

**EXHIBIT A(Sub-Exhibit A)-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

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

SUD Outpatient Treatment Services (OS, also known as Outpatient Drug Free, ODF) and Intensive Outpatient Treatment Services (IOS, also known as Intensive Outpatient Treatment, IOT<sup>1</sup>)

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 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>2</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
- v. Enhance and develop a well-trained, effective, and sustainable SUD workforce.

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

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<sup>1</sup> Contractor shall comply with the most recent version of the Addiction Medicine (ASAM) Level of Care (LOC) criteria for OS and IOS: <https://www.asam.org/asam-criteria>.

<sup>2</sup> Criminal justice is a term that is inclusive of systems such as the Collaborative Courts, Jails/Prisons, Probation, and Juvenile Justice.

- 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.

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 Department (ACBHD) 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 ACBHD-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 Level of Care (LOC) assessments from the designated SUD portals.<sup>3</sup>

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

Contractor shall offer dates of appointments within the timeframes specified by the ACBHD Timeliness Policy for all urgent and non-urgent requests for services relevant to contracted LOCs. 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.

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 ACBHD-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 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> Referral Process to Program - Add Specs
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### 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 OS or IOS LOC from the current edition of the American Society of Addiction Medicine (ASAM) Criteria.<sup>4</sup>

<b>Additional Specifications</b> Program Eligibility - Add Specs
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### 4. Limitations of Service

Not applicable.

<b>Additional Specifications</b>
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<sup>4</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.

### **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 the California Department of Health Care Services (DHCS) and ACBHD in compliance with regulatory requirements and emerging changes in regulatory requirements:

- i. Assessment;
- ii. Care Coordination;<sup>5</sup>
- iii. Clinician Consultation
- iv. Counseling (individual and group);<sup>6</sup>
- v. Family Therapy;
- vi. Medication Services;
- vii. Medications for Addiction Treatment (MAT) for Opioid Use Disorder (OUD), Alcohol Use Disorder (AUD) and other non-opioid SUDs;<sup>7</sup>
- viii. Patient Education;
- ix. Peer Support Services;
- x. Recovery Services; and
- xi. SUD Crisis Intervention Services.

Contractor shall also provide the following DMC-ODS services:

- i. MAT directly or have effective referral mechanisms in place to the most clinically appropriate MAT services.<sup>8</sup>
- ii. 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.
- iii. Clinically indicated and appropriate laboratory and collection services available onsite or through closely coordinated referral.

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<sup>5</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>6</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>7</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>8</sup> Defined as facilitating access to MAT off-site for clients while they are receiving treatment services if not provided on-site.

Contractor shall have policy and procedures in areas including, but not limited to: client admission and readmission criteria that addresses use or misuse 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 ACBHD 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 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. ACBHD-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 **ACBHD** Acute Crisis Care and Evaluation for Systemwide 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 ACBHD 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.

**Additional Specifications**  
Program Design - Add Specs

**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:

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 valid:

- i. Alcohol and Other Drug Program Certification at all program sites by the DHCS Licensing and Certification Division;<sup>9</sup> and
- ii. ASAM or DHCS LOC designation for all contracted OS and IOS LOCs.

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 ACBHD 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**

On an annual basis, 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.

Contractor shall provide services toward achieving the following process objectives:

<sup>9</sup> [https://www.dhcs.ca.gov/provgovpart/Pages/Licensing\\_and\\_Certification\\_Division.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/Licensing_and_Certification_Division.aspx)

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

<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 within ten business days of their initial request for services.	At least 80%
Percent of clients screened as eligible for non-urgent SUD treatment who have a follow-up appointment within ten business days of the initial service appointment.	At least 80%
Percent of clients screened as eligible for urgent SUD services who receive an initial appointment date within 48 hours of the request (when prior authorization is not needed) and 96 hours of the request (when prior authorization is needed).	At least 80%
Percent of eligible clients who complete their initial assessment visit and initiate a second treatment visit or day within 14 days.	At least 45%
Percent of clients who initiate a second visit within 14 days of their initial visit and who engage in at least two treatment visits within 34 days of their second visit.	At least 15%
Percent of clients who receive a full ASAM assessment within 30 days of admission (or within 60 days for adolescent and/or homeless clients).	At least 80%
Percent of emergency department (ED) visits, for clients with an ED diagnosis of alcohol or other drug misuse, who receive a follow-up visit within 30 days of the ED visit.	At least 40%

<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:

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 ACBHD to develop additional performance objectives around the impact of services.

<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

No additional requirements.

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