

Exhibit A Language Changes Summary (FY 14-15) Alcohol & Other Drugs

I. Ex A - Standard Changes

- Changed HealthPac to HealthPac County
- Added 'Site' under Certification/Licensure section to make the distinction versus that of Staff Certification/Licensure
- New language under 'Entirety of Agreement' section – The new contract will supersede and merge any prior understanding and all other agreements
- Changed INSYST to data collection and claiming system approved by BHCS Information Systems (IS)

II. Ex A - Changes by Modality or Program Type

BASN

- Removed all references to BASN

AB 109

- **Site Certification/Licensure**
 - Removed if capacity is less than 6 beds: Conditional Use Permit from City or County, if more than six beds. (For SLE'S)
 - All Adult programs must be certified by DHCS and DMC in FY 14/15.

Narcotic Treatment Programs (NTP)

- **Service Groups**
 - Added footnote: BHCS shall waive requirement of one year documented opiate addictions as long as Contractor maintains an active 2+2 waiver with the California State Department of Health Care Services
- **Program Design**
 - Added: Contractor shall establish and implement a protocol for the timely signing of all medical orders that is both consistent with the standard of practice for NTPs and conforms to State and Federal guidelines. Contractors shall utilize a Breathalyzer as an intervention and measurement tool for a specified period of time when the patient screens positive or when it is otherwise deemed clinically appropriate.
- **Discharge Criteria and Process**
 - Deleted: Contractor shall complete a transition plan in the fourth month of treatment and update the plan at the time of impending discharge. The transition plan shall include a review of the client's strengths and gains achieved in treatment and post-

treatment resource referrals as necessary. Contractor shall also develop a relapse plan with the client prior to discharge.

Primary Prevention

- **Program Design**
 - Added: AOD primary prevention staff working on school sites shall communicate and interface with other on-site programs such as mental health programs and Coordination of Services Teams (COST). (Doesn't apply to Older Adult Programs.)
 - Contractor shall update their logic model annually, as needed, which links program effectiveness via the relationships between resources, activities, outputs and outcomes of Contractor's program.
- **Reporting Requirements**
 - Added: Contractor shall submit their logic model to the BHCS Program Contract Manager, by September 15 of each year.

Outpatient ODF (Adolescent)

- **Referral Process**
 - Added: Alameda County Social Services Agency (SSA) Children and Family Services Department as another referral source.
- **Program Design**
 - Added: Contractor shall implement services in accordance with the State of California Youth Treatment Guidelines and comply with the following provision areas:
 - Target population;
 - Service components, including screening, initial and continuing assessment, diagnosis, placement, treatment planning, counseling, youth development approaches to treatment, family intervention and support systems, educational and vocational activities, structured recovery-related activities, alcohol and drug testing, discharge planning, and continuing care;
 - Service coordination and collaboration, including case management, complementary services and critical linkages;
 - Culturally and linguistically responsive services to provide the most appropriate treatment for clients; Health and safety issues, including care and supervision, medication management, emergency services, detoxification services and buildings/grounds;
 - Legal and ethical issues, including voluntary treatment, consent, confidentiality, criminal reporting, notice of program rules, client rights and grievance procedures; and
 - Administration, including program rules and procedures, program staffing and program data collection and reporting.

- **Process Measures**

- Revised table and included instructions to the provider on how to complete.

Contractor Deliverable		Process Measures		
Service Type		Units	Sessions	Total Hrs
<i>Direct Services (Medi-Cal Billable)</i>				
555	Intake			
355	Treatment Planning			
351/354*	Group Counseling			
311	Collateral Services			
356	Discharge Planning			
371	Crisis Intervention			
<i>Other Services</i>				
343	Individual Visit			
571	Case Management			
441	Check-In Visit			
451	Family Contact			
441	Screening/Engagement			
Total Year-End Service Units & Hrs		625		480

*354 is non-Drug Medi-Cal Group Counseling code

Total Number of Group Counseling Sessions:

Total Number of Individual Visits (311, 356, 355, 371, 555, 343):

Total Number of Group Visits (351, 354):

Number of Unique Clients: **27**

Treatment Capacity or Slots:

III. Ex A-1 Changes

- **Confidentiality**
 - Added: 42 Code of Federal Regulations (CFR) Part 2
- **Enrollment**
 - Changed HealthPAC to HealthPAC County
- **Housing/Living Situation and Co-Occurring Informed Practice**
 - Updated URL links
- **Provider Meetings**
 - Changed BASN to AB109
- **BHCS Tobacco Control, Education and Prevention Guidelines**
 - Updated language to reference most recent policy and corresponding URL link where policy can be accessed
- **Quality Assurance**
 - Updated: Contractors providing treatment services which are eligible for billing to Drug-Medi-Cal shall have completed documentation training and shall provide documentation which complies with all Drug Medi-Cal Services.
- **Data Entry**
 - Updated: BHCS intends to enhance data entry through adoption of an Electronic Health Record System (EHR) approved by BHCS as a front-end system for data entry into the electronic data collection and claiming system approved by BHCS. Contractors providing treatment services shall attend trainings provided by BHCS on the EHR, and shall begin entering data into the EHR within 30 days from BHCS notice.
- **Residential and Transitional Living Programs**
 - Deleted reference to BASN occupancy standards.
 - Added SLE minimum average occupancy of 100%
- **Daycare Habilitative Programs**
 - Deleted reference to BASN occupancy standards
- **Requirements for Federal Substance Abuse Prevention and Treatment Block Grant Funds**
 - Updated:
 - Individuals presenting at a program site must be provided treatment within 14 days after an individual requests treatment. If that requirement cannot be met, “interim services” must be provided within forty-eight (48) hours in the form of counseling and education about Human Immunodeficiency Virus (HIV) and tuberculosis (TB), risks of needle sharing, risks of HIV and TB transmission, steps to reduce the transmission of HIV and TB, and referral for HIV and TB services if necessary. In addition, interim services for pregnant women must include counseling on the effects of alcohol and drug use on the fetus and referral, if necessary for prenatal care.
 - All IV drug users must be admitted to treatment within 120 days of seeking services.
 - Treatment preference is as follows: (1) pregnant injecting drug users, (2) pregnant substance abusers, (3) injecting drug users, and (4) all others.
 - Maintain contact with individuals awaiting treatment admission to inform these individuals of available treatment services and encourage their entry into treatment.

- Programs providing IVDU or pregnant women's services are required to do outreach activities for the purpose of encouraging individuals in need of treatment to undergo such treatment.