

## **EXHIBIT A(Sub-Exhibit A)-SCOPE OF WORK (SOW): OPIOID TREATMENT PROGRAM (OTP)**

<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**

Opioid Treatment Program (OTP)

<b>Additional Specifications</b> Program Name - Add Specs
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### **II. CONTRACTED SERVICES**

OTP, designated as follows:

American Society of Addiction Medicine (ASAM) Level of Care (LOC) OTP Level 1

- Narcotic Replacement Therapy (NRT)<sup>1</sup> consisting of the following Medication-Assisted Treatment (MAT) options covered under the Drug Medi-Cal Organized Delivery System (DMC-ODS) formulary:
  - Methadone Treatment
  - Buprenorphine Treatment<sup>2</sup>
  - Buprenorphine-Naloxone Treatment
- Additional non-controlled substance MAT options; and
- Other related services.

Medi-Cal Requirements Apply

<b>Additional Specifications</b> Contracted Services - Add Specs
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### **III. PROGRAM INFORMATION AND REQUIREMENTS**

#### **A. Program Goals**

Contractor shall provide services to help clients accomplish the following goals:

- i. Reduce or eliminate chronic addiction to illicit opioids, block the euphoric effects of illicit opioids, and the risks associated with their use;

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<sup>1</sup> NRT is a comprehensive treatment for opioid dependency that includes the use of the federal Food and Drug Administration (FDA)-approved controlled substances, including full agonist medication (methadone) and partial agonist medication (buprenorphine products).

<sup>2</sup> This shall include treatment with buprenorphine products.

- ii. Support clients to increase their ability to develop and maintain a healthy lifestyle free of opioid drug use;
- iii. Reduce the risk for acquiring or transmitting human immunodeficiency virus (HIV), hepatitis C virus (HCV) and other infectious and communicable disease;
- iv. Develop cognitive and behavioral coping skills to prevent relapse and withdrawal syndrome, and reduce narcotic cravings; and
- v. Adopt a voluntarily maintained lifestyle characterized by sobriety, personal health and personal responsibility.

<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 eligible Alameda County residents who require opioid agonist medications and counseling to address severe opioid use disorder (OUD).

<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; the Emergency Department Bridge Program; the Santa Rita Jail Narcotic Treatment Program; other Alameda County Behavioral Health Department (ACBHD)-contracted mental health and substance use treatment providers; **ACBHD First Step: Behavioral Health Connection, Screening, and Referral (First Step, formerly the Helpline)**; the Forensic Substance Use Case Management (FCSM) Program;<sup>3</sup> Drug Court; Cherry Hill; other Alameda County Departments; and other community agencies and service providers.

Contractor shall offer dates of appointments within the timeframes specified by state and federal Network Adequacy/Timely Access standards<sup>4</sup> for all requests for services relevant to contracted LOC. Contractor shall track and report to ACBHD 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 ACBHD NOABD policy.

<sup>3</sup> Formerly the Criminal Justice Case Management Program.

<sup>4</sup> [DHCS Network Adequacy Standards](#)

Contractor shall have the capacity to accept three-way calls with First Step and a more limited group of designated ACBHD-approved referral sources.<sup>5</sup>

- 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 ACBHD-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

<b>Additional Specifications</b>
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Referral Process to Program - Add Specs
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### **3. Program Eligibility**

Contractor shall only serve Alameda County Drug Medi-Cal clients meeting eligibility requirements as specified by regulations.<sup>6</sup> Contractor may also serve out-of-County residents through Courtesy Dosing in accordance with regulatory requirements.

<b>Additional Specifications</b>
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Program Eligibility - Add Specs
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### **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**

OTPs encompass a variety of pharmacological and non-pharmacological ambulatory treatment approaches that include medications used to treat OUDs. Contractor's staff shall utilize the current version of the ASAM LOC criteria upon admission, during the course of treatment, and during discharge planning and coordination.

Contractor shall provide shorter-term detoxification services that entail the use of approved medications to taper individuals off of opioids, as well as maintenance services to manage longer-term recovery from sustained opioid use.

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<sup>5</sup> Other designated ACBHD-approved referral sources include Cherry Hill, FSCM, and Alameda County Collaborative Court Services/Drug Court.

<sup>6</sup> As specified under Title 9 California Code of Regulations (CCR), Division 4, Chapter 4: Narcotic Treatment Programs and Title 42 Code of Federal Regulations (CFR) Chapter I, Part 8, Subpart C: Certification and Treatment Standards for Opioid Treatment Programs. Contractor shall only serve individuals under 18 years of age in accordance with these regulations.

Contractor shall provide NRT services in sustained, stable, and medically determined doses to improve clients' health and reduce risks associated with opioid use. Contractor shall tailor medically necessary services such as dosing, LOC, length of services, and frequency of visits, to the needs of each client, as determined and authorized by a licensed physician or licensed prescriber according to state and federal guidelines.

Contractor shall provide the following services as appropriate for clients in their program:

- i. Assessment
- ii. Care Coordination
- iii. Counseling (individual and group)
- iv. Family Therapy
- v. Medical Psychotherapy
- vi. Medication Services
- vii. MAT for OUD
- viii. MAT for Alcohol Use Disorder and other non-opioid SUDs
- ix. Patient Education
- x. Recovery Services
- xi. SUD Crisis Intervention Services
- xii. Treatment Planning
- xiii. Discharge Planning Services

Contractor shall provide Care Coordination to coordinate care with treatment and ancillary service providers and facilitate transitions between Substance Use Disorder (SUD) levels of care consistent with Alameda County Continuity of Care and Care Coordination Procedures.

With 30-day notice from ACBHD, Contractor shall provide Clinician Consultation Services. Clinician Consultation services assist Contractor's licensed clinicians by allowing them to seek expert advice from ACBHD-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 interactions, or level of care considerations.

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 the California Department of Health Care Services (DHCS)-licensed Narcotic Treatment Program (NTP) facilities and conforms to state and federal guidelines. Contractor shall utilize a breathalyzer as an intervention and measurement tool for a specified period of time when the client screens positive or when it is otherwise deemed clinically appropriate.

Contractor shall document program eligibility and then refer clients to Contractor's intake counselor and medical practitioner for enrollment. Enrollment shall include completion of forms, including but not limited to the ASAM LOC form, review of

medical history and a physical exam to determine treatment plan and dosing schedule. Following enrollment, clients shall be assigned to Contractor's primary counselors.

Contractor's staff shall work with clients to develop treatment plans, set goals and action plans, and ensure that monthly drug screens and other necessary tests are conducted. Contractor shall test for oxycodone and fentanyl in the drug test panel screens consistent with State's Behavioral Health Information Notice 20-050.

Treatment plans shall include the ASAM LOC determination upon treatment plan development and during each update, as needed. Treatment plans shall be client-centered and shall address major lifestyle and behavioral issues that may undermine patient's recovery-oriented goals and impact their ability to cope with major life tasks.

Contractor shall follow the state and federal guidelines in setting a mandatory minimum of 50 minutes per calendar month of individual counseling services for each client for up to 200 minutes per calendar month, with additional services only provided based on medical necessity.

The format of the counseling services shall be one of the following:

- i. Individual session, with face-to-face discussion with the client about issues identified in the client's treatment plan;
- ii. Group session, with a minimum of two clients and no more than 12 clients and having a clear goal and/or purpose that is a common issue identified in the treatment plans of all participating clients; or
- iii. Medical psychotherapy session, with face-to-face discussion conducted by a psychiatrist on a one-on-one basis with the client on issues identified in the client's treatment plan.

Contractor shall require each client to undergo a medical exam upon admission into the program, and annually thereafter, administered per regulatory requirements.

Contractor's staff shall update the treatment plan whenever necessary or at least once every three months from the date of admission, and shall address specific issues as needed, including the legal, vocational, educational, and medical needs of each client.

Contractor's staff shall evaluate clients to determine their eligibility for reduction of clinic visits and shall provide recommendations for physician approval of "take home" and self-administer doses. Criteria for "take homes" shall be determined by state and federal regulations.

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 that includes procedures to protect against falsification and/or contamination of client urinalysis samples. All policies and procedures shall be

submitted to the designated ACBHD Operational Lead within three months of the contract start date, and Contractor shall work with ACBHD to address any identified concerns within six months of the contract start date.

Contractor shall comply with quality monitoring requirements as specified in the ACBHD Policy on the Safety and Effectiveness of Medication Use in the DMC-ODS.

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. Emergency Department Bridge Program;
- iii. Santa Rita Jail Narcotic Treatment Program;
- iv. ACBHD-designated referral and care navigation sources for SUD, including First Step and Cherry Hill;
- v. Alameda County Social Services Agency;
- vi. Criminal Justice Systems and partners, including but not limited to Alameda County Collaborative Court Services/Drug Court, the ACBHD-contracted FCSM, the Alameda County Probation Department, and Deputy Probation Officers;
- vii. Mental Health Service Providers, including ACBHD First Step and John George Psychiatric Hospital; and
- viii. Physical Health Service Providers.

Contractor shall provide MAT informing materials to clients that discuss the risks and benefits of MAT and access to multiple treatment medications.

Contractor shall administer additional non-controlled substance MAT options, Naloxone,<sup>7</sup> and Disulfiram as appropriate to support clients. Contractor shall ensure that all required forms of medication in DMC-ODS OTPs be on site for immediate dispensing and/or available for prescription as required by DHCS. With 30-day notice from ACBHD, Contractor shall administer Naltrexone.

Contractor shall offer a naloxone kit to each client upon their admission into the program. Contractor shall implement ACBHD requirements to track all Naloxone distribution to ACBHD clients, including that which is funded through sources other than Drug Medi-Cal.

<b>Additional Specifications</b> Program Design - Add Specs
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<sup>7</sup> Buprenorphine-Naloxone products do not meet the requirement that OTPs offer Naloxone for opioid overdose.

## 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 of operation:

Hours of Operation - Add Specs

## 4. Service Delivery Sites

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

Service Delivery Sites - Add Specs

In addition to valid fire clearance and DMC Certification, Contractor shall have and maintain valid:

- DHCS NTP facility license;
- Drug Enforcement Administration (DEA) Registration;
- Center for Substance Abuse Treatment (CSAT)/Substance Abuse and Mental Health Services Administration (SAMSHA) Opioid Treatment Program Certification;
- Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation;
- Joint Commission on Accreditation of Health Care Organizations (JCAHO) Accreditation; and
- Enrollment in Medicare

## D. Minimum Staffing Qualifications

No additional requirements.

### Additional Specifications

Minimum Staffing Qual - Add Specs

# IV. CONTRACT DELIVERABLES AND REQUIREMENTS

## A. Process Objectives

Contractor shall provide the services/deliverables, as described in the Program Description, to eligible 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 clients who reviewed and signed the MAT informing material regarding access to multiple treatment medications	100%
Percent of clients who received a Naloxone kit at least one time in the year	70%

**Additional Specifications**

Process Objectives - Add Specs

**B. Quality Objectives**

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of eligible clients who initially request service (and who are screened to need service) who have a first offered appointment at OTP within three days of request	At least 98%
Percent of eligible clients who have their first actual intake service at an OTP within three days of request	At least 95%
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 90 days throughout the episode of treatment	100%

**Additional Specifications**

Quality Objectives - Add Specs

**C. Impact Objectives**

Contractor shall work collaboratively with ACBHD to develop performance measures around the impact of services.

**Additional Specifications**

Impact Objectives - Add Specs

**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

No additional requirements.

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