

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) or California Department of Health Care Services (DHCS) Level of Care (LOC) 3.1 (Clinically Managed Low-Intensity Residential Services);
- ASAM or DHCS LOC 3.5 (Clinically Managed High-Intensity Residential 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:

- 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 personal responsibility; and

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.

- 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 are:

- i. Eligible for Medi-Cal in Alameda County;
- ii. Pregnant women;
- iii. Intravenous drug users;
- iv. Involved with the criminal justice system;
- v. Black/ African American;
- vi. Latino/Latin(x); and/or
- vii. Asian.

2. Referral Process to Program

For purposes of serving clients under this contract, Contractor shall only accept referrals from the Substance Use Access and Referral Helpline (the 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:

- 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.⁴
- 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.

If a three-way call cannot be guaranteed during regular business hours, Contractor shall supply a schedule of standing intake appointment blocks to the Helpline so that eligible callers can be scheduled for an intake appointment at the time of their initial call to the Helpline.

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

⁴ 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.

Contractor shall not request that referral sources share potential client screenings for review prior to scheduling an intake appointment. Contractor shall receive the client ASAM screenings completed by referral portals after the intake appointment is scheduled. Referral documentation shall be received by Contractor via Sharefile from the referral source/portal.

For individuals who contact Contractor directly seeking access into Contractor's residential treatment program, Contractor shall provide contact information and assist the individuals in calling the Helpline for point of entry screening and referral into SUD residential treatment.

Contractor shall contact the referral source/portal with information on any of the following situations within 12 hours of occurrence:

- i. Client does not arrive to scheduled intake appointment;
- ii. Client has rescheduled intake appointment;
- iii. Client has been denied entry to residential treatment; and/or
- iv. Client has been accepted into residential treatment

Contractor shall upload their daily bed census spreadsheet every weekday by 10 a.m. to Sharefile. With 30 day notice from ACBH, Contractor shall migrate communication regarding bed availability to an alternate ACBH-identified online 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 services to individuals who:

- i. Are Alameda County residents;
- ii. Meet diagnostic criteria for SUD treatment per the Diagnostic and Statistical Manual (DSM) and criteria for the applicable ASAM or DHCS LOC;
- iii. Are expected to benefit from the type of services being offered;
- iv. Have been referred through the referral process stated above;
- v. Are enrolled or eligible⁵ for Alameda County Medi-Cal, are indigent and/or have no other payor source;
- vi. Are not under the care of a physician for active and contagious tuberculosis; and
- vii. Have been authorized for services or are pending authorization for services by ACBH Utilization Management (UM).

⁵ 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.

4. Limitations of Service

Eligibility for ASAM or DHCS 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:

- i. 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.
- ii. 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 medical 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.

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:

- i. Intake/assessment;
- ii. Treatment planning;
- iii. Individual and group counseling;⁶
- iv. Patient education;
- v. Family therapy;
- vi. Collateral services;
- vii. Crisis intervention services;
- viii. Transportation services (provision of or arrangement for transportation to and from medically-necessary treatment); and
- ix. 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 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:

- 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, 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.
 - 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

⁶ 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.

may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.

With 30 day notice from ACBH, 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; 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; drug screening/testing per DMC-ODS Practice Guidelines which includes procedure to protect against falsification and/or contamination of client urinalysis samples; 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:

- i. Other SUD treatment providers in the DMC-ODS continuum of care;
- ii. ACBH-designated referral and care navigation sources for SUD, including the Helpline and Cherry Hill;
- iii. Criminal Justice Systems and partners;
- iv. The Emergency Department Bridge Program;

- v. Mental Health Service Providers, including ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS) and John George;
- vi. Physical Health Service Providers; and
- vii. Alameda County Care Connect.⁷

Additional Requirement for ASAM or DHCS 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 or DHCS 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,⁸ with additional hours if necessary based on client need, to stabilize multidimensional imminent danger.

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 Forensic Substance Use Case Management (FSCM, formerly Criminal Justice Case Management) 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

Contractor shall initiate discharge planning at intake. Contractor shall focus initial discharge planning efforts on proactively connecting the client to housing resources that may be needed to support their recovery when they are later discharged from the program, including but not limited to the Coordinated Entry System and Rental Assistance Programs.

Contractor shall notify the Helpline for requested step-down to Recovery Residence on the day on which the ASAM identifies that a client no longer meets medical necessity for services, or at least two weeks before a client's residential episode length of stay is due to be exhausted.

⁷ 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.

⁸ Providers may claim for the minimum DHCS threshold of five hours of clinical service per client per week, and a minimum of 15 minutes of daily service activity (clinical or non-clinical) under the COVID-19 emergency per the [August 27, 2020 Memo from ACBH QA](#).

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. Contractor shall maintain regular intake hours as specified in the Exhibit A-Scope of Work (SOW).

4. Service Delivery Sites

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

In the event of an emergency evacuation, Contractor shall immediately alert and coordinate with ACBH around needed logistics, including service entry and billing.

Contractor shall have and maintain valid Alcohol and Other Drug Program Certification and Licensure by DHCS with ASAM or DHCS 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 appropriate 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 and document case management and physician consultation on an as-needed basis for clients.

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%

Process Measures	Process Objectives
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 or by the portal via an intake availability calendar provided by 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 SUD residential 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 75%
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 ten days after assessment identifying a need for lower level of care	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 provide services toward achieving the following impact objective:

Impact Measure	Impact Objective
Percent of clients discharged from SUD residential 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.