

ASAM Technical Assistance Series – Questions and Answers (in red)

October 4th, 2021

1. Will we have access to the PowerPoint after the meeting?

Yes, PowerPoints, a recording of the call, and a document with questions and answers submitted in the chat during the call are all available on the ASAM Alignment website [ASAM Transition \(pa.gov\)](https://www.asam.org/transition).

2. Any information on 0.5 level of care...Our target audience is the youth and young adults.

Early Intervention as defined in The American Society of Addiction Medicine Criteria (ASAM) Criteria, 2013, is an organized screening and psycho-educational service designed to help individuals identify and reduce risky substance use behaviors. ASAM Level 0.5 Early Intervention may be delivered in a wide variety of settings across the Pennsylvania Substance Use Disorder System. Please reference pages 179-183 of the ASAM Criteria, 3rd Edition, 2013 for additional information. Adult Dimensional Admission Criteria for Early Intervention can be found on pages 181-182 and Adolescent Diagnostic Admission Criteria for Early Intervention can be found on page 182. This is not a licensed LOC.

3. For OMHSAS: Does the co-occurring enhanced program qualification apply to all levels of care? if not, which levels of care?

DHS and DDAP are currently collaborating on a bulletin to address co-occurring enhanced program requirements. The anticipated completion of this bulletin is mid spring 2022.

4. When will we see the monitoring tool? Will there be a separate training on how to use the tool?

DDAP is collaborating with OMHSAS in the development of monitoring tools that will be used to determine alignment with ASAM. The tool for level 3.5 is nearing completion, and similar tools will be created for other LOCs. Information about a release date is forthcoming.

5. When it comes to the MI: Advancing the Practice training, must this training be delivered by DDAP or can a qualified trainer from a provider with requisite experience in MI be able to deliver the training curriculum to program staff?

DDAP's "Motivational Interviewing, Advancing the Practice" is currently a required training for case managers hired on or after 7/1/21 and is the "DDAP-approved" MI training. Clinical supervisors are recommended to take this course by 7/1/23 and other clinicians are recommended to take the course by 7/1/26.

Providers are encouraged to first contact their Single County Authority to arrange onsite training. If you are having difficulty scheduling classes with your SCA, please reach out to ra-datraining@pa.gov for assistance.

6. Guidance for OBOT/1.0 under physical health doing ASAM assessments to refer to higher Level of Care Assessment (LOCA).

Centers of Excellence designated by the Department of Human Services, are not required to be licensed by the Department of Drug and Alcohol Programs to complete the LOCA. Non-COE physical health / primary care entities may develop a relationship with an SCA or another SUD provider able to complete a LOCA. If the physical health / primary care entity intends to complete the LOCA within their own practice, it must be completed by an individual who meets the qualifications and minimum experience and training requirements identified in Part 5.08 of DDAP's Case Management & Clinical Services Manual (https://www.ddap.pa.gov/Professionals/Documents/SCA%20Manuals%20and%20incorporated%20documents/2020-25%20Case_Mgt_and_Clinical_Srvcs_FINAL.pdf) or who is a licensed individual trained in administering LOCAs.

7. What does it mean when you reference providers being Medical Assistance Provider Program per ASAM LoC? – OMHSAS would be able to address this question.

OMHSAS is updating the Medical Assistance SUD provider type/specialties and certain procedure codes to align with ASAM LOCs. For example, while ASAM level 3.5 and 3.7 will have the same provider type, distinct provider specialties have been created for each level. Another example is creating provider specialty and procedure code to allow payment for methadone maintenance in residential settings that are credentialed OTPs. Payment for methadone maintenance was previously available only to methadone clinics that are also licensed as D&A clinics.

8. How do we get on the ASAM e-mail?

If you have questions about ASAM or want to be added to the monthly call, please e-mail the ASAM resource account at: ra-daasam@pa.gov. Also, If you would like to be part of DDAP's listserv for e-mail that is sent to our stakeholders by the Secretary's

office, including ASAM items, please send an e-mail to: ra-dasecretary@pa.gov to be added to the list.

9. For staff that have already had MI trainings from the past, do they need to take it again and does the MI training have to be the one through DDAP. The trainings are difficult to get into.

DDAP's "Motivational Interviewing, Advancing the Practice" is currently a required training for case managers hired on or after 7/1/21 and is the "DDAP-approved" MI training. Clinical supervisors are recommended to take this course by 7/1/23 and other clinicians are recommended to take the course by 7/1/26.

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10. We have added a yoga class weekly. is this a billable service? we are a 2.1 level of care. CCBH directed us to speak with you.

The ASAM Criteria 2013 edition discusses in detail therapies offered in 2.1 program. Section A under the 2.1 Therapies section (p.199) states "a minimum of 9 hours per week for adults and 6 hours per week for adolescents of skilled treatment services. Such services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies. These are provided in the amounts, frequencies, and intensities appropriate to the objectives of the treatment plan." The Therapies section then goes on to add additional guidance.

DDAP does not have specific guidance on whether yoga – or other recreational activities – are a billable service. This is a conversation that providers need to have with both DHS/OMHSAS and various payers. DDAP does encourage providers to consider the following the following when asking questions about whether _____ is a billable service.

- How is this intervention helping the patient?
- Is there a professional or allied health professional facilitating this intervention?
- How does this intervention address problem areas identified in the multidimensional assessment?
- Is this intervention outlined in the patient's individualized treatment plan?
- Was the patient involved in choosing this specific intervention?

- How are we able to individualize _____ if this is a group activity?
- How are we able to measure the effectiveness and client response to this intervention?
- How will we ensure individualized documentation with this intervention?

11. Clarity on dual diagnosis capable vs. dual diagnosis enhanced?

All providers receiving funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations must be providing services that are co-occurring capable or actively working towards co-occurring capability.

Co-Occurring Capability is discussed in detail on pages 26-29 and in the Glossary of Terms in Appendix C of the ASAM Criteria, 2013 edition. The co-occurring capable definition on page 416 states the following “Treatment programs address co-occurring mental and substance use disorders in their policies and procedures, assessment, treatment planning, program content, and discharge planning. Such programs have arrangements in place for coordination and collaboration between addiction and mental health services. They also can provide medication monitoring and addiction and psychological assessment and consultation, either on site or through coordinated consultation with off-site providers. Program staff can address the interaction between mental and substance use disorders and their effect on the patient’s readiness to change – as well as relapse and recovery environment issues – through individual and group program content. **The primary focus of co-occurring capable programs in addiction treatment settings is the treatment of substance use disorders. Within mental health settings, a co-occurring capable program’s primary focus is the treatment of mental disorders.**”

Co-Occurring Enhanced discussed on page 29 and defined on page 417 of of the ASAM Criteria, 2013 edition as “Treatment programs that incorporate policies, procedures, assessments, treatment and discharge planning processes that accommodate patients who have more unstable co-occurring mental health and substance use disorders. Mental health symptom management groups are incorporated into addiction treatment and vice versa. Motivational enhancement therapies specifically designed for those with co-occurring mental and SUD are more likely to be available (particularly in outpatient settings) and ideally there is close collaboration or integration between addiction and mental health services and access to addiction and mental health case management and continuing care. **In contrast to co-occurring capable services, co-occurring enhanced services place their primary purpose on the integration of services for mental health and SUD in their staffing, services, and program content such that both unstable addiction and mental health issues can be adequately addressed by the program.**”

DHS and DDAP are currently collaborating on a bulletin to address co-occurring enhanced program requirements. The anticipated completion of this bulletin is mid spring 2022.

13. Will providers be able to see a template or example of your Monitoring Interview Guide so that we can start preparing program staff and start evaluating our own Policy and Procedures to ensure they align and meet your monitoring standards?

Once the monitoring tool is finalized, OMHSAS and DDAP will be issuing communications to provide guidance regarding this.