy Example

## 5. Positive Urine Drug Tests.

- a. In the event a patient tests positive for any substance they are not being prescribed, patient will be re-tested for confirmation and this specimen is also sent to the lab for confirmation.
- b. Within 2 hours of a positive test, counselor or other available staff will meet with patient to discuss positive result and to identify modifications to the treatment plan that must occur. Other areas that may be discussed include how substances were obtained, etc.
- c. All patients with a positive urine drug test will have their case reviewed and discussed during case during weekly interdisciplinary team case consultation.





# ASAM Aligned (Page 4) -- Urine Drug Testing Policy Example

## 6. General Procedure

- a. Staff administering drug tests will wear gloves on both hands at all times.
- b. Staff will only utilize 12 panel urine drug test that is in sealed packaging.
- c. All urine drug tests will be conducted in urine drug testing assigned restroom.
- d. Before drug test is administered, staff will ask patient if they have taken any substances since entering treatment, or if they think their urine drug test will be positive for any reason. Patient response to these questions will be documented in the toxicology nursing note.
- e. Urine drug tests that are positive will be prepared to be sent to the lab. All positive urine drug tests will be refrigerated in assigned space until prepared to send out to the lab. Specimens must be sent within 24 hours of test being conducted.

# Reminders

Next ASAM Monthly TA Call: Monday August 1<sup>st</sup>, 10am-11am

Topic = ASAM Alignment Review Pilot #1 – Provider Perspective  
& Record Review Prep for ASAM Alignment Review

Questions? Need Technical Assistance? Email [RA-DAASAM@pa.gov](mailto:RA-DAASAM@pa.gov)

