ASAM TRANSITION LISTENING SESSION
June 2018

pennsylvania
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

Why The Transition?

- Initial Responses –
  - IMD / 1115 Waiver
  - PA WITS
  - Addressing administrative burden and need for unified approach

Why The Transition?

- Transitioning to ASAM would strengthen Pennsylvania's treatment landscape by:
  - Utilizing an evidence-based placement tool
  - Focusing on responding to a patient's individual needs and is outcome driven
  - Assessing risk and imminent danger for both mental health and substance use disorders

Why The Transition?

- Transitioning to ASAM would strengthen Pennsylvania's treatment landscape by:
  - Promoting greater clinical judgment in assessing client need
  - Providing principles and guidance for working with managed care companies to resolve placement issues
  - Achieving congruence with the adolescent placement criteria that already uses ASAM

Why The Transition?

- What the transition to ASAM will do:
  - Facilitate client-centered, outcome driven treatment planning
  - Improve client engagement in services;
  - Reduce recidivism
  - Encourage more appropriate types of services and lengths of stay
  - Increase PA’s already robust treatment system

Why The Transition?

- What transition to ASAM will NOT do:
  - Eliminate ANY level of care from the PA continuum
  - Restrict admission to levels of care (LOCs) for only those individuals who have a co-occurring disorder
  - Require a “fail-first” strategy of admission

Why The Transition?

IT'S THE

RIGHT THING

TO DO!

ASAM Transition Timing

- Transition official as of July 1, 2018
- Process still ongoing

- http://www.ddap.pa.gov/Professionals/Documents/ASAM%20Transition%20Timeline%203-23-18.pdf

ASAM Transition Timing

- July 1, 2018
  - Programs are expected to officially begin the transition from the use of the PCPC to the ASAM for LOC determination at admission
  - Training is well underway and many providers are fully prepared for the July 1 transition.
  - Training should occur on an ongoing basis beyond July 1

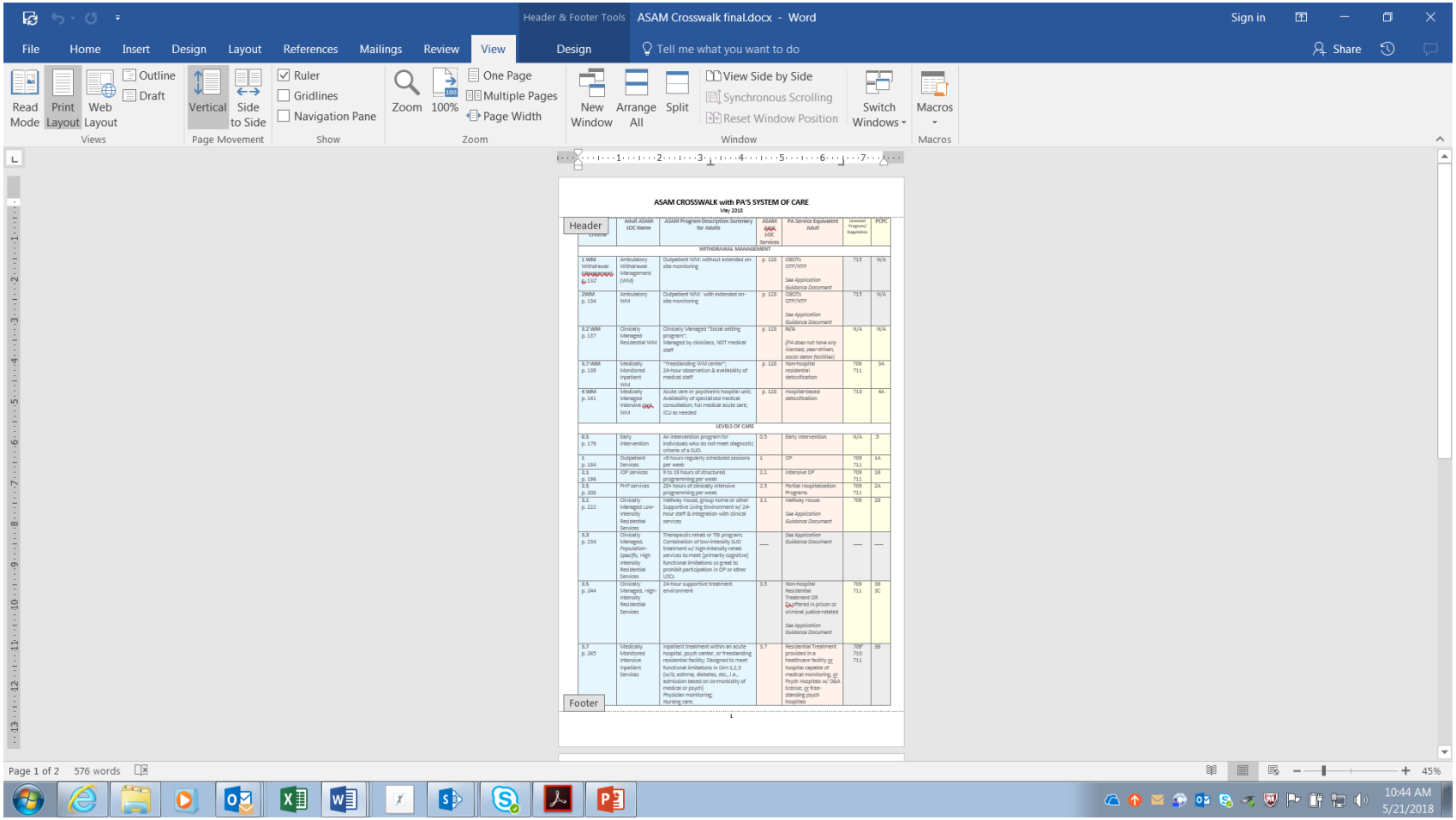
ASAM Transition Timing

- Initial training beyond July 1, 2018
  - Training of essential / key staff should continue
  - Supervisors should review LOC determinations for staff who have not yet been trained
  - All essential / key staff should be trained no later than December 31, 2018

How Does the ASAM "Fit" in PA?

- Application of ASAM in PA
  - Crosswalk
  - Guidance for Application of ASAM in PA

How Does the ASAM "Fit" in PA?



How Does the ASAM "Fit" in PA?

- Crosswalk of ASAM to PA Treatment System

- \http://www.ddap.pa.gov/Professionals/Documents/ASAM%20Crosswalk%20final.pdf

How Does the ASAM "Fit" in PA?

- Guidance for Application of ASAM in PA

- http://www.ddap.pa.gov/Professionals/Documents/ASAM%20Application%20Guidance%20Final.pdf

How Does the ASAM "Fit" in PA?

- Walk-through of the Guidance:
- PA has embraced the changes that ASAM has made in describing the 6 dimensions:
  - "Withdrawal Management" vs "detox" (DIM1)
  - "Emotional, Behavioral, or Cognitive Complications" vs. "Emotional/Behavioral"
  - "Readiness to Change" vs "Treatment Acceptance/Resistance"

How Does the ASAM "Fit" in PA?

- Walk-through of the Guidance:
  - "Recovery/Living Environment" vs "Recovery Environment"

- Other Differences:
  - Medication-assisted treatment (MAT) through the continuum of care
  - Provision of assessment and treatment for co-occurring disorders (COD) as an emphasis

How Does the ASAM "Fit" in PA?

- Walk-through of the Guidance:
- DIM 3: Emotional, Behavioral, or Cognitive Conditions and Complications
  - Emphasis on integrated services
  - Co-Occurring Capable
  - Co-Occurring Enhanced
- Where emotional/behavioral issues are secondary to SUD, it is appropriate to address within SUD treatment

How Does the ASAM "Fit" in PA?

- Walk-through of the Guidance:
- DIM 3, cont'd:
  - Assess and provide integrated services IF/WHERE possible
  - Assess and refer to appropriate MH services where integrated care is not available

How Does the ASAM "Fit" in PA?

- Walk-through of the Guidance:
- Withdrawal Management
  - Move from use of "detoxing" someone to assisting someone through "withdrawal management" (WM)
- Assessors and clinicians should utilize the criteria as delineated in the ASAM text for guidance in WM

How Does the ASAM "Fit" in PA?

Process Considerations for WM:

- Improving access to ambulatory detox
- Payment methods for concomitant services on the same day

How Does the ASAM "Fit" in Pa?

Outpatient Services:

- Consistent with historical provision of these services
  - PHP
  - IOP
  - OP
- Moving forward in the process, will need to determine programmatic changes that may occur to hours of service/staffing

How Does the ASAM "Fit" in PA?

Halfway House 3.1 (pp. 10 -13)

- HWH is NOT recovery house plus OP
- HWH is a licensed treatment service where clinical interventions are delivered onsite
- HWH is NOT restricted to only those with COD.

How Does the ASAM "Fit" in PA?

Halfway House 3.1 (pp. 10 -13)

- HWH has been included in the 1115 waiver and will remain a vital part of PA's continuum of care

How Does the ASAM "Fit" in PA?

3.3 "Clinically Managed, Population-Specific, High Intensity Residential Services", p 14

- As defined by ASAM, this is a population specific residential service
- While this level of care may exist, particularly for co-occurring, such programs (TBI + SUD) are currently likely not available

How Does the ASAM "Fit" in PA?

Clinically Managed High-Intensity Residential Services (Adult) 3.5 (pp. 15 – 19)

- This encompasses what has historically been defined as ST / LT Residential (3B/3C)
- Will now be known as "high-intensity" and "highest-intensity" respectively.
- "The Guidance for Application of ASAM in PA…" should be used to differentiate between these two services

How Does the ASAM "Fit" in PA?

Clinically Managed High-Intensity Residential Services (Adult) 3.5 (pp. 15 – 19)

- The guidance was developed by first outlining the differences in 3B and 3C in the PCPC, then comparing to the ASAM Criteria
- In determining length of stay in any level of service, ongoing assessment should occur to determine progress or no longer meeting the 6 dimensional criteria for these LOCs

How Does the ASAM "Fit" in PA?

Other Assessment Considerations / Special Populations (pp. 23 – 25)

- PA Code Chapter 28 / licensing regulations continue to remain in effect
- DDAP's and DHS' contractual requirements are not pre-empted in any way by ASAM

How Does the ASAM "Fit" in PA?

Other Assessment Considerations / Special Populations (pp. 23 – 25)

- Assessment Upon Re-Entry
  - History and Current Use
  - Appropriate clinical 6 dimensional assessment
- Co-Occurring SUD and Mental Health Issues
  - Proper assessment must continue to occur
  - Proper referrals must continue to be made

How Does the ASAM "Fit" in PA?

- Medication-Assisted Treatment
  - There is a prohibition of most federal/state (public) funds for treatment providers who refuse to admit individuals based upon use of medications
  - PA must expand its capacity to provide all FDA approved MATs to individuals in need of medications determined most appropriate in meeting a person's need

How Does the ASAM "Fit" in PA?

- Medication-Assisted Treatment
  - MAT should be combined with cognitive therapies for optimal treatment experience
  - While not necessarily prescribed at every level of care, MAT should be available to individuals in any level of care.

Considerations from the Field

While DDAP, through the work of the ASAM Transition Workgroup, et al understands there needed to be a starting place for applying The ASAM Criteria, the potential need for modifications are understood.

DDAP will continue to accept feedback and edit the Guidance Documents at designated intervals, as warranted. Input can be emailed to RA-DAASAM@pa.gov

Questions & Answers

Those Q & A's not able to be addressed during the allotted time frame will be answered via an FAQ that will be posted to DDAP's website after the final listening session.