

FAQ REGARDING TRANSITION TO ASAM

11-6-17

(The most recently updated information is indicated in blue font)

1. Why are we transitioning to ASAM when the PCPC was just updated?

- a. In response to the Centers for Medicare & Medicaid Services' (CMS) Medicaid Managed Care Final Rule that was issued last summer, and specifically the provision related to the IMD exclusion (see Question 2 below), Pennsylvania aims to better position ourselves in submitting an 1115 waiver to CMS. In relation to this, we are transitioning from the use of the Pennsylvania Client Placement Criteria (PCPC) to the American Society of Addiction Medicine (ASAM) Criteria as is required by CMS in the 1115 waiver application.
- b. There are several benefits to this transition:
 - The ASAM placement criteria is nationally recognized.
 - Its use will ease financial challenges for Medicaid recipients who may be impacted by the IMD exclusion.
 - The ASAM criteria will complement the new DDAP treatment data system, which is already equipped with the ASAM continuum of care. Limiting customization of the system mitigates the risk of future system maintenance issues.
 - The ASAM is used for placement decisions for adolescents and by many commercial insurance providers to review placement decisions for both adults and adolescents.
 - Use of the ASAM tool will create consistency for providers and payers across the treatment system.

2. What is the IMD (institution for mental disease) ruling?

- a. CMS issued a final rule in May 2016 overhauling the Medicaid managed care delivery system. This rule included a provision that a state may not receive federal financial participation (FFP) for any monthly capitation payments paid on behalf of Medicaid managed care enrollees (ages 21-64) who receive inpatient treatment in an institution for mental disease (or IMD) with a length of stay greater than 15 days during the month.
- b. HealthChoices Behavioral Health Managed Care Organizations (BH-MCOs) provide mental health (MH) and substance use disorder (SUD) treatment for most Medicaid-eligible individuals in Pennsylvania. BH-MCOs have covered the cost of inpatient non-hospital residential SUD treatment and certain non-hospital residential MH treatment as supplemental services and cost-effective alternatives in lieu of services available under the Medicaid state plan. The final rule recognizes the state's authority to use in lieu of services but sets a 15-day per calendar month cap for such services provided in an IMD.
- c. Per CMS, Section 1115 of the Social Security Act gives the U.S. Department of Health and Human Services Secretary authority to approve demonstration projects that promote the objectives of the Medicaid program, are cost effective, and may help mitigate the financial impact of the IMD ruling. This is the waiver referenced in (1a) above.

3. When will this transition occur?

- a. DDAP is developing an ASAM transition plan to implement the change from PCPC to ASAM placement criteria. The plan will include an internal review by DDAP, and the department will solicit input from providers and stakeholders.

FAQ REGARDING TRANSITION TO ASAM

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- b. DDAP will communicate information to stakeholders electronically via its Announcements Page/RSS feed and in face-to-face meetings.
- c. Full implementation is expected by July 1, 2018.

4. How will the differences of the Pennsylvania treatment system be addressed by the ASAM?

- a. There are level of care differences between the PCPC and the ASAM criteria (e.g. defining halfway house services, partial hospitalization hours and intensive outpatient program hours, etc.) that need to be addressed. A workgroup of stakeholders, clinicians, and DDAP staff will crosswalk the two placement criteria and establish appropriate clinical equivalencies reflective of services in Pennsylvania.

5. How will training occur on the ASAM?

- ~~a. DDAP will provide statewide, in-person trainings to meet the need of this transition.~~
- ~~b. DDAP is exploring webinar opportunities to provide some training sessions such as overview training, revision from ASAM 2-R to the 3rd edition, etc.~~
- ~~c. The training plan and schedule will be issued as part of the ASAM Transition Plan. More information will be coming soon. Rev. 11-3-17~~
- a. While DDAP initially planned to create a PA version of ASAM training, copyright restrictions prohibit this. Therefore, the official training entity recommended by ASAM, The Change Companies™, will be providing statewide, in-person trainings to meet the need of this transition.
- b. For those individuals who have not previously received ASAM 3rd Edition training and for whom completion/approval of the ASAM is an essential function of their daily job duties (e.g. counselors, case managers doing level of care determinations, utilization review specialists, i.e., those actively determining authorizations/continued stay reviews), DDAP is requiring the two-day, in-person ASAM, 3rd Edition training.
- c. In order to meet the training demands of the state, treatment system stakeholders (SCAs, BH-MCOs, treatment providers, etc.) are encouraged to work in collaboration to schedule these trainings and to engage in cost-sharing efforts. The Change Companies™ has indicated that they may be able to provide a price reduction if trainings are scheduled as nearby, regional trainings that are scheduled back to back, rather than sending a trainer to locations that span the state and aren't conveniently/strategically planned and located. Information on the Change Companies™ can be found at the following link, including information about the training and how to contact them to schedule training: <https://www.changecompanies.net/>
- d. DDAP and the ASAM Transition Workgroup will continue to identify those nuances unique to the PA system of care, including a comparison of the ASAM criteria and licensing regulations, licensing alerts, and contractual requirements outlined in the DDAP Treatment Manual. These considerations will likely be addressed and communicated through a mandatory but brief online supplemental training. More information will be provided as it becomes available.

FAQ REGARDING TRANSITION TO ASAM

11-6-17

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- e. Individual clinicians or organizations will be responsible for maintaining their own certificates of training completion received from the Change Companies™. DDAP will have no record of attendees or certificates.
- f. If any concerns arise about the delivery/quality of the ASAM trainings, these should be brought to DDAP's attention via RA-DATREATMENT@PA.GOV.

6. What should be done in the interim regarding client placement decisions?

- a. The PCPC should be utilized, as per contract requirements, until the staff receives DDAP-approved ASAM training.
- b. Staff trained in PCPC can continue to use this tool until they receive DDAP-approved ASAM training. If staff have been trained in use of the adult ASAM placement criteria and have been using it in their clinical practice, they may begin using the ASAM criteria for all adult placements, effective July 1, 2017.
- c. DDAP is in the process of creating an ASAM Transition Plan that will include all training details. All clinicians currently using ASAM who have not had DDAP-approved ASAM training (as will be identified in the plan) will be expected to complete it by June 30, 2018.

7. What should be done regarding level of care placement training while waiting for ASAM trainings to be scheduled?

- a. To help ease the burdens of funding and resource time for training on providers, no additional PCPC trainings have been scheduled, since ASAM training is expected to begin soon.
- b. Supervisory staff should continue to review PCPC/ASAM decisions of staff in the interim of receiving appropriate level of care placement training, as noted in the DDAP Treatment Manual, Sections 9.05 & 10.05 "Requirements of Case Management Supervision."
- c. Client care and appropriate placement is critical. DDAP is working diligently to ensure that the field is trained appropriately, and training announcements will be available shortly.

8. With the potential consolidation and the upcoming transition to (WITS) a new data system, isn't this additional burden too much to ask of the treatment field/stakeholders? Can't this switch to ASAM wait?

- a. DDAP understands that the possible unification of DDAP with three other health and human service departments, and the upcoming transition to the new data system have potentially large impacts on the treatment field. This transition from PCPC to ASAM is necessary now because of the pending IMD exclusion rule change. DDAP wants to ensure that individuals seeking treatment get clinically appropriate level and length of care, and that Medicaid recipients continue to have access to appropriate levels of care.
- b. The new data system (WITS) that is being implemented at DDAP is already designed around the ASAM tool.

FAQ REGARDING TRANSITION TO ASAM

11-6-17

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- c. The ASAM is already used both by DDAP in adolescent placements and by commercial insurance reviewers for assessing both adults and adolescents. Converting to this tool will create consistency for providers and payers across the treatment system, and result in fewer requirements for providers and clinicians.

9. What if questions have not been addressed in this document?

- a. More details will be available in the ASAM Transition Plan expected to be released soon.
- b. DDAP will communicate regularly about the process and engage stakeholders.
- c. Additional questions may be submitted to RA-DATREATMENT@pa.gov. In answering these questions, DDAP will update FAQs and post them on DDAP's website <http://www.ddap.pa.gov/pages/default.aspx>.

10. Like the PCPC, in using the ASAM, should incarceration not be considered as clean time when assessing criminal justice clients who are soon to be or who have recently been released from jail or prison?

- a. ASAM has particular considerations for persons in the criminal justice system. While DDAP's philosophy will continue to adhere to the premise that when assessing and applying placement criteria, jail time should not count for clean time. However, a more careful analysis of how the transition to ASAM might impact the placement of these individuals will be decided by the ASAM Transition Workgroup.

11. For those staff who have had no placement criteria training, will there be an interim solution until the full roll-out of DDAP-approved trainings are made available?

- a. Clinical Supervisors must sign off on the LOCs and summary sheets for placement until the staff have completed their ASAM training.
- ~~b. DDAP is currently considering web-based ASAM sponsored training that can be accessed prior to when department developed curriculum / trainings are released. More details about the permissibility of such trainings will be forthcoming. Rev 11-3-17~~
- c. Because the determination has been made for providers to obtain training through The Change Companies™, as of October 26, 2017, interim training is no longer necessary. Treatment system stakeholders (SCAs, BH-MCOs, treatment providers, etc.) are encouraged to work in collaboration to schedule the two-day, in-person ASAM 3rd Edition trainings and to engage in cost-sharing efforts in providing the trainings. Information on the Change Companies™ can be found at the following link, including information about the training and how to contact them to schedule training: <https://www.changecompanies.net/>

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12. Some veteran provider staff were trained in the Adult ASAM many years ago. Will this training suffice, or will they be required to receive training on the current version of the Adult ASAM?

- a. Clinicians who can verify prior ASAM 3rd Edition training will not be required to take full ASAM 3rd edition training, but will likely need to take a DDAP approved, brief, online PA-specific supplemental training once developed. Revised 11-3-17

13. Similar to what we used for the PCPC, will there be a checklist for the ASAM Criteria identifying the level of care?

- a. DDAP's new data system, PA WITS, has an ASAM level of care placement summary sheet built into the user screens. DDAP will not be issuing a separate/different checklist tool, but will be utilizing that which is already in WITS.

14. What will be the cost to providers for using the ASAM materials for level of care placement decisions?

- a. ~~DDAP is currently in the process of working out details for a PA specific, DDAP-supported training. This newly developed training will be included with those currently delivered by the department at no cost to attendees, similar to the PCPC and other DDAP trainings.~~ Rev 11-3-17
- b. ~~Providers who opt to seek an approved outside training prior to the creation/release of the DDAP ASAM training, would need to do so at their own expense. This is not required.~~ Rev 11-3-17
- c. ~~There may be an expense to providers related to purchasing the ASAM Criteria, 3rd edition text. Particulars about this remain unavailable at this time; however, if such is the case, the cost should be manageable.~~ Rev 11-3-17
- d. There may be other opportunities for providers to utilize ASAM tools and resources outside of what is required by DDAP.
- e. ~~In summary, outside of the typical costs for providers to send their staff to DDAP sponsored training and the potential cost of ASAM Criteria books, there are no other costs to be incurred by the provider that have been identified to date/or are expected.~~ Rev Oct. 26, 2017
- f. Because of copyright restrictions published by ASAM following DDAP's initial efforts in planning for the transition from PCPC to ASAM, DDAP has had to make some difficult, but necessary considerations for how to continue with this transition. While the change to ASAM continues to be deemed in the best overall interest of Pennsylvania, modifications to the implementation approach have been necessary. As a result, DDAP must ask its partnering stakeholders (SCAs, BH-MCOs, treatment providers, etc.) to incur the costs that historically have been absorbed by DDAP as training expenses.
- g. The Change Companies™ requires an ASAM Criteria, 3rd Edition Text book for every two persons/agency engaging in the training. This book can be purchased at the following link:
<https://www.changecompanies.net/>
- h. DDAP's new data system, PA WITS, has an ASAM placement summary sheet within its programming for users of the system. As far as user fees, there is no cost for utilizing the ASAM Criteria.

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15. Who is credentialed to do an ASAM criteria assessment?

- a. Those individuals who are identified as qualified by PA Drug and Alcohol Licensing Regulation and/or who are counselors or case managers credentialed by the Pennsylvania Certification Board (PCB) and/or those individuals meeting the staffing requirements outlined in the DDAP Treatment Manual are credentialed to do an ASAM criteria assessment.