Pennsylvania
Department of Drug and Alcohol Programs

DDAP TECHNICAL ASSISTANCE SERIES

Campfire Chat: Strengthening Provider Practice and Expectations Across Levels of Care

FEATURING BEHAVIORAL HEALTH MANAGED CARE ORGANIZATIONS
FACILITATED BY DDAP'S BUREAU OF OPERATIONAL EXCELLENCE

Wiretap Act

Exit this call if you do not wish to be recorded.

Learning Objectives

Identify common documentation and clinical practice expectations shared by Pennsylvania Behavioral Health Managed Care Organizations across levels of care

Describe strategies for strengthening person-centered treatment planning, service delivery, continuing care, and discharge practices

Recognize opportunities to align clinical documentation and treatment services with individual needs

Apply practical approaches to support continuity of care, treatment engagement, and successful transitions between levels of care

Today's Agenda

- Overview of Presenters
- Scope of Today's Presentation
- Person Centered Care – Magellan Healthcare
- Clinical Services – Community Care Behavioral Health
- Continued Stay Reviews – Community Behavioral Health
- Discharge Planning – PerformCARE
- Documentation Expectations – Carelon Behavioral Health
- Facilitated Q&A

Overview of Today's Presenters

Anita Kelly, LPC, CAADC	Clinical Contract Advisor for Magellan Healthcare
Rebekah Sedlock, DSW, LCSW	Project Director for Substance Use Disorder and Recovery for Community Care Behavioral Health
Katie Cardone, LPC	Clinical Coordinator for Community Behavioral Health
Riannon Fisher, MSW, LSW, CCM, CAIMHP	Clinical Care Manager Supervisor for PerformCARE
Ciera Payne, LSW, PMP	Clinical Quality Program Manager for Carelon Behavioral Health

Scope of Today's Discussion

Information shared today is based on themes and observations identified through Pennsylvania's 1115 Demonstration ASAM residential review process

The purpose of today's discussion is to support providers in understanding clinical practice and documentation expectations that align with the ASAM Criteria (3rd Edition)

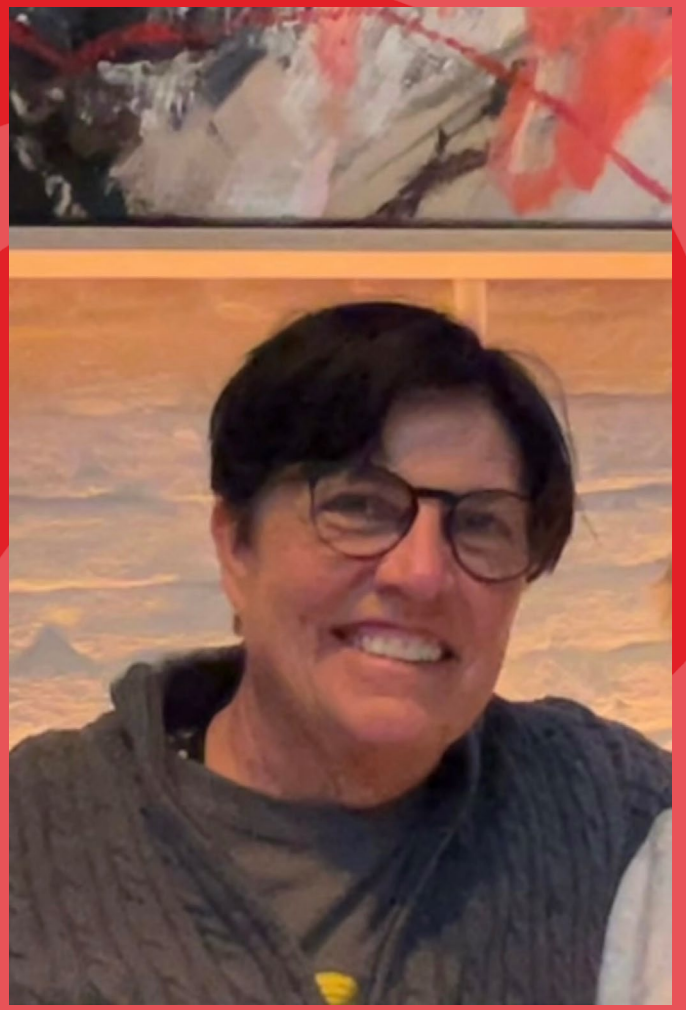
Information presented reflects lessons learned and common findings from review activities and is intended to promote consistency and quality improvement across providers and levels of care

Today's discussion is not intended to represent or replace individual Behavioral Health-Managed Care Organization audit, utilization review, or other organization-specific requirements

Providers should continue to follow applicable state and federal requirements, ASAM 3rd Edition guidance, and BH-MCO-specific policies and procedures.

Individualized, Person-Centered Care

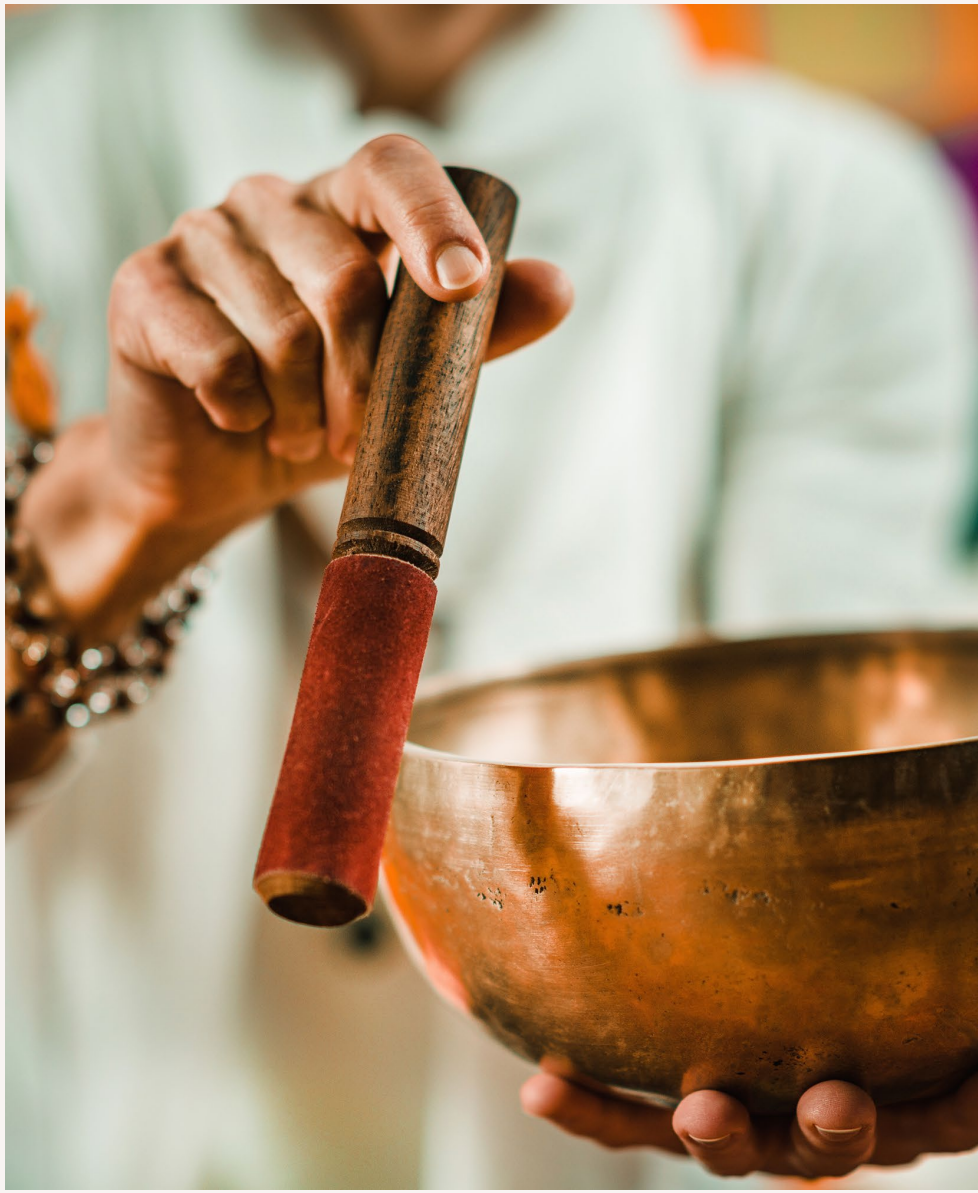
MAGELLAN HEALTHCARE



Anita Kelly, LPC, CAADC
Clinical Contract Advisor

Client-Driven Care

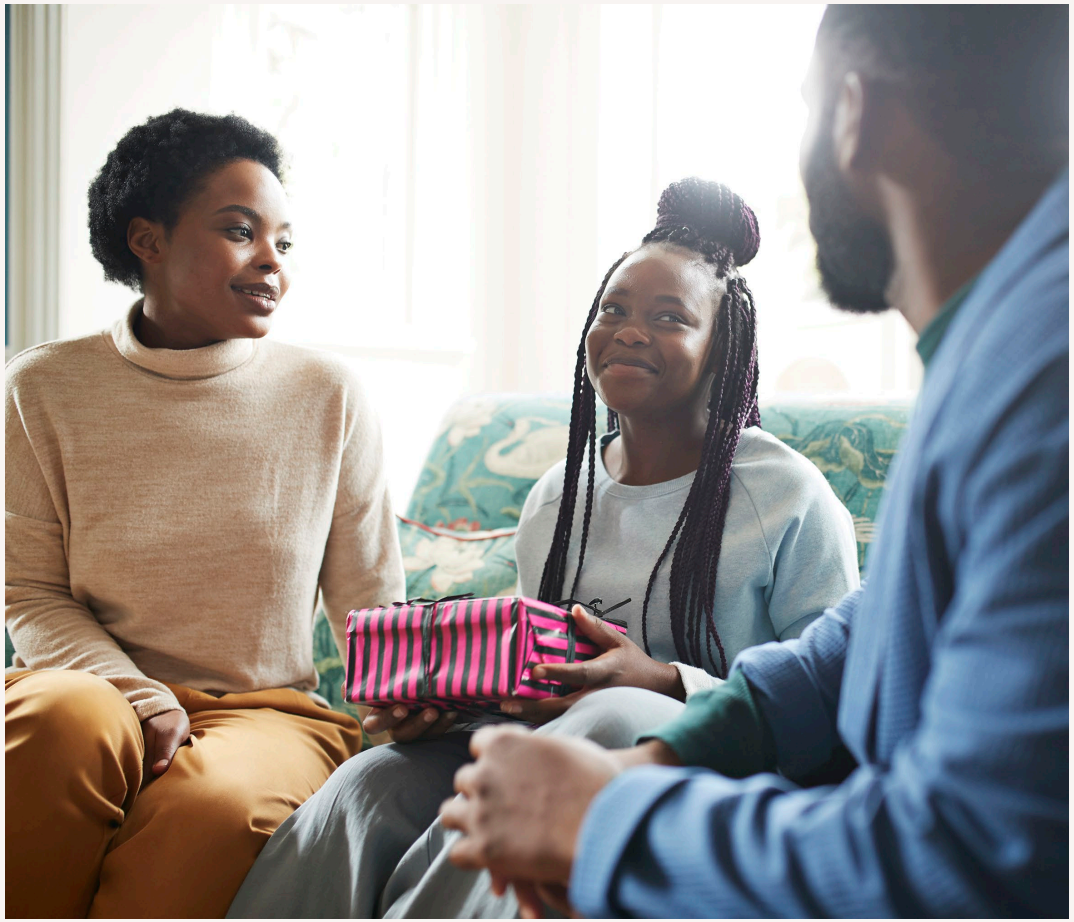
- Program-driven vs. individualized care
- Use of natural supports and incorporation of family services
- Aligning services and goals with stage of change (SOC) (e.g., precontemplation)



Key Features in Client-Driven Care:

- Client has an active role in decision-making
- Care plans are individualized
- Emphasizes autonomy, dignity, and empowerment
- Focus on what matters to the client (not just what's wrong medically)
- Flexible and adaptable

Family Services

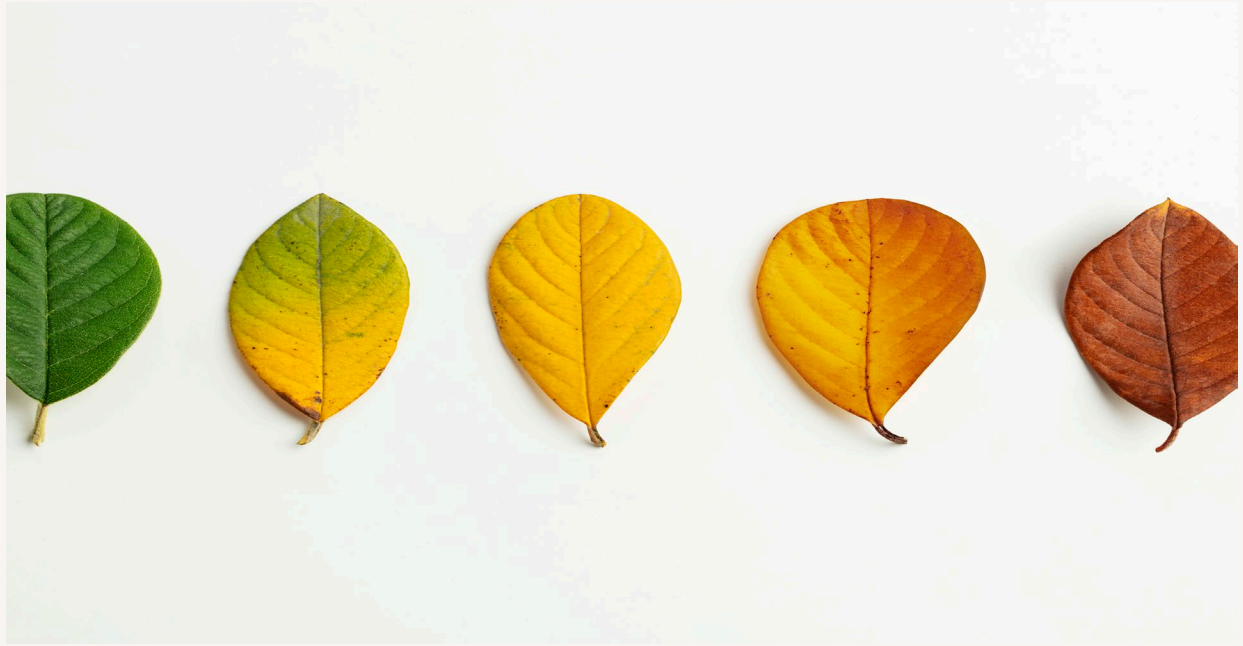


- Assess family/support system in intake
- Offer family services when appropriate
- Obtain client consent before involving family
- Tailor involvement to client needs and safety
- Document offers and outcomes

Application of SOC

At every visit, ask yourself:

- What stage is the client in today?
- Are my interventions matched to that stage?
- What is one realistic next step?



Clinical Services

COMMUNITY CARE BEHAVIORAL HEALTH

Rebekah Sedlock, DSW, LCSW
Project Director for Substance Use Disorder and Recovery

PER ASAM CRITERIA, 3RD EDITION

Clinical Services/Therapies	1 LOC Available up to 9 hours per week (p.188)	2.1 LOC Available 9-19 hours per week (p.199-p.200)	2.5 LOC Available 20+ hours per week (p.210)	3.1 LOC Available at least 5 hours per week (p.225-p.226)	3.5 LOC Available Daily (p.251-p.252)	3.7 LOC Available Daily (p.269)	4 LOC Available 16 hours a day (p.283-p.284)
Individual Therapy	X	X	X	X	X	X	X
Group Therapy	X	X	X	X	X	X	X
Motivation Interviewing/Enhancement Therapy	X	X	X	X	X	X	X
Family Therapy	X	X	X	X		X	
Education Groups	X	X	X	X	X		
Occupational/recreational Therapy	X	X	X	X	X		
Psychotherapy	X	X	X				
Pharmacotherapy/Medication Management	X	X	X	X	X	X	X
Drug Screens				X	X	X	
Recovery Support Services				X	X		
Family Support Services				X	X	X	X
Focus on ADLs, recovery, personal responsibility/appearance/punctuality				X			
Focus to stabilize and maintain stability of SUD symptoms, application of recovery skills, relapse prevention, interpersonal choice and recovery/social support network				X	X		
Develop and practice prosocial behaviors					X		
Counseling/Clinical Monitoring for successful involvement in regular productive daily activities such as work or school, successful reintegration into family living				X	X	X	
Planned clinical activities focused on increasing understanding/acceptance of SUD/MH					X	X	X
Planned community reinforcement of prosocial values/community living skills					X	X	
Appropriate medical and nursing services						X	X
Focus on stabilization of SUD/MH symptoms						X	X
Health education services						X	X
Acute symptom management						X	X
Biomedical, emotional, behavioral, management/treatment							X
Other Therapies	X	X	X	X	X	X	X

Source: 1.11.2022 ASAM TA Series PowerPoint

How do I know if the Service is Clinical?

Questions to Consider	Clinical or Not Clinical
Can the activity happen without treatment?	**If yes, then it is not clinical.**
What evidence-based practice is being used?	**If none, then it is not clinical.**
How am I addressing the individuals' treatment plan?	**If none are addressed, then it is not clinical.**
Can any person run this group, regardless of education or title?	**If so, then it is not clinical.**

Per ASAM Criteria, 3rd Edition (p. 429) Attendance at self-help or mutual help meetings such as AA or NA, volunteer activities, homework assignments involving watching videos journaling, and workbooks do not represent skilled treatment services for the purpose of daily clinical service hours for each level of care.

Continued Stay Reviews

COMMUNITY BEHAVIORAL HEALTH

Katie Cardone, LPC
Clinical Coordinator

ASAM Assessments

- The ASAM Assessment should drive the creation of the treatment plan
  - Varied treatment duration as opposed to fixed lengths of stay
  - Importance of the dimension drivers/priority dimensions
  - Individualized goals and interventions

- Whenever continued stay is requested, each dimension and risk rating should be reviewed and updated

- Updated ASAMs should include the continued needs and how the LOC can support the needs

Treatment Plans

- Progress on the treatment plan determines the need for continued stay
- ASAM Assessment → What are the needs/problems the LOC can resolve?
- Treatment Plan→ How is the individual making progress on resolving their needs?
- How to address new problems
  - Treatment plan should be updated
- Individualized, member-specific updates

Service Decisions

- **Continued Stay? Discharge? Transfer?**
- Decisions are guided by the:
  - Multidimensional assessment
  - Individualized treatment plan
  - Degree to which the plan is working

Discharge Planning

PERFORMCARE

Riannon Fisher, MSW, LSW, CCM, CAIMHP
Clinical Care Manager Supervisor

Aspects of an Appropriate Discharge Plan

- Aftercare that corresponds with the member's need via ASAM Assessment
  - Discussions related to next steps should **begin at admission**
- Connection to mental health supports if mental health needs are identified
- Education, exploration, and connection to evidence-based practices and supports
- Connection to whole person-centered treatment and supports
- Assessment and connection to any identified health-related social needs

Coordination Tips for Discharge Planning

- Connect with the member's BH-MCO, SCA, or other treatment partners - Often occurs during continued stay reviews, can happen at any time
- Identify in-network, when possible, treatment services and aftercare
- Remember transportation connection post-treatment!
- Coordination with care management via the BH-MCO
  - Resource identification and recommendation
  - Team meetings regarding treatment history and interest in additional supports
  - Care management post-discharge to ensure access to resources

Documentation Expectations

CARELON

Ciera Payne, LSW, PMP
Clinical Quality Program Manager

Documentation That Drives Quality Care

Medical Necessity

- ❑ Identify the diagnosis
- ❑ Describe functional impact
- ❑ Assess associated risks
- ❑ Articulate underlying causes

Individualized Care

- ❑ Reflect the individual
- ❑ Include direct voice
- ❑ Address person-specific needs

Progress Over Time

- ❑ Track goal progression
- ❑ Identify barriers
- ❑ Document ongoing risks
- ❑ Record treatment response
- ❑ Update treatment plan

ASAM Alignment

- ❑ Recommend level of care
- ❑ Assess all six dimensions
- ❑ Rate risk severity

References: ASAM Criteria, 3rd Ed. (2013); 28 Pa. Code § 709.91–709.93; DDAP CMCS Manual (2026–2030); PA Act 70 (2021); 42 CFR Part 2; PA 1115 Medicaid Waiver

DOCUMENTATION EXPECTATIONS

Treatment Planning: SMART Goals

Goals must be **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound with clear linkage to identified needs

Goal 1: Recurrence of Use Prevention

"I will develop and follow a personalized relapse prevention plan, including identifying triggers and coping strategies, over the next 30 days."

S Create and implement a recurrence of use prevention plan with support
M Track adherence and effectiveness through daily self-reflection and counselor review
A Realistic with consistent effort and guidance
R Supports sustained recovery and reduces risk of recurrence of use
T Scheduled for 30 days with ongoing evaluation

Goal 2: MOUD Adherence

"I will take my MOUD medication as prescribed each day for the next 30 days, as verified by medication administration records, to reduce withdrawal symptoms and support my treatment stability."

S Take MOUD medication as prescribed daily
M Verified by medication administration records
A Medication is administered on-site under supervision
R Reduces withdrawal and supports treatment stability
T 30-day target with defined review point

DOCUMENTATION EXPECTATIONS

Progress Notes: Individual and Group

Each progress note should clearly connect the session to the treatment plan, capture the individual's voice, and support continuity of care.

Individual Progress Notes

- ❑ **Link to treatment plan goals** — Each note should reference specific goals and document measurable progress or regression
- ❑ **Document interventions and response** — Record the clinical techniques used and the individual's observable response
- ❑ **Capture the individual's voice** — Use direct quotes and "I" statements to reflect person-centered engagement
- ❑ **Assess risk at every encounter** — Note any changes in risk status and corresponding safety planning updates
- ❑ **Support medical necessity** — Include functional impairment, diagnosis, and clinical justification for continued treatment

Group Progress Notes

- ❑ **Identify the group topic and goals** — Document the therapeutic focus, curriculum, or skill area addressed in each session
- ❑ **Individualize each member's note** — Avoid identical notes; each person's participation and response must be unique
- ❑ **Record observable behaviors** — Note engagement level, peer interactions, and specific contributions to group discussion
- ❑ **Connect to individual treatment plans** — Tie group participation back to each member's specific goals and clinical needs
- ❑ **Document safety and clinical concerns** — Flag any critical incidents, disclosures, or emerging risks observed during the group

References: ASAM Criteria, 3rd Ed. (2013); 28 Pa. Code § 709.91–709.93; DDAP CMCS Manual (2026–2030); 42 CFR Part 2

The Golden Thread in Documentation

The Golden Thread is the traceable connection from assessment → diagnosis → treatment plan → progress notes → outcomes. Every note should demonstrate this linkage

✗ Missing the Thread

"Client attended group and participated. Will continue treatment."

"Client is doing better. Reports feeling good."

"Continued supportive counseling. No issues reported."

What's missing:

- No link to treatment plan goals
- No specific interventions documented
- No measurable progress or behavioral detail
- No individual voice or risk assessment
- Could apply to any individual — not person-centered

✓ Following the Thread

"Client attended relapse prevention group and shared strategies for managing triggers identified in ASAM Dimension 5 assessment."

"Demonstrated progress toward Goal 1 by identifying three coping skills and practicing them during role-play."

"I feel more confident managing my cravings since I started using grounding techniques."

What's working:

- Ties session content to ASAM assessment findings
- References specific treatment plan goals by number
- Documents measurable, observable progress
- Captures the individual's voice with "I" statements
- Supports medical necessity and continuity of care

The Golden Thread: Assessment → Diagnosis → Treatment Plan → Progress Notes → Discharge — each step must connect to the next.

QUESTION 1

Q&A will be uploaded in the near future here along with the PowerPoint slides and recording.

Next Webinar: Monday, September 12, 2026
Time: 10:00 a.m. - 11:00 a.m.
Topic: 1115 Waiver Ambulatory Review Updates

QUESTIONS ABOUT TODAY'S WEBINAR?

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Resources

Carelon	Link for members resources: https://pa.carelon.com/pa/en/home/members/member-resources#item_1753155455413 D&A Case Managers-CRS-COE Providers by County: 
Community Behavioral Health	Community Behavioral Health – Philadelphia's Mental Wellness Connection for 25 Years E-mail: asam.alignment@phila.gov
Community Care Behavioral Health	Website for in-network providers: Find a Provider: HealthChoices Members - Community Care Providers can call: 888-251-2224 and ask to speak with a Care Manager

Resources

Magellan	https://www.magellanofpa.com/for-providers/ https://www.magellanofpa.com/for-providers/community/substance-use-disorder-sud-resources/ E-mail: ASAMalignmentinquiries@magellanhealth.com
PerformCare	Provider Search function: https://performcarepa.healthsparq.com/healthsparq/public/#/one/city=&state=&postalCode=&country=&insurerCode=PCPA_I&brandCode=PCPA&alphaPrefix=&bcbsaProductId=&productCode=& Care Manager information and request form: https://pa.performcare.org/members/benefits/care-management Member Services line: 888-700-7370