

ASAM Alignment Monitoring

Date of Issue:	July 12, 2023
Applications must be received no later than:	2:00 p.m. August 8, 2023
Submit all RFP-related questions to:	Hans Leach <u>hans.leach@phila.gov</u>

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER: WOMEN,
MINORITY INDIVIDUALS AND PEOPLE WITH DISABILITIES ARE
ENCOURAGED TO RESPOND**

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ASAM Alignment Monitoring

1. PROJECT OVERVIEW

1.1. Introduction/Statement of Purpose

CBH is issuing this RFP to contract with a qualified, independent vendor who specializes in provider monitoring or audits to verify substance use (SU) providers' compliance with American Society of Addiction Medicine (ASAM) standards using an audit tool approved and provided by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) and the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS). It is the intent of this RFP to solicit proposals from all interested vendors possessing expertise in monitoring and auditing within the guidelines established in this RFP. The CBH Quality Management department will be managing the contract.

1.2. Project Background

The purpose of this RFP is to solicit proposals from interested vendors with documented expertise in monitoring and auditing. Pennsylvania's Department of Human Services (DHS), which includes the OMHSAS, has an approved CMS 1115 demonstration waiver for funding certain SU residential services with federal Medicaid funding, and the 1115 waiver includes a commitment to assure that PA SU providers enrolled in the PA mandatory Medicaid Managed Care program, known as HealthChoices, are operating with substantial alignment to ASAM clinical standards. OMHSAS has made it a contractual obligation for HealthChoices primary contractors and behavioral health managed care organizations (BH-MCOs) in PA to complete those provider audits to determine if providers are substantially aligned with ASAM standards using a tool developed and approved by DDAP and OMHSAS. CBH is seeking a vendor with whom we can contract to complete those required SU provider audits via this RFP.

All of the requirements are specified in the scope of work section (Section 2.2. Services to be Provided/Required Tasks of this RFP).

1.3. Request for Proposals

CBH anticipates selecting one vendor to provide all the services specified in this RFP.

1.4. General Disclaimer

This RFP does not commit CBH to award a contract. This RFP and the process it describes are proprietary and are for the sole and exclusive benefit of CBH. No other party, including any Applicant, is intended to be granted any rights hereunder. Any response, including written documents and verbal communication, by any Applicant to this RFP, shall become the property of CBH and may be subject to public disclosure by CBH.

ASAM Alignment Monitoring

2. SCOPE OF WORK

2.1. Project Details

The overall objective of this RFP is to identify a qualified vendor who can perform ASAM Alignment audits of our Provider Network. PA has five BH-MCOs that operate in the PA HealthChoices program serving residents in all 67 PA counties. There is only one BH-MCO operating in each county. The BH-MCOs are Carelon, CBH, Community Care Behavioral Health, Magellan, and PerformCare. Each of the five BH-MCOs may have contracts with the same SU providers, but to streamline the ASAM audit process, the five BH-MCOs have collaborated to assign SU providers needing an ASAM audit to a single unique BH-MCO that has the responsibility to complete the provider audit so that each SU provider needing an audit will be audited by one BH-MCO or its designated contracted vendor rather than having each BH-MCO perform duplicative provider audits of SU providers. In general, the BH-MCO operating in each county is responsible to audit providers located in the county where they operate.

The PA DDAP/OMHSAS ASAM residential audit tools are attached as Appendix A and B to the RFP. The first is a policy and procedure review for the SU provider and the second is chart audit tool. The audit requires a policy and procedure review prior to an onsite visit, and individual chart reviews. The audit requires that three charts are reviewed per level of care at the facility.

DDAP and OMHSAS are requiring that each SU residential program operating ASAM level of care 3.1, 3.5, 3.7, and 3.7 WM are audited by the end of 2023. Some facilities operate multiple levels of care at the same location such as 3.5 and 3.7. In those cases, policy and procedure reviews can be consolidated if applicable, but chart reviews must be completed for each level of care operated by the SU provider at that location.

In addition, providers who do not demonstrate substantial alignment with ASAM standards using the PA monitoring tool must be re-audited at a frequency based on the final score of the audit. The BH-MCO is responsible for providing technical assistance to providers so that providers will improve their score on subsequent audits. However, we anticipate that many providers will need an initial audit and subsequent audits until compliance is achieved. The re audits are limited to the sections or elements the SU provider did not pass on the prior review. Providers can submit those materials to the auditor which can be reviewed and scored without requiring a site visit. Once the SU provider is determined to be substantially ASAM aligned the provider will be audited every three years thereafter.

The current requirement for re-audits is:

- ➔ Provider Score 4: Re-review every 3-6 months
- ➔ Provider Score 3: Re-review every 6 months to 1 year
- ➔ Provider Score 2: Re-review every 1-2 years

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Beginning in CY 2024 OMHSAS and DDAP may require that BH-MCOs also audit outpatient SU providers operating ASAM 1.0, 2.0 level of care programs. If the scope of audits is expanded to include Level 1.0 and 2.0 programs, CBH will renegotiate the contract with the selected vendor for that increased scope of work.

- ➔ The selected ASAM vendor must have staff trained in ASAM and with clinical and administrative skills to understand the ASAM requirements.
- ➔ The selected vendor is responsible for coordinating and planning the document review and the onsite chart audit visit with each provider.
- ➔ The vendor must conduct an exit interview with each provider upon completion of the chart review during the on-site visit.
- ➔ The selected vendor must be capable of completing the ASAM audit tool within seven days of completing an on-site audit.
- ➔ The selected vendor must upload the results of the audit tool to DDAP and OMHSAS designated web-based reporting site.
- ➔ The selected vendor will be expected to summarize strengths and opportunities in a detailed report for each completed site visit.
- ➔ The selected vendor must collaborate with the CBH staff to identify any areas of required technical assistance for each provider audited.

2.2. Services to be Provided/Required Tasks

More specifically, CBH is seeking a vendor to provide the following audits for SU providers located in Philadelphia County with an anticipated volume as indicated below:

2.2.1. CBH Unique Provider Audits

<i>Provider LOC</i>	<i>CY 2023 Initial Audits</i>	<i>CY 2023 Re-Audits</i>	<i>CY 2024 Initial Audits</i>	<i>CY 2024 Re-Audits</i>
SU 3.1, 3.5, 3.7	20	0	0	16
SU 1.0, 2.0**	0	0	60	48

*** If applicable*

ASAM Alignment Monitoring

2.2.2. Projected Policy and Procedure and Chart Reviews 2023

<i>Provider LOC</i>	<i>Policy and Procedure Reviews</i>	<i>Chart Reviews</i>
SU 3.1, 3.5, 3.7	0	81

2.2.3. Projected Policy and Procedure and Chart Reviews 2024

<i>Provider LOC</i>	<i>Policy and Procedure Reviews</i>	<i>Chart Reviews</i>
SU 3.1, 3.5, 3.7	14	65
SU 1.0, 2.0**	39	60

*** If applicable*

2.3. Monitoring

The CBH Quality Department will be managing the contract. An individual from that unit will be identified as the point person for the work to be conducted under the contract that is developed through this RFP and will monitor those activities for the duration of the contract.

2.4. Reporting Requirements

Written progress reports will be required on a mutually agreed upon periodic basis to document the progress of the work to be performed but will be no less frequent than bi-monthly. In addition, CBH may request additional reports over the course of the contract.

2.5. Compensation/Reimbursement

A cost proposal must be provided based upon your best understanding of the scope of the project and the services to be delivered. This should be presented as the total cost, itemized by each phase of the project (i.e., expected project deliverables detailed in Section 2.2.), and further by a detailed list of charges for services, including hourly personnel rates for all staff assigned to this project, subcontractor fees, reimbursable expenses and other miscellaneous costs and fees. Services for the proposed project will be reimbursed as they are incurred through submission of invoices to CBH.

While CBH may award a contract based on the initial offer, an Applicant should make its initial offer on the most favorable terms available. CBH reserves the right, however, to have discussions with those potential consultants falling within a competitive range, and to request revised pricing offers from them and to make an award or conduct negotiations thereafter.

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2.6. Organization and Personnel Requirements

CBH is seeking a vendor with the requisite skills and abilities to perform the work being sought through this RFP. The selected vendor must have at least three years of experience conducting provider monitoring or audits using an audit tool. Applicants should include any credentials from any certifying organization that attest to the capabilities of the organization or of any of the individuals employed by the organization that will be working on the proposed project.

2.7. Technology Capabilities

Applicants must have the technology capabilities required to perform the proposed activities in this RFP.

3. PROPOSAL FORMAT, CONTENT, AND SUBMISSION REQUIREMENTS; SELECTION PROCESS

3.1. Required Proposal Format

3.1.1. Format Structure

3.1.1.1. Proposal Cover Sheet

The cover sheet (see Attachment A) should be completed with the Applicant's information and included as the first page of the proposal.

3.1.1.2. Table of Contents

A table of contents should be included as the second page of the proposal with each section of the proposal included and with a page number for the first page of each section.

3.1.1.3. Format Requirements

Proposals must be prepared simply and economically, providing a straightforward, concise description of the Applicant's ability to meet the requirements of the RFP. Each proposal must provide all the information detailed in this RFP using the format described below. The narrative portion of the proposal must be presented in print size of 12, using a Times New Roman font, single spaced on 8.5" by 11" sheets of paper with minimum margins of 1". For each section where it is required, the Applicant must fully answer all listed questions in the outline form in which they are presented in the RFP. Answers to each question must be numbered/lettered and correspond to the numbered/lettered questions in this RFP. Failure to number and letter the questions or to respond to all questions may result in the proposal's being considered non-responsive. Each attachment, appendix or addendum must reference the corresponding section or subsection number.

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Applicants are required to limit their narrative responses to 10 single-spaced pages. This page limit includes sections 3.1.2.1.-3.1.2.5. below. There are no limitations for the cost proposal and operation documentation requirements, sections 3.1.2.6. and 3.1.2.7. If you have responded to a requirement in another part of your proposal, make reference to that section and do not repeat your response. Applicants whose narrative exceeds 10 single-spaced pages may have their proposals considered non-responsive and be disqualified.

3.1.2. Proposal Content

The proposal should follow the format below. Information should be complete and demonstrate that the consultant can perform the required work in a professional manner.

3.1.2.1. Applicant Profile/Statement of Qualification/Relevant Experience

Provide company contact information, including how long you have been in business, and the specific services you provide. Please provide a brief narrative description of the purpose, corporate status (profit or non-profit), and organizational structure of the company. Organizational charts may be used to support appropriate aspects of this narrative and included as an attachment to your proposal. Identify and briefly describe related work completed in the last three years. Describe only work related to the proposed effort and include any examples of similar work in governmental, non-profit, or human services-related organizations. Include evidence of satisfactory and timely completion of similar work performed for past projects. Provide information and a description of any relevant accreditation activities conducted by your agency.

3.1.2.2. Project Understanding and Proposed Scope of Work

Prepare a brief introduction including a general demonstration of understanding of the scope and complexity of the required work. Provide a description of how the proposed services will be provided. Please include a description of each item identified in the scope of work section (Section 2.2.) and describe creative solutions and alternative approaches where feasible. Please describe how you would prefer work be developed, shared, mutually agreed upon, and assessed by CBH.

3.1.2.3. Personnel

Identify key personnel who will be assigned to this project. Detail their experience in work related to the proposed assignment. Specify the Project Manager who will serve as a contact person. Provide resumes and job descriptions for all individuals proposed to participate in the project. Provide copies of certifications of any individual whose job description requires a certification. In this section, also state the intention, if that is the case, to utilize subcontractors to perform any of the work for this project. For each subcontractor, provide the name and address of the subcontractor, a description of the work the subcontractor will provide, and whether the subcontractor will assist in fulfilling the goals for inclusion of minority, woman, or disabled owned businesses.

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3.1.2.4. References

Please include references with contact information from at least three organizations that have used your organization's services in the past three years and have been customers for a minimum of 12 months.

3.1.2.5. Project Plan and Timeline

Provide a description of the project plan and timeline for providing ASAM Alignment Monitoring and related services being sought through this RFP, including:

- ➔ Timeline of key implementation activities and anticipated start date
- ➔ Timeline for completion of CY 2023 ASAM auditing activities
- ➔ Timeline and work plan for completing the CY 2024 ASAM auditing activities.

3.1.2.6. Cost Proposal

Please provide a cost proposal based upon your best understanding of the scope of the project and the services to be delivered. This cost proposal should include the total estimated cost for this project, itemized by the expected project deliverables detailed in section 2.2. This cost proposal should also include the provision of a detailed list of charges for services. The list of services should include, but not be limited to:

1. Hourly personnel rates for all staff assigned to this project
2. Fees for subcontractors
3. Reimbursable rates for expenses such as printing, copies, etc.
4. Other miscellaneous costs and fees

Final rates will be determined in negotiations with the qualified Applicant after the proposal submissions have been reviewed and contract negotiations have begun. Although CBH may begin contract negotiations based on the submitted proposal, CBH reserves the right to have discussions with those Applicants falling within a competitive range and to request revised pricing offers from them and to make an award or conduct negotiations thereafter.

3.1.2.7. Operational Documentation and Requirements

Please make sure to include completed and signed (where applicable) attachments with your submission:

- ➔ Attachment A: [CBH Administrative RFP Response Cover Sheet](#)
- ➔ Attachment B: [City of Philadelphia Tax and Regulatory Status and Clearance Statement](#)

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- ➔ Attachment C: [City of Philadelphia Disclosure Forms](#)
- ➔ Attachment D: [City of Philadelphia Disclosure of Litigation Form](#)
- ➔ Attachment E: [CBH Administrative Procurement Terms and Conditions/Acknowledgement Form](#)
- ➔ Attachment F: [Attestation of Qualifications](#)

Additionally, in this section, please include the following information, either within the section itself or by reference to an attachment to your proposal:

- ➔ Tax Identification Number
- ➔ Letter attesting that all required federal, state and local taxes (including payroll taxes) for the past 12 months have been paid
- ➔ In the case of for-profit organizations, group or individual practices, disclosure of any person or entity holding any shared ownership or controlling interest of 5% or more.
- ➔ M/W/DSBE Status: For-profit Applicants

3.2. Selection Process

An application review committee will review all responses to this RFP. Based on the criteria detailed below, the committee will make recommendations concerning the submissions that are best able to meet the goals of the RFP.

Submissions will be reviewed based upon the merits of the written response to the RFP. Specific scoring criteria upon which the review will be based include:

3.2.1. Threshold Requirements

Threshold requirements provide a baseline for all proposals, which means they provide basic information that all Applicants must meet. Failure to meet these requirements may disqualify an Applicant from consideration through this RFP. Threshold requirements include timely submission of a complete application with all sections outlined in 3.1.2.7. completed. Threshold requirements include having the requisite experience and qualifications to implement the program and being a vendor in good standing with the City and CBH.

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Threshold requirements also include consideration of the Applicant’s financial status, including any potential delinquencies to the City and CBH. Proposals may be rejected, if, in CBH’s judgment, the Applicant has failed to provide all information required by this RFP; has been delinquent or unfaithful in the performance of any contract with CBH or others; is delinquent, and has not made arrangements satisfactory to CBH with respect to the payment of city taxes or taxes collected by the City, or other indebtedness owed to the City or other taxing authorities; is not in compliance with regulatory codes applicable to Applicant; is financially or technically incapable; or is otherwise not a responsible Applicant.

CBH reserves the right to conduct investigations with respect to financial, technical, and other qualifications, and references without notice to the Applicant.

3.2.2. Scoring by Review Committee

Applicants that do not meet all the threshold requirements may have their proposals disqualified. For Applicants meeting the threshold requirements, the scoring criteria for this RFP upon which the review will be based are as follows:

- ➔ Agency and staff qualifications
- ➔ Quality of implementation and ongoing work plan
- ➔ Demonstration of agency capacity to complete the required audits for both CY 2023 and 2024.
- ➔ Pricing proposal

3.2.3. M/W/DSBE and Local Businesses

Special consideration will be given for the following:

- ➔ Businesses owned and controlled by minorities, women, and disabled persons
- ➔ Philadelphia-based applicants

4. PROPOSAL ADMINISTRATION

4.1. Procurement Schedule

The anticipated procurement schedule is as follows:

<i>RFP Event</i>	<i>Deadline Date</i>
RFP Issued	July 12, 2023

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RFP Event	Deadline Date
Deadline to Submit Questions	July 25, 2023
Answers to Questions on Website	August 1, 2023
Application Submission Deadline	2:00 p.m. ET on August 8, 2023
Applicants Identified for Contract Negotiations	September 1, 2023

CBH reserves the right to modify the schedule as circumstances warrant.

This RFP is issued on **July 12, 2023**. In order to be considered for selection, all applications must be delivered to the email address below **no later than 2:00 PM on August 8, 2023**.

- Application emails should be titled “ASAM Alignment Monitoring RFP.” Applications submitted by any means other than submission to the email below will not be accepted.
- Applicants must submit an electronic version of the application prepared as a PDF document; please e-mail to hans.leach@phila.gov.
- Applications submitted after the deadline date and time will be returned.
- The individual Applicant or an official of the submitting agency, authorized to bind the agency to all provisions noted in the application, must sign the cover sheet of the application (See Attachment A).

4.2. Questions Relating to the RFP

All questions concerning this RFP must be submitted in writing via email to Hans Leach at hans.leach@phila.gov by July 25, 2023. CBH will respond to questions it considers appropriate to the RFP and of interest to all Applicants, but reserves the right, in its discretion, not to respond to any question. Responses will be posted on the CBH website by August 1, 2023. Responses posted on this website become part of the RFP upon posting. CBH reserves the right, in its discretion, to revise responses to questions after posting, by posting the modified response. No oral response to any Applicant question by any CBH employee or agent shall be binding on CBH or in any way considered to be a commitment by CBH.

Contact regarding this RFP with CBH or related staff other than the individual named above, is not permitted and failure to comply with this restriction could result in disqualification.

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4.3. Interviews/Presentations

Applicants may be required to make an oral presentation concerning various aspects of their application to CBH. Such presentations provide an opportunity for Applicants to clarify their application to ensure a thorough and mutual understanding. CBH will schedule such presentations on an as-needed basis.

APPENDIX A: PA RESIDENTIAL LOC MONITORING TOOL, INFRASTRUCTURE REVIEW

Attached below.

APPENDIX B: PA RESIDENTIAL LOC MONITORING TOOL, RECORD REVIEW

Attached below.

CBH ASAM Alignment RFP

Appendix A: PA Residential LOC Monitoring Tool, Infrastructure Review

Residential Agency Infrastructure Review Tool					Instructions:	
Section 1			General Information.		General Information.	
Numbering	Question	Question	Response			
1.00	Level of Care (LOC):	Level of Care (LOC):				
1.01	Facility Name:	Facility Name:				
1.02	Facility ID Number:	Facility ID Number:				
1.03	Facility Address:	Facility Address:				
1.08	Number of Beds:	Number of Beds:				
1.09	Facility is Accepting New Residents:	Facility is Accepting New Residents:				
1.11	Facility Manager Name:	Facility Manager Name:				
1.12	Facility Manager Phone Number:	Facility Manager Phone Number:				
1.13	Review Date:	Review Date:	MM/DD/YYYY			
1.14	Documentation Reviewed:	Documentation Reviewed:				
1.15	Documentation Received Date:	Documentation Received Date:	MM/DD/YYYY			
1.16	Documentation Request Date:	Documentation Request Date:	MM/DD/YYYY			
1.17	Review Team Members:	Review Team Members:				
1.18	Name of any other individuals present during review and relationship:	Name of any other individuals present during review and relationship:				
1.19	Follow-up required from previous review(s)?	Follow-up required from previous review(s)?				
1.21	Documentation regarding follow-up notations made during previous	Documentation regarding follow-up notations made during previous review(s):				
1.22	Oversight responsibility (DDAP, OMHSAS, etc.):	Oversight responsibility (DDAP, OMHSAS, etc.):				
Section 2						
Infrastructure Review Summary Rating						
Numbering	Question	Rating/ Narrative				
2.1	What is the summary rating for this Infrastructure?					
2.2	Describe the justification of the summary rating, immediate action taken, and follow-up needed.	1 = Substantial alignment: Follow-up in 3 years 2 = Not aligned in minor areas: Follow-up in 1 -2 years 3 = Not aligned in primary areas: Follow-up in 6 months - 1 year 4 = Not aligned in significant key areas: Follow-up in 3-6 months				
2.3	Follow-up date required:					
Numbering	LOC	Question	Scoring Finding	Documentation Source	Notes and/or describe any deviations from the requirements and document support for any findings - link to information found in Policies and Procedures or submitted documents	Source (Add Any Other Sources to the Notes in Column F)
Section 3			Scoring Results Section 3			
Provider Assessment: Purpose is to determine if provider is using correct ASAM criteria for admission and continued stay review for each LOC through policy and procedure review (P&P review). (The minimum requirements for licensure are found in 709.51 and 711.51 regulations.) Is the provider using the correct criteria?			Yes - 0 No - 0			
3.1	ASAM 3.1, ASAM 3.5, ASAM 3.7, ASAM 3.7-WM: Admission Criteria	The facility has documentation that the admission criteria utilized by the program matches the ASAM admission criteria for the identified LOC.				ASAM p.165-173, 228-234, 254-264, 272-279 See separate Admission Criteria tab Document Review Item #1
3.2a	ASAM 3.1 & ASAM 3.5: Biopsychosocial Assessment	The facility has documentation requiring: <ol style="list-style-type: none"> An individualized, comprehensive biopsychosocial assessment of the patient's SUD The biopsychosocial assessment is conducted or updated by staff who are knowledgeable about addiction treatment. 				ASAM (2013) Criteria, p 226 & 252-253

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Appendix A: PA Residential LOC Monitoring Tool, Infrastructure Review

3.2b	ASAM 3.1 & ASAM 3.5: Biopsychosocial Assessment	The facility has documentation requiring that the biopsychosocial assessment is focused on the patient's:			ASAM (2013) Criteria, p 252-253	
		1. Strengths				4
		2. Needs				4
		3. Abilities				4
		4. Preferences				4
5. Desired goals.			4			
3.2.c	ASAM 3.7: Biopsychosocial Assessment	The facility has documentation requiring:			ASAM (2013), p 270	
		1. An individualized, comprehensive biopsychosocial assessment of the patient's SUD.				4
		2. Biopsychosocial assessment is conducted or updated by staff who are knowledgeable about addiction treatment.				4
		3. Biopsychosocial assessment is used to confirm the appropriateness of the placement at Level 3.7 and 4. Biopsychosocial assessment is used to guide the individualized treatment planning process.				4
3.2.d	ASAM 3.7WM: Biopsychosocial Assessment	The facility has documentation requiring sufficient biopsychosocial screening assessments to determine:			ASAM (2013) p. 140	
		1. The level of care in which the patient should be placed				4
		2. Treatment priorities to be addressed in the individualized care plan in Dimensions 2-6.				4
3.2.e	ASASAM 3.1, ASAM 3.5 & ASAM 3.7: Six Dimensions of ASAM	The facility has documentation requiring that the biopsychosocial assessment addresses the six dimensions of the ASAM Criteria.			ASAM (2013), p 226, 253, 272	4
3.3.a	ASAM 3.1, ASAM 3.5, ASAM 3.7: Biopsychosocial Assessment	The facility has documentation that the Biopsychosocial assessment is used to help guide the individualized treatment planning process.			ASAM (2013) p 226, 252-253, 270	4
3.3.b	ASAM 3.1, ASAM 3.5, and ASAM 3.7: Treatment Plan	The facility has documentation that the treatment plan is developed in collaboration with the patient and reflects the patient's personal goals.			ASAM (2013) p226, 253, 270	4
3.3.c	ASAM 3.7WM: Treatment Plan	The facility has documentation requiring individualized treatment plans which include:			ASAM (2013) p 140	
		1. Problem identification in Dimensions 2-6,				4
		2. Development of treatment goals and measurable treatment objectives				4
		3. Activities designed to meet those objectives.				4
3.3.d	ASAM 3.1: Treatment Plan	The facility has documentation that the treatment plan addresses:			ASAM (2013) p226	
		1. Problems				4
		2. Needs				4
		3. Strengths				4
		4. Skills				4
3.3.e	ASAM 3.1: Treatment Plan	The facility has documentation that the treatment plan includes:			ASAM (2013) p226	
		1. Priority problem formation				4
		2. Articulation of short-term, measurable treatment goals				4
		3. Activities designed to achieve those goals.				4
3.3.f	ASAM 3.5 and ASAM 3.7: Treatment Plan	The facility has documentation that the treatment plan includes:			ASAM (2013) p253 & 270	
		1. Problem formation				4
		2. Articulation of short-term, measurable treatment goals				4
		3. Activities designed to achieve those goals.				4
3.4.a	ASAM 3.1 and ASAM 3.5: Physical Exam	The program has a policy that reflects the reasonable time period a physical examination is performed, as determined by the patient's medical condition.			ASAM (2013) p 226 & 253	2
3.4.b	ASAM 3.7: Physical Exam	The program has a policy that reflects that:			ASAM (2013), p. 270	
		1. A physical examination must be performed by a physician within 24 hours of admission,				3
		2. Within 24 hours of admission, the facility physician must review and update the record of a physical examination conducted no more than seven days prior to admission				3
3.4.c	ASAM 3.7 WM: Physical Exam	The program has a policy that reflects:			The ASAM (2013), p. 140	
		1. A physical examination is conducted by a physician, physician assistant, or nurse practitioner within 24 hours of admission				3
		2. The physical examination includes appropriate laboratory and toxicology tests.				2
		3. If Level 3.7 WM withdrawal management services are step-down services from Level 4-WM, records of a physical examination within the preceding 7 days are evaluated by a physician within 24 hours of admission.				3

CBH ASAM Alignment RFP

Appendix A: PA Residential LOC Monitoring Tool, Infrastructure Review

3.5	ASAM 3.7-WM: Initial Assessment	The facility has documentation reflecting that an addiction focused history obtained as part of the initial assessment and reviewed by the physician or physician extender during the admission process.				The ASAM Criteria, p. 140	3
Section 4	Utilization Review, Continued Services		Yes - 0	Scoring Results Section 4 (Totals will add Question 4.1 #1 based on: an answer of "Yes" count as a "No" and an answer of "No" counts as a "Yes")			
			No - 0				
			N/A - 0				
4.1	ASAM 3.1, ASAM 3.5, ASAM 3.7: Service Reviews	The provider has a process in place to conduct continued service reviews that are individualized, person centered, and based on the clinical assessment and needs of the client.			Answer should be a No	Continued Service and Transfer/Discharge Criteria The ASAM Criteria, p. 299-306 Document Review Item #6	
		1. The documents indicate a fixed length of stay (such as a 3-day detox or 28-day rehab stay).					4
		2. There is a protocol for completing continued stay reviews based on patient progress.					1
		3. The continued stay protocol incorporates the 6 dimensions of ASAM.					1
		4. The continued stay protocol includes updating the treatment plan to reflect progress.					1
4.2	ASAM 3.7-WM: Initial Assessment: WM Length of Service, Continued Stay, Discharge Criteria	WM Length of Service, Continued Stay, Discharge Criteria:				The ASAM Criteria, p. 141	
		1. Does the withdrawal management program have discharge criteria?					1
		2. Is there a protocol for referrals to a higher LOC if the 3.7-WM program if patients are not responding to treatment or symptoms are intensifying?					3
Section 5	Interventions are appropriate to diagnosis and LOC — UM approaches have been implemented to ensure that interventions are appropriate to the diagnosis and LOC. Facilities have written documentation that outlines a standard being utilized for UM/continued stay criteria by the provider for admission is incorporated into routine clinical reviews/supervisor reviews of progress notes and treatment plans as outlined in 4.2. At a minimum, the facilities must review with individualized frequency not to exceed the requirements at 709.52 and 711.52. Are the interventions appropriate once the individual is placed in the correct LOC?		Yes - 0	Scoring Results Section 5			
			No - 0				
			N/A - 0				
5.1							
5.1.a	ASAM 3.1, ASAM 3.5, ASAM 3.7, ASAM 3.7-WM: Documentation Standards	Does the facility have documentation standards that address documentation of progress toward achieving identified goals and objectives?				ASAM (2013) p140, 226, 253, 270-271 Document Review Item #8	2
5.1.b	ASAM 3.1, ASAM 3.5, ASAM 3.7, ASAM 3.7-WM: Evidence Based Interventions	Do the documentation requirements include documentation of evidence-based interventions used and the patient's response to those interventions?				ASAM (2013) p140-141, 227, 254, 271 Document Review Item #8	2
5.1.c	ASAM 3.1, ASAM 3.5, ASAM 3.7, ASAM 3.7-WM: Treatment Plan Reviews	Do the documentation requirements require regular review and amendments to the treatment plan where indicated?				ASAM (2013) p141, 227, 254, 271 Document Review Item #8	3
5.2							
5.2.a	ASAM 3.1, ASAM 3.5, ASAM 3.7-WM, ASAM 3.7: Treatment Plan Reviews	Do the documentation requirements specify timeframes for review of the treatment plan?				The ASAM Criteria, p. 141, 227, 254, 271 Document Review Item #3	2
5.2.b	ASAM 3.1, ASAM 3.5, ASAM 3.7-WM, ASAM 3.7: Treatment Plan	Do the documentation requirements specify how the patient is included in the treatment planning process?				The ASAM Criteria, p. 140, 226, 253, 270 Document Review Item #3	2
5.2.c	ASAM 3.1, ASAM 3.5, ASAM 3.7-WM, ASAM 3.7: Treatment Plan	Do the documentation requirements specify a process for updating treatment plan to reflect current issues and maintain relevance to patient's current status?				The ASAM Criteria, p. 141, 227, 254, 271 Document Review Item #3	2
5.2.d	ASAM 3.7WM: ASAM Criteria Use	Do the documentation requirements specify application of the ASAM criteria daily to patient to determine continued appropriateness of the 3.7WM level of care?				The ASAM Criteria, p. 140 Document Review Item #3	2
5.3	ASAM 3.7-WM: Withdrawal	Do the documentation requirements specify withdrawal scales and/or flow sheets to be used to measure any withdrawal symptoms?				The ASAM Criteria p. 141	3
Section 7	Types of services — Purpose is to ensure that policy, procedures, and practices includes activities each day that meets the needs of the patient as defined in their individual treatment plan.		Yes - 0	Scoring Results Section 7			
			No - 0				
			N/A - 0				
7.01	ASAM 3.1: Therapies	Therapies — a schedule of clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery (e.g., personal responsibility, personal appearance, and punctuality) and to develop and practice prosocial behaviors.				The ASAM Criteria, p. 225,	2
7.02	ASAM 3.1: Therapies	Planned clinical program activities to stabilize and maintain stabilization of the patient's addiction symptoms, and to help him or her develop and apply recovery skills. Activities may include relapse prevention, exploring interpersonal choices and development of a social network supportive of recovery.				The ASAM Criteria, p.222-224, 225	3

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7.03	ASAM 3.1: Drug Screening	Random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan. NOTE: If the facility has the other chemotherapy license (715), which are narcotic treatment programs, the licensure staff will review urine testing under 715.14 regulations. Applies to: ASAM 3.1.				The ASAM Criteria, p. 225 Document Review # 3, 9 & 12	3
7.04	ASAM 3.1: Motivational Therapies	Motivational enhancement and engagement strategies appropriate to the patients stage of readiness and desire to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies. There is documentation to support the facility utilizes motivational enhancement techniques in preference to confrontation strategies. Applies to: ASAM 3.1				The ASAM Criteria, p. 225 Document Review Item #4	3
7.05	ASAM 3.1: Counseling and Clinical Monitoring	ASAM 3.1: Counseling and clinical monitoring to support successful initial involvement or reinvolverment in regular, productive daily activity (such as work or school) and, as indicated, successful reintegration into family living. Health education services are provided. There is documentation to support the facility offers rehabilitative activities.				The ASAM Criteria, p. 225-226 Document Review Item #12	3
7.06	ASAM 3.1: Medication Adherence	Monitoring of the patient's adherence in taking any medications.				The ASAM Criteria, p. 226 Document Review Item #17	
		1. Program has documentation describing how to monitor patient adherence to prescribed medications and/or any permitted OTC medications or supplements.					2
		2. Program has documentation describing methods for safe medication storage.					2
		3. Program has documentation describing standards for administration and storage of medications follow regulations and standard practices.					2
7.07	ASAM 3.1: Recovery Support Services	ASAM 3.1: Recovery Support Services Documentation supports access to and scheduled activities and interventions supporting recovery support services.				The ASAM Criteria, p. 226 Document Review #12 & 22	2
7.08	ASAM 3.1: Family Services	ASAM 3.1: Services for the patient's family and significant others, as appropriate. There is documentation describing services the facility provides to family and significant others.				The ASAM Criteria, p. 226 Document Review Item #13	3
		There is documentation describing when and how services are offered to families and significant others					3
		There is documentation describing how family services are provided if accepted					3
7.09	ASAM 3.1: Care Coordination	Programs have direct affiliations with other levels of care, or close coordination through referral to more and less intensive levels of care and other services (e.g., vocational assessment and training, literacy training, and adult education). • The program has documentation for how it coordinates with providers delivering concurrent care (e.g., when a patient is also in Opioid Treatment Services).				The ASAM Criteria, p. 224 Document Review Item #14	2
7.10	ASAM 3.1: Documentation	The program has documentation describing the utilization of and referral process for:				The ASAM Criteria, p. 224 Document Review Item #16	
		1. Lab services					1
		2. Drug testing					1
7.11	ASAM 3.1: Pharmacology	Introduction to pharmacotherapy: Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapies as a tool to manage his or her addictive disorder. There is documentation related to how the facility addresses pharmacotherapy resources to the patients enrolled in the facility.				The ASAM Criteria, p. 226	4
7.12	ASAM 3.5: Daily Clinical Services	Therapies — Is there evidence of daily clinical services that improve the patient's ability to structure and organize the tasks of daily living and recovery (such as personal responsibility, personal appearance, and punctuality)?				The ASAM Criteria, p. 251 Document Review Item #9, 10 & 22	3
		Is there evidence of daily clinical services that improve the patient's ability to develop and practice prosocial behaviors?					2
7.13	ASAM 3.5: Clinical Program Activities	1. Is there evidence of planned clinical program activities that stabilize and maintain stabilization of the patient's addiction symptoms?				The ASAM Criteria, p. 251 Document Review Item #11	3
		2. Is there evidence of planned clinical program activities that help them develop and apply recovery skills?					3
		Activities may include relapse prevention, exploring interpersonal choices and development of a social network supportive of recovery					
7.13.a	ASAM 3.5: Reinvolverment	Is there evidence of counseling and clinical monitoring to promote successful initial involvement of reinvolverment in regular, productive daily activity, such as work or school?				The ASAM Criteria, p. 251	3
7.14	ASAM 3.5: Drug Screening	Evidence of random drug screening to monitor drug use and reinforce treatment gains as appropriate to the patients' individual treatment plan.				The ASAM Criteria, p. 251 Document Review #3, 9, & 12	3
7.15	ASAM 3.5: Evidence Based Services	1. Is there evidence of a range of evidence-based cognitive, behavioral and other therapies administered on an individual basis? (including medication education and management, addiction pharmacotherapy, educational skill building groups, and occupational or recreational activities)				The ASAM Criteria, p. 251 Document Review #11	3
		2. Is there evidence of a range of evidence-based cognitive, behavioral and other therapies administered on a group basis? (including medication education and management, addiction pharmacotherapy, educational skill building groups, and occupational or recreational activities)					3
		3. Is there evidence of how programming is adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities?					3
7.16	ASAM 3.5: Motivational and Engagement Strategies	1. Is there evidence that motivational enhancement and engagement strategies are used?				The ASAM Criteria, p. 251 Document Review #4	3
		2. Is there evidence that strategies are appropriate to the patient's stage of readiness and desire to change?					3

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		3. Is there evidence of confrontational strategies?			Answer should be a No			3
7.17	ASAM 3.5: Counseling and Clinical Interventions	1. Is there evidence that counseling and clinical interventions facilitate teaching the patient the skills needed for productive daily activity?					The ASAM Criteria, p. 251 Document Review #12	3
		2. Is there evidence that counseling and clinical interventions facilitate teaching the patient the skills needed for successful reintegration into family living?						2
		3. Is there evidence that health education services are provided?						2
7.18	ASAM 3.5: Prescription Drug Adherence	Evidence of regular monitoring of the patient's adherence in taking any prescribed medications.					The ASAM Criteria, p. 252 Document Review #17	2
7.19	ASAM 3.5: Clinical Activities	Is there evidence of planned clinical activities to enhance the patient's understanding of their substance use and/or mental disorders?					The ASAM Criteria, p. 252 Document Review #22	3
7.20	ASAM 3.5: Recovery Skills	Is there evidence of daily scheduled professional services, including interdisciplinary assessments and treatment, designed to develop and apply recovery skills? (Services include relapse prevention, exploring interpersonal choices, development of a social network supportive of recovery, medical services, nursing services, individual and group counseling, psychotherapy, family therapy, educational and skill building groups, occupational and recreational therapies, art, music, or movement therapies; physical therapy, and vocational rehabilitation activities)					The ASAM Criteria, p. 252 Document Review #22	3
7.21	ASAM 3.5: Planned Community Reinforcement	Is there documentation that supports planned community reinforcement? (evidenced by: programming designed to foster prosocial values, a prosocial milieu and community living skills)					The ASAM Criteria, p. 252 Document Review #12 & 22	2
7.22	ASAM 3.5: Family Services	Does the programming include services for the patient's family and significant others?					The ASAM Criteria, p. 252 Document Review #13	3
		There is documentation describing when and how services are offered to families and significant others						3
		There is documentation describing how family services are provided if accepted						3
7.23	ASAM 3.5: Professional Services	Does the program have telephone or in-person consultation with a physician, or a physician assistant, or nurse practitioner; emergency services available 24 hours per day, 7 days per week?					The ASAM Criteria, p. 249 Document Review #15	2
7.24	ASAM 3.5: Appropriate Care	1. Is there documentation that demonstrates medical care appropriate to the severity of the patient's condition?					The ASAM Criteria, p. 249, 251 Document Review #16	3
		2. Is there documentation that demonstrates psychiatric care appropriate to the severity of the patient's condition?						3
		3. Is there documentation that demonstrates psychological care appropriate to the severity of the patient's condition?						3
		4. Is there documentation that demonstrates laboratory and toxicology services appropriate to the severity of the patient's condition?						2
7.25	ASAM 3.5: Addiction Pharmacology	Is there documentation that demonstrates inclusion of addiction pharmacotherapy?					The ASAM Criteria, p. 251	3
7.26	ASAM 3.7: Clinical Services	Evidence of daily clinical services (provided by an interdisciplinary treatment team) to assess and address the patients' individual needs. These services may involve appropriate medical and nursing services, individual, group, family and activity services					The ASAM Criteria, p. 269	2
7.27	ASAM 3.7: Clinical Services	Evidence of planned clinical program activities to stabilize the acute addictive and/or psychiatric symptoms. Activities may include pharmacological, cognitive- behavior and other therapies administered on an individual or group basis and should be adapted to the patients' level					The ASAM Criteria, p. 269	3
7.28	ASAM 3.7: Drug Screening	Evidence of random drug screening to monitor drug use and reinforce treatment gains as appropriate to the patients' individual treatment plan.					The ASAM Criteria, p. 269	2
7.29	ASAM 3.7: Counseling and Clinical Monitoring	Evidence that there is counseling and clinical monitoring to promote successful initial involvement or re-involvement in and skill building for regular, productive daily activity (such as work or school) and; as indicated, successful reintegration into family living.					The ASAM Criteria, p. 269	3
7.30	ASAM 3.7: Evidence Based Practices	Evidence that evidence-based practices (e.g.: motivational enhancement strategies) and interventions are appropriate to the patients' state of readiness to change or are designed to facilitate the patients understanding of the relationship between his/her substance use disorder and attendant life issues.					The ASAM Criteria, p. 269	2
7.31	ASAM 3.7: Prescribed Medications	Evidence of regular monitoring of the patient's adherence in taking any prescribed medications.					The ASAM Criteria, p. 269	2
7.32	ASAM 3.7: Nursing	Evidence that there is an appropriately credentialed and licensed nurse responsible for monitoring the patients' progress and medication administration.					The ASAM Criteria, p. 267	2
7.33	ASAM 3.7: Clinical Activities	Evidence that there are planned clinical program activities designed to enhance the patients understanding of his/her substance use and/or mental disorder.					The ASAM Criteria, p. 269	2
7.34	ASAM 3.7: Assessments	Evidence of an alcohol or other drug-focused nursing assessment completed at time of admission.					The ASAM Criteria, p. 266-267	2
7.35	ASAM 3.7: Family Services	1. Evidence that there are services for patients family and significant others, when applicable.					The ASAM Criteria, p. 269	3
		2. There is documentation describing when and how services are offered to families and significant others						3
		3. There is documentation describing how family services are provided if accepted						3
7.36	ASAM 3.7: Specialty Services	Evidence that there are additional medical specialty consultations, psychological, laboratory and toxicology services available onsite, through consultation or referral.					The ASAM Criteria, p. 267	1
		Therapies — daily clinical services assess and address the needs of each patient. Such clinical services may include appropriate medical services, individual and group therapies, and withdrawal support.						
		1. Does the facility have documentation standards that require assessing* for the need for and documentation of the following therapies as clinically necessary, depending on the patient's progress through withdrawal management, and the assessed needs in Dimensions 2-6: Hourly nurse monitoring of the patient's progress and medication administration?						3

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7.37	ASAM 3.7-WM: Therapies	2. A range of cognitive, behavioral, medical, mental health, and other therapies designed to enhance the patient's understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment and delivered on an individual and/or group basis?			The ASAM Criteria, p. 140 Document Review Item #9 & 10 & 22	2
		3. Multidisciplinary individualized assessment and treatment?				3
		4. Health and education services?				2
		5. Services to families and significant others?				2
7.38	ASAM 3.7-WM: Assessments	Evidence of documentation that the program required an alcohol or other drug-focused nursing assessment completed at time of admission.			The ASAM Criteria, p. 140 Document Review Item #9 & 10, 15 & 16	3
7.39	ASAM 3.7-WM: Documentation	Documentation Evidence of documentation that the program required documentation in progress notes in the patient record that clearly reflect implementation of the treatment plan.			The ASAM Criteria, p. 141	2
7.40	ASAM 3.7-WM: Documentation	Evidence of documentation that the program required documentation in progress notes in the patient record that reflect the patient's response to treatment.			The ASAM Criteria, p. 141	2
7.41	ASAM 3.7-WM: Documentation	Evidence of documentation that the program required documentation in progress notes in the patient record that reflect and subsequent amendments to the treatment plan			The ASAM Criteria, p. 141	2
7.42	ASAM 3.7-WM: Support Systems	Support systems need to be readily available to the program through affiliation or contract. ASAM 3.7-WM: Evidence of documentation requiring the Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems. Referral arrangements made as needed.			The ASAM Criteria, p. 139	2
7.43	ASAM 3.7-WM: Documentation	Evidence of documentation requiring the availability of medical nursing care as warranted, based on clinical judgment			The ASAM Criteria, p. 139	2
7.44	ASAM 3.7-WM: Documentation	The program has arranged for medical, laboratory, and toxicology services, as appropriate to the severity of the patient's condition. Evidence of documentation requiring that the program have the ability to conduct or arrange for appropriate laboratory and toxicology tests.			The ASAM Criteria, p. 139-140	2

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Section 8	Staffing: hours of clinical care — policy and procedures that reflect the delivery of individualized service hours.	Yes - 0	Scoring Results Section 8				
		No - 0					
		N/A - 0					
8.1.a	ASAM 3.1, ASAM 3.5, ASAM 3.7: Documentation - Clinician Availability	The provider has documentation that one or more clinicians with competence in the treatment of SUDs are available onsite or by telephone 24 hours day.				The ASAM Criteria, p. 139–140, 224, 250, 268 Document Review Item #20 & 21	3
8.1.b	ASAM 3.1: Documentation - Availability	The provider has documentation of: 1. Allied health professional staff, such as counselor aides or group living workers, are available on-site 24 hours a day or as required by the licensing regulations. 2. Clinical staff who are knowledgeable about the biological and psychological dimensions of SUDs and their treatment, and are able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation.				The ASAM Criteria, p. 224	3 3
8.1.c	ASAM 3.7: Documentation - Professional Services	The provider has documentation of clinical staff knowledgeable about the biological and psychosocial dimensions of addiction and other behavioral health disorders, and with specialized training techniques and evidence-based practices. The staff is able to provide a planned regimen of 24-hour, professionally directed evaluation, care, and treatment services (including administration of prescribed medications).				The ASAM Criteria, p. 268	3
8.1.d	ASAM 3.7-WM: Documentation - Licensed, Certified, or Registered Clinicians	The provider has documentation of a team of Licensed, certified, or registered clinicians who: 1. Provide planned regimen of 24 hour professionally directed evaluation, care, and treatment services for patients and their families. Interdisciplinary team of appropriately trained clinicians (physicians, physician extenders, nurses, counselors, social workers, and psychologists). 2. Are available to assess and treat the patient and to obtain and interpret information regarding patient needs 3. The number and disciplines of team members are appropriate to the range and severity of the individual patient's problems.				The ASAM Criteria, p. 140	3 3 3
8.2.a	ASAM 3.7-WM: Documentation - Clinician Availability	The facility has documentation that Physician or Physician Extenders (including physician's assistants and nurse practitioners): 1. Are available 24 hours a day by telephone. 2. Are available to assess the patient within 24 hours of admission or earlier. 3. Are available to provide on-site monitoring of care and further evaluation daily.				The ASAM Criteria, p. 139	3 3 3
8.2.b	ASAM 3.1, 3.5: Documentation - Clinician Availability	The facility has documentation of: 1. Physician or Physician Extenders (including physician's assistants and nurse practitioners) are available 24 hours a day, 7 days per week by telephone or in person. 2. Emergency services, available 24 hours a day, 7 days per week.				The ASAM Criteria, p. 224, 249	3 3
8.2.c	ASAM 3.7-WM: Documentation - Nursing	The facility has documentation that Registered Nurses or other licensed and credentialed nurses: 1. Oversee the monitoring of patient's progress and medication administration 2. Can do so on an hourly basis, if needed. 3. Level of nursing care is appropriate to the severity of individual patient needs.				The ASAM Criteria, p. 139-140	3 3 3
8.3.a	ASAM 3.5: Documentation - Psychiatric Services	The facility has evidence that: Psychiatric services are available through consultation or referral .				The ASAM Criteria, p. 249-250	3
8.3.b	ASAM 3.7: Psychiatric Services Availability	The facility has evidence that: 1. Psychiatric services are available on-site, through consultation or referral, when a presenting issue could be attended to at a later time. 2. Such services are available within eight hours by telephone or 24 hours in person. 3. The facility has an available licensed physician who has specialty training and/or experience in addiction medicine or addiction psychiatry.				The ASAM Criteria, p. 267-268	3 3 3

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Section 11	Care Coordination — purpose is to ensure the facility has policies and procedures to address how an individuals clinical and non-clinical needs are met. Care coordination starts as soon as the client seeks treatment services and done throughout the entire treatment stay.	Yes - 0	Scoring Results Section 11				
		No - 0					
		N/A - 0					
11.1.a	ASAM 3.1, 3.5, 3.7: Documentation - Case Management	The facility has documentation standards regarding Case Management (CM).				The ASAM Criteria, p. 226, 253, and 270-271 Document Review Item #19	1
11.1.b	ASAM 3.1, 3.5, 3.7: Documentation - Case Management	The program has documentation that shows that CM is conducted by on-site staff.				The ASAM Criteria, p. 226, 253, & 270-271 Document Review Item #19	1
11.1.c	ASAM 3.1, 3.5, 3.7: Documentation - Case Management	The program has documentation standards outlining the activities of the CM, including coordination of:				The ASAM Criteria, p. 226, 253, & 270-271	
		1. Related addiction treatment					2
		2. Health care					2
		3. Mental health					2
		4. Social, vocational, and housing services					2
11.2	ASAM 3.1, 3.5, 3.7: Documentation - Coordination of Care	The program's documentation standards indicate that coordination of care is provided concurrently with treatment.				The ASAM Criteria, p. 226, 253, & 270-271	2
11.3	ASAM 3.1, 3.5, 3.7: Documentation - Case Management	The program's documentation standards indicate that CM activities are reflected in the treatment plan.				The ASAM Criteria, p. 226, 253, & 270-271	2
11.4	ASAM 3.1, 3.5, 3.7, 3.7-WM: Transfer/Discharge Aftercare	Transfer/Discharge aftercare planning includes:					
11.4.a	ASAM 3.1, 3.5, 3.7, 3.7-WM: Transfer/Discharge Aftercare	Review of the six ASAM Criteria dimensions as it relates to transfer and/or discharge decisions.				The ASAM Criteria, p. 224, 226, 246, 267, 300 Document Review Item #7	3
11.4.b	ASAM 3.1, 3.5, 3.7, 3.7-WM: Transfer/Discharge Aftercare	Identifying when transition planning will occur.				The ASAM Criteria, p. 224, 226, 246, 267, 300 Document Review Item #7	3
11.4.c	ASAM 3.1, 3.5, 3.7, 3.7-WM: Transfer/Discharge Aftercare	Discharge/transfer planning, beginning at admission.				The ASAM Criteria, p. 141, 299-306 Document Review Item #7	3
11.4.d	ASAM 3.1, 3.5, 3.7, 3.7-WM: Transfer/Discharge Aftercare	Identifying how transition planning is documented.				The ASAM Criteria, p. 224, 246, 267, 300 Document Review Item #7	3

General Comments

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Appendix B: PA Residential LOC Monitoring Tool, Record Review

Medical Record Review Form			Instructions:			
Section 1	General Information.		If cell is this shade, use drop down choices.			
1.00	LOC:		If cell is this shade, answers will auto populate.			
1.01	Facility Name:		If cell is this shading, data will be populated from the Facility Infrastructure sheet.			
1.02	Facility ID Number:		If cell has no shading, either requires freeform response or no answer.			
1.03	Facility Address:					
1.19	Follow-up required from previous review(s)?					
1.21	Documentation regarding follow-up notations made during previous review(s):					
1.22	Oversight responsibility (DDAP, OMHSAS, etc.):					
1.23	Entrance Conference review Column K — Findings from Desk Review on the onsite tab					
1.24	Exit Conference — review No findings from Column E and Narrative Columns G and H from onsite reviews and any findings noted on the onsite tab:					
1.26	Patient ID Number (deidentified):					
1.31	Medical Record Review Date:	MM/DD/YYYY				
1.32	Medical Record Dates of Service Start:	MM/DD/YYYY				
1.33	Medical Record Dates of Service End:	MM/DD/YYYY				
Section 2	Visit Summary Rating.					
2.1	What is the summary rating for this chart review?		1 = Substantial alignment: Follow-up in 3 years 2 = Not aligned in minor areas: Follow-up in 1 -2 years 3 = Not aligned in primary areas: Follow-up in 6 months - 1 year 4 = Not aligned in significant key areas: Follow-up in 3-6 months			
2.2	Describe the justification of the summary rating, immediate action taken, and follow-up needed:					
Numbering	LOC:	Question:	Finding	Notes and/or describe any deviations from ASAM and document finding from the Record Review — linking the ASAM dimension requirements to information found in the treatment and progress notes	Source/Criteria	Critical Ranking
Section 3	Provider Assessment: Purpose to determine if provider is using correct ASAM criteria for admission and continued stay review for each LOC provided.		Yes - 0 No - 0 N/A - 0	Scoring Results Section 3		
3.1	ASAM 3.1, ASAM 3.5, ASAM 3.7, ASAM 3.7-WM: Admission Criteria	Evidence in the medical record shows that: The admission criteria utilized by the program matches the admission criteria.			ASAM p.165–173, 228–234, 254–264, 272–279 See separate Admission Criteria tab	4
3.2.a	ASAM 3.1, 3.5, 3.7: Biopsychosocial Assessment	Evidence of a biopsychosocial assessment that:			ASAM Criteria p. 226, 253, 270 Examples of relevant information related to each dimension can be found on the Dimensional Criteria Tab	
		1. in individualized				4
		2. is comprehensive				4
		3. reflects relevant information related to each of the six dimensions				4
3.2.b	ASAM 3.1, 3.5, 3.7, 3.7WM: Six Dimensions Assessment	Evidence that risk rating and rationale for the risk rating is present for each of the six dimensions.			ASAM Criteria p. 57, 58	4
3.2.c	ASAM 3.1, 3.5, 3.7, 3.7WM: Biopsychosocial Assessment	The biopsychosocial assessment:			ASAM Criteria p. 140, 226, 252–253, 270–271	
		1. is used to confirm the appropriateness of the LOC placement				4
		2. is used to guide the individualized treatment planning process.				4
3.2.d	ASAM 3.1, 3.5, 3.7, 3.7WM: Biopsychosocial Assessment	The biopsychosocial assessment reflects the patient's:			ASAM Criteria p. 57, 58, 226, 252-253, 270	
		1. strengths				4
		2. needs				4
		3. abilities				4
		4. preferences				4
		5. desired goals.				4

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3.2.e	ASAM 3.1, 3.5, 3.7, 3.7WM: Assessment Completed by Appropriate Staff	Evidence of a credentialed counselor or clinician, a certified addiction registered nurse, a psychologist, or a physician conducted the assessment		ASAM Criteria p. 42	4
3.2.f	ASAM 3.1, 3.5, 3.7, 3.7WM: Interdisciplinary Team	If the counselor conducting the assessment identifies that any information gathered is outside of the scope of practice or expertise, the interdisciplinary team was consulted while interpreting data and information while formulating the assessment.		ASAM Criteria p. 42	4
3.2.g	ASAM 3.7WM: Biopsychosocial Assessment	The biopsychosocial screening assessment was used to determine: 1. the level of care in which the patient should be placed 2. treatment priorities to be addressed in the individualized care plan in Dimensions 2-6.		ASAM Criteria p. 140	4 4
3.3.a	ASAM 3.1, 3.5, 3.7: Biopsychosocial Assessment	There is evidence in the record that the biopsychosocial assessment is used to help guide the individualized treatment planning process.		ASAM (2013) p 226, 253, 270	4
3.3.b	ASAM 3.1, 3.5, 3.7: Treatment Plan	There is evidence in the record that the treatment plan is developed in collaboration with the patient and reflects the patient's personal goals.		ASAM (2013) p 226, 253, 270	4
3.3.c	ASAM 3.7WM: Treatment plan	The treatment plan includes: 1. Problem identification in Dimensions 2-6. 2. Development of treatment goals and measurable treatment objectives 3. Activities designed to meet those objectives.		ASAM (2013) p 140	4 4 4
3.3.d	ASAM 3.1: Treatment Plan	There is evidence in the record that the treatment plan addresses the patient's 1. problems 2. needs 3. strengths 4. skills.		ASAM (2013) p226	4 4 4 4
3.3.e	ASAM 3.1: Treatment Plan	There is evidence in the record that the treatment plan includes: 1. priority problem formation 2. articulation of short-term, measurable treatment goals 3. activities designed to achieve those goals.		ASAM (2013) p226	4 4 4
3.3.f	ASAM 3.5, 3.7: Treatment Plan	There is evidence in the record that the treatment plan includes: 1. problem formation 2. articulation of short-term, measurable treatment goals 3. activities designed to achieve those goals.		ASAM (2013) p253 & 270	4 4 4
3.4.a	ASAM 3.1, 3.5: Physical Examinations	Evidence in the medical record shows that a physical examination was performed within a reasonable time, as determined by the patient's medical condition and consistent with facility policy or legal requirements.		The ASAM Criteria, p. 226, 253	2
3.4.b	ASAM 3.7: Physical Examinations	Evidence in the medical record shows that a physical examination was performed by a physician within 24 hours of admission, or a review and update by a facility physician within 24 hours of admission of the record of a physical examination conducted no more than seven days prior to admission.		The ASAM Criteria, p. 270	3
3.4.c	ASAM 3.7WM: Physical Examinations	Evidence in the medical record shows that either: 1. A physical examination is conducted by a physician, physician assistant, or nurse practitioner within 24 hours of admission AND 2. The physical examination includes appropriate laboratory and toxicology tests. OR, if Level 3.7 WM withdrawal management services are step-down services from Level 4-WM, records of a physical examination within the preceding 7 days are evaluated by a physician within 24 hours of admission.		The ASAM Criteria, p. 140	3 3 2
Section 4	Utilization Review — UM approaches have been implemented to ensure that beneficiaries have access to the appropriate levels of care.		Yes - 0 No - 0 N/A - 0	Notes and/or Deviations from Criteria	Source/Criteria
4.1	ASAM 3.1, 3.5, 3.7, 3.7WM: LOC Determination	Evidence in the medical record shows whether or not an individual remains appropriate for the current LOC as determined by the assessment process noted and whether the needs identified in the treatment plan have adequately been accomplished or can continue to be addressed at that intensity of service. 1. Is there a fixed length of stay (such as 3-day detox or 28-day rehab stay) written in the chart? 2. Is there a continued stay ASAM form completed? 3. Does the continued stay ASAM form address all six dimensions?		Should be No	Continued Service and Transfer/Discharge Criteria The ASAM Criteria, p. 299-306 4 2 2
4.2	ASAM 3.7WM only: Withdrawal Resolution	Evidence in the medical record shows that: Signs and symptoms of withdrawal are sufficiently resolved so the patient can sufficiently be managed at a less intensive LOC or signs and symptoms of withdrawal are not responding to treatment and intensifying. 1. Does the nursing note indicate the monitoring of withdrawal signs and symptoms? 2. Does the nursing note indicate that the patient's response to withdrawal protocols?		The ASAM Criteria, p. 139-141	3 3

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Section 5	Interventions are appropriate to diagnosis and LOC — UM approaches have been implemented to ensure that interventions are appropriate to the diagnosis and LOC.		Yes - 0	Notes and/or Deviations from Criteria	Source/Criteria	
			No - 0			
			N/A - 0			
5.1.a	ASAM 3.1, 3.5, 3.7, 3.7WM: Patient's Progress	Evidence in the medical record shows that there are individualized notes in the patient record that clearly indicate patient's progress toward identified treatment plan goals and objectives.			The ASAM Criteria, p140, 226-227, 253, 271	2
5.1.b	ASAM 3.1, 3.5, 3.7, 3.7WM: Interventions	Evidence in the medical record shows that evidence-based interventions were used and documents patient's response to those interventions.			The ASAM Criteria, p140, 227, 253, 271	2
5.1.c	ASAM 3.1, 3.5, 3.7, 3.7WM: Treatment Plan	Evidence in the medical record shows that the treatment plan was regularly reviewed and significant events or changes that occurred were documented and the treatment plan was adjusted accordingly.			The ASAM Criteria, p140-141, 226-227, 253-254, 270-271	3
5.1.d	ASAM 3.1, 3.5, 3.7, 3.7WM: Group/Individual Sessions Interventions	Evidence in the medical record shows that interventions used in group or individual sessions tie back to the goals in the patient's treatment plan.			The ASAM Criteria, p140, 227, 253, 271	2
5.1.e	ASAM 3.1, 3.5, 3.7, 3.7WM: Prescribed Medication	Evidence in the medical record shows how the patient adhered to and responded to any prescribed medications.			The ASAM Criteria p140, 226, 252, 269	2
5.2.a	ASAM 3.1, 3.5, 3.7, 3.7WM: Treatment Plans - Review	Were treatment plan reviews documented in the clinical record within specified timeframes?			The ASAM Criteria, p140-141, 226-227, 253-254, 271	2
5.2.b	ASAM 3.1, 3.5, 3.7, 3.7WM: Treatment Plan	Did the treatment plan review reflect evidence that the patient was involved in reviewing the plan (i.e., written in patient's own words, incorporated patient's strengths, abilities, needs, and preferences, etc.)?			The ASAM Criteria, p140, 226, 253, 270	2
5.2.c	ASAM 3.1, 3.5, 3.7, 3.7WM: Treatment Plan	Was the treatment plan updated to reflect new issues presenting in the course of treatment to remain relevant to patient's current status?			The ASAM Criteria, p140, 227, 253-254, 270-271	2
5.2.d	ASAM 3.7WM: Appropriateness of ASAM 3.7 Care	Does the patient record contain documentation of at least daily application of the ASAM criteria documenting patient's continued appropriateness in the 3.7 level of care.			The ASAM Criteria, p140	2
5.3	ASAM 3.7WM: Withdrawal Symptoms	Is there documentation in the patient's record of application of withdrawal scales or flow sheets detailing changes in withdrawal symptoms?			The ASAM Criteria, p141	3
Section 7	Types of Services.		Yes - 0	Notes and/or Deviations from Criteria	Source/Criteria	
			No - 0			
			N/A - 0			
7.01	ASAM 3.1: Services assist patient to structure and organize	Evidence in the medical record shows that: 3.1: Services designed to improve the patients ability to structure and organize the tasks of daily living and recovery.			The ASAM Criteria, p. 225	2
7.02	ASAM 3.1: Minimum clinical activities	Evidence in the medical record shows: 3.1: At least five hours per week of planned clinical program activities to stabilize and maintain the stability of the patients SUD and to help him or her develop and apply recovery skills. Activities may include relapse prevention, exploring interpersonal choices, and development of a social network supportive of recovery.		If structured clinical intervention per week is less than 5 hours, you must mark No.	The ASAM Criteria p. 225,	3
7.03	ASAM 3.1: Random Drug Screenings	Evidence in the medical record shows that: random drug screenings were done in accordance with the patient's individual treatment plan.		If there is no evidence of randomized drug screening the answer is no. This is a relevant intervention regardless of substances used.	The ASAM Criteria, p. 225 Document NOTE: if the facility has the other chemotherapy license (715), which are narcotic treatment programs, the licensure staff will review urine testing under 715.14 regulations	3
7.04	ASAM 3.1: Personal Responsibility Services	Evidence in the medical record shows that: individual and group therapies, family therapy, medication management and psychoeducation are provided in order to facilitate the application of recovery skills, relapse prevention, and emotional coping strategies. The services promote personal responsibility and reintegration of the individual into the network systems of work, education and family life.		Yes if all of the services identified by the individual needs of the patient are provided. No if individual needs are not specifically addressed by the indicated intervention.	The ASAM Criteria, p. 222,	3
7.05	ASAM 3.1: Motivational Enhancement and Engagement	Evidence in the medical record shows that: Motivational enhancement and engagement strategies appropriate to the patient's stage of readiness and desire to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies.			The ASAM Criteria, p. 225,	3
7.06	ASAM 3.1: Counseling and Clinical Monitoring	Evidence in the medical record shows that: Counseling and clinical monitoring to support successful initial involvement or reinvolved in regular, productive daily activity (such as work or school) and successful reintegration into family living, Health education services are also provided.		Reviewer would be looking for interventions with rehabilitative goals	The ASAM Criteria, p. 225 226,	3
7.07	ASAM 3.1: Medication Adherence Monitoring	Evidence in the medical record shows that: Monitoring of the patient's adherence in taking any prescribed medications and/or any permitted over the counter medications or supplements.			The ASAM Criteria, p. 226	2
7.08	ASAM 3.1: Medical Records Appropriateness	1. Evidence in the medical record shows that: Services for the patient's family and significant others were offered as appropriate.			The ASAM Criteria, p. 226	3
		2. Evidence in the medical record shows that: Services for the patient's family and significant others were provided if accepted as offered.				3
7.09	ASAM 3.5: Daily Clinical Services	1. Is there documentation of a daily clinical service for each date the patient was in treatment that improve the patient's ability to structure and organize the tasks of daily living and recovery? (such as personal responsibility, personal appearance, and punctuality)			The ASAM Criteria, p. 251	3
		2. Is there evidence that demonstrates the clinical services help a patient develop and practice prosocial behaviors?				2

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7.10	ASAM 3.5: Addiction Symptoms Services	3. Is there evidence in the chart that shows participation in planned clinical program activities stabilize and maintain stabilization of the patient's addiction symptoms? Activities may include: relapse prevention, exploring interpersonal choices, and development of a social network supportive of recovery.		The ASAM Criteria, p. 251	3
		4. Is there evidence in the chart that shows participation in planned clinical program activities help them develop and apply recovery skills?			3
		5. Did the patient participate in counseling and clinical monitoring to promote successful initial involvement of reinvolved in regular, productive daily activity, such as work or school?			3
		6. Is successful reintegration into family living indicated? <i>If #6 is Yes, then answer Yes/No. If #4 if No, answer N/A.</i>	Answer of No is not considered negative.		N/A
		7. Did successful reintegration into family living occur?			2
7.11	ASAM 3.5: Evidence in the medical record shows that: random drug screenings were done in accordance with the patient's individual treatment plan.	1. Did random drug screenings occur?		The ASAM Criteria, p. 251	3
		2. Were drug screenings included in the treatment plan?			3
7.12	ASAM 3.5: Evidence in the medical record shows that: therapies were conducted that meets the patient's developmental and physical abilities.	1. Did the patient participate in evidence-based therapies on an individual basis?		The ASAM Criteria, p. 251	3
		2. Did the patient participate in evidence-based therapies on a group basis?			3
		3. Were therapies administered adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities?			3
7.13	ASAM 3.5: Evidence in the medical record shows that: Motivational enhancement and engagement strategies appropriate to the patient's stage of readiness and desire to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies.	1. Is the patient's stage of change identified?		The ASAM Criteria, p. 251	3
		2. Are motivational enhancement and engagement strategies appropriate to identified stage of change?			3
		3. Is there evidence of confrontational strategies? (we want this scored as a no).			3
7.14	ASAM 3.5 Evidence in the medical record shows that: Counseling and clinical interventions were done to facilitate teaching the patient skills needed for productive daily activity and successful reintegration into family living.	1. Do counseling and clinical interventions facilitated teach skills for productive daily activity?		The ASAM Criteria, p. 251	3
		2. Do counseling and clinical interventions facilitated teach skills for successful reintegration to family living?			2
		3. Is there evidence that health education service is provided?			2
7.15	ASAM 3.5 Evidence in the medical record shows that: Monitoring of the patient's adherence in taking any prescribed medications and/or any permitted over the counter medications or supplements.	Evidence of regular monitoring of the patient's adherence in taking prescribed medications.		The ASAM Criteria, p. 252	2
7.16	ASAM 3.5 Evidence in the medical record shows that: Planned clinical activities to enhance the patient's understanding of their substance use and/or mental disorders.	Does the chart have documentation that shows the patient participated in activities that enhance the understanding of substance use and/or mental disorders?		The ASAM Criteria, p. 252	3
7.17	ASAM 3.5: Daily Professional Services	Is there documentation for a daily professional service during the treatment episode? (Services include relapse prevention, exploring interpersonal choices, development of a social network supportive of recovery, medical services, nursing services, individual and group counseling, psychotherapy, family therapy, educational and skill building groups, occupational and recreational therapies, art, music, or movement therapies; physical therapy, and vocational rehabilitation activities)		The ASAM Criteria, p. 252	3
7.18	ASAM 3.5: Planned Community Reinforcement	Does the medical record demonstrate participation in planned community reinforcement? (evidenced by: programming designed to foster prosocial values, a prosocial milieu and community living skills)		The ASAM Criteria, p. 252	2
7.19	ASAM 3.5: Family Services	1. Does the medical record include services for the patient's family and significant others?		The ASAM Criteria, p. 252	3
		2. Evidence in the medical record shows that services for the patient's family and significant others were provided if accepted as offered			3
		1. Did the patient require consultation/emergency services?			N/A

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7.20	ASAM 3.5: Consultation/Emergency Services	2. Was the patient able to access consultation/emergency services?		Scoring is only impacted if Y is selected for the first question and N is selected for the second. Formula above indicates Met or Not Met.	The ASAM Criteria, p.249	3
7.21	ASAM 3.5: Appropriate Services	1. Does the medical record demonstrate medical services appropriate to the severity of the patient's condition?			The ASAM Criteria, p. 249	3
		2. Does the medical record demonstrate psychiatric services appropriate to the severity of the patient's condition?				3
		3. Does the medical record demonstrate psychological services appropriate to the severity of the patient's condition?				3
		4. Does the medical record demonstrate laboratory and toxicology services appropriate to the severity of the patient's condition?				2
7.22	ASAM 3.5: Addiction Pharmacology	1. Was the patient a candidate for addiction pharmacotherapy? If Yes, answer #2 with Yes/No. If No, answer #2 with N/A.			The ASAM Criteria, p. 251	N/A
		2. Was the person offered addiction pharmacotherapy?				4
7.23	ASAM 3.7: Daily Clinical Services	Evidence of daily clinical services provided by an interdisciplinary treatment team to assess and address the patient's individual needs. (May involve appropriate medical and nursing services, individual, group, family and activity services).			The ASAM Criteria p. 269	2
7.24	ASAM 3.7: Planned Clinical Programs	1. Evidence of planned clinical program activities to stabilize the acute addictive and/or psychiatric symptoms. (May include pharmacological, cognitive behavior and other therapies administered on an individual or group			The ASAM Criteria p. 269	3
		2. Evidence that the activities are adapted to the patient's level of comprehension.				3
7.25	ASAM 3.7: Random Drug Screening	Evidence of random drug screening to monitor drug use and reinforce treatment gains as appropriate to the patient's individual treatment plan.			The ASAM Criteria p. 269	2
7.26	ASAM 3.7: Counseling and Clinical Monitoring	1. Evidence that there is counseling and clinical monitoring to promote successful initial involvement or re-involvement in and skill building for regular productive daily activity (such as work or school).			The ASAM Criteria p. 269	3
		2. Evidence that there is successful reintegration into family living.				2
7.27	ASAM 3.7: Evidence Based Practices	Evidence that evidence based practices and interventions are appropriate to the patient's state of readiness to change or are designed to facilitate the patient's understanding of the relationship between his/her substance use disorder and attendant life issues.			The ASAM Criteria p. 269	2
7.28	ASAM 3.7: Prescribed Medication Adherence	Evidence of regular monitoring of the patient's adherence in taking prescribed medications.			The ASAM Criteria p. 269	2
7.29	ASAM 3.7: Nursing Care	Evidence that there is an appropriate credentialed and licensed nurse responsible for monitoring the patient's progress and medication administration.			The ASAM Criteria p. 267	2
7.30	ASAM 3.7: Education Programs on Patient's Disorder(s)	Evidence that there are planned clinical program activities designed to enhance the patient's understanding of his/her substance use and/or mental disorder.			The ASAM Criteria p. 269	2
7.31	ASAM 3.7: Drug/Alcohol Nursing Assessment	Evidence of an alcohol or other drug-focused nursing assessment completed at time of admission.			The ASAM Criteria p. 266-267	2
7.32	ASAM 3.7: Family Services	1. Evidence that there are services for patient's family/significant others (when applicable).			The ASAM Criteria p. 269	3
		2. Evidence in the medical record shows that: Services for the patient's family and significant others were provided if accepted as offered.				3
7.33	ASAM 3.7: Specialty Services	Evidence that there are additional medical specialty consultations, psychological, laboratory and toxicology services available onsite, through consultation or referral.			The ASAM Criteria p. 267	1
7.34	ASAM 3.7WM: Appropriate Treatment and Services	Evidence exists in the patient record of the following therapies occurring:			The ASAM Criteria, p. 140	
		1. A range of cognitive, behavioral, medical, mental health, and other therapies designed to enhance the patient's understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment and delivered on an individual and/or group basis were				3
		2. A Multidisciplinary individualized assessment and treatment occurred.				2
		3. Health and education services were provided (E.g. HIV, HEP C, TB education or testing given, medication education, etc.).				3
		4. Services to families and significant others were provided if assessed as needed and written into the treatment plan.				2
7.35	ASAM 3.7WM: Physician Assessment	Evidence in the patient record demonstrates daily monitoring and evaluation by a physician .			The ASAM Criteria, p. 139-140	3
7.36	ASAM 3.7WM: Nursing Assessment	Evidence in the patient record shows an assessment completed by a registered, licensed, or credentialed nurse at time of admission.			The ASAM Criteria, p. 139-140	3
7.37	ASAM 3.7WM: Nursing Oversight	Evidence in the patient record shows nursing oversight of medication administration and patient progress monitoring hourly or as needed.			The ASAM Criteria, p. 139-140	2
7.38	ASAM 3.7WM: Progress Notes (Treatment Implementation)	Evidence in the patient record indicates progress notes reflect implementation of the treatment plan.			The ASAM Criteria, p. 141	2
7.39	ASAM 3.7WM: Progress Notes (Treatment Response)	Evidence in the patient record indicates that progress notes document patient's response to treatment.			The ASAM Criteria, p. 141	2

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7.40	ASAM 3.7WM: Record of Specialty Services	Evidence in the patient record indicates referrals were made for specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems. Referral arrangements made if needed.		The ASAM Criteria, p. 139	2
7.41	ASAM 3.7WM: Clinical Testing	Evidence in the clinical record that appropriate toxicology and laboratory tests were conducted if needed		The ASAM Criteria, p. 139	2

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Section 11	Care Coordination.		Yes - 0	Notes and/or Deviations from Criteria	Source/Criteria	
			No - 0			
			N/A - 0			
11.1	ASAM 3.1, 3.5, 3.7: Treatment Plan - Case Management	Evidence that CM activities are reflected in the treatment plan			The ASAM Criteria, p. 226, 253, and 270-271	2
11.2	ASAM 3.1, 3.5, 3.7: Service Coordination	Evidence of coordination during the treatment episode of:			The ASAM Criteria, p. 226, 253, and 271	
		1. Related addiction treatment				2
		2. Health care				2
		3. Mental health				2
		4. Social				2
		5. Vocational				2
11.3		Evidence in the medical record shows that Transfer/Aftercare planning occurred, which includes:			The ASAM Criteria, p. 141, 224, 226, 246, 267, 300	
		1. Evidence of active discharge planning throughout the treatment episode.				3
11.3.a	ASAM 3.1, 3.5, 3.7, 3.7WM: Transfer/Aftercare Planning	2. Referrals to more and less intensive LOC were done when indicated.				3
11.3.b		3. Documentation of communication with other level(s) of care and referred services is present.				3
11.3.c		4. Documentation of the review of all six ASAM Criteria dimensions as it relates to discharge/transfer decisions.				3
11.3.d						3
11.3.e	ASAM 3.1, 3.5, 3.7: Discharge/Aftercare	Evidence that the patient was connected with the following at the time of discharge/transfer, if applicable, based on the review of all six ASAM Criteria dimensions and the treatment plan:			The ASAM Criteria, p. 224, 226, 253, 267, 300	
		1. Related addiction treatment				2
		2. Health care				2
		3. Mental health				2
		4. Social				2
		5. Vocational				2
11.4	ASAM 3.1, 3.5, 3.7: Support Systems	Evidence that the provider assessed the patient for the following non-treatment services:			The ASAM Criteria, p. 224, 226, 246, 267, 300	
		1. vocational assessment and training				2
		2. literacy training				2
		3. adult education				2
		4. If the provider DID assess but none of the above services were needed, stop here and answer N/A to the remaining questions.		If did not assess, please mark questions 11.4.2 - 11.4.7 with N/A.		N/A
11.4.1	ASAM 3.1, 3.5, 3.7: Provider Assessment	If the provider DID assess and the person had a need, answer the following questions:				N/A
11.4.2	ASAM 3.1, 3.5, 3.7: Provider Assessment	a. Were the services provided at the facility?			The ASAM Criteria, p. 224, 226, 246, 267, 300	N/A
		b. If the services were provided at the facility, did the record include individualized notes to document patient progress and the patient's response to the support services? If yes, then answer 11.8.3 If no, then answer 11.8.4-11.8.7				2
11.4.3	ASAM 3.1, 3.5, 3.7: Provider Assessment	c. If the services were not provided at the facility, did the member receive an outside referral for the services?				2
11.4.4	ASAM 3.1, 3.5, 3.7: Provider Assessment	d. If the services were not provided at the facility, was there evidence of coordination of care with external providers for the assessed need during the treatment stay?				2
11.4.5	ASAM 3.1, 3.5, 3.7: Provider Assessment	e. If referrals were not made for the patient to receive services concurrently, were referrals made at the time of discharge/transfer?				2
11.4.6	ASAM 3.1, 3.5, 3.7: Provider Assessment	f. Did the record include signed releases of information for the external support services or providers listed in the referrals?				1

General Comments

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