

DDAP Monthly Technical Assistance Series
Clinical Services- Conversations with Scott Boyles
Question and Answers
07/01/2024

Q: What are the credentials that's needed?

A: DDAP is working on a document for credentials of a counselor and will post it to the ASAM Transition Page upon completion.

Q: The clinical services can be done by a nurse as well?

A: The ASAM Criteria refers to clinical services, clinically managed services, and clinicians throughout the text in various contexts, covering biomedical, emotional, cognitive, and behavioral characteristics.

During July's webinar, we narrowed the term to provide further guidance about the role of the counselor when comparing clinical services to skilled treatment services. The ASAM Criteria 3rd Edition doesn't define clinical services, but it does define Clinically Managed services which coincide more with services provided by a counselor. A clinician, on the other hand, is defined in the ASAM Criteria as a health professional including a physician or nurse.

According to Pennsylvania regulations, specifically Chapter 704.7, registered nurses (RN) with a degree from an accredited nursing school and one year of counseling experience, preferably a drug and alcohol setting, can qualify as a counselor. (Per DDAP'S Alert 03-2024, the degree and clinical experience requirement are waived for registered nurses. [2.9.24 - Act 66 Licensing Alert.pdf \(pa.gov\)](#)) As per DDAP guidance, anyone hired prior to July 1, 2021 is given legacy status and can continue to perform the duties without further credentialing, as long as they are performing their job functions within the scope of the regulatory requirements. Questions pertaining to the regulations can be directed to DDAP's Licensing Division at ra-licensuredivision@pa.gov.

The ASAM Criteria refers to clinical services in some levels of care, including 3.7, 3.7WM, and 4.0.; however, in the context of the text, those services are primarily medical in nature. In that context, those clinical services could be provided by a nurse. Those services do not include individual or group therapy but may include education related to medical matters. All staff members should be performing their job functions within their respective scope of practice.

We recommend every provider review the ASAM Criteria for the level or levels of care for which they provide services to get a better understanding of what each level entails.

Q: Interested in your thoughts on combining levels of care in group- for example, having PHP and IOP patients in the same group together, IOP and OP patients in the same group together, since these are different ASAM levels of care, different ASAM criteria, etc. it doesn't seem that this would be appropriate however I'm hearing of providers in the field doing this, so curious how this practice would align/not align with the ASAM guidance?

A: The ASAM text provides guidance for hours of structured programming for ambulatory levels of care. There is nothing in the text which would identify a conflict for individuals participating in different levels

of care from taking part in the same groups as appropriate. This may provide a more robust selection of groups to choose from, thus, individualizing services based on need rather than a specific level of care.

Q: Will we be addressing the documentation of the ASAM summary in future meetings with DDAP?

A: Continue to follow the established protocols for providers contracting with an SCA: A discharge ASAM Summary sheet should be completed when someone has completed their entire treatment episode. If they are transferring to another level of care, an admission ASAM Summary Sheet should be completed and forwarded.

DDAP will continue to collaborate with DHS on a joint protocol. Meanwhile, check with respective Behavioral Care Managed Care Organizations for specific protocols.