

ASAM Monthly Technical Assistance Series

Individualized Documentation Considerations: Part 1 Intake/ASAM and Treatment Plans

1115 Waiver Demonstration for SUD

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Advanced Behavioral Health, Inc.



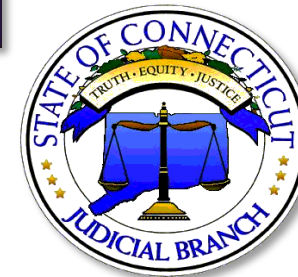
Department of Mental Health and Addiction Services



Department of Corrections



Department of Social Services



Judicial Branch - Court Support Service Division



Department of Children and Families

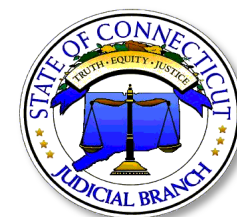
Reminders

- Questions related to the upcoming webinar should be submitted at least 7 days in advance of that webinar to 1115waiver@abhct.com. Please feel free to submit questions in the chat but note that they will not be addressed until after the presentation.
- This webinar is being recorded. Please remain on mute during the presentation and exit now if you do want to be recorded. You will be able to review the video in its entirety on the DSS webpage following this event.
- Suggestions for future webinar topics should be submitted to 1115waiver@abhct.com.



Disclaimers

- Please note, some information provided in this technical assistance series is purely informational as best practice and not to be interpreted as required or regulatory, unless otherwise stated as a requirement for credentialing under the 1115 Demonstration Waiver. Please refer to the 1115 Waiver website for requirements.
- Alignment with the ASAM Criteria is required of drug and alcohol treatment providers participating in the 1115 SUD Demonstration Waiver.
- The State Partners stress the importance of reviewing the ASAM criteria text in its entirety, attending the ASAM two-day training, completing the online ASAM training, and reviewing the resources available through State websites, which include trainings and documents.
- Please check with your administrator for any additional resources or trainings your agency may have.



Review of Resources

How to Subscribe to Updates

[CT.gov Home](#) / [Department of Social Services](#) / [Health & Home Care](#) / [Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment](#)

Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment

Overview

Goals and Milestones

Annual Forums and Public Comments

Meeting Schedule

Provider Resources

Training Opportunities

1115 Monitoring and Evaluation

Overview

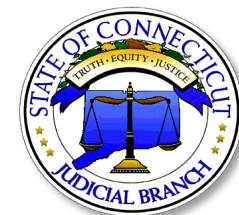
Questions and comments about the Demonstration may be sent to ct-sud-demo@ct.gov.

[Click this link to subscribe to updates regarding this project.](#)

Section 1115 Demonstration Waiver for Substance Use Disorder Treatment

As part of the U.S. Department of Health and Human Services' effort to combat the ongoing opioid crisis, the Centers for Medicare & Medicaid Services (CMS) created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the continuum of care for beneficiaries with substance use disorders (SUD) including Opioid Use Disorder (OUD).

Clicking on the Overview Tab will bring you to where to subscribe for updates and also email any additional questions.



Review of Resources

Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment

[Overview](#)

[Goals and Milestones](#)

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[Training Opportunities](#)

[1115 Monitoring and Evaluation](#)

Provided by:
Department of Social Services

Provider Resources

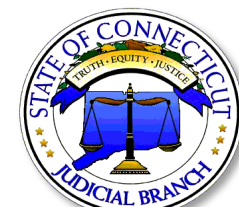
In alignment with the milestones of the Demonstration, SUD treatment services provided in the Medicaid fee-for-service (FFS) delivery system will comply with the current ASAM Criteria for activities including authorizations, utilization review decisions, multi-dimensional assessments and individualized treatment plans.

The below Policy and Clinical Assumptions Grids outlines the expectations for Medicaid treatment providers in areas including admissions, interventions and treatment services, documentation, staffing and supervision.

- [Residential Levels of Care for Adults \(ASAM 3.1, 3.3, 3.5, 3.5PPW, 3.7, 3.7RE, 3.2WM, 3.7WM\)](#) 📄 - Updated 05/2023
- [Residential Levels of Care for Adolescents \(ASAM 3.5 and 3.1\)](#) 📄 - Updated 05/2023
- [Residential Admission Guidance](#) 📄 - Updated 04/2023
- [Residential Flex Bed Guidance](#) 📄 - Updated 04/2023
- [Intensive Outpatient \(IOP\) and Partial Hospitalization \(PHP\) for Adults and Children \(ASAM 2.1 and 2.5\)](#) 📄 - Updated 06/2023 **NEW!**
- [Ambulatory Withdrawal Management \(ASAM 1-WM and 2-WM\)](#) 📄 - Updated 11/2022
- [Opioid Treatment Program \(OTPs\) \(ASAM 1\)](#) 📄 - Updated 02/2024 **NEW!**

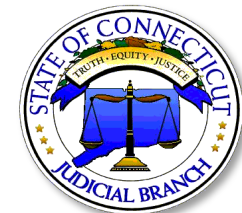
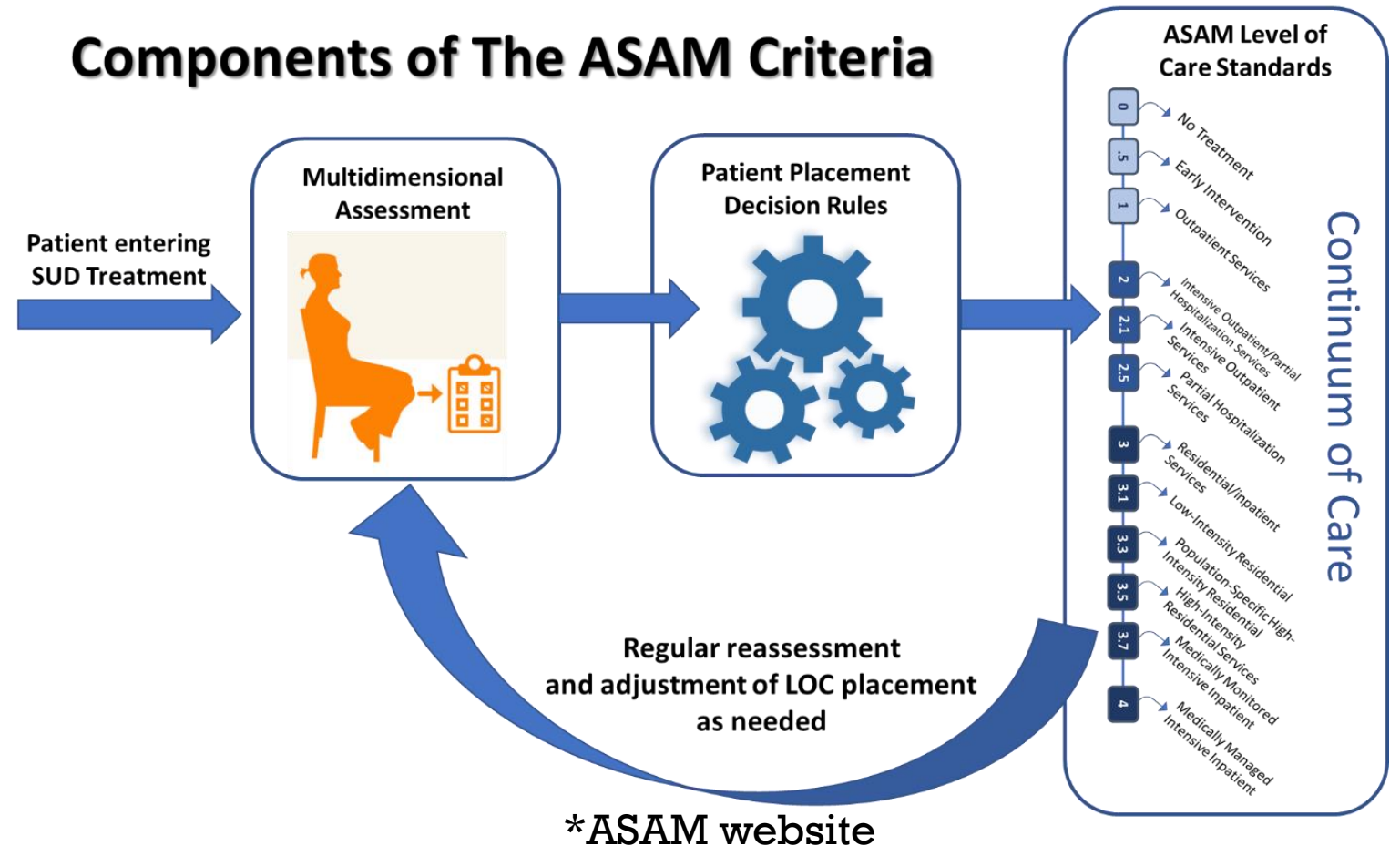
Additional Topics and Resources Listed:

- Fees by Level of Care
- Provider Bulletins
- State Plan Amendments (SPAs)
- Certification and Monitoring
- Frequently Asked Questions (FAQs) and Answers
- Important Documents
- Other Resources

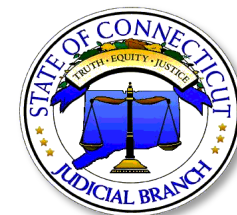


Learning Objectives: Part 1

- What is the Golden Thread?
- Intake & Assessments
 - Overview of BPS
 - How is ASAM included?
- Treatment Plan
 - Overview
 - How is ASAM included?



The Golden Thread of Documentation



The Golden Thread of Documentation



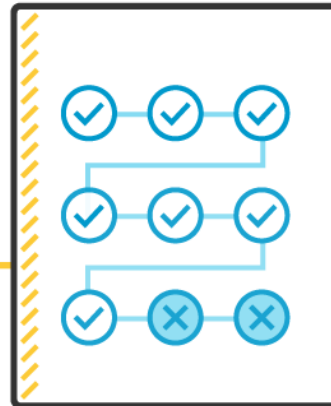
The Golden Thread

Pull relevant information through one note to the next



Intake Assessment

- > PRESENTING PROBLEMS
- > DIAGNOSIS
- > DIAGNOSTIC JUSTIFICATION



Treatment Plan

- > TREATMENT GOALS
- > PRESCRIBED INTERVENTIONS

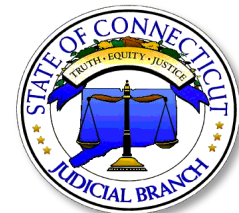


Progress Notes

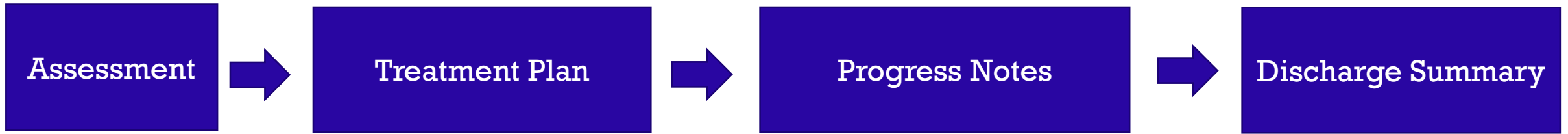
- > SUMMARIZATION OF TREATMENT PROGRES



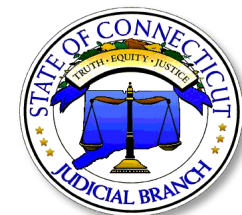
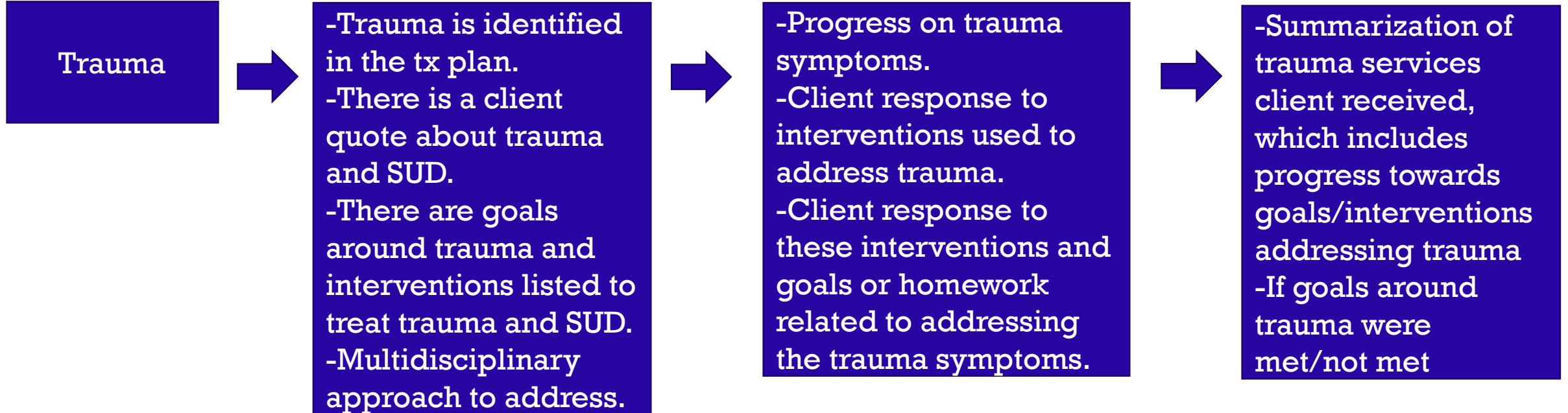
Discharge Summary



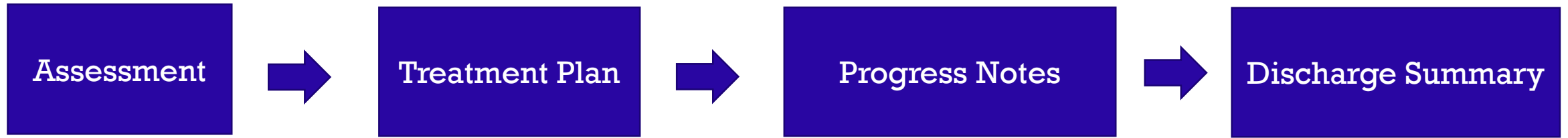
What is The Golden Thread?



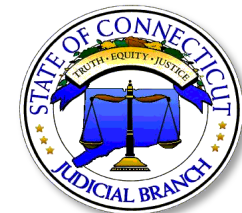
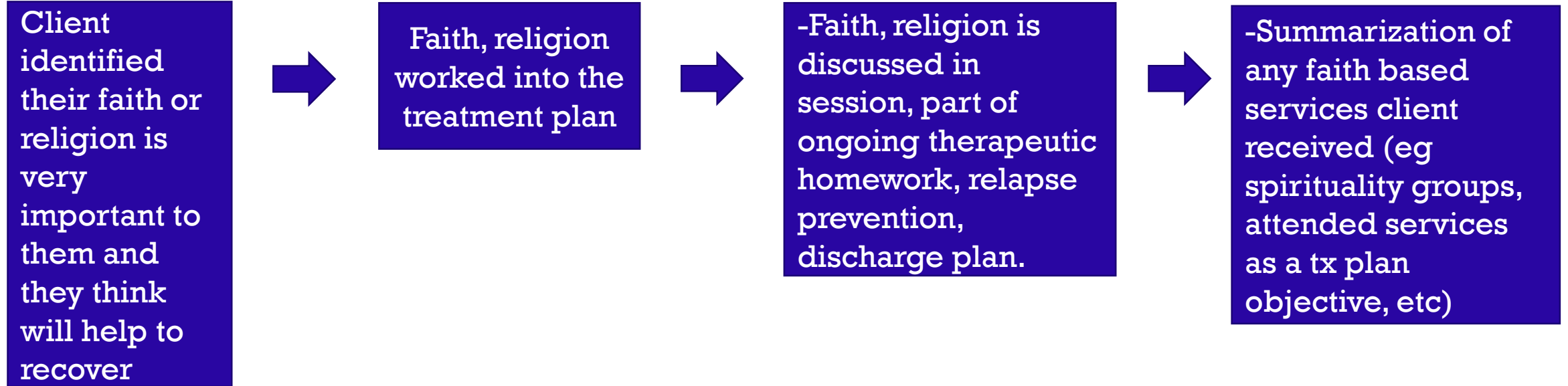
FOR EXAMPLE:



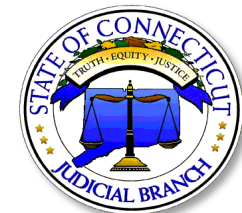
The Golden Thread – Don't forget strengths!



FOR EXAMPLE:



Intake & Assessment



Intake & Assessments

What is it?

- An initial clinical intake evaluation that is individualized and comprehensive
- Commonly referred to as the biopsychosocial assessment (BPS)
- It includes a screening for co-occurring psychiatric disorders (CT Assumptions Grid)
- Triggers and identifies the direction of services
- Assessment in each of the 6 dimensions

What is the purpose?

- It informs and guides the individualized treatment plan, which includes a multidisciplinary approach
- Gathers historical and current information about a client's functioning

Who can conduct the intake in CT?

- SPA identifies qualified practitioners as:
 - Graduate level intern*, associate licensed*, independently licensed
 - *Co-signed as appropriate/needed by independently licensed
 - Credentials of staff need to be included



Practitioner Qualifications Defined by the SPA

Independently Licensed Practitioner

“Means any of the following categories of individuals who are licensed under state law and acting within their scope of practice under state law:

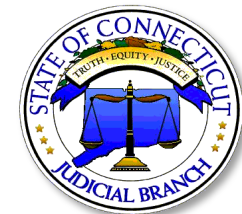
- Physicians
- Licensed psychologists
- Licensed clinical social workers
- Licensed marital and family therapists
- Licensed professional counselors
- Licensed alcohol and drug counselors
- Advanced practice registered nurses
- Physician assistants”

Associate Licensed Practitioner

“Means any of the following categories of individuals who are licensed under state law and acting within their scope of practice under state law, including applicable supervision requirements:

- Licensed master social worker
- Licensed professional counselor associate
- Licensed marital and family therapy associate
- Any other comparable associate licensure for a category of practitioner included in the definition of independent licensed practitioner in which the associate license requires, at a minimum, that the individual has received a graduate degree that is required for the comparable independent licensed practitioner category

The associate licensed practitioner works under the supervision of an applicable independent licensed practitioner as set forth in the applicable scope of practice.”



Practitioner Qualifications Defined by the SPA

Graduate-Level Intern

“Must be actively enrolled in an accredited graduate degree program at an accredited college or university that:

(1) once completed, would satisfy the graduate education requirements for one or more categories of independent licensed practitioner and

(2) requires students to participate in intern placements for clinical training in the provision of behavioral health services.”

Unlicensed Counselor

“Must (i) have at least a master’s degree in a human services or related field or a bachelor’s degree in a human services or related field plus two years of full-time equivalent experience providing SUD services and

(ii) Work under the direct supervision of an independent licensed practitioner or an associate licensed practitioner with at least two year of full-time equivalent experience providing SUD services.”

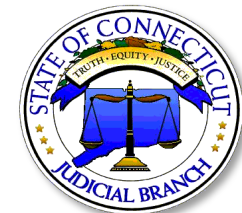


Intake & Assessments

What about ASAM*?

- Completed at admission
- Includes risk ratings, rationale, and strengths and needs in each dimension (requirement)
- Some methods seen for incorporating ASAM within the intake process:
 - Completing the ASAM Criteria Assessment Interview Guide integrated into the BPS
 - ASAM Dimensions 1-6 section in the BPS
 - Formatting the BPS as the 6 Dimensions

*The ASAM “supports individualized, person-centered treatment that is responsive to the patient’s specific needs and progress in treatment” (ASAM, pg 4). Additionally, it assists in identifying the least restrictive level of care.



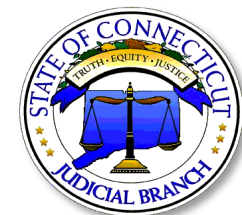
Intake & Assessments

ASAM

- Each dimension includes:
 - Risk Ratings (0-4)
 - ASAM Principles for Assessing Risk pg 55
 - Rationale
 - Summary of relevant information that is the evidence of the risk rating severity
 - Strengths
 - “...explore...any periods of success in which...able to cope with or better manage these risk-related issues” pg 57
 - Needs
 - Connected to the dimension, relevant to treatment

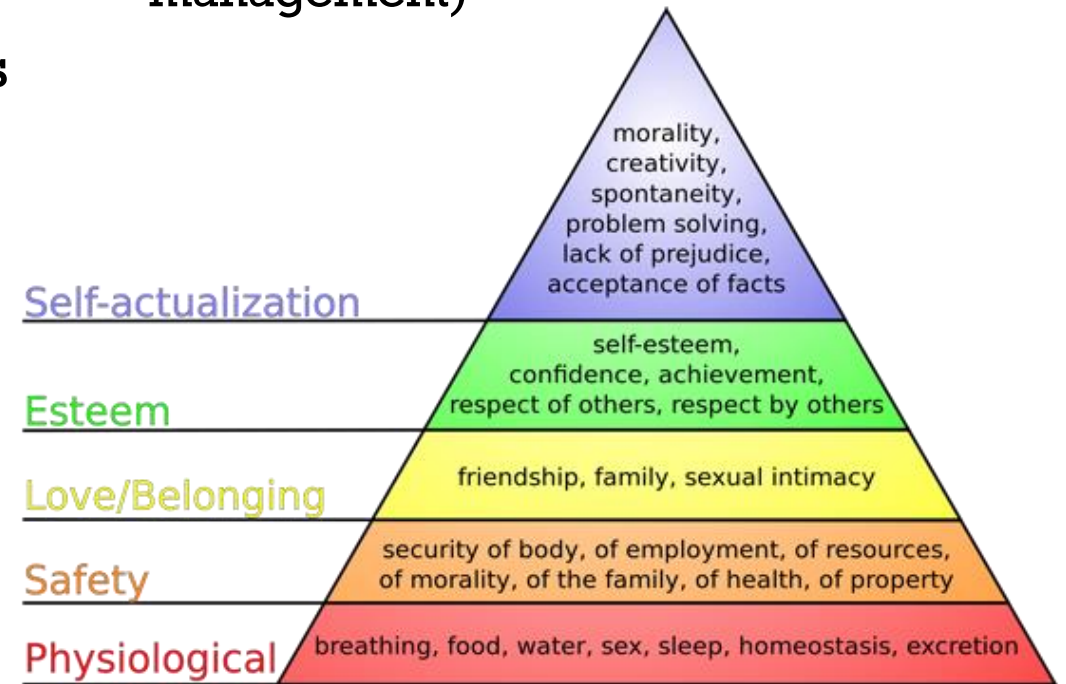
ASAM Considerations

- For adolescents, the ASAM book has adolescent-specific content in orange for each dimension
- Completing the ASAM is a good opportunity to build rapport and positive regard to build a relationship with clients



Intake & Assessments Considerations

- Unbiased
- Scope of practice
- Facts vs assumptions, judgements, opinions
- Clinical impressions – differs from opinions
 - “as evidenced by...”
- Collateral information
- Historical and current information
- Include critical information
- “Is there anything that I left out that is important for us to know?”
- Use client quotes when appropriate
- Risks, barriers, needs, and strengths
 - Maslow’s hierarchy of needs (eg case management)



Connecticut: Key Highlights on the Biopsychosocial Assessment

- Documentation of SUD, MH diagnoses & cognitive limitations
- Documentation of screening for trauma
- Timeframe of completion based on LOC
- ASAM 6 Dimensions
- Conducted/updated/signed by independently licensed or associate licensed behavioral health staff or graduate-level intern
 - Review and signature by licensed behavioral health practitioner/clinical supervisor

NOTE: some minimum required items may differ across LOC's and/or special populations (adolescent, PPW, RE, etc.) Be sure to check the CT Clinical Assumptions Grids for each LOC and other resources on the 1115 Waiver website.

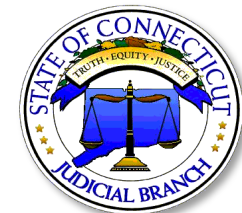


Intake, ASAM, and the Client

“...personal motivations may not match the needs assessed and identified by the clinician. However, the more that priority dimensions can be matched to or interpreted through the patient’s personal goals, the more patient centered and participatory the service plan and placement can be.” pg 58



Treatment Plans



Treatment Plans

What is it?

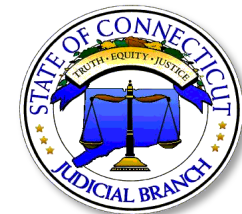
- An individualized guide for treatment to an identified problem
- The treatment plan reflects the client's personal goals while considering the personal strengths and capabilities and existing recovery resources available to achieve the client's personal goals

What is the purpose?

- Guides both the therapist and client in treatment
- Includes short term measurable goals/objectives and activities to address problems and to achieve goals
- Developed using information gathered in the BPS and ASAM assessment to inform the goals/objectives/interventions
- Client centered
 - This includes incorporating strengths, needs, abilities, preferences (SNAP)
- Demonstrates an individualized variable length of stay (no fixed time frames, eg 90 day programs)
- Individualization of programming
 - Showcases a program's available services for specific client needs

Who can conduct the intake in CT?

- SPA identifies qualified practitioners as:
 - Graduate level intern*, associate licensed*, independently licensed
 - *Co-signed as appropriate/needed by independently licensed
 - Credentials of staff need to be included



Treatment Plans – What about ASAM?

Intake

- The ASAM assessment is completed at admission
- Informs the initial treatment plan
 - Includes all 6 dimensions

Continued Stay (pg 299-302) & Treatment Plan Reviews

- The ASAM continued stay criteria is reviewed and documented with each treatment plan review
 - Includes reviewing **all** 6 dimensions and updating as needed to reflect the client's current needs and progress at the time of the review
 - Length of stay is “determined by the progress and outcomes of treatment, not on predetermined program lengths of stay”



Four Components of a Treatment Plan

- Problem
 - What is the problem according to the client?
 - Which ASAM dimension is it addressing?
- Goal
 - Where does the client want to go or be short term?
- Objective
 - How will we (treatment team plus client) know we are going in the right direction to achieve the goal?
- Interventions
 - Action steps to take by treatment team and client



Example - Problem

Non-individualized Problem	Individualized Problem
<p><i>The patient meets criteria for Alcohol Use Disorder and does not have the knowledge or skills necessary long term recovery.</i></p>	<p><i>“I don’t know if I am an alcoholic, but I know that every time I drink bad things happen, and I don’t want to do it any more.”</i></p>
<p>No patient quote</p>	<p>Direct patient quote</p>
<p>Labels, clinical terms</p>	<p>No use of labels or diagnoses the patient cannot understand</p>
<p>Not strength based, focused on what the patient does not have</p>	<p>Strength based – demonstrates the patients knows that bad things happen when he drinks and doesn’t want to do that any more</p>
<p>Not trauma informed</p>	<p>Trauma informed: respectful, patient driven</p>



Goals vs. Objectives

What is the difference?

Goal

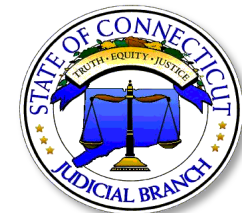
- If you can NOT see someone doing something, it is a goal
 - E.g.: reduce substance use, reduce anxiety, develop understanding of SUD
 - Internal shift that isn't visible

Objective

- If you CAN see doing them, then it is an objective
 - E.g.: writing a journal entry, meditating, exercising, complete urine screen

Goal: Samantha will reduce her substance use.

Objective: Samantha will complete bi-weekly instant toxicology screens when requested by staff.



Example - Goals

Non-individualized Goal	Individualized Goal
<p><i>Raul will accept his diagnosis of Alcohol Use Disorder and commit to long term abstinence from alcohol and all other mood-altering substances.</i></p>	<p><i>“I have to figure out why I continue to drink even though bad things happen every time I do it.”</i></p>
<p>No patient quote</p>	<p>Direct patient quote</p>
<p>Labels, clinical terms</p>	<p>No use of labels or diagnoses the patient cannot understand</p>
<p>Not strength based</p>	<p>Strength based – demonstrates patient is aware of association between drinking and bad things happening, and stating he needs to figure out how to stop drinking.</p>
<p>Not trauma informed</p>	<p>Trauma informed: respectful, patient driven</p>
<p>Unrealistic. Patient is not ready to commit to long term abstinence, not read to identify as an “alcoholic”</p>	<p>Realistic</p>



Objectives

What is an objective?

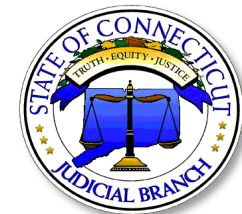
- Specific directions and identified landmarks that will help you and the client discern if treatment is staying on course (SHORT TERM)
- Objective = **Person's name** + *Action Word* + What + **When** + **How Measured**
- Example: **By the second week of treatment, Raul** will *identify* and **share with therapist** his understanding of at least 3 social/behavioral and 3 scientific/biological reasons he continues to use substances despite negative consequences.



Objectives

What is an objective?

- Specific directions and identified landmarks that will help you and the client discern if treatment is staying on course (SHORT TERM)
- Objective = **Person's name** + *Action Word* + What + “When” + HOW MEASURED
- Example: “By the second week of treatment,” **Raul** will *identify* and **SHARE WITH THERAPIST** his understanding of at least 3 social/behavioral and 3 scientific/biological reasons he continues to use substances despite negative consequences.



Example - Objectives

Non-individualized Objectives

The patient will commit to long term recovery and begin to learn about addiction.

Uses the term “patient”

Labels, clinical terms

Not trauma informed: not respectful of what Raul said

Unrealistic. Raul is not ready to commit to long term and is not ready to identify as someone with AUD.

No time frame

No “what”: what will Raul do to exhibit he is on the right path to his goal?

No “how”: no way to measure progress. How will we measure “commitment” and “learning about addiction”?

Individualized Objectives

By the second week of treatment, Raul will identify and share with his therapist his understand of at least 3 social/behavioral and 3 scientific/biological reasons he continues to use substances despite negative consequences.

Uses the patient’s first name

No use of labels or diagnoses the patient cannot understand

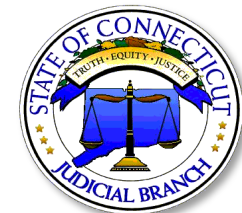
Trauma informed: respectful, patient driven “I have to figure out why”

Realistic. Raul said in his assessment he is willing to explore why he continues to drink despite negative consequences.

Time frame: “by second week of treatment...”

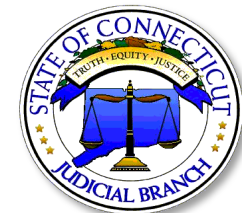
Clear “what”: listing 3/3 reasons of why he continues to use despite negative consequences

Clear “how”: identify and share with therapist



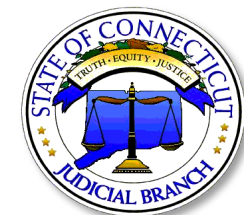
When developing interventions

- **Trauma informed vs non-trauma informed**
 - Not taking into account a trauma history when assigning certain activities
 - E.g.: seeking safety with a co-ed group
- **Collaborative vs non-collaborative with client**
 - Interventions that the client clearly does not want or agree with
 - E.g.: assigning AA meetings as homework when the client clearly stated in the assessment not interested or ready
- **Respectful vs non-respectful**
 - Taking into account comprehension skills, abilities of reading/writing, education level, culture and beliefs, gender identity, sexual orientation
- **Assessment informed**
 - Links back to the assessment!



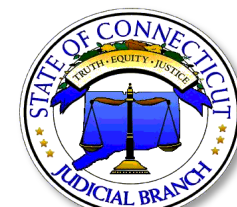
Example - Interventions

Non-individualized Interventions	Individualized Interventions
<p><i>Watch “Pleasure Unwoven” in group.</i></p>	<p><i>By (.....) watch “Pleasure Unwoven” in group and complete the accompanying worksheet. Present responses to worksheet in group on (.....) and listen to feedback from peers.</i></p>
<p>Not individualized</p>	<p>Individualized, specific interventions</p>
<p>No mention of interventions involving the interdisciplinary team</p>	<p>Intervention draws on the group process</p>



Examples – Individualized Interventions

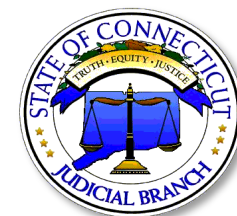
- Raul will complete an assessment with the staff psychiatrist within the first 7 days of treatment and take all medications as agreed upon and prescribed. Psychiatrist and therapist to monitor.
- Raul will complete the assignment “Understanding PTSD and Addiction” and complete the accompanying workbook by _____. Therapist to monitor.
- Raul will work with his primary counselor at least once weekly to identify and understand the cycle of PTSD triggers, alcohol use, interpersonal conflict, etc. Counselor will use psychoeducation, CBT and MI to explore this cycle with Raul. Therapist to monitor.
- Raul will begin to attend and participate in Seeking Safety Group at least once weekly. Therapist to monitor.
- Raul will attend the nightly meditation offered by the facility chaplain at least 3 times a week and maintain a sleep journal to document if attending this group results in an improvement in sleep. Therapist to monitor.
- Raul will work with his Case Manager to establish psychiatric care at the VA. Case Manager will have an appointment set up with the VA by the time Raul discharges from treatment. Case Manager to monitor.



Connecticut: Key Highlights on the *Initial Treatment Plan*

- Informed by ASAM assessment
- Contains short-term measureable goals and objectives
- Contains client's strengths, needs, abilities, and preferences (SNAP)
- Reflects case management services
- Includes integration of discharge plan
- Coordination of MAT services (if applicable)
- Toxicology screening
- Timeframe of completion based on LOC
- Initial and updated treatment plans reflect the client's participation and include the individual's signature
- Conducted/updated/signed by independently licensed or associate licensed behavioral health staff or graduate-level intern
 - Review and signature by licensed behavioral health practitioner/supervisor
- Treatment plans are reviewed by a multidisciplinary team of qualified practitioners in collaboration with the client

NOTE: some minimum required items may differ across LOC's and/or special populations (adolescent, PPW, RE, etc.) Be sure to check the CT Clinical Assumptions Grids for each LOC and other resources on the 1115 Waiver website.



Connecticut: Key Highlights on Treatment Plan Reviews

Treatment plan reviews include documentation of progress, outcomes, and/or barriers towards the following:

- Review of all ASAM 6 dimensions (including rationale and risk ratings for current functioning) using ASAM continued stay criteria
- Evidence of progress towards goals/objectives with rationale
- Addressing significant events
- Discharge planning
- Case management needs
- Toxicology
- SNAP
- Coordination of MAT/medication management
- Client participation in the review

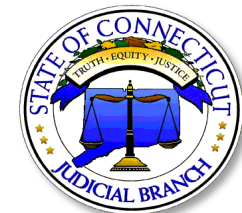
Reminder: follow LOC timelines for completion and by qualified practitioners for reviews

NOTE: some minimum required items may differ across LOC's and/or special populations (adolescent, PPW, RE, etc.) Be sure to check the CT Clinical Assumptions Grids for each LOC and other resources on the 1115 Waiver website.



Treatment Planning Considerations

- Use the client's own words... *Use the client's own words... Use the client's own words!*
- Multidisciplinary
 - Who is providing what service? E.g. APRN providing medication management services
- Assessment instruments to measure progress
 - Examples: PHQ9, GAD-7, PCL-5
- Person Centered
- Awareness of client's stage of change and the shifts in stages
- Updated when significant events occur
- Reviews occur within certain timelines (refer to the CT Clinical Assumptions Grid)
- Reviews progress in treatment towards goals, objectives, interventions
- Programming hours and clinical hours



Treatment Planning Considerations

Significant Events

Consider the following measurement definition:

Clinically significant events, such as, but not limited to:

- Relapse, return to use, re-occurrence of use, unexpected toxicology results
- Medication changes or non-compliance
- Chronic absenteeism
- Changes to discharge plan
- Refusal of services
- Requests to change treatment plan
- Significant or sustained changes in motivation for treatment
- Symptoms intensification
- Medical events, hospitalization
- Changes in system involvement or status of involvement (e.g. judicial, child welfare)



Treatment Planning Services Considerations

Services to consider in treatment planning:

- Individual sessions
- Offering sessions with family, significant others, supports
- Family Care Plan
- Parenting Services
- Gender specific SUD treatment and other therapeutic interventions for women
- Educational, vocational activities
- Educational services for adolescents, coordination with external educational systems
- Medical screenings, assessments for routine, emergent, urgent needs
- Connection to community-based ancillary or “wrap around services” (e.g. AA, CCAR, etc) and/or provide on-site
- Health education associated with the course of substance use and other potential health-related risk factors
- Overdose prevention that includes Narcan/Naloxone
- MAT education on the potential benefits of medication for addiction treatment as a tool (regardless of choice of substance)



The Takeaway...

- ✓ The intake assessments/BPS and ASAM are completed
- ✓ BPS and ASAM inform the treatment plan

Next time...

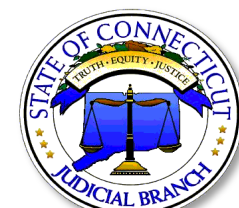
- How the treatment plan informs progress notes
- How progress notes are the documented response to services provided in the treatment plan
- How the discharge summarizes the episode of care

Intake
Assessments
+ASAM

Treatment plan
developed using
intake + ASAM

Progress notes document
progress of services
received in the treatment
plan

Discharge summarizes all
services/events that happened in
this episode of care



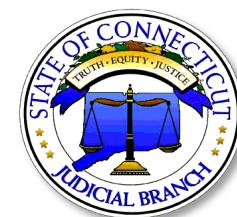
Reminders

The next webinar in our services will be held on August 13, 2024 at 12pm and the topic will be Individualized Documentation Considerations: Part 2 Progress Notes and Discharge.

Question for the next topic should be submitted at least 7 days in advance of the webinar to 115waiver@abhct.com, as well as any additional questions you may have regarding Individualized Documentation Considerations: Part 1 Intake/ASAM and Treatment Plans.

You will be able to review this webinar on the DSS webpage following this event.
[Section 115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment--Training Opportunities](#)

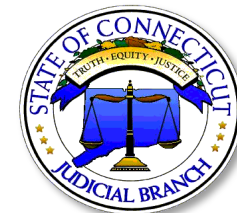
Suggestions for future webinar topics should be submitted to 115waiver@abhct.com.



References

Mee-Lee, D., Shulman GD., Fishman, MJ., Gastfriend, DR., & Miller, MM. (Eds.). (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. The Change Companies.

Therapy Notes, LLC: [The Golden Thread: Your Key to Complete Documentation \(therapynotes.com\)](http://www.therapynotes.com)



State Partner Contacts

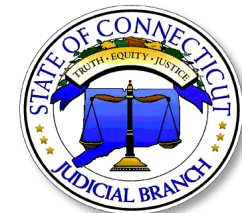
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