



## Acentra (ASAM/1115) Provider Portal Training: Creating Cases Effectively

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### Documentation Standards and Tips

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## Documentation Standards: ASAM 3<sup>rd</sup> Edition

PART 1 | 08/01/2023

**Acentra**  
HEALTH

# Comprehensive Assessment

## Biopsychosocial Assessment Elements

- History of the present episode (be detailed)
- Family History
- Developmental history
- Alcohol, tobacco, other drug use, addictive behavior history
- Legal history
- Psychiatric history
- Medical history
- Spiritual History
- Review of systems
- Cultural and socioeconomic factors
- Mental history and status examination
- Physical examination
- Formulation and diagnoses
- Survey of assets, vulnerability, and supports
- Treatment recommendations and assessment summaries
  - **Must** include whether or not client's placement is aligned with the LOC
- **Discharge planning**



## Adolescent Specific Considerations

Adolescent assessments cannot rely on adult assessment methodologies, but must be augmented by developmentally appropriate, adolescent-specific elements.

[MHCP Manual - SUD Services](#)



# Comprehensive Assessment Detail Examples

## POOR

"The client reports what brings him here today is 'I am going to long term'."

"The client reports what brings her here today is 'I returned to use.'"

## BETTER

"Client completed assessment due to relapsing after completing treatment at \*\*\*\* and reports three hospitalizations in the last two months as well as two detox admissions."

## GREAT

"The client is a \*\* year old, multiracial single male from \*\*\*, Minnesota. Brought to \*\* today by law enforcement from \*\* County jail. Denies probation, parole, does have pending legal issues. Patient reports coming to treatment as a result of a court order. DOC THC, Meth, last use 2/9/2021. Does have one mental health diagnosis, does not take medications. Patient has successfully completed his inpatient programming and now desires to be enrolled in \*\* Halfway House."



# Risk Rating Descriptions

<b>Risk Rating</b>	4	This rating would indicate issues of utmost severity. The patient would present with critical impairments in coping and functioning, with signs and symptoms, indicating an "imminent danger" concern.	<b>Moderate</b> ↑ ↑ <b>Low</b> <b>High</b>
	3	This rating would indicate a serious issue or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near "imminent danger."	
	2	This rating would indicate moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.	
	1	This rating would indicate a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.	
	0	This rating would indicate a non-issue or very low-risk issue. The patient would present no current risk and any chronic issues would be mostly or entirely stabilized.	

Mee-Lee, D., Shulman, G.D., Fishman, M.J., Gastfriend, D.R., Miller, M.M., et al. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3<sup>rd</sup> edition. Carson City, NV: The Change Companies, 2013.

#### WHAT THE PATIENT WANTS

The risks and needs, or strengths, skills, and resources, identified by a practitioner in a multidimensional assessment should not determine service planning alone. In addition to the rated severity of illness, practitioners must also cultivate an awareness of how these unique risks and needs, as well as the strengths, skills, and resources, function with regard to the patient's personal goals.

As stated in the introduction to Dimension 4, Readiness to Change, the patient who participates in a professionally conducted assessment is manifesting a motivation and readiness to change something. This personal motivation may be anything from staying out of jail to getting a family member, school official, employer, or judge to leave them alone. Other participants may want to keep a child, job (work or school), or relationship. Or they may want to change their probation officer, teacher, supervisor, or life partner.

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

Mee-Lee, D., Shulman, G.D., Fishman, M.J., Gastfriend, D.R., Miller, M.M., et al. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3<sup>rd</sup> edition. Carson City, NV: The Change Companies, 2013.

Multidimensional assessment and severity of function ratings work best when individuals are first assessed in each dimension independently. Taking one dimension at a time and comparing relevant history information with here and now information ensures that risks and needs are assessed within the appropriate biopsychosocial boundaries. At the same time, it is also important to weigh each dimension-specific rating against its counterparts, thus evaluating how all six dimensions interact with and influence each other.<sup>5(p14)</sup>

## Initial Stabilization or Initial Treatment Plan



Identifies immediate problems or needs, strengths, skills, and priority formulation



Short-term measurable goals and preferences along with activities designed to achieve those goals.



Plan is developed in collaboration with the patient and reflects the patient's personal goals.

# Initial Stabilization or Initial Treatment Plan

**Per MN Statute 245G.05**

Review is conducted at a specified time which is noted in the plan, or more frequently as needed (weekly or monthly) depending on level of care being provided.

**Be sure to have the client and counselor signature!**

- If verbal consent was obtained by client, document date.
- For example: "John Doe was unable to sign treatment plan due to telehealth services. Verbal consent was obtained on 8/24/2021."

Discharge planning paragraph can also be included here.



## Measurable Goals and Objectives



**Goals:** Something achieved that you *cannot* see.

Goals are based on the problem statements and reasonably achievable in the active treatment phase



**Objectives:** Something that you *can* see

Objectives are behaviorally measurable.



**Gold Standard:** SMART goals and objectives

- | Specific
- | Measurable
- | Attainable
- | Realistic
- | Time-bound



# Examples of Goals (1)

Non-measurable Goal	Measurable Goal
“I want to develop an awareness of my relapse triggers and cues; and practice a healthy relapse prevention plan when I need to.”	I want to develop an awareness of at least <u>one</u> trigger or cue; and practice at least <u>one</u> strategy from my relapse prevention plan.
“I will identify patterns and behaviors that surround substance use.”	I will identify <u>one</u> behavior in the <u>next week</u> that contributes to my substance use.
“Establish a daily mental health regimen and maintain stable mental health.”	Get a mental health evaluation completed within <u>three months</u> and establish mental health counseling if recommended.





## Example of Goals: (2)

### Should include:

- ✓ frequency (how often it will be done ex weekly)
- ✓ amount (how long it should be done ex 30 minutes)
- ✓ duration (when it's expected to be completed)

### Goal 2 is individualized and measurable.

- Goal 1 does not appear individual to client's desire & cannot be measured for completion of the goal



**Goal:** Verbalize and understanding of the need for abstinence

-Improve by adding measurable amount

*ex: Increase understanding of the need of abstinence by 25%*

**Objective:** Identify behaviors that led to use

- Intervention: Help the client identify behaviors associated with use (Improve by adding measurable amount ex: 5 behaviors associated with use)



**Goal:** "I want to improve my short-term memory better."

**Objective:** Client will increase memory skills by 25%

- Remain abstinent from all mood-altering substances
- Report withdrawal concerns
- Identify 5 peers to contact during triggering or high-risk situations
- Submit to urinalysis screens



# Treatment Plan Review

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Mee-Lee, D., Shulman, G.D., Fishman, M.J., Gastfriend, D.R., Miller, M.M., et al. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3<sup>rd</sup> edition. Carson City, NV: The Change Companies, 2013.

## Continued Service Criteria:

Does the client meet the current LOC requirements?

(pg. 300 – 306 in ASAM manual)

Conducted at a specified time as noted in the original treatment plan or when a significant event occurs in any dimension

Includes monitoring of biomarkers and/or toxicology testing plus results



# Documentation of Treatment Services

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Mee-Lee, D., Shulman, G.D., Fishman, M.J., Gastfriend, D.R., Miller, M.M., et al. *The ASAM Criteria: Treatment Criteria for Addictive Substance-Related, and Co-Occurring Conditions*. 3rd edition. Carson City, NV: The Change Companies, 2013.



# Discharge/ Transition Summary

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Mee-Lee, D., Shulman, G.D., Fishman, M.J., Gastfriend, D.R., Miller, M.M., et al. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3<sup>rd</sup> edition. Carson City, NV: The Change Companies, 2013.

**In the process of patient assessment, certain problems and priorities are identified;**

**The treatment of which indicates admission to a particular level of care.**

**The resolution of those problems and priorities determines:**

- **when a patient can be transferred and treated at a different level of care,**
- **referred to a different type of treatment**
- **or discharged from treatment. (pg. 299)**



## Additional Training Opportunities



1115 Substance Use Disorder (SUD)  
System Reform Demonstration Clinical

[DHS - 1115 SUD Trainings](#)



Acentra Provider Portal Registrations and  
Training  
(this presentation will be uploaded there)

<https://mhcp.acentra.com/training/>



American Society of Addiction Medicine

[www.asam.org](http://www.asam.org)



# Acentra Training Opportunities



MONTHLY: Acentra training series on Provider Portal and other necessary topics.

**Monthly:** 2<sup>nd</sup> Friday | 11:00 12:00 pm CST

**Format:** Teams Meeting

**Registration Required:** NO

[Monthly Acentra  
Provider  
Training Link](#)



QUARTERLY: 1115 SUD Lunch & Learn

**Topic:** ASAM 3<sup>rd</sup> Edition Trends, LOCs, Medical Necessity, Documentation Standards, ect.

**Quarterly:** 4<sup>th</sup> Wednesday of last month in quarter  
12 pm CST

**Format:** Webinar (new link for each quarter)

**Registration Required:** Yes





## Question & Answer

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# Thank you for attending!

Please reach out with any questions you may have.

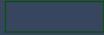
Additional clinical questions?

Need to obtain your Registration Number?

[Minnesotaasam@acentra.com](mailto:Minnesotaasam@acentra.com)

Questions about the 1115 SUD System Reform Demonstration:

[1115demonstration.dhs@state.mn.us](mailto:1115demonstration.dhs@state.mn.us)





Accelerating  
Better Outcomes

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