

## ENCLOSURE 2

### ASAM Criteria Continuum of Care Services and the DMC-ODS Program

Benefit	Medicaid authorities	Required or Optional for DMC-ODS Plans
SABIRT (commonly known as SBIRT)	<p>State plan (individual services covered)</p> <p>SABIRT is delivered through FFS and MCPs delivery systems for individuals aged 11 and older.</p> <p>Early intervention services in addition to SABIRT are available in DMC-ODS and Drug Medi-Cal for members under age 21.</p>	<p>Required</p> <ul style="list-style-type: none"> <li>• Coordination with SABIRT delivered through FFS/MCPs.</li> <li>• Additional early intervention services for members under age 21.</li> </ul>
Outpatient services (also known as ODF)	State plan (individual services covered)	Required
Intensive outpatient services	<p>State plan (individual services covered)</p> <p>1115 expenditure authority for services provided to individuals in IMDs</p>	Required
Partial hospitalization services	<p>State plan (individual services covered)</p> <p>1115 expenditure authority for services provided to individuals in IMDs</p>	Optional
Residential/inpatient services	<p>State plan (individual services covered)</p> <p>1115 expenditure authority for services provided to individuals in IMDs</p>	<p>Required</p> <ul style="list-style-type: none"> <li>• At least one ASAM level of care upon implementation</li> <li>• ASAM Levels 3.5 available within two years</li> <li>• ASAM Levels 3.1 and 3.3 available within three years</li> <li>• Referral mechanisms and coordination with ASAM Levels 3.7 and 4.0 delivered through FFS/MCPs</li> </ul> <p>Optional</p> <ul style="list-style-type: none"> <li>• ASAM Levels 3.7 and 4.0</li> </ul>

<b>Benefit</b>	<b>Medicaid authorities</b>	<b>Required or Optional for DMC-ODS Plans</b>
Withdrawal management services	<p>State plan (individual services covered)</p> <p>1115 expenditure authority for services provided to individuals in IMDs</p>	<p>Required</p> <ul style="list-style-type: none"> <li>At least one level (ASAM Levels 1-WM, 2-WM, 3.2-WM, 4.7-WM, 4-WM)</li> <li>Referral mechanisms and coordination with ASAM Levels 3.7-WM and 4.0 delivered through FFS/MCPs</li> </ul> <p>Optional</p> <ul style="list-style-type: none"> <li>Additional levels (ASAM Levels 1-WM, 2-WM, 3.2-WM, 4.7-WM, 4-WM)</li> </ul>
Narcotic Treatment Program services	<p>State plan (individual services covered)</p> <p>1115 expenditure authority for services provided to individuals in IMDs</p>	Required
Recovery services	State plan (individual services covered)	Required
Peer support services	<p>State plan (individual services covered)</p> <p>1115 expenditure authority for services provided to individuals in IMDs</p>	Optional
Contingency management	1115 expenditure authority (individual services covered)	Optional
Care coordination services	<p>State plan</p> <p>1115 expenditure authority for services provided to individuals in IMDs</p>	Required
Clinician consultation services (N/A)	<p>State plan (reimbursable activity; not a distinct service)</p> <p>1115 expenditure authority for services provided to individuals in IMDs</p>	Required
Mobile crisis services	State plan (individual services covered)	Required