

Provider Webinar: ASAM Alignment

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High-Quality
Service and Support

OMHSAS 2021 Program Standards and Requirements

The Primary Contractor and its BH-MCO must ensure that the SUD providers in its network comply with program standards in the ASAM Criteria including but not limited to:

- Admission Criteria
- Discharge Criteria
- interventions/types of services
- Credentials of staff as set forth in the ASAM transition requirements

OMHSAS 2021 Program Standards and Requirements

The Primary Contractor and its BH-MCO must ensure that SUD providers in their network offer Medication Assisted Treatment (MAT) either on-site or facilitate access to MAT off-site.

The Primary Contractor and its BH-MCO must:

- a. Ensure that network providers do not exclude individuals on MAT from being admitted into services;
- b. Ensure coordination of care after consent is obtained from the Member when a prescriber and the SUD treatment provider are not the same
- c. Ensure network providers admit and provide services to individuals who use MAT for SUD.

ASAM Alignment Requirements

ASAM alignment requirements laid out by DDAP can found at:

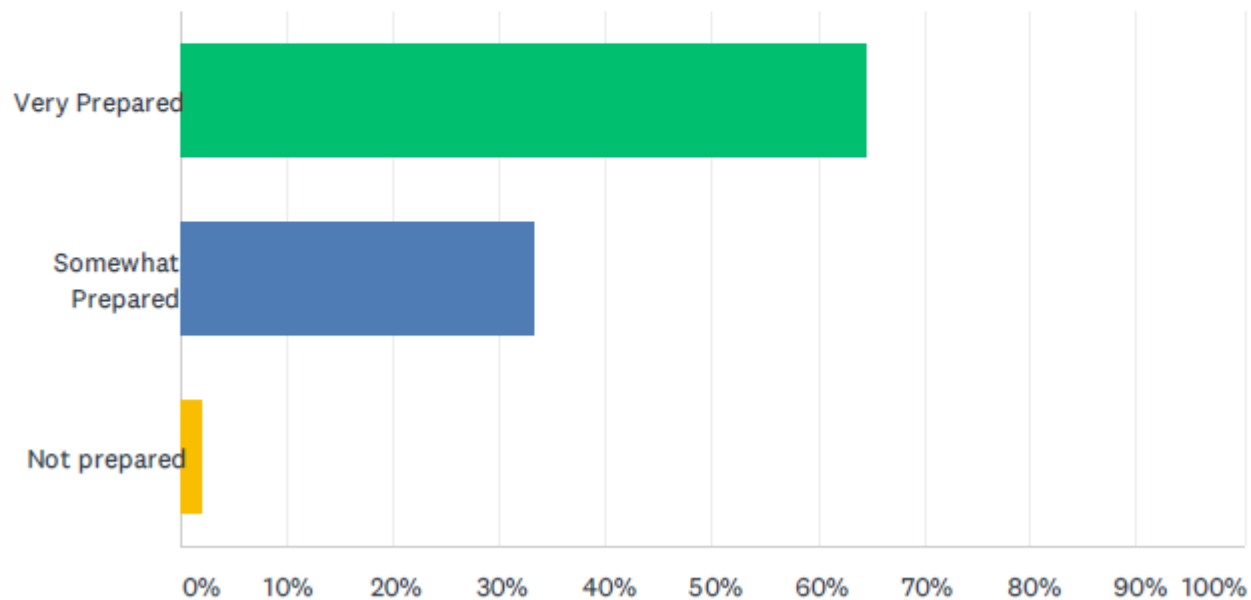
<https://www.ddap.pa.gov/Professionals/Pages/ASAM-Transition.aspx>

Questions for DDAP related to ASAM Alignment Requirements can be submitted to: RA-DAASAM@pa.gov.

Survey results

Q1 How prepared is your organization to meet ASAM alignment criteria related to admission criteria?

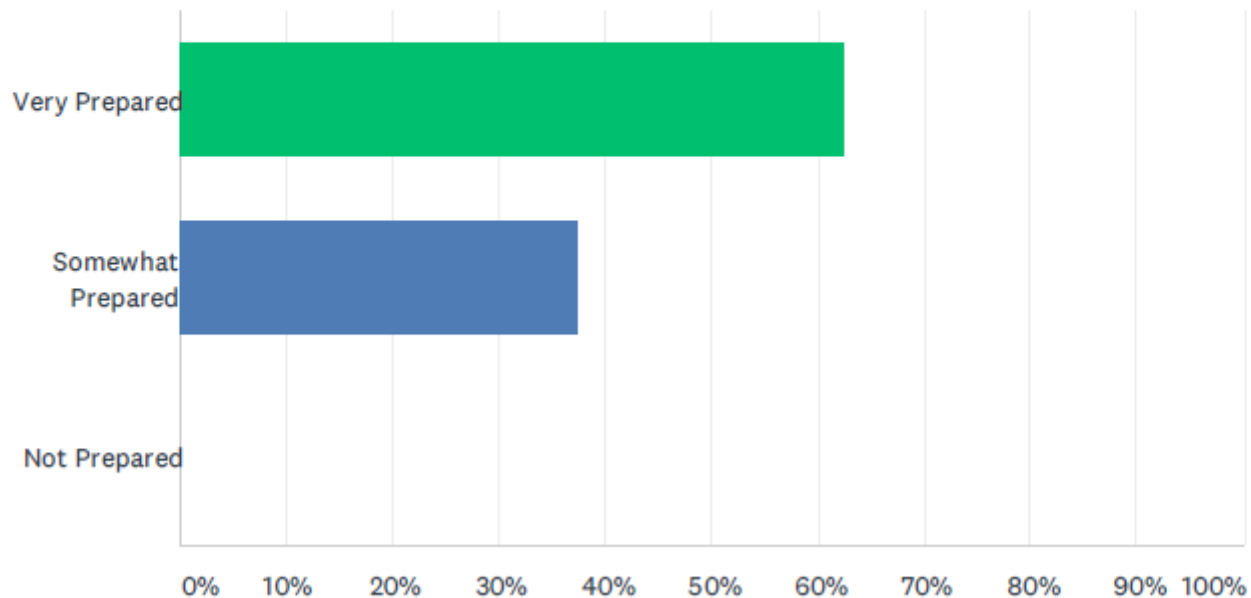
Answered: 48 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Prepared	64.58%	31
Somewhat Prepared	33.33%	16
Not prepared	2.08%	1
TOTAL		48

Q2 How prepared is your organization to meet ASAM alignment criteria related to discharge criteria?

Answered: 48 Skipped: 0

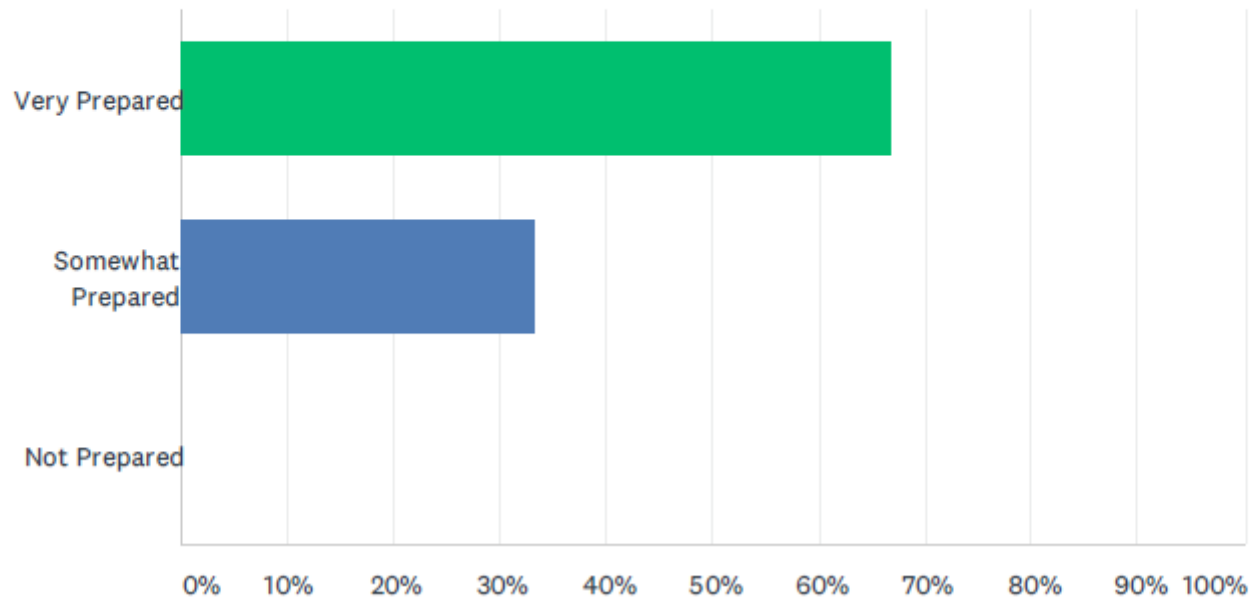


ANSWER CHOICES	RESPONSES	
Very Prepared	62.50%	30
Somewhat Prepared	37.50%	18
Not Prepared	0.00%	0
TOTAL		48

Survey Results

Q3 How prepared is your organization to meet ASAM alignment criteria related to interventions (including FDA approved MAT)?

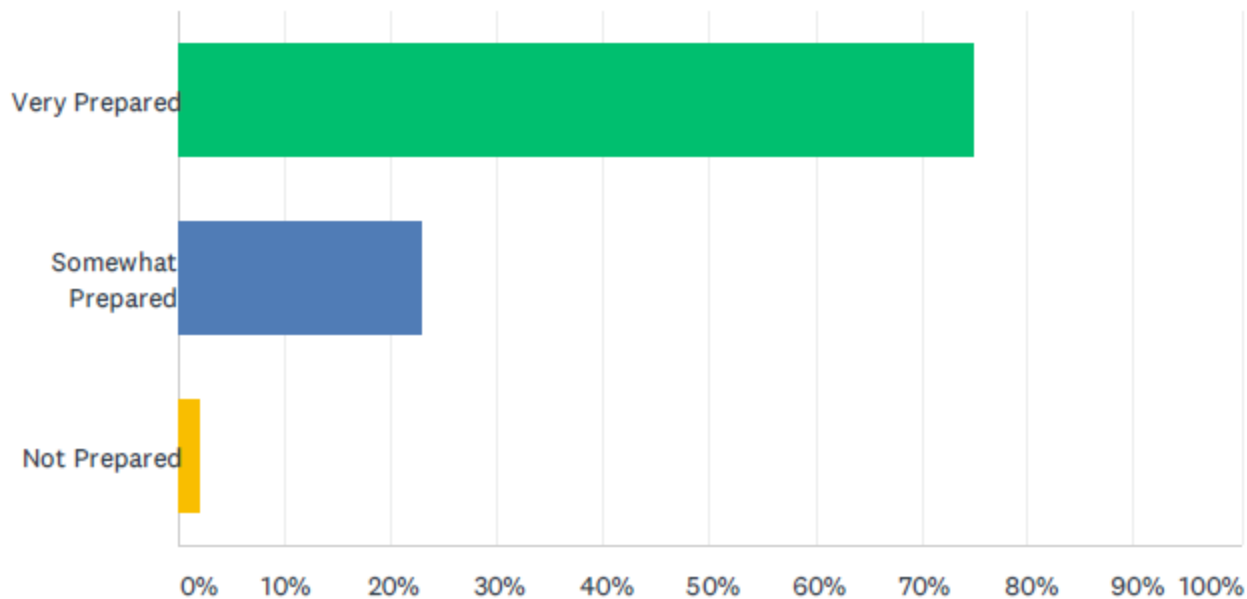
Answered: 48 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Prepared	66.67%	32
Somewhat Prepared	33.33%	16
Not Prepared	0.00%	0
TOTAL		48

Q4 How prepared is your organization to meet ASAM alignment criteria related to hours of clinical care?

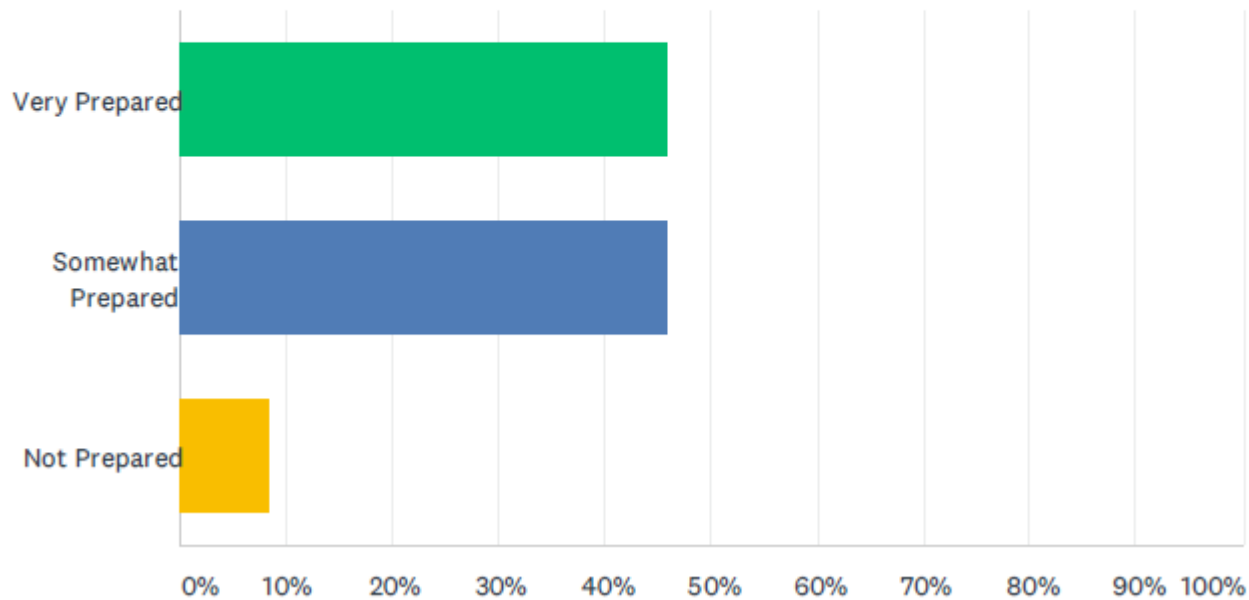
Answered: 48 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Prepared	75.00%	36
Somewhat Prepared	22.92%	11
Not Prepared	2.08%	1
TOTAL		48

Q5 How prepared is your organization to meet ASAM alignment criteria related to credentials of staff?

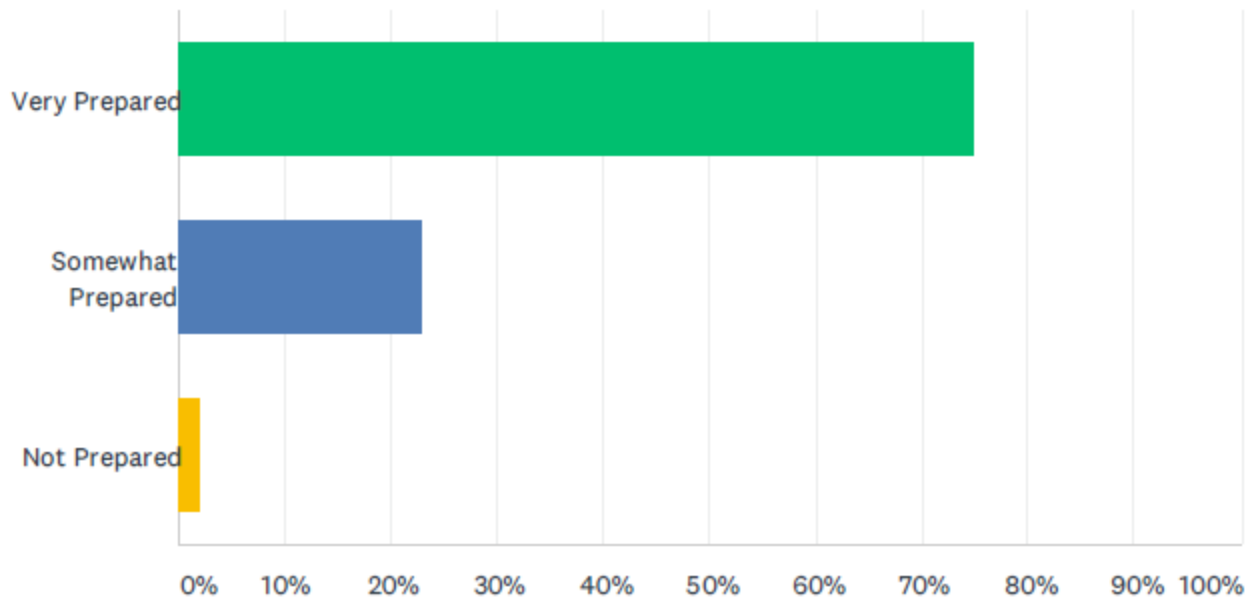
Answered: 48 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Prepared	45.83%	22
Somewhat Prepared	45.83%	22
Not Prepared	8.33%	4
TOTAL		48

Q6 How prepared is your organization to meet ASAM alignment criteria related to treatment planning?

Answered: 48 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Prepared	75.00%	36
Somewhat Prepared	22.92%	11
Not Prepared	2.08%	1
TOTAL		48

Needs and Questions: Answers are based on ASAM criteria and DDAP Requirements

1. An exact breakdown of which groups will count for the 2-2 hour groups that are to occur daily.

All clinical/therapeutic group activity is that which meets a need as identified on a patient's 6-dimensional assessment and is tied to their individualized treatment plan and can be appropriately addressed in group versus an individual session. Please reference pages 251-252, a-l in the ASAM Criteria text to determine what types of issues can be clinically addressed by therapies. There should be a menu of services and modalities; see the 3.5 Self Assessment Checklist.

2. Please encourage DDAP to ensure that they are reviewing policies and guidelines that affect providers ability to partner and to get access to services for their clients.

RA-DAASAM@pa.gov.

Needs and Questions: Answers are based on ASAM criteria and DDAP Requirements

3. It is my understanding that 3.5 need 2- 2 hour groups. Can this be broken up with a 1/2 hour break in between?

IV.A.1: The intent is for 2 groups, that last 2 hours each, totaling 4 hours of group therapy per day. Individualization based upon difficulty sitting can be addressed via a number of ways: allow fluidity in the room, for example, if individuals need to stand, allow them to do so; if some group participants are more comfortable sitting on therapy balls or in bean bags, accommodate them in that way; allow for a 10 minute stretch break that doesn't impede the therapeutic climate of the group, etc.

4. Are CRS considered clinical when providing the 5 hour weekly treatment?

No

Needs and Questions: Answers are based on ASAM criteria and DDAP Requirements

5. Salary for credentialed individuals requires higher rates

PerformCare, CABHC, and TMCA will develop and conduct a provider survey to assess the cost impact of ASAM Alignment requirements for Level 2 Services: 2.1: Intensive Outpatient Services & 2.5: Partial Hospitalization

6. Advocacy regarding feasible ratios for IOP with DDAP

PerformCare can advocate by asking CABHC/TMCA to pass on Provider concerns to DDAP and OMHSAS but we need to know what the concerns are.

Needs and Questions: Answers are based on ASAM criteria and DDAP Requirements

7. Believe it would be beneficial to have more training on different topics, such as: documentation of ASAM based on LOC, how to work with clients that have excessive needs in a certain domain, more risk rating training (the 30 minute training that was provided was very beneficial), etc.