

**EXHIBIT A(Sub-Exhibit A)-SCOPE OF WORK (SOW):
SUBSTANCE USE DISORDER (SUD) RESIDENTIAL TREATMENT**

Contractor Name	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

SUD Residential Treatment Services

Additional Specifications Program Name - Add Specs

II. CONTRACTED SERVICES

SUD Residential Treatment Services¹

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 Drug Medi-Cal Organized Delivery System (DMC-ODS):

- 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;²
- 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:

- 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;

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

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

- 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.

Additional Specifications Program Goals - Add Specs

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 misuse.

Contractor shall make it a priority to serve Alameda County residents who are:

- i. Pregnant women;
- ii. Intravenous drug users; and/or
- iii. 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.

Additional Specifications Service Groups - Add Specs

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 ACBHD-approved referral sources.³

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 Level of Care (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 the more limited group of designated ACBHD-approved referral sources.

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

- 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.

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.

Contractor shall not request that referral sources share potential client screenings for review prior to scheduling an intake appointment. Contractor shall receive the client American Society of Addiction Medicine (ASAM) screenings completed by referral portals after the intake appointment is scheduled. Referral documentation shall be received by Contractor through 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.

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 provide services to individuals who:

- i. Are Alameda County residents;
- ii. Are enrolled in Alameda County Medi-Cal, are indigent, and/or have no other payor source;
- iii. Have at least one diagnosis specified in the California Department of Health Care Services (DHCS) DMC-ODS Billing Manual for SUD residential treatment services - Diagnosis must be from the current edition of the Diagnostic and Statistical Manual of Mental Disorders when treatment was rendered;

- iv. Have been referred through an approved referral source;
- v. Are not under the care of a physician for active and contagious tuberculosis; and
- vi. Have been authorized for services or are pending authorization for services by ACBHD Utilization Management (UM).

Additional Specifications Program Eligibility - Add Specs

4. Limitations of Service

Contractor shall comply with ACBHD UM requirements for authorization and reauthorization of services in accordance with the assessed clinical need of each client.

Additional Specifications Limitations of Service - Add Specs

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 day per week, non-medical, short-term residential program that provides the minimum services described in the ACBHD Residential Minimum Services Grid for the authorized LOC. 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, develop plans for treatment, and solve problems. Contractor shall safely store all resident medication in accordance with ACBHD requirements and may assist with client self-administration of medication.

Contractor shall provide the following components of SUD residential treatment services as defined by DHCS and ACBHD in compliance with regulatory requirements and emerging changes in regulatory requirements:

- i. Assessment;
- ii. Care Coordination;
- iii. Clinician Consultation;
- iv. Counseling (individual and group);⁴
- v. Family Therapy;
- vi. Patient Education;
- vii. Peer Support Services;
- viii. Medication Services;

⁴ 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.

- ix. Medications for Addiction Treatment (MAT) for Opioid Use Disorder (OUD), Alcohol Use Disorder (AUD) and other non-opioid SUDs;⁵
- x. Recovery Services; and
- xi. SUD Crisis Intervention Services.

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 intake counselor. Contractor's LPHA shall establish and document at least one SUD diagnosis from the 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 the current version of the ASAM LOC Criteria for consideration in 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 to a lower level of care.

Contractor's care coordination services shall consist of the following:

- i. Coordinating with medical and mental health care providers to monitor and support comorbid health conditions;
- ii. 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;
- iii. 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; and
- iv. Contractor shall provide transportation services (provision of or arrangement for transportation) when needed to meet client's care coordination needs.

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.⁶
- 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; and
- iii. Laboratory and collection services available onsite or through closely coordinated referral.

⁵ 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.

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

With 30-day notice from ACBHD, Contractor shall manage their own pending services list for clients awaiting residential placement with Contractor and provide interim services for clients who are pending treatment services, following the specified procedures developed by ACBHD with input from SUD providers.

Contractor shall utilize the ACBHD Bed Availability Survey to convey timely status of ACBHD-contracted beds (i.e., bed on hold for intake, bed occupied, or bed open). Contractor shall adhere to guidelines provided by the ACBHD Operational Lead for SUD Residential Services or their designee regarding the use of the ACBHD Bed Availability Survey.

Contractor shall have policy and procedures in areas including, but not limited to: client intake; 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; drug screening/testing per ACBHD Guidelines that includes procedures 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 ACBHD Operational Lead for SUD Residential Services or their designee 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 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. ACBHD-designated referral and care navigation sources for SUD, including the Helpline, Collaborative Court System and Cherry Hill;
- iii. Criminal justice systems and partners;
- iv. Emergency Department Bridge Program;
- v. Mental health service providers, including ACBHD Acute Crisis Care and Evaluation for System-wide Services (ACCESS) and John George Psychiatric Hospital; and
- vi. Physical health service providers.

Contractor shall provide 24-hour structure with available trained personnel and comply with the required hours of services per day or week as defined by DHCS and ACBHD.

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 the Alameda County Probation Department upon request.

AB109 Clients

Contractor shall actively coordinate with Forensic Substance Use Case Management (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

Discharge planning shall begin 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 ASAM criteria 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.

Additional Specifications Discharge Criteria and Proc - Add Specs

3. Hours of Operation

Contractor shall maintain the following hours of operation:

- Seven days per week, 24 hours per day

Contractor shall maintain the following hours for client intake:

Hours of Operation - Add Specs

4. Service Delivery Sites

Contractor shall provide all SUD residential treatment services within the licensed facility or facilities as specified below:

Service Delivery Sites - Add Specs

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

Contractor shall have and maintain valid:

- i. Alcohol and Other Drug Program Licensure by DHCS Licensing and Certification Division;⁷ and
- ii. ASAM or DHCS LOC designation for all contracted residential LOCs.

D. Minimum Staffing Qualifications

Contractor shall maintain the following minimum direct service positions:⁸

Minimum Staffing Qual - Add Specs

Contractor shall ensure that appropriate 24-hour on-site supervision is maintained at the identified residential treatment facilities.

IV. CONTRACT DELIVERABLES AND REQUIREMENTS

A. Process Objectives

On an annual basis, Contractor shall deliver the following services/deliverables:

Process Objectives - Add Specs

Contractor shall also provide and document clinician 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%
Percent of prorated contracted units of service provided monthly.	75% to 100%
Percent of business days on which Contractor updates the ACBHD Bed Availability Survey.	100%
Percent of intake appointments that were scheduled through three-way call between client, referring portal, and Contractor or by the portal through an intake availability calendar provided by Contractor.	At least 75%

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

⁷ https://www.dhcs.ca.gov/provgovpart/Pages/Licensing_and_Certification_Division.aspx

⁸ The positions shall be maintained at the specified level or higher of direct FTE staff.

Quality Measures	Quality Objectives
Percent of clients screened as eligible for non-urgent residential SUD treatment who have 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 intake 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 stay for at least ten consecutive days after first intake service.	At least 75%
Percent of clients who receive an ASAM LOC assessment initially upon admission and updated as clinically appropriate.	At least 75%
Percent of clients who are discharged from residential treatment who 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 75%
Percent of clients who receive Care Coordination services.	At least 75%

Additional Specifications Quality Objectives - Add Specs

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

Additional Specifications Impact Objectives - Add Specs

V. REPORTING AND EVALUATION REQUIREMENTS

Contractor shall update the ACBHD Bed Availability Survey via Survey Monkey every weekday, Monday–Friday, by 10:00 a.m.

Additional Specifications

Reporting And Eval Req - Add Specs

VI. ADDITIONAL REQUIREMENTS

No additional requirements.

Additional Specifications

Additional Requirements - Add Specs
