Slide 1

Hello. Thank you for your commitment to obtaining CARF certification of your organization’s ASAM Levels of Care. This webinar is designed to help you prepare for the on-site survey. It will help you understand the survey process and how to best demonstrate to the surveyor your organization’s capacity to deliver its Levels of Care consistent with the ASAM Criteria. This webinar is not, however, designed to help you interpret or meet the rating elements. For information about the elements and how to satisfy them, please contact ASAM for training and other resources.

Slide 2

The certification rating elements are organized by: setting, staff, support system, assessment and treatment plan, therapies, and documentation. The elements are structured this way for ease of understanding and alignment with the six service characteristics categories described in the ASAM Criteria.

Currently, certification is available for residential treatment programs that serve adults in Levels of Care 3.7, 3.5, and 3.1. Each of these is a distinct Level of Care. You may have a person served that is initially admitted to Level 3.7, steps down to Level 3.5 and eventually steps down to Level 3.1 – all within your organization’s treatment program, and the person may reside in the same bed at all times.

Since each Level of Care is separate and distinct, and will be individually assessed for certification, it is important to think about what each particular Level of Care is, how it is organized and delivered, and how it is described in your organization’s documentation. You must be able to demonstrate to the surveyor during the on-site survey that your organization, in fact, satisfies the specific rating elements for each discrete Level of Care included in the application for certification. Some elements focus on how clients are assessed, others on how they are placed into that Level of Care, and yet others on how they are transitioned from one Level of Care to another. Therefore, it is important to determine how your organization will demonstrate the service characteristics for each Level of Care to be surveyed and how it will demonstrate that a particular person receives services in one Level of Care versus another.

Slide 3

CARF will determine the certification decision for each Level of Care by considering the findings of the on-site survey within the context of the proprietary scoring methodology. The scoring methodology consists of two components. The first component is the defining elements. In the publication containing rating elements that you received from ASAM, you will notice that certain elements are displayed differently than the others. Those elements are the defining elements. The defining elements for each Level of Care address those areas deemed crucial by ASAM to the operation of all treatment programs that provide services at that Level of Care. Your organization must satisfy “ALL” of the defining elements for a particular Level of Care in order to be issued certification for that Level of Care. This means that if even one defining element is not satisfied, your organization will not receive certification for that Level of Care. Because of the significance of the defining elements, it is critical in preparation for the survey that you very carefully consider how your organization will demonstrate satisfaction with each and every defining element. CARF recommends that you compare them to your service delivery system and
make any necessary changes to make sure that you can provide evidence to the surveyor that each and every defining element is met.

The second component of scoring is the non-defining elements. Each of those will be rated as well. While your organization need not meet all of the non-defining elements, it must substantially satisfy these elements. So even though your organization must meet a significant proportion of the non-defining elements, it can miss some and still achieve certification.

To emphasize the importance of the defining elements, consider Level of Care 3.5. Level 3.5 has 314 discrete rating elements. If your program meets 312 of those elements and misses only one, but that one is a defining element, your organization will not be issued certification for Level of Care 3.5. So please make absolutely sure that you that you will be able to provide the surveyor with clear, specific evidence that demonstrates satisfaction of each and every defining element for each Level of Care included in the survey.

Each element is intended to be as clear, direct, black and white and plain language as possible, so that anyone would be able to come to the same conclusion as to its demonstrated satisfaction. If there is language or terminology that is unfamiliar to you or you have questions about the elements or how to meet them, please contact ASAM directly.

**Slide 4**

How do you prepare for the survey? The first step is to obtain from ASAM, review, and take time to clearly understand, the rating elements for every Level of Care to be surveyed. Since certification is based on demonstrated satisfaction of the elements, your organization must understand the specific requirements and expectations set forth in the elements against which its treatment program will be assessed during the on-site survey. ASAM may from time to time publish other resources that you may find useful.

ASAM also offers training webinars for the Levels of Care. CARF recommends that you participate in each webinar that corresponds with each Level of Care to be surveyed so that you can gain a better understanding of the requirements for each level. The webinars help provide context and explain ASAM's underlying rationale for each of these Levels of Care described in the ASAM Criteria. While some states and regulatory bodies have developed their own versions of the Levels of Care, in some cases, those versions do not fully align with the ASAM criteria and, therefore, may not align with the rating elements. CARF's certification process is designed to assess programs in accordance with the pure form of the ASAM criteria, as reflected in the rating elements. Therefore it is important to hear the expectations directly from ASAM.

Once your organization has a solid understanding of what it must demonstrate to satisfy the rating elements, it should conduct a review of its program within the context of the elements for each Level of Care to be surveyed. This process would be, in essence, a self-conducted mock survey. During this process, you should compare your organization’s policies, procedures and other documentation to the specific requirements in the elements. You may notice that there are things in your policies or your written procedures or your clinical documentation that are not completely aligned with the certification elements. If you identify gaps, address them immediately by making the changes necessary to conform the documentation to the elements. Anything that can be addressed should be addressed before the onsite survey to minimize the number of elements that will be cited by the surveyor.
During the survey, the surveyor will select active clinical records to review for each Level of Care to be surveyed and will also ask you to select closed records for each of those Levels of Care. Accordingly, prior to the survey you will want to identify both active and closed clinical records for each Level of Care for which you applied. For example, if you applied for Levels of Care 3.7 and 3.5, you should have readily available to the surveyor records of patients admitted to and provided care in Level 3.7, both active and closed, as well as records of patients admitted to and provided care in Level 3.5, both active and closed. Every record should contain the results of the assessment, the treatment plan, and all other documentation specified by the elements to be contained in the clinical record. Again, this applies for all Levels of Care included the survey and those records should be identified and available to the surveyor by the time the surveyor arrives on site.

\textbf{Slide 5}

It is your organization’s responsibility to demonstrate satisfaction of the rating elements, not the surveyor’s responsibility to discover it. Therefore, the likelihood of a successful certification survey can be increased by utilizing tools that make the surveyor’s job as easy as possible.

The most useful tool is a crosswalk that tracks each rating element to each organizational policy, procedure or other documentation that addresses the specific requirements of the element. This will help the surveyor easily find all the information that demonstrates satisfaction of the certification elements. A crosswalk can take many forms. If your organization maintains its documentation electronically or has the capacity to present it in electronic format, CARF highly recommends that you load all of the documentation onto a computer terminal with permissions for the surveyor to access during the survey. Using this method, each document should be saved in a folder with a name that includes the specific element number to which it relates. For example, if a document is the current facility license for a program that delivers Level of Care 3.1, you would save the document in the 3.1 folder and name it “1.A.1. Facility License.” Similarly, you can load the documentation to an electronic document management system, such as SharePoint, eFileCabinet, Smartsheet or similar software, using each particular certification element number to name the link to the specific document that demonstrates satisfaction of that particular element. Alternatively, your organization can create a binder with all necessary documentation and simply put tags on each document labeled with the particular certification element number to which it relates. You can also list all of the certification element numbers in a spreadsheet and identify in that spreadsheet each particular document that corresponds with each particular element. Again, the idea is to make it as easy and straightforward as possible for the surveyor to find your documents that demonstrate satisfaction of the elements. There are also elements that are not related to documentation, such as the setting and organization of your facility. Those elements will not be included in a crosswalk. However, any element that specifies organizational documentation should be included.

In addition to organizational documentation such as policies and procedures, the elements also address documentation contained in clinical records. The surveyor will look directly at individual client records to be able to rate satisfaction of those particular certification elements and, therefore, these items should not be included in the crosswalk. That said, to aid the surveyor’s review of actual client records, you may want to create a sample client record, with each item tagged with the corresponding element number. You should also have a sample of your
organization’s standard assessment template – that meets the relevant elements – ready for the surveyor.

Your organization should identify one or more knowledgeable representatives who will be respond to the surveyor’s questions, as well as help the surveyor navigate the clinical records. While this may be the Survey Key Contact, it need not be. If you have an electronic clinical records system it may be simpler to assign someone to help the surveyor than to train the surveyor to personally navigate it. This person should be very competent and familiar with the clinical record and how it is laid out. It is possible that the person helping navigate the electronic record, and the person answering the questions are two different people. Please have these people identified ahead of time.

**Slide 6**

“It is the responsibility of the surveyed program to demonstrate that it satisfies the certification elements. Success depends on your ability to show the surveyor that your program satisfies the elements.” It is not the surveyor’s responsibility to go out and try to find and tease out every single thing. You should be able to say, “We understand the Level of Care. We understand what the expectations are for delivering this Level of Care, and we have built both a clinical and administrative infrastructure that support the delivery of that particular Level of Care,”

The surveyor will do his or her best to try to help you to be successful, based on the information you present. The surveyor may ask questions about certain documents or have you locate specific things that he or she is not able to find. The expectation, however, is that you have all information available and laid out for the surveyor at the start of the survey. At worst, you must be able to readily produce upon request any information requested to demonstrate satisfaction of the elements.

**Slide 7**

The survey process is straightforward. The surveyor will show up at a predetermined time. The surveyor will be in communication with you several weeks prior to the survey and together you will establish the arrival time. It will usually be around 8:00 in the morning. Upon the surveyor’s arrival, there will be an opportunity for a brief orientation that includes introductions, an overview of the survey activities, a tour of the facility and review of any survey logistics discussed during the presurvey call.

Following the orientation, the surveyor will independently observe both residential and treatment areas of the facility and begin to review organizational documents that are made available electronically or in another format in an area specifically set aside for the surveyor’s use during the survey. Please provide a space that is quiet and available just to the surveyor. Any paper documents should already be in that space ready for review, as should a computer terminal already set up for the surveyor to review any electronic documents. The surveyor should not have general access to your organization’s network or access to anything in your system other than the particular documents for review. This could be achieved with surveyor access restricted by a user name and password or by preloading a freestanding, unnetworked computer with the appropriate documents. Whatever works best for your organization and its infrastructure and systems. The surveyor will predominantly work quietly while reviewing documents and the information that you provide.
From a timing perspective, the surveyor will consider the defining elements as early in the survey as possible. Once preliminary findings are determined for the defining elements based on the information available, the surveyor will inform your organization’s identified representative of any defining elements for which sufficient evidence of satisfaction is not yet demonstrated. This will typically occur prior to 1:00 p.m. The goal is to allow you an opportunity to produce any information necessary to satisfy all of the defining elements. At that time, the organization will have at least one hour to produce, identify, direct the surveyor to, or otherwise provide additional information that could affect the surveyor’s ratings of the defining elements. During this period, the surveyor will continue to review documents related to the non-defining elements and begin reviewing clinical records.

The surveyor will inform your organization’s identified representative when access to the clinical records is necessary. Whomever was identified to help navigate the health record should be available and ready to aid the surveyor in this process.

Following the review of clinical records, the surveyor will consider any additional information presented with respect to the preliminary findings for defining elements and complete the review of any other information available to consider satisfaction of the elements.

After the surveyor has considered your organization’s satisfaction of all elements, there will be a brief wrap up. During the wrap up, the surveyor will identify any defining elements rated as not satisfied. However, no additional information may be presented at this time. The certification decision will not be communicated during the wrap up, as CARF does not apply the scoring methodology until it receives the survey findings from the surveyor. However, since all defining elements for a Level of Care must be met to receive certification for that Level of Care, the identification of any defining elements during the wrap up will be instructive.

The surveyor will then thank you for your participation and depart.

**Slide 8**

After the onsite visit, the surveyor will submit the survey findings to CARF and CARF will determine the certification decision based on whether, for each Level of Care surveyed, your organization met all of the defining elements and demonstrated substantial satisfaction of the non-defining elements. If CARF issues certification for one or more Levels of Care, the certification is effective for three years.

If your program is certified, it must submit a plan of action (POA) to CARF within 90 days of receiving the certification decision. The POA must address all the elements that were not satisfactorily demonstrated during the survey. Certified programs must also submit an annual report to CARF that certifies their ongoing satisfaction of the elements. CARF will send the report form for completion prior to each anniversary following the issuance of certification.

Programs not issued certification will also receive a POA to identify the elements not met and the areas that should be addressed in any future certification efforts.
Slide 9

If you have questions about the elements and how to meet them, visit www.ASAMcertification.org or contact ASAM at certification@asam.org. If you have any questions about the certification process, please contact CARF’s certification support team at LOCCertification@carf.org or 888-281-6531 extension 7080. Again, thank you for your commitment to obtaining CARF certification of your organization’s ASAM Levels of Care, and for taking the time to maximize the likelihood of success. Good luck with your on-site survey.