



Pennsylvania
Department of Drug and
Alcohol Programs

MARCH 2, 2026

Case Management Clinical Services Manual

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DDAP'S TREATMENT UNIT

Learning Objectives

- Identify and explain key updates in the 2026-2030 Case Management and Clinical Services Manual, including standards, procedures, and documentation requirements.
- Describe essential components of effective case management practice, including care coordination, service planning, and monitoring client outcomes.
- Recognize the integration of substance use-related services within case management including referral processes, continuity of care, and interdisciplinary collaboration.
- Apply updated guidance to support compliance, service quality and client-centered care delivery.
- Review key components of the case management clinical services manual.



Manual Updates



SECTION 3.01

Pregnant Women-Updated Information

- Citation: 28 Pa. Code § 715.29
- Exception requests for NTP capacity
- New contact: ra-licensuredivision@pa.gov
- Bureau phone: 717-783-8675



SECTION 3.04

Overdose Survivors-New Requirement

- Identify when telehealth-only services will be used
- Document procedures



SECTION 4.02

Emergency Housing

- Funding limit increased
 - 30 days → 60 days per state fiscal year



SECTION 4.04

Medication Assisted Treatment

- Renamed: Medications for Substance Use Disorder



SECTION 4.05

Recovery Oriented Systems of Care

- Elements of ROSC:
 - Person-centered
 - Family and other ally involvement
 - Inclusion of the voices and experiences of recovering individuals and their families
 - Promoting access and engagement
 - Individualized and comprehensive services across the lifespan
 - Systems anchored in the community
 - Ensuring continuity of care
 - Partnership-consultant relationships
 - Strength-based
 - Culturally responsive



SECTION 4.05

Recovery Oriented Systems of Care

- Elements of ROSC:
 - Responsiveness to personal belief systems
 - Commitment to peer recovery support services
 - Integrated services
 - System-wide education and training
 - Ongoing monitoring and outreach
 - Outcomes driven
 - Research-based
 - Adequately and flexibly financed
 - End stigma and discrimination
 - Promote the highest level of autonomy



SECTION 5.00

Case Management Overview

- Section D was added
 - Referencing individual residency
 - When an individual comes to the SCA office from outside their county, the SCA will provide assistance regardless of the county of residence and should coordinate with the home SCA.



SECTION 5.02

Social Determinants of Health

- The conditions in the environments where people are born, live, learn, work, plan, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- SDOH Screening
 - Helpful in identifying needs
 - Needs identified and monitored using the Case Management Service Plan



SECTION 5.02

Social Determinants of Health

- SDOH Screening Tool
 - Appendix D
 - The SCA shall use the SDOH Screening Tool to assist with coordination of services which is described in Section 5.07

Appendix D: SOCIAL DETERMINANTS OF HEALTH SCREENING TOOL AND CASE MANAGEMENT SERVICE PLAN

The Case Management Service Plan (CMSP), (referred to as a "Recovery Plan" in PA WITS), is an assessment of treatment-related needs that must be addressed at the time of LOCA and updated no less than every 30 days throughout an individual's time in treatment.

SCAs will utilize the Social Determinants of Health Screening Tool below to identify an individual's additional need for support during the time of assessment to help identify goals for the Case Management Service Plan. If an individual identifies a need for service in any other domains, it should be reflected on the CMSP along with interventions.

Healthcare coverage: (i.e, medical assistance; healthcare marketplace; veteran's benefits; etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Basic Needs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Food</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Clothing</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Housing</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Transportation</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Utilities</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical Health (i.e., locating a PCP; medication management; medical issues; pregnancy testing; prenatal/postpartum care; TB/Hepatitis/HIV testing & treatment; etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment (i.e., resume writing; CareerLink referral; OVR, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Health Services (i.e., MH treatment referral; psychotropic medication management, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Substance Use Disorder Services (i.e., SUD treatment referral; MOUD referral, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family Assistance (i.e., counseling; education; resources, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Childcare (i.e., childcare access, childcare costs, custody/visitation, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Legal Status (i.e., referral for legal assistance; coordinating with probation/parole, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education (i.e., GED, tutoring, English as a Second Language courses, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life Skills (i.e, cooking; cleaning; grocery shopping; budgeting; etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social (i.e., recovery supports; social skills; developing healthy leisure activities; etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

On the following page, you will find a sample Case Management Service Plan that can be used as a template and/or for reference.



SECTION 5.07

Coordination of Services

- The Case Management Service Plan
 - Will now be due every 30 days
 - Appendix D

Case Management Service Plan

UCN:			
Date:			
Individual Name:			
Goal Statement: <i>(Needs identified in the individual's words; ex. 'Housing')</i>	Objective(s): <i>(What are the objectives related to the needs identified by individuals? Ex. 'Individual will obtain employment.')</i>	Action Steps: <i>(What steps will be taken to achieve the objective? ex. 'Individual will attend resume building course at CareerLink.')</i>	Target Date:



SECTION 5.06

Communicable Disease

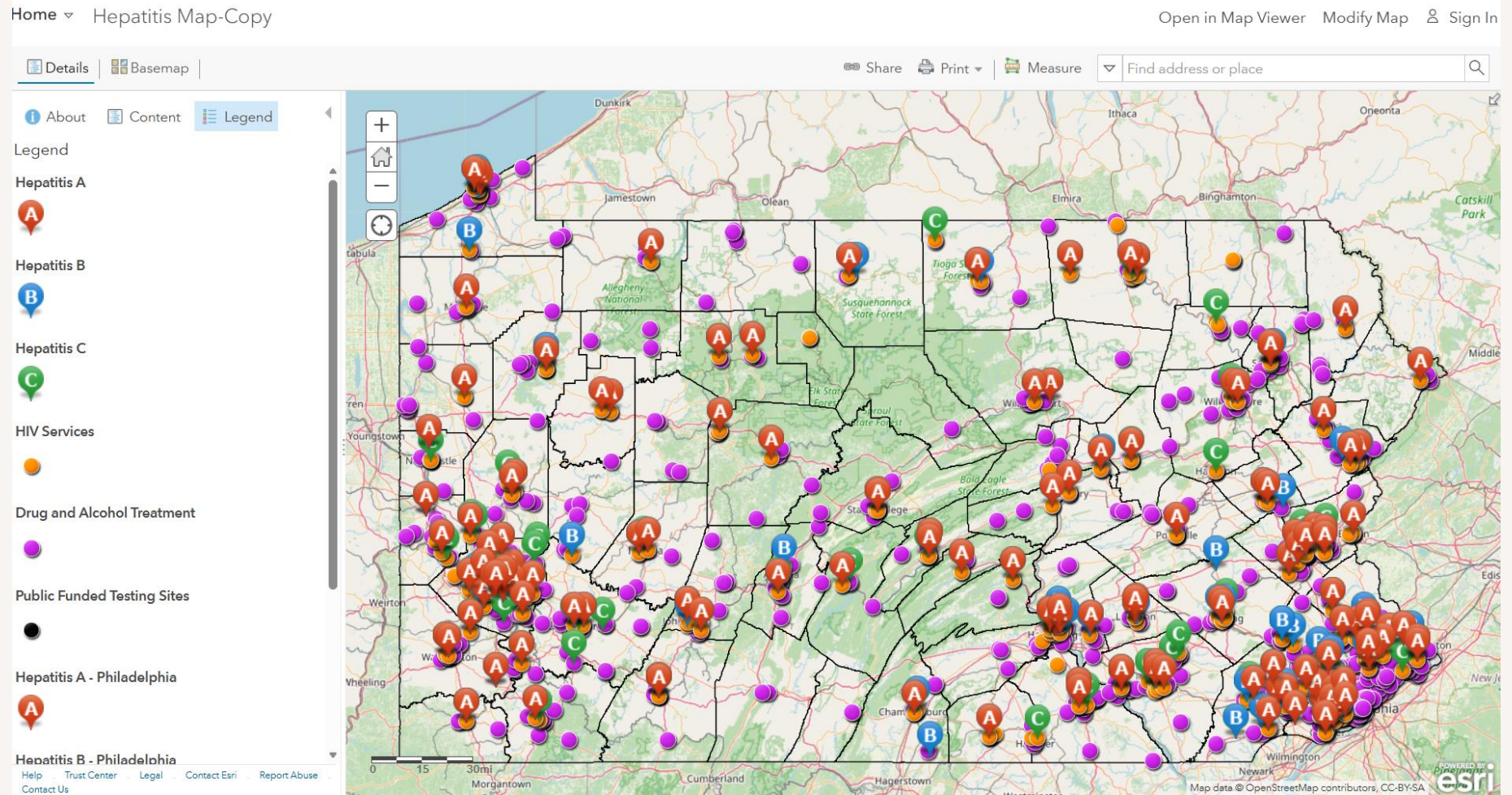
- Viral Hepatitis
 - The SCA shall ensure that all DDAP-funded providers within their jurisdiction implement these guidelines and/or seek technical assistance from DDAP to address areas that need improvement.
 - Education
 - Testing
 - Treatment
 - Vaccination



SECTION 5.06

Communicable Disease

- [Hepatitis Map](#)



SECTION 5.06

Communicable Disease

- Appendix E

**Appendix E: VIRAL HEPATITIS PREVENTION/TREATMENT REFERRAL
ACCEPTANCE/DECLINATION**

ACCEPTANCE:

I understand there is a strong association between substance use and viral hepatitis risk. I have been offered trauma-informed and culturally responsive educational materials that included general information on viral hepatitis, information on vaccines for hepatitis A and B; prevention and harm reduction strategies; test result interpretation; and information about local providers who offer services for prevention and treatment of viral hepatitis. Based on the information I received, I am making an informed decision to accept the viral hepatitis referral(s) at this time.

DECLINATION:

I understand there is a strong association between substance use and viral hepatitis risk. I have been offered trauma-informed and culturally responsive educational materials that included general information on viral hepatitis, information on vaccines for hepatitis A and B; prevention and harm reduction strategies; test result interpretation; and information about local providers who offer services for prevention and treatment of viral hepatitis. Based on the information I received, I am making an informed decision to decline the viral hepatitis referral(s) at this time. If in the future I change my mind, I understand that I can reach out to my case manager for a referral at any time.

CHECK ONE:

I ACCEPT Viral Hepatitis prevention/treatment referral.

I DECLINE Viral Hepatitis prevention/treatment referral.

Individual Name: _____

Individual Signature: _____ Date: _____



SECTION 5.06

Communicable Disease

- Human Immunodeficiency Virus (HIV)
 - The SCA shall ensure that all DDAP-funded providers within their jurisdiction implement these guidelines and/or seek technical assistance from DDAP to address areas that need improvement.
 - Education
 - Testing
 - Treatment



SECTION 5.06

Communicable Disease

- [HIV Services](#)

The screenshot shows the Commonwealth of Pennsylvania website. At the top left is the PA logo and the text "Commonwealth of Pennsylvania". To the right are a "Translate" button and a search bar. Below the header is a navigation menu with links for "Services", "Agency Directory", "Your Government", "Visit PA", and "News". A breadcrumb trail reads: "Agencies > Department of Health > Diseases and Conditions > Infectious Disease > HIV/AIDS Services and Epidemiology > Services". The main heading is "HIV Services" in large blue font, followed by the subtitle "Planning, Prevention, Care, Treatment, Surveillance and Epidemiology". On the left is a sidebar menu for the "Department of Health" with items: "Newsroom", "Diseases and Conditions" (expanded to show "Acute Flaccid Myelitis (AFM)", "Amyotrophic Lateral Sclerosis (ALS)", "Brain and Neurological", and "Cancer")), and "Cancer". The main content area has a "Program Description" section with text about the Division of HIV Disease and its three sections. Below that is a "Focus Areas of HIV Services Provided" section, and at the bottom is "Integrated HIV Planning".



Communicable Disease

- Appendix F

Appendix F: HIV TESTING/TREATMENT REFERRAL ACCEPTANCE/DECLINATION

ACCEPTANCE:

I understand there is a strong association between substance use and human immunodeficiency virus (HIV). I have been offered trauma-informed and culturally responsive educational materials that included general information on HIV basics; HIV testing options and procedures; test result interpretation; methods of HIV prevention (including PrEP); and information about local providers of HIV prevention and care services. Based on the information I received, I am making an informed decision to accept the HIV testing/treatment referral(s) at this time.

DECLINATION:

I understand there is a strong association between substance use and human immunodeficiency virus (HIV). I have been offered trauma-informed and culturally responsive educational materials that included general information on HIV basics; HIV testing options and procedures; test result interpretation; methods of HIV prevention (including PrEP); and information about local providers of HIV prevention and care services. Based on the information I received, I am making an informed decision to decline the HIV testing/treatment referral(s) at this time. If in the future I change my mind, I understand that I can reach out to my case manager for a referral at any time.

CHECK ONE:

I ACCEPT HIV testing/treatment referral.

I DECLINE HIV testing/treatment referral.

Individual Name: _____

Individual Signature: _____ Date: _____



SECTION 5.08

Independent Peer Review

- [eCFR :: 45 CFR 96.136 -- Independent peer review.](#)
- Any SCA and/or provider that receives Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) block grant and/or SOR funding may be selected
- The purpose of independent peer review is to review:
 - Quality
 - Appropriateness



Independent Peer Review

- The reviewers shall examine the following:
 - Admission criteria/intake process;
 - Assessments;
 - Service/Treatment planning, including referral;
 - Documentation of implementation of treatment services;
 - Discharge and continuing care planning;
 - Indications of treatment outcomes



SECTION 5.08

Independent Peer Review

- Will not involve providers/practitioners reviewing their own programs, or programs in which they have administrative oversight, and that there be a separation of peer review personnel from the funding decisionmakers.
- Not conducted as part of the licensing/certification process
- Will not result in any corrective action



SECTION 5.11

Staffing Qualifications

- Letter G was updated to read: Staff hired “on or” after July 1, 2021, who are completing LOCAs or Continued Stay Reviews need to be licensed or credentialed. If they are not, then they need to be working towards licensure or credentialing and must document the steps that are being taken towards this achievement.



SECTION 8.00

Contingency Management

- Letter A was updated with numbers 8-15 and reads as follows:
 - How to describe contingency management to eligible and ineligible individuals;
 - Protocols to ensure continued adherence to evidence-based principles;
 - Tracking individual outcomes;
 - Testing methods and protocols for targeted substance use disorders and other behaviors;
 - Allowable incentives to include selection, storage, distribution of incentives and how quickly the incentive will be received;
 - Documentation and tracking of incentives;
 - Roles and responsibilities of all staff implementing contingency management activities;
 - Techniques for supervisor to provide on-going oversight and coaching



SECTION 8.00

Contingency Management

- Letter D was updated and reads : SCAs or contracted treatment providers that plan to use DDAP funds for Contingency Management must be trained by an approved DDAP Contingency Management trainer. After completing the Level 1 on-line course, staff may begin to use Contingency Management. In order to remain eligible to use DDAP funds for contingency management, staff must complete all requirements of Level 1 Certification.
- Letter E was added and reads: Documentation must be kept on file at the SCA or contracted treatment provider that demonstrates progress towards and completion of Level 1 Certification.



SECTION 9.00

Miscellaneous

- TEDS Data now reads: SCAs are required to monitor their contracted treatment providers to ensure TEDS Data is entered in PA WITS within seven *business* days from the date of occurrence



Glossary

- The following terms were added to the glossary:
 - **Health equity**- the absence of unfair, avoidable or remediable differences among groups of people.
 - **Social determinants of health (SDOH)** - the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks



Friendly Reminders



SECTION 3.04

Warm Hand-Off

- To ensure expedient, appropriate, and seamless care for
 - Individuals who have overdosed from any substance
 - Who have been admitted into a hospital for other reasons and identified as needing SUD treatment services
- SCAs must develop, implement, and maintain a plan for screening, assessing, referring to treatment, and tracking individuals.



SECTION 4.01

Halfway House Treatment Setting

- New halfway house treatment programs must work with DDAP's Licensing Division to obtain Inpatient Non-Hospital Residential Treatment licensure & complete the halfway house approval process with the Treatment Section
- Treatment Section maintains the DDAP approved Halfway House list on the DDAP webpage (<https://www.pa.gov/content/dam/copapwp-pagov/en/ddap/documents/halfway-houses/pa-halfway-houses.pdf>)
- Biannual outreach is completed with DDAP approved halfway house providers to maintain updated information for the HWH list
- The Treatment Section is to be kept abreast of changes to any halfway house provider (ie – bed count, phone number, address, temporary closure, etc)



SECTION 4.01

Halfway House Treatment Setting (continued)

- The SCA may use DDAP funds only for a halfway house that:
 - 1) Has an inpatient non-hospital residential treatment license for the specific facility where the halfway house activity is provided;
 - 2) Is an independent physical structure containing no more than 30 beds;
 - 3) Provides no other licensed treatment activity within the same physical structure; and
 - 4) Has been approved as a halfway house by DDAP.

- The SCA may not establish a rate for a new halfway house or enter into a contract prior to receiving written approval by DDAP





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Next Technical Assistance Call
Monday, May 11, 2026, at 10 a.m.
Topic: Medetomidine

Registration will be coming soon via the Listserv.