

# BH-CONNECT and CalAIM Behavioral Health Workgroup

# **Welcome and Housekeeping**

# Housekeeping



Mute your line when not speaking.



Use the chat to participate during presentations.



Members are encouraged to turn on their cameras during discussions.



Ground Rules

- Assume positive intent
- Share space
- Participate actively

# Welcome & Introductions

- » **Paula Wilhelm**, Deputy Director, Behavioral Health, Department of Health Care Services
- » **Tori House**, Unit Chief, Special Projects Unit 1, Medi-Cal Behavioral Health – Policy Division, Department of Health Care Services

# Agenda

- 1) ASAM Fourth Edition Implementation
- 2) BH-CONNECT Bed Tracking Data Solution

# ASAM Fourth Edition Implementation

Tori House, Unit Chief

Special Projects Section

Medi-Cal Behavioral Health – Policy Division

# Agenda for ASAM

- » Background: ASAM Fourth Edition Level of Care (LOC) Changes
- » DHCS Implementation of ASAM Fourth Edition
- » Impacted Guidance & Timeline for Updates
- » Stakeholder Engagement

# **ASAM Fourth Edition Level of Care (LOC) Changes**

# Review: ASAM Levels of Care

- There are four overarching ASAM LOCs:
  - **Level 1** Outpatient Treatment Services.
  - **Level 2** Intensive Outpatient/High-Intensity Outpatient Treatment.
  - **Level 3** Residential Treatment programs.
  - **Level 4** Inpatient Treatment.
- LOCs are either **clinically managed** or **medically managed**
  - **Clinically managed:** treatment services are primarily overseen and delivered by clinical staff.
    - **ASAM 4<sup>th</sup> Edition: 1.0, 2.1, 2.5, 3.1, 3.5**
  - **Medically managed:** programs with a primary focus of treating withdrawal and/or stabilizing biomedical or psychiatric concerns in addition to psychosocial services.
    - **ASAM 4<sup>th</sup> Edition: 1.7, 2.7, 3.7, 4.0**

# ASAM 4<sup>th</sup> Edition Changes (1/2)

- **ASAM 4<sup>th</sup> Edition Goal:** Better support the integration of physical and mental health care to promote a chronic care model of addiction treatment across all LOCs.
- **Key changes:**
  - **Integration of WM services into all LOCs** to maximize individualized care and to encourage the delivery of requisite treatment in any clinically feasible setting.
  - **New LOC added:** Level 1.0 Long-Term Remission Monitoring.
  - **Reconfigured LOCs:**
    - **Level 0.5 (Eliminated)** Early Intervention Services – Redefined as a distinct set of services now called “Early Intervention and Secondary Prevention”
    - **Level 3.2-WM (Eliminated)** Clinically Managed Residential Withdrawal Management – Integrated previous standards into Fourth Edition’s Level 3.5
    - **Level 3.3 (Eliminated)** Clinically Managed Population-Specific High-Intensity Residential – Replaced with a dedicated chapter titled “Addressing Cognitive Impairment”
    - **Level 3.7 and Level 3.7-WM** – Combined into ASAM Fourth Edition Level 3.7
    - **Level 4.0 and Level 4.0-WM** Medically Managed Intensive Inpatient/Inpatient Withdrawal Management – Combined and reconceptualized with standards for General Hospitals and Addiction Specialty Units

# ASAM 4<sup>th</sup> Edition LOC Changes (2/2)

## ➤ Updated Service Levels

- **Level 1-WM** is now **Level 1.7**: Medically Managed Outpatient Treatment
- **Level 2-WM** is now **Level 2.7**: Medically Managed Intensive Outpatient Treatment
- **Level 2.5** is renamed High-Intensity Outpatient Treatment Services

## ➤ Service Requirement Changes

- **Level 3.1**: Clinically Managed Low-Intensity Residential Treatment
  - The minimum clinical service hours: 9-19 per week (from 5) and includes structured services each day of the week.
- **Level 3.5**: Clinically Managed High-Intensity Residential Treatment
  - The minimum clinical service hours: 20 per week (from 5) to align with Level 2.5.
- **Level 3.7**: Medically Managed Residential Treatment
  - Combines Level 3.7 and 3.7-WM into one **residential** level of care.

<b>ASAM 3 Levels of Care</b>	<b>ASAM 4 Levels of Care</b>
<b>Level 0.5:</b> Early Intervention Services	**This LOC was removed in ASAM 4th Edition
This LOC did not exist in ASAM 3	<b>*Level 1.0:</b> Long-Term Remission Monitoring
<b>Level 1:</b> Outpatient Services	<b>Level 1.5:</b> Outpatient Therapy
<b>Level 1-WM:</b> Ambulatory Withdrawal Management without Extended On-Site Monitoring	<b>Level 1.7:</b> Medically Managed Outpatient Treatment
<b>Level 2.1:</b> Intensive Outpatient	<b>Level 2.1:</b> Intensive Outpatient Treatment
<b>Level 2.5:</b> Partial Hospitalization	<b>Level 2.5:</b> High-Intensity Outpatient Treatment
<b>Level 2-WM:</b> Ambulatory Withdrawal Management with Extended On-Site Monitoring	<b>Level 2.7:</b> Medically Managed Intensive Outpatient Treatment
<b>Level 3.1:</b> Clinically Managed Low-Intensity Residential	<b>Level 3.1:</b> Clinically Managed Low-Intensity Residential Treatment
<b>Level 3.2-WM:</b> Clinically Managed Residential Withdrawal Management	**This LOC was removed in ASAM 4th Edition. Services have been added to ASAM 4th Edition's Level 3.5.
<b>Level 3.3:</b> Clinically Managed Population Specific High-Intensity Residential	**This LOC was removed in ASAM 4th Edition. Level 3.3 services can now be provided across the continuum of care.
<b>Level 3.5:</b> Clinically Managed High-Intensity Residential	<b>Level 3.5:</b> Clinically Managed High-Intensity Residential Treatment

ASAM 3 Levels of Care	ASAM 4 Levels of Care
<b>Level 3.7:</b> Medically Monitored Intensive Inpatient Services	<b>*Level 3.7:</b> Medically Managed Residential Treatment
<b>Level 3.7-WM:</b> Medically Monitored Inpatient Withdrawal Management	In ASAM 4th Edition, Levels 3.7 and 3.7-WM are combined into one Level 3.7
<b>Level 4:</b> Medically Managed Intensive Inpatient	<b>*Level 4:</b> Medically Managed Inpatient Treatment
<b>Level 4-WM:</b> Medically Managed Intensive Inpatient Withdrawal Management	In ASAM 4th Edition, Levels 4 and 4-WM are combined into one Level 4

\*New ASAM 4<sup>th</sup> Edition LOCs

\*\*Removed ASAM 3 LOCs

# **DHCS Implementation of ASAM Fourth Edition**

# DHCS ASAM 4<sup>th</sup> Edition Implementation

**Forthcoming guidance will reflect the following:**

➤ **Level of Care Name Changes**

- **Level 1-WM → Level 1.7:** Medically Managed Outpatient Treatment
- **Level 2-WM → Level 2.7:** Medically Managed Intensive Outpatient Treatment
- **Level 2.5 renamed:** High-Intensity Outpatient Treatment Services

➤ **Removal of Level 0.5**

- Early Intervention Services will be covered for members under the age of 21 per current DMC-ODS guidance.
- Level 0.5 will be removed in DHCS guidance.

➤ **Removal of Level 3.2**

- DHCS is proposing to remove “detoxification” as a standalone service option for residential programs.
- This removal would align with the elimination of 3.2.

➤ **Removal of Level 3.3**

- Level 3.3 will be removed from DHCS guidance.

➤ **Removal of 4.0-WM**

- Level 4-WM will be removed from DHCS guidance. Services will be integrated into Level 4.

# Transitioning to ASAM 4th Ed. Level 3.7

## ASAM 4<sup>th</sup> Edition: Level of Care Changes

- **ASAM 4th Edition removes the inpatient distinction previously associated with Level 3.7.**
- Level 3.7 now reflects **Medically Monitored Residential Services**, inclusive of withdrawal management in a residential setting, rather than a combined inpatient and withdrawal management construct.
- The 4th Edition clarifies that Level 3.7 is a residential level of care.

## Status:

- DHCS is assessing the impact of ASAM 4th Edition changes to Level 3.7, including removal of inpatient references.
- DHCS is finalizing policy decisions related to the updated Level 3.7 and considering how this level of care can best be delivered under California's current non-medical residential licensure requirements.
- DHCS anticipates sharing an updated policy proposal specific to Level 3.7 in summer 2026.

# Impacted Guidance & Timeline for Updates

# Impacted DHCS Guidance

- DHCS will release draft updates to the following BHINs later this year:
  - [BHIN 24-001](#) for DMC-ODS changes,
  - [BHIN 21-001](#) and [Exhibit A](#) for LOC designation requirements,
  - [BHIN 22-003](#) and [BHIN 21-071](#) for DMC changes,
  - [MHSUDS IN 18-046](#) for ASAM LOC data, and
  - [BHIN 24-045](#) for DMC-ODS ASAM Assessment changes.
  
- DHCS also anticipates making updates to the State Plan and applicable waiver language.
  
- DHCS will review 4<sup>th</sup> Edition impacts on costs in order to assess necessary changes to DMC and DMC-ODS rates and subsequently update the DMC and DMC-ODS rates and billing manuals.

# Timeline

**Q1-Q2 2026:**  
ASAM  
Fourth Edition  
policy  
development.

**Q1 2027:**  
DHCS ASAM-related  
guidance posted for  
final publication by  
**January 1, 2027.**

**Q3 2026:**  
Public comment  
releases for DHCS  
licensing and LOC  
designation,  
DMC/DMC-ODS-  
related BHINs.

**Q1- Q2 2027:**  
DHCS system updates  
and ASAM Fourth  
Edition policy changes  
go live, with ASAM  
Fourth Edition require-  
ments effective **July 1,  
2027.**

# Stakeholder Engagement

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## Engagement Regarding Impact on Licensing

- Conduct targeted stakeholder engagement to inform LOC 3.7 policy implementation.
- Engage impacted Level 3.2-WM providers to assess operational impacts and transition needs related to alignment with LOC 3.7
- Solicit public feedback on updates to BHIN 21-001 and related guidance, as appropriate.

## Engagement Regarding Impact on DMC and DMC-ODS

- Solicit public feedback on updates to BHINs 24-001, 21-071, 22-003, 24-045, and MHSUDS IN 18-046.
- Engage stakeholders regarding operational impact, technical assistance needs, and implementation considerations.

# ASAM Implementation Feedback

- We encourage feedback to be submitted via email to [BHCalAIM@dhcs.ca.gov](mailto:BHCalAIM@dhcs.ca.gov).
- While feedback on any ASAM 4th Edition related topic is welcome, some focus areas may include:
  - Implementation Considerations
  - Medi-Cal Service Impacts
  - Transition Support from ASAM 3<sup>rd</sup> Edition to 4<sup>th</sup> Edition

# Next Steps

- DHCS encourages stakeholder feedback and input as draft BHINs are developed.
- DHCS plans to publish updates to ASAM-related guidance by **January 1, 2027**, with a six-month transition period providing time for local implementation and technical assistance.
- Foundational ASAM-related changes will take effect **July 1, 2027**. DHCS will consider whether some requirements need to be phased in, e.g., changes to required Levels of Care for DMC-ODS.

# Thank you!

Feedback?

Email [BHCalAIM@dhcs.ca.gov](mailto:BHCalAIM@dhcs.ca.gov) subject line "CalAIM BH Workgroup  
– March 2026"

# **BH-CONNECT - Bed Capacity Data Solution**

**Paula Wilhelm**, Deputy Director

Behavioral Health | Department of Health Care Services

# Bed Capacity Data Solution

- Review the AB 177 and BH-CONNECT initiative bed tracking requirements
- Collect feedback regarding technical preparedness and potential implementation obstacles
- Establish Next Steps

# Overview of AB 177

## (HSC Section 131400 et. seq)

- **Legislative Intent:** Improve transparency and accountability in California's behavioral health system by requiring real-time monitoring of bed capacity in psychiatric and crisis stabilization facilities.
- **Purpose:** Enhance coordination and ensure timely access to behavioral health care.
- **Key Provisions:**
  - Require real-time reporting of psychiatric and crisis bed availability to a centralized system
  - Enforce compliance through corrective action plans and civil penalties, as applicable

# BH-CONNECT Waiver Requirements

- **Overarching goal:** Enhance care coordination and improve access to behavioral health services to drive better outcomes for Medi-Cal members.
- Per DHCS' CMS-approved implementation plan, DHCS must:
  - Implement a Bed Capacity Data Solution (BCDS) by December 2026
  - Require real-time or near real-time reporting of bed availability with key data:
    - Bed type, occupancy status, admission criteria

# Facility Requirements

- Facilities required to report include:
  - Acute psychiatric hospitals
  - General acute care hospitals with psychiatric units
  - Psychiatric health facilities
  - Crisis stabilization provider sites certified by DHCS or mental health plans
  - Psychiatric residential treatment facilities
  - Department may include entities in addition to above.
- Facilities must:
  - Ensure data accuracy and timeliness
- DHCS will provide technical assistance and onboarding support

# Sample of Required Data Elements

## ➤ **Sample of Required Data Elements (Behavioral Health Facilities)**

- Number of available behavioral health beds.
  - For each available bed, the age ranges for which the bed is appropriate.
  - For each available bed, security status (whether the bed is secure for individuals who are a danger to themselves/others or are gravely disabled).
- **Additional data elements** identified by DHCS, in consultation with behavioral health facility representatives and other stakeholders, as necessary for effective implementation of the Bed Capacity Data Solution.

## ➤ **Key Emphasis:**

- Data must be **standardized** and updated in **real time or near real time** to support statewide coordination and timely placement.

\*[Health and Safety Code 131425 \(b\)\(1\)](#)

# Bed Capacity Implementation Timeline

**RFI Release and Due**

January -  
February 2026

**Begin Stakeholder engagement and outreach**

February-Ongoing

**Contract with Vendor**

February -  
March 2026

**BHIN development**

February –  
June 2026

**BCDS Design and Development**

April – Oct 2026

**Begin Facility Onboarding**

January 2027

**BCDS implementation**

December 2026

# Discussion



# Governance & Oversight

- What governance or oversight mechanisms would you recommend for ensuring data accuracy and accountability?
- What role should county behavioral health departments play in managing or overseeing local bed tracking?

# Data Sharing Considerations

- What are some key considerations for the exchange of bed availability data between facilities and DHCS (e.g., methods for data transmission, data-sharing agreements, potential challenges with real-time reporting)?
- Are there any contractual or other barriers that may impact your participation in the bed tracking system?

# Support & Resources

- How can DHCS support integration between your systems and any other systems that are being utilized?
- What technical assistance or resources would be most helpful prior to and during onboarding?

# Public Comments

- DHCS will now take comments from stakeholders on the Department's implementation of **ASAM 4<sup>th</sup> Edition** and the **BH-CONNECT Bed Capacity Data Solution**.
  - DHCS will not answer questions but simply listen to public comments.
- **Chat Box.** All information and questions received through the chat box will be recorded in the meeting summary.
- **Spoken.** Participants must "raise their hand" for meeting facilitators to unmute the participant to share their public comment.
  - After selected to share your public comment, please ensure you are "unmuted" on your audio.
- **Please keep your comments concise and no longer than 1 minute.**

# Thank you!

Feedback?

Email [BH-CONNECT@dhcs.ca.gov](mailto:BH-CONNECT@dhcs.ca.gov) subject line "CaAIM BH  
Workgroup – March 2026"