

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

I. Program Name

Substance Use Disorder (SUD) Outpatient Treatment

II. Contracted Services¹

SUD Outpatient Treatment Programs, designated as follows:

- American Society of Addiction Medicine (ASAM) Level of Care (LOC) 1.0 SUD Outpatient Services;
- ASAM LOC 2.1 SUD Intensive Outpatient Services (IOS);
- Recovery Support Services;
- Case Management Services; and
- Physician Consultation Services.

Medi-Cal 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:

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

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

- i. Establish and maintain recovery from substance use and attain stabilization, increase self-sufficiency, and improve quality of life;
- ii. Develop cognitive and behavioral coping skills to prevent relapse;

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.

- iii. Adopt a voluntarily-maintained lifestyle characterized by sobriety, personal health, and **personal responsibility**; and
- iv. Reduce homelessness, utilization of crisis services, incarceration, and criminal justice recidivism associated with substance use.

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:

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

Contractor shall provide services to clients in accordance with the applicable Standards of Care for Transition-Age Youth (TAY) and Older Adults, as well as the Race and Ethnic Priority Population SUD Practice Standards for programs that specialize in serving African American, Asian/Pacific Islander (API), and Latin(x) clients.

2. Referral Process to Program

Contractor shall accept self-referrals and referrals from peers/family members; managed Medi-Cal healthcare plans (e.g., Alliance, Anthem); federally qualified health centers; other ACBH-contracted mental health and substance use treatment providers; Substance Use Access and Referral Helpline (the Helpline); **Cherry Hill; the Forensic Substance Use Case Management (FSCM, formerly Criminal Justice Case Management); Alameda County Collaborative Court Services/Drug Court; Alameda County Probation; the Emergency Department Bridge Program;** other Alameda County Departments; and other community agencies and service providers.

Upon 30 day notice, Contractor shall implement Sharefile electronic referral system to receive LOC assessments from the designated SUD portals.³

Contractor shall track the day in which the client requested services, and whether the client was referred by an above indicated portal.

³ Designated SUD portals include the Helpline, Cherry Hill, FSCM and Alameda County Collaborative Court Services/Drug Court.

Contractor shall have the capacity to accept three-way calls with the Helpline and a more limited group of designated ACBH-approved referral sources.⁴ Through the three-way call:

- i. Contractor may build rapport with the client and discuss program structure and expectations.
- ii. Contractor may not conduct additional screening/assessment of client that is duplicative of the screening/assessment conducted by these ACBH-approved referral sources.
- iii. Contractor shall offer an intake appointment on the three-way call. The intake appointment shall be scheduled to occur within ten days of the initiation of the three-way call.⁵
- iv. Upon successful completion of the three-way call, Contractor shall maintain contact with the client for any intake appointment reminders and/or engagement needed.

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 serve individuals who:

- i. Are Alameda County residents;
- ii. Meet diagnostic criteria for SUD treatment per the Diagnostic and Statistical Manual (DSM) and criteria for ASAM LOC 1.0 or 2.1;⁶
- iii. Are expected to benefit from the type of services being offered; and
- iv. Are enrolled in or eligible for⁷ Alameda County Medi-Cal, are indigent and/or have no other payor source.

4. Limitations of Service

Not applicable.

C. Program Description

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

1. Program Design

Contractor shall ensure that individuals seeking services are provided with a face-to-face appointment within ten business days of a request for ASAM LOC 1.0 or 2.1 services. Contractor's staff shall utilize ASAM criteria level of care

⁴ Other designated ACBH-approved referral sources include Cherry Hill, FSCM, and Alameda County Collaborative Court Services/Drug Court.

⁵ If not possible to schedule the intake appointment within ten days of initiation of the three-way call, Contractor shall document the reason(s) for the delay.

⁶ Under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) mandate, beneficiaries under the age of 21 years are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) Medicaid authority.

⁷ Contractor shall conduct follow-up towards ensuring that Medi-Cal applications are submitted within two weeks of intake for clients who are eligible for but not yet enrolled in Alameda County Medi-Cal.

considerations upon admission, during the course of treatment, and during discharge planning and coordination.

Contractor shall provide medically necessary, client-centered, individualized services directed at stabilizing and rehabilitating clients by addressing major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment or impair the client's ability to cope with major life tasks without the addictive use of alcohol and/or other drugs.

Contractor shall provide the following services in person, by telephone, and in any appropriate, confidential setting in the community in compliance with 42 Code of Federal Regulations (CFR), Part 2 requirements:

- i. Intake/Assessment;
- ii. Treatment planning;
- iii. Individual and group counseling;⁸
- iv. Family therapy;
- v. Patient education;
- vi. Collateral services;
- vii. Crisis intervention services; and
- viii. 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 Contractor's diagnosing staff to determine placement into the appropriate level of care.

Contractor shall also provide the following DMC-ODS services:

- i. 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.
- ii. Laboratory and collection services available onsite or through closely-coordinated referral.
- iii. Case management services,⁹ which shall consist of the following:
 - a. Care Coordination: a structured approach plan that provides for seamless coordination of care for clients in DMC-ODS without disruptions to services.

⁸ 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.

⁹ Case management services shall be performed in partnership with the Recovery Residence programs for those clients residing at Alameda County Contracted Recovery Residence programs.

- b. Service Coordination: service to assist clients to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services, as appropriate for individual clients.
- iv. 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.
- v. 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 have policy and procedures in areas including, but not limited to: client admission and readmission criteria that addresses use or abuse of alcohol/drugs, physical health status, social psychological problems, procedures for how the program addresses clients who do not meet admission criteria; and drug screening/testing per DMC-ODS Practice Guidelines which includes procedure to protect against falsification and/or contamination of client urinalysis samples. All policies and procedures shall be submitted to the designated ACBH Operational Lead 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 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:

- i. Other SUD treatment providers in the DMC-ODS continuum of care;
- ii. ACBH-designated referral and care navigation sources for SUD, including but not limited to the Helpline, Cherry Hill and the Emergency Department Bridge Program;
- iii. Criminal Justice Systems and partners;
- iv. Mental Health Service Providers, including ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS) and John George;
- v. Physical Health Service Providers; and

vi. Alameda County Care Connect.¹⁰

Additional Requirement for ASAM Level 1.0 Outpatient Services

Contractor's SUD Outpatient Services (ASAM Level 1.0) shall consist of clinical services provided to clients for up to nine hours per week for adults and up to six hours per week for adolescents.

Additional Requirement for ASAM Level 2.1 Intensive Outpatient Services

Contractor's SUD Intensive Outpatient Services (ASAM Level 2.1) shall consist of clinical services provided to clients for a minimum of nine hours per week for adults and a minimum of six hours per week for adolescents. Contractor's IOT Program shall have the capacity to treat multidimensional instability for clients who have more complex co-occurring SUD and mental health conditions, or complicating factors, which require high-intensity, professionally directed SUD treatment.

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 **FSCM** 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 **FSCM** 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 hours as specified in Exhibit A-Scope of Work (SOW).

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 deliver services at designated service delivery sites as specified in Exhibit A-SOW.

¹⁰ AC Alameda 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.

Contractor shall have and maintain DMC Certification for ASAM LOC 1.0 and 2.1.

Contractor may also conduct field-based treatment services at community-based locations, including but not limited to designated Alameda County Probation site(s), in accordance with ACBH standards and regulatory requirements.

Contractor shall obtain written approval from ACBH through the ACBH Program Contract Manager prior to implementing any changes in service delivery sites.

D. Minimum Staffing Qualifications

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

Contractor shall notify the ACBH Program Contract Manager of any change in direct service FTE.

IV. Contract Deliverables and Requirements

A. Process Objectives

Contractor shall deliver units of service as specified in Exhibit A-SOW. Contractor shall provide at least one hour of case management services to each client.

Contractor shall provide services toward achieving the following process objectives:

Process Measures	Process Objectives
Percent of open episodes with at least one documented service within 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	At least 80%

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients screened as eligible for SUD treatment who receive a first offered appointment at Outpatient Services, Intensive Outpatient Services, or Residential Treatment within ten days of their initial request for services	At least 80%
Percent of clients screened as eligible for SUD treatment who have their first actual intake service within ten days of their initial request for services	At least 85%

Quality Measures	Quality Objectives
Percent of eligible clients who completed their initial intake/assessment visit and initiate a second treatment visit or day within 14 days	At least 88%
Percent of clients who initiated a second visit within 14 days of their initial visit and engage in at least two treatment visits or days within the next 30 days	At least 75%
Percent of clients who receive an ASAM LOC assessment at least every 60 days throughout the episode of treatment	100%

C. Impact Objectives

Contractor shall provide services toward achieving the following impact objective:

Impact Measure	Impact Objective
Percent of clients discharged from SUD outpatient treatment who completed treatment or left with satisfactory progress.	At least 60%

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; and improved health and wellness among clients served.

V. Reporting and Evaluation Requirements

No additional requirements.

VI. Additional Requirements

Contractor shall comply with any emerging requirements specified by DHCS.