



Pennsylvania
Department of Drug and
Alcohol Programs

TECHNICAL ASSISTANCE WEBINAR
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Ambulatory Review Updates

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Disclaimers

Alignment with the American Society of Addiction Medicine (ASAM) Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities (SCAs) and/or Medicaid Managed Care Organizations (MCOs).

DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM two-day training, and reviewing the resources available through DDAP, including training sessions and documents.



AMBULATORY REVIEW UPDATES

POLL

- Tell Us Your Role



Today's Facilitators and Presenters

- Dianne Schrode, Director, Division of Evaluation and Improvement – Department of Drug and Alcohol Programs
- Shivani Patel, Director, Division of Behavioral Health Medicaid - Department of Human Services, Office of Mental Health and & Substance Abuse Services
- Brenda Jackson, MPP — Marsh Government Health Consulting (Mercer)
- Laurie Klanchar, RN, MSN — Marsh Government Health Consulting (Mercer)



Learning Objectives

- Participants will gain an understanding of the purpose of the ambulatory level of care (LOC) alignment reviews.
- Providers will understand the expectations of the alignment review and their roles.
- Participant questions about the plan for the alignment reviews will be answered.



Context

- The demonstration provides the Commonwealth with federal funds for large SUD residential facilities with more than 16 beds that are traditionally not funded by Medicaid
- As a condition for new residential funding, the demonstration requires the Commonwealth to establish residential and ambulatory standards that align with the ASAM criteria and include access to evidence-based medications for opioid use disorder (MOUD)
- Ambulatory providers are reviewed to assess whether services are delivered in alignment with the applicable ASAM standards and other demonstration requirements
- Act 70 effective July 9, 2021, requires drug and alcohol treatment providers to align service delivery conditions with the ASAM criteria, 3rd Edition



ASAM Assessment Guides Treatment Access to All Levels of Care

- **Milestone #2:** Widespread use of evidence-based, SUD-specific patient placement criteria
 - Providers use ASAM multidimensional assessment tools reflecting ASAM clinical treatment guidelines to assess treatment needs
 - Beneficiaries access SUD services at the appropriate ASAM LOC
 - Interventions are appropriate for the diagnosis and ASAM LOC
- **Milestone #4:** Completion of an assessment of availability of providers and accepting new patients to ensure sufficient provider capacity at critical LOCs, including for Medications for Opioid Use Disorder (MOUD)



AMBULATORY REVIEWS

How will the ambulatory alignment reviews be conducted?

Providers will be contacted by the BH-MCO

- Reviews may be conducted either on-site or off-site
- Review teams will contact providers to request information and review instructions for submission or preparation for an on-site visit
- If reviews are conducted remotely, providers and BHMCO staff must ensure personal health information (PHI) is protected as required by the Health Insurance Portability and Accountability Act (HIPPA)
- Virtual review requests will include a deadline by which the review team will expect documents to be submitted



What levels of care will be reviewed first?

- Providers have been separated into two categories:
 - **Category 1:** This includes providers of levels of care 2.5 (partial hospitalization) and 2.1 (intensive outpatient)
 - **Category 2:** This includes providers without levels of care 2.5 (partial hospitalization) and 2.1 (intensive outpatient)
 - If a provider only offers smoking cessation (SC) or case management (CM), they currently do not require review

BHMCOs will focus on review of Category 1 providers first (including all ambulatory levels of care provided by those providers). Once complete, they will shift to Category 2 providers.

Categories 1 and 2 may also include levels of care 1.0 (outpatient), 1 withdrawal management (WM) - ambulatory withdrawal management without extended on-site monitoring - opioid treatment providers (OTP), CM, and/or SC



What is the purpose of the reviews?

- The reviews are used to assess ASAM alignment at the provider level and to identify opportunities for improvement
- If the review process identifies issues with program integrity or health and safety, the reviewers shall follow up with providers, the primary contractors, BHMCOs, SCAs, and fraud, waste and abuse staff, or licensure staff as needed
- Re-review timeline and process differs from residential LOC

Score	Description	Follow-up Review
4	Not Aligned in Significant Key Areas	Corrective Action Plan within 60 days; Status update in 6 months; Re-review in 1 year
3	Not Aligned in Primary Areas	Corrective Action Plan within 60 days; Status update in 6 months; Re-review in 1 - 2 years
2	Not Aligned in Minor Areas	2–3 years
1	Substantial Compliance	3–4 years



Ambulatory Review Process

Record Review

All programs will have a record review completed on each level of care they provide

A minimum of two records will be reviewed for each level of care

Infrastructure Review

Infrastructure reviews will only be conducted when deficiencies are identified and scored a '3' or a '4' or at the reviewer's discretion

If a provider's or program's record review receives scores of only '1's or '2's, no infrastructure review will be completed unless the reviewer deems necessary



Provider Capacity Tracking

- For all reviews, the following information will be collected:
 - Levels of care offered
 - Populations served (co-occurring enhanced, adults, adolescents)
 - Maximum ambulatory capacity
 - Accepting new patients



Record Review: Provider Assessment

- The purpose of this section is to determine if the provider is using the correct ASAM criteria for admission and continued stay review for each LOC
- The following areas are evaluated:
 - Admission Criteria
 - Biopsychosocial Assessment
 - Treatment Planning and Treatment Plan Reviews
 - Physical Exams
 - Discharge/Transfer Planning



Record Review: Provider Assessment

- Admission Criteria:
 - There is evidence in the medical record showing the admission criteria matches the ASAM admission criteria
 - ASAM admission criteria for the identified LOC is utilized
- Biopsychosocial Assessment:
 - An individualized, comprehensive biopsychosocial assessment with history is obtained by trained staff and reviewed by a physician if necessary. It includes all six dimensions of ASAM and focuses on the patient's strengths, needs, abilities, preferences, and desired goals. Monitoring, including biomarkers and/or toxicology testing, is included
 - The biopsychosocial assessment guides the treatment planning process, and the individual receives individualized, adaptable and interdisciplinary care



Record Review: Provider Assessment

- Treatment Planning and Treatment Plan Reviews:
 - The treatment plan addresses problems, needs, strengths, skills, priority problem formation, short-term measurable treatment goals, and preferences and activities to achieve goals. Monitoring, including biomarkers and/or toxicology testing, is included
 - The Treatment Plan is developed in collaboration with the patient, identifies problems in ASAM dimensions 2–6, and reflects the patient's goals
 - Treatment Plan reviews are scheduled consistent with agency documentation, as noted in the plan, or more frequently as needed
- Physical Exam:
 - A physical exam is performed within a reasonable time based on established protocols and the members history and medical condition
- Discharge/Transfer Planning:
 - Planning begins at admission, with referral arrangements made as needed



Record Review: Utilization Review, Continued Services, and Transfer/Discharge

- Evidence in the medical record shows initial placement and continued stay are dependent on the assessment process, which includes an ASAM level of care determination, and whether the needs identified in the treatment plan have been accomplished or continued services are needed
- The documents do not indicate a fixed length of stay (such as an eight-week IOP or partial hospitalization program)
- Continued stay requests include an updated treatment plan that reflects progress. **Note:** Mark "No" if there is no updated treatment plan requirement in the continued stay protocol
- The duration of treatment varies with the severity of the individual's illness and their response to treatment



Record Review: Interventions

- Evidence in the medical record of individualized notes that clearly reflect the patient's progress towards identified treatment plan goals and objectives, response to interventions, and that interventions used in individual and/or group sessions tie back to the treatment plan
- Evidence in the medical record showing the treatment plan was regularly reviewed, including for significant life events or changes
- Interventions are appropriate to diagnosis and LOC
- The facility requires documentation of the patient's mental health problems, the relationship between the patient's mental and substance-related and addictive disorders, and the patient's current level of mental functioning
- Per [Bulletin OMHSAS-23-03](#), under [Act No. 70 of 2021](#), all drug and alcohol treatment providers must be co-occurring capable
- Agonist, partial agonist, or antagonist medications used in the treatment of OUD are prescribed in the context of psychosocial supports and interventions to manage the patient's addiction



Record Review: Types of Services

- Evidence in the medical record supports that the therapies offered by ASAM 1.0 include:
 - Skilled treatment services, which may include individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, addiction pharmacotherapy, or other therapies
 - Therapies/services offered are provided in an amount, frequency, and intensity appropriate to the patient's multidimensional severity and level of function
 - For patients with mental health conditions, the issues of psychotropic medication, mental health treatment, and their relationship to substance use and addictive disorders are addressed as the need arises
 - Addiction services are integrated with primary medical care and other general medical care services



ASAM 2.1

Record Review: Types of Services

- ASAM 2.1 program therapies offered include:
 - A minimum of nine hours per week for adults and six hours per week for adolescents of skilled treatment services. Such services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies
 - If a patient doesn't receive the minimum nine hours or six hours a week of treatment, the biopsychosocial and/or ASAM assessment was updated to determine if the patient is at the correct level of care, or documentation explains why the patient was unable to attend the minimum hours a week
 - Services are provided in amounts, frequencies, and intensities appropriate to the objectives of the treatment plan
 - Family therapy involves family members, guardians, or significant other(s) in the assessment, treatment, and continuing care of the patient
 - If transportation barriers or emergency situations were identified was follow-up completed
 - The patient is offered a planned format of therapies, delivered on an individual and group basis and adapted to the patient's developmental stage and comprehension level. Examples: motivational interviewing, enhancement, and engagement strategies, which are used in preference to confrontational approaches.



Therapies previously described are typically offered to patients with co-occurring addictive and mental disorders who are able to tolerate and benefit from a planned program of therapies.

Record Review: Types of Services

- Evidence in the medical record that the ASAM 2.5 program therapies offered include:
 - A minimum of 20 hours per week of skilled treatment services. Services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies
 - If a patient doesn't receive the minimum 20 hours a week of treatment, the biopsychosocial and/or ASAM assessment was updated to determine if the patient is at the correct level of care, or documentation explains why the patient was unable to attend the minimum hours a week
 - Services are provided in amounts, frequencies, and intensities appropriate to the objectives of the treatment plan
 - Family therapy involves family members, guardians, or significant other(s) in the assessment, treatment, and continuing care of the patient
 - The patient is offered a planned format of therapies, delivered on an individual and group basis and adapted to the patient's developmental stage and comprehension level. Examples: motivational interviewing, enhancement, and engagement strategies, which are used in preference to confrontational approaches
 - Therapies are typically offered by Level 2.5 co-occurring capable programs to patients with co-occurring addictive and mental disorders who are able to tolerate and benefit from a planned program of therapies.



Record Review: Care Coordination

- Providers are expected to address an individual's clinical and non-clinical needs. Care coordination starts as soon as the client seeks treatment services and done throughout the entire treatment stay
- ASAM 1.0: Evidence in the medical record demonstrates that medical, psychiatric, psychological, laboratory, and toxicology services, are available on-site or through consultation or referral. Medical and psychiatric consultation is available within 24 hours by telephone or, if in person, within a time frame appropriate to the severity and urgency of the consultation requested. The facility has direct affiliation with (or close coordination through referral to) more intensive LOCs and medication management. The facility has emergency services are available by telephone 24 hours a day, seven days a week
- ASAM 2.1, ASAM 2.5: Evidence in the medical record demonstrates that medical, psychological, psychiatric, laboratory, and toxicology services are available through consultation or referral. Psychiatric and other medical consultation is available within eight hours by telephone and within 48 hours in person for 2.5, and 24 hours by telephone and within 72 hours in person for 2.1. The facility has direct affiliation with (or close coordination through referral to) more and less intensive LOCs and supportive housing services. The facility has emergency services are available by telephone 24 hours a day, seven days a week when the treatment program is not in session



ASAM 3rd Edition Page References

ASAM 3 rd Edition	1.0	2.1	2.5
ASAM Admission Criteria	190–191	202	213
Comprehensive Biopsychosocial Assessment	189	200	211
Treatment Plan	189	200	212
Physical Exam	189	200	211–212
Utilization Reviews	186	197	197
Interventions	189	201	212
Types of Services	188	199	210
Staffing	187	198	209
Care Coordination	187	198	208
ASAM 3rd Edition	1.0	2.1	2.5



Infrastructure Review

- The record review is the foundation for alignment
- Record reviews demonstrate the implementation of and adherence to the infrastructure
- An infrastructure review is only completed if a record review scoring criteria is '3' or '4' or at the reviewer's discretion
- Policies, procedures, and program descriptions are formalized in writing
- Staff training provides clear expectations
- Documentation templates and job aids ensure that critical areas are included
- Chart reviews through supervision or QI identify opportunities



Infrastructure Reviews

For example, if a provider scores a '4' on the record review for

- Admission Criteria: Evidence in the medical record shows that the admission criteria utilized by the program matches the ASAM admission criteria

The reviewer will be prompted to review the following provider policy and procedure:

- Admission Criteria: The program has documentation that the admission criteria utilized by the program matches the ASAM admission criteria for the identified LOC



Timeline

- Ambulatory reviews began July 1, 2026
 - General information (LOC offered, capacity, availability)
 - Record review (minimum of two per LOC)
 - Infrastructure (only if unaligned on record review or at reviewer discretion)
- Focus on providers who offer:
 - Level 2.5
 - Level 2.1
 - Other LOC offered by these providers
- Goal to complete all initial reviews by December 2027



Questions

Any questions regarding the presentation or ASAM Alignment can be directed to Department of Human Services at RA-PWOMHSASASAM@pa.gov

Access the DDAP ASAM Resources webpage for additional guidance, tools, and resources: [DDAP ASAM Resources](#)



QUESTIONS?

Thank you

