1. DDAP’s target goal for the transition to ASAM remains July 1, 2018. However, due to the challenges that exist in training a treatment system as large as PA’s and the constraints of having only one training provider, the timeline for full implementation will likely be extended.

2. In the meantime, all providers and SCAs should continue to work toward the target date of July 1, 2018. Providers and SCAs that have had difficulty scheduling training for all applicable users of the ASAM Criteria should make every attempt to send key staff, especially supervisors, to the 2-day in-person training by July 1, 2018, with other staff to be trained later.

3. DDAP will continue to monitor field training progress before July 1, 2018, and will offer updates regarding expectations and the transition as we move closer to July.

4. DDAP continues to receive questions about the timeline for the completion of the crosswalk that identifies PA’s levels of care with the ASAM Criteria and described services.
   a. Some of these intricacies are tied to licensing requirements and contractual agreements. Therefore, this work is best completed by DDAP with the help of its stakeholders and in consultation with experts in the field, such as Dr. Mee-Lee, as well as attending the Train for Change two-day Training, which DDAP has done. Therefore, this project requires both internal DDAP efforts and the work of the ASAM Transition Workgroup occurring simultaneously.
   b. DDAP expects to have a draft crosswalk completed for the Transition Workgroup to review on March 6. After March 6, additional stakeholders will be asked to review the draft before finalization. Barring any complications, we hope that by the end of March or mid-April, a finalized crosswalk will be available for the field.

5. No levels of care currently in existence in PA will be eliminated because of the transition to the ASAM Criteria. While ASAM is a guide for placement and overall clinical care, the description of service delivery will continue to be determined by regulatory requirements outlined in the PA licensing requirements, and as defined by DDAP in its contractual agreements (Treatment Manual, Operations Manual, etc.).

6. For those levels of care in which there may be a need for additional clarification and definition of services as they apply to PA, DDAP will create an ASAM Application Addendum that will be available as an adjunct webinar or reference guide.

7. The transition to the use of the ASAM Criteria is a system transformation that will take time. Not only will the guidance described with the Criteria be used to assist with level of care placement, but it will also change how care is delivered overall. This aspect of the transformation will involve dialogue with many facets of the treatment system, require training in other aspects of service delivery and care planning, etc.

8. With regard to differences in the way service delivery is described in the ASAM (i.e., the extension of service hours per level of care), DDAP expects that this will be a part of the transition, but that it will not occur on the July 1, 2018 date. Rather, DDAP must engage treatment provider stakeholders, SCAs, and BH-MCOs regarding this aspect of the transition to ensure that impacts to staffing, service provision, and payment are all carefully considered prior to implementation. Therefore, while we will be working towards aligning the level of care descriptions with ASAM, this part of the transformation will occur after July 1, 2018.
9. Regarding coverage of the costs of training, DDAP continues to encourage cost sharing among stakeholders. Please refer to DDAP’s website for a listing of upcoming trainings. (Please note, unless a provider is sharing in the expense of the ASAM 3rd Edition, two-day training, it is not the expectation that SCAs or BH-MCOs fiscally support training for providers who do not hold SCA contracts/accept MA payment).

10. The use of the ASAM Criteria does not present any new or unexpected issues related to Pa. Code § 255.5 or 42 CFR Part 2. As has been the case with the use of ASAM Criteria for placement of adolescents, with signed consents, the necessary information sharing may occur.

11. Use of the ASAM Criteria meets the requirement of Act 152 of 1988. This is illustrated, for example, by the long-term (and only) use of ASAM Criteria for the placement of adolescents, rather than the PCPC. In addition, considerations for application are currently under development by DDAP to ensure applicability to PA’s system of care (see item 6 above).