

Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS # 22 Policy: Assessment and Level of Care Placement Determination
Most Current Revision: 07102023 Effective Date: 07012020	Page: 1 of 6

I. Purpose:

To set forth parameters and protocol for individuals receiving a substance use disorder (SUD) level of assessment and level of care placement determination episode (LoCA).

II. Procedure:

A Level of Care Assessment (LoCA) episode is a face to face interview **or a telehealth LoCA*** to ascertain the treatment and treatment-related needs of an individual based on the degree, severity of substance use and the treatment and treatment-related needs of the individual, and treatment level of care based on the dimensions of the most current ASAM Criteria.

(*LCDAC written approval **MUST** be secured from the LCAC Case Management Supervisor in order to conduct any telehealth LoCA. See the section Telehealth LoCA on page 6 for additional detailed requirements regarding the implementation of this service)

Required Trainings for Staff Qualified to Complete a level of care assessment episode

- Only those individuals who have completed **ALL** required and applicable DDAP approved case management core trainings within 365 days of hire, are able to ***independently*** perform the assessment and placement determination episodes as well as provide case coordination services to the LCDAC funded individual.
- For those staff members who have been assigned to execute the case management responsibilities, yet have not completed the required trainings, ***supervisor signatures must be found on all documents until said required trainings have been secured.***
- Failure to adhere to these requirements may result in forfeiture of LCDAC payment.

All clients must be offered an appointment to complete the assessment and level of care placement determination episode within seven (7) days of the date of initial client contact.

- If an appointment cannot be offered by the facility within the seven (7) day requirement, the client will be given a referral to another facility.
- Documentation of the date the appointment was offered to the individual **MUST** be recorded in the provider records.
- The assessment with placement determination and intake must be completed within seven (7) days of the date of the initial client contact.

Assessment and Level of Care Placement Determination
CMCS #21

- If this timeframe cannot be met, the reason must be documented in the client file.
 - This requirement will be reviewed during the LCDAC monitoring site visit.
- To complete the assessment and level of care placement determination episode in its entirety within the 7-day requirement, the provider *may* need to schedule the appointment for more than a traditional 45-minute session.

REMEMBER, the assessment and placement determination episode are to be completed within the seven (7) day requirement.

If either the seven-day timeframe or the completion of the assessment in one session cannot be met, the person who conducted the assessment and placement determination **must** document the reason in the individual's record.

The assessment and level of care placement determination episode can occur outside of the outpatient facility as this activity is NOT a licensed treatment activity.

- Therefore, if the client cannot physically get to the outpatient facility, the qualified staff member can meet the client outside of the licensed site.
- Examples include clients that are in a psychiatric unit or a local hospital.
- The client must have a Lancaster County address.
- Assessments can only occur in a location within Lancaster County borders, **UNLESS *written approval is given. (that is: letter; email; etc.) is obtained from a LCDAC staff member AND is retained in the client file for verification upon request.***
- All assessment requirements and reimbursement rates are the same whether it is conducted in the licensed facility site or outside of the facility site.
- Given that the assessment and level of care placement is a case management function, it is anticipated that a qualified Case Manager shall execute the assessment and the level of care placement episode. However, in the event the facility utilizes a qualified, fully trained clinician to conduct this activity:
 - the outpatient provider may bill the LCDAC a maximum of three (3) hours, or \$228.00 for the assessment and placement determination episode.
 - An outpatient clinic cannot use more than 20% of its contract cap on mobile assessments. The billing code for the mobile assessment and placement determination episode is 003002.8.

Individuals shall be referred to the appropriate level of care as indicated through the completion of an approved level of care assessment tool and an ASAM Placement Summary Sheet comprised of a Level of Service and **Risk Rating*** for each dimension.

(***Risk Rating** is NOT indicative to the level of service)

- A. Assessors must assess individuals and address identified individualized treatment and treatment-related needs.
- B. Assessors must maintain neutrality when referring individuals into a level of care, facility, or provider.

- C. Assessors must utilize a tool that includes required components identified by DDAP; found in the most current CMCS manual.
- D. Risk for Problem Gambling with an identified referral (as needed) must be documented in the miscellaneous notes in WITS. The corresponding LoCA case note is to reflect the need for and subsequent referral.
- E. To determine the appropriate level of care, the individual conducting the LoCA must apply the ASAM Criteria, 2013 to complete the ASAM Placement Summary of which includes the Level Risk Rating for each dimension. The LoCA tool is designed as a multidimensional assessment of the strengths and needs of the individual and the Level of Risk Rating addresses an individual's severity and level of function.
- F. The ASAM Placement Summary Sheet with the completed Level of Risk Rating for each dimension must be completed in PA WITS to record and exchange information necessary in making or validating placement determinations. The information documented on the ASAM Placement Summary Sheet and the Level of Risk Rating for each dimension must comply with state and federal confidentiality regulations.
- i The ASAM Placement summary Sheet with the Level of Risk Rating for each dimension must reflect a multi-dimensional approach to determining the appropriate level of care an individual needs regardless of whether funding is available for the identified level of care.
 - ii The ASAM Placement Summary Sheet should NOT be solely based on the level of care requested by the individual or referral source.
 - iii If the level of care received is different than the level recommended, the ASAM Placement Summary Sheet with the corresponding case notes must document attempts to engage the individual into clinically appropriate services.
- G. A Case Management Service Plan (a.k.a. Recovery Plan in WITS) must be completed at the time of the LoCA and updated no less than 60 days thereafter. The Case Management Service Plan/Recovery Plan is an assessment of non-treatment needs that must be addressed at the time of the LoCA and updated throughout an individual's time in treatment. Providers must ensure individuals have a Case Management Service Plan/Recovery Plan that has been reviewed and updated while the individual is in treatment.

A LoCA must be completed in WITS within (7) calendar days from the date of initial contact with the individual.

The LoCA must be completed in its entirety in one session prior to referring the individual to the appropriate level of care.

- When an individual requires withdrawal management the LoCA does not need to be completed prior to admission into withdrawal management but must occur before the individual is referred to the next level of care.
- Individuals in need of withdrawal management must be admitted to that service within 24 hours. If this time frame cannot be met, the documented reason must be captured in the individual's file.

- If either the seven (7) day timeframe or the completion of the assessment in one session cannot be met, the reason must be documented in the individual's record.
- Priority Populations must be admitted to the appropriate level of care immediately.
- All other individuals must be referred and admitted to the appropriate level of care available within 14 days of the LoCA. If this time frame cannot be met, the documented reason must be captured in the individual's file.

LCDAC funded individuals must also be screened for Communicable Diseases at the time of the LoCA.

- **Tuberculosis (TB):** Providers must complete the questions and document the responses to the TB questions by utilizing Miscellaneous Notes. Individuals responding with "yes" to any of the questions are high risk for TB. Documentation regarding this scenario with subsequent referrals and outcomes must be captured in the individuals file and in WITS.
 - See the Interim Policy for referral information.
 - Reference *CMCS 22A Communicable Disease Screening & Referral Services* for more detailed information
- **Hepatitis C:** Providers must follow current Department of Health guidelines to ensure that appropriate individuals are tested for Hepatitis C. Those identified as high risk must be referred to the county or nearby public health clinic for testing and treatment. The individual's acceptance or rejection of the referral must be documented in the WITS encounter notes as well as in the Miscellaneous Notes in WITS for that LoCA episode. At a minimum, the Department of Health indicates that individuals who should be tested include:
 - A person who was born between the years of 1945 and 1965.
 - Persons who inject drugs.
 - Persons who have previously injected drugs.
 - Persons who received a clotting factor produced before 1987.
 - Persons who have been on hemodialysis.
 - Persons who have HIV; and
 - Persons who have previously received a blood transfusion or organ transplant.
- **Viral Hepatitis (A&B):**
 - The contracted service providers conducting a LoCA MUST provide viral hepatitis prevention and control services. All clients seeking SUD services with a contracted services provider MUST offer prevention and control-related services. The individual's acceptance or rejection of the referral must be documented in the WITS encounter notes as well as in the Miscellaneous Notes in WITS for that LoCA episode.
 - Reference *CMCS 22A Communicable Disease Screening & Referral Services* for more detailed information
- **HIV:** Providers must determine whether the individual is at high risk for HIV. Persons who inject drugs are at high risk for HIV. Risk factors for contracting HIV include

engaging in unprotected sexual activities and sharing needles. Individuals identified as high risk must be referred to the County's DOH or a DOH partner agency for testing and treatment. The individual's acceptance or rejection of the referral must be documented in the WITS encounter notes as well as in the Miscellaneous Notes in WITS for that LoCA episode.

- Reference *CMCS 22A Communicable Disease Screening & Referral Services* for more detailed information

Once a LOCA is completed, it will be valid for a period of six (6) months. This applies to individuals who have never engaged in treatment after being assessed or who have been discharged and are seeking to reinstate services.

- The (6) six-month timeframe does not pertain to individuals actively engaged in treatment. An exception to this timeline may be made for individuals who were incarcerated during this (6) six-month time-period. Specifically, time prior to being in the controlled environment may be considered when determining the LOC.
- If an individual requests to reinstate services prior to the end of the (6) six-month period, the assessor may complete a follow-up assessment in lieu of a new one; however, a new ASAM Placement Summary Sheet with Level of Risk Rating for each dimension must be completed.

An individual shall be admitted into treatment at the first attended appointment with a provider after the LoCA has been completed. A treatment episode is a combined service provided to an individual during a period of treatment and begins with the admission to treatment. The substance use disorder treatment episode should be assumed to have ended if the individual has not received a treatment service in three days in the case of inpatient or residential treatment or 30 days in the case of outpatient treatment.

For the SCA funded person, the start of their treatment episode begins at the first appointment following the completion of the LoCA. The treatment episode, for this purpose, shall be comprised of a variety of combined services as indicated on the individual's treatment plan.

For the SCA funded individual in the outpatient level of care who have not received a treatment service in 30 days, shall have their file closed (that is: their treatment episode shall be ended).

For individuals in the inpatient level of care who have not received a treatment service in three (3) days, their file shall be closed (that is: their treatment episode shall be ended).

Documentation of the ongoing attempts to re-engage the client prior to the treatment episode ending shall be documented in the individual's file in accordance with the service provider's policy and procedure.

LCDAC Funded Telehealth LoCA

To remove barriers and assure widespread accessibility for services, the LCDAC contracted providers who perform LOCAs may use telehealth services **ONLY AFTER** securing **written approval from the LCDAC Case Management Supervisor.**

In order to be considered an approved LCDAC telehealth LoCA provider, the LCDAC contracted provider must develop specific policies and procedures around the implementation of telehealth LOCAs.

Policies, at a minimum, must address the following:

- security, privacy, and confidentiality components specific to telehealth, including private space for services for the LCDAC contracted provider and the individual;
- network security;
- when is it clinically appropriate or not appropriate to do telehealth;
- acquiring an informed consent of individual for telehealth and an in person option for LOCAs;
- acquiring a specific consent must be obtained from the individual in order to record the session.
- acquiring the specific releases of information whether signed in-person or electronically;
- staff training on use of equipment;
- on-going staff training on regulations/guidance, crisis situations, cultural considerations, accommodations via interpreter or electronic communication device;
- how individuals receiving assessments will receive education and training on the telehealth process and technology platform; of which is to include
 - security, privacy, and confidentiality components specific to telehealth such as private space for services;
- the type of technology used for telehealth of which should be capable of presenting sound and image in real-time and without delay
 - telehealth equipment should clearly display the practitioners' and participants' faces to facilitate the assessment. Smartphones with video on would be acceptable
- How Audio only (telephone) will only be used after all other options have been considered and deemed not possible. The reason for audio only assessments must be documented in the individual's file.

The LCDAC contracted service provider will notify the Case Manager Supervisor when the Telehealth LoCA policies are ready for review.

Written approval from the LCDAC Case Management Supervisor **MUST** be secured prior to conducting a LoCA telehealth episode for any LCDAC funded individual.

It is expected that no show rates for both telehealth and in-person be collected for comparison purposes.

LCDAC shall be conducting satisfaction surveys with telehealth services on a regular basis.

Approved By:



Rick Kastner LCDAC Executive Director

07102023

Date