ASAM Monthly Technical Assistance Series

Service Coordination/Case Management

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 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 future.
- This webinar is being recorded. Please remain on mute during the presentation or 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**.

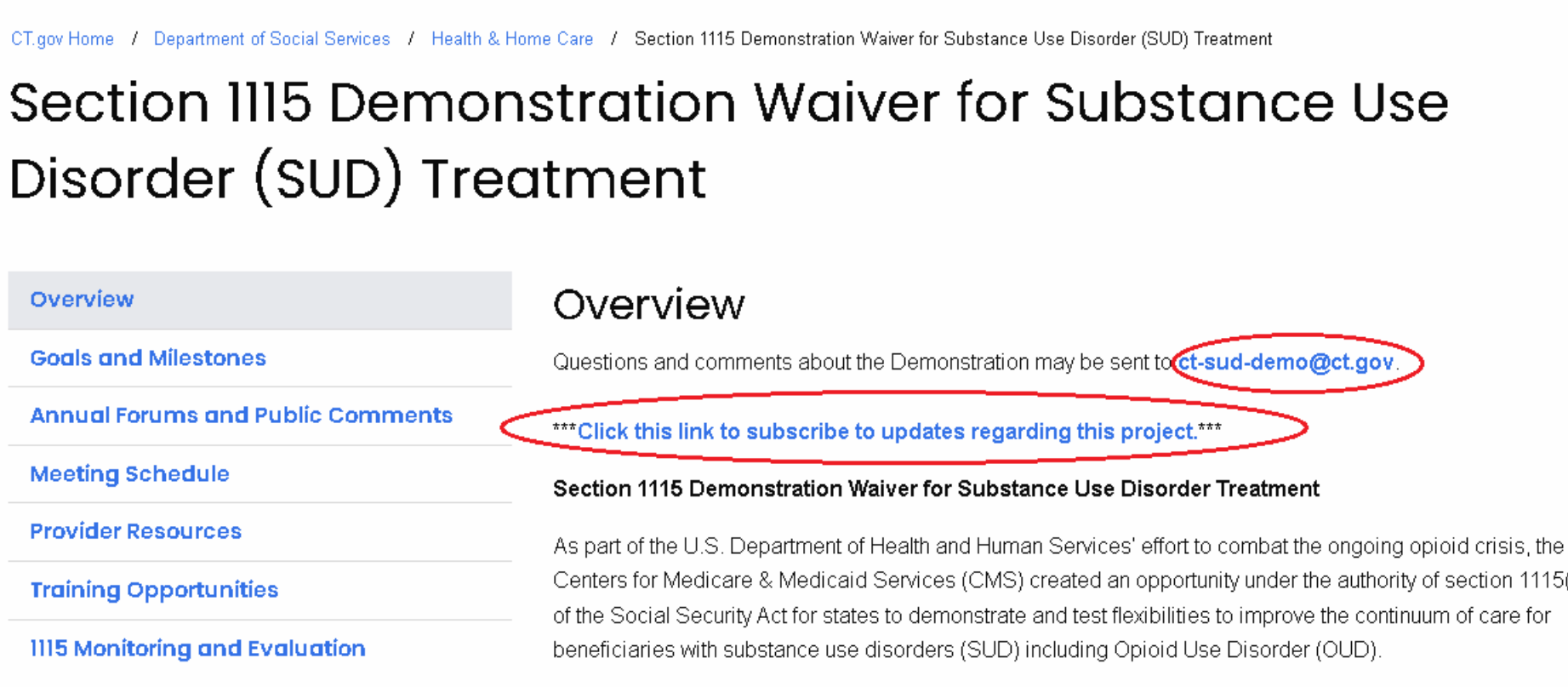
Disclaimers:

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.

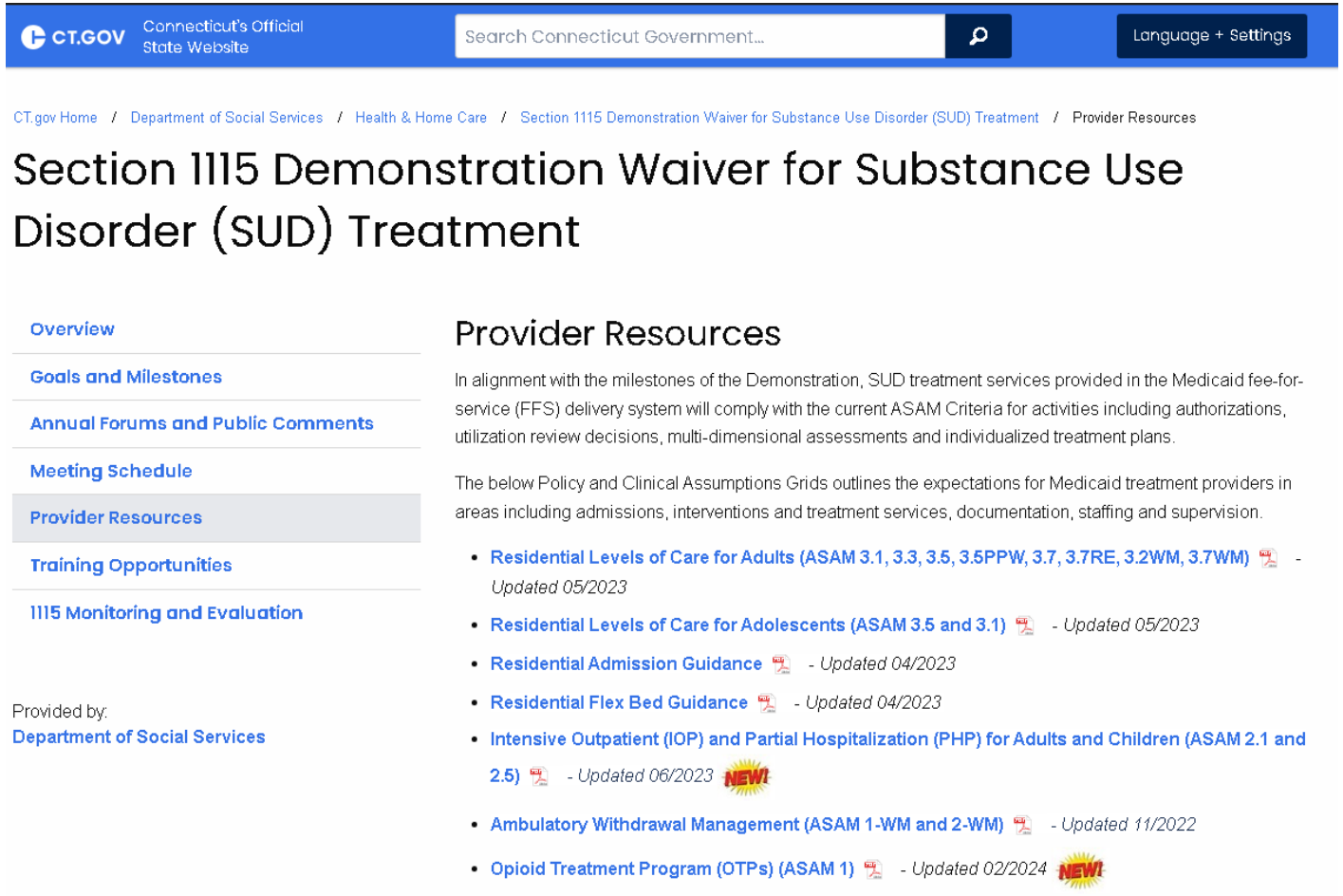
Review of Resources: How to Subscribe to Updates



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



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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

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!

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

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 for Service Coordination/Case Management

1. Participants will have an understanding of what Case Management/Service Coordination is
    1. Definitions of Case Management
    2. Principles of Case Management
    3. Shared Decision making in Case Management
    4. Factors contributing to the increase in use of Case Management
    5. Effectiveness of Case Management
2. Participants will be able to demonstrate understanding of where and how to document Case Management and Service Coordination in the Client record
3. Participants will be reminded of Chart Monitoring Tool elements, Administrative Activities, the SPA, and the Clinical Assumptions Grids related to Case Management
4. Participants will be able to assess Case Management and Service Coordination needs based on ASAM dimensions and risk ratings

Defining Case Management: ASAM Definition

The ASAM Criteria, 3rd Edition (2013)

- "Case Management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs, using communication and available resources to promote quality, cost-effective outcomes." (p.415)

Defining Case Management: The State Plan Amendment (SPA)

Case Management/Service Coordination

- "This component 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. Service Coordination entails the coordination by the provider or in the provider's facility, including medical care. The goal of service coordination is to avoid more restrictive levels of treatment whenever appropriate and to help transition members to the most appropriate level of care, including when appropriate, home or community-based living with outpatient ambulatory treatment (e.g. individual and family therapy, psychiatric services, medication assisted treatment)."

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Principles of Case Management/Service Coordination

Case Management…

- "…offers the client a single point of contact with the health and social services systems."
- "…is client-driven and driven by client needs."
- "…involves advocacy."
- "…is community-based."
- "…is pragmatic."
- "…is anticipatory."
- "…must be flexible."
- "…is culturally sensitive."

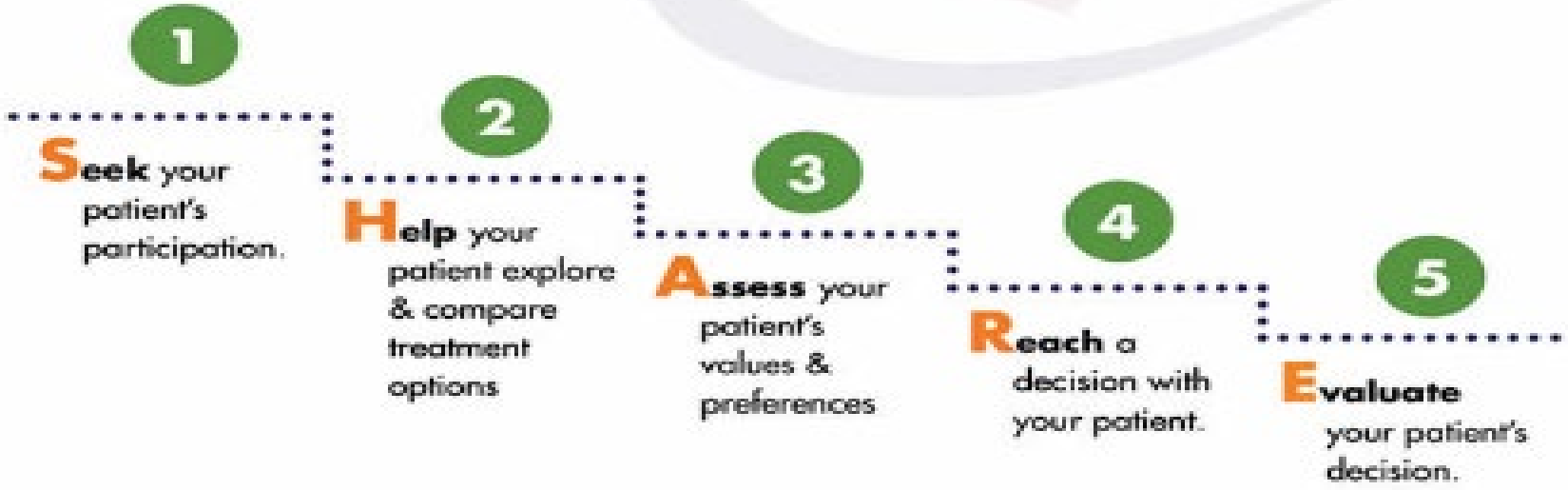
TIP 27: Comprehensive Case Management for Substance Abuse Treatment (samhsa.gov)

Case Management/Service Coordination: Collaboration

Shared Decision Making/Participant-Directed: Treatment adherence and outcomes are enhanced by patient collaborations. Shared decision making engages people in treatment and recovery using informed consent that indicates that the adult, adolescent, legal guardian, and/or family member has been made aware of the proposed modalities of treatment, and the risks of treatment versus no treatment. In this context, the patient collaborates on what services are provided and accepted in the patient-centered treatment plan. (Mee-Lee D, 2013, p. 428-429)

The SHARE Approach

5 Essential Steps of Shared Decision Making



[The SHARE Approach | Agency for Healthcare Research and Quality (ahrq.gov)]

Factors Contributing to the Increase in Use of Case Management

1. "Many patients with SUDs have co-occurring mental disorders and comorbid conditions that providers recognize need concurrent treatment."
2. "Programs increasingly recognize that helping patients address basic needs, as determined by a comprehensive SDOH (social determinants of health) assessment, is essential to treatment."
3. "The rate of acute health crises related to drug use continues to increase."
4. "Multiple developments in healthcare and behavioral health services are expanding the use of case management."

Social Determinants of Health

SDOH have been defined as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (U.S. Department of Health and Human Services, n.d.), including risk for substance misuse and related health consequences (Office of the Surgeon General, 2016). Case managers can play a central role in assessing SDOH and in assisting to develop a plan that effectively takes them into account (Fink-Samnick, 2018).

COMPREHENSIVE CASE MANAGEMENT FOR SUBSTANCE USE DISORDEER TREATMENT (samhsa.gov)

Effectiveness of Case Management/Service Coordination

SAMHSA ADVISORY

Definitive statements about the overall effectiveness of case management cannot be made, because studies vary in their definitions of the term, methodology, study populations, intervention designs, and outcome measures. However, multiple analyses (Joo & Huber, 2015; Kirk et al., 2013; Penzenstadler et al., 2017; Rapp et al., 2014; Regis et al., 2020) have found positive outcomes for one or more measures, such as treatment adherence, overall functioning, costs, decreases in substance use, reductions in acute care episodes, and increased engagement in nonacute services. A 2019 meta-analysis comparing case management with treatment as usual showed a small yet statistically significant positive effect, which was greater for treatment-related tasks than for personal functioning outcomes such as improved health status and family relations and reductions in substance use and legal involvement (Vanderplasschen et al., 2019).

COMPREHENSIVE CASE MANAGEMENT FOR SUBSTANCE USE DISORDEER TREATMENT (samhsa.gov)

Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment--Goals and Milestones

Documenting Case Management/Service Coordination

How and Where to Document Case Management/Service Coordination

1. At Admission
2. During Treatment Planning and Treatment Planning Review
3. In Progress notes
4. At Discharge

How and Where to Document Case Management/Service Coordination

1. At Admission
   - In the Biopsychosocial Assessment
     - Woven throughout your agency's specific biopsychosocial
     - The ASAM Criteria Assessment Interview Guide
   - In each ASAM dimension formulation as applicable
   - During the first meeting with the Case Manager/Service Coordinator as applicable

How and Where to Document Case Management/Service Coordination

2. At Treatment Planning and Treatment Plan Review
   - As a goal/intervention on the treatment
   - Update information regarding progress towards case management/service coordination throughout treatment and during scheduled treatment plan reviews
   - Documentation of concurrent coordination of services as applicable (e.g. outside providers such as Primary Care Doctor, Outpatient Therapist, DCF, MAT provider, Psychiatrist, JBCSSD, DOC, etc.)
     - This should be noted on the treatment plan and within progress notes and/or contact notes

How and Where to Document Case Management/Service Coordination

3. In Progress notes
   - Can be documented in:
     - Individual progress notes
       - Clinical therapy session noting the progress towards aftercare planning and/or discussing the clinical impacts of discharging and moving to the next level of care
       - Case Management/Service Coordination individual session note where the staff is meeting with the client to review needs and progress towards aftercare and discharge
     - Group progress notes
       - Groups dedicated to provide education on aftercare supports and treatment options
       - For levels of care that do not have a separate Case Manager/Service Coordinator position, documentation might be seen in the group notes when the client is nearing discharge and moving to the next lower level of care (e.g. transitions from 2.5 to 2.1 to outpatient within the same agency)
     - Client contact notes
       - Documenting phone calls and emails to external providers
     - Document/Media Library
       - Including copies of referrals and ROIs faxed to possible aftercare agencies

How and Where to Document Case Management/Service Coordination

4. At Discharge
   - Documentation of what the discharge/aftercare plan is in the discharge summary document
   - Document should include:
     - The next level of care/provider (even if it is your same agency)
     - Date and time of the appointment to next level of care/provider
     - If client is prescribed MAT, noting who will be prescribing (even if it is your same agency)
   - In the client record, there should be releases of information for the next provider (if it is outside of your agency)
     - If client refuses to sign ROIs then it should be noted in the client record

Discharge

Discharge: "The point of which an individual's active involvement with a treatment service is terminated, and [they] no longer [are] carried on the service's records as a patient." (Mee-Lee D, 2013, p.418)

Discharge Planning

The action of planning for a client's discharge and aftercare services.

Discharge Summary Document

Documentation of the summary of treatment and plan for aftercare/next level of care. Please refer to the Documentation Considerations Webinar for further information.

Discharge Planning

- Discharge planning starts at admission, develops and changes throughout treatment, and prepares for a successful transition to the next treatment provider/level of care, as well as to any non-clinical community supports, and/or natural supports as deemed appropriate.
- Planning is done collaboratively with the client and concurrently with others involved (e.g. concurrent providers, family/significant other).
- The discharge plan is designed to help the client be successful post discharge, which includes:
  - Aftercare providers including ancillary, wrap around services, next level of care.
  - Crisis/safety planning.
  - Medications including MAT (e.g. names, doses, where and how to pick up, doctor contact).
  - Additional Case Management needs or resources provided (e.g. resources for daily living like food pantries, utility help, local support groups, shelters, transportation).

Chart Monitoring Elements Related to Case Management/Service Coordination

- Residential Chart Monitoring Tools
  - Individualized Treatment Plan
    - Element 2.5e: Reflects case management by on-site staff, coordination of addiction treatment, mental health, recovery support, social, housing, vocational services or integration of care as applicable.
  - Care Coordination
    - Element 8.1a: Evidence of discharge planning, facilitating referral arrangements and coordination with aftercare.
    - Element 8.1b: Evidence of assistance with networking individuals into community-based ancillary or "wrap around services".
- Residential Administrative Activities Tool
  - Section 5: Staffing Requirements are in accordance with ASAM standards and Connecticut Substance Use Disorder Services Policy and Clinical Assumptions Grid.
    - Element 5.h: A Service Coordinator is dedicated to managing incoming referrals and discharge plans.
    - Element 5.i: The Service Coordinator is on-site weekdays during first shift for 80% of the time; the other 20% can be done during second, third, or weekend shifts.
  - Section 8: Programs have direct affiliations with other levels of care or close coordination through referral to a higher or lower level of care.
    - Element 8.a: The organization coordinates concurrent services from other providers.

Chart Monitoring Elements Related to Case Management/Service Coordination

- Ambulatory Chart Monitoring Tools
  - Individualized Treatment Plan
    - Element 2.3e: Reflects case management services: coordination of addiction treatment, mental health, recovery support, social, housing, vocational services or integration of care.
  - Care Coordination
    - Element 8.1a: Evidence of discharge planning, facilitating referral arrangements and coordination with aftercare.
    - Element 8.1b: Evidence of assistance with networking individuals into community-based ancillary or "wrap around services".
- Ambulatory Administrative Activities Tool
  - Section 7: Programs have direct affiliations with other levels of care or close coordination through referral to a higher or lower level of care.
    - Element 7.a: The organization coordinates concurrent services from other providers as defined by the individual treatment plan.

Qualified Practitioners

The State Plan Amendment (SPA)

- Independent licensed practitioners
- Associate licensed practitioners
- Certified Alcohol and Drug Counselors (CADC, CAC)
- Registered Nurses
- Licensed Practical Nurses
- Unlicensed Counselors
- Peer Support Specialists
- Technicians
- Graduate-level Interns
- Associate/Bachelor-level Interns

"All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor as set forth below in the definition for each category of practitioner." (Please refer to the SPA for more details) ct-22-0020_approval.pdf

Different levels of care have different requirements regarding the Case Manager/Service Coordinator position (i.e. some require a separate position and others do not). Please refer back to Clinical Assumptions Grids on the 1115 Waiver website.

Connecticut Substance Use Disorders Services Policy and Clinical Assumptions Grid

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.

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.

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

Assessing Case Management/Service Coordination needs based on ASAM Dimensions and Risk Ratings

Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Services (ASAM p. 73)

RISK RATING & DESCRIPTION CLINICAL DESCRIPTORS OF RISK RATINGS 0 THROUGH 4		SERVICES & MODALITIES NEEDED INDICATES WHICH SERVICE(S) MATCH THE ASSESSED RISK RATING
RISK RATING: 0	Indicates full functioning; no severity; no risk in this dimension.	Indicates no need for specific services in this dimension.
RISK RATING: 1-4	Indicates various levels of functioning and severity and the level of risk in this dimension.	Indicates the range of specific services needed in the treatment plan to match the patient's functioning and severity in this dimension

Diagnosis alone does not determine the level of severity of illness.

Matching Multidimensional Severity

- Step 1: Assess all 6 dimensions for immediate needs.
  - Immediate needs are determined by a severity level of 4 in any dimension. The dimension with the highest severity rating determines the immediate service need.
- Step 2: Determine risk in all dimensions.
- Step 3: Identify types of services and modality needed for all dimensions with any significant risk ratings.
  - Not all dimensions may have sufficient severity to warrant service needs at the time of assessment.
- Step 4: Use the multidimensional risk profile produced by the assessment in steps 2 and 3 to develop an initial treatment plan in the level of care determined by the dimensional admission criteria for each level of care.
- Step 5: Make ongoing decisions about the client's continued service needs by repeating steps 1-4.

Assessing and Identifying Case Management/Service Coordination in the 6 ASAM Dimensions

Utilizing the Paper-Based ASAM Criteria Assessment Interview Guide

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Dimension 1: Acute Intoxication or Withdrawal Potential

Case Management may include the following:

- MAT services
- Overdose prevention resources
- Harm reduction resources

Problem Statements and Goals (Optional, for treatment planning purposes)

➤ **Interviewer instructions:** get quotes in the patient's own words. Remember to create goals that are concrete, measurable, and achievable

9. What concerns do you have about your risk for overdose?	Problem(s):
10. What concerns do you have about your risk for withdrawal?	Problem(s):
11. What concerns do you have about getting medication or other treatment for withdrawal symptoms, if any?	Problem(s):
12. What goals do you have for your management of withdrawal or overdose risk?	Goal(s):

Dimension 2: Biomedical Conditions and Complications

Case Management may include the following:

- Obtaining a release of information for current Primary Care Doctor
- Assessing for any and all health needs and referring as applicable (e.g. dentist, primary care, etc.)

6. ***Interviewer observation:*** *are any of these medical/physical health issues potentially* ***infectious*** *to other staff or patients? (Seek medical or nursing consultation if unsure) Please describe:*	☐ Yes ☐ No
7. *(Confirm, ask if not known)* Are all of these medical/physical health problems in good control or stable with current treatment? Please describe:	☐ Not sure ☐ Unstable/uncontrolled ☐ Stable w/ treatment ☐ Stable w/out treatment ☐ N/A
8. Do you need additional treatment for new, worsening or more severe symptoms/problems? Please describe:	☐ Yes ☐ No ☐ Don't know

1. Do you have a primary care clinician who manages your medical concerns? ☐ Yes ☐ No

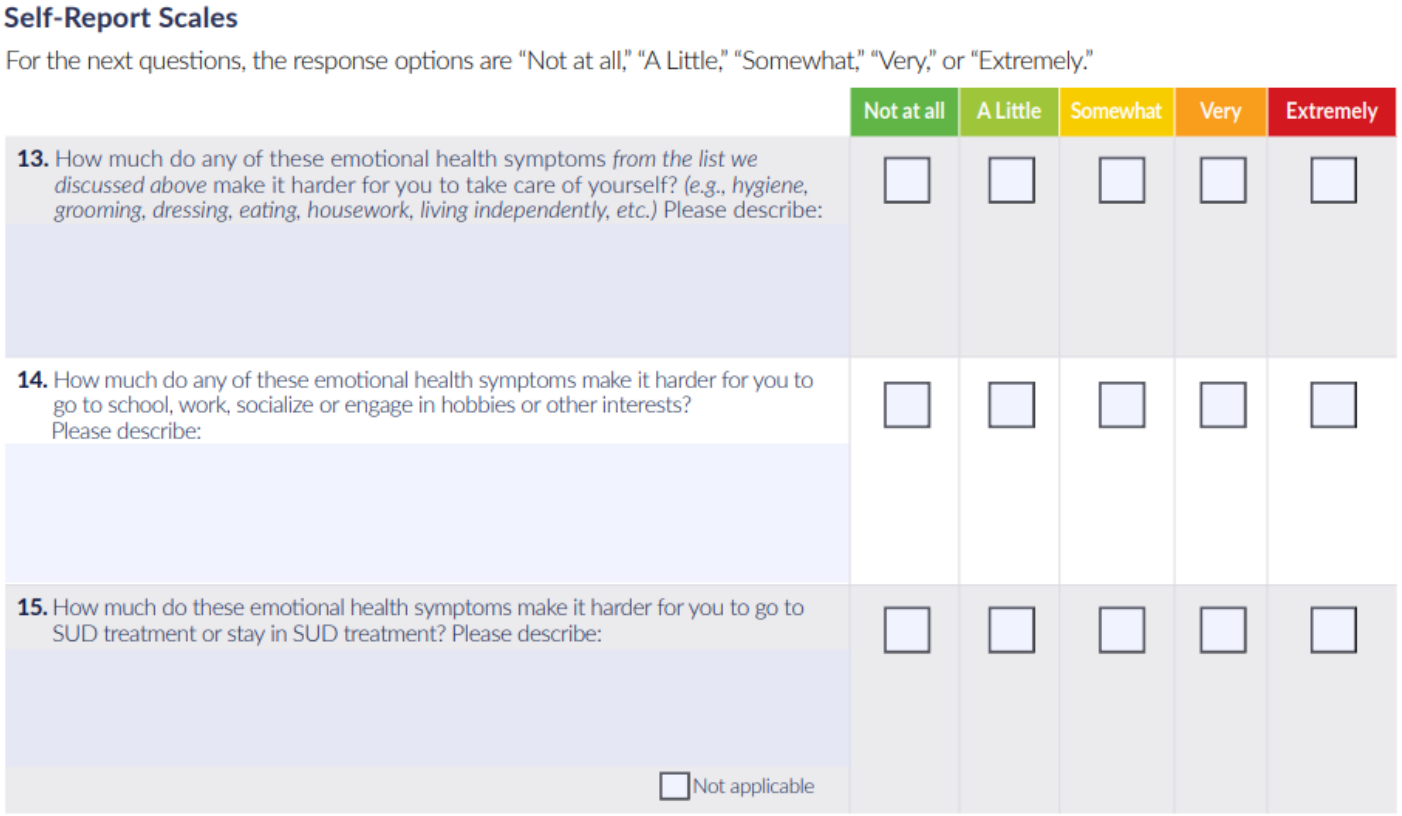
[Healthcare providers should be identified for collaboration and releases of information obtained.]

Provider name: _____ Provider contact: _____

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

Case Management may include the following:

- Referral for outside individual therapist
  - Specialized therapy or treatment: Trauma therapy, DBT
- Referral for outside Psychiatrist for mental health medication management



Self-Report Scales

For the next questions, the response options are "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

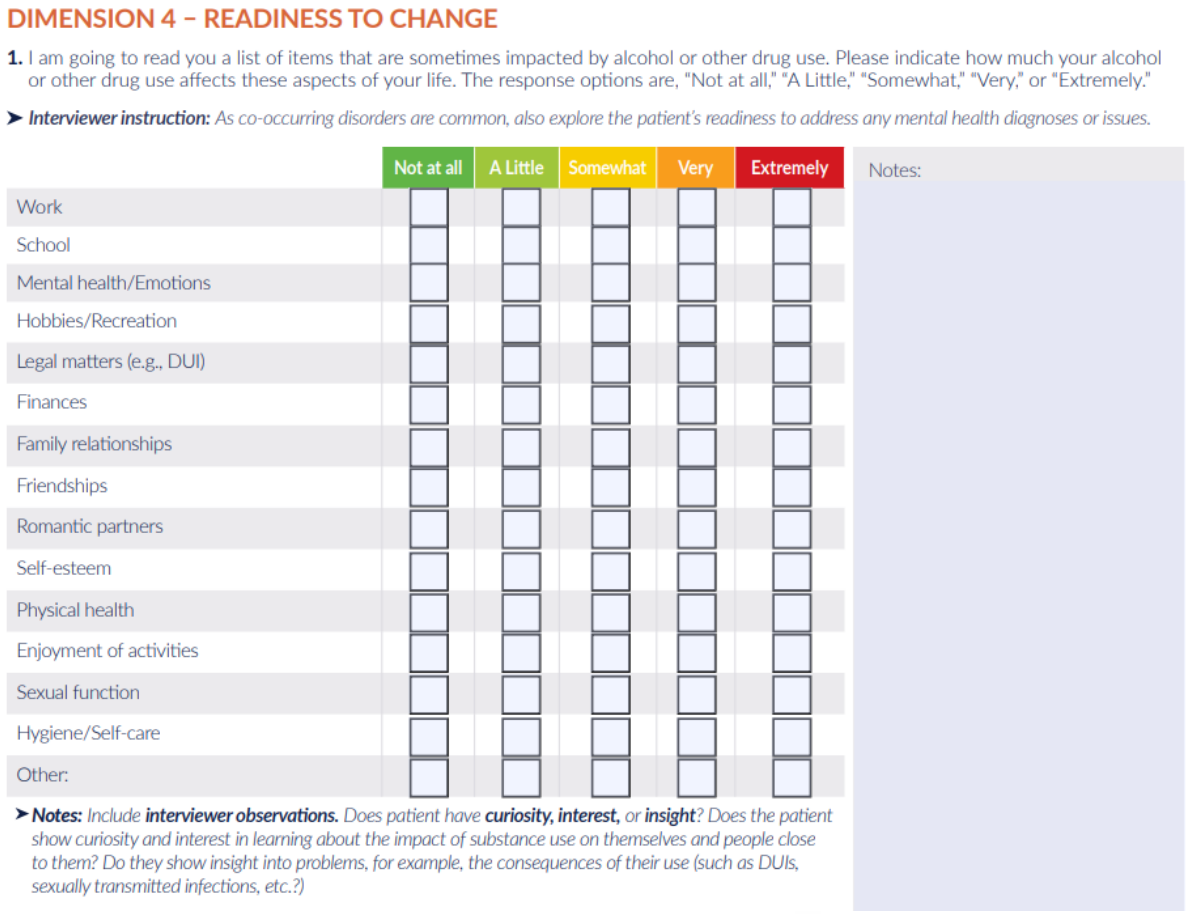
	Not at all	A Little	Somewhat	Very	Extremely
13. How much do any of these emotional health symptoms *from the list we discussed above* make it harder for you to take care of yourself? *(e.g., hygiene, grooming, dressing, eating, housework, living independently, etc.)* Please describe:	☐	☐	☐	☐	☐
14. How much do any of these emotional health symptoms make it harder for you to go to school, work, socialize or engage in hobbies or other interests? Please describe:	☐	☐	☐	☐	☐
15. How much do these emotional health symptoms make it harder for you to go to SUD treatment or stay in SUD treatment? Please describe:	☐	☐	☐	☐	☐

☐ Not applicable

Dimension 4: Readiness to Change

Case Management may include the following:

- Service needs based on the impact to the client's readiness to change
  - E.g. basic needs, safety concerns, etc. that may be a priority over changing substance use behaviors and engaging in substance use treatment



DIMENSION 4 – READINESS TO CHANGE

1. I am going to read you a list of items that are sometimes impacted by alcohol or other drug use. Please indicate how much your alcohol or other drug use affects these aspects of your life. The response options are, "Not at all," "A Little," "Somewhat," "Very," or "Extremely."

➤ ***Interviewer instruction:*** *As co-occurring disorders are common, also explore the patient's readiness to address any mental health diagnoses or issues.*

	Not at all	A Little	Somewhat	Very	Extremely
Work	☐	☐	☐	☐	☐
School	☐	☐	☐	☐	☐
Mental health/Emotions	☐	☐	☐	☐	☐
Hobbies/Recreation	☐	☐	☐	☐	☐
Legal matters (e.g., DUI)	☐	☐	☐	☐	☐
Finances	☐	☐	☐	☐	☐
Family relationships	☐	☐	☐	☐	☐
Friendships	☐	☐	☐	☐	☐
Romantic partners	☐	☐	☐	☐	☐
Self-esteem	☐	☐	☐	☐	☐
Physical health	☐	☐	☐	☐	☐
Enjoyment of activities	☐	☐	☐	☐	☐
Sexual function	☐	☐	☐	☐	☐
Hygiene/Self-care	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐

Notes:

➤ ***Notes:*** *Include* ***interviewer observations.*** *Does patient have* ***curiosity, interest,*** *or* ***insight****? Does the patient show curiosity and interest in learning about the impact of substance use on themselves and people close to them? Do they show insight into problems, for example, the consequences of their use (such as DUIs, sexually transmitted infections, etc.?)*

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Case Management may include the following:

- Discharge planning
  - Referral for continued treatment
    - MAT, different LOCs depending on risk ratings, etc.
  - Providing client with local and online AA/NA groups, SMART Recovery, 12 Step, Celebrate Recovery, CCAR, etc.
- Harm reduction program, needle exchange programs, Naloxone education and use

Problem Statements and Goals (Optional, for treatment planning purposes)

17. What are the current, most pressing issues that might cause you problems or cause you to use alcohol or other drugs or use more than you planned to?	Problem(s):	Notes:
18. What would it look like if those issues were resolved? What would it take to resolve them?	Goal(s):	

Dimension 6: Recovery/Living Environment

Case Management may include the following:

- Housing and Energy assistance
- SNAP benefit assistance
- Providing resources to family/significant others living in the home
- Women's Services including childcare, OB/GYN, Family Care Plan
- Employment such as BRS

9. Do you have needs in any of the following areas to help support you as you cut back on alcohol or other drug use?

☐ Transportation ☐ Childcare ☐ Housing ☐ Employment
☐ Education ☐ Legal ☐ Financial ☐ Other: _____

➤ ***Interviewer instruction:*** *Use MI skills to develop discrepancy between any problems they have previously mentioned and whether they might need support in the areas listed.*

10. Are you engaged with any of the following social service agencies?

☐ Child Protective Services ☐ Tribal Service Agency ☐ Health and Human Services
☐ Other: _____

DIMENSION 6 – RECOVERY/LIVING ENVIRONMENT

1. In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household? (Negative response indicates homelessness.)

☐ Yes ☐ No (***Note to interviewer:*** *respond "No" if the patient is "couch surfing", living outdoors, or living in a car)*

Describe:

2. Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household? (Positive response indicates risk of homelessness.)

Describe:

3. Do you need different housing than what you currently have? ☐ Yes ☐ No

Describe:

4. Who do you live with? *(friends, family, partner, roommates)*

Describe:

Matching Level of Severity/Functioning with Type/Intensity of Services

For a more detailed list of matching case management/service coordination needs based on ASAM Dimensions and Risk Rating Severities please refer to the ASAM book on the following pages:

Dimension 1: Acute Intoxication and/or Withdrawal Potential – Page 74 to 75
Dimension 2: Biomedical Conditions and Complications – Page 76
Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications – Page 77 to 81
Dimension 4: Readiness to Change – Page 82 to 84
Dimension 5: Relapse, Continued Use, or Continued Problem Potential – Page 85 to 87
Dimension 6: Recovery/Living Environment – Page 88 to 89

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Reminders:

- The next webinar in our series will be held on October 8th, 2024 at 12pm and the topic will be Co-Occurring Capabilities.

- 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 today's webinar: Case Management/Service Coordination.

- 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

Center for Substance Abuse Treatment. Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 27. HHS Publication No. (SMA) 15-4215. Rockville, MD: Center for Substance Abuse Treatment, 2000.

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