

DDAP UPDATES



Pennsylvania
**Department of Drug and
Alcohol Programs**



Pennsylvania Department of State

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Pennsylvania
Department of Drug and
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About mail ballots

- *No-excuse mail-in voting*
- *Deadline to apply is 5pm on October 29*
- *Sign your name, date when you sign, and seal your ballot*

Learn more:
vote.pa.gov/mailballot



Voter's Declaration

Before you complete this side!


1. Seal your ballot in the yellow envelope that says "Official Election Ballot."
2. Then seal that envelope inside this envelope.

Voter's declaration

I am qualified to vote the enclosed ballot and I have not already voted in this election.

If I am unable to sign without help because I have an illness or physical disability, I have made my mark or somebody has helped me make my mark.

Sign and date



Sign or mark here (REQUIRED)

X

Today's date here (REQUIRED)

				2	0	2	4
Month				Day		Year	

For your witness only

If you have an illness or physical disability that prevents you from signing, have your witness complete this section.

Witness, sign here

Witness address

Street

City Zip

For county election use only

Official Ballot
Papeleta oficial
官方選票

Your ballot must be received by 8 p.m. on election day at your county election board

Su papeleta debe recibirse antes de las 8 p.m. el día de las elecciones en la junta electoral de su condado

您所在縣的選舉委員會必須在選舉日晚上8點前收到您的選票

Franklin County Elections Department
4321 Sample Avenue
Sample, PA 99999-1234



Vivian Voter
1234 Crest Blvd.
Sample, PA 99999-4321



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Voters needing assistance

Designated Agent Form

For voters with disabilities who need help picking up or returning mail voting materials



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VOTER, complete this section

Enter the address where you are registered to vote.

You may wish to keep a copy of this form (a photo on a phone is OK).

Give the completed form to your designated agent. **Do not** put the form in the yellow secrecy envelope with your completed ballot.

First name	Middle name/initial
Last name	Suffix
Address	
City/Town	State Zip
County	
Designated agent's name	

I have a disability and require assistance with voting by mail. I authorize my designated agent to pick up and return my absentee or mail-in ballot materials. I understand that false statements are punishable under 18 Pa. C.S. § 4904.

If I am unable to sign without help because I have a disability, I have made my mark or somebody has helped me make my mark.

VOTER SIGNATURE

Today's Date

DESIGNATED AGENT, complete this section

After you complete this form, consider making a copy of it for the voter (a photo on a phone is OK).

You must have the completed form with you when picking up or returning a ballot or other voting materials.

Do not put this form in the yellow secrecy envelope that contains the completed ballot.

First name	Middle name/initial
Last name	Suffix
Address	
City/Town	State Zip
Voter's name	

I agree to serve as the designated agent for the voter named above. The voter has authorized me to pick up or return their absentee or mail-in ballot materials. I affirm that I have not marked or changed any of the voter's absentee or mail-in ballot materials, unless the voter directed and authorized me to do so. I understand that false statements are punishable under 18 Pa. C.S. § 4904.

DESIGNATED AGENT SIGNATURE

Today's Date

Updated 2024

- *Designate an agent to assist individuals with disabilities*
- *Accessible voting systems and accessible ballots*
- *Find out more about the voting system at your polling place at vote.pa.gov/VotingSystems*

Learn more:
vote.pa.gov/AccessibleVoting



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Emergency Absentee Ballots

Pennsylvania Application for Emergency Absentee Ballot Use black ink

Print your name
Please print your name exactly as registered.

1 Last name First name Middle name or initial

About you

2 Birth date (MM/DD/YYYY) Occupation

Your address
Please print your address exactly as registered.

3 Address (not P.O. Box) Apt. number City/Town State Zip code Municipality County Ward (if known) Voting district (if known)

I have lived at this address since: Are you a State or Federal Government employee? ☐ Yes ☐ No

Want your ballot mailed?
Due to mail processing times, please consider picking up and delivering your ballot in-person.

4 ☐ Same as above Address or P.O. Box City/Town State Zip code

Identification
If you have a PennDOT number, you must use it. If not, please provide the last four digits of your Social Security number.

5 PA driver's license or PennDOT ID card number Last four digits of your Social Security number X X X - X X - ☐ I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

Reason
Select a reason for applying for an emergency absentee ballot and describe the circumstances for applying.

6 I hereby apply for an emergency absentee ballot for the reason checked below. (please check one reason below)

☐ I have or had an illness or physical disability that prevented me from applying for a non-emergency absentee ballot prior to the application deadline.

☐ I was unable to apply for a non-emergency absentee ballot or mail-in ballot by the deadline due to my business, duties, or occupation.

☐ I became physically ill or disabled after the deadline to submit an application for a non-emergency absentee ballot.

☐ I expect to be absent from my municipality on election day and I did not know that I would be absent prior to the application deadline for a non-emergency absentee ballot.

Describe the circumstances that prevented you from applying for a non-emergency absentee ballot before the deadline or that will prevent you from appearing at the polling place on election day:

I hereby declare that the information I have provided on this emergency absentee ballot application is true and correct and is made subject to the penalties under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Voter signature here X Date

Help with this form
Complete this section if you are unable to sign the declaration in Section 6.

7 Mark of voter X Date Address of witness Signature of witness X

IMPORTANT: If you receive an absentee ballot and return your voted ballot by the deadline, you may not vote at your polling place on election day. If you are unable to return your voted absentee ballot by the deadline, you may only vote a provisional ballot at your polling place on election day, unless you surrender your absentee ballot and envelope to the judge of elections to be voided to vote by regular ballot.

DCS 08/2020


- *Unexpected illness, disability, or absence*
- *5pm Oct. 29 – 8pm Nov. 5*
- *Can request authorized representative to assist*
- *Make applications available*

Learn more:
[Information on Emergency Absentee Ballots](#)



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Make a plan to assist



Vote

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

- 1 Check your voter registration
- 2 Make your plan to vote
 - ✓ By mail
 - ✓ At a county election office by October 29
 - ✓ At a polling place on November 5

Visit vote.pa.gov

- Check registration status at vote.pa.gov/Status
- Check mail ballot status at vote.pa.gov/MailBallotStatus
- ID required for first-time voters
- Contact county election offices at vote.pa.gov/County



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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

- Provide DDAP updates from the Bureaus of Quality Assurance and Administration, County Program Oversight and Program Licensure
- Provide 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

Tell us your role:

Executive Director

Clinical Director

Clinical Supervisor

Counselor

Administration

Medical Staff

Support Staff (e.g. CRS)

Case Manager

DDAP

SCA

MCO



Pennsylvania
**Department of Drug and
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Today's Presenters

- Jenn Newell, Director, Bureau of Quality Assurance & Administration
- Jeff Geibel, Division Director, BCPO, Division of Prevention, Treatment, and Recovery
- Sue Duff, Division Director, BCPO, Division of Program Monitoring
- Jodi Skiles, Director, Bureau of Program Licensure
- Vicki Jankowski, LPC, CAADC, BQAA, Quality Improvement



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Bureau of Quality Assurance & Administration

- 2nd Round of the SUD Student Loan Repayment Program
 - ~410 grantees!
 - Licensed treatment providers, SCA-contracted prevention, case management and recovery support providers
 - \$75,000 for full-time employment, \$37,500 for part-time
 - 2 year service commitment
 - Follow-up surveys to all grantees from both rounds post-commitment



Bureau of Quality Assurance & Administration

- *State Opioid Response (SOR) III*
 - Second year of the 2-year grant ends 9/29/24
 - No-Cost Extension approved by SAMHSA through 9/29/25
- SOR IV
 - SAMHSA approval received for 3 year grant which began 9/30/24
 - ~\$83M / year for use on prevention, intervention, harm reduction, treatment, and recovery support services



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Bureau of County Program Oversight

- Case Management and Clinical Services Manual Update: **Harm reduction**
- Harm Reduction = intervention approach using person-centered, evidence-based public health strategies to assist people who use drugs (PWUD) in minimizing the negative consequences associated with substance use
 - Not coercive
 - Meeting people where they are – Support based on what each person identifies as their personal needs and goals
 - Opportunity to engage people and save lives
- Outreach should be proactive in offering people who use substances support to access health and social services, including additional SUD prevention, treatment, and recovery services

Bureau of County Program Oversight

Examples of DDAP-funded Harm Reduction Services:

- Access to low-barrier services -- mobile and street outreach programs
- Overdose prevention education and distribution of overdose prevention supplies -- opioid reversal medication and personal drug testing strips
- Education about health issues -- HIV, STIs and viral hepatitis and distribution of safer sex kits and FDA-approved home test kits
- Distribution of safer smoking and injection supplies to reduce infections and transmission of infectious diseases -- wound care supplies, sharps disposal containers, and/or written materials about safer injecting and smoking practices
 - Does not include sterile needles, syringes, pipes and drug paraphernalia



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Bureau of County Program Oversight

- Case Management and Clinical Services Manual Update: **Low Barrier Care**
- Low barrier care is a model of treatment that seeks to minimize the demands placed on individuals and makes services readily available and easily accessible. Aspects of the low barrier model can be seen in case management services.



Bureau of County Program Oversight

- Some examples of approaches for the low barrier model are:
 - Multidisciplinary care teams;
 - Integrating SUD screening & assessment;
 - Involving those with lived experience;
 - Educating primary care physicians and other providers;
 - Developing collaborative care protocols;
 - Offering flexible treatment options;
 - Eliminating service engagement preconditions;
 - Addressing stigma;
 - Establishing referral networks and evaluating



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Bureau of County Program Oversight

- **Division of Program Monitoring – SCA Monitoring**
 - DDAP monitors all 47 SCAs annually
 - Monitoring required per federal requirements
 - The monitoring cycle consists of 4 phases incorporating document reviews, SCA reporting in SDS and monitoring visits
 - Quarterly fiscal reporting
 - Pre-submission of contracts, policies, invoices
 - Virtual and Onsite visit annually to each SCA
 - Currently finishing monitoring of FY 23-24
 - Onsite visits complete for 45 of 47 SCAs
 - Year-end fiscal reports



Bureau of County Program Oversight

- **How DDAP's Monitoring of SCAs impacts Providers**
 - **Fiscal reporting** – SCAs must have timely invoices from providers in order to meet DDAP's quarterly fiscal reporting timeframes
 - **Provider contracts** – SCAs are required to keep provider contract information updated in SDS
 - **Rate setting** – DDAP has requirements for SCAs to set inpatient and outpatient rates
 - **Provider monitoring** – SCAs are required to monitor all contracted providers in their counties
 - Pass through requirements from federal funding sources
 - **Invoice reviews by DDAP**
 - Providers are required to provide case notes



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Bureau of County Program Oversight

- **Compulsive and Program Gambling Program**
 - **Treatment: 1-800-GAMBLER**
 - Provided through Grant Agreements between DDAP and Providers
 - Screening for problem gambling behaviors is a required component of Level of Care Assessments for SUD clients
 - **Prevention**
 - Provided through SCAs
 - **New initiatives**
 - Case Management – coming in 2025
 - Enhanced training for prevention and case management
 - Residential Treatment



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Bureau of Program Licensure

- Mobile Medication Units
- Central Registry
- Federal OTP Regulatory Update- 42 CFR part 8



Bureau of Program Licensure

- Mobile Medication Units-
- Licensing Alert issued in 2022 explaining process
- Gaudenzia, Coal Township was the first MMU in operation
- Several others in process throughout Pennsylvania



Bureau of Program Licensure

Central Registry-

- PA is working towards obtaining a system to support OTPs with Administrative burden by procuring a CR
- Single system that extracts data from the OTPs EMR
- Checks dual enrollment
- Can coordinate with individuals when emergencies such as facility closure arises.
- Can coordinate with PDMP



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 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](#)



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)

Next Call

Next TA Call: November 4th



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