Implementing the ASAM Criteria – Research, Regulations, and Resolutions

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Agenda

◆ Background
◆ Implementing The ASAM Criteria: California’s Experience
◆ Looking Ahead to the 4\textsuperscript{th} 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)