

Case Management Services

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Questions and Future Topics

- Suggestions for future webinar topics
- Questions should be submitted 7 days in advance of the webinar

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Learning Objectives

- Discuss the components of case management
- Match multi-dimensional severity and level of function with case management services
- SCA and contracted providers' requirements related to case management services

Disclaimers

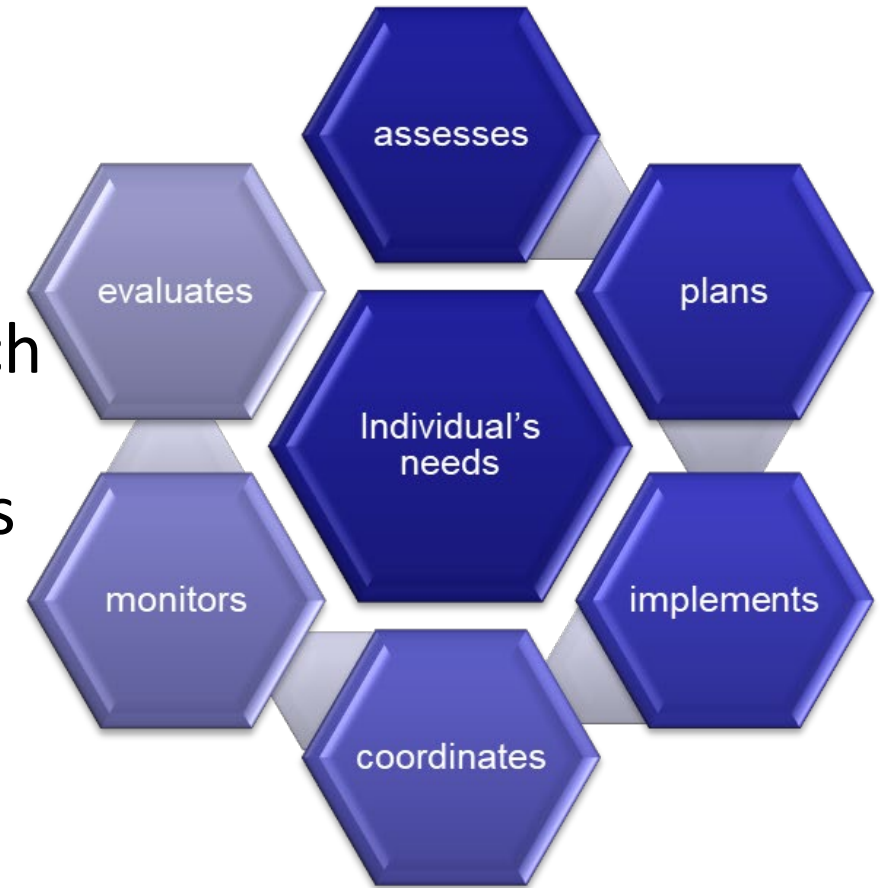
Alignment with The ASAM Criteria is required of drug and alcohol treatment providers that receive funding for providing treatment services under agreements with Single County Authorities and/or Managed Care Organizations.

DDAP stresses the importance of reviewing the ASAM Criteria text in its entirety; attending in-person or online ASAM trainings found on the DDAP website [ASAM Criteria Training Options 2022.pdf \(pa.gov\)](#); and reviewing the resources available through DDAP including trainings and documents.

Case Management

According to The ASAM Criteria, 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.



Case Management

- Used to support treatment engagement and retention
- Treatment may be more likely to succeed
- Provides services that are most fitting to the patient's needs
- Effective communication with other team members is important to assist in the consistency of the patient's plan being implemented

Case Management

- Principles of Case Management
 - Single Point of Contact
 - Patient Centered
 - Community Based
 - Equity Driven
 - Involves Advocacy
 - Culturally Sensitive and Non-stigmatizing
 - Pragmatic

Case Management

- Shared Decision Making

5 Essential Steps of Shared Decision Making



Case Management

- Models of Case Management
 - Broker/Generalist
 - Strengths Perspective
 - Assertive Community Treatment
 - Clinical Rehabilitation

Primary case management activities	Broker/Generalist	Strengths Perspective	Assertive Community Treatment	Clinical/Rehabilitation
Provides assessment and ongoing reassessment	Specific to immediate resource acquisition needs	Strengths-based, applicable to any of client life areas	Broad-based, part of a comprehensive Biopsychosocial assessment	Broad-based, part of a comprehensive Biopsychosocial assessment
Assists in goal planning	Generally brief, related to acquiring resources, possibly informal	Client-driven, teaches specific process on how to set goals and objectives, goals may include any of client life areas	Comprehensive, goals may include any of client life areas	Comprehensive, goals may include any of client life areas
Makes referral to needed resources	Case manager may initiate contact or have client make contact on own	As negotiated with client, may contact resource, accompany client, or client may contact on own	As needed, many resources integrated into broad package of case management services	As negotiated with client, may contact resource, accompany client, or client may contact on own
Provides therapeutic services beyond resource acquisition	Referral to other sources for these services if requested	Usually limited to responding to client questions about treatment issues, education about how to identify strengths about self-help resources	Provides many services within unified package of treatment/case management services	Provision of therapeutic activities central to the model

Case Management

- Factors of Increased Use of Case Management for Patients With SUD
 - Co-occurring mental disorders and comorbid conditions need concurrent treatment
 - Navigating complex health systems to obtain treatment
 - Helping patients address basic needs is essential to treatment
 - The rate of acute health crises related to drug use continues to increase
 - Follow-up services can be accessed with the assistance of case managers post emergency services
 - Developments in healthcare and behavioral health services are expanding the use of case management
 - Case management services can benefit the individual who needs help in connecting to SUD treatment
 - Connections to specific ancillary services that facilitates access to treatment
 - Case management supports “no wrong door.” There is linkage with a range of services a patient wants or needs

Service Planning

- Multi-dimensional Assessment
- Establish a Risk Rating System
- Multi-dimensional Risk Profile
- Identify immediate and service needs
- Utilize risk ratings throughout the continuum of care

Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service

RISK RATING & DESCRIPTION CLINICAL DESCRIPTORS OF RISK RATINGS 0 THROUGH 4		SERVICES & MODALITIES NEEDED INDICATES WHICH SERVICE(S) MATCH THE ASSESSED RISK RATING
RISK RATING: 0	Indicates full functioning; no severity; no risk in this dimension.	Indicates no need for specific services in this dimension.
RISK RATING: 1-4	Indicates various levels of functioning and severity and the level of risk in this dimension.	Indicates the range of specific services needed in the treatment plan to match the patient's functioning and severity in this dimension

Matching Multidimensional Severity

Step 1: Assess all 6 dimensions for Immediate Needs

- Immediate needs are determined by a severity level of 4 in any dimension. The dimension with the highest severity rating determines the immediate service needs.

Step 2: Determine Risk in all Dimensions

- For Co-Occurring Disorders, assess Dimensions 4, 5 & 6 separately for SUD and MH

Matching Multidimensional Severity

Step 3: Identify types of services and modalities needed for all dimensions with any significant risk ratings.

- **Not all dimensions may have sufficient severity to warrant service needs at the time of assessment.**

Step 4: Use the multidimensional risk profile produced by the assessment in steps 2 & 3 to develop an initial treatment plan in the level of care determined by the dimensional admission criteria for each level of care.

Step 5: Make ongoing decisions about the patient's continued service needs by repeating steps 1-4.

Level of Severity/Function with Type/Intensity of Service

Dimension 1 Acute Intoxication and/or Withdrawal Potential

ASAM (2013) Pp 74-75

Risk Rating & Description		Services & Modalities Needed
Risk Rating 1	Can adequately tolerate and cope with withdrawal discomfort	If Dim 3 risk of 2 or more: Low intensity W/M can be provided in mental health setting with ongoing case management.
Risk Rating 2	Some difficulty tolerating and coping with withdrawal	If Dim. 3 risk of 2 or more: moderate withdrawal management can be provided in mental health setting with ongoing case management.
Risk Rating 3	Poor ability to tolerate and cope with withdrawal discomfort.	If Dim 3 risk of 3 or more: moderately high intensity withdrawal management can be provided in mental health setting with ongoing case management.

Level of Severity/Function with Type/Intensity of Service

Dimension 2 Biomedical Conditions and Complications

ASAM (2013) Page 76

Risk Rating & Description	Services & Modalities Needed
<p>Risk Rating: 1</p> <p>Pt demonstrates adequate ability to tolerate and cope with physical discomfort. Mild to moderate signs or symptoms (mild to moderate pain) interfere with daily functioning</p>	<p>Low-intensity biomedical services, including case management to coordinate addiction and mental health care.</p>
<p>Risk Rating 2</p> <p>Pt. has some difficulty tolerating and coping/May interfere with recovery and mental health treatment.</p>	<ul style="list-style-type: none">• Case management to ensure further biomedical evaluation and treatment as part of overall treatment plan.• If Dimension 3 risk rating of 2 or higher, case management may be needed to coordinate the patient's addiction, mental health, and biomedical care.
<p>Risk Rating 3</p> <p>Poor ability to tolerate and cope with physical problems/general health condition is poor/neglects serious health conditions</p>	<p>If Dimension 3 risk rating of 2 or higher, case management may be needed to coordinate addiction, mental health, and biomedical care.</p>

Level of Severity/Function with Type/Intensity of Service

Dimension 3 Emotional, Behavioral, or Cognitive Conditions and Complications

ASAM (2013) Pp 77-81

Risk Rating & Description		Services & Modalities Needed
Risk Rating: 1	Diagnosed mental disorder that requires intervention but does not significantly interfere with addiction treatment	Low intensity MH services including case management to coordinate addiction and mental health care
Risk Rating 2	1 of 2 types: 1. level of impairment only during acute decompensation. 2. demonstrates this level of decompensation at baseline. Both types imply chronic mental illness with symptoms and disability that cause significant interference with treatment but not an immediate threat to safety	Case management is needed to ensure monitoring and evaluation of emotional, behavioral, and cognitive status as part of the treatment plan.
Risk Rating 3	2 types: 1. level of impairment only during acute decompensation. 2. Decompensation at baseline. Both types imply severe psychiatric symptomatology, disability, and impulsivity, but the patient has sufficient control that they do not require involuntary confinement.	Moderate-intensity mental health services are needed, including case management.

Level of Severity/Function with Type/Intensity of Service

Dimension 4 Readiness to Change

ASAM (2013) Pp 82-84

Risk Rating & Description		Services & Modalities Needed
Risk Rating: 1	Willing to enter treatment and explore strategies but ambivalent about need for change.	If Dimension 3 impairment, motivational enhancement is integrated into continuing care management at any degree of intensity, as well as into specific treatment episodes.
Risk Rating 2	Reluctant to agree to treatment. Can articulate negative consequences of use but low commitment to change their use of substances. Low readiness to change, passively involved in treatment, sometimes compliant with attendance at outpatient or meetings.	<ul style="list-style-type: none">• Assertive case management or assertive community treatment (ACT) may be needed.• If Dim. 3 baseline risk ratings of 2 or higher, intensive care management may be required to integrate motivational enhancement therapies and continuing mental health care.
Risk Rating 3	Inconsistent follow through and shows minimal awareness of their SUD and need for treatment. Unwilling to follow through with treatment recommendations.	<ul style="list-style-type: none">• Assertive case management or assertive community treatment (ACT) may be needed.• If Dim. 3 risk rating of 2-4, intensive case management or assertive community treatment (ACT) may be required.

Level of Severity/Function with Type/Intensity of Service

Dimension 5 Relapse, Continued Use or Continued Problem Potential

ASAM (2013) Pp 85-87

Risk Rating & Description	Services & Modalities Needed
<p>Risk Rating: 1 Minimal relapse potential; some vulnerability and has fair self-management and relapse prevention skills.</p>	<p>No case management.</p>
<p>Risk Rating 2 Impaired recognition and understanding of substance use relapse issues but able to self-manage with prompting.</p>	<ul style="list-style-type: none">• Assertive case management, and assertive community treatment (ACT).• If Dim. 3 risk rating of 2 or (especially) 3, intensive case management services may be required to coordinate and integrate addiction treatment into continuing mental health care.
<p>Risk Rating 3 Little recognition and understanding of relapse and poor skills to cope with addiction problems.</p>	<ul style="list-style-type: none">• Assertive case management and assertive community treatment (ACT).• Dim. 3 risk rating of 2 to 3 at baseline assertive community treatment or other intensive case management services may be required.

Level of Severity/Function with Type/Intensity of Service

Dimension 6 Recovery/Living Environment

ASAM (2013) Pp 88-89

Risk Rating & Description		Services & Modalities Needed
Risk Rating 1	Pt. has passive support or significant others are not interested in their addiction or recovery - but they are not too distracted by this situation.	If Dim. 3 risk rating of 1 or higher, coordination of mental health and addiction care may support functioning in the current recovery environment.
Risk Rating 2	Environment is not supportive of recovery, but, with clinical structure, can cope most of the time.	<ul style="list-style-type: none">• Assertive case management, and ACT.• Range of services depends on interaction among Dimensions 3, 4, and 5.
Risk Rating 3	Environment is not supportive of recovery; difficulty coping, even with clinical structure.	<ul style="list-style-type: none">• Assertive assistance in finding supportive living or skills training, assertive case management and community outreach, and ACT.• Range of services depend on interaction among Dimensions 3, 4 and 5 as described in Risk rating 2.

Match Severity/Level of Function with Type of Service

Dimensions 1-2

Risk Rating & Description		Services & Modalities Needed
Risk Rating: 4	Patient is incapacitated	Needs stabilization

Dimension 3

Risk Rating & Description		Services & Modalities Needed
Risk Rating: 4	Severe psychiatric symptomatology, disability, and impulsivity, and requires involuntary confinement	Considerations for case management, assertive case management, and community outreach services

Risk Ratings 4a and 4b (Dimensions 4, 5 & 6)

- Risk Rating 4a = No Immediate Action (High severity in that dimension but has maintained this severity over time and is not in any immediate danger requiring secure placement and active interventions.)
- Risk Rating 4b = Immediate Action (High Severity in that dimension indicated by urgent need to take immediate action).

ASAM (2013) Page 73

Match Severity/Level of Function with Type of Service

Risk Rating 4A & B/Dimension 4 Readiness to Change

Risk Rating & Description		Services & Modalities Needed
Risk Rating: 4 A No Immediate Action	Unable to follow through with treatment recommendations; little or no awareness of SUD or MH problems. Not imminently dangerous or unable to care for self – but will not explore change.	Preferred strategies involve assertive community treatment (ACT) rather than intensive therapy.
Risk Rating: 4 B Immediate Action	Unable to follow through with treatment recommendations. Imminent danger of harm to self or others or unable to function independently and engage in self-care.	Needs secure placement for stabilization



Match Severity/Level of Function with Type of Service

Risk Rating 4A & B/Dimension 5

Relapse, Continued Use, or Continued Problem Potential

Risk Rating & Description		Services & Modalities Needed
<p>Risk Rating: 4 A</p> <p>No Immediate Action</p>	<p>Repeated treatment episodes have had little positive effect on functioning; no skills to cope with or interrupt, prevent, or limit relapse. Not in imminent danger and is able to care for self.</p>	<p>Assertive case management and assertive community treatment (ACT).</p> <p>IF Dim. 3 risk rating of 2 or higher, coordinated and integrated addiction treatment and mental health case management and/or assertive community treatment (ACT) may be indicated.</p>
<p>Risk Rating: 4 B</p> <p>Immediate Action</p>	<p>No skills to arrest addictive disorder or mental illness. Imminent danger of self or others.</p>	<ul style="list-style-type: none"> Needs stabilization. If Dim 3 risk rating of 2 or higher at baseline, continued mental health and addiction treatment with intensive case management is required.

Match Severity/Level of Function with Type of Service

Risk Rating 4A & B/Dimension 6 Recovery/Living Environment

Risk Rating & Description		Services & Modalities Needed
Risk Rating: 4 A No Immediate Action	Environment is not supportive and is chronically hostile and toxic to addiction recovery or treatment progress and good mental health. Unable to cope with the negative effects of this environment on their recovery.	<ul style="list-style-type: none">• Assertive case management and community outreach, and assertive community treatment (ACT).• Range of services needed depends on the interaction among Dimensions 3, 4, and 5, as described in risk rating 2.
Risk Rating: 4 B Immediate Action	Environment is not supportive and is actively hostile to addiction recovery or safe mental health environment, posing an immediate threat to safety and well-being.	<ul style="list-style-type: none">• Needs immediate separation from a toxic environment and placement in a temporary supportive living environment.• The range of services needed depends on the interaction among Dimensions 3, 4 & 5, as described in risk rating 2.

Match Severity/Level of Function with Type of Service

	Risk Rating 0	Risk Rating 1	Risk Rating 2	Risk Rating 3	Risk Rating 4	Risk Rating 4 A	Risk Rating 4 B
Dimension 1	No Case Management	If Dim 3 risk of 2 or more: Low intensity W/M can be provided in mental health setting with ongoing case management.	If Dim. 3 risk of 2 or more: moderate withdrawal management can be provided in mental health setting with ongoing case management.	If Dim 3 risk of 3 or more: moderately high intensity withdrawal management can be provided in mental health setting with ongoing case management.	Needs stabilization		
Dimension 2	No Case Management	Low-intensity biomedical services, including case management to coordinate addiction and mental health care.	Case management to ensure further biomedical evaluation and treatment as part of overall treatment plan. If Dimension 3 risk rating of 2 or higher, case management may be needed to coordinate the patient's addiction, mental health, and biomedical care.	If Dimension 3 risk rating of 2 or higher, case management may be needed to coordinate addiction, mental health, and biomedical care.	Needs stabilization		

Match Severity/Level of Function with Type of Service

	Risk Rating 0	Risk Rating 1	Risk Rating 2	Risk Rating 3	Risk Rating 4	Risk Rating 4 A	Risk Rating 4 B
Dimension 3	No Case Management	Low intensity MH services including case management to coordinate addiction and mental health care	Case management is needed to ensure monitoring and evaluation of emotional, behavioral, and cognitive status as part of the treatment plan.	Moderate-intensity mental health services are needed, including case management.	Considerations for case management, assertive case management, and community outreach services		
Dimension 4	No Case Management	If Dimension 3 impairment, motivational enhancement is integrated into continuing care management at any degree of intensity, as well as into specific treatment episodes.	Assertive case management or assertive community treatment (ACT) may be needed. If Dim. 3 baseline risk ratings of 2 or higher, intensive care management may be required to integrate motivational enhancement therapies and continuing mental health care.	Assertive case management or assertive community treatment (ACT) may be needed. If Dim. 3 risk rating of 2-4, intensive case management or assertive community treatment (ACT) may be required.		Preferred strategies involve ACT rather than intensive therapy	Needs secure placement for stabilization

Match Severity/Level of Function with Type of Service

	Risk Rating 0	Risk Rating 1	Risk Rating 2	Risk Rating 3	Risk Rating 4	Risk Rating 4 A	Risk Rating 4 B
Dimension 5	No Case Management	No case management.	Assertive case management, and assertive community treatment (ACT). If Dim. 3 risk rating of 2 or (especially) 3, intensive case management services may be required to coordinate and integrate addiction treatment into continuing mental health care.	Assertive case management and assertive community treatment (ACT). Dim. 3 risk rating of 2 to 3 at baseline assertive community treatment or other intensive case management services may be required.		Assertive case management and assertive community treatment (ACT). IF Dim. 3 risk rating of 2 or higher, coordinated and integrated addiction treatment and mental health case management and/or assertive community treatment (ACT) may be indicated.	Needs stabilization. If Dim 3 risk rating of 2 or higher at baseline, continued mental health and addiction treatment with intensive case management is required.
Dimension 6	No Case Management	If Dim. 3 risk rating of 1 or higher, coordination of mental health and addiction care may support functioning in the current recovery environment.	Assertive case management, and ACT. Range of services depends on interaction among Dimensions 3, 4, and 5.	Assertive assistance in finding supportive living or skills training, assertive case management and community outreach, and ACT. Range of services depend on interaction among Dimensions 3, 4 and 5 as described in Risk rating 2.		Assertive case management and community outreach, and assertive community treatment (ACT). Range of services needed depends on the interaction among Dimensions 3, 4, and 5, as described in risk rating 2.	Needs immediate separation from a toxic environment and placement in a temporary supportive living environment. The range of services needed depends on the interaction among Dimensions 3, 4 & 5, as described in risk rating 2.

Payment/Billing for Case Management

Check with respective payor(s) for additional guidance pertaining to case management services.

Case Management Clinical Services Manual (CMCS)

DDAP's mission:

- to engage, coordinate and lead the Commonwealth of Pennsylvania's effort to prevent and reduce substance use disorders and to promote recovery, thereby reducing the human and economic impact of the disease.
- CMCS conveys requirements of the Substance Abuse Block Grant (SABG) and *4 Pa. Code § 257.4 to Single County Authorities (SCAs) and their contracted providers.*

Case Management Clinical Services Manual

CMCS Requirements

Case management as a *separate* and *distinct* service from treatment.

Case management addresses all relevant aspects of an individual's path to recovery.

The SCA must offer ongoing case management services to all individuals with SUD.

-CMCS 5.0

Case Management Clinical Services Manual

Screening

Screening is the first activity provided to an individual seeking services for the purpose of:

- **Evaluate**
- **Motivate and Refer**
- **Identify**

SCAs are required to make screenings available 24/7.

-CMCS 5.01



Case Management Clinical Services Manual

Screening

3 Ways SCAs and Contracted Providers may conduct screening

- **Skilled medical or human service professionals (e.g. ED nurse, crisis caseworker, case manager, counselor)**
- **Support staff in conjunction with a skills medical or human service professional**
- **Support staff who have documented combination of education, training and experience in the following areas: (psychiatric, prenatal and withdrawal management).**

SCAs are required to make screenings available 24/7. -CMCS 5.01

Case Management Clinical Services Manual

Level of Care Assessment (LOCA)

Defined in accordance with the ASAM Criteria, 2013 as an evaluation of an individual's strengths, resources, preferences, limitations, problems and needs, and determines priorities for an individual's treatment.

The LOCA is used for assessing individuals and meet their treatment and treatment-related needs based on the degree and severity of substance use and the six dimensions of The ASAM Criteria, 2013.

-CMCS 5.02

Case Management Clinical Services Manual

Level of Care Assessment (LOCA) continued

SCAs and contracted providers must use a tool that includes the following components:

- Education
- Employment
- Military
- Physical health
- Substance use history
- Abstinence and recovery period
- Behavioral health
- Family/Social/Sexual

- Spiritual
- Living arrangements
- Abuse
- Legal
- Gambling
- Potential barriers to treatment
- Assessment summary

-CMCS 5.02

Case Management Clinical Services Manual

ASAM Summary and Risk Rating

The ASAM Criteria, 2013 is applied to the LOCA through completing the ASAM Summary and Risk Rating.

- The ASAM Summary and Risk Rating reflect a multi-dimensional approach to determining the appropriate LOC and individual needs regardless of funding availability for a specific level.
- Should not be based on LOC requested by the individual or referral source.
- Documentation of LOC received if different than level recommended.

Case Management Clinical Services Manual

ASAM Placement Considerations

The ASAM Criteria requires considerations of the following areas prior to placement in order to **maximize** retention in appropriate levels of service:

- Withdrawal management (all LOC, not only inpatient)
 - Medication Assisted Treatment in any LOC
 - Co-Occurring Disorders
- Cultural/Ethnic/Language Considerations
 - Sexual Orientation and Gender Identity
 - Women with Dependent Children
 - Women's Issues
- Impairment (e.g., hearing, learning)
 - Criminal Justice Involvement.

-CMCS 5.02

Case Management Clinical Services Manual

Referrals and Admission to Treatment

- Priority Populations must be admitted to the appropriate LOC immediately.
 - Pregnant Women Who Inject Drugs, Pregnant Women Who Use Substances, Persons Who Inject Drugs, Overdose Survivors, and Veterans.
- Individuals in need of withdrawal management must be admitted within 24 hours.
- All others within 14 days of LOCA.
- Document the reason why, if these timeframes cannot be met.

-CMCS 5.03

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Coordination of Services

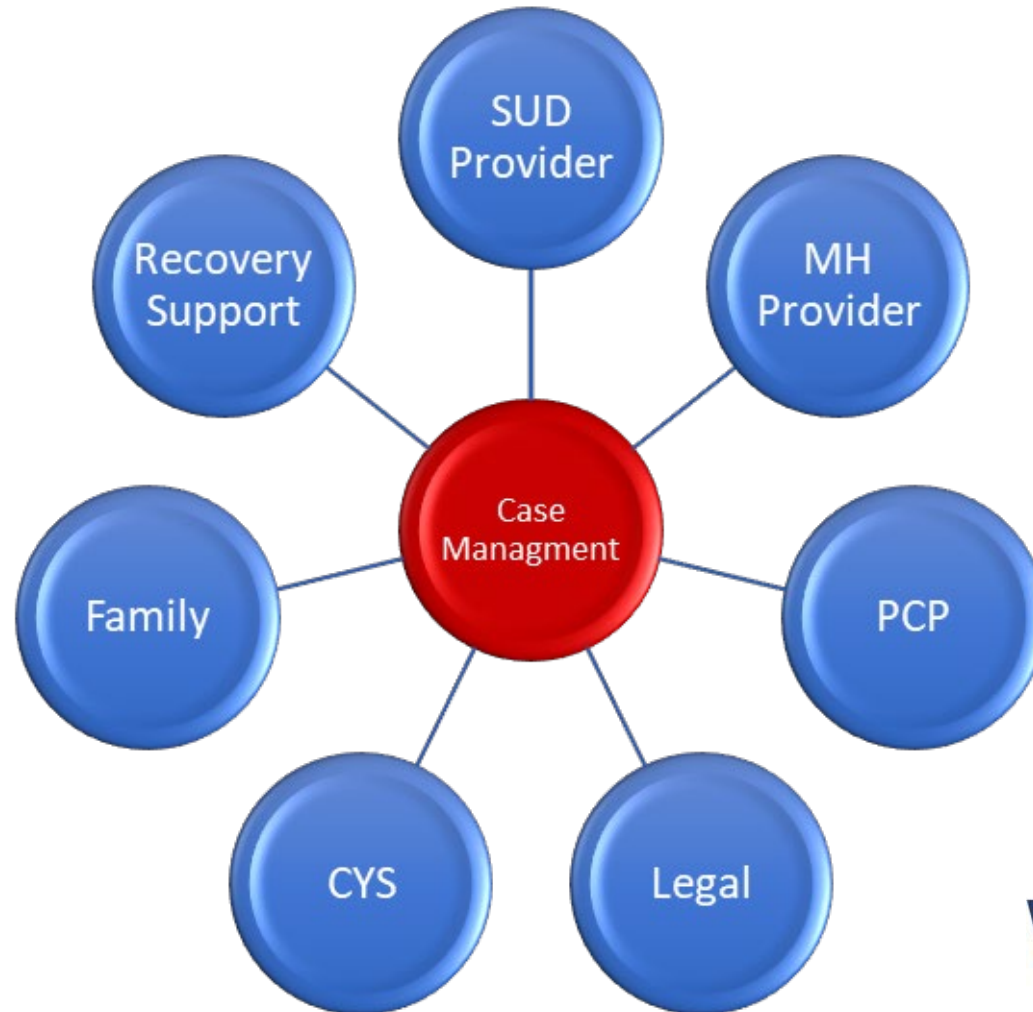
Is a function of case management through which the SCA establishes an organized approach to coordinating service delivery to ensure the most comprehensive process for meeting an individual's treatment and treatment-related needs throughout the recovery process.

- Promotes self-sufficiency and empowers the individual to assume responsibility for their recovery.
- Includes communication, information sharing, and collaboration, and occurs regularly between the case manager, contracted provider and individual receiving services.
- Continued stay reviews are completed for the individual's treatment, where the ASAM Criteria is applied to ensure individualized person-centered care is documented throughout the treatment episode.

Case Management Clinical Services Manual

Coordination of Services- The Hub and Spoke Model

Ensures that individuals with complex, multiple problems receive the individualized services they need in a timely and appropriate manner.



Case Management Clinical Services Manual

Coordination of Services

Case Management Service Plan (CMSP) is formed from the assessment of treatment-related needs that must be addressed at time of LOCA. -CMCS 5.05

Coordination of Services is documented using The Golden Thread to support compliance and promote quality case management.



Case Management Clinical Services Manual

Staffing Qualifications

Staff hired after July 1, 2021, who are completing LOCAs, or Continued Stay Reviews are required to be licensed or credentialed.

Case Managers conducting LOCAs who were hired before July 1, 2021, do not need to be licensed or certified as long as they remain employed by the same SCA or contracted provider.

A list of and links to acceptable case management certifications can be found in the CMCS 5.08.

Case Management Clinical Services Manual

Training

SCA staff providing case management services and their supervisors need to complete the following core training withing 365 days of hire:

- Addictions 101
- Confidentiality
- Case Management Series (On-demand Case Management Overview and in-person/virtual Case Management Skills Training)
 - Screening and Assessment (for those who perform this task)
- Motivational Interviewing, Advancing the Practice (for staff hired on or after July 1, 2020, recommended for all case managers)
 - The ASAM Criteria, 2013

Contracted Provider staff and supervisors need to complete Addictions 101, Confidentiality, and The ASAM Criteria, 2013 within 365 days of hire.

Case Managers and Case Management Supervisors must complete Case Management Overview-Online Module by December 29, 2023, regardless of date of hire even if they completed previous versions of Case Management Overview.

-CMCS 5.09



- Email RA-DAPressOffice@pa.gov to be added to the Listserv
- Email the Licensing Division at RA-licensuredivision@pa.gov for questions regarding PA drug and alcohol regulations. They can also assist with any questions regarding mandatory training listed within the regulations.
- Email the Treatment Division at RA-DATREATMENT@pa.gov for questions regarding contractual requirements addressed in the Case Management Clinical Services (CMCS) Manual. They will be able to assist with any questions regarding required trainings listed within the CMCS Manual.
- Email the Training Section at ra-datrainig@pa.gov for questions regarding available trainings and the Training Management System (TMS). They can assist you with TMS account information and general training questions.
- [Conducting a Multi-Dimensional Risk Rating Profile Tip Sheet \(pa.gov\)](#)
- [ASAM Risk Rating Training \(pa.gov\)](#)

Next TA Call = September 11, 2023

Topic = Bridge Clinics