

Area of concern	Clarification / Flexibility / change	Example
<p>Understanding Staff Credentialing and Grandfathering</p>	<p>For Counselors who move within different facilities in the same project / organization, grandfathering applies.</p> <p>Counselor Assistants to Counselors to Clinical Supervisors may be a career path within a facility or project/ organization. Individuals continuously employed by the facility or project are considered grandfathered as they are promoted through these clinical positions.</p> <p>Staff will need to meet credentialing requirements if they move to another project / organization.</p> <p>For Case Managers promoted to Counselors, grandfathering does not apply since it is a different job function classification.</p> <p>Evidence of an individual working toward their certification must be logged in their employee file and would include hours worked, hours of supervision, and/or required training. The allowable time to acquire the necessary experience, training, and supervision to qualify for certification varies from 1 – 3 years, depending on the specific certification. After meeting all applicable requirements outlined by the Pennsylvania Certification Board, employees have 1 additional year to become certified. There is no requirement for when the credentialing process must begin, only a requirement for when it must be completed.</p>	<p>Individual is employed by Acadia as a Counselor transfers from an Acadia facility in eastern PA to an Acadia facility in western PA. Grandfathering applies to this counselor.</p> <p>Individual is employed by Pyramid as a Counselor Assistant where they have a clearly defined career path. This individual can be promoted within this career path while at the same Pyramid facility and still be considered grandfathered.</p> <p>Individual employed by Gateway as a Counselor leaves Gateway and takes a job with Gaudenzia. Grandfathering does NOT apply.</p>
<p>IOP Staff ratios</p>	<p>PA regulations require a 1:35 ratio for staff to consumers in outpatient LOC. Without separate regulations for IOP, a specific staff ratio does not exist. Individuals served in IOP receive 9 – 19 hours per week of services that include individual and group sessions, the need for family therapy, and increased re-assessment and adjustment to treatment plans. DDAP has established a 1:15 ratio for staff to consumers in IOP. The Department will consider other staffing ratios if a provider can show how appropriate,</p>	<p>Example of blended case load: If a counselor spends 60% of time providing IOP services and 40% providing OP services, that counselor could have 9 IOP clients and 14 OP clients, for a total of 23 clients.</p> <p>60% of 15 = 9 IOP clients 40% of 35 = 14 OP clients 23 total clients</p>

	<p>individualized, intensive services can be provided with higher caseloads.</p> <p>Providers may utilize staff in both outpatient and IOP programs and calculate a ratio by a percentage of time served in the delivery of blended services. (Refer to the example in the next column.)</p>	
Addressing concerns regarding Clinical Service hours in residential 3.5 / 3.7	<p>Within the 3.5 / 3.7 LOC: Providers have the flexibility to provide clinical/therapeutic services in a way that best meets the needs of the individual, as long as the services are being provided 6-8 hours per day, every day.</p> <p>Clinical/psychotherapeutic services must be related to the individual treatment plan &amp; referenced in the progress notes. Services should include:</p> <ul style="list-style-type: none"> <li>• Individual therapy</li> <li>• Group therapy - length and frequency to meet the needs of the population served</li> <li>• Family therapy / family activities</li> <li>• Therapeutic recreational activities and interventions - may be facilitated by non-clinical staff such as counselor aides or behavioral health technicians</li> </ul> <p>The Department will consider other service delivery schedules if a provider can show how appropriate, individualized, services can be provided within the residential setting.</p>	
Psychiatric hours in Partial Hospitalization Programs	<p>Partial Hospitalization Programs (PHP) provide intensive clinical services (20 hours or more per week) to individuals who frequently have medical, emotional, and/or behavioral conditions. Not all programs will have medical or psychiatric services on site but must be able to access those services through a consultation or referral arrangement to address participants needs. Medical and psychiatric consultation should be available within 8 hrs. by phone and 48 hrs. in person.</p> <p>Mid-Level Practitioners (such as a CRNP or PA) can provide psychiatric services that are within their scope of practice, training, and supervision.</p>	<p>Example: A PHP may partner with another provider for necessary psychiatric services. If a client is identified as having current psychiatric concerns, staff of the PHP would be able to access a phone consultation within 8 hours to address the client need. If it is determined that an in-person appointment is necessary, the PHP may arrange for the person go to the other clinic to access those services within 48 hours. Those services may be through a contract with the Psychiatrist or an agreement to accept referrals meeting the required time frames.</p>
ASAM alignment for Adolescent Services	<p>Current efforts for aligning services with ASAM do not apply to adolescent services. SCAs may work with providers to establish rates for 3.7 services for adolescent programs without a designation of 3.7 alignment from DDAP.</p>	

<p>Clarification for required trainings</p>	<p>Foundational knowledge by 7/1/2021 for Stages of Change and Motivational Interviewing is noted in the Addendum Document of PA Specific Expectations. Foundational knowledge does not have to be through a DDAP approved training and can be gained through online trainings, independent readings, provider developed in-house guidance or instruction.</p> <p>Stages of Change and Motivational Interviewing are not two separate trainings required by DDAP. The Stages of Change Model is embedded in several DDAP-approved trainings Case Management, Addictions 101, Treatment Planning and ASAM Criteria training.</p> <p>Clinical Supervisors will have until 7/1/2023 to complete DDAP Approved Motivational Interviewing Training if they have not had formal instruction in this area.</p> <p>Other Clinical Staff will have until 7/1/2026 to complete a DDAP approved Motivational Interviewing Training if they have not had formal training in this topic.</p> <p>Case managers should follow the training requirements outlined in DDAP's Case management and Clinical Services Manual.</p>	
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