



Substance Abuse Prevention and Control Program (SAPC)

DMC-ODS Waiver Webinar





Applying the ASAM Criteria to Level of Care Designation for Substance Use Disorder Treatment Facilities

November 12, 2015





Purpose of this Webinar

- Provided clarity on the ASAM residential level of care designations.
- A discussion of use of the ASAM criteria as a framework for formal designation of a facility's level of care.
- How to complete the DHCS ASAM Residential Level of Care Designation Questionnaire.
- Brief discussion of some other aspects of DMC-ODS waiver implementation.



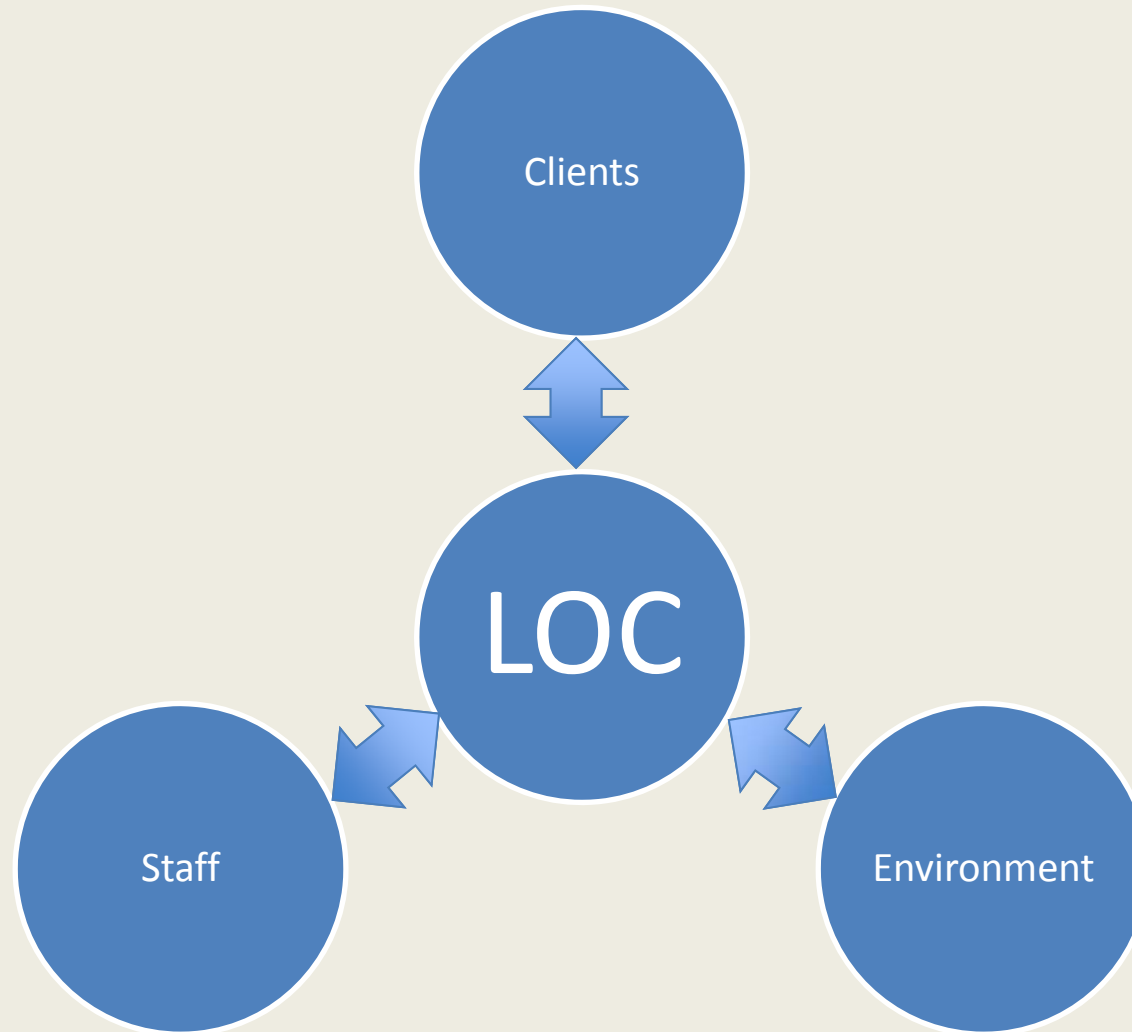
Why the Questionnaire?

- The Waiver really is organizing the SUD field in California.
- The make up of the provider system today reflects a history of organic growth over the past 40 years.
- We have come a long way since the days of abstinent character restructuring but the system is still disjointed and growth has not always been based on population health data.
- Level of care will not be only a clinical concept but an administrative one as well and, in part, a determinant of reimbursement.



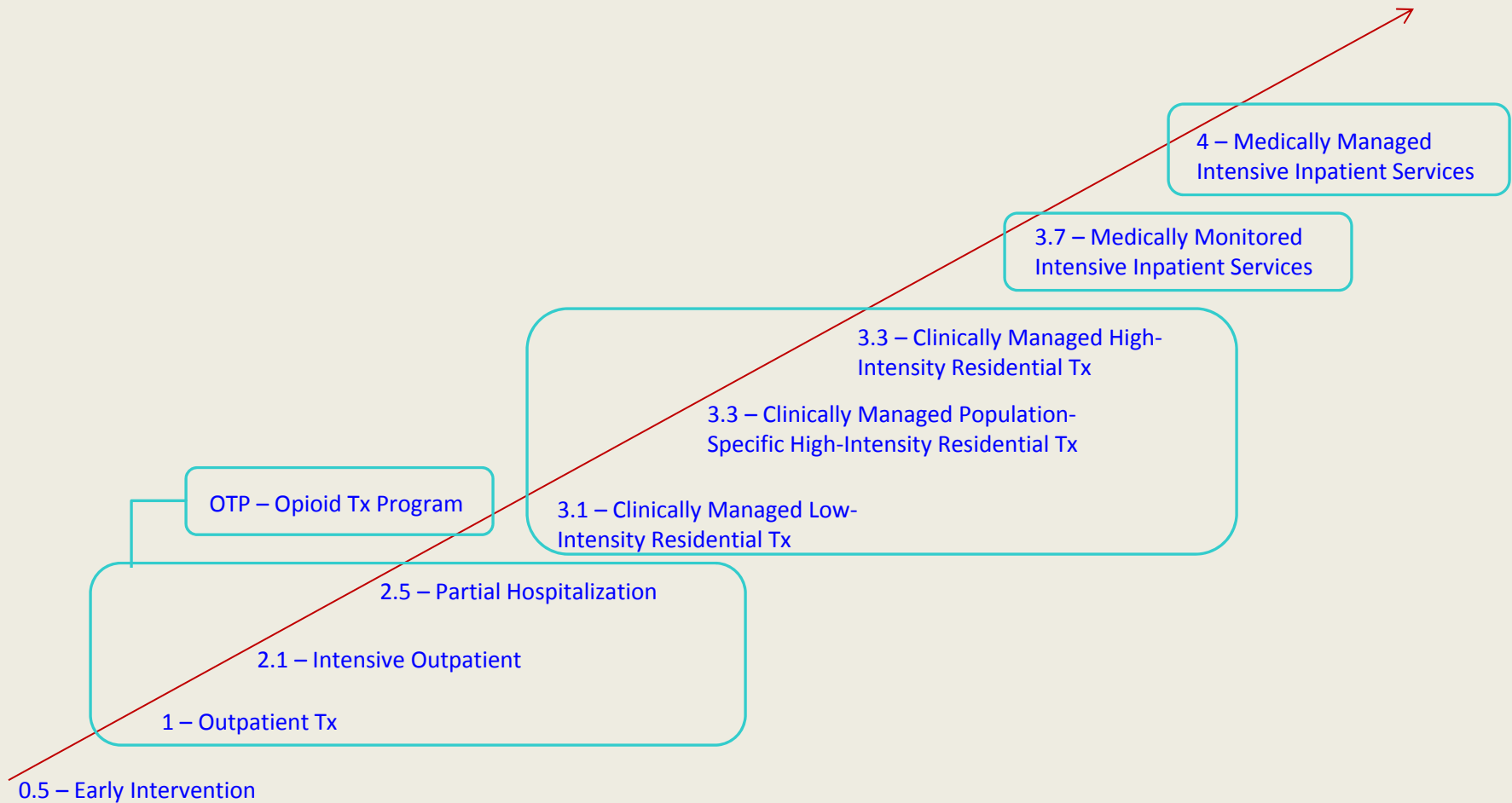
What Defines a Level of Care?

- Clients
 - As defined by ASAM assessment dimensions.
 - As diagnosed under DSM-IV or -5.
- Treatment Environment
 - Outpatient
 - Residential
 - Hospital
- Staffing/Services
 - Scope, Duration & Intensity
 - Counseling vs. Therapy
 - Medical Interventions





ASAM Levels of Care





ASAM Approach to Medical Necessity

Defined by the extent and severity of problems in the six multi-dimensional assessment areas.

- 1) Acute intoxication and/or withdrawal potential.
- 2) Biomedical conditions and complications.
- 3) Emotional, behavioral or cognitive conditions and complications.
- 4) Readiness to change.
- 5) Relapse, continued use or continued problem potential.
- 6) Recovery/living environment.



Medi-Cal Approach to Medical Necessity

- Diagnosis
 - Is an SUD present?
- Impairment
 - What is SUD severity in terms of its impact on the client's life?
- Intervention
 - What is the best course of treatment?



Diagnosis

- The individual receives an SUD diagnosis consistent with criteria described in the current edition of the Diagnostic and Statistical of Mental Disorders Service Manual (DSM).
- DSM-5, not yet used in Medi-Cal funded SUD treatment, moves away from the dichotomous abuse/dependence approach to diagnosis to a more finely graduated determination of SUD-related impairment.



Impairment Under the DSM

The individual has at least one of the following impairments as a result of the included diagnosis:

1. Recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home;
2. Recurrent substance use in situations in which it is physically hazardous;
3. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance;
4. Tolerance;
5. Withdrawal;
6. Substance is often taken in larger amounts or over a longer period than was intended;
7. Persistent desire or unsuccessful efforts to cut down or control substance use;



Impairment Under the DSM

7. A great deal of time spent in activities necessary to obtain the substance, use the substance, or recover from its effects;
8. Important social, occupational, or recreational activities given up or reduced because of substance use;
9. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by the substance; and/or
10. Craving or a strong desire or urge to use a specific substance;
11. Recurrent substance-related legal problems. (*DSM-IV*)

SUD Severity –

Moderate = 2-3 criteria

Severe = 4 or more



Intervention

The service meets both of the following intervention criteria:

1. The focus of the proposed intervention is to address the condition identified, considers the biological, psychological, developmental, and social needs of the individual, and is consistent with accepted standards and practices for the treatment of SUD.

2. An expectation that the proposed intervention will do one of the following:
 - a) Significantly diminish the impairment(s);
 - b) Result in safe and medically appropriate detoxification;
 - c) Develop increased acceptance of the need for treatment and/or recovery;
 - d) Attainment of knowledge and abilities to promote and maintain abstinence and recovery;
 - e) Increase access to resources that promote improvement in health, wellness, and recovery; and/or
 - f) If left untreated or a lower level of intervention is used, there would be reasonable probability that significant impairment would occur.



Definition of Terms

- Clinically Managed
- Medically Monitored
- Medically Managed



Definition of Terms

- **Clinically managed**: Directed by non physician addiction specialist rather than medical personnel.

Appropriate for individuals whose primary problems involve emotional, behavioral, cognitive, readiness to change, relapse or recovery environment concerns.



Definition of Terms

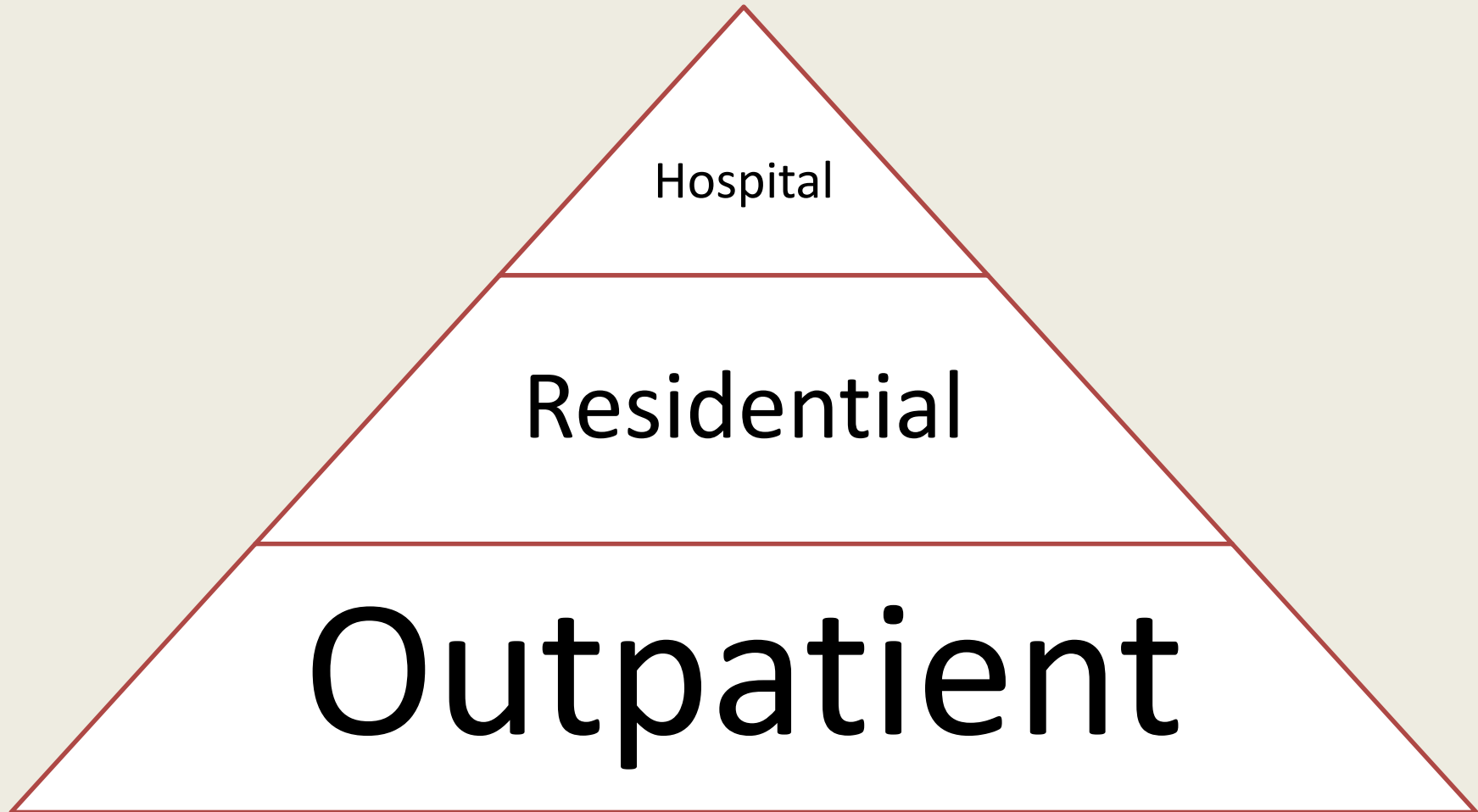
- **Medically Monitored**: Services provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialist and other health care personnel under the direction of a licensed physician.

Medical monitoring is provided through a mix of direct patient contact, review of records, team meetings, and 24 hour availability of a physician



Definition of Terms

- **Medically Managed**: Services that involve daily medical care, where diagnostic and treatment services are directly provided an/or managed by an appropriately trained and licensed physician.
 - Frequently provided in a licensed Acute Care Facility but also under the DMC-ODS Waiver, CDRHs and Free Standing Psychiatric Hospitals.





Residential Services– Level 3.1

Planned, and structured SUD treatment/recovery services that are provided in a 24-hour residential care setting with patients receiving at least 5 hours of clinical services per week.

- Facility – Supportive living environment with 24 hour staffing.
- Community setting, not institutional.
- Direct affiliations or referral linkages with other levels of care.
- Referrals to other services (housing, employment, education, etc.)
- Ability to arrange for necessary medical procedures and pharmacotherapy.



Residential Services– Level 3.1

Staff

- “Level 3.1 programs are staffed by:”
 - A team of appropriately trained and credentialed medical, addiction and mental health professionals.
 - Clinical staff knowledgeable about the biopsychosocial dimensions of SUDs and their treatment and able to identify signs and symptoms of acute psychiatric conditions.
 - Allied Health professionals (counselor aides or group living workers).



Residential Services– Level 3.1

Services

- “Therapies offered by Level 3.1 programs include;”
 - Planned clinical activities (minimum 5 hours/week of professionally directed treatment).
 - Counseling and clinical monitoring
 - Motivational enhancement and engagement strategies
 - Recovery support services
 - Random drug screening
 - Addictions pharmacology
 - Monitoring of client medication adherence.
 - Services for client’s family and significant others.



Residential Services– Level 3.3

Clinically Managed, Population Specific, High-Intensity Residential Services.

- In a 24-hour structured living environment with high-intensity clinical services for individuals with significant cognitive impairments.
 - An example is a therapeutic rehabilitation facility or a traumatic brain injury program.
- Facility
 - Freestanding licensed facility located in a community setting.
 - Specialty unit within a licensed health care facility.



Residential Services– Level 3.3

- Level 3.3 programs are staffed by:
 - Physicians or physician extenders and appropriately credentialed MH professionals.
 - Clinical staff knowledgeable about the biopsychosocial dimensions of SUDs and their treatment and able to identify signs and symptoms of acute psychiatric conditions.
 - Allied Health professionals (counselor aides or group living workers).
 - One or more clinicians with competence in SUD treatment are on-site or available by phone 24 hours a day.



Residential Services– Level 3.3

- Clients
 - Functional limitations due primarily to cognitive impairments related to an SUD or co-occurring MH disorder.
 - The level of impairment is such that outpatient strategies are not feasible or effective and
 - Make it unlikely that the client could benefit from a 3.1 level of care.
 - Cognitive impairment may result in problems in interpersonal skills, coping or comprehension.
 - Impairment can be temporary or permanent.



Residential Services– Level 3.3

Services

- Everything in Level 3.1 plus –
 - Services are designed to accommodate the cognitive limitations frequently seen in this population.
 - “A range of cognitive, behavioral and other therapies . . . adapted to the patient’s developmental stage and level of comprehension.”
 - Daily scheduled professional addiction and mental health treatment.
 - Clinical and didactic motivational interventions.
 - Clinical program activities designed to stabilize and maintain the stability of the patient’s addiction symptoms.



Residential Services– Level 3.5

Clinically Managed, High-Intensity Residential Services.

- 24-hour structured living environment with high-intensity clinical services for individuals who have multiple challenges to recovery and require a safe, stable recovery environment combined with a high level of treatment services.
- Facility
 - Freestanding licensed facility located in a community setting.
 - Specialty unit within a licensed health care facility or correctional setting.



Residential Services– Level 3.5

Services

- Basically everything in 3.3 but with a greater emphasis on:
 - Family and community reintegration;
 - Amelioration of more severe functional impairments;
 - Adjusting the pace and content of services to client capacity; and
 - Co-occurring MH impairments.



Residential Services– Level 3.5

Level 3.5 programs are staffed by:

- Licensed or certified clinical staff such as SUD counselors, social workers and licensed professional counselors.
- Clinical staff knowledgeable about the biopsychosocial dimensions of SUDs and their treatment and able to identify signs and symptoms of acute psychiatric conditions.
- Allied Health professionals (counselor aides or group living workers).
- One or more clinicians with competence in SUD treatment are on-site or available by phone 24 hours a day.



Residential Services– Level 3.5

Clients

- Tend to demonstrate:
 - Greater impairment in terms of client comprehension, developmental stage;
 - The existence of multiple functional limitations; and
 - Co-occurring sub-SMI mental disorders.



Inpatient Services– Level 3.7

Medically Monitored, High-Intensity Inpatient Services. 24-hour, professionally directed medical monitoring and addiction treatment in an inpatient setting.

- Facility- Licensed Health Care, CDRH or Psychiatric Facility



Inpatient Services– Level 3.7

- Staff-
 - Interdisciplinary staff: Physicians, nurses, social workers, licensed/certified MH and SUD Counselors
 - Licensed Physician oversees the treatment process and assures the quality of care
- Services-
 - Daily clinical and professional services directed at stabilizing the acute MH/SUD crisis
 - Best practices to include cognitive-behavioral therapies
 - Daily treatment to manage biomedical issues
 - Physician monitoring and nursing care



MHSUDS Information Notice No.: 15-035

- AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) DESIGNATION FOR RESIDENTIAL FACILITIES – 08-26-15
 - The [ASAM Questionnaire](#) is designed to determine the ASAM level(s) of care that is provided by each facility and DHCS is requesting the facility to return the completed questionnaire to DHCS within 30-days of the receipt of the notification. DHCS will conduct a follow-up call with each designated facility representative to discuss the responses on the tool and will determine the appropriate provisional ASAM designation level(s) for the facility based on the facility's responses. A revised license will be sent to each facility, which will reflect the provisional ASAM designation(s).



DHCS American Society of Addiction Medicine (ASAM) Residential Level of Care Designation Questionnaire

The Department of Health Care Services (DHCS) is designating the ASAM level of care for all licensed residential treatment facilities. In order to make this determination, the following questionnaire is required to be filled out for each licensed facility.

Program/Facility Name: _____
 Facility Address: _____
 City/State/Zip: _____
 License Number: _____
 Treatment Capacity: _____

Please refer to the attached glossary for definition of terms.

SETTING	
(1)	Check all that apply: <input type="checkbox"/> The program is a DHCS licensed residential treatment facility. <input type="checkbox"/> The program is located in/or adjacent to a specialty unit within a licensed health care facility capable of providing a higher level of care. For example, the program is located in a hospital.
SERVICES	
(1)	Are 24hr supportive services available to residents? <input type="checkbox"/> Yes <input type="checkbox"/> No
(2)	Does the program provide the following counseling services?
	<input type="checkbox"/> Individual Counseling Sessions - If yes, on average, how many hours per resident per week? _____ hours
	<input type="checkbox"/> Group Counseling Sessions - If yes, on average, how many hours per resident per week? _____ hours
	<input type="checkbox"/> Educational Counseling Sessions - If yes, on average, how many hours per resident per week? _____ hours

	<input type="checkbox"/> Co-Occurring (CO) and Mental Health (MH) Treatment Services - If yes, on average, how many hours per resident per week? _____ hours																																																																											
(3)	<p>Please indicate program staff conducting each service. Check all that apply:</p> <table border="1" data-bbox="402 373 1305 1003"> <thead> <tr> <th>License or Certification/Registration</th> <th>Individual Counseling Sessions</th> <th>Group Counseling Sessions</th> <th>Educational Counseling Sessions</th> <th>CO/MH Treatment Services</th> </tr> </thead> <tbody> <tr><td>PSY</td><td></td><td></td><td></td><td></td></tr> <tr><td>LCSW</td><td></td><td></td><td></td><td></td></tr> <tr><td>LMFT</td><td></td><td></td><td></td><td></td></tr> <tr><td>LPCC I</td><td></td><td></td><td></td><td></td></tr> <tr><td>LPCCII</td><td></td><td></td><td></td><td></td></tr> <tr><td>RN,NP,NPI</td><td></td><td></td><td></td><td></td></tr> <tr><td>PA</td><td></td><td></td><td></td><td></td></tr> <tr><td>IMF</td><td></td><td></td><td></td><td></td></tr> <tr><td>ASW</td><td></td><td></td><td></td><td></td></tr> <tr><td>PCCI</td><td></td><td></td><td></td><td></td></tr> <tr><td>RPS</td><td></td><td></td><td></td><td></td></tr> <tr><td>PSB</td><td></td><td></td><td></td><td></td></tr> <tr><td>Registered AOD Counselor</td><td></td><td></td><td></td><td></td></tr> <tr><td>Certified AOD Counselor</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	License or Certification/Registration	Individual Counseling Sessions	Group Counseling Sessions	Educational Counseling Sessions	CO/MH Treatment Services	PSY					LCSW					LMFT					LPCC I					LPCCII					RN,NP,NPI					PA					IMF					ASW					PCCI					RPS					PSB					Registered AOD Counselor					Certified AOD Counselor				
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(4)	<p>Please attach a weekly schedule of services with the individual, group, educational and/or other treatment services labeled, in order to validate the service hours listed above.</p>																																																																											
POPULATION SERVED																																																																												
	<p>Please identify the percentage of population served in each category. Total must equal 100%</p>																																																																											
(1)	<p>On average, over the past 90 days, what percentage of residents were treated for moderate or severe substance use and addictive disorder without a co-occurring mental health disorder? Percentage: _____</p>																																																																											
(2)	<p>On average, over the past 90 days, what percentage of residents were treated for moderate or severe substance use and addictive disorder combined with a co-occurring mental disorder? Percentage: _____</p>																																																																											
(3)	<p>On average, over the past 90 days, what percentage of residents were treated for a substance use disorder combined with functional limitations that were primarily cognitive in nature? For example: Traumatic Brain Injury, Amnesia, Dementia, Delirium. Percentage: _____</p>																																																																											

SUPPORT SYSTEM	
(1)	Does the program offer telephone or in-person consultation with physicians & emergency services, 24 hours/day 7 days/week? <input type="checkbox"/> Yes <input type="checkbox"/> No
(2)	Does the program have a direct affiliation or coordination with other ASAM levels of care, or close coordination through referral to more/less intensive levels of care & other services? Please check all that apply: <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.7 <input type="checkbox"/> 4 <input type="checkbox"/> OTP
(3)	Does the program have referral procedures in place for residents in need of pharmacotherapy for psychiatric or anti-addiction medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many referrals were made in the last 90 days? _____
(4)	Please check the services offered on-site and/or co-located in the last 90 days: <input checked="" type="checkbox"/> Medical Services <input type="checkbox"/> Psychiatric Services <input type="checkbox"/> Psychological Services <input type="checkbox"/> Laboratory Services <input type="checkbox"/> Toxicology Services
(5)	Please check the services offered through referrals in the last 90 days: <input type="checkbox"/> Medical Services <input type="checkbox"/> Psychiatric Services <input type="checkbox"/> Psychological Services <input type="checkbox"/> Laboratory Services <input type="checkbox"/> Toxicology Services
ASSESSMENT/ TREATMENT PLAN REVIEW	
	Does the program’s assessment & treatment plan review include:
(1)	An individualized, comprehensive bio-psychosocial assessment of the resident’s substance use disorder, conducted or updated by staff who are knowledgeable about addiction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don’t know
(2)	An individualized treatment plan, which involves problems, needs, strengths, skills, short-term measurable goals, preferences and activities designed to achieve those goals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don’t know

(3)	Updates made to the bio-psychosocial assessment and treatment plan that reflect clinical progress <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
(4)	Physical examination and/or Health Questionnaire <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
(5)	Ongoing transition/continuing care planning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Staff	
(1)	Are staff members available and on-site 24hrs/day, 7 days/week? <input type="checkbox"/> Yes <input type="checkbox"/> No
(2)	Is there at least one individual who is a Licensed Professional trained in the treatment of substance use disorder available on-site or by telephone 24 hours/day, 7 days/week? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3)	Does the program have a Medical Doctor on staff or on contract? <input type="checkbox"/> Yes <input type="checkbox"/> No

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE OPERATION OF THE PROGRAM FOR WHICH I AM APPLYING. I UNDERSTAND THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS ACCURATE, TRUE, AND COMPLETE IN ALL MATERIAL ASPECTS.

AUTHORIZED INDIVIDUAL	TITLE	SIGNATURE	DATE

ENTER THE CONTACT INFORMATION OF THE PERSON THAT CAN BE REACHED FOR A FOLLOW-UP PHONE CONVERSATION.

NAME	TITLE	EMAIL	TELEPHONE

GLOSSARY

AOD - Alcohol and other drug.

Certified AOD Counselor - An individual certified by a certifying organization approved by the Department of Health Care Services.

Cognitive - of, relating to, being, or involving conscious intellectual activity such as thinking, reasoning or remembering.

Co-located - To be located in jointly or together, as two or more groups, military units, or the like; share or designate to share the same place.

Counseling Services - Any of the following activities:

- ❖ Evaluating participants', patients', or residents' AOD treatment or recovery needs, including screening prior to admission, intake, and assessment of need for services at the time of admission.
- ❖ Developing and updating of a treatment or recovery plan.
- ❖ Implementing the treatment or recovery plan.
- ❖ Continuing assessment and treatment planning.
- ❖ Conducting individual counseling sessions, group counseling sessions, face-to-face interviews, or counseling for families, couples, and other individuals significant in the life of the participants, patients, or residents.
- ❖ Documenting counseling activities, assessment, treatment and recovery planning, clinical reports related to treatment provided, progress notes, discharge summaries, and all other client related data.

Co-Occurring Disorders - Concurrent substance use and mental disorders. Other terms used to describe co-occurring disorders include “dual diagnosis”, “dual disorders”, “mentally ill chemically addicted”(MICA), “chemically addicted mentally ill”(CAMI), “mentally ill substance abusers” (MISA), “mentally ill chemically dependent” (MICD), “concurrent disorders”, “coexisting disorders”, “comorbid disorders”, and “individuals with co-occurring psychiatric and substance symptomatology” (ICOPSS). Use of term carries no implication as to which disorder is primary and which is secondary, which disorder occurred first, or whether one disorder caused the other.ⁱ

Education Counseling Session - Planned, structured, didactic presentation of information related to alcoholism and alcohol or drug abuse.

Group Counseling Session - Interaction that encourages residents to identify and resolve alcohol and/or drug-related problems, to examine personal attitudes and behavior, and provides support for positive changes in life style and recovery from alcoholism and/or drug abuse.

Individual Counseling Session - A private interaction between a resident and program staff which focuses on identification and resolution of alcohol and/or drug-related problems, to examine personal attitudes and behavior and other barriers to recovery.

Laboratory Services - General and advanced techniques used to examine blood and tissue samples to help physicians diagnose diseases and conditions.

Licensed Professional - A physician licensed by the Medical Board of California; or a psychologist licensed by the Board of Psychology; or a clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences, or an intern registered with the California Board of Psychology or the California Board of Behavioral Sciences. List of licensed professionals below.

1. Psychiatrist, Medical Doctor, Psychiatric Resident (**MD**)
2. Licensed Clinical Psychologist (**PSY**)
3. Licensed Clinical Social Worker (**LCSW**)
4. Licensed Marriage and Family Therapist (**LMFT**)
5. Licensed Professional Clinical Counselor I (**LPCC I**)
6. Licensed Professional Clinical Counselor II (**LPCC II**)
7. Registered Nurse, Nurse Practitioner, Nurse Practitioner Intern (**RN, NP, NPI**)
8. Physician Assistant (**PA**)
9. Marriage and Family Intern (**IMF**), Associate Social Worker (**ASW**), Professional Clinical Counselor Intern (**PCCI**), Registered Psychologist (**RPS**), Registered Psychological Assistant (**PSB**) registered with the respective Board and is one of the following:
 - ❖ An individual with a **Master's Degree** who is granted a waiver by the County
 - ❖ An individual with a **PhD** who has registered with the Board of Psychology and is granted a waiver by the State Department of Mental Health.

Psychiatric and Psychological Servicesⁱ - Highly skilled specialists provide expert assessment and care to individuals who have mental, addictive and emotional disorders.

Recovery or Treatment Planning - The development of a resident specific goal and a continuum of recovery or treatment objectives. It is the licensee's responsibility to provide the activities to facilitate this process.

Registered AOD Counselor - An individual registered with a certifying organization approved by the Department of Health Care Services to obtain certification as an AOD counselor.

Resident - An individual who resides in and receives services from a residential alcoholism or drug abuse recovery or treatment facility.

Substance Use and Addictive Disorderⁱⁱ:

Moderate - Presence of 4-5 of the symptoms listed below.

Severe - Presence of 6 or more of the symptoms listed below.

- A. A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following, occurring within a 12-month period.
1. Substance is often taken in larger amounts or over a longer period than was intended.
 2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
 3. A great deal of time spent in activities necessary to obtain substance, use substance, or recover from its effects.
 4. Craving, or strong desire or urge to use substance.
 5. Recurrent substance use resulting in a failure to fulfil major role obligations at work, school or home.
 6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance.
 7. Important social, occupational, or recreational activities are given up or reduced because of substance use.
 8. Recurrent substance use in situations in which it is physically hazardous.

9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been cause or exacerbated by substance.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of substance to achieve intoxication or desired effects.
 - b. A markedly diminished effect with continued use of the same amount of substance.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for the substance.
 - b. Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Supportive Services - Support Services are those readily available to the program through affiliation, contract, or because of their availability to the community at large, (for example, 911 emergency response services). They are used to provide services beyond the capacity of the staff of the program and which will not be needed by patients on a routine basis or to augment the services provided by staff.¹

Toxicology Services - Analysis of urine or blood to detect the presence of chemicals.

ASAM Levels of Care

ASAM Level of Care	Title	Description	Provider
0.5	Early Intervention	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Managed care or fee-for-service provider
1	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies	DHCS Certified Outpatient Facilities
2.1	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	DHCS Certified Intensive Outpatient Facilities
2.5	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care	DHCS Certified Intensive Outpatient Facilities
3.1	Clinically Managed	24-hour structure with available	DHCS Licensed and

	Low-Intensity Residential Services	trained personnel; at least 5 hours of clinical service/week and prepare for outpatient treatment.	DHCS/ASAM Designated Residential Providers
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM Designated Residential Providers
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full milieu or therapeutic community	DHCS Licensed and DHCS/ASAM Designated Residential Providers
3.7	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor availability	Chemical Dependency Recovery Hospitals; Hospital, Free Standing Psychiatric hospitals
4	Medically Managed Intensive Inpatient Services	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment	Chemical Dependency Recovery Hospitals, Hospital; Free Standing Psychiatric hospitals
OTP	Opioid Treatment Program	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder	DHCS Licensed OTP Maintenance Providers, licensed prescriber

ⁱ Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions* (3rd ed.). Carson City, NV: The Change Companies.

ⁱⁱ American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.



Applications for DMC Certification

- Applications for DMC certification are now being accepted by Provider Enrollment Division (PED) for Phase 2 counties.
- Assignment of an ASAM level of care will be part of this process.
 - And, almost certainly, subject to compliance review.
- **HOWEVER – DMC billing cannot begin until the SAPC Implementation Plan is approved and a new DMC contract signed.**



Connections to Other DHCS Requirements

- Title 9 Licensing Regulations
- Licensing & Certification Standards
- Perinatal Guidelines
- 1982 Treatment Standards.



Connections to Other DHCS Requirements

- Waiver Terms & Conditions supersede Title 22.
- However –
 - Title 9 facility licensure requirements are not going away.
- Administrative guidelines relatively easier to change.



Selective Contracting

- No more state-direct contracts.
- Provider participation in the DMC-ODS is subject to an RFSQ process conducted by SAPC.
- Continuing participation in the DMC-ODS provider network will be based on adherence to quality and performance standards.



Questions?



For More Information:

SUDTA@cibhs.org

