

Implementing the ASAM Criteria – Research, Regulations, and Resolutions

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Disclosure Information

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◆ No disclosures



Agenda

- ◆ Background
- ◆ Implementing The ASAM Criteria: California's Experience
- ◆ Looking Ahead to the 4th Edition

Background

- ◆ Department of Health Care Services
 - ◆ California State Medicaid Agency (Medi-Cal)
 - ◆ Single State Agency for Substance Abuse
 - ◆ State Mental Health Authority
- ◆ 15 million Medicaid members (~1 in 3 Californians)
- ◆ ~\$600M SUD Medicaid annual spend (FY2020-21)
- ◆ ~\$960M SUD grant funding (FY2022-23)

Background

- ◆ 923 number of licensed residential SUD providers
 - ◆ Licensure is required for residential SUD treatment facilities
 - ◆ 236 (~25%) of licensed residential SUD providers participate in Medi-Cal
- ◆ 885 number of certified outpatient SUD providers
 - ◆ Certification is voluntary for outpatient SUD treatment facilities
 - ◆ 352 (~40%) of certified outpatient SUD providers participate in Medi-Cal

ASAM in 1115 SUD Waivers

- ◆ CMS issues [Section 1115 SUD guidance](#) in 2015
 - ◆ Benefits to reflect ASAM Criteria continuum of care
 - ◆ ASAM multidimensional assessment and placement
 - ◆ Residential SUD providers to meet ASAM Criteria program standards
- ◆ California receives [Section 1115 SUD approval](#) in 2015
 - ◆ [Drug Medi-Cal Organized Delivery System](#) (DMC-ODS)
- ◆ CMS updates [Section 1115 SUD guidance](#) in 2017
 - ◆ Specific ASAM components remain
- ◆ 33 [approved](#) Section 1115 SUD waivers

ASAM in DMC and DMC-ODS

- ◆ ASAM multidimensional assessment & placement
 - ◆ UCLA version; county versions; CONTINUUM
 - ◆ Free [ASAM Criteria Assessment Interview Guide](#)
- ◆ Provisional Level of Care designation
 - ◆ 3.1, 3.3, 3.5
 - ◆ Blind-response self-assessment (Dr. Mee-Lee support) + site visit
- ◆ Senate Bill 823 in 2018
 - ◆ [DHCS Level of Care Designation](#) for 3.1, 3.2, 3.3, 3.5
 - ◆ Licensure, not limited to 1115 SUD Medicaid waiver

Key ASAM Policies from State Lens

- ◆ ASAM Level of Care Certification Program
 - ◆ Distinct from accreditation
 - ◆ Distinct from licensure
 - ◆ California permits DHCS Level of Care Designation (state-administered) or ASAM Level of Care Certification
- ◆ ASAM Criteria Copyright and Permissions
 - ◆ Question 6 (providers do not need permission to certify compliance with relevant state requirements; permission needed for marketing)
 - ◆ Question 10 (permission not required for using ASAM in statute, regulations, or other government policy documents per Fair Use)

Lessons Learned: What's Working

- ◆ 96% of Medi-Cal population covered by DMC-ODS
 - ◆ 25% increase in unique patient admissions
- ◆ ASAM-based screenings and assessments match placement
 - ◆ 84% (screening); 78% (initial assessment); 85% (follow-up assessment)
 - ◆ Mismatch due to patient preference, clinical judgment, and “other”
- ◆ Positive outcomes
 - ◆ 9% increase in 30-day retention in residential treatment
 - ◆ 92% patient satisfaction rate
 - ◆ 30% reduction in re-overdose rates (regional model)
- ◆ DHCS Level of Care Designations
 - ◆ 819 number of providers designated

Opportunities for Improvement

- ◆ Timely placement in indicated level of care
 - ◆ Youth; older adults; Black members; Latino members
- ◆ County variation with “ASAM-based” assessment form
 - ◆ Administrative challenges for cross-county providers, members
 - ◆ Some assessments ask 1-2 questions per dimension; some ask 100+ per patient response (range is 15-328 questions); varied algorithms
- ◆ Medications for addiction treatment in SUD setting
 - ◆ Equity gaps
- ◆ Region-specific access gaps

Looking Ahead: 4th Edition Opportunities

- ◆ Refinement of Level 1 outpatient continuum to reflect recovery
 - ◆ Recovery (remission) monitoring
 - ◆ Provider-centric framework → recovery-oriented design
- ◆ Set high bar to move addiction treatment and policy field
 - ◆ Greater integration of medical care capacity and integrating withdrawal management into treatment standards (e.g., x.7)
 - ◆ Clarifying Co-Occurring Enhanced standards
 - ◆ Enhanced requirements for pharmacotherapy capabilities

Looking Ahead: 4th Edition Challenges

- ◆ Statutory and regulatory changes
 - ◆ “Nonmedical” statutory language for residential SUD providers → no Level 3.7 designation in California
- ◆ Administrative complexities with implementing differentiated sublevels (e.g., 1.0, 1.5, 1.7) & system fragmentation
 - ◆ Establishing/updating Medicaid benefit design?
 - ◆ Establishing/updating provider network and access standards?
 - ◆ Fidelity monitoring
 - ◆ Training the field
- ◆ Workforce shortages
 - ◆ Clinical (e.g., physician review and exam for 3.1; nursing for 3.5)
 - ◆ Administrative (e.g., program director credentials = master’s degree and five years’ addiction treatment experience)