| Commment | Stakeholder Name & Affiliation | Department Response |
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| **Staffing** | | |
| The staffing should include certified counselors such as CSC/CAC's to be full time on-site supervisor. | Comments received: 14 | The original language that was proposed unintentionally restricted the counselor position as if it were the clinical supervisor position. This language has now been clarified and provides a pathway for programs to employ certified counselors in the role of the full time on site counseling position. |
| The staffing requirements of the licensed and/or certified staff should be for the "program" and not for each "facility". | Bryce Hudak, LCSW-C - UPC Inc. Recovery Network<br>Sean Augustus, Sr. CSC-AD, RPS - Director of Admissions- UPC, Inc. Recovery Network<br>Kim Wireman, LCSW-C, LCADC - President/CEO - Powell Recovery Center, Inc.<br>Amanda Schlossberg, LCPC, NCC - Clinical Supervisor/Mental Health Therapist<br>Christina Trenton LCSW-C, CAC-AD - Chief Operating Officer- Wells House, Inc | The Department agrees with these comments and has replaced "facility" with "program" to clarify that the staffing requirements are for the program as a whole not for each individual "facility". |
| The proposed regulations appear to not allow properly supervised trainees (ADT) to provide the clinical services. Trainees should be allowed in an effort to have all levels of certified counselors an integral part of III.1 treatment. | Greg Warren, MA, MBA - Regional Director, Gaudenzia, Inc.<br>Jennifer Hodge, LCPC-S - Clinical Director- The Ranch | Trainees may be used in the delivery of the 5 hours of therapeutic services, but they may not serve as the 40 hour per week on-site certified/licensed counselor. |
| Peer Support phased in over a year so that existing house managers can be credentialed as Peer Recovery Specialists (PRS). | Greg Warren, MA, MBA - Regional Director, Gaudenzia, Inc.<br>Jennifer Hodge, LCPC-S - Clinical Director- The Ranch | The regulations do not require certification for peers. BHA continues to work with the peer support community and will provide more suggestions on use of peers and qualifications of peers through provider alerts and provider manual, but certification of peers is not required in these regulations. |
| The staffing requirement of 15:1 counselor/client ratio seems too low based on the expected stability of the patients at that level of care. Counselors can increase the client ratio based on the lower level of clinical services needed. Our suggestion is that counselor ratios should be guided by what has been successful at substance use outpatient programs and that a specific counselor/client ratio should not apply. | Greg Warren, MA, MBA - Regional Director, Gaudenzia, Inc. | Counseling ratios are set within 10.47 and 10.63. The Medicaid regulations do not govern ratios, however, Programs must staff up based on licensing and scope of practice with a reasonable number of staff to support the overall services. Each individual in care must receive the minimum services throughout their weekly stay – the staffing supplied here is the minimum. In general, a counselor, 40 hours per week should not have a case load that would exceed a reasonable ability to provide the quality of care needed to serve individuals in recovery. |
| **Service Rules** | | |
| ASAM specifically states that “the residential component of Level 3.1 programs also can be combined with intensive (Level 2.1 ) outpatient services for individuals whose living situations or recovery environments are incompatible with their recovery goals, if they otherwise need dimensional admission criteria for intensive outpatient care. This should be an administration consideration, rather than an outright rejection as it has been thus far. | Christina Trenton LCSW-C, CAC-AD - Chief Operating Officer- Wells House, Inc<br>Jennifer Hodge, LCPC-S - Clinical Director- The Ranch | ASAM Level 1 SUD counseling is allowable under this model which consists of group and individual therapy. If an individual is not thriving in the level 3.1 between the 3.1 supportive environment and level 1 outpatient counseling services, then the provider should transition the individual to level 3.3 or 3.5 as appropriate to access higher intensity of services. |
| Define “therapeutic activities” in the definitions. Is it the intent that programs provide clinical treatment or just ADL’s, life skills, educational programming, recreational programming, etc. | Christina Trenton LCSW-C, CAC-AD - Chief Operating Officer- Wells House, Inc<br>Jennifer Hodge, LCPC-S - Clinical Director- The Ranch | Therapeutic activities may include clinically run and non-clinically run services that support the individual recovery plan for each resident. Activities need to be documented in the resident’s clinical record. (i.e. meditation services with the goal of managing cravings; peer support that promotes connection to services once the |

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| | Greg Warren, MA, MBA - Regional Director, Gaudenzia, Inc. | individual is outside the residential setting/stepping down) |
| Can part of the specified 5 hours of care take place outside of the 3.1 location ? For example, a lot of workforce development takes place off site at job centers, will this be included in the 5 hours of care a week? In order to meet the needs of the patient, the regulations should speak to allowing all or part of the 5 hours to take place in other settings. | Christina Trenton LCSW-C, CAC-AD - Chief Operating Officer-Wells House, Inc | Therapeutic and supportive services must be provided in the residence in which the individual resides to promote an environment that supports recovery and resilience. This clarification will be added to the provider manual. The minimum of 5 hours per week in house does not preclude additional supportive efforts that may occur in transitioning an individual from the 3.1 level of services into the community. In addition, at this level of care, an individual requiring additional counseling is able to receive level 1 counseling services outside the facility. |