



# Operationalizing ASAM's 3<sup>rd</sup> Edition in Pennsylvania: *A Guide for Providers of Substance Use Disorder Treatment for Adults*

Pennsylvania Department of Drug and Alcohol  
Programs

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## Background

Act 70 ([Act of July 9, 2021, P. L. 377](#)) in June 2021 requires substance use disorder (SUD) treatment providers to align their service delivery systems with The ASAM Criteria, 3<sup>rd</sup> Edition, 2013 (the ASAM Criteria). The Department of Drug and Alcohol Programs (DDAP) is applying this law to providers that receive public funding. Entities conducting Level of Care Assessments (LOCAs) and Continued Stay Reviews that contract with Single County Authorities (SCAs) must adhere to the ASAM Criteria. Entities that provide SUD treatment services in the Medical Assistance program must follow the ASAM Criteria under Pennsylvania’s 1115 Medicaid waiver. This document provides specific references from part of the 1115 waiver, DDAP’s Case Management and Clinical Services Manual, and applicable licensing regulations.

In addition to attending one of the approved ASAM Criteria trainings, DDAP strongly recommends:

- Reading the ASAM Criteria text in its entirety; and
- Reviewing resources available through the DDAP website and Training Management System (TMS).

## The ASAM Criteria Crosswalk with PA’s System of Care

All entities providing SUD treatment services in Pennsylvania must be licensed by DDAP. The chart below shows the ASAM Criteria level of care and the type of license issued by DDAP. Please refer to [Guidance for the Application of ASAM WM in PA SUD Tx System](#) for specific guidance pertaining to withdrawal management services in Pennsylvania.

Level of Care (LOC)	ASAM LOC	ASAM Program Description Summary	PA Service Equivalent	Licensed Program/ Regulation
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)	<a href="#">715</a> ; <a href="#">709</a>
2 WM; p. 134	Ambulatory WM	Outpatient WM, with extended on-site monitoring	OBOTs; OTP/NTP	<a href="#">715</a> ; <a href="#">709</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
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	<a href="#">709</a> ; <a href="#">711</a>



Level of Care (LOC)	ASAM LOC	ASAM Program Description Summary	PA Service Equivalent	Licensed Program/Regulation
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	<a href="#">710</a>
0.5; p.179	Early Intervention	An intervention program for individuals who do not meet diagnostic criteria of a SUD	Early intervention	N/A
1; p.184	Outpatient (OP)	<9 hours regularly scheduled sessions per week	OP	<a href="#">709</a> ; <a href="#">711</a>
2.1; p.196	Intensive Outpatient (IOP)	9 to 19 hours of structured programming per week	IOP, licensed as Outpatient	<a href="#">709</a> ; <a href="#">711</a>
2.5; p.208	Partial Hospitalization Programs (PHP)	20+ hours of clinically intensive programming per week	PHP	<a href="#">709</a> ; <a href="#">711</a> Entities must complete initial infrastructure alignment with DDAP's Quality Improvement Section. *
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	<a href="#">709</a>
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
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	<a href="#">709</a> ; <a href="#">711</a>



Level of Care (LOC)	ASAM LOC	ASAM Program Description Summary	PA Service Equivalent	Licensed Program/Regulation
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	Entities providing 3.7 services will not hold a separate license for this level of care but are required to maintain a license under <a href="#">709</a> ; <a href="#">710</a> ; <a href="#">711</a> regulations and complete initial infrastructure alignment with DDAP's Quality Improvement Section. *
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	<a href="#">710</a>
Opioid Treatment Services (OTS); p.290	OTS	Agonist and antagonist meds in OTP and OBOT setting	NTPs; OBOTs	<a href="#">710</a> ; <a href="#">711</a>

\*Entities should begin the initial infrastructure review for Levels 2.5 and 3.7 by contacting the DDAP Quality Improvement Section via the ASAM Resources Account at [ra-daasam@pa.gov](mailto:ra-daasam@pa.gov). Refer to [ASAM Initial Alignment Process for levels 2.5 & 3.7 Infographic](#).

## Staffing

The ASAM Criteria provides for appropriately credentialed or licensed clinical staff across all levels of care. In addition to meeting the staffing regulations of 28 Pa. Code § 704 Staffing Requirements for Drug and Alcohol Treatment Activities and the provisions set forth by the DDAP CMCS Manual, entities providing SUD treatment services as well as providing LOCAs or Continued Stay Reviews<sup>1</sup> must be working toward the credentialing or licensing of staff hired after July 1, 2021. Clinical staff and case managers conducting LOCAs or continued stay reviews, who were hired in their current positions within the same project or organization on or

<sup>1</sup> This requirement applies to SCAs and their contracted entities throughout the Commonwealth.



before July 1, 2021, are granted legacy status<sup>2</sup> and not subject to credentialing or licensure.

The following are guidelines to assist entities across the Commonwealth in adhering to staffing recommendations and requirements:

- Staff who provide clinical services must be licensed or credentialed.
  - o [DDAP Approved Clinical Credentials](#)
- Entities providing SUD treatment services must document steps towards licensure or certification when hiring clinical staff who do not hold a license or certification.
  - o Entities providing SUD treatment services may, but are not required to, begin this process during a new employee's probationary period.
  - o Once the new employee has completed their probationary period, documentation must be maintained in the employee's file to demonstrate the employee is working towards licensure or certification.
  - o DDAP recommends the documentation include hours worked, hours of supervision, required trainings, and educational transcripts.
- Staff are not granted legacy status when moving to another project or organization and will need to meet credentialing requirements.
- Individuals who hold a case manager credential and then are promoted to a counselor position are not granted legacy status and are subject to becoming licensed or credentialed because these are different job functions and classifications.
- SCAs and contracted entities conducting LOCAs and/or Continued Stay Reviews should refer to [DDAP's CMCS Manual](#) Section 5.08, Staffing Qualifications, for additional information related to requirements.

Employers should consider the newly hired employee's experience, supervision, and education when establishing allowable timeframes in which an employee must become licensed or credentialed.

- Counselors and case managers hired prior to July 1, 2021, who move to different facilities within the same project or organization are granted legacy status.
- Counselor assistant to counselor may be a career path within a facility, 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.
- The employer must maintain documentation in the employee file to demonstrate the steps taken during this process.

## Training

DDAP recommends ongoing, adequate, and appropriate training directly related to the population/s served, services delivered, and interventions and counseling modalities utilized by the treatment provider [28 Pa. Code § 704.11 Staff development program](#).

Section 5.09 of the DDAP [CMCS](#) Manual outlines the core training provisions for SCAs and contracted providers.

## Co-Occurring Capability

Alignment of the ASAM Criteria is integral to improving treatment of co-occurring mental health (MH) and SUD. All licensed entities that provide SUD treatment services must be co-occurring

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<sup>2</sup> Legacy is a term used for exemption from implemented rules. This term is replacing the term "grandfathered."



capable. Information about co-occurring capability can be found throughout the ASAM Criteria 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 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 can 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 ASAM Criteria, p.416).

## Therapies

The following table provides a summary of service hours and related requirements as well as recommendations across the continuum of care. Entities providing SUD treatment services must reference The ASAM Criteria for specific information regarding therapies and other service conditions offered at each level of care.

<b>Adult ASAM Criteria, 3<sup>rd</sup> Edition, 2013</b>			
<b>Aligned Service Hour Requirements and Recommendations</b>			
<b>Level of Care (LOC)</b>	<b>Hours of Individualized Services</b>	<b>Maximum Group Size (Per DHS Regulation)</b>	<b>Minimum Counselor to Client Ratio (Per DDAP’s Licensing Regulations)</b>
1 Outpatient (OP)	Less than 9 hours per week (p. 184)	10 <sub>A</sub>	1:35
2.1 Intensive Outpatient (IOP)	9 to 19 hours of structured programming per week (p. 198)	10 <sub>A</sub>	1:35 1:15* (Recommended)
2.5 <sub>D</sub> Partial Hospitalization Programs (PHP)	20 or more hours of skilled treatment services per week (p. 210)	10 <sub>A</sub>	1:10



Level of Care (LOC)	Hours of Individualized Services	Maximum Group Size (Per DHS Regulation)	Minimum Counselor to Client Ratio (Per DDAP's Licensing Regulations)
3.1 Clinically Managed Low- intensity Residential	At least 5 hours of low-intensity treatment per week (p. 222)		1:08 (Except as permitted by <a href="#">PA Act 66 of 2023</a> )
3.5 Clinically Managed, High- intensity Residential	Daily Clinical Services (p. 251)		1:08 (Except as permitted by <a href="#">PA Act 66 of 2023</a> )
3.7 Medically Monitored Intensive Inpatient	Daily Clinical Services (p. 269)		1:08 (Except as permitted by <a href="#">PA Act 66 of 2023</a> )
4 Medically Managed Intensive Inpatient	Professional counseling services 16 hours a day (p. 282)		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 requirement of 9-19 hours of individualized treatment services per week.			
C The ASAM Criteria requirement is to provide clinical services 7 days per week in accordance with individualized treatment plans.			
D List of DDAP's initially aligned 2.5 and 3.7 programs can be found on <a href="#">DDAP's ASAM Resources</a> page under the FAQ section, <i>Which treatment facilities in Pennsylvania have been reviewed for ASAM Criteria (2013) alignment?</i>			

## Additional Resources

### 1.0 OP LOC

- Level 1 Outpatient Services Section in the ASAM Criteria, p.184-196
- [Level 1 Outpatient Services by Service Characteristics](#)
- [Level 1 Outpatient Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 1 Outpatient Co-Occurring Enhanced Services by Service Characteristics](#)

### 2.0 IOP and 2.5 PHP LOC

- Level 2 IOP/PHP Services Section in the ASAM Criteria, p.196-218
- [Level 2.1 Intensive Outpatient Services by Service Characteristics](#)
- [Level 2.1 Intensive Outpatient Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 2.1 Intensive Outpatient Services Co-Occurring Enhanced Services by Service Characteristics](#)
- [Level 2.5 Partial Hospitalization Services by Service Characteristics](#)



- [Level 2.5 Partial Hospitalization Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 2.5 Partial Hospitalization Co-Occurring Enhanced Services by Service Characteristics](#)

### 3.0 Residential Inpatient Service LOC

- Level 3 Residential Inpatient Services Section in the ASAM Criteria, p.219-279
- [Level 3.1 Clinically Managed Low Intensity Residential Services by Service Characteristics](#)
- [Level 3.1 Clinically Managed Low-Intensity Residential Self-Assessment Checklist](#)
- [Level 3.1 Clinically Managed Low-Intensity Residential Co-Occurring Enhanced by Service Characteristics](#)
- [Level 3.5 Clinically Managed High-Intensity Residential Services by Service Characteristics](#)
- [Level 3.5 Clinically Managed High-Intensity Residential Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 3.5 Clinically Managed High Intensity Residential Co-Occurring Enhanced Services by Service Characteristics](#)
- [Level 3.7 Medically Monitored Intensive Inpatient Services by Service Characteristics](#)
- [Level 3.7 Medically Monitored Intensive Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 3.7 Medically Monitored Intensive Inpatient Co-Occurring Enhanced Services by Service Characteristics](#)

### 4.0 Medically Managed Intensive Inpatient Service LOC

- Level 4 Medically Managed Intensive Inpatient Services Section in the ASAM Criteria, p.280-290
- [Level 4 Medically Managed Intensive Inpatient Services by Service Characteristics](#)
- [Level 4 Medically Managed Intensive Inpatient Services by Service Characteristics Self-Assessment Checklist](#)
- [Level 4 Medically Managed intensive Inpatient Co-Occurring Enhanced Services by Service Characteristics](#)

## Links

### Clinical Certification

- [National Certification Commission for Addiction Professionals \(NAADAC\)](#)
- [Pennsylvania Certification Board Pathways](#)
- [Pennsylvania Certification Commission for Addiction Professionals \(PCC AP\)](#)

### DDAP Case Management and Clinical Services Manual

- [Case Management and Clinical Services Manual \(pa.gov\)](#)

### Legislation

- [Act of July 9, 2021, P. L. 377](#)

### Licensure



- [State Board of Social Workers, Marriage and Family Therapists and Professional Counselors](#)

## 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