

## **Pennsylvania's Transition to ASAM (3-23-18)**

Pennsylvania has a robust SUD treatment system that includes the full continuum of care that includes about 800 licensed providers. Since 1996, the Pennsylvania Client Placement Criteria (PCPC) has been utilized to determine level of care (LOC) placement for adults; however, due to various reasons, DDAP had determined to transition to the ASAM Criteria. This transition is not simply a change from one placement tool to another, but will accomplish several objectives for improved overall services to individuals with a substance use disorder (SUD) over time:

- It will move our delivery of SUD services from being program-defined to individually driven. Rather than providing treatment for a set number of days or by a pre-determined programmatic outline, services will occur as determined by client need, resulting in a much more person-centered approach to care.
- With this shift to an increased person-centered approach, care will less likely be driven by providers or by payers, rather by what needs an individual presents and by what services and how much time are required to address those needs. This will assist our system in moving toward more appropriate levels of care and lengths of stay and provide an evidence-based mechanism for achieving this. This not only is a sound approach for how care is delivered to individuals in general and especially those who are publically funded (MA and SABG), but in the long run will result in greater fiscal accountability and improved use of public dollars when care is delivered by client-need.
- The transition to ASAM will assist our system in becoming one that has an increased focus on the delivery of services using evidence based programming, with a focus on data-driven approaches to clinical methodologies and the use of proven practices, thus improved care.

With just a few of the system-wide benefits noted above, it becomes clear that, over time, the transition to ASAM will strengthen the way services are delivered and is the right thing to do. While this transition to a focused and improved way of providing services will need to occur over time, our system needs to begin somewhere, thus DDAP has issued a target date of July 1, 2018 for using The ASAM Criteria for LOC determination. Many of the other system changes that will result from the transition to ASAM will occur as a process rather than a point-in-time event. This transition will not occur absent of our stakeholders, in fact, input from Single County Authorities, treatment providers and clinicians, and payers will occur as the transition process continues.

The ASAM is a clinical guide that does not supercede the state's regulatory authority or DDAP's determination of contractual requirements, etc.

The following work-in-progress timeline provides an overview of some of the next steps for transition:



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**July 1, 2018**

### **ACTIVITY TO DATE and GOALS AND OBJECTIVES to be completed by JULY 1, 2018:**

- In support of PA's 1115 Waiver Project, for the use of Medical Assistance dollars for SUD treatment, assessors and programs will need to utilize the ASAM Criteria for LOC determination.
- February 2017: DDAP announced the decision to transition from the PCPC to the ASAM Criteria as a LOC placement tool.
- February – present: DDAP began internal planning for the transition, including the formation of an ASAM Transition Workgroup, planning for interim assessing and training.
- March 2017: Began to develop a more generalized process for keeping the field abreast of the transition.
- April 5, 2017: Issued the first ASAM Frequently Asked Questions (FAQ), with periodic updates provided on the DDAP website.
- April 5, 2017: Announced an email account by which the field could present transition questions to DDAP.
- Spring – late summer 2017: Became aware of the ASAM copyright restrictions. Had several meetings (internal, ASAM, CMS) in attempt to work through PA's training issue.
- October 2017: Notified the field that ASAM training could only be provided by Train for Change (TfC).
- January – July: trainings in the field with TfC of essential clinical staff, especially supervisors and assessors.
- April 2018: DDAP to finalize its draft crosswalk of ASAM to services.
- DDAP/DHS meetings regarding transition
- Increase availability of evidence based trainings (CBT, MI)
- July 1, 2018: Use of ASAM for LOC determination by all publicly contracted providers, especially for MA individuals.
- On or before July 2018: Release of the PA Supplemental Training/ASAM Application Guidance.
- **Note: While the field will begin to utilize the ASAM Admission Placement Criteria beginning July 1, 2018, all other facets of programming (program hours, staffing requirements, timing of treatment plan reviews, etc.) will remain the same until future notification from DDAP.**

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### DECEMBER 31, 2018

#### GOALS AND OBJECTIVES to be completed by December, 2018

- Continue to train essential staff on ASAM.
- Begin discussions with SCAs, treatment providers regarding changing service descriptions (timeframes, staffing patterns, unbundling of services, etc.) to more fully examine impact to staffing, service provision, contracting, etc. to prepare for contracting changes in SFY 19.
- July 2018: Convene a training subcommittee to discuss what other relevant training topics are necessary for ASAM transition (e.g., treatment planning, co-occurring, MAT, interventions for special populations, clinical supervision, etc.). Begin planning for the provision of ongoing training of the field, post LOC implementation.
- July 2018: Convene a DDAP/DHS/stakeholder workgroup to address improving the provision of integrated services and/or the revitalization of co-occurring capable and co-occurring enhanced services.

### July 2019

#### GOALS AND OBJECTIVES to be completed by July 2019

- SCA and provider contracts begin to reflect ASAM components and language for the use of commonwealth issued funds to the SCAs.
- Implementation of enhanced or additional topical trainings needed for ASAM transition.
- Statewide assessment of ASAM implementation and status; identification of gaps in implementation and development of strategies to address.

Note: This timeline is published as a draft document because the need for additions or deletions may arise as implementation of the ASAM transition progresses. Updates will be identified by a change in date.