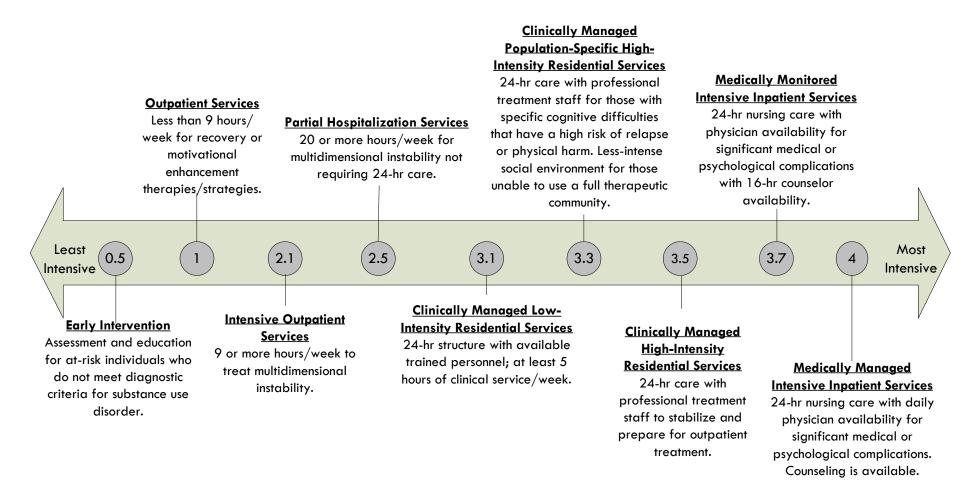
Exhibit 1: The American Society of Addiction Medicine (ASAM) Continuum of Care for Adult Substance Abuse Treatment



Note: Each level of care is associated with a number with decimals used to express gradations of intensity. Source: Program Evaluation Division based on the American Society of Addiction Medicine continuum of care.

Exhibit 24: Summary of the Recommended ADATC Integration Process During the Transition Period

Integration Process	Transition Year 1 Fiscal Year 2016–17	Transition Year 2 Fiscal Year 2017–18	Transition Year 3 Fiscal Year 2018–19	Full Integration Fiscal Year 2019–20
ADATC Funding Allocation	\$ 27,477,710	\$ 18,318,473	\$ 9,159,237	\$ O
(% of Fiscal Year 2014–15 State Appropriations)	(75%)	(50%)	(25%)	(0%)
LME/MCO Funding Allocation from ADATCs	\$ 9,159,237	\$ 18,318,473	\$ 27,477,710	\$ 36,636,942
(% of Fiscal Year 2014–15 State Appropriations)	(25%)	(50%)	(75%)	(100%)
LME/MCO Use of Reallocated ADATC Funding	Develop capacity for community-based substance abuse treatment services and/or purchase services from ADATCs			
LME/MCO Contracts with ADATCs	LME/MCOs determine amount	of ADATC services they wish to p	urchase and contract with DSOH	F for services
LME/MCO Payment Rate for ADATC Services	25% of the negotiated rate	50% of the negotiated rate	75% of the negotiated rate	100% of the negotiated rate
LME/MCO Prior Authorization Process	ADATCs receive prior authorization from LME/MCOs in order to receive payment for state-funded services			
ADATC Operations		ed on funding from direct state a caid, insurance, self-pay, and LME		ADATC operations are 100% supported by receipts from Medicare, Medicaid, insurance, self-pay, and LME/MCOs.

Note: The Program Evaluation Division used the Fiscal Year 2014–15 authorized budget to estimate the transition period funding allocations for the ADATCs and LME/MCOs. Source: Program Evaluation Division.