



Any references to the ASAM Criteria as noted below pertain to the 3rd Edition (2013) in accordance with [2021 Act 70](#).

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1 -Requirements

1.1 -1115 Waiver

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| Question | What is the 1115 Waiver? |
| Answer | <p>The 1115 waiver is an application process that DHS/OMHSAS used to submit a request to the Centers for Medicare and Medicaid Services (CMS) to address the admission limitations created by the Institutions for Mental Disease (IMD) exclusion. The waiver requires the use of an evidence based nationally recognized admission tool and service delivery practice of which Pennsylvania chose the ASAM Criteria.</p> <p>For More information: SUD 1115 Waiver Department of Human Services Commonwealth of Pennsylvania</p> |

1.2 -Alignment

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| Question | Is alignment required to maintain a DDAP license if we do not accept County funded or Medicaid/Medicare patients? |
| Answer | <p>DDAP does not require ASAM alignment as a condition of obtaining a license. Instead, DDAP licensure requires compliance with the state's drug and alcohol regulations. Separately, DDAP and OMHSAS apply Act 70 of 2021, which alignment of service delivery with the ASAM Criteria (3rd Edition), to publicly-funded treatment providers. These are two distinct requirements: licensing is overseen by the licensing division while Act 70 establishes a statutory obligation for ASAM alignment. Providers with questions about licensing requirements should contact the Division of Licensure: ra-licensuredivision@pa.gov</p> |

2-Staffing

2.1 -Credentialing

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| Question | What credentialing does clinical staff need? |
| Answer | <p>Clinical staff hired after July 1, 2021 must either hold, or be working toward a clinical credential or license. Clinical Supervisors hired after July 1, 2021 must either hold or be working toward professional licensure or a clinical supervisor credential.</p> <p>For more information: Pennsylvania's Guidance for Aligning Treatment Providers with the American Society of Addiction Medicine AND DDAP Approved Clinical Credentials</p> |

2.2 -LOCA Qualification

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| Question | Who is qualified to complete a Level of Care Assessment? |
| Answer | ASAM Criteria states that a "credentialed counselor or clinician, a certified addiction registered nurse, a psychologist, or a physician may gather diagnostic and multidimensional assessment data relevant to the six ASAM criteria dimensions."(p.42) In addition, the DDAP Case Management and Clinical Services Manual Section 5.02 states that Case Managers are allowed to conduct ASAM level of care assessments. |

2.3 -Clinical Supervisor

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| Question | What kind of certification is a Clinical Supervisor expected to hold? |
| Answer | In addition to meeting the minimum education and training requirements established via 28 Pa. Code § 704.6, Qualifications for the position of clinical supervisor , all clinical supervisors must be a licensed clinician by the Pennsylvania Department of State (DOS) or be fully certified as an addictions counselor. References Pennsylvania's Guidance for Aligning Treatment Providers with the American Society of Addiction Medicine Clinical Credentials |

2.4 -Case Manager

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| Question | Do internal case managers who are not conducting Level of Care Assessments and/or Continued Stay Reviews need to be credentialed/licensed? |
| Answer | No. Case managers who do not conduct Level of Care Assessments and/or Continued Stay Reviews are not required to be certified or licensed. |

3 -Training

3.1 – ASAM Criteria Training

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| Question | Who is required to complete ASAM Criteria Training? |
| Answer | The DDAP Case Management and Clinical Services Manual (Section 5.10) provides for case managers, SCA contracted treatment provider staff, and their supervisors are to obtain training in the ASAM Criteria. More Information: asam criteria training options 2025.pdf |

4-Documentation

4.1 -Reassessment

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| Question | How often should the six dimensions of the ASAM Criteria be reassessed? |
| Answer | <p>The ASAM text (pg. 110) identifies guidelines for formal reassessment across the six dimensions. For outpatient levels of care, the level of care should be formally reassessed every six (6) sessions. In residential levels of care, level of care should be reassessed weekly. Additionally, level of care should be reassessed in accordance with any significant life changes including recurrence of SUD, onset of mental or physical health symptoms, etc.</p> <p>According to the ASAM Criteria, for acute care settings, the instability and rapid change of a more acutely ill person may necessitate reviewing the treatment plan daily and even more than once daily-at every shift change-if very unstable. Residential levels should formally review progress once a week and more often if the person is quite unstable.</p> |

4.2 -Treatment Plan Reviews

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| Question | How often are treatment plan reviews required according to the ASAM Criteria? |
| Answer | <p>The ASAM Criteria does not provide specific timeframes for the completion of treatment plan reviews. Guidance in the ASAM Criteria states "Treatment plan reviews are conducted at specified times and recorded in the treatment plan" (pgs. 189, 200, 212, 227, 254, 271, 284).</p> <p>As timeframes for treatment plan reviews are dictated by the licensing regulations, any questions related to these timeframes would be best answered by the DDAP Division of Licensure: ra-licensuredivision@pa.gov.</p> |

4.3 -Documentation Standards

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| Question | What are the documentation standards according to the ASAM Criteria? |
| Answer | <p>In addition to meeting regulatory requirements, documentation of activities should clearly reflect implementation of an individual's treatment plan and the response to therapeutic interventions for all disorders treated. Specific documentation standards can be found in each level of care within the ASAM (2013) text (pgs. 141, 143, 181, 189, 201, 212, 227, 254, 271, 285). DDAP also recommends that providers confirm expectations related to documentation with payors.</p> |

4.4 -Clinical Recommendations

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| Question | If an individual chooses to attend fewer hours than what is clinically recommended, what is the best practice for documenting how the full number of hours was offered, especially in the spirit of motivational change strategies? |
| Answer | <p>ASAM's Dimension 4 (Readiness to change) assesses an individual's willingness and capacity to engage in treatment. When an individual attends fewer hours than clinically recommended, providers should ensure proper documentation and engagement efforts. Best practices include:</p> <ul style="list-style-type: none"> • Clearly documenting the provider's recommended level of care versus the individual's chosen level of participation. • Recording efforts made by the counselor to engage the individual and encourage increased participation in treatment. • Exploring potential barriers to participation, including non-treatment needs, and addressing them in a collaborative manner with the individual. • Considering a referral to a level of care that better aligns with the individual's engagement while still meeting their needs. |

5 – Level 1 Outpatient/ Level 2.1 Intensive Outpatient/ Level 2.5 Partial Hospitalization

5.1 -Support Services

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| Question | Can you clarify the distinctions in support services between the IOP and PHP levels of care? |
| Answer | <p>The main difference between IOP and PHP is related to support systems and includes the following: IOP has psychiatric and other medical consultation services available within 24 hours by telephone and within 72 hours in-person. PHP has psychiatric and other medical consultation services available within 8 hours by telephone and within 48 hours in person. Additional information specific to IOP (p.198 - 207) and PHP (p.208 - 218) can be found in The ASAM Criteria.</p> |

6 – Level 3.7 Medically Monitored High-Intensity Inpatient/ Level 4 Medically Managed Intensive Inpatient

6.1 -Distinct Level

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| Question | Are facilities required to have separate and distinct units for 3.7 level of care? |
| Answer | A provider may, but is not required to, create a distinct level 3.7 unit. Level 3.7 can be co-located with either Level 3.5 or Level 4.0 so long as individuals are receiving the assessed level of service specific to their needs as demonstrated through documentation and treatment plans. |

7 -- Additional Questions

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| Question | What are the standard procedures for completing an ASAM Summary Sheet? |
| Answer | <p>Questions pertaining to the ASAM Summary Sheet for SCA-funded providers should be referred to DDAP’s Treatment Division. RA-DATREATMENT@PA.GOV</p> <p>Questions pertaining to the ASAM Summary Sheet for Medicaid-funded providers should be referred to respective Behavioral Health Managed Care Organizations (BH-MCOs).</p> <p>See below for contact information.</p> |
| Question | I have more questions. Who can I contact? |
| Answer | <p><u>Department of Drug and Alcohol Programs</u> 717-783-8200 ASAM Criteria Questions: RA-DAASAM@PA.GOV Licensing: RA-LICENSUREDIVISION@PA.GOV Treatment: RA-DATREATMENT@PA.GOV Single County Authorities (SCA) SCAs by County</p> <p><u>Department of Human Services Office of Mental Health and Substance Use Services (OMHSAS)</u> 1-800-692-7462 ASAM Criteria and Alignment (1115) Questions: RA-PWOMHSASASAM@PA.GOV</p> <p><u>Behavioral Health Managed Care Organizations (BH-MCO) Behavioral Health MCOs by County</u></p> <ul style="list-style-type: none"> • <u>Carelon Health of PA</u> • <u>Community Behavioral Health (CBH)</u> • <u>Community Care Behavioral Health Organization (CCBHO)</u> • <u>Magellan Behavioral Health (MBH)</u> • <u>PerformCare</u> |