

**EXHIBIT A(x)-SCOPE OF WORK (SOW):  
SUBSTANCE USE DISORDER (SUD) OUTPATIENT TREATMENT**

<b>Contractor Name</b>	Account NameContractor Legal Name
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*See Applicable Exhibit A Documents. Any additional specifications or variations in contracted service requirements applicable to this Exhibit A-SOW shall be contained herein.*

**I. PROGRAM NAME**

Substance Use Disorder (SUD) Outpatient Treatment

**Additional Specifications**

Program Name - Add Specs

**II. CONTRACTED SERVICES**

SUD Outpatient Treatment Programs, designated as follows:

- American Society of Addiction Medicine (ASAM) Level of Care (LOC) 1.0 SUD Outpatient Services (OS, also known as Outpatient Drug Free, ODF);
- ASAM LOC 2.1 SUD Intensive Outpatient Services (IOS, also known as Intensive Outpatient Treatment, IOT);
- Care Coordination Services;
- Clinician Consultation Services; and
- Peer Support Services.

Medi-Cal Requirements Apply

**Additional Specifications**

Contracted Services - Add Specs

**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, **other community resources**, and criminal justice;<sup>1</sup>
- iv. Maintain responsibly-managed and value-focused operations while decreasing other system health care costs (e.g. reduced inpatient and emergency room use); and

<sup>1</sup> Criminal justice is a term that is inclusive of systems such as the Collaborative Courts, Jails/Prisons, Probation, and Juvenile Justice.

- 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;
- 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>Additional Specifications</b> Program Goals - Add Specs
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## **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 pregnant women;
- ii. Are intravenous drug users; and/or
- iii. Are involved with the criminal justice system.

Contractor shall provide services to clients in accordance with the applicable Alameda County Behavioral Health Care Services (ACBH) 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 Latinx clients.

<b>Additional Specifications</b> Service Groups - Add Specs
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### **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); 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.

Contractor shall implement ShareFile electronic referral system to receive LOC assessments from the designated SUD portals.<sup>2</sup>

Contractor shall offer dates of appointments within the timeframes **specified by the ACBH Timeliness Policy for all urgent and non-urgent** requests for services relevant to contracted LOCs. Contractor shall track and report to ACBH all required Timely Access data elements. If Timely Access standards cannot be met for service requests, a Notice of Adverse Benefit Determination (NOABD) must be issued per ACBH NOABD policy.

Contractor shall have the capacity to accept three-way calls with the Substance Use Access and Referral Helpline and a more limited group of designated ACBH-approved referral sources.

- i. Contractor may build rapport with the client and discuss program structure and expectations.
- ii. Contractor shall attempt to minimize repetition of assessment services when a client is referred from an ACBH-approved referral source.
- iii. Contractor shall offer an intake appointment on the three-way call and the appointment shall be scheduled per Timely Access standards. Upon successful completion of the call, Contractor shall maintain contact with the client for any intake appointment reminders and/or engagement needed.

**Additional Specifications**

Referral Process to Program - Add Specs

**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. Are enrolled in Alameda County Medi-Cal, are indigent, and/or have no other payor source; and
- iii. Have at least one diagnosis from the current edition of the Diagnostic and Statistical Manual (DSM) for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders and meet criteria for 1.0 or 2.1 LOC from the current edition of The ASAM Criteria.<sup>3</sup>

**Additional Specifications**

Program Eligibility - Add Specs

<sup>2</sup> Designated SUD portals include the Helpline, Cherry Hill, FSCM, and Alameda County Collaborative Court Services/Drug Court.

<sup>3</sup> Under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) mandate, clients 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.

#### 4. Limitations of Service

Not applicable.

<b>Additional Specifications</b>
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Limitations of Service - Add Specs
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### C. Program Description

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

#### 1. Program Design

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 as defined by DHCS and ACBH in compliance with regulatory requirements:

- i. Assessment;
- ii. Care Coordination;
- iii. Counseling (individual and group);<sup>4</sup>
- iv. Family Therapy;
- v. Medication Services;
- vi. Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD), Alcohol Use Disorder (AUD) and other non-opioid SUDs;<sup>5</sup>
- vii. Patient Education;
- viii. Recovery Services; and
- ix. SUD Crisis Intervention Services.

Contractor shall offer MAT directly or have effective referral mechanisms in place to the most clinically appropriate MAT services.<sup>6</sup>

Contractor's Licensed Practitioner of the Healing Arts (LPHA) shall perform the initial medical necessity determination through a face-to-face or telehealth review with a client or the counselor who conducted the intake. Contractor's LPHA shall establish and document at least one eligible SUD diagnosis from the DSM. After establishing a diagnosis and documenting the basis for diagnosis, Contractor's staff shall utilize the current version of the ASAM LOC criteria for consideration in admission, during the course of treatment, and during discharge planning and coordination.

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<sup>4</sup> Group Counseling denotes face-to-face interaction in which one or more SUD counselors or Licensed Practitioners of the Healing Arts (LPHAs) treat between two and a maximum of 12 clients at the same time focusing on the needs of the clients served.

<sup>5</sup> Provision of MAT services beyond support and referral (e.g., administering, ordering, prescribing, and/or dispensing MAT) requires DHCS IMS Certification and addition of MAT to the provider contract.

<sup>6</sup> Defined as facilitating access to MAT off-site for clients while they are receiving treatment services if not provided on-site.

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 documentation of the plan to help the client receive a physical examination.
- ii. Clinically indicated and appropriate laboratory and collection services available onsite or through **closely coordinated** referral.
- iii. Care Coordination services,<sup>7</sup> which shall consist of the following:
  - a. Coordinating with medical and mental health care providers to monitor and support comorbid health conditions;
  - b. Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers; and
  - c. Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.
- iv. Clinician Consultation services to assist Contractor's licensed clinicians by allowing them to seek expert advice from ACBH-approved addiction medicine physicians, addiction psychiatrists, clinical pharmacists or other clinicians when developing treatment plans for specific DMC-ODS clients. Clinician consultation services may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.
- v. **Recovery Services support recovery and prevent relapse with the objective of restoring the client to their best possible functional level. Recovery Services emphasize the client's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to clients. Clients do not need to be diagnosed as being in remission to access Recovery Services.**

**With 30-day notice from ACBH, Contractor may provide Medi-Cal Peer Support Services by a Certified Peer and/or Family Support Specialist.<sup>8</sup>**

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 **ACBH** Practice Guidelines that includes procedures to protect against falsification and/or contamination of client urinalysis samples. All policies and procedures shall

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<sup>7</sup> Care Coordination services shall be performed in partnership with the Recovery Residence programs for those clients residing at Alameda County contracted Recovery Residence programs.

<sup>8</sup> **Peer Support is a peer to peer or caregiver to caregiver approach to supporting clients and their families around behavioral health issues. Peer support services offer hope, guidance, advocacy, and camaraderie for clients and their families. Medi-Cal Peer Support Services are offered by Certified Peer and Family Peer Support Specialist who maintain current certification by California Mental Health Services Authority (CalMHSA).**

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 practice 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, Collaborative Court System, 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 Psychiatric Hospital; and
- v. Physical Health Service Providers.

Contractor's IOS Program shall:

- Comply with the required hours of clinical services per day or week as defined by DHCS and ACBH; and
- Have the capacity to treat multidimensional instability for clients who have more complex co-occurring SUD and mental health conditions, or complicating factors that require high-intensity, professionally directed SUD treatment.

#### 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.

#### AB109 Clients

Contractor shall actively coordinate with FSCM and Alameda County Deputy Probation Officers 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.

<b>Additional Specifications</b>
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Program Design - Add Specs
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## **2. Discharge Criteria and Process**

No additional requirements.

**Additional Specifications**  
Discharge Criteria and Proc - Add Specs

**3. Hours of Operation**

Contractor shall maintain the following hours for client intake that can be accessed by designated ACBH-approved referral sources at the phone number(s) specified below:

Hours of Operation - Add Specs

**4. Service Delivery Sites**

Contractor shall deliver services at the following location(s):

Service Delivery Sites - Add Specs

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

Contractor shall have and maintain valid Alcohol and Other Drug Program Certification by the DHCS Licensing and Certification Division.<sup>9</sup>

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.

**D. Minimum Staffing Qualifications**

Contractor shall maintain the following minimum direct service positions:<sup>10</sup>

Minimum Staffing Qual - Add Specs

**IV. CONTRACT DELIVERABLES AND REQUIREMENTS**

**A. Process Objectives**

Contractor shall provide the following services/deliverables:

Process Objectives - Add Specs

Contractor shall provide at least one hour of care coordination services to each client with care coordination needs.

<sup>9</sup> [DHCS Licensing and Certification Division](#)

<sup>10</sup> The positions shall be maintained at the specified level or higher of direct FTE staff.

Contractor shall provide services toward achieving the following process objectives:

<b>Process Measures</b>	<b>Process Objectives</b>
Percent of open episodes with at least one documented billable 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:

<b>Quality Measures</b>	<b>Quality Objectives</b>
Percent of clients screened as eligible for non-urgent 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 non-urgent SUD treatment who have their first actual intake service within ten days of their initial request for services	At least 85%
Percent of clients screened as eligible for urgent SUD services who receive an initial appointment date within 72 hours of the request.	100%
Percent of eligible clients who completed their initial assessment visit and initiate a second treatment visit or day within 14 days	At least 88%
Percent of clients who initiate a second visit within 14 days of their initial visit and engage in at least two treatment visits within the first 30 days of admission	At least 75%
Percent of clients who receive a full ASAM LOC assessment within 30 days of admission (or within 60 days for adolescent and/or homeless clients)	100%

<b>Additional Specifications</b> Quality Objectives - Add Specs
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**C. Impact Objectives**

Contractor shall provide services toward achieving the following impact objective:

<b>Impact Measure</b>	<b>Impact Objective</b>
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.

<b>Additional Specifications</b> Impact Objectives - Add Specs
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## V. REPORTING AND EVALUATION REQUIREMENTS

No additional requirements.

<b>Additional Specifications</b> Reporting And Eval Req - Add Specs
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## VI. ADDITIONAL REQUIREMENTS

Contractor shall comply with any emerging requirements specified by DHCS.

<b>Additional Specifications</b> Additional Requirements - Add Specs
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