ASAM Technical Assistance Series

Defining the Different Types of Onsite Reviews



Questions and Future Topics

- Suggestions for future webinar topics
- •Questions should be submitted 7 days in advance of the webinar

E-mail: RA-DAASAM@pa.gov



ASAM Technical Assistance Series

Presenters:

- Gloria Gallagher, Section Chief, DDAP Quality Improvement
- Dave Molettiere, Supervisor, DDAP Division Licensing Inspections
- Susan Duff, Division Chief, DDAP County Program Oversight
- Shivani Patel, Program Chief, Program Management, DHS
 Office of Mental Health and Substance Abuse Services



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.

<u>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.</u>



Learning Objectives

 Gain an understanding of the different types of onsite visits conducted by the Departments of Drug and Alcohol, Human Services, the Single County Authorities, and the Behavioral Health Managed Care Organizations





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SCA Contracted Provider Monitoring

ASAM Criteria, 3rd Edition, 2013 Alignment Reviews

Federal and State Requirements Related to Medicaid

- Mandatory Process
- · Reviews compliance with state regulations for SUD
- Coordinates with federal entities (DEA, SAMHSA) about compliance with regulations for SUD
- Completed by the DDAP's Division of Licensing Inspections
- Mandatory Process
- Reviews compliance with DDAP Grant Agreement requirements for funding, inlcuding those in the Case Management & Clinical Serivces Manual and the Federal Substance Use Block Grant
- Completed by the SCAs
- Required to be completed yearly
- DDAP and DHS are requiring use of the ASAM Criteria, 3rd Edition, 2013, as provided for under Act 70, for providers who receive funding for treatment services under agreements with SCAs and/or MCOs
- Reviews alignment with the ASAM Criteria, 3rd Edition, 2013 in the appropriate level(s) of care
- Completed jointly by the SCAs and MCOs
- Providers must comply with all state and federal laws, regulations, and policies governing Medical Assistance Program in order to recieve payment for services provided to Medicaid beneficiaries.
- MCOs are responsible to ensure that their network providers comply with those requirements.
- General Provisions related to Medicaid payment are outlined in 55 Pa. Code 1101, and Medicaid payment requirements speific to Outpatient Drug and Alcohol Clinic Services are stipulated in 55 Pa. Code 1223.



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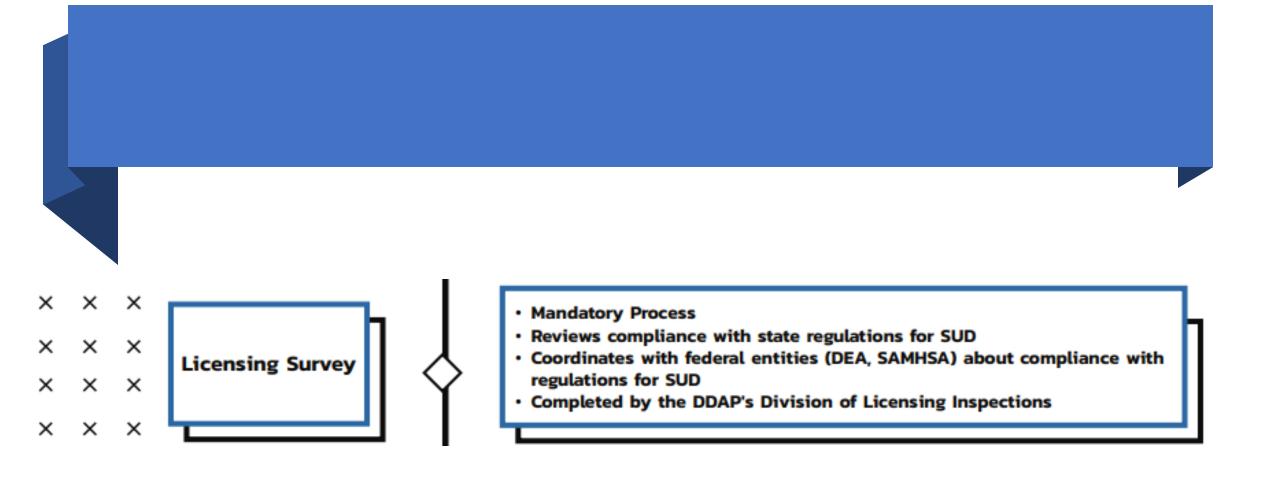
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BUREAU OF PROGRAM LICENSURE - BRIEF INTRODUCTION



- ✓ Responsible for the licensure of all Commonwealth of PA entities that want to provide either drug & alcohol treatment services or publicly-funded recovery house services
- Regulatory responsibility and oversight over all public and private drug & alcohol treatment facilities and publicly-funded recovery homes.
- ✓ The Bureau consists of two Divisions:
 - Division of Licensing Operations
 - Division of Licensing Inspections
- ✓ Both Divisions help to protect the citizens of Pennsylvania by ensuring that our licensed providers provide care and services to those who are suffering from the disease of addiction.



BUREAU OF PROGRAM LICENSURE - BRIEF INTRODUCTION



Drug & Alcohol Treatment Facilities

§ 709.11. Application for license.

- (a) Persons, partnerships, corporations, or other legal entities intending to provide drug and alcohol treatment services shall apply for a license from the Department. Application shall be made using forms and procedures prescribed by the Department.
- (b) The license shall expire 1 year from the date of issuance. Prior to the expiration of the current license, the Department will notify the facility of the date for an annual on-site inspection for renewal of license.
- (c) The Department will notify the appropriate SCA of applications for and issuance of a license to any facility or individual within the SCA's area of responsibility.

Recovery Houses

§ 717.7. Full licensure.

- (a) The Department will issue a full license to operate the drug and alcohol recovery house when it determines, after an on-site inspection by an authorized representative of the Department, that the applicant or licensee has met the requirements for licensure under this chapter.
- (b) The Department will issue a full license to an applicant or licensee and will indicate the name of the drug and alcohol recovery house, the address, and the date of issuance.
- (c) The full license shall expire 1 year following the date it is issued.

28 PA Code: Health & Safety: Part V. Department of Drug and Alcohol Programs

- **Chapter 701 General Provisions**
- <u>Chapter 704 Staffing Requirements For Drug And Alcohol Treatment Activities</u>
- Chapter 705, Subchapters A and B Physical Plant Standards

Subchapter A – Residential Facilities

Subchapter B – Nonresidential Facilities

Chapter 709, Subchapters A through K – Standards For Licensure Of Freestanding Treatment Facilities

Subchapter A – General Provisions

Subchapter B – Licensing Procedures

Subchapter C – General Standards

Subchapter D – Standards for Intake, Evaluation, & Referral

Subchapter E – Standards for Inpatient Nonhospital Activities-Residential Treatment and Rehabilitation

Subchapter F – Standards for Inpatient Nonhospital Activities-Short-term Detoxification

Subchapter G – Standards for Inpatient Nonhospital Activities-Transitional Living Facilities (TLFs)

Subchapter H – Standards for Partial Hospitalization Activities

Subchapter I – Standards for Outpatient Activities

Subchapter J – (Reserved) – (Not used)

Subchapter K – Standards for Inpatient Hospital Drug and Alcohol Activities Offered in Freestanding Psychiatric Hospitals



28 PA Code: Health & Safety: Part V. Department of Drug and Alcohol Programs (cont.)

- Chapter 710 Drug and Alcohol Services
- Chapter 711, Subchapters A through I Standards For Certification Of Treatment Activities Which Are A Part of A Health Care Facility
 - **Subchapter A** General Provisions
 - **Subchapter B** Approval Procedures
 - **Subchapter C** Standards for Intake, Evaluation, & Referral
 - **Subchapter D** Standards for Inpatient Nonhospital Activities-Residential Treatment and Rehabilitation
 - **Subchapter E** Standards for Inpatient Nonhospital Activities-Short-Term Detoxification
 - **Subchapter F** Standards for Inpatient Nonhospital Activities-Transitional Living Facilities (TLFs)
 - **Subchapter G** Standards for Partial Hospitalization Activities
 - **Subchapter H** Standards for Outpatient Activities
 - **Subchapter I** (Reserved) (Not used)
- Chapter 715 Standards for Approval of Narcotic Treatment Program
- Chapter 717 Standards for Drug and Alcohol Recovery House Licensure



WHAT IS AN INSPECTION AND A COMPLAINT INVESTIGATION

- Inspection: Systematic and objective examination to determine an applicant or licensed provider's compliance with DDAP's regulations and other applicable state and federal laws/regs
- **Complaint Investigation:** Systematic/formal inquiry to discover and examine the facts of an incident, accident, allegation, etc. to attempt to establish what happened
- During inspections and investigations, DDAP Licensing staff can review:
 - Business administrative documentation
 - Personnel records, including training records
 - Client records, including medication records
 - Facility and its grounds
 - Interview/speak with facility staff and/or clients
 - Any other resources applicable to the licensed provider, applicant, or complaint allegation(s)
- 1 Inspections and complaint investigations can be any of the following:
 - 1. Onsite
- 2. Offsite
- 3. Combination of both Onsite and Offsite



WHATTYPES OF INSPECTIONS DOES DDAP LICENSING CONDUCT Initial Physical Plant Inspection Announced/coordinated with Applicant: must be con-

Initial Physical Plant Inspection	Announced/coordinated with Applicant; must be completed prior to issuance of initial license
Annual Licensing Renewal Inspection	Announced; scheduled several months in advanced by Licensing Specialists
Narcotic Treatment Program Monitoring (Methadone and/or Buprenorphine)	Announced/done in conjunction with Annual Licensing Renewal Inspections
Complaint/Incident Investigation	Majority are unannounced, but can sometimes be announced/coordinated with licensed provider
Plan of Correction Follow-up Inspection	Unannounced; scheduled by Licensing Specialists at some point up to 6 months after license issued
Provisional License Follow-up Inspection	Unannounced; scheduled by Licensing Specialist at any point prior to provisional license expiration
Relocation/Capacity Increase Physical Plant Inspection	Announced/coordinated with Licensed provider prior to approving relocation or capacity increase









- Mandatory Process
- Reviews compliance with DDAP Grant Agreement requirements for funding, inlcuding those in the Case Management & Clinical Serivces Manual and the Federal Substance Use Block Grant
- Completed by the SCAs
- Required to be completed yearly





BUREAU OF COUNTY PROGRAM OVERSIGHT

- Project Officers are responsible for oversight of the Grant Agreement between DDAP and the SCAs.
- SCAs are required to conduct Provider Monitoring as part of their Grant Agreements with DDAP
 - Federal Block Grant requirement
- Project Officers review compliance with the SCA's monitoring of contracted providers. Their role includes:
 - Assigning SCAs to monitor providers in their counties
 - Reviewing provider monitoring summary sheets and provider monitoring tools to ensure SCA compliance with this requirement



SCA-Provider Monitoring Process

- SCAs are required to monitor all contracted in-county providers
 - The SCA monitors all contracted services provided on behalf of all SCAs contracting with that provider
- Monitoring is done annually
- SCAs must use DDAPs provider monitoring tool and note any areas of non-compliance



Components of Provider Monitoring

- Home SCA monitors all services contracted by any SCA
- Administrative Requirements
 - Reviewed for every contracted provider, regardless of service provided (Done at provider's main/admin location)
- Treatment, including Withdrawal Management
 - Treatment Requirements/compliance with Federal Block Grant requirements (CMCS Manual)
 - Training Requirements
 - Invoice Review



Components of Provider Monitoring

- Case Management (Screening, Assessment, Coordination of services)
 - Case Management Requirements (CMCS Manual)
 - Client File Review
 - Training Requirements
- Prevention
 - Prevention Requirements (Prevention Manual)
 - Training Requirements



Components of Provider Monitoring

- Recovery Support Services
 - Recovery Support Services Requirements (CMCS Manual)
- Emergency Housing
 - Emergency Housing Requirements (CMCS Manual)
- Recovery Housing
 - Administrative Requirements only
- Intervention
 - Administrative Requirements only



SCA-Provider Monitoring Process

- SCAs must note any areas of provider non-compliance, and must follow up when corrective action is required
- SCAs submit Provider Monitoring Summary Sheets to DDAP in June of each year
 - Areas of noncompliance and resulting corrective action are noted
- SCAs must have fully completed provider monitoring tools available for DDAP review during DDAP's annual onsite monitoring visit to the SCA



Federal and State
Requirements
Related to
Medicaid



- Providers must comply with all state and federal laws, regulations, and policies governing Medical Assistance Program in order to recieve payment for services provided to Medicaid beneficiaries.
- MCOs are responsible to ensure that their network providers comply with those requirements.
- General Provisions related to Medicaid payment are outlined in 55 Pa.
 Code 1101, and Medicaid payment requirements speific to Outpatient Drug and Alcohol Clinic Services are stipulated in 55 Pa. Code 1223.



Federal and State Requirements

- 55 Pa Code 1101 General Provisions
- 55 Pa Code 1223 Medicaid Payment Regulations for Outpatient Drug and Alcohol Clinic Services







ASAM Criteria, 3rd Edition, 2013 Alignment Reviews



- DDAP and DHS are requiring use of the ASAM Criteria, 3rd Edition, 2013, as provided for under Act 70, for providers who receive funding for treatment services under agreements with SCAs and/or MCOs
- Reviews alignment with the ASAM Criteria, 3rd Edition, 2013 in the appropriate level(s) of care
- · Completed jointly by the SCAs and MCOs





1115 ASAM ALIGNMENT

- Required per Act 70
- Impacts to the DHS 1115 Waiver
- Collaboration between the Departments of Human Services and Drug and Alcohol Programs, Mercer (contracted vendor) Behavioral Health Managed Care Organizations, and the Single County Authorities



1115 ASAM ALIGNMENT

- Aligning residential providers with The ASAM Criteria, 3rd edition
 - Infrastructure Review
 - Clinical Record Review

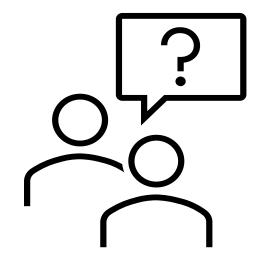


1115 ASAM ALIGNMENT

- Admitted to the correct level of care based on the criteria
- Assessing the patient based on the criteria
- The Criteria focuses on evidenced-based practices, personcentered, individualized care
- Documentation looks at The Golden Thread



QUESTIONS





The licensing visit went well, and our facility received no citations. When the alignment review occurred, there were issues with the clinical records. How could that be if Licensing found no citations?

- Most common comment heard during alignment reviews
- Division of Licensing Inspections reviews the documentation in the chart per the regulations and ensures the health and safety of the patient
- ASAM Alignment Reviews review the quality of the documentation, whether
 the biopsychosocial, treatment plans, and progress notes align with the
 patient's identified problems, and the types of evidence-based practices and
 clinical treatment provided to an individual.
- There could be a difference in the outcome since the reviewers look at different standards during their reviews

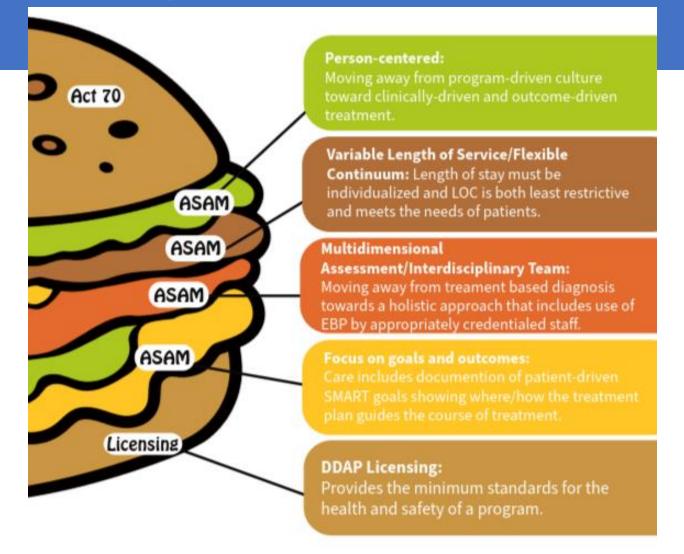


What are the differences between the licensing regulations and ASAM Alignment

- Licensing is the minimum standards and sets the baseline for ensuring the health and safety of an individual receiving treatment
- Act 70 requires treatment providers to align with The ASAM Criteria, 2013 which includes evidence-based practices, personcentered care and additional levels of medical and clinical staffing
- One size fits all vs person-centered
- Program-driven care vs Individualized care



The DDAP Licensing/ASAM Sandwich





Reminder

Next TA Call = March 4th @ 10:00

Topic =Individualizing Care through Documentation and Group Development

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