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





ASAM Alignment = a continued PROCESS

- Goals and target dates
- Support and Assistance



Level 3 **Residential/Inpatient Services**



Level 3.1 programs typically combine clinical services with recovery residential services. This LoC is ap-propriate for patients who require additional time in a structured residential setting in order to 1) improve sesnitial sitia and 2) prepare for successful transition to a lesser LoC. (The ASAM Criteria, p. 222)

safe.
when I. Setting
RCB • A 24-hour supervised residence:
rs in Provides a safe, secure environment.
 Enables patients to develop and practice carly recovery skills.
 Allows patients to experience the
support of others in a recovery- oriented setting.
 Allows patients to prepare for a successful transition
into community.
a L1. Program services may be offered in a
freestanding, appropriately licensed facility
located in a community setting.
GOAL: Patients successfully transition to a lower outpatient
level of care. Extended stays facilitate transition, assist with
ecov- automes
ng to
ys at
twith
n improved treatment outcome.
II.SUPPORT SYSTEMS (4 sub-service
II.SUPPORT SYSTEMS (4 sub-service characteristics)
Characterization and an
Support services enhance the treatment experience
and should be readily available to program staff
in response to patient need, and may be provided
through affiliation or agreement with other providers
Support services are ordinarily beyond the scope or capacity of the program, but may augment existing
of core services or help meet individual patient needs.
II.1. Telephone or in-person consultation with a
physician and emergency services are available
24 hours a day, 7 days a week/The ASAM Criteria p.224).
Patients are medically stable and the role of medical staff is as-needed rather than through direct service
start is as-needed rather than through direct service provision. Affiliations with gualified providers provide
telephone consultation, and policies and procedurer
are established for emergency management.
VICE CHARACTERISTICS
VICE CHARACTERISTICS
VICE CHARACTERISTICS
VICE CHARACTERISTICS SMENT CHECKLIST
VICE CHARACTERISTICS SMENT CHECKLIST d in a (usually) freestanding, appropriately licensed SAM Criteria, p. 224).
VICE CHARACTERISTICS SMENT CHECKLIST
VICE CHARACTERISTICS SMENT CHECKLIST d in a (usually) freestanding, appropriately licensed SAM Criteria, p. 224).
VICE CHARACTERISTICS SMENT CHECKLIST In a (usually) freestanding, appropriately licensed SAM Criteria, p. 220. I. Setting System content of the start
VICE CHARACTERISTICS SMENT CHECKLIST In a (ussui)/ Vicestanding, appropriately licensed all Cheenia, p. 220. I. Setting Market Checklistics Checkenard, approach format facility
VICE CHARACTERISTICS SMENT CHECKLIST EAM Content, p. 220.
VICE CHARACTERISTICS SMENT CHECKLIST In a (usually) restanding, appropriately licensed AM Criteria, p. 249. . Secting Markanama Amazananama Amazanama Amazana Amaz
VICE CHARACTERISTICS SMENT CHECKLIST In a (issuely) feestanding, appropriately license A Checking, a cycle State of the second second second Second Second Second Second Second License and second second Second Second License and second second Second Second Second License and Second Second Second Second Second License and Second Se
VICE CARACTERISTICS SMENT CHECKLIST In a Insulary investment, speropriately licensed and Cremery, p. 2300 I. Sterring and State Control (1) (1) Answering speroprise for all of the state of the state Indicates a camarony strengt and get the state and strengt and states for the state of the state of the state and strengt
NICE CHARACTERISTICS SMENT CHECKLIST In a (stassish) resetation, speropristely licensed In a (stassish) resetation In Section (stassistic) (stassistic) In Section (stassistic) (stassistic) In Section (stassistic) (stassistic) (stassistic) In Section (stassistic) (stassistic) (stassistic) (stassistic) In Section (stassistic) (sta

The program implements procedures that reasonably ensure the safety of patients and staff, including but not limited to: • Searches of persons served, of be-longings, and of the physical facility. Searches will be done to preserve privacy and dignity, and will be sensitive to potential trauma of persons

Residential Documents

 $\overline{}$

က

served. erveu.
• Communications, including mail, telephone use, and use of personal electronics
• Visitation.
• Emergency evacuation.

The program has written descriptions that describes how a patient's individualized treatment plan incor porates participation in community and other services offered off-site (e.g., vocational services, outpatie services, mutual support meetings, etc.) and expectations about return to the Level 3.1 program in the course of the day.

ence of a written policy or criteria for program entry/admission, transition, and exit. Admission criteria de ASAM dimensional criteria as well as DSM diagnosis.

Evidence of a written daily schedule of activities. Evidence of a 24-hour staff schedule. Consistent evidence of a variable length of stay based upon patient need. Conversely patient materials should not refer to a fixed program length.

II. SUPPORT SYSTEMS (4 sub-service characteristics)

felephone or in-person consultation with a physician and emergency services are available 24 s a day, 7 days a week (The ASAM Criteria p.224).

5/18/2020 (3

There are written procedures that the program has availability of medical personnel (i.e. physician, or

LEVEL 3.5 CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS

Level 3.5 programs assist patients whose addiction is currently so out of control that they need a 24 hour supportive treatment environment to initiate or continue a recovery process that has failed to progress. supportive treatment environn (The ASAM Criteria, p. 244)

I. Setting

I. SETTING (1 sub-service characteristic)

The Level 3.5 offers 24-hour supportive treatment in a contained, safe, and structured environment thelp patients initiate or continue a recovery process that has failed to progress. L1. Level 3.5 program services may be offered in a (usually) freestanding, appropriatel licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some Level 3.5 programs are offered in prisons or secure community settings as a step down for those inmates released from prison. (The ASAM Criteria, p.249).

Experience teaches that new skills are required for a successful transition from active addiction to a stable, recovery-positive lifestyle. The residential setting provides structure, supervision, and support in this effort. Level 3.3 programs may be found in freestand ing facilities, within larger institutions, or in correctional environments, so long as requirements are may.



LEVEL 3.5 CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

Level 3.5 programs assist patients whose addiction is currently so out of control that they need a 24 hour supportive treatment environment to initiate or continue a recovery process that has failed to progress. (The ASAM Criteria, p. 244)

I. SETTING (1 sub-service characteristic)

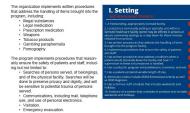
esidential Documents

N

S

 \sim

1.1. Level 3.5 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some Level 3.5 programs are offered in prisons or secure community settings as a step down for those immates released from prison (*The ASAM Criteria*, *p*.249).



The program has written procedures that address conditions when a patient would physically leave the facility (e.g., for a doctor's appointment) and how 1:1 supervision in these circumstances is handled

Evidence of a written policy or criteria for program entry/admission, transition, and exit. Patient-centered variable length of stay. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis. Evidence of a 24-hour staff schedule that includes weekends and holidays.

Evidence of a written daily schedule of activities that includes weekends and holidays

LEVEL 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES BY SERVICE CHARACTERISTICS

Level 3.7 programs are appropriate for patients whose subacute biomedical and emotional, behavioral or cognitive problems are so servere that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. (The ASAM Citteria, 265)

I. SETTING (1 Sub-service characteristic) Level 3.7 programs provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.



Ū.

I.1. Level 3.7 program services may be offered in a (usually) freestanding, appropriate licensed facility located in a community settin or in a specialty unit in a general or psychiatri hospital or other licensed healthcare facility (The ASAM Criteria, p. 266). This level, characterized as subacute, provide

vices and supervision not available at lower levels. Patient needs ordinarily involve enhanced medical l/or psychiatric care and are met through access to a specialized unit with services that comply with and/or psy standards presented in this section.

II. SUPPORT SYSTEMS (4 sub-service characteristics)

Documents

Inpatient

The support system standards address those services which need to be readily available to the program through atfiliation or contract. Support systems provide services, beyond the capacity of the staff of the program, which will not be needed by patients on a routine basis or services to augment those provided by staff.

II.1. Physician monitoring, nursing care, and observation are available. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary (In states where physician assistants or nurse practitioners are licensed to provide such services, they may perform the duties designated here for a physician).

A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the A registered make conducts an accord of other dig-located narsing assessme admission. An appropriately credentialed and licensed nurse is responsible for m patient's progress and for medication administration (*The ASAM Criteria*, p. 266).

Higher acuity in some patients dictates the need for 24 hour nursing care and direct invo physician or other qualified practitioner.

II.2. Additional medical specialty consultation, and psychological, laboratory, and toxicology ser vices, are available on-site, through consultation or referral (*The ASAM Criteria*, p. 267). ,, 3/9/2020 (2



LEVEL 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

I. SETTING (1 sub-service characteristic) I. Setting

Level 3.7 program services may be offered in a (usually) freestanding, appropriately licenses facility located in a community setting or in a specialty unit in a general or psychiatric hos-pital or other licensed healthcare facility (*The* ASAM Criteria, p. 266).

The organization implements written procedures that address the handling of items brought into the program, including; gram, including: • Illegal substances • Legal medication • Prescription medication • Weapons • Tobacco products • Gambling paraphemalla • Pornography



The program implements procedures that reasonably ensure the safety of patients and staff, including but

Initiéd to Searches of persons served, of belongings, and of the physical facility. Searches will be done to preserve privacy and dignity, and will be sensitive to potential trauma of persons served. Communications, including mail, telephone use, and use of personal electronics. • Visitation.

The program has written procedures that address conditions when a patient would physically leave the facility (e.g., for a doctor's appointment) and how 1:1 supervision in these circumstances is handled.

Evidence of a written policy or criteria for program entry/admission, transition, and exit. Patient- centered variable length of stav. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.

Evidence of a 24-hour staff schedule that includes weekends and holidays.

Evidence of a written daily schedule of activities that includes weekends and holidays

II. SUPPORT SYSTEMS (4 sub-service characteristics)

II.1. Physician monitoring, nursing care, and observation are available. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary (In states where physician assistants or nurse practitioners are licensed to provide such services, they may perform the duties designated here for a physician).

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

- 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 nonhospital" cross walks with ASAM Criteria "Clinically Managed High-Intensity Residential Services"



3.5 Clinically Managed High-Intensity Residential Services

- PA regulations <u>do not delineate</u> 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 ≠ 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

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 <u>RA-</u> <u>DAASAM@pa.gov.</u> DDAP needs to assess provider as substantially aligned at 3.7prior 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)
- <u>Can be "working toward" certification after</u> <u>hire</u>



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 3rd party



Need additional help?

Please be sure to review ASAM alignment resources on the DDAP website <u>ASAM Transition (pa.gov)</u>.

Questions or requests for technical assistance can be emailed to <u>ra-daasam@pa.gov</u>.

