

Guidance for the Application of The American
Society of Addiction Medicine, 3rd Edition, 2013
in the Pennsylvania Substance Use Disorder
Treatment System for Adults

**Pennsylvania Department of Drug and Alcohol
Programs**

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The Department of Drug and Alcohol Programs (DDAP) created this document to assist substance use disorder (SUD) case management and treatment providers across the Commonwealth in aligning with the evidence-based criteria found within *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions* (The ASAM Criteria, 3rd Edition, 2013). Throughout this document, DDAP provides specific page references from the ASAM Criteria, 3rd Edition, 2013 to assist providers in locating important information within the text.

This document replaces the following documents, now located in the ASAM Archive section located here: [ASAM Archive \(pa.gov\)](#).

- PA Specific Expectations for Contractual Compliance with ASAM Alignment, Outpatient
- PA Specific Alignment Requirements – Level 2
- PA Specific Expectations for Contractual Compliance with ASAM Alignment – Level 3
- PA Specific Alignment Requirements – Level 4
- ASAM Application Guidance – 9/19

ASAM Criteria, 3rd Edition, 2013 Crosswalk with PA’s System of Care

In Pennsylvania, all entities providing SUD treatment within the Commonwealth must be licensed by DDAP. The chart below shows the ASAM Criteria, 3rd Edition, 2013 level of care, and the type of license issued by DDAP. The PCPC level of care is noted for historical reference.

Adult ASAM Criteria Crosswalk with Pennsylvania's System of Care					
Level of Care (LOC)	ASAM LOC	ASAM Program Description Summary	PA Service Equivalent	Licensed Program/Regulation	PCPC
1 Withdrawal Management (WM); p.132	Ambulatory WM	Outpatient WM without extended on-site monitoring	Office Based Opioid Treatment (OBOT); Opioid Treatment Program (OTP)/Narcotic Treatment Program (NTP)	715; 709	N/A
2 WM; p. 134	Ambulatory WM	Outpatient WM, with extended on-site monitoring	OBOTs; OTP/NTP	715, 709	N/A
3.2 WM; p.137	Clinically Managed Residential WM	Clinically Managed social setting program that is managed by clinicians, not medical staff	No separate designation. Services are available in other levels of care.	N/A	N/A
3.7 WM; p.139	Medically Monitored Inpatient WM	Freestanding WM center with 24-hour observation and availability of medical staff	Non-hospital residential detoxification	709; 711	3A
4 WM; p.141	Medically Managed Intensive Inpatient WM	Acute care or psychiatric hospital unit with availability of specialized medical consultation and full medical acute care as well as ICU as needed	Hospital-based detoxification	710	4A

0.5; p.179	Early Intervention	An intervention program for individuals who do not meet diagnostic criteria of a SUD	Early intervention	N/A	0.5
1; p.184	Outpatient (OP)	<9 hours regularly scheduled sessions per week	OP	709; 711	1A
2.1; p.196	Intensive Outpatient (IOP)	9 to 19 hours of structured programming per week	IOP, licensed as Outpatient	709; 711	1B
2.5; p.208	Partial Hospitalization Programs (PHP)	20+ hours of clinically intensive programming per week	PHP	709; 711	2A
3.1; p.222	Clinically Managed Low-intensity Residential	Halfway house, group home or other supportive living environment with 24-hour staff and integration with clinical services	Halfway house licensed as Non hospital residential facility	709	2B
3.3; p.234	Clinically Managed, Population-specific, High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community	No separate designation. Services are available in other levels of care.	N/A	N/A
3.5; p.244	Clinically Managed, High-intensity Residential	24-hour supportive treatment environment and daily clinical services	Non-hospital residential or Treatment offered in criminal justice-related setting	709; 711	3B 3C
3.7; p.265	Medically Monitored Intensive Inpatient	24-hour nursing care with physician monitoring, additional medical specialties as needed and psych services, clinical staff as well as daily clinical services	Residential Treatment provided in a healthcare facility, or hospital capable of medical monitoring, or psychiatric hospital with D&A license, or free-standing psychiatric hospital, or freestanding residential facility	709; 710; 711	3B
4; p.280	Medically Managed Intensive Inpatient	24-hour acute care inpatient setting for patients whose biomedical, emotional, behavioral, cognitive problems are so severe that they require primary medical and nursing care	Hospital-based residential inpatient	710	4B
Opioid Treatment Services (OTS); p.290	OTS	Agonist and antagonist meds in OTP and OBOT setting	NTPs; OBOTs	All LOCs	NA

Staffing

The ASAM Criteria, 3rd Edition, 2013 requires appropriately credentialed or licensed clinical staff across all levels of care. In **addition** to meeting the staffing regulations of 28 PA Code Chapter 704 and provisions set forth by the DDAP Case Management and Clinical Services (CMCS) Manual, Single County Authorities (SCAs) and SUD treatment facilities must be working toward the credentialing or licensing of staff hired after July 1, 2021. Clinical staff who were hired in their current positions within the same project or organization on or before July 1, 2021, are “grandfathered” and not subject to credentialing or licensure.

To assist SUD treatment facilities in understanding staffing recommendations and requirements, the following applies:

- The ASAM Criteria, 3rd Edition, 2013 requirement is that staff who provide clinical services must be licensed or credentialed.
- SUD treatment facilities that hire clinical staff who do not hold a license or certification must document steps towards licensure or certification.
- SUD treatment facilities may, but are not required to, begin this process during a new employee’s probationary period.
- Once the new employee has completed the probationary period, the provider must maintain documentation in the employee file to demonstrate that the employee is working towards licensure or certification.
- DDAP recommends the documentation include hours worked, hours of supervision, required trainings, and educational transcripts.
- Staff who were “grandfathered” will need to meet credentialing requirements if they move to another project or organization.
- Case managers who are promoted to counselors are not “grandfathered” and are subject to becoming licensing or credentialed because these are different job functions and classifications.
- If the process of licensure is anticipated to take longer than 1 year (e.g., current master’s program will take longer than 1 year to complete), consider obtaining applicable certification.
- Employers should consider newly hired employee experience, supervision, and education for certification when establishing allowable timeframes in which an employee must become certified.
- Counselors hired prior to July 1, 2021 who move to different facilities within the same project or organization are not subject to credentialing or licensure.
- Counselor assistants to counselors to clinical supervisors may be a career path within a facility or project or organization. Individuals continuously employed by the facility or project are not subject to credentialing or licensure as they are promoted through these clinical positions.

Training

DDAP recommends ongoing, adequate, and appropriate training directly related to the population, services delivered, interventions and counseling modalities utilized. 28 Pa. Code § 704.11. Staff development program. (pacodeandbulletin.gov) addresses training requirements based on position in the SUD Treatment Facility.

Section 5.09 of the DDAP CMCS Manual outlines the Core Training provisions for SCAs and contracted providers. 2020-25 Case Mgt and Clinical Srvcs FINAL.pdf (pa.gov)

Co-Occurring Capability

ASAM Criteria, 3rd Edition, 2013 aligned Programs must be co-occurring capable. In-depth information about co-occurring capability can be found throughout the ASAM Criteria, 3rd Edition, 2013 text, specifically on pages 22-30. Almost every level of care includes sections emphasizing the need for some, if not all, program staff to have “sufficient cross training to understand the signs and symptoms of mental disorders, and to understand and be able to explain the uses of psychotropic medications and their interactions with substance related disorders” (p. 209). The ASAM Criteria, 3rd Edition, 2013 defines co-occurring capable as the following:

“Treatment programs that address co-occurring mental and substance use disorders in their policies and procedures, assessment, treatment planning, program content, and discharge planning are described as ‘co-occurring capable’. Such programs have arrangements in place for coordination and collaboration between addiction and mental health services. They can also provide medication monitoring and addiction and psychological assessment and consultation either on site or through coordinated consultation with off-site providers. Program staff are able to 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 and 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 health disorders” (p.416).

Therapies

The following table provides a summary of service hours and related requirements as well as recommendations across the continuum of care. Providers must reference The ASAM Criteria, 3rd Edition, 2013 for specific information regarding therapies and other service conditions offered at each level of care.

Adult ASAM Criteria, 3rd Edition, 2013 Aligned Service Hour Requirements and Recommendations

Level of Care (LOC)	Hours of Individualized Services (According to ASAM Criteria, 3rd Edition, 2013 Edition)	DDAP Recommendation	Maximum Group Size (Per DHS Regulation)	Minimum Counselor to Client Ratio (Per Regulation)
1 Outpatient (OP)	Less than 9 hours per week		10 _A	1:35
2.1 Intensive Outpatient (IOP)	9 to 19 hours per week	1:15 _B	10 _A	1:35
2.5 _D Partial Hospitalization Programs (PHP)	20 or more hours per week		10 _A	1:10
3.1 Clinically Managed Low-intensity Residential	At least 5 hours per week			1:08
3.5 Clinically Managed, High-intensity Residential	Daily Clinical Services	6 to 8 _C hours per day (including weekends)		1:08
3.7 _D Medically Monitored Intensive Inpatient	Daily Clinical Services	6 to 8 _C hours per day (including weekends)		1:08
4 Medically Managed Intensive Inpatient	16 hours a day			1:07

_A Providers may request a waiver from OMHSAS to conduct 12 person groups.

_B 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.

_C The ASAM Criteria, 3rd Edition, 2013 requirement is to provide clinical services 7 days per week in accordance with individualized treatment plans. To assist residential providers in ensuring the required provision of daily clinical services appropriate to the patient's needs at the residential level of care, DDAP recommends clinical services are provided 6-8 hours per day. SUD treatment providers have the flexibility to provide the required daily clinical and therapeutic services in a way that best meets the needs of the individual. There is no requirement that residential treatment providers provide two 2-hour group therapy sessions per day.

_D List of ASAM aligned 2.5 programs can be found here: [ASAM Level 2.5 \(Partial Hospitalization Services\) Aligned Facilities](#) and list of 3.7 aligned providers can be found here: [ASAM Level 3.7 \(Medically Monitored Intensive Inpatient\) Aligned Facilities](#).

Additional Resources

1.0 OP LOC

- Level 1 Outpatient Services Section in the ASAM Criteria, 3rd Edition, 2013, p.184-196
- Level 1 Outpatient Services by Service Characteristics:
<https://www.ddap.pa.gov/Documents/ASAM/Level%201%20By%20Service%20Characteristics.pdf>
- Level 1 Outpatients Services by Service Characteristics Self Assessment Checklist:
<https://www.ddap.pa.gov/Documents/ASAM/Level%201%20Self%20Assessment.pdf>

2.0 IOP and 2.5 PHP LOC

- Level 2 IOP/PHP Services Section in the ASAM Criteria, 3rd Edition, 2013, p.196-218
- Level 2.1 Intensive Outpatient Services by Service Characteristics:
<https://www.ddap.pa.gov/Documents/ASAM/Level%202.1%20By%20Service%20Characteristics.pdf>
- Level 2.1 Intensive Outpatients Services by Service Characteristics Self Assessment Checklist:
<https://www.ddap.pa.gov/Documents/ASAM/Level%202.1%20Self%20Assessments.pdf>
- Level 2.5 Partial Hospitalization Services by Service Characteristics:
<https://www.ddap.pa.gov/Documents/ASAM/Level%202.5%20By%20Service%20Characteristics.pdf>
- Level 2.5 Partial Hospitalization Services by Service Characteristics Self Assessment Checklist:
<https://www.ddap.pa.gov/Documents/ASAM/Level%202.5%20Self%20Assessment.pdf>

3.0 Residential Inpatient Service LOC

- Level 3 Residential Inpatient Services Section in the ASAM Criteria, 3rd Edition, 2013, p.219-279
- Level 3.1 Clinically Managed Low Intensity Residential Services by Service Characteristics:
<https://www.ddap.pa.gov/Documents/ASAM/Level%203.1%20By%20Service%20Characteristics.pdf>
- Level 3.1 Clinically Managed Low Intensity Residential Services by Service Characteristics Self Assessment Checklist:
<https://www.ddap.pa.gov/Documents/ASAM/Level%203.1%20Self%20Assessment.pdf>
- Level 3.5 Clinically Managed High Intensity Residential Services by Service Characteristics:
<https://www.ddap.pa.gov/Documents/ASAM/Level%203.5%20by%20Service%20Characteristics.pdf>
- Level 3.5 Clinically Managed High Intensity Residential Services by Service Characteristics Self Assessment Checklist:
<https://www.ddap.pa.gov/Documents/ASAM/Level%203.5%20Self%20Assessment.pdf>
- Level 3.7 Medically Monitored Intensive Inpatient Services by Service Characteristics:
<https://www.ddap.pa.gov/Documents/ASAM/Level%203.7%20By%20Service%20Characteristics.pdf>
- Level 3.7 Medically Monitored Intensive Inpatient Services by Service Characteristics Self Assessment Checklist:
<https://www.ddap.pa.gov/Documents/ASAM/Level%203.7%20Self%20Assessment.pdf>

4.0 Medically Managed Intensive Inpatient Service LOC

- Level 4 Medically Managed Intensive Inpatient Services Section in the ASAM Criteria, 3rd Edition, 2013, p.280-290

- Level 4 Medically Managed Intensive Inpatient Services by Service Characteristics: <https://www.ddap.pa.gov/Documents/ASAM/Level%204%20By%20Service%20Characteristics.pdf>
- Level 4 Medically Managed Intensive Inpatient Services by Service Characteristics Self Assessment Checklist: <https://www.ddap.pa.gov/Documents/ASAM/Level%204%20Self%20Assessment.pdf>

Certification

- International Consortium of Reciprocal Counseling: [IC&RC - Home \(internationalcredentialing.org\)](http://internationalcredentialing.org)
- National Certification Commission for Addiction Professionals: [Certification \(naadac.org\)](http://naadac.org)
- Pennsylvania Certification Board Pathways: https://www.pacertboard.org/sites/default/files/2021-02/PCB_CareerLadder_22221.pdf

DDAP Case Management and Clinical Services Manual

- [2020-25 Case Mgt and Clinical Srvcs FINAL.pdf \(pa.gov\)](#)

Legislation

- Act 70:
<https://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2021&sInd=0&body=H&type=B&bn=0336>

Licensure

- State Board of Social Workers, Marriage and Family Therapists and Professional Counselors
Navigator page:
<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/SocialWorkersMarriageandFamilyTherapistsandProfessionalCounselors/Pages/Social-Workers-Guide.aspx>

References

Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance -Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies©; 2013