

**Department of Health Care Services (DHCS) American Society of Addiction  
Medicine (ASAM) Designation Questionnaire  
Frequently Asked Questions**

**1. What is the ASAM?**

Founded in 1954, ASAM is a professional society representing over 3,600 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

**2. What is the ASAM Criteria?**

ASAM's criteria, formerly known as the ASAM patient placement criteria, is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-orientated and results-based care in the treatment of addiction. The ASAM criteria is most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.

**3. What is the Drug Medi-Cal Organized Delivery System (DMC-ODS)?**

The DMC-ODS is a pilot program to test a new paradigm for the organized delivery of health care services for Medicaid eligible individuals with a substance use disorder (SUD). The DMC-ODS will demonstrate how organized SUD care increases the success of DMC beneficiaries while decreasing other system health care costs. The Waiver will make improvements to the Drug Medi-Cal (DMC) service delivery system by focusing on critical elements of the DMC-ODS pilot which:

- Provides a continuum of care modeled after the ASAM Criteria for SUD treatment services;
- Increases local control and accountability with greater administrative oversight;
- Creates utilization controls to improve care and efficient use of resources;
- Increases program oversight and integrity;
- Provides more intensive services for the criminal justice population which are harder to treat;
- Requires evidence based practices in substance abuse treatment; and
- Increases coordination with other systems of care including physical and mental health.

This approach is expected to provide the beneficiary with access to the care and system interaction needed in order to achieve sustainable recovery.

**4. What is the DHCS ASAM designation and why is it relevant to DHCS licensed SUD residential treatment facilities (RTF)?**

DHCS Information Notice 15-035, dated August 26, 2015, describes the DHCS ASAM designation program and why it is required. In summary, the Centers for Medicare and Medicaid Services (CMS) requires all residential providers to meet the ASAM requirements and obtain a DHCS issued ASAM designation as part of their participation in the DMC-ODS. However, residential facilities are not required to provide services as part of the DMC-ODS Pilot in order to obtain an ASAM designation with DHCS. DHCS has developed a designation program to certify that all providers of Level 3.1 through 3.5 Residential/Inpatient Services are capable of delivering care consistent with ASAM Criteria. As part of this designation program, DHCS has developed a self-assessment questionnaire that includes the elements that define Levels 3.1 through 3.5. After completion of the DHCS ASAM designation questionnaire, each facility will be given a provisional designation. The provisional status of the DHCS ASAM designation will remain on the RTF license until verification of the designation(s) is completed during an on-site visit. Over the next several months, DHCS will also be adding the ASAM designation process to the initial licensing process, so all residential providers will eventually have an ASAM designation.

**5. Is there a fee involved with acquiring a DHCS ASAM designation for DHCS licensed RTFs?**

Currently, there is not a fee involved with acquiring a DHCS ASAM designation.

**6. Will the DHCS ASAM designation for DHCS licensed RTFs be added to the initial treatment provider licensing application (DHCS 6002)?**

Yes, eventually the DHCS ASAM designation will be added to the initial treatment provider application and will be a requirement for facilities that want to be licensed by DHCS.

**7. Should we wait until our biennial renewal due date to submit the DHCS ASAM Questionnaire for RTFs?**

No, DHCS will be processing DHCS ASAM designations according to the regional phases identified by the DMC-ODS. Facilities can be processed ahead of their regional phase, with priority being given to the regions as follows:

1. Phase One - June – September 2015 - Bay Area - Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma.

2. Phase Two – Kern and Southern California - Kern, Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura.

3. Phase Three – Central and Northern California - Calaveras, Eldorado, Fresno Inyo, Kings, Madera, Merced, Mono, Placer, Sacramento, Stanislaus, Yolo, San Joaquin, Sutter, Tuolumne, Yuba.

4. Phase Four – Northern California – Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Siskiyou, Tehama, Trinity.

5. Phase Five – Tribal Partners

**8. Can a RTF receive more than one DHCS ASAM designation?**

Yes, a residential facility may have up to three designations, ASAM Level 3.1, 3.3, and/or 3.5, depending on the services provided.

**9. Our RTF was provided with a DHCS ASAM level designation of 3.1. How do we receive other designations?**

To receive other designations, the facility will need to add or increase services provided at the facility and then complete the DHCS ASAM questionnaire for review by DHCS. DHCS will review the completed questionnaire and will contact the provider to discuss the new questionnaire prior to issuing the new designations.

**10. I just received my DHCS ASAM designations? Why is it a provisional designation?**

After completion of the DHCS ASAM designation questionnaire, each facility will be given a provisional designation. This designation is provisional because it is based on the self-assessment questionnaire and conversations with the RTF. DHCS believes that in order to provide a non-provisional designation, DHCS will need to conduct an on-site review of the facility to verify that the facility is capable of delivering care consistent with the ASAM treatment criteria for the relevant ASAM designation levels. The provisional status of the DHCS ASAM designation will remain on the RTF license until verification of the designation(s) is completed during an on-site visit. Once verified, the RTF license will be revised to reflect the non-provisional ASAM designation(s).

**11. I disagree with the DHCS ASAM provisional designations given and believe that we qualify for a different designation. How do we resolve this?**

As part of the DHCS ASAM designation process a conversation between DHCS and the provider will be held to discuss and determine the appropriate DHCS ASAM designation. During that conversation, DHCS will identify the gaps in receiving additional designations and the facility may address them if necessary.

A new questionnaire can be completed once the new/additional services are in place for additional DHCS ASAM designations.

**12. I received my provisional ASAM designation(s). My renewal is coming due in the next month will I be able to have a non-provisional designation?**

Non-provisional designations will be assessed after full implementation of the ASAM designation process. Procedures regarding the ASAM designations will then be in place to address site visits for the non-provisional designation to be determined.

**13. Our facility does not accept Drug Medi-Cal, do we have to participate?**

DHCS intends to eventually provide an ASAM designation to all licensed residential treatment facilities. However, at this time it is not a requirement unless the facility plans to participate in the DMC-ODS Waiver. The ASAM criteria is a nationally accepted set of treatment criteria for SUD care and is being adopted beyond Medi-Cal beneficiaries as the SUD industry standard. In addition, submitting the ASAM designation questionnaire is free of cost and the process is interactive with ample opportunity to ask questions and receive feedback. Therefore, DHCS strongly encourages all RTFs to complete the process to receive an ASAM designation.

**14. I've only seen information from DHCS on the ASAM designation for RTFs. Will DHCS be providing ASAM designations to any other DHCS licensed or certified facility categories?**

At this time, DHCS is only providing ASAM designations to DHCS licensed RTFs that also have DMC certification with an ASAM designation.

**15. It looks like DHCS is only issuing ASAM designations for RTFs at levels 3.1, 3.3 or 3.5; however, we think we qualify for an ASAM designation of 3.7 or 4.0 which are both residential facilities. How do we receive these designations?**

These ASAM designation levels fall outside the scope of services provided by DHCS licensed RTFs. Level 3.7 covers medically monitored intensive inpatient services and Level 4.0 covers medically managed intensive inpatient services. These services are generally provided at Chemical Dependency Recovery Hospitals, Hospitals or Free Standing Psychiatric Hospitals and are not licensed with DHCS.

**16. We are a DHCS licensed residential detoxification facility, how does that affect our ASAM Designation?**

Detoxification is not a service that contributes to ASAM designation levels 3.1, 3.3 or 3.5 and DHCS will not be designating facilities with the withdrawal management levels at this time.

Withdrawal Management (WM) (Levels 1, 2, 3.2, 3.7 and 4.0 in ASAM) services are provided in a continuum of WM services as per the five levels of WM in the ASAM Criteria when determined by a Medical Director or Licensed Practitioner of the Healing Arts as medically necessary and in accordance with an individualized client plan. Each beneficiary shall reside at the facility if receiving a residential service and will be monitored during the detoxification process. Medically necessary habilitative and rehabilitative services are provided in accordance with an individualized treatment plan prescribed by a licensed physician or licensed prescriber, and approved and authorized according to the state of California requirements.

**17. What Residential Treatment Services are required for approval of a county implementation plan?**

One ASAM level of Residential Treatment Services is required for approval of a county implementation plan in the first year. The county implementation plan must demonstrate ASAM levels of Residential Treatment Services (Levels 3.1-3.5) within three years of CMS approval of the county implementation plan and state-county contract (managed care contract per federal definition). The county implementation plan must describe coordination for ASAM levels 3.7 and 4.0.

**18. What are the components of Residential Treatment Services?**

The components of Residential Treatment Services are:

- A. Intake
- B. Individual and Group Counseling
- C. Patient Education
- D. Family Therapy
- E. Safeguarding Medications: Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.
- F. Collateral Services
- G. Crisis Intervention Services
- H. Treatment Planning
- I. Transportation Services: Provision of or arrangement for transportation to and from medically necessary treatment.
- J. Discharge Services

**19. Why did DHCS decide to do a regional implementation throughout the state for DMC-ODS Opt-in Counties? What are the time frames for counties to submit an Implementation Plan?**

Five regions have been established throughout the state. DHCS determined the order of implementation based on location, population, and county and provider

readiness. Phase One will commence once DHCS receives approval from the Center for Medicare & Medicaid Services. DHCS anticipates that Phases Two through Five will follow consecutively. More information regarding the implementation of the other phases will be forthcoming.

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5. Phase Five – Tribal Partners