



Clinical Documentation

Becky Meyer, MS, LPCC-S
Operations Director, Acentra Health

Agenda

Foundations and Preparations

Comprehensive Assessment

ASAM 6 Dimensional Ratings

Individual Treatment Plan

Treatment Plan Reviews and Progress Notes

Foundations and Preparations

- Materials to have available at all times
 - Professional standards of clinical documentation
 - The ASAM Criteria
 - Referrals to other community providers and levels of care
- Understanding “medical necessity”
 - General medicine
 - ASAM’s definition
- Importance of initial assessment
 - Establishes rapport
 - Guides level of care determination
 - Sets foundation for treatment



Comprehensive Assessment

- What it is

- a screening of all *biopsychosocial* elements
- Should include collateral information if possible
- A *historical* document, should be updated as more information is learned or the client's situation changes
- Informs the risk ratings, but does not solely identify them
- Includes the 6-Dimensional Assessment (separated from the biopsychosocial)
- Completed by licensed/credentialed providers in his/her own scope of practice
- Sets the **foundation** for medical necessity of services

- What it is not

- To be used or completed if the patient is intoxicated or in withdrawal. Consider immediate referral for medical evaluation or withdrawal management services.
- It is not a diagnostic assessment
- It is not a 6-dimension assessment



ASAM 6-Dimensional Ratings and Assessing Risk

Risk Rating	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.	Moderate ↑ ↑ Low High
	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.	



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.^{5(p14)}



SEVERITY RATING - DIMENSION 1 (Acute Intoxication and/or Withdrawal Potential)

For guidance assessing risk, please see Risk Rating Matrices in *The ASAM Criteria*, 3rd ed.:

- For alcohol, see pages 147-154
- For sedatives/hypnotics, see pages 155-161
- For opioids, see "Risk Assessment Matrix" on page 162

► **Note:** Stimulant withdrawal from cathinones (bath salts) or high dose prescription amphetamines can be associated with intense psychotic events needing higher level of care

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
<ul style="list-style-type: none"> • No signs of withdrawal/intoxication present 	<ul style="list-style-type: none"> • Mild/moderate intoxication • Interferes with daily functioning • Minimal risk of severe withdrawal • No danger to self/others 	<ul style="list-style-type: none"> • May have severe intoxication but responds to support • Moderate risk of severe withdrawal • No danger to self/others 	<ul style="list-style-type: none"> • Severe intoxication with imminent risk of danger to self/others • Difficulty coping • Significant risk of severe withdrawal 	<ul style="list-style-type: none"> • Incapacitated • Severe signs and symptoms • Presents danger, i.e., seizures • Continued substance use poses an imminent threat to life
	Withdrawal management (WM) follow up for controlled or mild symptoms	Prioritize the link to medical WM services	Urgent, high risk or severe WM needs, high need of support 24-hours/day	Emergency Department-imminent danger
<input type="radio"/> Alcohol <input type="radio"/> Opioids <input type="radio"/> Benzodiazepines <input type="radio"/> Stimulants: _____ <input type="radio"/> Other: _____ <input type="radio"/> Other: _____				
Additional Comments:				

► **Interviewer Instructions:** For help assessing D1, see *ASAM Criteria*, 3rd ed., the textbox titled, "Dimension 1 Assessment Considerations include" on page 44.



Dimension 1, Severity Rating:

- 0 1 2 3 4

Reasons severity was assigned:

Client reported using crack/cocaine. She reported using an 8 ball since she was released from jail and her last date of use was 1/16/2023. Client reported being in jail for 7 months. Before being incarcerated, her use was daily and she was using as much as possible. Client denied any withdrawal symptoms.

This is a good example

- * Withdrawal history
- * Current/past MAT services
- * How many times have gone through w/d
- * What symptoms were experienced
- * How long have symptoms been occurring
- * How severe have the symptoms been
- * Any history of heart conditions, seizures, or other significant medical concerns that could impact withdrawal.
- * Has the PT recently completed withdrawal management or detox?

- 1 Client demonstrates adequate ability to tolerate and cope with withdrawal discomfort. Mild to moderate intoxication or signs and symptoms interfere with daily functioning, but do not pose an imminent danger to self or others. There is a minimal risk of severe withdrawal.
- 2 Client has some difficulty tolerating and coping with withdrawal discomfort. Intoxication may be severe, but responds to support and treatment sufficiently that the patient does not pose an imminent danger to self or others. Moderate signs and symptoms, with moderate risk of severe withdrawal.
- 3 Client demonstrates poor ability to tolerate and cope with withdrawal discomfort. Severe signs and symptoms of intoxication indicate that the client may pose an imminent danger to self or others, and intoxication has not abated at less intensive levels of service. There are severe signs and symptoms of withdrawal, or risk of severe but manageable withdrawal; or withdrawal is worsening despite withdrawal management at a less intensive level of care.
- 4 Client is incapacitated with severe signs and symptoms. Severe withdrawal presents danger, such as seizures. Continued use poses an imminent threat to life.

Reasons Risk Severity Was Assigned

(What about the amount of the person's use and date of most recent use and history of withdrawal problems suggests the potential of withdrawal symptoms requiring professional assistance?)

Client reported his last date of use as 12/21/2022 with methamphetamine (1/4 gram daily) and Fentanyl (4-5 pills daily). Client reported withdrawal symptoms related to sweating, fatigue, depression, muscle aches, irritability, nausea and anxiety.



Individual Treatment Plan

- What it is
 - Involves problems, needs, strengths, skills, and prioritizing the problem areas that the client wants to work on
 - Short-term, measurable treatment goals and preferences are articulated along with activities designed to achieve those goals.
 - Developed with client and reflects the patient's personal goals
 - Shows the importance of treatment and how client is going to return to baseline
- What it is not
 - Programmatic or prescriptive
 - Driven by the therapist
- Should not include:
 - Relapse prevention if client is in pre-contemplation or contemplation stages of change



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.



Examples of Treatment Plans – not individualized

Effective Date: 3/10/2023

Ineffective Date: 3/10/2024

Dimension I Acute Intoxication / Withdrawal Potential

Initial Risk Rating: 0 1 2 3 4 Current Risk Rating: 0 1 2 3 4

Problem: The client presents as fully functioning with good ability to tolerate and cope with withdrawal discomfort.

Goal: Goal to avoid further intoxication and potentially resulting withdrawal symptoms for the duration of treatment.

[Must be reached to have services terminated? Yes No]

Methods: I will give random supervised urine drug screens while in treatment

Amount: 1-2x Frequency: Weekly Target Date: 5/10/2023 Completion Date:

Every dimension needs to be addressed; but not every dimension needs a goal.

If there is a “0” risk for withdrawal, why would a goal be to avoid further intoxication.

Random UAs – program requirement, not a goal

Dimension II Biomedical Complications and Conditions

Initial Risk Rating: 0 1 2 3 4 Current Risk Rating: 0 1 2 3 4

Problem: Client reports previous diagnosis of IBS/Chrons disease. Client reports managing these concerns with her diet. Client reports these concerns are exacerbated by her stress levels. Client denies any current medication. Client denies any other physical issues or concerns.

Goal: Maintain or improve physical health.

[Must be reached to have services terminated? Yes No]

Methods: Check in regarding biomedical appointments, changes in medications/diagnosis, biomedical concerns and complications

Amount: as needed Frequency: ongoing Target Date: 4/30/2023 Completion Date:

Methods: Continue to take medications as prescribed

Amount: as needed Frequency: ongoing Target Date: 4/30/2023 Completion Date:

Methods: Patient will discuss in group how they plan to minimize health care issues on recovery efforts.

Amount: 1x Frequency: daily Target Date: 4/30/2023 Completion Date:



Examples of Treatment Plans – Individualized

Dimension 2: Biomedical Conditions and Complications

Initial Risk Rating: 1

Risk Description: Tolerates and copes with physical discomfort and is able to get the services that s/he needs.

Rating: 1

Risk Description: Tolerates and copes with physical discomfort and is able to get the services that s/he needs.

Problem: Patient needs include increasing knowledge and practice of healthy self-care.

Goal: To increase knowledge into physical health and nutrition, participate in activities for physical health, and establish healthy self care habits.

Needs to be met for successful completion? Yes No

Method/ Objectives: Patient will practice good self care habits by going to bed by 11:00 pm nightly, brush teeth 2 times daily, eat meals during scheduled meal times, and exercise at least 3 times weekly for 15 minutes throughout his treatment stay. Patient will do this to obtain overall physical health.

<u>Status/Intended effect</u>	<u>Start Date</u>	<u>Anticipated Due Date</u>	<u>Modified Date</u>	<u>Date Met</u>
Method Pending	1/25/2023	2/27/2023	--/--/----	--/--/----

Method/ Objectives: Patient will have his temperature and O2 checked daily by onsite nursing staff. This is to monitor patient's for any signs or symptoms of COVID 19. These are program requirements. This will be measured by patient willingness to comply with nursing staff, as well as directed by all staff and reports.

<u>Status/Intended effect</u>	<u>Start Date</u>	<u>Anticipated Due Date</u>	<u>Modified Date</u>	<u>Date Met</u>
Method Pending	1/25/2023	2/28/2023	--/--/----	--/--/----



Treatment Plan Reviews and Progress Notes

- Need to clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the treatment plan
- Needs to have the initial risk rating; and the updated risk rating for that review period
- If a risk rating increases, the treatment plan should address the reason for increase
- Identify number of hours of treatment received [MN Statute 254B.19](#)
 - Justification for more/less hours received for that level of care
- Notes should include:
 - Client's response to all groups and services, including individual therapy



Treatment Plan Reviews and Progress Notes

Goal does not align with problem.

No referral noted for dental services.

Notes do not identify how problem is being solved.

Not individualized. Appear to be copy & paste.

Problem: participation in Health Education Group to identify how her alcohol use has impacted her bio-medical conditions and overall physical health including but not limited to education on STI's, HIV and tuberculosis. Also, learn about the importance of medication management/compliance, learn how to regulate pain without use of alcohol while gaining other healthy self-care habits.

Goal: Maintain a program of recovery, free of addiction and the negative effects of medical issues; practicing self-care by addressing my physical health needs with medical professionals as they arise.

Needs to be met for successful completion? Yes No

Method/ Objectives: Complete History and Physical (H&P) within 3 Days of Admit

<u>Status/Intended effect</u>	<u>Start Date</u>	<u>Anticipated Due Date</u>	<u>Modified Date</u>	<u>Date Met</u>
Method Met	12/9/2022	12/12/2022		12/12/2022

Method/ Objectives: Comply with daily COVID screening

<u>Status/Intended effect</u>	<u>Start Date</u>	<u>Anticipated Due Date</u>	<u>Modified Date</u>	<u>Date Met</u>
Method Pending	12/9/2022	1/6/2023		

Method/ Objectives: Complete weekly inventory sheet to monitor biomedical concerns

<u>Status/Intended effect</u>	<u>Start Date</u>	<u>Anticipated Due Date</u>	<u>Modified Date</u>	<u>Date Met</u>
Method Pending	12/9/2022	1/6/2023		

Are the strategies or methods to meet this goal effective? Yes No

If no, Have patient review and sign updated Tx Plan.

Chart or address methods or strategies towards Goal. Otherwise, describe changes needed and then modify the ITP by reassessing the problem, revise Goals, or alter Method/Strategies listed in the treatment Plan.

Per assessment summary, She reports severe back pain (Surgery x2) in 2021. She also reports Gastric Bypass in 2005, denies needs special diet. She reports dental concerns as she only has 4 bottom teeth, need dentures. She reports in 1986 in car accidents x 2 in one-month resulting in TBI and residual effects of short-term memory loss. She reports she was drinking to cope with her physical pain. She also admits is non-compliant with her medications when in active use. She finally reports some limitations in treatment programming such as therapeutic recreation due to her back issues. She has access to medical services as needed.

12/13-12/19/2022: Patient denies new or worsening biomedical concerns. Patient reports taking medications as prescribed and that they are helpful to her. Patient further denies appetite or sleep concerns and reports 5 hours of on average each night.

12/20-12/27/2022: : Patient denies new or worsening biomedical concerns. Patient reports taking medications as prescribed and that they are helpful to her. Patient further denies appetite or sleep concerns and reports 5 hours of on average each night.



Next Steps

MEET AS A CLINICAL GROUP

Review ASAM and MN Statute documentation standards

ATTEND ASAM ON THE SPOT

3rd Friday of the month, 11am CST

<https://attcnetwork.org/centers/mountain-plains-attc/spot>

TAKE MOTIVATIONAL INTERVIEWING CEUS

- Tour of Motivational Interviewing (free) presented by the Mid-America Addiction Technology Transfer Center (through <https://healthknowledge.org>)
- Attend Motivational Interviewing On-the-Spot: [here](#).

WORK WITH DHS FOR FURTHER SUPPORT

Attend Virtual Office Hours with DHS

- Thursdays, 2:00 – 3:00pm CST

<https://minnesota.webex.com/meet/1115demonstration.dhs>

Email

1115demonstration.dhs@state.mn.us



Resources

- Definition of “Medically Necessary”
 - <https://www.healthcare.gov/glossary/medically-necessary/>
- ASAM Resources
 - <https://www.asam.org/asam-criteria>
 - [Hazelden Betty Ford Foundation - ASAM 4th Edition](#)
- SAMHSA
 - [Using Motivational Interviewing in Substance Use Disorder Treatment](#)
- Statute References
 - [Comprehensive Assessment and Assessment Summary](#)
 - [American Society of Addiction Medicine Standards of Care](#)
 - <https://www.revisor.mn.gov/statutes/cite/254B.04#stat.254B.04.4>



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