



ASAM & Compliance



City of
Philadelphia

2021 CBH Compliance
Forum

November 10, 2021



Why ASAM?

ASAM CONSULT



Why ASAM?

1

Industry Standard

2

Portability





What's NOT Changing

What's NOT Changing



Basic Documentation Requirements

- General Record Maintenance
- Treatment/Recovery Plans (more detail on the next slide)
- Clock Times
- Individualized Content
- Record Retention and Access
- Regulatory Standards for Outpatient Clinics (*Non-IOP Services*)





Treatment/Recovery Plans

- Recovery plans still need to be completed as required in Outpatient Clinic regulations
- Initial Plan is due within 15 days of intake
- Updates are needed, at minimum, every 60 days
- Plans must be signed by supervisory physician and member
- NOTE: CBH also encourages other treatment team members active in care to participate in planning and sign plans





Fundamental Care Expectations

- Medical Necessity
- Member Choice
- Individualized Care





Outpatient

Outpatient



ASAM Outpatient LOCs

- 1.0 Outpatient Services
- 2.1 Intensive Outpatient Services (IOP)





ASAM Outpatient

- Marries PCPC Outpatient and IOP
- Wider range of services
- Subject to PA outpatient regulations
- Payment Changes





ASAM Outpatient

- Minimum Expectations
- Individualized care
- Decreased reliance on group therapy
- Provision of medically necessary services





ASAM Outpatient

- Best Practices
- Adherence to Performance Standards
- Outcome measurements
- Clinically appropriate utilization of ancillary services





ASAM Intensive Outpatient

- Distinctions between ASAM and PCPC
 - ✓ Regulated vs. Supplemental
 - ✓ Clinically Managed vs. Unmanaged
 - ✓ Putting the Intensive back in IOP





Per Diem

PER DIEM



ASAM Per Diem LOCs

3.1 Clinically Managed Low-Intensity Residential Services

3.5 Clinically Managed, High-Intensity Residential Services

3.7 Medically Monitored Intensive Inpatient Services

4.0 Medically Managed Intensive Inpatient Services

3.7 WM Medically Monitored Inpatient Withdrawal Mgmt.*

4.0 WM Medically Managed Intensive Inpatient Withdrawal Mgmt.*





Key Points for Per Diems

- 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
- 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)





Therapy Requirements

3.5 / 3.7

- Clinical Service contact hours are expected to be between 6-8 hours per day, every day, including weekends.
- Clinical/psychotherapeutic services must be related to the individual treatment plan & referenced in the progress notes.

4.0

- Clinical/psychotherapeutic services should be tailored to and delivered based upon an individual's medical capacity to participate.





Therapy Requirements

Clinical/psychotherapeutic services should include:

- Individual therapy
- Group therapy (*minimum of 2 groups/day, 2 hrs./group*)
- Family therapy
- Therapeutic recreational interventions related to the individual treatment plan & referenced in the progress notes

Must be individualized & reflective of the treatment plan

Clinical hours do not include 12 Step or other Self Help/Recovery Group Attendance





Therapy Requirements

Evidence Based Practices

1. Motivational Interviewing
2. Utilization of other evidenced based practices/interventions and psychotherapies as warranted to meet the needs of individuals

Family Services

1. Counseling with family members, when possible
2. Counseling for family members by facility staff or through affiliation/referral, when necessary and appropriate





Assessment and Treatment Planning

- Establishing a treatment plan should be in direct correlation with
 - The needs identified by the individual being served
 - Current stage of change
 - 6-dimensional assessment
- Progress in all the dimensions should be assessed at regular intervals
- The requirements for conducting a formal treatment plan update are outlined in the Pennsylvania Regulations





Documentation Guidelines

CBH Provider Bulletin #18-05

- Programs are expected to provide substantive behavioral health interventions for each day of service billed
- All progress notes must have a clear behavioral health intervention documented
- Clinical documentation should avoid the use of vague, general language, and/or buzzwords for theoretical models.





Documentation Guidelines

Components of the progress note, which at a minimum should include:

- Interventions utilized/implemented and the member's response to those interventions.
- Assessment of the individual's behavior, mood, and interpersonal functioning.
- Review(s) of relevant medical conditions and lab work.
- An individualized response to group sessions





What's Next for Per Diems?

2022

- *Bulletin update*
- *2019 Per Diem Tour Follow Up*





Risk Areas

2015-2016



Risk Areas

- SUD providers share some risks
- These are not necessarily **UNIQUE** to SUD
- Reducing risk relies on **Compliance Plans**





SUD Treatment Provider Risks

1	AKS/EKRA
2	VBP/APA Related Risk





SUD Treatment Provider Risks

1

AKS/EKRA

2

VBP/APA Related Risk





TAKE-AWAYS

TAKE-AWAYS



Key Points

1

The move to ASAM is not an option

2

Basic responsibilities remain unchanged

3

IOP and Outpatient will have significant changes

4

Per Diem providers may have increased programming expectations

5

This is a process not an event





RESOURCES

RESOURCES



Resources

ASAM Main Page

<https://www.asam.org/>

ASAM Pennsylvania

<https://www.asam.org/advocacy/aaam/smr/pennsylvania>

Pa Code "1101 Regulations"

<http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter1101/chap1101toc.html&d>





Resources

Pa Code "Chapter 709 Regulations"

<https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/chapter709/chap709toc.html>

Eliminating Kickbacks in Recovery Act (EKRA)

<https://www.congress.gov/bill/115th-congress/senate-bill/3254>

Fraud & Abuse Laws (includes AKS)

<https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/>





Resources

DOJ Opioid Takedown Cases (2020)

<https://www.justice.gov/criminal-fraud/hcf-2020-takedown/case-descriptions>

DDAP ASAM Transition Page

<https://www.ddap.pa.gov/Professionals/Pages/ASAM-Transition.aspx>





Resources

CBH Provider Manual

<https://cbhphilly.org/cbh-providers/oversight-and-monitoring/cbh-provider-manual/>

Manual for Review of Provider Personnel Files (MRPPF)*

https://cbhphilly.org/wp-content/uploads/2021/07/CBH_Manual_for_Review_of_Provider_Personnel_Files_MRPPF_2_5_draft_2021-07-19.pdf

** = Link leads to MRPPF current at time of presentation, please connect through Provider Manual to ensure most current version*





Resources

DDAP ASAM Transition

<https://www.ddap.pa.gov/Professionals/Pages/ASAM-Transition.aspx>

PA – Specific Expectations for Contractual Compliance (3.0 LOCs)

<https://www.ddap.pa.gov/Documents/ASAM/PA-Specific%20Alignment%20Requirements%206-11-20.pdf>

PA – Specific Expectations for Contractual Compliance (4.0 LOCs)

<https://www.ddap.pa.gov/Documents/ASAM/4.0%20Addendum%20PA-Specific%20Alignment%20Requirements%20-%20Med%20Managed%20Intensive%20Inpt.pdf>

DDAP FAQ – Service Alignment for 3.0 Levels of Care

<https://www.ddap.pa.gov/Professionals/Documents/ASAM%20Page/ASAM%20Level%203.0%20FAQ%208-4-20.pdf>





Resources

Pennsylvania Guidance for Applying The ASAM Criteria, 2013

<https://www.ddap.pa.gov/Professionals/Documents/ASAM%20Page/ASAM%20update/ASAM%20Application%20Guidance%20Final.pdf>

Monthly ASAM Technical Assistance Series (DDAP)

<https://www.ddap.pa.gov/Professionals/Documents/ASAM%20Page/ASAM%20update/ASAM%20Monthly%20TA%20Series%20Announcement.pdf>

Pennsylvania Code, Title 28, Part V.

<http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/partVtoc.html&d=reduce>

CBH Provider Bulletin # 18-05: Documentation Requirements – Substance Use Treatment Per Diem Programs

<https://dbhids.org/wp-content/uploads/2018/05/Bulletin-18-05-Per-Diem-DA-Doc-Reqs-2.pdf>





Resources

1223 Regulations – Outpatient D&A Clinic Regulations

<https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter1223/chap1223toc.html&d=>





CBH Contacts

Kenneth Inness, Director of Compliance / Compliance Officer,
Kenneth.Inness@phila.gov

General contact, CBH.ComplianceContact@phila.gov





TO REPORT POTENTIAL FRAUD, WASTE, or ABUSE

CBH Compliance Hotline

PHONE: 1-800-229-3050

EMAIL: CBH.Compliancehotline@phila.gov

Pennsylvania DHS Tips (BPI)

PHONE: 1-844-347-8477





QUESTIONS

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