

EXHIBIT A – PROGRAM REQUIREMENTS (A-P): SUBSTANCE USE DISORDER (SUD) RESIDENTIAL TREATMENT (RES TX)

I. Program Name

Substance Use Disorder (SUD) Residential Treatment

II. Contracted Services¹

SUD Residential Treatment Programs, designated as follows:

- American Society of Addiction Medicine (ASAM) Level of Care (LOC) 3.1 (Clinically Managed Low-Intensity Residential Services); and
- ASAM LOC 3.5 (Clinically Managed High-Intensity Residential Services).

Medi-Cal and Federal Funding Requirements Apply

III. Program Information and Requirements

A. Program Goals

Contractor shall ensure operational effectiveness and efficiency in accordance with the following primary goals of the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver demonstration:

- Enhance client access to SUD treatment and the client experience of care (including quality, cultural responsiveness, engagement, and satisfaction);
- Provide high quality of care to improve the overall health and wellness of SUD clients;
- Strengthen care coordination with other systems of care, including primary care, mental health, and criminal justice;²
- Maintain responsibly-managed and value-focused operations while decreasing other system health care costs (e.g. reduced inpatient and emergency room use); and
- Enhance and develop a well-trained, effective, and sustainable SUD workforce.

Contractor shall provide services to assist clients in accomplishing the following goals:

- Establish and maintain recovery from substance use and attain stabilization, increase self-sufficiency, and improve quality of life;
- Develop cognitive and behavioral coping skills to prevent relapse;
- Adopt a voluntarily-maintained lifestyle characterized by sobriety, personal health, and good citizenship; and
- Reduce homelessness, utilization of crisis services, incarceration, and criminal justice recidivism associated with substance use.

¹ See all requirements specified in the Exhibit A-1: Standard Requirements, Exhibit A - Scope of Work (SOW), and other Exhibits attached to this Agreement.

² Criminal justice is a term that is inclusive of systems such as the Collaborative Courts, Jails/Prisons, Probation and Juvenile Justice.

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide services to individuals who experience problems related to their substance use and/or abuse.

Contractor shall make it a priority to serve Alameda County residents who:

- Are eligible for Medi-Cal in Alameda County;
- Are pregnant women;
- Are intravenous drug users; and/or
- Are involved with the criminal justice system.

Contractor shall provide culturally and linguistically responsive services for all individuals in accordance with the Priority Population standards outlined in the Practice Standards, and have specially trained staff with experience and expertise in serving designated priority populations, including but not limited to those who are:

- Involved with the criminal justice system;
- Black/ African American;
- Latino; and
- Asian.

2. Referral Process to Program

Contractor shall only accept referrals from the Substance Use Access and Referral Helpline and a more limited group of designated ACBH-approved referral sources.³

Contractor shall have the capacity to accept three-way calls with the designated ACBH-approved referral sources. Through the three-way call:

- Contractor may build rapport with the client and discuss program structure and expectations;
- Contractor may not conduct additional screening/assessment of client that is duplicative of the screening/assessment conducted by these ACBH-approved referral sources;
- Contractor shall offer, to the best of their ability, an intake appointment within ten days of the initiation of the three-way call to fill the available bed; and
- Upon successful completion of the three-way call, Contractor shall maintain contact with the client for any intake appointment reminders and/or engagement needed.

Contractor shall not request that referral sources share potential clients screenings for review prior to scheduling an intake appointment.

For individuals who contact Contractor directly seeking access into Contractor's residential treatment program, Contractor shall provide contact information and

³ Other designated ACBH-approved referral sources include Cherry Hill, Criminal Justice Case Management (CJCM), and Alameda County Collaborative Court Services/Drug Court.

assist the individuals in calling the Substance Use Access and Referral Helpline for point of entry screening and referral into SUD residential treatment.

Referral documentation shall be received by the Contractor via Sharefile from the referral source/portal.

3. Program Eligibility

Contractor shall include in its policies, procedures, and practice, written admission and readmission criteria for determining individuals' eligibility and medical necessity for treatment. Contractor shall only provide ASAM LOC 3.1 and 3.5 services to individuals who:

- Are Alameda County residents;
- Meet diagnostic criteria for SUD treatment per the Diagnostic and Statistical Manual (DSM) and criteria for ASAM LOC 3.1 or 3.5;
- Are expected to benefit from the type of services being offered;
- Have been referred by the Substance Use Access and Referral Helpline or a more limited group of designated ACBH-approved referral sources;
- Are enrolled or eligible⁴ for Alameda County Medi-Cal, are indigent and/or have no other payor source;
- Are not under the care of a physician for active and contagious tuberculosis; and
- Have been authorized for services or are pending authorization for services by ACBH Utilization Management (UM).

4. Limitations of Service

Eligibility for ASAM LOC 3.1 and 3.5 SUD residential treatment services shall be limited as follows even if the client continues to meet the other stated eligibility requirements for this program:

- Clients 21 years of age and older shall receive continuous residential treatment services from one to 90 days with a 90-day maximum; unless medical necessity warrants a one-time extension of up to 30 days on an annual basis. Only two non-continuous regimens shall be authorized in a one-year (or 365-day) period.
- Clients 18 to 20 years of age shall receive residential treatment services from one to 30 days; unless medical necessity warrants an extension of up to 30 days. Clients with full-scope Medi-Cal who are eligible for services under Early Periodic Screening, Diagnosis and Treatment (EPSDT) may be eligible for a longer length of stay based on medically necessity. Only two non-continuous regimens shall be authorized in a one-year (or 365-day) period.

Contractor shall comply with ACBH UM requirements for authorization of services in accordance with the assessed clinical need for each client.

⁴ Contractor shall conduct follow-up towards ensuring that Medi-Cal applications are submitted within one week of intake for clients who are eligible for but not yet enrolled in Alameda County Medi-Cal.

C. Program Description

Contractor shall maintain programmatic services at or above the following minimum levels:

1. Program Design

Contractor shall provide a non-institutional, 24-hour per day, seven days per week, non-medical, short-term residential program that provides a minimum of 20 hours per week of structured programming to each client. Contractor shall provide clients with room and board in conjunction with the structured therapeutic activities aimed at supporting clients in restoring, maintaining, and applying interpersonal and independent living skills, and accessing community support systems. Contractor's staff shall work collaboratively with clients to define barriers, set priorities, establish goals, create treatment plans, and solve problems. Treatment plan goals may include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning in relation to the SUD, and engaging in continuing care. Contractor shall safely store all resident medication in accordance with ACBH requirements and may assist with client self-administration of medication.

Contractor shall provide the following components of SUD residential treatment services:

- Intake/assessment;
- Treatment planning;
- Individual and group counseling;⁵
- Patient education;
- Family therapy;
- Collateral services;
- Crisis intervention services;
- Transportation services (provision of or arrangement for transportation to and from medically-necessary treatment); and
- Discharge planning and coordination.

Contractor's Medical Director or a LPHA shall perform the initial medical necessity determination through a face-to-face review with a client or the intake counselor. Contractor's Medical Director or LPHA shall establish and document at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders. After establishing a diagnosis and documenting the basis for diagnosis, the ASAM Criteria shall be applied by

⁵ Group counseling denotes face-to-face interaction in which one or more SUD counselors or LPHAs treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the clients served.

Contractor's diagnosing staff to determine placement into the appropriate level of care within Contractor's SUD residential program. Contractor's staff shall utilize ASAM criteria level of care considerations upon admission, during the course of treatment, and during discharge planning and coordination. Contractor shall provide services to stabilize clients and prepare them for step-down into an outpatient, intensive outpatient, or recovery support services level of care.

Contractor shall also provide the following DMC-ODS services:

- Verification that physical examination has occurred through receipt of documentation from another provider, through direct provision of this service, or documented as a goal in the client's treatment plan.
- Laboratory and collection services available onsite or through closely-coordinated referral.
- Case management services, which shall consist of the following:
 - Care Coordination: a structured approach plan that provides for seamless coordination of care for clients in DMC-ODS without disruptions to services.
 - Service Coordination: service to assist clients to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services, as appropriate for individual clients.
- Physician consultation services to assist DMC physicians by allowing them to seek expert advice from ACBH-approved addiction medicine physicians, addiction psychiatrists or clinical pharmacists when developing treatment plans for specific DMC-ODS beneficiaries. Physician consultation services may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.

With 30-day notice from ACBH, Contractor may also provide recovery support services, as medically necessary, consisting of outpatient individual and group recovery counseling services, recovery monitoring and substance abuse assistance, recovery case management with education and job skills linkages, other needed supports, and ancillary services. Contractor shall provide clients with access to recovery support services after the clients complete a course of SUD treatment. Contractor's recovery support services shall be available when a client is triggered, has relapsed, or as a preventative measure to prevent relapse.

Contractor shall manage their own pending services list for clients awaiting residential placement with Contractor and provide interim services for clients that are pending treatment services, following the specified procedures developed by ACBH with input from SUD providers.

With 30-day notice from ACBH, Contractor shall utilize the county-created bed availability application, to convey timely bed status of ACBH-contracted beds (bed on hold for intake, bed occupied, bed open). Contractor shall adhere to guidelines provided by ACBH Operational Lead for SUD Residential Services regarding the use of the bed availability application, and attend trainings provided by ACBH at

least 15 days before Contractor is required to implement and utilize the bed availability application.

Contractor shall have policy and procedures in areas including, but not limited to: client intake; resident responsibilities; **Medical Director Roles and Responsibilities and Code of Conduct**; managing client relapse; emergency/crisis situations; medication safety, storage and management; schedules; meetings; conflict resolution; housing of transgender individuals; programmatic differences between ASAM SUD Residential LOCs; and smoking. All policies and procedures shall be submitted to ACBH **Operational Lead for SUD Residential Services** within three months of the contract start date, and Contractor shall work with ACBH to address any identified concerns within six months of the contract start date. Contractor shall ensure that emergency/crisis policies and procedures are prominently posted.

Contractor shall have the capacity to serve the needs of clients with complex needs, including but not limited to mental and physical health and/or comprehension and learning challenges, and shall coordinate with other community programs to meet client needs that fall outside of the scope of Contractor's staff.

Contractor shall maintain collaborations and close working relationships when relevant to the care of a specific client with systems including but not limited to the following to support client care:

- Other SUD treatment providers in the DMC-ODS continuum of care;
- ACBH-designated referral and care navigation sources for SUD, including the Substance Use Access and Referral Helpline and Cherry Hill;
- Criminal Justice Systems and partners;
- Mental Health Service Providers, including ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS) and John George;
- Physical Health Service Providers; and
- Alameda County Care Connect.⁶

Additional Requirement for ASAM LOC 3.1

Contractor shall provide 24-hour structure with available trained personnel and at least five hours of clinical service per week.

Additional Requirement for ASAM LOC 3.5

Contractor shall provide 24-hour care with trained counselors for a minimum of at least six hours of clinical services per week, with additional hours if necessary based on client need, to stabilize multidimensional imminent danger.

⁶ AC Alameda Care Care Connect (<http://accareconnect.org/>) strives to support and promote increased coordination and effective, personalized care across all providers through systems improvements, while including the strength and support of the consumer's personal networks in the care planning.

Additional Requirements for Clients with Criminal Justice Involvement

Contractor's services shall address the criminogenic needs of clients within the context of the SUD treatment. Contractor shall participate in Interdisciplinary Treatment Meetings facilitated by Alameda County Probation upon request.

Additional Requirements for AB109 Clients

Contractor shall actively coordinate with Alameda County AB109-contracted Criminal Justice Case Management (CJCM) and Alameda County Deputy Probation Officers (DPO) for case planning purposes at all stages of a client's treatment and in client transitions between levels of care. Contractor shall confirm with CJCM when the client has been admitted to the program.

2. Discharge Criteria and Process

No additional requirements.

3. Hours of Operation

Contractor shall maintain the following hours of operation:

- 24 hours per day, seven days per week.

Contractor shall have the capacity to accept three-way calls with designated ACBH-approved referral sources during regular intake hours.

4. Service Delivery Sites

Contractor shall provide all SUD residential treatment services within the licensed facility or facilities as specified in Exhibit A-SOW.

Contractor shall have and maintain valid Alcohol and Other Drug Program Certification and Licensure by DHCS with ASAM LOC designation as 3.1 and 3.5.

D. Minimum Staffing Qualifications

Contractor shall maintain the direct service staffing as specified in the Exhibit A-SOW.

Contractor shall ensure that 24-hour on-site supervision is maintained at the identified residential treatment facilities to support and promote recovery and prevent relapse.

Contractor shall notify the ACBH Program Contract Manager of any change in direct service FTE which are providing treatment services.

IV. Contract Deliverables and Requirements

A. Process Objectives

Contractor shall deliver units of service as specified in Exhibit A-SOW.

Contractor shall also provide case management, physician consultation and recovery support services on an as-needed basis for clients.

Contractor shall provide services toward achieving the following process objectives:

Process Measures	Process Objectives
Percent of clients with open episodes who have received at least one service in the past 30 days.	100%
Percent of clients with open episodes who have annual updates completed according to required timeframes	100%
Percent of prorated contracted units of service provided monthly	75-100%
Percent of business days (since initiation of bed tracking application) in which Contractor updates the bed tracking application at least once per day	100%
Percent of intake appointments that were scheduled via three-way call between client, referring portal and Contractor	At least 75%

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients screened as eligible for residential SUD treatment who have a first offered appointment within ten days of their initial request for services	At least 80%
Percent of clients screened as eligible for residential SUD treatment who have their first actual intake service within ten days of their initial request for services	At least 65%
Percent of eligible clients who stay for at least ten consecutive days after first intake service	At least 95%
Percent of clients who receive an ASAM LOC assessment no less often than every 30 days throughout the residential treatment episode	100%
Percent of clients who are discharged from residential treatment that have a follow up session in a lower level of care within seven days after discharge	At least 75%
Percent of clients discharged from residential treatment who have a follow-up session with a lower level of care within 30 days after discharge	At least 90%

C. Impact Objectives

Contractor shall work collaboratively with ACBH to develop benchmarks in the following areas: improved access to care and penetration rates for SUD treatment services, especially for priority populations that may not have been able to successfully access or engage SUD services in the past; increased abstinence and/or reduced substance use among clients served; increased drug-free social support among clients served; improved health and wellness among clients served; and successful program completion by clients or transition to a lower level of care as needed.

V. Reporting and Evaluation Requirements

No additional requirements.

VI. Additional Requirements

Contractor shall comply with any emerging requirements specified by DHCS.