

ASAM Monthly Technical Assistance Series

Operationalizing Individualized Care

1115 Waiver Demonstration for SUD

Prepared and Presented by: Gabrielle Drugan, LMFT – Clinical Care Specialist, ABH



Advanced Behavioral Health, Inc.



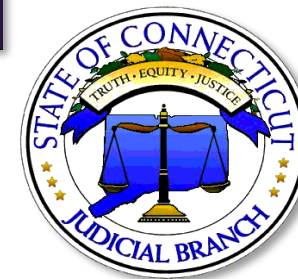
Department of Mental Health and Addiction Services



Department of Corrections



Department of Social Services



Judicial Branch - Court Support Service Division



Department of Children and Families

Reminders:

- Questions related to the upcoming webinars should be submitted at least 7 days in advance of that webinar to 1115waiver@abhct.com. Please feel free to submit any questions in the Questions and Answers section for this webinar, but please note that they will not be addressed until after the presentation. The responses to your questions are being collected and will be posted to the DSS webpage in the next week or so.
- This webinar is being recorded. Please remain on mute during the presentation and exit now if you do not want to be recorded. You will be able to view the video in its entirety on the DSS webpage following this event. [Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment--Training Opportunities](#)
- Suggestions for future webinar topics should be submitted to 1115waiver@abhct.com.

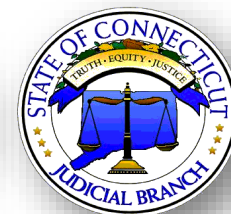


Disclaimers:

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, and reviewing the resources available through the state websites which include trainings and documents.

Please check with your administration for any additional resources or trainings your agency may have.



Learning Objectives for Operationalizing Individualized Program Schedules

- 1) The participants will gain an understanding of the resources available.
- 2) The participants will review individualization of program schedules as it relates to 3rd Edition of The ASAM Criteria.
- 3) The participants will increase their understanding of what makes up individualized programming.
- 4) The participants will understand how to operationalize individualized programming.



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.

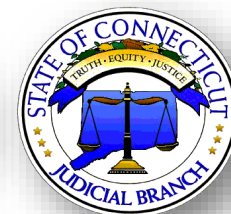
[Click this link to subscribe to updates regarding this project.](#)

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

[Substance Use Disorder Demonstration Project](#)



Review of Resources: Continued

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

[Overview](#)

[Goals and Milestones](#)

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[Meeting Schedule](#)

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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.

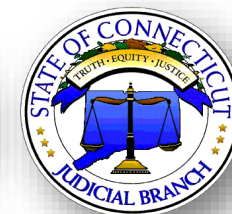
The below Policy and Clinical Assumptions Grids outlines the expectations for Medicaid treatment providers in areas including admissions, interventions and treatment services, documentation, staffing and supervision.

- [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

[Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment--Provider Resources](#)



Importance of Individualizing Care

The ASAM Criteria, 3rd Edition (2013)

1. “The ASAM criteria continues to encourage moving away from treatment based on diagnosis alone (i.e. seeing a diagnosis as a sufficient justification for entering a certain modality or intensity of treatment) towards treatment that is holistic and able to address multiple needs. A diversity of clinical offerings and intensities reflects the diversity of patients who may have needs in a number of clinical and functional dimensions. The criteria’s six assessment dimensions were specified in order to address this guiding principle.” (p. 4)
2. “Rather than focusing on ‘placement’ in a program, often with a fixed length of stay, The ASAM Criteria supports individualized, person-centered treatment that is responsive to the patient’s specific needs and progress in treatment.” (p. 4)



Program Driven Treatment

“Services received and the anticipated length of stay are determined primarily by the philosophy, design, and model of treatment rather than on the individual's multidimensional assessment and treatment outcomes. Such programs are often for a fixed length of stay from which a patient graduates and is said to then have completed treatment.” (p. 426)

Individualized Driven Treatment

“Treatment that is person-centered and collaborative designed to meet a particular patient's needs and preferences guided by services that are directly related to a specific, unique patient assessment” (p.420)



Who is involved in Individualized Program: Multidisciplinary Team

Areas

1. Medical
2. Clinical
3. Case Management/Service Coordination
4. Support Services

For more information regarding discipline definitions and working within their scope of practice please refer to the FAQs and additional resources on the 1115 Demonstration Waiver website.

Individuals

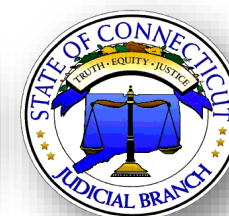
1. MD/PA/APRN and Nursing
2. Independently Licensed Clinicians
 - Associate Licensed Clinicians, Graduate Level Interns
3. Case Manager/Service Coordinator
4. CAC, CADC, Technicians, Certified Peers, Utilization Review Specialist, Unlicensed Counselors, Associate/Bachelor Level interns



What is involved in Individualized Care: Services

- Therapy
 - Individual, group, couples, and family therapy: “...focuses on symptom reduction associated with the individual's diagnosis(es), stabilization and restoration to the person's best possible functional level.”
- Health Services and Medication Management
 - Any combination of the following as medically necessary: health assessment, health monitoring, health education requiring a medical license for an individual or group sessions, psychotropic and other medication management.
- Peer Support Services
 - “...focuses on providing individuals with recovery-related supports that promote self-management strategies...”
- Service Coordination/Case Management
 - “...includes discharge planning, assisting with coordination of services necessary to meet the individual's needs and service planning for Medicaid-covered services, and referral and linkage to other Medicaid-covered services.”
- Skill Building and Psychoeducation
 - “The skill building is directed to decrease problem behavior and increase appropriate pro-social behavior and promote integration with community resources.” “Psychoeducation and wellness education provide instruction and training to increase an individual's knowledge and understanding of ... any combination of health, development, diagnosis(es), prognosis(es), and treatment...”

[ct-22-0020 approval.pdf](#)



SUD Programing Hours: Clinical versus Psychoeducation

Clinical Services

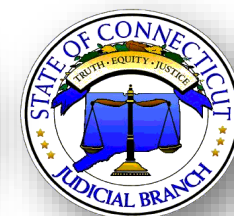
- **Therapy:** group therapy, individual therapy, couples/family therapy facilitated by the appropriately credentialed individuals working within their scope of practice.
- **Medical assessments:** History and Physicals, Nursing assessments, Psychological evaluations, and medication management appointments.

6. Would psychiatric time (psychiatric evaluation, medication management) count toward the **clinical hours** of weekly programming?

A. Yes.

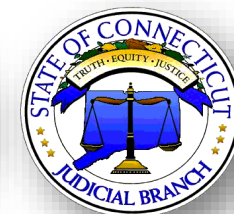
Psychoeducation Services

- **Health Education:** providing information on health topic related to SUD in individual and group settings.
- **Peer Support Services:** providing recovery-related supports that promote self-management strategies, in an individual or group setting.
- **Case Management/Service Coordination:** providing aftercare, discharge, and wrap around community supports individually and within a group setting.
- **Skill building:** providing skills in a group setting to decrease problem behaviors and increase appropriate pro-social behaviors.
- **Psychoeducation:** providing instruction and training to increase understanding, enhance engagement, and favorably affect clinical outcomes.



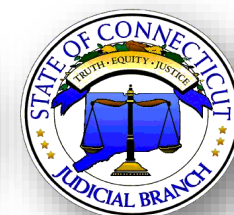
Clinical Services: Interventions and Evidence Based Practices

- Seeking Safety
- Cognitive Behavioral Therapy (CBT)
 - Motivational Interviewing
- Trauma Recovery and Empowerment Model (TREM and M-TREM)
 - Acceptance and Commitment Therapy
 - Matrix Model
 - Solution-Focused Therapy
 - Seven Challenges
 - Helping Men Recover/Helping Women Recover
 - Dialectical Behavioral Therapy (DBT)
 - Motivational Enhancement Therapy
 - Living in Balance
 - Hazelden Model
 - Rational Emotive Behavioral Therapy (REBT)
 - Self Managing And Recovery Training (SMART) Recovery
 - Mindfulness-Based Stress Reduction (MBSR)
 - Moving on



Clinical Services: Individual and Family Therapy Sessions

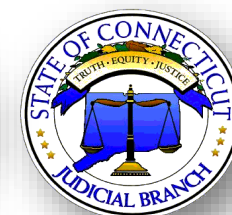
- All residential levels of care *require* a minimum of one (1) hour per week completed by the appropriately credentialed individual.
- Effective sessions are usually planned and written into the patient's schedule and treatment plan; and involves clinical skill, evidence based interventions, and allows the patient to safely process their experiences in treatment.
- Effective sessions are not 20 minutes, rushed, lacking evidence based clinical interventions, assisting in case management needs, and/or just focusing on reviewing patient homework from group or previous individual sessions.
- Not all clients may engage in Family Therapy, but it is an element to be considered in treatment and it is *required* that individuals are assessed and offered family services. Please remember to work within your scope of practice and seek additional Clinical Supervision as needed.



Psychoeducation Services

Required

- Naloxone (NARCAN) and overdose prevention education
- Health education services that do and do not require a medical license to discuss (i.e. sleep hygiene, sexually transmitted infections, nutrition, impacts of addiction and the brain, etc.)
- Education on Medication for Addiction Treatment options
- Relapse prevention skills and strategies
- Social Skills, Life Skills, Communication Skills, Self-Advocating Skills
- Educational and/or vocational activities with evidence of being curriculum based and provided by the appropriately credentialed individual (i.e. Living Skills Collection by Hazelden)



Case Management/Service Coordination

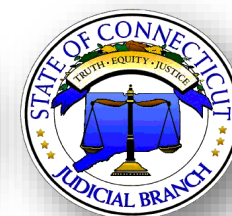
- Is separate from clinical interventions.
- Is required as part of the individualized treatment plan.
- Consists of coordination of health care, addiction services, mental health services, recovery support services, social services, vocational and housing services to meet the individual's needs.
- Bridges the gap between clinical and non-clinical services.
- Is constantly being evaluated to determine need/change in need.
- Aids in the transfer to other levels of care, aftercare planning, and coordination with ancillary and wrap around services.
- Should be done by working directly with the client.



Additional Activities

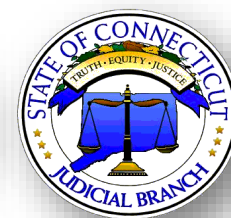
- Recreation/unstructured group activity (i.e. movies and individuals doing separate activities)
- 12 Step Meetings via in person or Zoom
- Community Meetings (orientation information, review of rules, address client concerns, changes in program etc.)
- Morning/Evening Meditation/Reflection/Reading of a passage from 12 step
- Vocational training that is not curriculum based

Please note these services are important and make up the multidisciplinary approach; however, per the CT Assumptions Grid, they do not count towards SUD clinical/psychoeducation/programming hours.



Operationalizing Individualized Programming

Program Driven → Individualized Program Scheduling



Multidisciplinary Team and Programming Requirements for All Levels of Care

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



Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid

Residential Levels of Care

All Providers must adhere to state licensing requirements for their respective level(s) of care. As set forth in the Connecticut Medical Assistance Program (CMAP) provider enrollment agreement, providers must comply with all applicable federal and state statutes, regulation, and other requirements. All treatment services and interventions outlined within are included in the all-inclusive rates unless otherwise specified.

Qualified practitioners must operate within their scope of practice as applicable under state law, ensuring appropriate licensure and supervision as applicable. Qualified practitioners whose credentials exceed the minimum expectations outlined in this document may provide the services identified so long as they continue to operate within their scope of practice as applicable under state law.

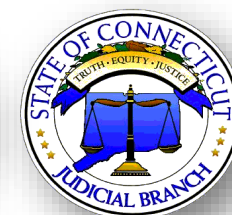
Substance Use Disorders Services Policy and Clinical Assumptions Grid

All Providers must adhere to state licensing requirements for their respective level(s) of care. As set forth in the Connecticut Medical Assistance Program (CMAP) provider enrollment agreement, providers must comply with all applicable federal and state statutes, regulations, and other requirements.

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Outpatient Levels of Care

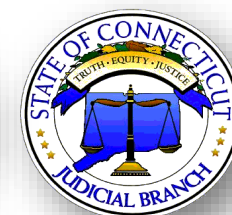
	Intensive Outpatient Treatment (IOP) (ASAM 2.1)	Partial Hospitalization (ASAM 2.5)
Brief Service Description	Intensive Outpatient (IOP) provides 6-19 hours of clinically intensive programming per week (minimum of three contact days per week) for adolescents and 9-19 hours (minimum of three contact days per week) for adults based on individual treatment plans.	Partial Hospitalization Program (PHP) provides 20 or more hours of clinically intensive programming per week (minimum of four contact days per week) based on individual treatment plans. Programs have ready access to psychiatric, medical, and laboratory services. Intensive services at this LOC provide comprehensive bio-psychosocial assessments and individualized treatment and allow for a



Transitioning from Program Driven to Individualized Programming and Treatment

Mindset Shift

- Program Driven → Individualized Treatment Driven
- “This is how we’ve always done it” → Innovative, creative problem solving, flexibility
- Documentation focused → Person centered, the “golden thread”, and streamlining

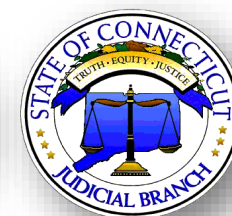


Program Driven Schedule

- Two counselors offering the same exact group format or topic.
- All clients must attend AA/NA.
- Few or no opportunity for client to meet with multidisciplinary (Counselor, Doctor, RN, Peer, Case Manager, etc.) team on a 1:1 basis.
- Not collaborating/referring to outside providers.
- Offering only one type of evidence based therapeutic technique.
- A rigid, uniform schedule all clients must attend.
- Abstinence only philosophy and programming.

Patient Driven Schedule

- Providing options on groups clients can attend by either offering those options during the same group time or offering the variety throughout the schedule.
- Clients are offered a variety of recovery support group options
- Variety of times patients can speak with multidisciplinary team (Counselor, Doctor, RN, Peer, Case Manager, etc), and including members the patient is involved with that may be outside of your agency.
- Collaborating with and referring to outside providers when deemed appropriate.
- Offering a variety of evidence based therapeutic techniques or modalities.
- Creating the individualized daily schedule with the client based of their ASAM assessment.
- A philosophy that is patient centered, considerate, and respectful of the patient's requests and goals (including harm reduction programming, etc.).



Operationalizing Individual Programming Hours

It starts with the individual

<p>Date</p>	<p>Based on Assessments, I have been encouraged and/or recommended to attend the following interventions while I am in treatment:</p> <p>I understand that I am recommended to attend a minimum of 4 groups daily at IOP level of care.</p>	<p><input type="checkbox"/> Group Programming</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinical Process Group <input type="checkbox"/> Co-Occurring <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> Prosocial Activities <input type="checkbox"/> Recovery Skills <input type="checkbox"/> Life Skills <input type="checkbox"/> CBT <input type="checkbox"/> Emotional Regulation <input type="checkbox"/> Music Therapy <input type="checkbox"/> Nutrition in Recovery <input type="checkbox"/> Health Skills in Recovery <input type="checkbox"/> Interpersonal Skills <input type="checkbox"/> Other: 	<p>Other Treatment Modalities Recommended:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual Therapy <input type="checkbox"/> Monitoring by Provider Team as needed / Med Management <input type="checkbox"/> Family Therapy <input type="checkbox"/> Case Management Session <input type="checkbox"/> Other: _____
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Daily Schedule Activities

Evidence of a daily schedule of activities designed to meet individualized treatment needs in alignment with the minimum required treatment hours outlined in the Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid.



Example of Individualized Schedule

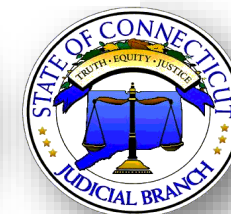
Exceeding the Required Hours

3.7 Level of Care

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30	RSS1	RSS1	RSS1	RSS1	SCC1	SCC2	RCM/ Self Run
9:30	RSS1	C1	C2	C1	C4	SCC2	RN1
		C2	C5	C3	C1		
10:45	C3	C2	SCC1	C4	C2	C1	C4
	C5	C3		C5	C5	C2	
1:15	C3	C3	C2	RSS1	RSS1	PM	RSS2
	C5	C1	C3				
3:00	RSS1	RN2	C4	C5	C4	PM	RSS2
			C2	C1	C1		
6:00	RCM/ Self Run	RCM/ Self Run	RCM/ Self Run	RSS2	RSS2	RSS2	RSS2
6:30	Speaker	Speaker	Speaker	Speaker	RSS2	RSS2	Speaker

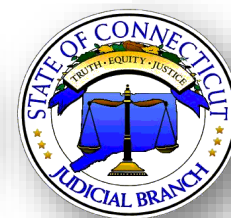
**Purple =
Clinical**

**Blue =
Psycho-
educational**



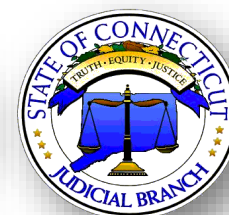
Example of Individualized Program Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am – 8am	Wake Up/Breakfast/Meds	Wake Up/Breakfast/Meds	Wake Up/Breakfast/Meds	Wake Up/Breakfast/Meds	Wake Up/Breakfast/Meds	Wake Up/Breakfast/Meds	Wake Up/Breakfast/Meds
8am – 9am	Nutrition/Gym/Yoga/Walk	Nutrition/Gym/Yoga/Walk	Nutrition/Gym/Yoga/Walk	Nutrition/Gym/Yoga/Walk	Nutrition/Gym/Yoga/Walk	Nutrition/Gym/Yoga/Walk or Outside Recovery Support Group	Nutrition/Gym/Yoga/Walk or Spiritual Service
9am – 10am	Process Group or Specialty Group or Individual Therapy	Process Group or Specialty Group or Individual Therapy	Process Group or Specialty Group or Individual Therapy	Process Group or Specialty Group or Individual Therapy	Process Group or Specialty Group or Individual Therapy	Process Group or Specialty Group or Individual Therapy or Family Programming	Process Group or Specialty Group or Individual Therapy or Family Programming
10am – 11am							
11am – 12pm	CRS/Case Management/Lab & UDS	CRS/Case Management/Lab & UDS	CRS/Case Management/Lab & UDS	CRS/Case Management/Lab & UDS	CRS/Case Management/Lab & UDS	CRS/Case Management/Lab & UDS	CRS/Case Management/Lab & UDS
12pm – 1pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1pm – 2pm	Individual Therapy or Medical Appt	Individual Therapy or Medical Appt	Individual Therapy or Medical Appt	Individual Therapy or Medical Appt	Individual Therapy or Medical Appt	Individual Therapy or Medical Appt	Individual Therapy or Medical Appt
2pm – 3pm							
3pm – 4pm	Life Skills Group, Coping Skills, or Relapse Prevention	Life Skills Group, Coping Skills, or Relapse Prevention Group	Life Skills Group, Coping Skills, or Relapse Prevention	Life Skills Group, Coping Skills, or Relapse Prevention	Life Skills Group, Coping Skills, or Relapse Prevention	Life Skills Group, Coping Skills, or Relapse Prevention or Family Programming	Life Skills Group, Coping Skills, or Relapse Prevention or Family Programming
4pm – 5pm	Individual Therapy or Therapeutic Homework	Individual Therapy or Therapeutic Homework	Individual Therapy or Therapeutic Homework	Individual Therapy or Therapeutic Homework	Individual Therapy or Therapeutic Homework	Gym/Walk/Yoga	Gym/Walk/Yoga
5pm – 6pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6pm – 7pm	Community Meeting	Community Meeting	Community Meeting	Community Meeting	Community Meeting	Community Meeting	Community Meeting
7pm – 8pm	Recovery Support Group or Family Programming	Recovery Support Group or Family Programming	Recovery Support Group or Family Programming	Recovery Support Group or Family Programming	Recovery Support Group or Family Programming	Recovery Support Group or Family Programming	Recovery Support Group or Family Programming
8pm – 9pm	Evening Meditation/Individual Prayer	Evening Meditation/Individual Prayer	Evening Meditation/Individual Prayer	Evening Meditation/Individual Prayer	Evening Meditation/Individual Prayer	Evening Meditation/Individual Prayer	Evening Meditation/Individual Prayer



Development and Implementation of an Individualized Program Schedule

1. Identifying the areas of improvement: Individualizing Program Scheduling
2. Revising documentation (biopsychosocial, treatment plans, and discharges) to reflect The ASAM criteria and identify individualized treatment needs.
3. Shifting SUD programming from a program driven schedule to one that is flexible and inclusive to individualized needs.
4. Developing a standard of practice and workflow that supports the collaboration of the multidisciplinary team and the individual to develop the client's individualized programming (what groups to attend, when to meet for individual/family therapy, when to be evaluated for medication, etc.). This programming is based off the biopsychosocial assessment and The ASAM Criteria ratings, rationale, and strengths and needs.
5. Implement the new standard of practice and assess how it is working by doing an internal review of what is working and what continues to need alteration and improvement.



Population Specific Treatment and Programing

- All SUD programming under the Demonstration in Connecticut is required to be co-occurring capable
 - If something more specific is needed there are specialized programs:
 - 3.7RE Co-occurring Enhanced
 - 3.3 Clinically Managed Population-Specific High-Intensity Residential Services (Adult Criteria Only)
 - 3.5 Pregnant and Parenting Women (PPW)
 - Adolescent specific programming
 - Gender specific programming

Women's Services

[Women's and Children's Services \(ct.gov\)](http://www.ct.gov/wcs)

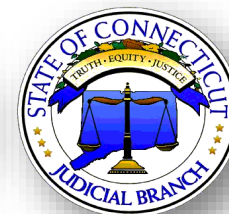
DCF SUD Resource Page

[Substance Use Services \(ct.gov\)](http://www.ct.gov/substance)



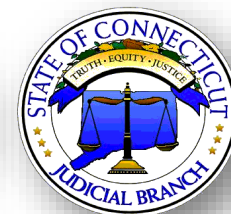
Reminders:

- The next webinar in our series will be held on July 9th at 12pm and the topic will be Individualized Documentation Considerations.
- Questions for the next topic should be submitted at least 7 days in advance of the webinar to 1115waiver@abhct.com, as well as any additional questions you may have regarding Operationalizing Individualized Program Scheduling.
- You will be able to review this webinar on the DSS webpage following this event.
[Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment--Training Opportunities](#)
 - Suggestions for future webinar topics should be submitted to 1115waiver@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.



State Partner Contacts

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