

DDAP UPDATES



Pennsylvania
**Department of Drug and
Alcohol Programs**

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 the ASAM training, and reviewing the resources available through DDAP including trainings and documents.*



Learning Objectives

- Review information on the final rule to 42 CFR Part 8 and impacts to licensing
- Understand how changes to 42 CFR part 8 align with the ASAM Criteria



Poll Question



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**Department of Drug and
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Today's Presenters

- Dianne Schrode, Director, Division of Program Support & Quality Improvement
- Jodi Skiles, Director, Bureau of Program Licensure
- Vicki Jankowski, LPC, CAADC, BQAA, Quality Improvement



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42 CFR PART 8

REVIEW



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42 CFR Part 8 Changes

PAs Response to the Updated Federal Regulations for Opioid Treatment Programs

- 42 CFR part 8
- DDAP issued Licensing Alert 07-2024 granting statewide exceptions to parts of 28 Pa code 715
- Regulation Reform-in process



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42 CFR Part 8 Changes

28 Pa. Code § 715.9(a)(1) – The Department will allow an exception to the rule that a person must be 18 years of age to receive MOUD provided that the OTP gets written consent from the client in accordance with 42 CFR § 8.12(e)(2).



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42 CFR Part 8 Changes

28 Pa. Code § 715.9(a)(4) – The Department will allow an exception to the rule that a person must be dependent on a narcotic drug for at least one year prior to starting MOUD provided that the OTP has a trained person to diagnose the client using medical criteria in accordance with 42 CFR § 8.12(e)(1) and documents the reason for admission for MOUD treatment in the record.



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42 CFR Part 8 Changes

- 28 Pa. Code § 715.12 – The Department will allow an exception to the rule requiring written consent provided that the OTP gets informed consent from the client verbally in accordance with 42 CFR § 8.12(e)(1) and documents it in the record.



42 CFR Part 8 Changes

- 28 Pa. Code § 715.14(a) – The Department will allow an exception to testing a person's urine every month provided that the OTP randomly conducts a saliva or urine test on each person a minimum of eight times in a year in accordance with 42 CFR § 8.12(f)(6).



42 CFR Part 8 Changes

- 28 Pa. Code § 715.15 – The Department will allow an exception to the rule requiring a doctor to decide the dosage level for a person provided that a qualified practitioner within their licensed scope of practice to prescribe or dispense MOUD decides the dosage based on an individualized determination in accordance with 42 CFR § 8.12(h)(3)(ii). Pennsylvania laws governing the practice of medicine permit qualified practitioners to perform and sign the initial assessment but also require that any order for methadone treatment shall be made only by a physician. See Medical Practice Act of 1965, 63 P.S. § 422.13(c.1)(7); Osteopathic Medical Practice Act, 63 P.S. § 271.10(g.2)(1)(vii); and The Professional Nursing Law, 63 P.S. § 218.2(c.1)(8)



42 CFR Part 8 Changes

- 28 Pa. Code § 715.16. Take-home privileges – The Department will allow an exception to the rule requiring time frames for take-home medications provided that the OTP approves take-home medications only if the benefits are greater than the risks in accordance with 42 CFR § 8.12(i).



42 CFR Part 8 Changes

- 28 Pa. Code § 715.19(1-3) – The Department will allow an exception to the rule requiring an OTP to provide mandatory minimum amounts of psychotherapy each month based on the patient's time in treatment. Provided the OTP delivers adequate counseling and psychoeducation to each patient as clinically necessary and mutually agreed upon. Patient refusal of counseling shall not preclude them from receiving MOUD in accordance with 42 CFR § 8.12(f)(4)(i).



42 CFR Part 8 Changes

- 28 Pa. Code § 715.24(1) – The Department will allow an exception to the 180-day limit for detoxification services provided that the OTP allows a person to reduce MOUD at a mutually agreed-upon rate in accordance with 42 CFR § 8.12(e)(3).



42 CFR Part 8 Impacts to Licensing Surveys and Annual Inspections

Treated like any other exception

- Treatment Plan
 - Individualized
 - Type and Frequency
 - Should not be the same on every treatment plan



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42 CFR Part 8 Changes

Q&A from October's webinar



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Q: Is there a minimum age for the under 18 MOUD exception? (does the person still need to be above 14/16?)

A: The clinical decision making is between the physician and individual in services. As long as it is documented that the individual has made a decision for treatment and the prescriber has determined the individual meets diagnostic criteria for an OUD and is appropriate for MOUD, the individual can have medication for OUD. It is up to the provider to determine which MOUD is most clinically appropriate for the individual in services. Clinicians are encouraged to consult clinical guidance from the medication manufacturer and other available sources in making determinations to provide MOUD to persons under age 18.

Q: Do physicians still have to co-sign all orders created by nurse practitioners?

A: DDAP will be providing an updated document for the MLE and the requirements for them based on federal and state changes.



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Q: With the new counseling requirements, what happens to those providers who have been cited for not meeting the minimum requirements during their most recent licensing visits? Will the follow-up visits no longer focus on counseling hours or will the licensing reviewers be looking for something else in records?

A: Counseling should be tailored to the individual needs. When licensing comes into the treatment program, the Licensing Specialist will be reviewing Treatment Plans and progress notes to see if treatment plans are individualized. Every treatment plan should be different, type and frequency should not all say the same that it has of 2.5 hours. The staff from Licensing will work with providers by providing T.A. Previous citations will not be removed.



Q: What documentation will DDAP be looking for to verify "within medical scope" for mid-level providers during regular auditing? Is there a recommendation for this at present?

A: DDAP will be providing an updated document for the Mid-level Extender (MLE) and the requirements for them based on federal and state changes.



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Q: Who can we reach out to if we have questions about the Licensing Alert?

A: Questions should be directed to the Licensing Division at: RA-licensuredivision@pa.gov or 717-783-8675.



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Aligning with The ASAM Criteria

- DDAP's transition to ASAM began in 2018 when treatment providers began working towards aligning with the ASAM Criteria.
- Act 70 requires all SUD providers to align services with the ASAM Criteria 3rd Edition.
- Focus on clinically-driven, individualized care
- Clinical and medical decisions are made with the individual based on their need.



42 CFR Part 8: Person First Care

- Person-Centered
- Individualized
- Shared-Decision Making
- Harm Reduction



42 CFR Part 8: Aligning Services to Individual Need

- Individual Need & Preference > Mandatory Minimum
- Evidence-Based Level of Care Determination
- Partnership
- Motivational Interviewing
 - Collaboration, Evoke Motivation, Autonomy
 - Empathy, Develop Discrepancy, Roll with Resistance, Support Self-Efficacy.



Highlight: Guiding Principles of ASAM Criteria

- One Dimensional → Multidimensional
- Program Driven → Clinically Driven
- Fixed Length of Stay → Variable Length of Stay
- Limited Number of Levels of Care → Broad and Flexible Continuum
- Interdisciplinary, Team Approach to Care (includes the individual)
- Clarifying Goals of Treatment



ASAM Technical Assistance References

- [November 2021: MAT Across the Continuum of Care](#)
 - Regulatory requirements, guidance for MOUD/MAT access at all LOCs, coordination of care
- [December 2021: Individualized Documentation Considerations](#)
 - Golden thread, examples of individualized progress notes and treatment plans
- [January 2022: Therapies Across the Levels of Care](#)
 - Details therapies, program-driven vs. person-driven care
- [October 2022: Individualized Program Schedules](#)
 - Program driven vs. person-driven care, service delivery expectations, population-specific services, evidence-based interventions



ASAM Technical Assistance References

- [February 2023: Guiding Principles of The ASAM Criteria](#)
 - Reviews all 13 guiding principles
- [April 2023: Comparing Levels 1, 2.1, 2.5, & OTP Services](#)
 - Dimensional drivers, multidimensional reassessment timeframes, services characteristics, OTP overview (NTP/OBOT)
- [March 2024: Individualizing Services](#)
 - Clinical supervision, Golden Thread, Group Matching



ASAM Service Alignment Resources

- Level 1 Outpatient
 - [Level 1 Outpatient Services by Service Characteristics](#)
 - [Level 1 Outpatient Services Self Assessment Checklist](#)
 - [Level 1 Co-Occurring by Service Characteristics](#)
 - [ASAM Service Characteristics All Levels of Care](#)



ASAM Resources

Questions regarding aligning with the ASAM Criteria and suggestions for future webinar topics:

RA-DAASAM@pa.gov

ASAM Resources

[ASAM Transition \(pa.gov\)](https://www.pa.gov/asam-transition)

42 CFR Part 8 Resources

- Questions regarding 42 CFR part 8: RA-licensuredivision@pa.gov
- [Link to Licensing Alert](#)
- [Link to 42 CFR part 8](#)
- [Link to Licensing Page on DDAP website](#)



Next Call

No TA call in December, January or February
Next TA Call = March 2025



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