

WHILE YOU WAIT...

- Use the chat box to sign in as an attendee – **your name and the name and location of your organization**
- There is no need to join the meeting by computer audio and your telephone. If you have connected using both, **please disconnect your phone** to prevent reverb during the presentation.
- **Please mute yourself.**
- The following resources will be referenced during the presentation:
 - “(Level) By Service Characteristics”
 - “(Level) Characteristics Self Assessment Checklist
 - “Pennsylvania Expectation Addendum Document

You should have these documents on hand during the presentation. They can be downloaded from the DDAP website as follows:

www.ddap.pa.gov
“for professionals”
ASAM Transition Page



3.0 RESIDENTIAL / INPATIENT SERVICES

Aligning Service Delivery to The ASAM Criteria, 2013

WebEx Presentation



RESOURCES FOR TODAY'S WEBINAR

3.1, 3.5, 3.7

not including withdrawal management (WM)

- “Residential Services by Service Characteristics”
- “Self Assessment Checklist”
- “PA Expectations – Addendum

www.ddap.pa.gov

“for providers”

ASAM

Resources

Pennsylvania Guidance for Applying The ASAM Criteria, 2013
Revised August 2019 10/19/2019



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LEVEL 3.1 CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS

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

I. SETTING (if sub-service characteristic)

A 24-hour supervised residential services in a safe environment where patients can consistently practice early recovery skills such as recovery and relapse, experience the support of others in a recovery-oriented setting, and prepare for a successful transition to life in the community.

1.1. Level 3.1 program services may be offered in a (locally) freestanding, appropriately licensed facility located in a community setting (The ASAM Criteria, p. 226).

Residence means that many RESIDENTIAL patients require the support and structure of a residential environment to fully engage in recovery, with the goal of successfully transitioning to a lower intensity LOC. The residential setting will not be located in a location that will impede engagement in the community, and result in improved treatment outcome.

1. Setting

- 24-hour supervised residential services in a safe environment where patients can consistently practice early recovery skills such as recovery and relapse, experience the support of others in a recovery-oriented setting, and prepare for a successful transition to life in the community.
- Program services may be offered in a freestanding, appropriately licensed facility located in a community setting.

II. Support Systems

- Support services enhance the treatment experience and reduce the health burden on program staff in response to patient need, and may be provided through affiliation or partnership with other providers.
- Recovery services are available beyond the hours of service of the program but may accommodate the needs of the most vulnerable patients.

III. 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.226)

Patients are medically stable and the role of medical staff is an essential rather than through direct service delivery. However, an available physician provides telephone consultation, and services and procedures are established for emergency management.

10/20/2019 (2)



LEVEL 3.1 CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS SELF-ASSESSMENT CHECKLIST

I. SETTING (if sub-service characteristic)

1.1. Level 3.1 program services may be offered in a (locally) freestanding, appropriately licensed facility located in a community setting (The ASAM Criteria, p. 226).

The organization implements written procedures that address the handling of items brought into the program, including:

- Storage substances
- Local medication
- Medication administration
- Tobacco products
- Gambling paraphernalia
- Pornography

The program implements procedures that reasonably ensure the safety of patients and staff, including but not limited to:

- Security and/or private services, of facility and/or of private health facilities, if any of the service health facilities will be shared, and will be available to protect the safety of patients
- Communication, including mail, telephone use, and use of personal electronics.
- Visitation
- Emergency evaluation.

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

Evidence of a written policy or criteria for program enrollment, transition, and exit. Admission criteria include ASAM dimensional criteria as well as COB engagement.

Evidence of a written daily schedule of activities. Evidence of a 24-hour staff schedule. Consistent evidence of a written night-of care based upon patient need. Consistent patient referrals should not refer to a third program length.

II. SUPPORT SYSTEMS (if sub-service characteristic)

2.1. 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.226).

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

10/20/2019 (3)



ADDENDUM PA-SPECIFIC EXPECTATIONS All Levels of Care

Distributed separately, but will be combined into a single document!



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
- Department of Drug and Alcohol Programs and Department of Human Services (DDAP/DHS) jointly issued preliminary ASAM LoC designations through survey/letters.



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



Level 3

Residential Inpatient Services

3.1 Residential Documents

LEVEL 3.1 CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS

Level 3.1 programs typically combine clinical services with recovery residential services. The LOC is appropriate for patients who require additional time in a structured residential setting in order to: 1) improve essential skills and 2) prepare for successful transition to a lesser LOC. (The ASAM Criteria, p. 223)

I. SETTING († sub-service characteristics)

A 24-hour supervised residence provides a safe, secure environment where patients can develop/ practice early recovery skills such as resilience and refusal; experience the support of others in a recovery-oriented setting; and prepare for a successful transition to the community.

I.1. Level 3.1 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting (The ASAM Criteria, p. 224).

Experience teaches that many SUD/COC patients require the support and structure of a residential environment to fully stabilize in recovery, with the goal of successfully transitioning to a lower independent LOC. The extended stay at this level may facilitate this transition, assist with engagement in the community, and result in improved treatment outcome.

I. Setting

- A freestanding, appropriately licensed facility.
- Provides a safe, secure environment and structure to help patients stabilize in recovery and prepare for a successful transition to the community.
- Provides services to support a successful transition to the community.

I.1. Program services may be offered in a freestanding, appropriately licensed facility located in a community setting.

Experience teaches that many SUD/COC patients require the support and structure of a residential environment to fully stabilize in recovery, with the goal of successfully transitioning to a lower independent LOC. The extended stay at this level may facilitate this transition, assist with engagement in the community, and result in improved treatment outcome.

II. Support Systems

II.1. Support systems 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 systems are ordinarily beyond the scope or capacity of the program, but may augment existing 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).
- 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).

GOAL: Provide services beyond the capacity of program staff and not needed for patient safety or the patient's treatment.

II. SUPPORT SYSTEMS († sub-service characteristics)

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 systems are ordinarily beyond the scope or capacity of the program, but may augment existing services or help meet individual patient needs.

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GOAL: Provide services beyond the capacity of program staff and not needed for patient safety or the patient's treatment.



LEVEL 3.1 CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS SELF-ASSESSMENT CHECKLIST

I. SETTING († sub-service characteristics)

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Experience teaches that many SUD/COC patients require the support and structure of a residential environment to fully stabilize in recovery, with the goal of successfully transitioning to a lower independent LOC. The extended stay at this level may facilitate this transition, assist with engagement in the community, and result in improved treatment outcome.



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I. SETTING († sub-service characteristics)

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Experience teaches that many SUD/COC patients require the support and structure of a residential environment to fully stabilize in recovery, with the goal of successfully transitioning to a lower independent LOC. The extended stay at this level may facilitate this transition, assist with engagement in the community, and result in improved treatment outcome.

3.5 Residential Documents

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. (The ASAM Criteria, p. 244)

I. SETTING († sub-service characteristics)

The Level 3.5 offers 24-hour supportive treatment in a contained, safe, and structured environment to help patients initiate or continue a recovery process that has failed to progress.

I.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 inmates released from prison. (The ASAM Criteria, p. 245)

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 3.5 programs may be found in freestanding facilities, within larger institutions, or in congregate environments, so long as requirements are met.

I. Setting

- A freestanding, appropriately licensed facility.
- Provides a safe, secure environment and structure to help patients stabilize in recovery and prepare for a successful transition to the community.
- Provides services to support a successful transition to the community.

I.1. 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 programs are offered in prisons or secure settings as a step down for inmates released from prison.

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 3.5 programs may be found in freestanding facilities, within larger institutions, or in congregate environments, so long as requirements are met.

II. Support Systems

II.1. Support systems 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 systems are ordinarily beyond the scope or capacity of the program, but may augment existing 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. 245).
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GOAL: Provide services beyond the capacity of program staff and not needed for patient safety or the patient's treatment.

II. SUPPORT SYSTEMS († sub-service characteristics)

The support system standards address those services which need to be readily available to the program through affiliation 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. 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. 245).
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GOAL: Provide services beyond the capacity of program staff and not needed for patient safety or the patient's treatment.

It is assumed that the Level 3.5 program will require

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

I. SETTING († sub-service characteristics)

I.1. 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

- A freestanding, appropriately licensed facility.
- Provides a safe, secure environment and structure to help patients stabilize in recovery and prepare for a successful transition to the community.
- Provides services to support a successful transition to the community.

I.1. 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 inmates released from prison. (The ASAM Criteria, p. 245)

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 3.5 programs may be found in freestanding facilities, within larger institutions, or in congregate environments, so long as requirements are met.

I. Setting

- A freestanding, appropriately licensed facility.
- Provides a safe, secure environment and structure to help patients stabilize in recovery and prepare for a successful transition to the community.
- Provides services to support a successful transition to the community.

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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 3.5 programs may be found in freestanding facilities, within larger institutions, or in congregate environments, so long as requirements are met.

GOAL: Provide services beyond the capacity of program staff and not needed for patient safety or the patient's treatment.

It is assumed that the Level 3.5 program will require

3.7 Inpatient Documents

LEVEL 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES BY SERVICE CHARACTERISTICS

Level 3.7 programs are appropriate for patients whose substance biomedical and emotional, behavioral, or cognitive problems are so severe 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 Criteria, p. 265)

I. SETTING († Sub-service characteristics)

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.

I.1. Level 3.7 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility (The ASAM Criteria, p. 266).

This level, characterized as subacute, provides services and supervision not available at lower levels. Patient needs ordinarily involve enhanced medical and/or psychiatric care and are met through access to a specialized unit with services that comply with standards presented in this section.

II. SUPPORT SYSTEMS († sub-service characteristics)

The support system standards address those services which need to be readily available to the program through affiliation 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).
- 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 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 involvement by the physician or other qualified practitioner.

II.3. Additional medical specialty consultation, and psychological, laboratory and toxicology services, are available on-site, through consultation or referral (The ASAM Criteria, p. 267)

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

I. SETTING († sub-service characteristics)

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.

I.1. Level 3.7 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility (The ASAM Criteria, p. 266).

This level, characterized as subacute, provides services and supervision not available at lower levels. Patient needs ordinarily involve enhanced medical and/or psychiatric care and are met through access to a specialized unit with services that comply with standards presented in this section.

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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 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 involvement by the physician or other qualified practitioner.

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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

- Each service characteristic has corresponding elements in a checklist that will evidence whether or not a provider has aligned with all of the expectations identified in the ASAM Criteria.
- All items of the checklist under each heading must be completed in order for a program to be fully aligned with the ASAM criteria.
- DDAP and DHS are currently determining a monitoring process for adherence to these required elements.
- In order to maintain the preliminary ASAM designation, full alignment with expectations for service delivery will be required.

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

Not including Withdrawal Management



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

SETTING / REHABILITATION vs. HABILITATION

- 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 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

- **Not *Totally* New
Nomenclature**
- **Different Delivery**



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 ≤ 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:

- **Complete the Self-Assessment**
- **Determine the current indiscriminate capacity to deliver 3.7 services OR the ability or desire to obtain capability**
- **Internally confirmation of the preliminary 3.7 designation**



3.7 Medically Monitored Intensive Inpatient Services

Next Steps in 3.7 Designation:

- If your program no longer meets eligibility or no longer desires to be a 3.7 provider based upon this service description and expectations, DDAP/DHS will be announcing a self-exclusion process to be removed from the preliminary designation.



3.7 Medically Monitored Intensive Inpatient Services

Next Steps in 3.7 Designation:

Contractual –

- Confirmation of capacity to deliver 3.7 services will need to occur 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 3rd party
- Begin to monitor this in the February 2021 monitoring cycle

It's a PROCESS





3.0 Residential / Inpatient Services (3.1, 3.5, 3.7)

Questions can be submitted now through
July 20, 2020
to

Ra-daasam@pa.gov

Answers to be provided via a follow-up
WebEx and through a posted FAQ on
DDAP's website