

DDAP ASAM Technical Assistance Series
Questions and Answers
January 10, 2022

1. How would this impact the Matrix Model IOP?

The Matrix Model is one example of an evidence-based treatment “modality” (p.423) and is also an example of a “skilled treatment service” (p.429). Providers are encouraged to review the definitions of “Program Driven” (p.426) and “Individualized Treatment” (p.420) in understanding how specific modalities can be utilized to meet the individualized needs and preferences of each patient.

2. Will Zoom/phone / sessions count for family therapies due to COVID precautions?

In all levels of care, so long as family therapy is listed on the treatment plan, DDAP licensing permits telehealth services. DDAP recommends reaching out to individual payors for requirements specific to the provision of telehealth services.

3. Is there any focus on 0.5 level of care? Providers would like more support how individuals who meet this level of care.

ASAM Level 0.5 Early Intervention is an organized service that 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.

4. Early intervention 0.5 level of care are receiving more referrals for the youth. Is there a specific youth ASAM screening tool where the questions are more relatable?

There is not a specific youth screening tool. There are, however, several resources available on SAMHSA’s website including the following:

- [TIP 31: Screening and Assessing Adolescents for Substance Use Disorders | SAMHSA](#)
- [Screening to Brief Intervention \(S2BI\) | SAMHSA](#)
- [Brief Screener for Alcohol, Tobacco, and other Drugs | SAMHSA](#)
- [SBIRTFaCES: SBIRT for Adolescents | \(ysbirt.org\)](#)

5. Will groups facilitated by CRS staff be able to count as treatment service hours?

In ASAM Level 3.5 and 3.7, providers are required to provide daily clinical services. Providers have the flexibility to provide daily clinical/therapeutic services in a way that best meets the needs of the individual. Services should be provided in amounts, frequencies, and intensities appropriate to the objectives of the treatment plan. DDAP recommends reaching out to your various payors to seek their input on this matter specifically requirements pertaining to group facilitator qualifications.

6. Can an LPN do counseling as well? Does CCBH accept LPN as ok to do counseling?

The qualifications for the position of counselor are outlined in PA 704.7. [28 Pa. Code § 704.7. Qualifications for the position of counselor. \(pacodeandbulletin.gov\)](#). While a registered nurse (RN) is listed as qualified for a counselor position, an LPN is not listed. With that said, if an LPN meets any of the other qualifications listed, they may be eligible for a counselor position.

7. I have a question, since Case Management is sometimes bundled with Clinical Services, such as with Magellan Behavioral Health, is it appropriate to devote a clinical session to Case Management for Aftercare Planning?

According to The ASAM Criteria, 3rd Edition, 2013 case management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs, using communication and available resources to promote quality, cost-effective outcomes. The SCAs and its contracted providers must offer case management as a separate and distinct service from treatment that addresses all relevant aspects of an individual's path to recovery. Additionally, DDAP recommends reaching out to your various payors to seek their input on this matter specifically requirements pertaining to group facilitator qualifications.

8. In referencing the last slide, does the recommendation of 1:15 ratio for IOP also apply to PHP (1:10)?

The ratio for PHP is stipulated in DDAP regulations, it is **not** a recommendation.

Partial Hospitalization staff to client ratio can be found under 704.12 (5). [28 Pa. Code § 704.12. Full-time equivalent \(FTE\) maximum client/staff and client/counselor ratios. \(pacodeandbulletin.gov\)](#).

DDAP recommends a 1:15 ratio for staff to consumers in IOP based on this amount of services compared to a normal full-time equivalent work week and to assist providers in



meeting the ASAM Criteria, 3rd Edition, 2013 requirement of 9-19 hours of individualized treatment services per week.

9. We are focusing on an integrated multi-disciplinary care model involving psychiatry and physical medicine working collaboratively an intergraded record. Confidentiality regulations make this very challenging. Outside of releases any thoughts?

We are happy to have a more detailed discussion so we can fully understand your questions and the various factors involved. Please reach out to the ASAM Resource Account (RA-DAASAM@pa.gov) to schedule a technical assistance call.