

DDAP Monthly Technical Assistance Series
Question and Answers
07/07/2025

Q: Where can we access the sample policies?

A: Sample policies have been posted to this DDAP website with the video recording, slides, and Q&A. If you are unable to access, please email ra-daasam@pa.gov.

Q: How is it determined which BHMCO reviews which providers?

A: The provider review list is managed by the managed care companies in which the program is located. If you have a question about which BHMCO will be completing your review, please email RA-PWOMHSASASAM@pa.gov. The primary reviewer is typically based on the location of the program. Managed care companies may collaborate to determine the most efficient review process. Typically, one BH-MCO will complete the Infrastructure Policy and Procedure review for an agency and then record reviews will be completed by site location, with the BH-MCO covering that location leading the record review.

Q: What if it is not possible to have appropriate care coordination, due to capacity issues?

A: If capacity issues arise, it is recommended to have referral options available, possibly a collaborative arrangement with other providers, and coordinate with the BH-MCO for referral options.

Q: For the in-person requirement requirements on medical and psychiatric services, do telehealth flexibilities apply here?

A: Yes, Telehealth visits can be considered equivalent to in-person visits if they align with existing telehealth regulations.

Q: If more than one BHMCO is reviewing the same provider with multiple locations, how will you ensure consistency among reviewer/BHMCO interpretations?

A: A provider should only have 1 BHMCO reviewing, even if one BMCO does the infrastructure, and one does the chart review. A provider that has multiple locations and/or levels of care will have only one infrastructure review completed by one BHMCO. Each site will have a record review completed by the BHMCO that covers the physical location of that program/level of care. The results of the infrastructure and record review will be shared with other BHMCOs that are contracted with that provider for services.

Q: I do not understand 2.1 what level of care is that?

A: Level 2.1 is intensive outpatient services (IOP), which requires a minimum of 9 hours of treatment per week for adults and 6 hours per week for adolescents. Medically necessary treatment of up to 19 hours should be provided on an individualized basis as needed according to ASAM under IOP.

Q: Do you have a review tool/spreadsheet being used by the BHMCOs that can be shared with the providers?

A: Questions and answers are available within the PowerPoint.

Q: Will the case management review that is to take place also apply to the SCAs who have functional case management units?

A: If an SCA is also a licensed a treatment provider (2.5, 2.1, and 1.0) they will be reviewed. If the SCA provides case management services only, they will not be reviewed as part of the ambulatory alignment reviews. The intent is that the current reviews focus on comprehensive providers with multiple levels of care, and further guidance will be provided regarding outpatient case management reviews.

Q: Are the review categories which have been provided in this presentation being weighted?

A: Yes, the review categories are weighted based on alignment with key treatment components and ASAM criteria. Crucial elements under ASAM are weighted more heavily including (but not limited to) appropriate use of ASAM placement criteria, individualized care and lengths of stay, use of ASAM six dimensions in assessment and treatment planning, support of individuals on MAT, etc.

Q: Can we go back to the question regarding in-person psychiatric timeframes and the use of telehealth? Although understandable that times have changed and telehealth is more accessible than when ASAM 3rd edition came out, the requirement I believe specifies the need for in-person evaluation? Is this an area the State is allowing flexibility?

A: The state is allowing some flexibility regarding telehealth as it can be utilized in conjunction with in-person services, but providers should verify with their funding sources.

Q: Are the regulatory requirements for MAT's considered during the ASAM reviews or are these treated separately?

A: The ASAM reviews focus only on the requirements outlined in the ASAM Criteria 3rd edition. Regulatory requirements from other sources have not been included in the ASAM Fidelity to Monitoring tool or process. Regulatory requirements are reviewed during a licensing inspection which is separate than the ASAM Alignment Reviews. For more information on the different types of onsite reviews please review the webinar from February 2024 regarding onsite Review Expectations located at [Technical Assistance Webinars | Department of Drug and Alcohol Programs | Commonwealth of Pennsylvania](#)

Q: Can you review the timeframes again for psychiatric services referrals?

A: For Level 2.1 (Intensive Outpatient), the timeframe is 24 hours by telephone and 72 hours in person. For Level 2.5 (Partial Hospitalization), it is 8 hours by telephone and 48 hours in person.

Q: Is the 6-hour programming still in place?

A: Yes, the minimum of 6 hours of treatment per week for adolescents in a Level 2.1 IOP program is still in place. Please note that medically necessary care of up to 19 hours for individuals in IOP is a requirement under ASAM 3rd edition.

Q: Is the 6 of 8 hours process groups a day in ASAM 3.5 & 3.7 still in place?

A: ASAM levels 3.5 and 3.7 are residential levels of care, this webinar is addressing ambulatory levels of care only.