

ASAM Monthly Technical Assistance Series

Myths and Facts

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Reminders

- This call is being recorded. Please exit now if you do not want to be recorded.
- Questions should be submitted 7 days in advance of the call to RA-DAASAM@pa.gov. If you want to submit a question in the chat, DDAP will record the question and post responses to all questions received during this call to the DDAP ASAM website. Questions will not be addressed during the meeting.
- Suggestions for future call topics should be submitted to RA-DAASAM@pa.gov.



Disclaimers

ASAM Alignment is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.

The information presented today provides an overview and summary of various topics related to ASAM. 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 trainings and documents.



What have we covered over the past 6 months?

October 2021: ASAM Update by DDAP and DHS

November 2021: MAT Across the Continuum of Care

December 2021: Individualized Documentation Considerations

January 2022: Therapies

February 2022: Co-Occurring Capability

March 2022: Special Populations



Learning Objectives

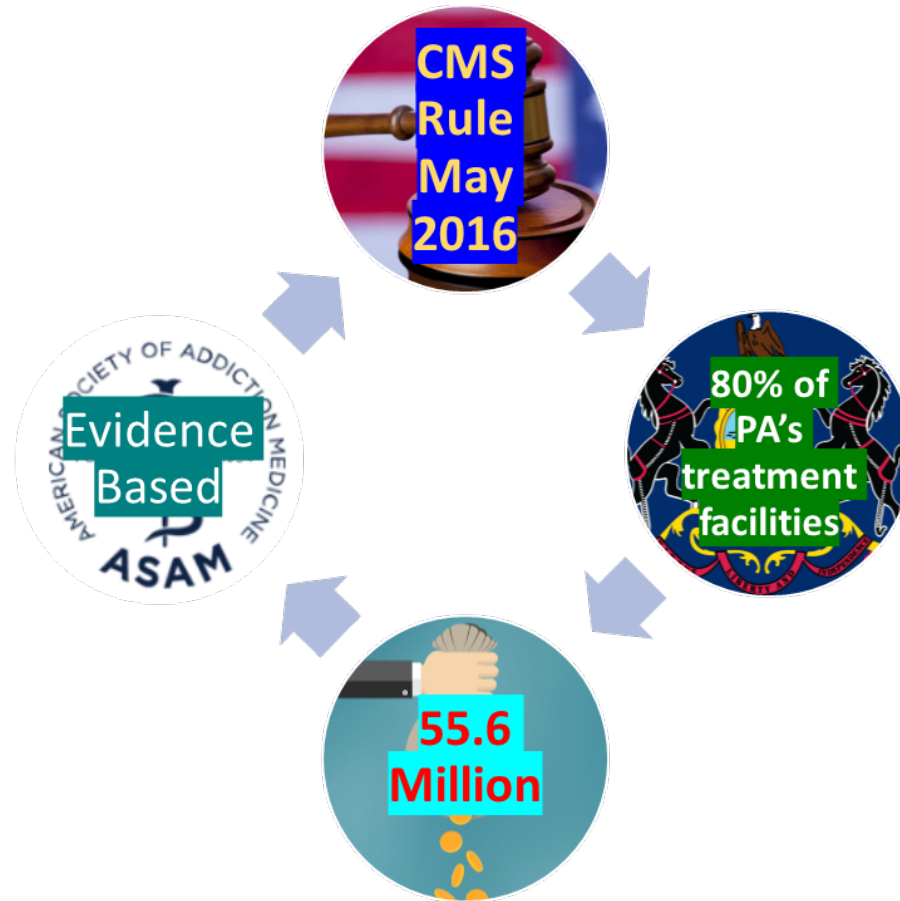
1. Identify some common misconceptions or understandings related to ASAM and provide clear answers/directions.



Myth #1: ASAM alignment is not a requirement.



ASAM Alignment is a Requirement



MYTH #2: ASAM doesn't recognize the importance of AA and NA and other mutual aid recovery groups.



Important 12 Step, Mutual Help, & Self-Help Recovery Group References within ASAM

- P.108 (Table)
- These groups are not considered skilled treatment services.
- Individualized care = offering options. 12 Step, SMART Recovery, Celebrate Recovery, etc.



MYTH #3: ASAM Level 3.7 is the same as
3.7WM



<p>3.7 Medically Monitored Intensive Inpatient Services</p>	<p>3.7 Medically Monitored Inpatient Withdrawal Management</p>
<p>Pages 265-279</p>	<p>Pages 139-141</p>
<p>24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3.</p>	<p>Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete WM without medical and nursing monitoring.</p>



MYTH #4: ASAM alignment review will occur during DDAP licensing inspections OR All the SCAs, BHMCOs, and Licensing inspectors will be coming to our facility to monitor for ASAM



Licensing Inspections	1115 ASAM Alignment Review	SCA Contracted Provider Monitoring
Mandatory Process	DDAP and DHS are requiring use of the ASAM Criteria, 3 rd Edition, 2013, as provided for under Act 70, only for providers who receive funding for treatment services under agreements with SCAs and/or MCOs	Mandatory Process
Reviews compliance with state regulations for SUD	Reviews alignment with the ASAM Criteria, 3 rd Edition, 2013 in the appropriate level(s) of care	Reviews compliance with DDAP Grant Agreement requirements for funding, including those in the Case Management & Clinical Services Manual and the Federal Substance Abuse Block Grant
Coordinates with federal entities (DEA, SAMHSA) about compliance with regulations for SUD	Completed jointly by the SCAs and MCOs	Completed by the SCAs
Completed by the DDAP's Division of Licensing	Completed jointly by the SCAs and MCOs	Required to be completed yearly

MYTH #5: Providers have no idea what to expect with ASAM alignment review.



What can I do to prepare for ASAM alignment reviews ?

- Read the ASAM text.
- Attend ASAM trainings.
- Review the level of care specific service characteristics on the DDAP ASAM Transition website.
- Ask for help!
- Review previous ASAM Monthly TA Series content.
- **READ THE ASAM TEXT!**

MYTH #6: One hour of group therapy fulfills the “daily clinical services” requirement at ASAM Level 3.5 and 3.7





3.5 (p.244, p.255)

- Substance use is so out of control they need a 24-hour supportive treatment environment to
- Significant social and psychological problems.
- Multiple limitations: substance use and addictive disorders, criminal activity, impaired functioning.
- Never developed adequate coping skills.
- Likely have experienced multiple traumas.

3.7

- Subacute biomedical and emotional, behavioral or cognitive problems are so severe they require inpatient treatment.
- Functional limitations in dimensions 1, 2 and/or 3.

Clinical Services/Therapies	3.1 LOC	3.5 LOC	3.7 LOC	4 LOC
	Available at least 5 hours per week (p.225-226)	Available Daily (p.251-p.252)	Available Daily (p.269)	Available 16 hours a day (p.283)
Individual Therapy	X	X	X	X
Group Therapy	X	X	X	X
Motivation Interviewing/Enhancement Therapy	X	X	X	X
Family Therapy	X		X	
Education Groups	X	X		
Occupational/recreational Therapy	X	X		
Psychotherapy				
Pharmacotherapy/Medication Management	X	X	X	X
Drug Screens	X	X	X	
Recovery Support Services	X	X		
Family Support Services	X	X	X	X
Focus on ADLs, recovery, personal responsibility/appearance/punctuality	X			
Focus to stabilize and maintain stability of SUD symptoms, application of recovery skills, relapse prevention, interpersonal choice and recovery/social support network	X	X		
Develop and practice prosocial behaviors		X		
Counseling/Clinical Monitoring for successful involvement in regular productive daily activities such as work or school, successful reintegration into family living	X	X	X	
Planned clinical activities focused on increasing understanding/acceptance of SUD/MH		X	X	X
Planned community reinforcement of prosocial values/community living skills		X	X	
Appropriate medical and nursing services			X	X
Focus on stabilization of SUD/MH symptoms			X	X
Health education services			X	X
Acute symptom management			X	X
Biomedical, emotional, behavioral, management/treatment				X
Other Therapies	X	X	X	X

MYTH #7: Offering only 9 hours of clinical services meets the requirements for an ASAM Level 2.1 Program.





ASAM Level 2.1

Clinical Services/Therapies	1 LOC	2.1 LOC	2.5 LOC
	Available up to 9 hours per week (p.188)	Available 9-19 hours per week (p.199-p.200)	Available 20+ hours per week (p.210-p.211)
Individual Therapy	X	X	X
Group Therapy	X	X	X
Motivation Interviewing/Enhancement Therapy	X	X	X
Family Therapy	X	X	X
Education Groups	X	X	X
Occupational/recreational Therapy	X	X	X
Psychotherapy	X	X	X
Pharmacotherapy/Medication Management	X	X	X

MYTH #8: Requiring counselors to be licensed or certified disqualifies individuals from lived experience from being able to work in the field.



- The ASAM Criteria, 3rd Edition, 2013 requires appropriately credentialed or licensed clinical staff across all levels of care.
- In addition to meeting the staffing regulations of 28 PA Code Chapter 704 and provisions set forth by the DDAP Case Management and Clinical Services (CMCS) Manual, Single County Authorities (SCAs) and SUD treatment facilities must be working toward the credentialing or licensing of staff hired after July 1, 2021.
- Clinical staff who were hired in their current positions within the same project or organization on or before July 1, 2021, are “grandfathered” and not subject to credentialing or licensure.
- SUD treatment facilities that hire clinical staff who do not hold a license or certification must document steps towards licensure or certification.



MYTH #9: All licensed SUD providers must apply for ASAM “alignment” or “certification” with DDAP.



Two levels of care in which a formal ASAM alignment process is required.

- ASAM Level 2.5
- ASAM Level 3.7



MYTH #10: Co-Occurring Capable programs must be dually licensed by DHS and DDAP.



Common Misconceptions for Co-Occurring Capability

- Programs must hire a psychiatrist.
- SUD programs must hire a MH counselor.
- MH programs must hire a SUD counselor.
- SUD programs must hold a MH license.
- MH programs must hold a SUD license.



REMINDERS

- Next Monthly ASAM TA call is scheduled for Monday May 2, 2022 from 10am-11am.
- Need Technical Assistance? Email RA-DAASAM@pa.gov.
- ASAM Transition Page: [ASAM Transition \(pa.gov\)](#)

