

# **3.0 RESIDENTIAL / INPATIENT SERVICES**

Aligning Service Delivery to The ASAM  
Criteria, 2013

# 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

# Next Steps

- **Alignment of Service Delivery**

Setting

Supports

Staff

Therapies

Assessment/Treatment Plan

Documentation

# Next Steps

ASAM Alignment = a continued **PROCESS**

- Goals and target dates
- Support and Assistance



# 3.1 Clinically Managed Low Intensity Residential Services

## SETTING:

- Halfway House; licensed *and* designated
- Free standing facility
- Community setting
- 24-hr. structure & support

# 3.1 Clinically Managed Low Intensity Residential Services

## **SUPPORTS:**

- Through affiliation or consultation, physician and emergency services are available 24/7
- Affiliation with other Levels of Care (LoC)
- Access to procedures/testing
- Access to pharmacotherapy
- Access to Case Management Services

# 3.1 Clinically Managed Low Intensity Residential Services

## STAFF:

- At a minimum, must meet the minimum education and training requirements (METs) and staff:client ratios outlined in the PA licensure regulations
- Staff compliment is comprised of appropriately credentialed professionals (licensed or certified)
- Training is ongoing and reflective of the population served and the services delivered as identified in each individualized training plan



# 3.1 Clinically Managed Low Intensity Residential Services

## THERAPIES:

- At least 5 hours of clinical treatment services/week
- Individualized and client-driven/directed
- use of evidenced based programs and interventions (EBPs/EBIs) preferred – Motivational Interviewing (MI) is required
- Focus on strengthening of recovery skills and reintegration into the community/the family
- Include counseling with/for family members
- Pharmacotherapy

# 3.1 Clinically Managed Low Intensity Residential Services

## ASSESSMENT / TREATMENT (TX) PLANNING:

- Independent or evidence neutrality
- Must be 6-dimensional and *ongoing*
- Tx Plan must capitalize on individual strengths while addressing individual needs and wants
- Should be prioritized by risk rating
- Creation must reflect the individual's input/patient collaboration
- Must include a physical exam when warranted

# 3.1 Clinically Managed Low Intensity Residential Services

## DOCUMENTATION:

- Progress notes should be individualized and directly reflect the Tx Plan
- Should reflect the need for any Tx Plan Updates
- Documentation should be current with notes written as immediately after an intervention/session as possible.

# 3.1 Self Assessment Checklist

## I. Setting

### *Self Assessment Checklist*

1. A freestanding, appropriately licensed facility.
2. Located in a community setting.
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that ensure the safety of patients and staff.
5. Has written descriptions of how a patient's treatment plan incorporates participation in community and off-site clinical services.
6. Has a policy for program entry, transition, and exit.
7. Has a written schedule of daily events.
8. Has a 24-hour staff schedule.
9. Has consistent evidence of a variable length of stay based on patient needs but patient materials do not refer to a fixed program length.

# 3.5 Clinically Managed High-Intensity Residential Services

## NOMENCLATURE:

- PA licensing regulation “inpatient non-hospital” cross walks with ASAM Criteria “Clinically Managed High-Intensity Residential Services”

# 3.5 Clinically Managed High-Intensity Residential Services

- PA regulations do not delineate between habilitative and rehabilitative provision of care
- ASAM addresses for both rehabilitative and habilitative within 3.5 services. (ASAM Criteria, 2013 text, pp 244-246)
- Foundational to the 3.5 LoC is need for 24-hour supportive treatment environment

# 3.5 Clinically Managed High-Intensity Residential Services

## SETTING / REHABILITATION vs. HABILITATION

- Movement away from program-driven care to individualized care/services
- LoC determined by 6 dimensional assessment
- Length of Stay (LoS) determined by individual treatment plan
- Issues requiring habilitative rather than rehabilitative, in most cases, can be identified at assessment or early on in the clinical process

# 3.5 Coding?





# 3.5 Clinically Managed High-Intensity Residential Services

## SETTING:

- Generally a non-hospital residential provider (709) or a healthcare facility or hospital (711/710) licensed and designated to provide this service
- 3.5 Enhanced – dually licensed (MH/SUD)

# 3.5 Clinically Managed High-Intensity Residential Services

## SUPPORTS:

- Clinically Managed  $\neq$  Individuals are absent of medical service
- Clinically Managed = Medically stable or not severe
- Telephone consultation with physician 24/7
- The presence of medical staff doesn't automatically make a 3.5 program a 3.7 program

# 3.5 Clinically Managed High-Intensity Residential Services

## SUPPORTS:

- Case Management Services reflected in treatment plan

# 3.5 Clinically Managed High-Intensity Residential Services

## STAFF:

- At a minimum, must meet the METs and staff: client ratios outlined in the PA licensure regulations
- Staff compliment is comprised of appropriately credentialed professionals (licensed or certified)
- Training is ongoing and reflective of the population served and the services delivered as identified in each individualized training plan

# 3.5 Clinically Managed High-Intensity Residential Services

## THERAPIES:

- Daily (includes weekends) scheduled/planned clinical services delivered individually and in group settings
- Individualized and client-driven/directed
- use of EBPs/EBIs
- Focus on stabilization as well as skill development needed for reintegration to community/family
- Services with and for family/significant others

# 3.5 Clinically Managed High-Intensity Residential Services

## **ASSESSMENT/TREATMENT PLANNING:**

- Ongoing
- Individualized/person-centered
- Prioritized by risk
- Focused on strengths, needs, preferences, etc.
- Updated regularly
- Include a physical exam when warranted

# 3.5 Clinically Managed High-Intensity Residential Services

## DOCUMENTATION:

- Progress notes should be individualized and directly reflect the Tx Plan
- Should reflect the need for any Tx Plan Updates
- Documentation should be current with notes written as immediately after an intervention/session as possible.

# 3.5 Self Assessment Checklist

## I. Setting

### *Self Assessment Checklist*

1. A freestanding, appropriately licensed facility.
2. Located in a community setting or specialty unit within a licensed healthcare facility (some may be offered in prisons or secure community settings as a step down for those inmates released from prison).
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that ensure the safety of patients and staff.
5. Has written procedures that address conditions when a patient would physically leave the facility and how 1:1 supervision in these circumstances is handled.
6. Has a policy for program entry/admission, transition, and exit.
7. Has a patient-centered variable length of stay.
8. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.
9. Has a 24-hour staff schedule that includes weekends and holidays.
10. Evidence of a written daily schedule of activities that includes weekends and holidays.



# 3.7 Medically Monitored Intensive Inpatient Services

## SETTING:

- Licensed as a non-hospital residential (709) or a healthcare facility (711) / MH license
- 710 License?
- Capable of addressing major issues in Dimensions 1, 2 or 3
- 24-hour medical monitoring, but not acute care general hospital services
- 3.7 mental health providers must be dually licensed

# 3.7 Medically Monitored Intensive Inpatient Services

## **SUPPORTS:**

- Physician assessment within 24 hours of admission and ongoing monitoring availability on all shifts
- 24 hour nursing care/intervention
- 24 hour mental health professional
- Medical specialty consultation, toxicology, lab services
- Intensive Case Management services
- Coordination with other services/LoC

# 3.7 Medically Monitored Intensive Inpatient Services

## STAFF:

- Interdisciplinary staff including physicians (ideally addiction specialists) who oversee the treatment process, nurses, mental health professionals
- Clinicians able to provide a planned regimen of 24-hr professionally directed evaluation, care and treatment

# 3.7 Medically Monitored Intensive Inpatient Services

## **THERAPIES:**

- Daily medical and nursing services to manage acute biomedical, SUD, or mental disorder symptoms, including health education
- Daily scheduled/planned clinical services, delivered individually and in group settings
- Individualized and client-driven/directed
- Stabilization of acute symptoms – medical/SUD/MH

# 3.7 Medically Monitored Intensive Inpatient Services

## ASSESSMENT / TREATMENT PLAN REVIEW

- In addition to the 6 dimensional assessment, a physical exam within 24 hrs. (or review/update of an exam done  $\leq 7$  days prior to admission
- Comprehensive nursing assessment at time of admission

# 3.7 Medically Monitored Intensive Inpatient Services

## ASSESSMENT / TREATMENT PLAN REVIEW:

- An individualized treatment plan reflective of short-term measurable goals & activities to achieve them
- Done in collaboration with the patient
- Reflective of case management done while at this LoC

# 3.7 Medically Monitored Intensive Inpatient Services

Documentation – must be reflective of all services delivered at this LoC:

- 6-Dimensional Assessment including the medical assessment
- Treatment Planning and progress notes
- Case management

# 3.7 Medically Monitored Intensive Inpatient Services

## Next Steps in 3.7 Designation:

Contractual –

- Interested in becoming aligned at ASAM Level 3.7?  
To initiate this process email [RA-DAASAM@pa.gov](mailto:RA-DAASAM@pa.gov). DDAP needs to assess provider as substantially aligned at 3.7 prior to contracting as a 3.7 provider.

Rates –

- XYZ process will be amended to include 3.7 LoC



# PA-Specific Expectations

## 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

# PA-Specific Expectations

## 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.

# PA-Specific Expectations

## Independent Assessment

- Wherever possible, independent assessments should occur
- Where assessments occur at a treatment provider, there must be evidence of neutrality with validation by the Single County Authority or 3<sup>rd</sup> party

# 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](mailto:ra-daasam@pa.gov).