

# Contra Costa County Drug Medi-Cal Organized Delivery System Implementation Plan

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**Behavioral Health Division  
Alcohol and Other Drugs Services**



**Prepared by:**

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## Part I: Plan Questions

1. Identify the county agencies and other entities involved in developing the county plan. (Check all that apply) Input from stakeholders in the development of the county implementation plan is required; however, all stakeholders listed are not required to participate.

- County Behavioral Health Agency
- County Substance Use Disorder Agency
- Providers of drug/alcohol treatment services in the community
- Representatives of drug/alcohol treatment associations in the community
- Physical Health Care Providers
- Medi-Cal Managed Care Plans
- Federally Qualified Health Centers (FQHCs)
- Beneficiary/Client Advocate Groups
- County Executive Office
- County Public Health
- County Social Services
- Foster Care Agencies
- Law Enforcement
- Court
- Probation Department
- Education
- Recovery support service providers (including recovery residences)
- Health Information technology stakeholders
- Other (specify) \_\_\_\_\_

2. How was community input collected?

- Community meetings
- County advisory groups
- Focus groups
- Other method(s) (explain briefly) Provider survey, key informant interviews, stakeholder work groups

3. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities.

- Monthly
- Bi-monthly
- Quarterly
- \_\_\_\_\_ Other:

4. Prior to any meetings to discuss development of this implementation plan, did representatives from Substance Use Disorders (SUD), Mental Health (MH) and Physical Health all meet together

regularly on other topics, or has preparation for the Waiver been the catalyst for these new meetings?

- SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics prior to waiver discussions.
- There were previously some meetings, but they have increased in frequency or intensity as a result of the Waiver.
- There were no regular meetings previously. Waiver planning has been the catalyst for new planning meetings.
- There were no regular meetings previously, but they will occur during implementation.
- There were no regular meetings previously, and none are anticipated.

5. What services will be available to DMC ODS clients under this county plan?

**REQUIRED**

- Withdrawal Management (minimum one level)
- Residential Services (minimum one level)
- Intensive Outpatient
- Outpatient
- Opioid (Narcotic) Treatment Programs
- Recovery Services
- Case Management
- Physician Consultation

**OPTIONAL**

- Additional Medication Assisted Treatment
- Partial Hospitalization
- Recovery Residences
- Other (specify) \_\_\_\_\_

6. Has the county established a toll free 24/7 number with prevalent languages for prospective clients to call to access DMC ODS services?

- Yes (required)
- No. Plan to establish by: \_\_\_\_\_

7. The county will participate in providing data and information to the University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs for the DMC ODS evaluation.

- Yes (required)
- No

8. The county will comply with all quarterly reporting requirements as contained in the STCs.

- Yes (required)
- No

## Part II: Plan Narrative

### 1. Collaborative Process

*Describe the collaborative process used to plan DMC ODS services. Describe how county entities, community parties, and others participated in the development of this plan and how ongoing involvement and effective communication will occur.*

In August 2015, Contra Costa Behavioral Health Services (CCBHS) Alcohol and Other Drug Services (AODS) initiated a planning process to inform the County Implementation Plan for the Drug Medi-Cal Organized Delivery System Waiver. Resource Development Associates (RDA), a consulting firm with Substance Use Disorder (SUD) and Medi-Cal planning expertise, supported the CCBHS/AODS planning team in a collaborative process that resulted in the development of this implementation plan. The County's ongoing approach to planning and implementation is comprehensive and inclusive of the demographic and geographic diversity in Contra Costa County. This section describes the County's inclusive planning process that was intentionally designed to produce a comprehensive implementation plan that:

- ❖ Builds upon the strengths of the existing AOD system and behavioral health community
- ❖ Addresses the needs, gaps, and barriers to treatment
- ❖ Expands the capacity of the treatment system to promote recovery
- ❖ Strengthens the coordination of the treatment system
- ❖ Aligns the system with evidence based practices (EBPs)
- ❖ Is compliant with the DMC-ODS Waiver

For the process that informed the development of this plan, the County employed a participatory framework to encourage buy-in and involvement from stakeholders, including SUD clients, County staff, contract providers of mental health and SUD services, and participants from various community service sectors such as homeless services and primary care providers, and other Community Based Organizations (CBOs). The planning process is divided into four phases, described in Table 1 below. The activities and stakeholders involved in each phase are presented in this section.

[This is a placeholder for **Table 1. Phases of Collaborative Planning**]

In partnership with the County, RDA carried out a series of activities within each of the project's initial three phases tailored to meet specific objectives. Table 2 lists the activities included in each phase, timeframe of activities, and the stakeholders involved in each activity. Detailed descriptions of activities are included below.

**[This is a placeholder for Table 2: Engagement Opportunities and Participants]**

## **Project Launch**

Activities in this phase ensured participants were informed of the DMC ODS Waiver background, requirements, and implications for current services, planning requirements, and the County's planning process and opportunities for engagement. Activities included:

- ❖ **Project Kickoff Meetings.** To initiate the planning process, RDA held a series of initial meetings with key stakeholder groups including CCBHS Leadership, the County AODS Advisory Board, and the Mental Health Commission. At these meetings, RDA presented an overview of the DMC ODS Waiver requirements, community engagement activities, timeline of the planning process, and opportunities to participate. Additionally, RDA solicited general stakeholder feedback regarding the AODS System of Care within the context of integrated health and behavioral health systems.
- ❖ **Town Hall Meetings.** RDA conducted three (3) Town Hall style meetings in West, Central, and East Contra Costa County. Town Hall meetings were broadly advertised to solicit participation from a wide range of stakeholders. Over 100 participants attended these meetings, representing a variety of stakeholder groups. At these meetings, RDA presented the DMC ODS waiver requirements and solicited participant feedback on the current strengths, needs, and gaps in the current AODS system of care.

## **System Assessment and Gap Analysis**

The primary objective of this phase was to collect the data and information needed to inform the development of feasible and actionable strategies to include in this plan. Activities were designed to collect the information necessary to 1) develop a complete and accurate portrayal of the AODS system of care, client characteristics and client flow throughout the system; 2) determine current system strengths, needs, and gaps in required waiver services and processes, and 3) estimate the need for SUD treatment within the County's Medi-Cal population. Activities included:

- ❖ **AODS Program Survey.** RDA surveyed contract providers and other health and behavioral healthcare providers to determine current program capacity, staffing, treatment services, use of evidence based practices, and other program characteristics to inform the understanding of needs and services present in the current system of care and identify key gaps in services required for Waiver compliance and implementation.
- ❖ **Key Informant Interviews.** RDA conducted two interviews with AODS administrators to understand AODS system administrative operations and the administrative capacities required to be addressed in the Implementation Plan. Additionally, RDA conducted one interview with an addiction medicine physician to document the County's current system of MAT provision.
- ❖ **Focus Groups.** RDA staff conducted focus groups to gather input stakeholders about their experiences with County SUD services. Participants were asked to reflect on what works well in the current system, what is missing or where there are gaps, and what strategies or

improvements could address identified gaps or improve SUD services. A total of 50 individuals participated in eight (8) focus groups, including: Four (4) consumer groups; two (2) contract provider groups with prevention, treatment, and MAT providers; and two (2) County staff groups.

Respondents were reflective of the geographic and demographic diversity within the County, and activities included groups for men, women, youth, and Spanish-speaking consumers. Focus groups also targeted people with direct experience across the array of service modalities in the county, including clients and providers of outpatient, residential, and medication assisted treatment programs.

Additionally, RDA also conducted an analysis of current SUD treatment data and a review of the literature to determine the current system capacity, who the system is currently serving, and in what modalities, as well as to estimate SUD prevalence amongst Medi-Cal beneficiaries and the need for SUD services within the County's Drug Medi-Cal population.

### **Planning and Strategy Development**

To inform the development of the strategies, processes, and services described in this plan, the County convened a workgroup involving key stakeholders from the AODS system of care and related County and Community service sectors. Workgroup participants attended a series of meetings where they utilized the information gathered during the needs assessment and gap analysis phase develop an AODS system of care that builds upon community-identified strengths, addresses identified needs and gaps, and is compliant with waiver requirements. Workgroups met a total of three times, with 35 participating individuals. Workgroups were organized around the required waiver components and included:

- ❖ **Continuum of Care.** This group developed strategies for service enhancement and expansion, evidence-based practices, case management, telehealth, additional medication assisted treatment and behavioral health and health systems integration
- ❖ **Access and Client Flow.** This group developed strategies for entry and exit from the AOD system of care, assessment and re-assessment, waitlist management, referrals and follow-up, client process flow, behavioral health and health systems integration

In addition to these workgroup meetings, the County held meetings with CCBHS administrative staff to discuss technical aspects of the DMC ODS implementation, including the contractual, fiscal, and quality assurance aspects of the implementation plan. These discussions considered how to best leverage DMC required efforts regarding quality assurance, utilization management, data systems, and access services that already occur within mental health in support of DMC ODS implementation. Additionally, the County engaged contract providers and County AODS staff to identify training and technical assistance needs and evidence based practices to ensure the County and its contract providers are supported to comply with waiver requirements.

## Plan Implementation

The strategies and services presented in this plan are informed by activities conducted during the first three phases. The fourth phase of collaborative engagement, plan implementation, is ongoing and will support the successful implementation of the processes and services described in this plan. Upon approval of this implementation plan, ongoing involvement in the implementation process will occur through weekly and monthly BHCS executive meetings, AODS advisory board meetings, BHCS managers meetings, AODS provider meetings, and additional existing meeting structures involving other key stakeholders, such as the Mental Health Commission, Interjurisdictional Council on Homelessness, and existing quality assurance committees. Incorporating ongoing waiver implementation discussions into these existing meetings will ensure that a wide range of stakeholders have the opportunity to meaningfully participate in the ongoing transformation of the AODS system of care and support the success of this plan's implementation.

## 2. Client Flow

*Describe how clients move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, how admissions to the recommended level of care will take place, how often clients will be re-assessed, and how they will be transitioned to another level of care accordingly. Include the role of how the case manager will help with the transition through levels of care. Also describe if there will be timelines established for the movement between one level of care to another.*

Contra Costa County Health Services (CCHS), through its Behavioral Health Services Division (CCBHS), oversees the Alcohol and Other Drug Services (AODS) system of care. Treatment for SUD is delivered through contracts with community-based and County-operated SUD treatment programs. In the current system, beneficiaries are referred, or self-refer, directly to treatment providers who then complete an initial assessment and intake screening. Screening and assessment processes vary among providers and levels of care.

The implementation of DMC-ODS services will allow CCBHS to consolidate beneficiary access and more efficiently direct client flow to ensure that beneficiaries are identified, engaged, and supported throughout treatment and aftercare. The County will accomplish this by:

- ❖ Engaging interagency partners in outreach, identification, referral, and enrollment support;
- ❖ Expanding on successful processes in place for mental health program access, including the behavioral health access line;
- ❖ Guiding referrals to centralized assessments in existing County service locations;
- ❖ Developing County-operated case management services, independent of treatment programs, to support beneficiaries throughout the treatment continuum;
- ❖ Supporting the co-location of levels of care to facilitate smooth transitions; and
- ❖ Identifying and coordinating recovery supports post-discharge.

The County recognizes the implementation of the DMC ODS waiver and required services as a unique opportunity to transform the AODS system of care and move toward an integrated system of behavioral and physical health services for the County's Medi-Cal population. With the strategies described in this section, the County will create an organized delivery system that:

- ❖ Provides an integrated system of SUD treatment that delivers timely access to treatment where people are located
- ❖ Delivers the appropriate level of treatment based on medical necessity in the least restrictive environment
- ❖ Responds to the unique treatment needs of each individual
- ❖ Supports the sustained recovery of beneficiaries and their families

With this vision in mind, CCHS/AODS has designed a system with clear and accessible entry points, supportive services that ensure successful level of care transition and program completion, and provide linkages to essential ancillary services and effective recovery supports. Beneficiary movement throughout the AODS system of care is described in detail below, while a client flow diagram presented in Appendix A provides a visual depiction of client flow through the DMC ODS system from outreach, screening, and referral through care transition and discharge.

### **Screening and Referral**

Individuals who are in need of and potentially eligible for DMC ODS services will access the AODS system of care through two primary entry points: the 24/7 beneficiary access line and assessment services at existing mental health clinics and homeless shelters. Individuals referred for SUD treatment will be initially directed to these locations for an assessment. Referrals for assessments will be accepted from all sources, though the County anticipates referrals from certain interagency partners will comprise the majority of referrals for SUD treatment.

Many interagency partners from various service sectors currently screen and identify persons with SUD within their service population and make referrals directly to SUD treatment, including:

- ❖ SBIRT screening conducted in County health clinics and other medical settings
- ❖ SUD screening by Emergency Medical Service (EMS) personnel
- ❖ SUD screening by providers of homeless services
- ❖ SUD screening by mental health providers
- ❖ School-based screening and brief intervention by primary prevention providers

Other primary sources of referral include:

- ❖ Contra Costa Health Plan (CCHP) and Anthem Blue Cross, the County's Medi-Cal managed care plans;
- ❖ Criminal justice agencies and service providers such as probation, parole, district attorney, drug treatment court, public defender, other AB109 stakeholders, and others;
- ❖ Employment and Human Services programs such as child welfare, CalWORKs, and others; and

- ❖ A wide variety of partners from various systems, including schools and education providers, family, and community referrals.

Under the waiver, these interagency partners and other referrers will direct potential beneficiaries to County assessors for an ASAM-aligned assessment. Assessors will determine service need and eligibility, make a level of care determination based on medical necessity, and support timely treatment enrollment. County assessors will be available at the 24/7 beneficiary access line as well as co-located at existing service locations with the largest anticipated numbers of potential DMC-ODS beneficiaries, including homeless programs, primary health clinics, and mental health clinics.

Additionally, beneficiaries and potential beneficiaries will also be able to self-refer. The access line will be available to beneficiaries 24/7. Through the access line, they will have access to screening and placement support. Though less common, beneficiaries may also self-present at a treatment program. In this case, providers will connect the beneficiary to the appropriate assessment site, or assist the beneficiary in calling the Access line to receive an assessment. If an individual self-refers to a detoxification environment, the provider will admit the beneficiary, if appropriate and if the program has capacity, and connect the individual to an assessment to determine further care needs as soon as the beneficiary is able to participate in the assessment process.

In addition to referrals for service, many interagency partners provide navigation and/or case management services as a part of non-SUD health, mental health, homeless, managed care plans, or social service programs. AODS will work with interagency partners to ensure navigators, case managers, and other relevant individuals are informed of DMC ODS referral and access processes to support the successful engagement of potential beneficiaries. Additionally, many referring agencies conduct Medi-Cal eligibility screenings and may provide Medi-Cal application assistance for potential beneficiaries to facilitate timely treatment placement. Assessors will also link beneficiaries to benefits assistance, including Medi-Cal enrollment and other entitlements for which they may be eligible.

### **Assessment**

Beneficiaries first point of contact with the SUD system of care will primarily be through the assessment process. Upon first contact with the beneficiary or referral, a qualified licensed practitioner of the healing arts (LPHA), or certified AOD counselor under LPHA supervision, will inform the individual of the scope of services they are eligible to receive under the waiver and conduct an ASAM-aligned assessment during a face-to-face or telehealth appointment to determine:

- ❖ Medical necessity
- ❖ Level of care designation
- ❖ Related service needs and potential barriers to treatment entry
- ❖ Medi-Cal eligibility or current enrollment

County assessors will be physically located at a number of County service locations, including:

- ❖ Adult and youth mental health clinics

- ❖ Homeless programs
- ❖ County primary health clinics
- ❖ 24/7 toll free beneficiary Access line

To minimize the burden on beneficiaries seeking treatment, the County may choose to contract with outpatient programs to provide assessment services for individuals who self-present to treatment programs in subsequent years.

Upon assessment, County assessors will develop treatment placement recommendations and facilitate entry to treatment through scheduling initial intake appointments at the recommended level of care. To facilitate this process, the Access line will maintain a real-time database of capacity and census for the provider network. The County will also make an eligibility determination and assist the individual with Medi-Cal enrollment processes if eligibility is determined during the assessment. Once a medical necessity and eligibility determination is made, the assessor will facilitate access to approved treatment services based on the consumer's needs and service availability.

Immediately following the assessment and eligibility determination, the assessor will consider whether or not the individual has barriers that reduce the likelihood of successful treatment entry and/or participation. An individual may be assigned a case manager during the assessment process if determined necessary and appropriate to support the individual to engage in treatment. To aid in the case management decision at this stage, the assessor may conduct a psychosocial assessment to identify additional care needs beyond the primary SUD diagnosis. Case management services will be provided by County-employed LPHAs or Certified AOD Counselors. Case managers will not be employed by, or affiliated with, any contract provider during the waiver's initial implementation. This division between treatment programs and case managers will ensure that case managers have the ability to stay with a beneficiary throughout the treatment continuum regardless of level of care or program the person is enrolled in. In subsequent years, the County may choose to expand case management to include contract providers.

Should the ASAM assessment determine that placement in a residential treatment facility is appropriate, the County Utilization Review (UR) Unit will approve residential services within 24-hours of receiving the authorization request. In most cases, this authorization will be provided prior to treatment entry. The County anticipates that there may be a need to maintain waitlists for available beds for residential services. If residential treatment is indicated but program capacity is full, the assessor will place the beneficiary on a centralized waitlist. Should a residential-eligible beneficiary be placed on a wait list, they will be given the opportunity to enroll directly in an intensive outpatient or outpatient program and provided a case manager, if needed. A County-employed clerk will have primary responsibility for waitlist management, and coordinate with case managers to ensure waitlisted beneficiaries are consistently informed of waitlist position and intake appointment date and that specialty populations (e.g. intravenous drug users, pregnant/perinatal women) are appropriately prioritized. The Utilization Management (UM) unit will monitor the centralized waitlist to ensure timely

movement of a beneficiary from the waitlist into the designated level of care in alignment with federal and state regulations.

## **Placement**

The process of placement into appropriate treatment programs will vary depending on the level of care, program capacity, and the beneficiary's needs. In general, once a medical necessity and eligibility determination is made, the beneficiary will be scheduled for an intake appointment with an appropriate treatment program. To aid this process, assessors will have access to capacity, census, and appointment information for all SUD treatment providers. The assessor will have primary responsibility of supporting the entry to treatment, unless it is determined that the individual will need significant support. If determined necessary, a County AOD case manager may be assigned to facilitate entry to services. Once assigned, the case manager will engage the individual throughout their involvement in the service continuum.

Upon initial appointment with a treatment program, program staff will conduct an intake interview and assessment to confirm the appropriateness of the placement, engage the individual in services, and assess the person's SUD needs, and screen for other treatment needs, including mental and physical health. Once a beneficiary is successfully enrolled in treatment services, the contract provider shall prepare an individualized written treatment plan, based upon information obtained in assessment and intake processes, which will be completed upon intake and within thirty days and then updated as necessary as the beneficiary progresses through treatment. This may include referrals and/or support to access other treatment services, including mental and physical health care. The treatment plan will be consistent with the qualifying diagnosis, be signed by the beneficiary and the Medical Director or LPHA at the program of enrollment, and include a discharge plan that identifies resources to assist the beneficiary in maintaining recovery post-treatment. At the treatment planning stage, the need for case management may be identified to connect the individual to recovery supports or support the seamless transition to higher or lower levels of care. Contract providers may request case management services for a beneficiary, as indicated by the assessment results, treatment plan, and eligibility.

## **Care Transitions and Discharge**

The process to prepare the beneficiary for referral into another level of care, return or reentry into the community, and/or the linkage to essential community based services, housing and human services, and other recovery supports will begin as soon as an individual is enrolled in a treatment program. Discharge planning is initiated at the time of admission to identify discharge needs early in order to facilitate coordination of recovery services and support a smooth transition between levels of care, including post treatment recovery supports. Beneficiary discharge plans will include the appropriate recovery supports and/or transitions to lower levels of care (for example, connecting a beneficiary with a peer recovery support counselor and transitioning from intensive outpatient to outpatient services). Discharge plans may also be modified to include transition to a higher level of care if the person's needs change during program participation.

As beneficiary progresses through treatment, the treatment provider will monitor treatment progress and revise the individual treatment and discharge plan as indicated. Through ongoing review of treatment progress, program providers or a beneficiary's case manager may identify a need for a change in service modality. If the need for a level of care change is identified, the case manager will be responsible for coordinating a placement in the appropriate level of care and facilitating transition between programs without a significant disruption in services that may negatively impact an individual's recovery. The County will review treatment plans every 90 days to determine if level of care transition or extension of current treatment is appropriate, as allowed.

To support efficient transitions between levels of care, the County intends to co-locate levels of care by building the capacity of current residential and outpatient providers to provide intensive outpatient services. This co-location will support beneficiaries who complete to gradually step down to the next lowest level of care without a service disruption and or facilitate transition to a higher level of care, if determined necessary.

### **3. Beneficiary Access Line**

*For the beneficiary toll free access number, what data will be collected (i.e: measure the number of calls, waiting times, and call abandonment)?*

The County will utilize the current toll free Behavioral Health Access Line as the beneficiary access line for DMC ODS services. The access line is available 24/7 in the County's threshold languages (English and Spanish). The County also provides all written informational materials and forms translated into threshold languages. The access line staff will conduct ASAM assessments, schedule intake appointments at treatment programs, screen for Medi-Cal eligibility, and perform application assistance. Data collected on DMC ODS service requests will parallel the data currently collected for the County's Mental Health Programs and will include number of calls, call wait times, and call abandonment rates.

The Quality Improvement / Quality Assurance (QI/QA) Unit will track Beneficiary access line data that includes: requests for services, number of assessments completed, average wait time between request for service and completed assessment, number of intake appointments scheduled, and number of eligible beneficiaries identified during screening. As part of the quality assurance process, the County will review Access Line records to ensure that beneficiaries receive appropriate services in a timely manner and to provide information for ongoing quality improvement. Additionally, the QI/QA Unit will conduct random test calls to the Access Line to assist in improving the quality and overall experience of connecting beneficiaries to services.

### **4. & 5. Treatment Services & Expansion of Services**

*Describe the required types of DMC ODS services (withdrawal management, residential, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, case management, physician consultation) and optional (additional medication assisted treatment, recovery residences) to be provided. What barriers, if any, does the county have with the required service levels? Describe how*

*the county plans to coordinate with surrounding opt-out counties in order to limit disruption of services for beneficiaries who reside in an opt-out county.*

*Describe how the County plans to expand services to include all levels of the ASAM Criteria over the period of the Waiver. In the description, include the timeline for expansion.*

Contra Costa County has an existing AOD system of care that meets several Waiver requirements for services, including Prevention and Early Intervention, Outpatient for youth and adults, non-medical Residential, Withdrawal, and Opioid Treatment. To meet the full Waiver requirements, the County seeks to leverage the current system of care in order to expand existing services and service options, such as Intensive Outpatient Services, provided by current contractors. The County also seeks to extend service capacity and strengthen cultural competence throughout the entire system of care, while also adding culturally specific services where these populations already receive other services. The County will provide the full range of required DMC ODS benefit packages for adult and youth SUD services by the time of waiver implementation, which will include the services outlined below.<sup>1</sup>

### **(ASAM Level 0.5) Early Intervention Services**

The County will continue to provide SUD screenings through managed care and fee-for-service contracted providers, outlined in Table 3. Screening and brief intervention are provided by primary prevention providers, and additional early intervention is provided with Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the hospitals, health clinics, and ambulances.

**[This is a placeholder for Table 3: Early Intervention Services]**

### **(ASAM Level 1.0) Outpatient Services**

The County will continue to provide Outpatient Services (OP) with the contracted DHCS-certified programs outlined in Table 4. Youth OP programs meet the State's Adolescent Treatment Licensure Standards.

**[This is a placeholder for Table 4: Outpatient Services]**

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<sup>1</sup> Refer to attached AODS System Map for additional detail regarding planned DMC services

AODS non-residential treatment programs provide individual, group and family counseling, education and relapse prevention services. Treatment includes assessment, development and implementation of individualized treatment and discharge plans, relapse prevention, psychoeducation, and AIDS and STD education. Programs recommend participation in AA, NA, SOS and other support groups.

All contracted providers will submit applications for DMC certification and ASAM level of care designation. During this process, the County will review all other certifications required for providers and ensure they are renewed and/or met.

### **(ASAM Level 2.1) Intensive Outpatient Treatment (IOP)**

**IOP for Adults.** Currently two AOD providers are Medi-Cal certified to provide intensive outpatient treatment; however, they are not currently contracted to provide IOP services. The County plans to amend their contracts to include IOP services before Year 1 of DMC ODS implementation. In addition, the County will also give existing adult outpatient and residential programs the opportunity to expand services to include IOP programs if they meet DMC certification requirements for IOP.

**OP/IOP for Co-occurring Disorders Population.** The County's current network of providers, through the Specialty Mental Health Plan and MHSA programs, offer an array of services for adolescent, transitional-age youth (TAY), and adults that are diagnosed with co-occurring mental health and substance related disorders. The County also developed an outpatient pilot project that co-locates AOD counselors at County Mental Health clinics.

In Year 1, the County will provide these contracted organizations with the opportunity to expand existing OP services to include IOP for beneficiaries with co-occurring disorders. Pending DMC certification, the County will also consider piloting IOP services within the existing OP program at the County Mental Health clinics.

**OP/IOP for Specialty Populations.** With additional training and support, the County seeks to increase the cultural competence throughout the County's system of care. In Year 2, the County will work with existing providers of specialty mental health services and culturally specific MHSA-funded programs to develop co-located OP and IOP programs for specialty populations. These existing partnerships provide tailored services to meet the needs of underserved communities, including:

- ❖ Transition Age Youth
- ❖ Immigrant Asian and South Asian populations
- ❖ African American and Black communities
- ❖ Refugees and immigrants in the Latino, Afghan, Bosnian, Iranian, and Russian communities
- ❖ Native American

- ❖ Lesbian, Gay, Bi-Sexual, Transgender, Queer, and Questioning youth and adults

These mental health and social service providers already offer culturally appropriate services such as education, support groups, workshops, access to and navigation assistance with mental health services, outreach, medication supports, community integration skills, and prevention and early intervention services. With this strategy, the County seeks to add OP/IOP for specialty populations in locations where they are already accessing other services and that are designed to meet their unique needs. Concurrently, the County will also work to strengthen the cultural competency across the system to meet the needs of all beneficiaries.

### **(ASAM Level 3) Residential Treatment**

**Clinically Managed Low-Intensity Residential Services (ASAM Level 3.1).** The County currently operates and contracts with DHCS-licensed residential facilities that are expected to receive ASAM Level 3.1 designation. During or prior to Year 1, these programs will submit applications for ASAM certification.

Table 5 lists the current residential service providers within the County.

**[This is a placeholder for Table 5: Residential Services]**

Residential programs are 24 hours per day, seven days per week, social model environments that require a minimum of 5 hours per week of counseling and/or structured therapeutic activities such as consciousness raising, twelve steps, stress management, poly-drug education, relapse prevention and planning groups. Treatment includes assessment, development and monitoring of individualized treatment and discharge plans, AIDS and STD education, required attendance to AA and NA groups, vocational counseling, job search, housing assistance, and employment referrals. To ensure continued care, AODS requires formal service linkages among the various treatment modalities and its providers.

**Clinically Managed Population-Specific High Intensity Residential Services (ASAM Level 3.3) & Clinically Managed High-Intensity Residential Services (ASAM Level 3.5).** In Year 1 the County will engage in a process to gauge feasibility and explore what supports existing providers would need to develop additional levels of residential services. The County will explore appropriateness, target populations, and the capacity of individual providers to expand services. In Year 2, the County will conduct planning for additional levels of residential treatment, seeking either to expand existing

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<sup>2</sup> As of January 2016, the County is receiving bids for a contract for Men's residential services in West County.

residential programs or to develop stand-alone partnerships or programs for additional levels, to launch in Year 3. The County will offer contract providers of level 3.1 residential services the opportunity to develop co-located high-intensity residential treatment services (ASAM Level 3.5). The County will also develop population-specific high-intensity residential for disabled populations (ASAM Level 3.3) using the same process.

**Medically Monitored Intensive Inpatient Services (ASAM Level 3.7) & Medically Managed Intensive Inpatient Services (ASAM Level 4.0).** The County will coordinate care for medically monitored and medically managed intensive inpatient treatment services with regional chemical dependency recovery hospitals or other regional hospitals, including Contra Costa Regional Medical Center and John Muir Medical Center. In Year 1, the County seeks to formalize the referral pathways and agreements/contracts between AODS and hospitals to establish and solidify protocols. In so doing, the County's DMC case managers will have the ability to refer beneficiaries directly into those programs in Years 2 & 3.

### **Withdrawal Management Services**

The County currently contracts with the following DHCS-licensed non-medical residential facilities with detox certifications: Wollam House (3-bed, women), Pueblos Del Sol (8-bed, men), and Fred Ozanam (2-bed, women). These facilities provide clinically managed residential withdrawal management, and are expected to receive ASAM certification for Level 3.2-WM. The County will develop a process to coordinate additional levels of ambulatory withdrawal management with and without extended on-site monitoring at the County's existing withdrawal management OTP contracted providers, and/or with the Contra Costa Regional Medical Center-County Hospital.

The County is currently working to increase the number of detox providers to preserve bed capacity that was lost in January 2016 through the closure of a community based organization that provided 10 detoxification beds. Presently, the County is accepting proposals from potential contract providers for withdrawal management services in West County. In Year 1, the County will begin planning to identify solutions to expand the current detox services, including the addition of a sobering center. The County will assess the feasibility of and need for sobering centers in Year 2. Should the County find the need to expand withdrawal management, the County anticipates doing so in Year 3.

### **(ASAM Level OTP) Opioid/Narcotic Treatment Program & Medication- Assisted Treatment (MAT)**

The County currently contracts with BAART and Choosing Change to provide OTP maintenance.

- ❖ **BAART** is an OTP that offers methadone maintenance treatment at their two outpatient methadone clinics. BAART is currently the only contract provider in the AOD provider network that is Drug Medi-Cal certified and bills DMC for medication assisted treatment services.
- ❖ **Choosing Change** is an outpatient OTP that for individuals receiving buprenorphine. Choosing Change meets as a weekly support group led by an addiction medicine specialist and provides medication management and physician consultation. Currently there are four regular groups located at the Concord Health Center. Expanded Choosing Change services will be available to

DMC beneficiaries and supported by a Federally Qualified Health Center and recently awarded HRSA funds.

Licensed medical professionals in each of the programs supervise the provision of MAT medications that include buprenorphine, naloxone, and disulfiram, as well as other options such as methadone. Current MAT providers do not maintain a waitlist and provide treatment “on demand” as long as beneficiaries meet medical necessity. The County will ensure all beneficiaries can access medically necessary OTP services and will require outpatient and residential treatment contract providers to coordinate with MAT providers.

During the DMC ODS implementation, the County will expand existing NTP and MAT services. In Year 1, the County will strengthen the provider network’s ability to coordinate with buprenorphine and other MAT services by supporting policies and procedure development that adhere to 42 CFR Part 2 and providing technical assistance to ensure MAT service availability for beneficiaries concurrently enrolled in other programs. Additionally, the County will increase additional administrative supports in Year 1 to enable the expansion of buprenorphine and other MAT programs in Year 2. In Year 2, the County will also explore the feasibility of co-locating MAT programs at existing treatment programs. In Year 3, the County will expand the MAT program as needed to meet the population demand. The County’s plan for the expansion of NTP and MAT services is described in greater in Section 19. Additional Medication Assisted Treatment.

### **Ancillary & Recovery Services**

Contra Costa County’s AODS views recovery services as a vital element of wellness and whole patient care, and as an essential component of the County’s AOD continuum. The County’s philosophy is that planning for successful recovery begins upon admission. The County’s Ancillary & Recovery Services are intended to be part of a beneficiary’s discharge planning through this transition from treatment to recovery. In Year 1, the County will formalize relationships with existing contract providers to offer the following support services:

- ❖ Outpatient counseling and relapse prevention services, support groups, and alumni groups
- ❖ Recovery coaches to provide ongoing monitoring, support, and relapse prevention
- ❖ Peer support counselors to provide substance abuse assistance
- ❖ Linkages to County education and job skills services, including workforce development, and housing search assistance
- ❖ Linkages to family support services including reunification, child development, and family and parent education
- ❖ Formal service linkages and referrals to ancillary services including educational opportunities, prevocational and vocational counseling, job search and employment referrals, rehabilitative services, housing assistance, and other community based referrals as needed

With the implementation of the Waiver, the County predicts possible changes to the way individuals will transition through Levels of Care. Providing beneficiaries with the level of medically necessary SUD

treatment per ASAM criteria may reduce the County's dependence on residential services. At the same time, the County acknowledges housing as a major reason for referral to residential treatment when other forms of outpatient treatment may be sufficient to meet a beneficiary's SUD needs. The County intends to work with Homeless Programs and the Inter-jurisdictional Council on Homelessness to develop policies, procedures, and protocols to support this additional residential option. The County seeks to locate Recovery Residences and/or Sober Living Environments (SLEs) proximate to OP and IOP services to meet an individual's housing need without over-determining the level of care. Additionally, the County intends to connect and ease referrals between OTP, OP, and IOP and Recovery Residences and SLEs. In Year 1, the County will connect the adult and perinatal populations receiving AOD services to SLEs and Recovery Residences and begin planning for the expansion of recovery residences with existing providers. In Years 2 and 3, the County will work with existing providers to develop additional recovery residences.

### **Case Management**

The County will use AOD case management services to support beneficiaries seeking SUD treatment that may need additional services and supports. The County envisions case management to serve as the chief mechanism for continuous engagement and support as a beneficiary moves through the DMC ODS system of care. In Year 1 case, management (CM) services will be provided by County-employed Certified Alcohol and Other Drug Counselors or LPHAs, in accordance with the confidentiality requirements of 42 CFR Part 2 and other applicable laws. After an initial evaluation of this case management model, the County may contract out CM responsibilities to AODS providers in Year 2. CM services will include:

- ❖ Beneficiary engagement, referrals, and re-engagement
- ❖ Comprehensive assessment, including ASAM Level assessment, physical and mental health needs
- ❖ Periodic re-assessment for beneficiary SUD treatment needs and transition support between higher or lower levels of care
- ❖ Development of SUD treatment plans, coordination of care plans including other service needs, and periodic revisions of beneficiary care plans
- ❖ Communication, coordination, referral follow-up, and "warm hand-off" service activities
- ❖ SUD service delivery navigation and progress monitoring
- ❖ Patient advocacy and coordination with mental health, physical health, and other community service providers to ensure a collaborative and coordinated approach to each beneficiary's service needs
- ❖ Discharge planning, recovery support planning, and maintenance care planning
- ❖ Transportation coordination and referrals to benefits, ancillary services, 12-step meetings, and other recovery supports
- ❖ Level of Care transition support and supportive monitoring for other high-risk transition periods

## **Physician Consultation**

Starting in Year 1, the Behavioral Health Services Medical Director will provide physician consultation to all DMC providers and clinics, in order to provide expert advice for physicians designing treatment plans, medication selection and dosing, side effect management, adherence to prescriptions, drug interactions, or level of care considerations. The County is currently recruiting a Medical Director and is prioritizing an American Board of Addiction Medicine (ABAM)-certified physician.

## **Barriers to Implementation**

The County recognizes that Waiver implementation will be a significant transformation and investment that impacts nearly all elements of the AODS system, including county and contracted provider run programs, administration and quality assurance, finance, contracting, and integration with other service systems. The County is committed to continuously strengthening the system prior to and during implementation.

A major challenge will be ensuring the County's AODS system will have sufficient capacity to meet the need for SUD treatment that currently exists throughout the County. AODS' ability to expand existing contracts or develop new contract relationships will be an indicator of success for Waiver implementation in the County. The County looks forward to expanding the AODS system of care while simultaneously integrating with Mental Health, Homeless Programs, and other health care services.

AODS contract providers are in the process of obtaining ASAM designation and DMC certifications. Therefore, the County's ability to implement additional services per DMC ODS Waiver requirements will depend on the State's ability to process DMC and ASAM certifications in a timely fashion. Other potential barriers to service availability include the limited capacity of residential treatment programs, medication assisted treatment programs, withdrawal management programs, and ancillary services. The County has developed plans to expand all of these services to meet or exceed DMC ODS requirements.

Furthermore, AODS is aware that justice-involved beneficiaries may be harder to engage than other populations. AB 109 and Proposition 47 have impacted the County's SUD treatment-seeking population and service availability. In response to this, the County has adjusted policies, procedures, and contracted services to adequately serve justice-involved populations. CCBHS has a long-standing partnership with Probation to provide SUD treatment and intervention services, which include countywide Driving Under the Influence (DUI), Drug Diversion (PC-1000), and Drug Court Treatment; AB10 has increased service availability. AODS coordinates services for justice-involved beneficiaries and plans to provide education to the bench regarding length-of-stay considerations. AODS seeks to support judges to sentence individuals to an appropriate level of care as determined by ASAM assessment rather than sentence individuals to mandated 30-60 stays in treatment facilities.

## **Coordination for Non-County Residents**

In accordance with existing State requirements, the County will continue to provide DMC services to non-County residents who are DMC beneficiaries. The County will ensure continuity of treatment for

non-County residents by (a) identifying providers in neighboring counties and (b) working with neighboring counties to establish regional agreements. For those with acute needs, the County will address immediate SUD treatment needs, including withdrawal management and access to urgent and emergency care, while simultaneously working to support the beneficiary's transition back to providers in their county of residence. This will be a priority if the individual resides in an opt-out county.

## **6. Coordination with Mental Health**

*How will the county coordinate mental health services for beneficiaries with co-occurring disorders? Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored? Please briefly describe the county structure for delivering SUD and mental health services. When these structures are separate, how is care coordinated?*

**Coordination of Mental Health Services.** The County's Behavioral Health (CCBHS) division combines Mental Health (MH), Alcohol and Other Drugs Services (AODS), and Homeless Programs into a single division. The Director of Behavioral Health Services supervises AODS, MH, and Homeless Programs. This integrated approach provides for enhanced coordination and collaboration for DMC beneficiaries, including those with diagnosed mental illness and co-occurring SUD or who may experience homelessness. Leadership from MH, AODS, and Homeless Programs meet weekly to coordinate the County's system of behavioral health care, working closely to ensure the delivery of adequate and appropriate services. To support the integrated approach to behavioral health care, the AODS, MH, and Homeless Programs contract with many of the same providers to serve individuals with SUD and/or mental health needs who may be experiencing homelessness, which includes direct services and intensive case management.

**Coordination for Beneficiaries.** Coordination with Mental Health Services will begin with the co-location of SUD case managers at adult Mental Health clinics. The role of the case manager is to support transitions between levels of care and provide coordination for all the psychosocial and ancillary needs of individuals. Case managers will be responsible for addressing mental health care needs through coordination of services with MH providers, and AODS providers are expected to engage in regular assessment of holistic health needs, including mental health needs. Additionally, MH providers are one of the key referral pathways into the AODS system of care. Thus, integration at the beneficiary level happens in both directions: from SUD case managers and treatment providers to MH providers and from the MH providers to the SUD case managers and treatment providers. The co-location of SUD assessors and case managers at Mental Health clinics further supports integration of care.

**Structure of Co-occurring Disorder Services.** In Year 1, the County will expand existing OP programs at Mental Health clinics serving the population with co-occurring disorders to ensure adequate care for beneficiaries. If MH staff identify an individual who may also need SUD services, the Mental Health program will be responsible for providing a direct referral to ASAM assessment. As described in other sections, ASAM assessors will be available at a variety of locations throughout the County, including the Mental Health clinics and homeless programs. If, during the course of assessment, AODS staff identify

potential MH service needs, the County's DMC ODS case management will coordinate referrals to MH and integrated MH and SUD care.

**Coordination requirements for providers.** Providers currently utilize the Addiction Severity Index and will utilize ASAM assessment tools to screen for a variety of psychosocial needs, including mental health. For any beneficiary determined to have a co-occurring disorder, the County will require the beneficiary's treatment plan to include further mental health assessments and coordinated case management with MH.

Part of BHS's Utilization Review (UR) processes will be to determine if the beneficiary's mental health needs were adequately assessed, if the beneficiary's treatment plan requires further care coordination or direct services, and how the treatment plan has progressed. In instances where corrective action is required, UR staff will work with the beneficiary's treatment team to adjust the beneficiary's treatment plan without interrupting the beneficiary's treatment.

## **7. Coordination with Physical Health**

*Describe how the counties will coordinate physical health services within the waiver. Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored?*

The County has amended the MOU with the one of the managed care plans (Contra Costa Health Plan) to include provisions required by the waiver. The County is currently working with the other managed care plan (Anthem Blue Cross) to develop an MOU that includes provisions required by the waiver. Please see Appendix C.

Interdisciplinary teams comprised of clinical personnel from the County Health Plan, CCBHS, and community providers already meet regularly to discuss care coordination for beneficiaries with multiple co-occurring conditions. Upon waiver implementation, meeting participants will also include additional AOD staff and providers. In accordance with all applicable patient confidentiality requirements, including HIPAA and 42 CFR Part 2, the County must first obtain beneficiary consent to share information between in support of holistic care planning.

The County currently conducts behavioral health assessments of individuals receiving care in the County's clinics and hospitals. Individuals identified as needing SUD treatment will meet with a behaviorist for a brief consultation about SUD and direct referral to an ASAM assessment. Additionally, case management services will be responsible for coordinating a beneficiary's physical health care needs with providers, including application and verification of health coverage.

Consistent with DHCS licensure and DMC certification requirements, all contracted AODS providers will conduct a comprehensive screening at admission, including physical and mental health screenings. As needed, AOD providers will refer beneficiaries to County primary care providers to receive a thorough physical examination or to provide direct referrals to additional emergency or ambulatory care.

Beneficiaries will have access to the full range of physical health services through the County's Medi-Cal managed care organization.

The County's Utilization Review process will monitor and determine if a physical health screening was conducted, if further physical health care coordination was included in the treatment plan, and the progress of implementing the physical health treatment plan.

The County is committed to supporting the participation of DHCS in the Medicaid Innovation Accelerator Program initiative for substance use disorders. The County will adjust this plan as needed to coordinate with the strategy designed by DHCS.

## **8. Coordination Assistance**

*The following coordination elements are listed in the STCs. Based on discussions with your health plan and providers, do you anticipate substantial challenges and/or need for technical assistance with any of the following? If so, please indicate which and briefly explain the nature of the challenges you are facing.*

**Cross-systems assessment coordination.** The County's mental health, physical health, homeless programs, and AODS workforces and providers currently have varying degrees of familiarity with the ASAM criteria and with identifying co-occurring disorders. Many AODS providers currently utilize the ASAM criteria to designate appropriate levels of care, but staff from other divisions and non-AODS providers have limited expertise identifying co-occurring conditions that include SUD. The County anticipates needing additional workforce training on best practices for cross-systems care coordination and planning, problem and risk identification, and beneficiary engagement to participate in an integrated care program. Additionally, the County intends to integrate any planned or future ASAM-validated assessment tools into a comprehensive cross-system assessment. DHCS-provided technical assistance for the mental and physical health workforces will be needed to develop and implement ASAM assessment procedures to high fidelity.

**DMC reimbursement and billing.** Not all contracted providers currently have DMC certifications, and those who are in the process of applying for this status will require additional training regarding cost reporting, documentation, and reimbursement procedures for DMC ODS services for beneficiaries.

**Patient data sharing between systems.** Because of the confidentiality regulations required by 42 CFR Part 2 and HIPAA, the County anticipates challenges coordinating beneficiary information sharing between all caregivers and providers, including mental and physical health. Data sharing between these entities, especially in regard to telehealth, is likely to be resource-intensive and require additional legal and technical assistance. DHCS assistance and direction would enable more efficient care coordination, more effective communication among providers, and more collaborative treatment planning with managed care.

## 9. Access

*Describe how the county will ensure access to all service modalities. Describe the county's efforts to ensure network adequacy. Describe how the county will establish and maintain the network by addressing the following:*

- *The anticipated number of Medi-Cal beneficiaries.*
- *The expected utilization of services.*
- *The numbers and types of providers required to furnish the contracted Medi-Cal services.*
- *Hours of operation of providers.*
- *Language capability for the county threshold languages.*
- *Timeliness of first face-to-face visit, timeliness of services for urgent conditions and access afterhours care.*
- *The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities.*

The County's current AOD system of care has the capacity to serve 2,844 consumers per year, however reports suggest that there is more need than capacity and that the number of Medi-Cal beneficiaries likely to access SUD treatment services upon waiver implementation is greater than the current provider capacity. Currently, most contract providers do not bill Medi-Cal and rely on other funding sources to provide services. As a result, providers have not systematically screened beneficiaries for Medi-Cal eligibility or beneficiary status upon provision of SUD services. Due to these funding restrictions and budget shortfalls, the current array of services does not include certain levels of care and essential recovery supports, which in turn has resulted in the overreliance on existing services or placement of individuals in levels of care not aligned to their actual treatment needs.

Implementation of DMC-ODS services is an opportunity for the County to significantly expand the capacity of the current system of care to ensure all who are potentially eligible for DMC-ODS services have access to appropriate levels of care. The County has identified the following strategies to establish and maintain an adequate network of DMC-ODS services providers:

- ❖ Ensure potential beneficiaries are eligible for services and enrolled in Medi-Cal
- ❖ Increase capacity of current providers to serve additional beneficiaries in existing levels of care and incorporate additional levels of care into existing programs
- ❖ Develop new treatment programs for additional required levels of care, as necessary
- ❖ Ensure all service modalities are available throughout the County in languages appropriate for the client population
- ❖ Establish clear guidelines for timely access to services

This section establishes the County's expectations around projected number of Medi-Cal beneficiaries likely to access DMC-ODS services, estimated utilization of required waiver services, and guidelines for efficient and timely service access by beneficiaries.

## Anticipated number of Medi-Cal Beneficiaries

[This is a placeholder for Table 6. Anticipated Number of Medi-Cal Beneficiaries<sup>3</sup>]

**Current Service Population.** As presented in Table 6 above, in 2014-2015, contract providers served a total of 2,844 unduplicated individuals. Nearly 80% of AODS clients were adults between the ages of 19 and 54, and 12% were youth aged 12-18. These individuals had a total of 4,050 service episodes, however, just over half (53%) of the service episodes were provided to current Medi-Cal beneficiaries.

**Estimated Medi-Cal Beneficiaries.** Using historical service data to estimate the anticipated number of Medi-Cal beneficiaries will likely underestimate the actual number of current and prospective Medi-Cal beneficiaries who will be eligible to receive, and likely to access, DMC ODS services. As services are expected to expand and be more readily available upon waiver implementation, the total service population is likely to increase. In 2014, a total of 249,648 individuals in Contra Costa County were enrolled in Medi-Cal and, on average, there were 226,954 certified eligible Medi-Cal beneficiaries each month.<sup>4</sup> Studies indicate that there is an approximately 10-14% SUD Prevalence rate among Medicaid recipients.<sup>5</sup> It is also estimated that approximately 24% of Medi-Cal eligible individuals in need of SUD services will access those services if available.<sup>6</sup> Using an average of the high and low prevalence estimates and estimated penetration rate, the County predicts 6,535 Medi-Cal eligible individuals who are in need of, and likely to access, SUD services each year in Contra Costa County.

Local service data supports these estimates: in 2014, SBIRT screenings identified 5,893 individuals with SUD at County primary health clinics, and County mental health program data revealed that 4,115 of those accessing mental health services had an SUD diagnosis.

Estimates of anticipated Medi-Cal beneficiaries that rely on currently enrolled beneficiaries do not capture those who may be eligible for Medi-Cal but are not currently enrolled; the County recognizes that these estimates may be impacted by increased Medi-Cal outreach and enrollment efforts to harder

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<sup>3</sup> Estimated Medi-Cal beneficiaries with SUD derived from average monthly certified eligible Medi-Cal beneficiaries in the County in FY2014-2015 and estimated 12% SUD prevalence rate among Medi-Cal beneficiaries. Estimated Medi-Cal beneficiaries accessing DMC-ODS services derived from estimated beneficiaries with SUD and projected 24% SUD treatment penetration rate among Medi-Cal beneficiaries needing treatment services.

<sup>4</sup> Medi-Cal certified eligible for CY 2014. State of California, Department of Health Care Services, Medical Certified Eligibles, Summary Pivot Table by County, Most Recent 24 Months, Report Date: December 2015.

<sup>5</sup> Adelman, P. K. (2003). Mental and substance use disorders among Medicaid recipients: prevalence estimates from two national surveys. *Administration and Policy in Mental Health*, 31(2), 111–129; Mercer Government Human Services. (2013). Consulting Medicaid Alternative Benefit plan Options Analysis.

<sup>6</sup> Mercer (2013).

to reach populations. Additionally, the capacity of the AODS system of care and ability to serve Medi-Cal beneficiaries and provide continued access to appropriate levels of care will be largely dependent on service reimbursement rates and current and potential providers ability to become DMC certified, which may impact the County's ability to contract for all services necessary to meet anticipated demand.

### **Utilization of Services**

In 2014-2015 there were a total of 2,844 unique individuals who accounted for 4,050 unique service episodes, or an average of 1.42 episodes per client. Nearly one-third, 32.5%, of all service admissions were to outpatient programs, while both narcotic/opiate treatment programs and withdrawal management services each accounted for nearly 25% of service episodes. Residential Treatment programs made up nearly 20% of total SUD services episodes. A small number of ancillary services were also provided. Table 7 presents the service utilization rates for County SUD services in 2014-2015.

**[This is a placeholder for Table 7. Service Utilization FY14-15]**

As current contract providers obtain the ability to bill Medi-Cal for services delivered and new DMC-ODS required services are added to the system of care, the County anticipates some impact to the utilization of currently provided services.

- ❖ **Outpatient.** Among currently provided services, outpatient programs account for the largest proportion of services, and the County expects the utilization of outpatient programs to remain high upon waiver implementation. However, the incorporation of intensive outpatient programs and the expansion of residential treatment options for certain populations may impact the proportion of individuals accessing outpatient services.
- ❖ **Residential.** Currently, the need for residential programs in the County outweighs capacity as funding shortfalls have resulted in restrictions on level of care placement. Similarly, the absence of intensive outpatient programs and adequate housing supports for clients may have inflated the demand for residential services. Upon implementation of the waiver, the County expects the utilization of residential programs to initially increase, however the increasing availability of outpatient and intensive outpatient programs, and the incorporation of recovery residencies and sober living environments into the system of care may significantly reduce the proportionate demand for residential services.
- ❖ **Narcotic Treatment Programs.** Narcotic treatment programs (NTP) are currently a DMC benefit, and County NTP providers are billing DMC for services provided. The County is already experiencing a substantial increase in NTP utilization and well as modest increases in NTP's

proportion of services to total SUD services to change resulting from the expansion of new and existing NTP programs.

The following services will be added to the AODS system of care upon waiver implementation according to the timelines described in Section 5 (Expansion of Services). As historical data is not available to estimate utilization rates, the County will monitor service utilization and access as new levels of care are added to determine if additional programs are required to ensure network adequacy. The additional levels of care to be added are:

- ❖ **Intensive Outpatient.** The County does not currently contract with any providers of Intensive Outpatient services. However, it is likely that a number of individuals currently served by outpatient and residential programs may have treatment needs that are more aligned with intensive outpatient, but due to a lack of available programs, are assigned to a higher or lower level of care than appropriate. Without historical data, the County cannot provide an estimate on predicted utilization of intensive outpatient programs.
- ❖ **Recovery Services.** The County does not currently contract with any providers of recovery services. Based on treatment outcomes reported for the current services provided, there is a need for the provision of these services. In FY 2014-2015, 77% (3,132) of service admissions were discharged or terminated. Nearly half (47%) of these treatment episodes resulted in successful treatment completion and discharge, with 41% receiving further referral. Thirty-one percent (31%) of those discharged from treatment were referred to a 12-step program while 12% were referred to additional SUD treatment, indicating a need for further support. Housing is often the primary barrier to recovery for many clients, and there is currently a limited supply of sober living environments for clients in need of housing and further support. The utilization of such supports is anticipated to be high.
- ❖ **Case management.** Currently, the County does not provide case management services for SUD treatment outside of specific programs, as required under the waiver. Some contract providers offer limited case management services and most offer a range of ancillary supports, discharge planning, and linkages to other services as a part of existing residential and outpatient programs. As permitted by the DMC reimbursement rates for case management, the County plans to provide case management services, as needed, for those who may require a higher level of coordination in order to access and complete treatment successfully, connect to other needed health and social services, transition between levels of care, and connect with necessary recovery supports. In FY 2014-2015, 37% of complete service episodes resulted in unsatisfactory discharge, either with (26%) or without (11%) referral to additional services.
- ❖ **Physician Consultation.** The County does not currently provide physician consultation services and does not foresee a high level of demand for this service, however the County will ensure that all contract providers have capacity to consult with the CCBHS Medical Director, as necessary, to support effective treatment of SUD clients.

## Numbers and Types of Providers

The County currently contracts with treatment providers throughout the County and anticipates maintaining these contracts to provide services as required under the Waiver. Currently, only three (3) providers are DMC certified. Provided that current contract providers are able to become DMC certified and DHCS can process applications in a timely manner, the County plans to continue to contract with its current pool of licensed facilities and/or certified alcohol and drug programs to provide withdrawal management, residential, outpatient, and narcotic/opioid treatment programs. Each program varies in the employment of professional staff. Most programs employ certified AODS counselors and a smaller number of providers have licensed mental health clinicians (e.g. LPHAs) on staff. Many programs currently do not have a Medical Director, as required by the waiver, as they are not currently billing DMC. The County recognizes that the current group of service providers will need to build capacity to meet the potential demand for DMC ODS services and will support providers to do so. The County will also explore contracting with additional providers of these services to ensure beneficiary access to all service modalities.

**Adult Service Providers.** Currently, the County contracts with a number of providers in East, Central, and West County regions to provide adult SUD services. Residential and Withdrawal management services are gender specific and women's residential programs include services specific to the perinatal population. Outpatient programs are primarily mixed gender, with the exception of perinatal specific programs. The County's current and anticipated array of adult SUD services is described Sections 4 & 5 (Treatment Services and Expansion of Services) and presented in the chart in Appendix B.

Current contract providers of adult services include:

- ❖ **Withdrawal management.** Three (3) programs with 13 county contracted beds (8 men, 5 women).
- ❖ **Residential.** Nine (9) programs with 242 county contracted beds (150 men, 65 women, 27 perinatal).
- ❖ **Outpatient.** Ten (10) programs. Additional pilot outpatient programs specific to co-occurring populations are provided by mental health clinics.
- ❖ **Narcotic/Opioid Treatment.** Two (2) programs provide methadone services (outpatient methadone detoxification and ongoing methadone maintenance). Three (3) programs provide buprenorphine and naloxone groups, however these services are not DMC-funded.

In addition to the programs listed above, the County is seeking competitive bids to furnish an additional ten (10) male withdrawal management beds and 30 male residential beds. During the planning processes, the County terminated its contract with the provider of these withdrawal management and residential services. The County expects to have these contracts in place before implementation of this plan.

**Youth Service Providers.** Currently, the County provides in-county outpatient programs for youth through three (3) outpatient programs and maintains service agreements with providers in neighboring

counties to ensure that youth in need of residential treatment have placement options. The County has a robust continuum of prevention services strategically placed throughout the County that provides an array of early screening and identification services and is a gateway to treatment for youth with SUD.

**Expansion of Current Services.** The County expects existing AODS treatment providers to increase service capacity within existing levels of care and is encouraging providers to expand levels of care. It is expected that many of the additional services above will be provided in existing service locations. When necessary, the County will seek competitive proposals for provision of additional services from providers not currently in the system of care to ensure network adequacy. The County does not know how many providers of the expanded services are necessary to ensure network adequacy. However, the County will continue to monitor service utilization and access and make adjustments to the number and types of providers available in the system of care, as necessary.

**Additional Required Services.** Certain AOD services and programs required by the DMC ODS Waiver do not yet exist in the system. The County is planning to develop its own case management program within the AOD system of care. The County will also work with existing providers to develop IOP and recovery services and may seek competitive bid, as needed. These expanded services, including a timeline for implementation, are described in detail in sections 4 and 5, and include:

- ❖ Intensive Outpatient for adults and youth, including services for specialty populations
- ❖ Comprehensive Case Management as required by conditions of the waiver
- ❖ Recovery Services

With the current service providers and anticipated new contracts, the County will ensure provision of all waiver-required service modalities. The County does not yet know how many providers will be necessary to ensure network adequacy. However, the County will continue to monitor service utilization and access and make adjustments to the number and types of providers available in the system of care as necessary.

### **Hours of Operation of Providers**

Contract provider's hours of operation vary depending on level of care. Residential treatment and withdrawal management facilities will operate on a 24/7 basis. Narcotic/Opioid Treatment programs will provide dosing seven days a week. Outpatient and Intensive Outpatient programs will be required to operate at least five days a week during regular business hours; evening hours may also be included based on the specific target population and program design.

### **Language Capability**

The County's threshold languages are English and Spanish. The County will ensure that all SUD services are available in threshold languages. The County currently maintains a contract with interpretative services that provides oral interpretation as necessary in a number of languages. All service providers, including County and contract providers, have access to these interpretation services.

## Timeliness of Service<sup>7</sup>

The County will ensure that all beneficiaries have timely access to the services and levels of care specified in this implementation plan. The County standards for timeliness of service are in alignment with those of the County Mental Health Plan (MHP); however, official standards will be revised to remain in compliance with any future-defined timeliness standards for DMC ODS services. Timeliness standards will be examined and evaluated as part of the quality improvement process, as described in Section 12. Quality Assurance. The County and all contracted providers will meet the following standards of timely access to care:

- ❖ **First Face-to-Face Visit.** County assessors, either through the Access Line or at one of the various community-based locations, will assist beneficiaries in establishing appointments at the recommended level of care. In general, first appointments will be scheduled as soon as possible, with a 10-day standard for intake appointment after initial request for outpatient services.
- ❖ **Urgent Conditions.** The County is committed to ensure that services for urgent situations are immediately.
- ❖ **Emergencies.** Upon identification of emergency conditions, Access Line clinicians, contract providers, and any other AODS provider will contact the appropriate emergency medical services for intervention and when appropriate initiate intake at a detox or other urgent care facility.
- ❖ **Afterhours Care.** Should beneficiaries require intervention outside of normal business hours, they will have access to a 24/7 toll-free phone number with the availability of on-call staff. The County will require contract providers to establish procedures for addressing afterhours care needs as appropriate for the level of care.

## Geographic Location

Contra Costa is a vast county in terms of square mileage, and Medi-Cal beneficiaries predominantly reside in three primary geographic regions: East County (Antioch, Pittsburg), Central County (Concord, Walnut Creek), West County (Richmond, San Pablo). The South County (Lafayette, Moraga, Orinda, Danville), has a smaller concentration of Medi-Cal beneficiaries. The County will ensure that residents of each region have access to all service modalities described in this implementation plan. Currently, contracted services are provided in locations near and convenient to the primary concentrations of Medi-Cal beneficiaries and the County will ensure that to-be-contracted services are appropriately located based on region of residence and regional need.

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<sup>7</sup> Timely Access is based standards set by the California Department of Managed Care for timely access. Using these standards, timely access means 10 business days for a non-urgent appointment with an AOD provider and 48 hours for an urgent appointment that does not require prior approval. Please see the California Department of Managed Care Website for more details:  
<https://www.dmhca.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessToCare.aspx#.Vtn6-ElrIdU>

The County will establish guidelines for the geographic location of programs in relation to the beneficiary's location as a criterion for referral. Transportation coordination and assistance may be provided as a function of case management services, and AODS programs will make every effort to minimize travel time and address any transportation barriers. All contract service providers will be fully compliant with ADA regulations as a stipulation for contracting.

## 10. Training Provided

*What training will be offered to providers chosen to participate in the waiver? How often will training be provided? Are there training topics that the county wants to provide but needs assistance?*

The County will require all contracted DMC service providers participate in mandatory trainings to ensure compliance with DMC regulations and County contracting requirements. For mandatory trainings, contract providers will be responsible for ensuring that all staff meet training requirements as determined by their roles and responsibilities. Compliance with training requirements will be monitored through the QA process. The County will require all DMC ODS providers attend mandatory trainings before DMC ODS Implementation and on an annual basis thereafter. The County also expects to provide trainings on an as-needed basis based on the current capacity and learning needs of the provider network. The County anticipates providing the following mandatory trainings to ensure compliance:

- ❖ **ASAM Criteria.** The County is currently in the process of ensuring that all contract providers are trained on ASAM and able to incorporate ASAM as a part of their admission and treatment procedures. ASAM trainings are mandatory for providers and will be offered on an annual basis.
- ❖ **Evidence-Based Practices.** The County will provide training for contract providers on the required evidence-based practices: Motivational Interviewing and Cognitive Behavioral Therapy. Trainings will include guidance on the clinical application of EBPs and how to adapt and implement EBPs among culturally diverse populations. These trainings will be mandatory for all clinical and counseling staff.
- ❖ **Clinical Training.** The County will assess the overall clinical training needs of contract providers, and anticipates requiring training in clinical supervision and clinical documentation. The County anticipates a need from DHCS for technical assistance in providing these trainings.
- ❖ **Drug Medi-Cal Regulations.** To ensure contract providers are meeting requirements for the provision of DMC services, the County will offer trainings on DMC regulations, post payment post service, administrative procedures, and billing requirements.
- ❖ **Quality Improvement, Assurance and Service Utilization:** To build each program's internal capacity to monitor quality, the County will provide mandatory trainings on quality improvement and service utilization processes for program administrative staff and supervisors.
- ❖ **Other Technical Assistance.** The County will also provide technical assistance and guidance to current providers who are expanding services to offer additional levels of care. The County may have a need for technical assistance from DHCS to ensure that all providers are able to obtain DHCS licensing and DHCS certification.

To ensure all staff have the opportunity to participate in requisite trainings, the County will employ a “train the trainer” model for ensuring compliance with training requirements described above should staff be unable to attend County-sponsored trainings or require training outside of the training schedule. Leveraging the TA and technical assistance provided by DHCS, the County will ensure all supervisors within each contract organization are sufficiently trained as trainers. Train the trainer sessions will include information and guidance for supervisors on the material as well as adult learning. This training model is presented in below.

**[This is a placeholder for Illustration 1. Training of Trainers Structure]**

### **Culturally and Linguistically Appropriate Standards (CLAS)**

The County will provide County and contract providers with regular mandatory training and consultation on adopting CLAS standards into AOD programs and services. CLAS standards are defined the United State’s Health and Human Services Department’s Office of Minority Health as a blue print for health and human service organizations to provide culturally and linguistically appropriate services. CLAS Standards are a comprehensive set of guidelines that inform, guide, and facilitate practices related to culturally and linguistically appropriate client engagement and service delivery. As CLAS standards align with the workforce and cultural competence strategies of the Quality Improvement Plan (See Section 12. Quality Assurance), the County expects the adoption of CLAS standards to be a part of larger Cultural Competency Plan.

## **11. Technical Assistance**

*What technical assistance will the county need from DHCS?*

The County anticipates the need for technical assistance from DHCS on a number of key issues, including:

- ❖ Consistent use and application of ASAM criteria in a variety of settings, including guidance on appropriate screening tools that can be implemented throughout the system of care with high fidelity and with specialty populations, including youth.
- ❖ DHCS Licensing and certification, and reimbursement, cost reporting, and billing practices for expanded waiver services including case management and recovery services.
- ❖ 42 CFR Part 2 and HIPAA confidentiality requirements and information sharing guidance, particularly in the implementation of telehealth services and the effective coordination of care between health providers.

The County will provide technical assistance and training for its contract providers on these issues, as well as for the topics discussed in the previous section, with support from the DHCS when appropriate, according to the model described above.

## **12. Quality Assurance**

*Describe the quality assurance activities the county will conduct. Include the county monitoring process (frequency and scope), Quality Improvement plan, Quality Improvement committee activities and how counties will comply with CFR 438 requirements. Please also list out the members of the Quality Improvement committee. Also include descriptions of how each of the quality assurance activities will meet the minimum data requirements*

The County plans to implement robust quality assurance processes for the AOD system of care, by building on existing capacity within Mental Health Services. As a part of the Behavioral Health Division's Quality Improvement Management (QIM) Unit, the County will establish AOD quality assurance and quality improvement functions into existing quality management and improvement processes that include:

- Quality Improvement (QI) Workplan
- Quality Improvement (QI) Committee
- Quality Assurance Subcommittees

The QIM Unit's main objective will be to monitor the compliance, performance, and quality of all publicly-funded SUD treatment services and establish processes for on-going quality improvement in the AOD system of care.

The County will also integrate the AOD system of care's utilization management and review functions into the BHS Utilization Management and Utilization Review (UM/UR) Units by building on existing processes that serve the Mental Health Plan and, to a lesser extent, the AOD System of Care (The Utilization Management Unit is described in greater detail in Section 20. Residential Authorization). Over course of DMC ODS implementation, the County aims to house both units within integrated BHS

Utilization Management and Quality Assurance Units. The BHS Quality Improvement and Utilization Management Organizational Chart (see Appendix D) provides an illustration of the various BHS units and committee involved quality assurance and improvement processes.

### **Quality Improvement Management Unit**

The County Quality Improvement Management (QIM) Unit will oversee the quality assurance and quality improvement functions for both the mental health and AODS systems of care. The QIM Unit will build on existing quality assurance and utilization management capacity and processes within the mental health system of care while developing AOD-specific processes required by the DMC ODS 1115 Waiver. The QIM Unit's focus will be to establish a quality management infrastructure for an outcome-driven and quality-focused AODS system of care. The QIM Unit will determine quality standards and ensure continuous improvement in the delivery of services. Table 8 provides an overview of the quality assurance, data and evaluation, and monitoring activities that the QIM Unit will perform to meet DMC ODS quality assurance requirements.

**[This is a placeholder for Table 8. QIM Unit's Quality Management Responsibilities]**

### **Quality Improvement Workplan**

The Quality Management Program Manager will oversee the QIM Unit and work closely with administrative staff in the AODS system care and the BHS Utilization Management and Utilization Review Unit to develop a comprehensive Quality Improvement (QI) Workplan outlining quality improvement processes for both the mental health and AODS systems of care. The QI Workplan will include a set of benchmarks and goals for the QMI Unit to monitor during DMC ODS implementation. The Quality Improvement Plan will also set standards based on the criteria established by ASAM in areas such as medical necessity, clinical practice, and level of care guidelines as well as establish performance and outcome measures, workforce standards, risk management, provider-level quality improvement activities, and grievance and appeals processes.

The Quality Improvement Workplan will include processes to annually monitor all AODS contracted programs for compliance with DMC ODS regulations as well as several other regulatory standards and requirements that include BHCS licensure and certification standards, SAPT Block Grant requirements, cultural competence, fidelity to evidence based practices, and contract compliance. The BHS Quality Management Program Manager will work with AODS managers on a quarterly basis review and update progress on the workplan's measures and objectives.

Additionally, the Quality Improvement Workplan will serve as a bridge between the QI Unit and the Utilization Management and Utilization Review (UM/UQ) Unit. The QI Workplan will outline communication and information sharing protocols, areas of shared responsibility, and integrated QI and UM/UR activities.

### **Quality Improvement Committee**

The QIM Unit will expand the role of the existing Quality Improvement (QI) Committee to support quality management and continuous quality improvement of both the AODS and mental health systems of care. The QI Committee will include representatives from CCBHS leadership, contracts, utilization management, quality improvement, finance, information technology, adult and youth provider networks, and consumers and family member representatives. The Program Manager from the UM/UR Unit will also sit on QI committee to better align and coordinate efforts between the two units. Members of the QI Committee will also chair and sit on several sub-committees required under federal, state, and DMC ODS regulations. This committee will meet on monthly basis and report to the BHS Quality Improvement Program Manager.

The QI Committee will review and evaluate quality improvement activities, implement QA/QI projects and actions, follow up on quality improvement processes, document QI Committee minutes, suggest policy considerations, and report to the Quality Improvement Program Manager. The QI committee will monitor a variety of measures, including:

- ❖ Timeliness of first face to face appointment
- ❖ Timeliness of services for first dose of NTP services
- ❖ Waitlist time for residential treatment
- ❖ Responsiveness of the access line
- ❖ Timeliness of response to prior authorization requests
- ❖ Number and percentages of prior authorization approved/denied
- ❖ Availability of specialty population access to SUD services and network adequacy
- ❖ Use of medical necessity to place beneficiaries
- ❖ Access after hours
- ❖ Strategies for avoidable hospitalizations
- ❖ Coordination of physical and mental health services with waiver services at the provider level
- ❖ Assessment of beneficiaries experience
- ❖ Telephone access line and services in the prevalent non-English languages

The QI Committee will review these measures on monthly basis using reports provided by the Quality

Assurance Coordinator. The County also expects that the QI committee, through the various subcommittees, will identify additional quality measures as DMC ODS implementation begins. New measures will be integrated into the existing QI process on both an annual and as needed basis.

## Utilization Management Committee

The Utilization Management (UM) Committee is a function of the UM/UR Unit and an integral component of quality assurance. The primary goals of the UM Committee is to ensure that: 1) beneficiaries have access to SUD treatment services at the appropriate ASAM level of care based on a standard of medical necessity; 2) authorization requests for residential services are addressed in a timely and accurate manner; 3) practices of medical necessity among clinical staff and SUD treatment providers are established; and 4) providers meet their assigned ASAM level of care standards.

Additionally, the UM Committee will also support the quality of AOD services through utilization management activities that include:

- ❖ Tracking the timeliness of accessibility to the appropriate level of services
- ❖ Reviewing and responding to authorization requests for residential services
- ❖ Collecting, maintaining, and evaluating the accessibility to care and waitlist information
- ❖ Monitoring service capacity and over/under utilization of services
- ❖ Reducing service disallowances

The UM Committee is the oversight body for all referrals and placements into SUD treatment services. This includes providing initial authorization, prior authorization, and continuing authorization for placement requests and determine the medical and service necessity and appropriateness of SUD services. These processes are outlined in greater detail in Section 20. Residential Authorization.

The UM Committee is also responsible for review and annual update of the utilization management and review aspects of the Quality Improvement Workplan. UM Committees meet monthly and review statistical samplings of DMC ODS beneficiary records, review utilization data, and discuss authorization appeals and grievances. This Committee will be chaired by an LPHA and include an AODS Program Manager and UM Supervisor as well staff from quality improvement, finance, and IT. As utilization management is a function of quality assurance, the UM Committee will report to the AODS quality improvement committee in addition to the Utilization Management Program Supervisor.

## Cultural Competence

The Behavioral Health Services Cultural Competency Plan aims to reduce health disparities by addressing issues of diversity and linguistic and cultural competence. To meet this goal, the County has implemented a multi-year, multi-strategy commitment to reduce health disparities by providing culturally and linguistically appropriate services. This strategy includes three broad objectives as initial steps in reducing health disparities among the people serviced by Behavioral Health Services

- Improve linguistic access
- Implement training and related activities to diversity and cultural and linguistic competence that will foster broad organizational growth and change
- Develop an organizational climate that values patient, client, customer and employee diversity and addresses health disparities

The Ethnic Services and Training Unit is responsible for updating and implementing the strategies within the plan as well as evaluating progress. The Ethnic Services and Training Unit will work with the QI Committee and subcommittees before and during DMC ODS implementation to develop a set of shared objectives and strategies to bolster the AOD workforce's capacity to identify underserved populations and implement CLAS standards.

### **Sub-Committees**

The County also expects additional sub-committees to be formed to respond to issues and challenges that surface during DMC ODS implementation. QI committee is expected to develop several subcommittees to provide consultation, planning, and monitoring across various quality assurance related topic areas that include: Timely Access

- ❖ Program Improvement Plan (PIP)
- ❖ Grievances
- ❖ Evidence-based Practices
- ❖ Outcome Measures
- ❖ Criminal Justice
- ❖ Data Evaluation
- ❖ SUD Specialty Populations

The County anticipates that the QI Committee will also work UM Committee and the Reducing Health Disparities Initiative to develop subcommittees to address issues that impact the AODs system of care but are outside technical expertise of the QI Program. Table 9 provides and list of the anticipated QI, UM/UR, and Cultural Competence subcommittees. The County expects that additional subcommittees will be developed in response to needs that arise during the DMC ODS implementation.

**[This is a placeholder for Table 9. Quality Assurance Committees and Sub-Committees]**

## **EQRO Review**

The QIM Unit will hold quarterly quality review meetings with QI Committee and appropriate subcommittees to review data based on the external quality review organization (EQRO) protocols from DHCS. Review of these data on a regular basis will provide an additional process to ensure that the County and providers are meeting quality standards. The quarterly review will include the following data elements from the AODS System of Care:

- ❖ Number of days to the first DMC ODS service encounter at appropriate level of care after referral
- ❖ Existence of a 24/7 telephone access line with prevalent non-English languages
- ❖ Access to DMC ODS services with translation services in prevalent non-English languages
- ❖ Number and percentage of denied authorization requests
- ❖ Time period of authorization requests approved or denied

During quarterly ERQO review meetings, the QI Committee will review the necessary data and information required by the state in order to comply with DMC ODS evaluation. As the state identifies the data and information they will require for the evaluation, the AODS QIM Program Manager and Quality Improvement Coordinator will work with the IT Department to develop a report that can be generated on an ongoing basis.

## **Grievance and Appeals**

The QIM Unit will be responsible for collecting, categorizing, assessing, responding, and monitoring all grievances and appeals filed by beneficiaries. The county will inform beneficiaries, via DMC ODS guidelines, and post notices of the process for reporting and resolution of grievances that includes:

- ❖ The provision of written procedures for reporting and resolving grievances to each beneficiary during the initial assessment.
- ❖ The receipt of grievance and appeal procedure information through written or verbal means during the provision of DMC ODS services
- ❖ Posted notices at every direct service provider facility including contracted, individual, and group providers
- ❖ Twenty-four (24) hour a day access to the grievance information and assistance by calling the AOD access line

In addition, all written and verbal about the grievance and appeal process will be available in the County's threshold languages (English and Spanish). All beneficiaries who wish to file a grievance or appeal a decision will be offered, at no charge, the assistance of a Grievance Advocate at each step of the grievance and appeal process.

## **Grievance Submission and Review**

Beneficiaries may submit a grievance in either written or verbal format to the Quality Improvement Coordinator. Beneficiaries may report a verbal grievance to the Grievance Advocate, any County AOD

staff, or direct service provider.

To file a written grievance, beneficiaries may submit a Beneficiary Grievance Review Request form. Assistance in writing the grievance is available through the Grievance Advocate. Grievance Review Request Forms may be deposited in any CCBHS or AOD Suggestion Box or mailed in a self-addressed envelope to the Quality Improvement Coordinator.

Staff not involved in the original grievance will review all grievances and appeals. If the appeal is about clinical issues, or is this should be an expedited appeal, the decision-maker will have the appropriate clinical expertise and scope of practice.

The QIM Unit will resolve all grievances as quickly and simply as possible. They will make a decision within sixty (60) calendar days of receipt of the grievance. This timeframe may be extended by up to fourteen (14) days if the consumer requests an extension or the County determines there is a need for additional information and the delay is in the beneficiary's interest.

Once a decision is made, the County will mail the beneficiary a letter summarizing the decision. If the County is unable to contact the beneficiary, documentation of the efforts to contact the beneficiary will be maintained.

### **Appeal and Fair Hearing Process**

Medi-Cal beneficiaries who have experienced a denial, reduction, or termination of services have a right to appeal. In order to appeal, beneficiaries may complete the Appeal Form. Beneficiaries may file an appeal orally, or in writing. Standard oral appeals must be followed-up with written, signed appeals within forty-five (45) days. All Notice of Action and grievance decision letters will include information and forms for both the appeal and state fair hearing processes. At every step of these processes, the beneficiary will be offered assistance from a Grievance Advocate.

A decision will be made within forty-five (45) days of the appeal request date. A beneficiary or provider may request an expedited review process if it is determined that the standard timeframe could jeopardize the health of the beneficiary. Expedited decisions are made within three (3) working days of receipt.

Beneficiaries who are not satisfied with the outcome of the appeal have the right to a State Fair Hearing. The Request must be in response to a notice of action the beneficiary received from the County. They may contact the Grievance Advocate listed for assistance in filing for a State Fair Hearing, call the State Fair Hearing Office, or the beneficiary or authorized representative must complete the form and provide a detailed reason for the request.

### **Record Keeping**

Once received, the Quality Improvement Coordinator will enter the grievance into a centralized log within one working day of the date of receipt. This log shall include the following information:

- ❖ Name of the beneficiary
- ❖ Date of receipt of the grievance
- ❖ Date of acknowledgement of receipt sent
- ❖ Nature of problem
- ❖ Final disposition of a grievance
- ❖ Date written decision sent to beneficiary
- ❖ Documentation of reason that there has not been final disposition of the grievance
- ❖ Documentation of Appeal or State Fair Hearing Request

The Quality Improvement Coordinator will be the primary staff responsible for the tracking, reporting, and monitoring consumer grievances, appeals, and state fair hearings.

### **Continuation of Benefits**

For individuals currently receiving DMC ODS services who file a grievance or appeal a decision, the County will continue to provide the beneficiary with the level of services the beneficiary currently receives until a final decision is reached.

## **13. Evidence Based Practices**

*How will the counties ensure that providers are implementing at least two of the identified evidence based practices? What action will the county take if the provider is found to be in non-compliance?*

The County will ensure that contract providers are implementing the following evidence based practices:

- ❖ Motivational Interviewing
- ❖ Cognitive Behavioral Therapy

As part of the DMC-ODS implementation process, County contracts with treatment providers will be amended to include a requirement that each contracted provider of DMC-ODS services provide, at a minimum, the EBPs described above. These EBPs were selected through the waiver planning process for the following reasons:

- ❖ Ability to be applied broadly across age groups and populations, including youth
- ❖ Appropriateness for use with the County's diverse population
- ❖ Alignment with the Contra Costa AOD system of care treatment philosophy

These EBPs also align with the principles of trauma-informed care; many providers are currently incorporating trauma-informed approaches into service delivery. Additionally, the County is committed to ensuring that all service providers have the ability to understand, communicate with, and effectively interact with people across cultures and provides services that are responsive to the needs and experiences of the County's diverse populations, including young people.

With the assistance of DHCS, the County will ensure that training is available for all AOD providers in the two evidence-based practices, as well as other evidence-based approaches as identified throughout waiver implementation. Training will be provided on implementing EBPs in treatment settings among culturally diverse populations. The County will ensure that all supervisors of provider organizations attend mandatory County-sponsored trainings. Trainings will include information and guidance for supervisors on training their staff. This ensures that staff who are unable to attend County-sponsored trainings or require training outside of the training schedule still have access to the information and skill development opportunities.

The contract monitoring tool/Quality Improvement Workplan will include monitoring activities to determine if all supervisors and service providers have completed training on the required EBPs. Case/chart reviews will also provide a mechanism for the County to determine if EBPs are being implemented. The Quality Improvement Workplan will include fidelity monitoring activities to ensure that EBPs are being implemented with fidelity.

## 14. Assessment

*Describe how and where counties will assess beneficiaries for medical necessity and ASAM Criteria placement. How will counties ensure beneficiaries receive the correct level of placement?*

As described in Section 2 (Client Flow), in most instances, beneficiaries will be assessed for medical necessity and ASAM Criteria placement by qualified LPHAs, or AOD counselors under LPHA supervision, prior to an intake appointment at the identified level of care. Beneficiaries will have access to assessments through a number of methods, including both in-person and telehealth. Locations where beneficiaries will receive assessments include:

- ❖ **Access line:** The County's 24/7 toll-free behavioral health access line will be the primary mechanism for beneficiary assessment
- ❖ **Co-located assessors:** A number of assessors will be co-located in existing programs, including community mental health clinics, homeless programs, and primary health care clinics

Using the ASAM-aligned assessment, assessors will make a level of care designation and initiate an intake appointment at that level of care. All assessments conducted will include the full range of psychosocial indicators, as well as a physical and mental health screening to identify any additional service needs that may need to be incorporated into individual treatment plans. If the assessment indicates a need for more intensive support, the assessor will work to assign the beneficiary a case manager who will ensure successful connection to the designated treatment program and provide ongoing support as the beneficiary moves through the treatment continuum.

Beneficiaries may be triaged into a detoxification program. If need for residential detoxification is indicated, the assessor will assign a primary LOC designation and triage the beneficiary to a withdrawal management placement. Beneficiaries may also self-present to a detox program without first connecting with an assessor. The withdrawal management program will ensure all beneficiaries receive a

psychosocial assessment and medical screening, as appropriate. Once a person is able to participate in an assessment, the detoxification program will connect the person with an assessor.

The County's Utilization Management unit and Utilization Review process, described in Section 12 Quality Assurance, will ensure that beneficiaries are consistently placed in appropriate levels of care. Case reviews and ongoing treatment plan monitoring will ensure the appropriate level of care placement at the initial assessment, as well as for the provision of continued services, transitions to other levels of care, and discharge.

## **15. Regional Model**

*If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries. How will the county ensure access to services in a regional model?*

The County does not plan to enter into a regional model of service delivery.

## **16. Memorandum of Understanding**

*Submit a signed copy of each Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery as described in 4(i) of the STCs. If upon submission of an implementation plan, the managed care plan(s) has not signed the MOU(s), the county may explain to the State the efforts undertaken to have the MOU(s) signed and the expected timeline for receipt of the signed MOU(s).*

The County has amended the current MOU between Mental Health Services and the Contra Costa Health Plan. Kaiser Permanente also provides managed care services to DMC ODS beneficiaries under the MOU with Contra Costa Health Plan. The MOU outlines components that govern the interaction between Contra Costa County AODS and the managed care plan as part of the County's DMC ODS Implementation Plan. The amended MOU contains the following elements to meet the DMC ODS requirements:

- ❖ Comprehensive substance use, physical, and mental health screening, including ASAM Level 0.5 SBIRT services;
- ❖ Beneficiary engagement and participation in an integrated care program
- ❖ Shared development of care plans by the beneficiary, caregivers and all providers
- ❖ Collaborative treatment planning with managed care
- ❖ Delineation of case management responsibilities
- ❖ A process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved
- ❖ Availability of clinical consultation, including consultation on medications

- ❖ Care coordination and effective communication among providers, including procedures for exchanges of medical information that adhere to 42 CFR Part 2
- ❖ Navigation support for patients and caregivers
- ❖ Facilitation and tracking of referrals between systems including bidirectional referral protocols

The County's amended MOU with the Contra Costa Health Plan is attached as an appendix to this plan (see Appendix C). The County is currently working with their partners at Anthem Blue Cross to amend their existing MOU to include SUD treatment services. A copy of this MOU will be provided to DHCS once finalized.

## **17. Telehealth Services**

*If a county chooses to utilize telehealth services, how will telehealth services be structured for providers and how will the county ensure confidentiality?*

The County will utilize Telehealth services to conduct ASAM assessments/reassessments, provide care coordination, and case management functions. Only County clinicians and case managers will provide telehealth services at this time. Beneficiaries may access telehealth services by calling the Access Line, contacting their case manager, or requesting a reassessment. Consistent with current practices, all beneficiaries who receive SUD treatment services will be asked to sign a release that permits AOD clinicians and case managers to contact the beneficiary via telephone, email, or secure texting if the client agrees to these methods. The County anticipates that ensuring confidentiality and privacy protections with telehealth services will be an area of technical assistance the County may request from DHCS.

## **18. Contracting**

*Describe the county's selective provider contracting process. What length of time is the contract term? Describe the local appeal process for providers that do not receive a contract. If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services?*

The County provides many of the SUD treatment services through contracts with community-based organizations and providers. The County is currently working with AOD contract providers interested in providing DMC ODS services to become DMC-certified as well as expand their scope of service to include additional levels of care. This includes intensive outpatient, additional levels residential services, case management, recovery supports, and recovery residency services. The County is also working with providers to expand their existing AOD capacity in order to meet the expected demand of DMC ODS services.

The AOD contracts manager will work with the CCBHS contracting office to amend the contract language to include DMC ODS provisions and requirements upon waiver implementation. These requirements include:

- ❖ DMC ODS Certification from DHCS
- ❖ Employment of a Medical Director enrolled with DHCS
- ❖ Provision of culturally competent services
- ❖ Coordination with Medication Assisted Treatment programs
- ❖ Use of the two selected evidence-based practices with fidelity to the model
- ❖ Compliance with the County's quality assurance and utilization management processes

Additionally, all contracts will include language outlining steps contractors must take to ensure the continuity of care for beneficiaries in the case of contract termination. These steps are outlined in greater detail below.

### **Contract Length, Selection, and Renewal**

All DMC ODS contracts will have a term of one year and expire annually on June 30<sup>th</sup>. The AOD Contracts Manager will renegotiate the contract in the final quarter of the fiscal year to adjust contract terms to County budget allocations, operating costs, and changing needs for SUD services in advance of the July 1<sup>st</sup> start date. Prior to DMC ODS implementation, the County will issue a formal request for letters of interest to all current AOD contract providers that describes the requirements providers must meet for receiving a contract with the County for DMC ODS services. All providers will be asked in their letter of interest to describe:

- ❖ The types of services and level of care they currently provide
- ❖ Additional plans to expand services to additional levels of care or ancillary services
- ❖ Their plan to meet all new or expanded requirements and provisions of DMC ODS services

A committee of County AOD and Behavioral Health staff will review all respondents' letters of interest, make a determination about whether to proceed with an interested provider, and give each respondent a written notice about the about the County's decision.

If the County chooses to proceed with a contract provider, the AOD Contracts Manager will ask the provider to submit a work plan that outlines the plan described in the letter of interest. The work plan will include a full scope of services, timeline, budget, and corrective action plans. At this time, it is anticipated that the existing contract providers who are DMC certified or expressed interest in becoming part of the DMC ODS system of care will be awarded a contract for DMC ODS services. In the case of a denial, the respondent will receive written explanation outlining the reasons for the denial of contract for DMC ODS services.

### **Appeals Process**

In accordance with Contra Costa Behavioral Health Care Services appeals policy, respondents who are not selected may appeal Contra Costa County Behavioral Health Service's selection of awardee(s) within three business days of notification. Appeals must be addressed to the Director of Behavioral Health. Appeals must be in writing and shall be limited to the following grounds:

- ❖ Failure of the County to follow the selection procedures and adhere to requirements specified in the RFQ or any addenda or amendments.
- ❖ There has been a violation of conflict of interest as provided by California Government Code Section 87100 et seq.
- ❖ A violation of State or Federal law.

Notification of a final decision on the appeal by Behavioral Health Services shall be made in writing to the responder within five (5) days. The decision of the Behavioral Health Services Director shall be final and not subject to further review. Consistent with the terms of the DMC ODS Waiver, respondents must exhaust all Contra Costa County appeals options prior to filing an appeal with the DHCS.

### **Continuation of Services**

Should the County terminate or deny renewal of a current provider’s contract for DMC ODS services, the County will notify the provider at least thirty days prior to the termination of their contract. In accordance with the contract language, the provider will make immediate and appropriate plans to transfer or refer all beneficiaries served under the contract to other agencies for continuing services in accordance with each beneficiary’s needs. The AOD Chief must approve all plans for the transfer or referral of beneficiaries before the provider may begin the transfer or referral process unless such transfers or referrals are previously outlined in the provider’s contract.

## **19. Additional Medication Assisted Treatment**

Contra Costa Behavioral Health Services currently makes medication assisted treatment (MAT) available through two outpatient methadone clinics and Choosing Change, an outpatient program for beneficiaries receiving buprenorphine. In the current system, MAT providers that offer treatment for opioid users do not maintain a waitlist and provide treatment “on demand” as long as beneficiaries meet medical necessity. However, accessibility of MAT services remains an issue due to capacity issues, the location of MAT services, poor coordination with other AOD providers, and stigma towards opioid users. The county plans to expand services by:

- ❖ Establishing methadone clinical services in underserved regions
- ❖ Providing administrative and workforce supports to Choosing Change
- ❖ Offering training on MAT to AOD, MH, homeless program, and medical providers
- ❖ Amending AOD provider contracts to include requirements for coordination and linkages to MAT services by residential, outpatient, and withdrawal management providers

### **MAT Expansion**

As part of the Contra Costa County’s DMC ODS Implementation Plan, the County will expand the current capacity of the MAT system of care. Both methadone and buprenorphine services will be available to DMC ODS beneficiaries, regardless of funding source. The County is working with BAART to establish an

additional methadone clinic in the Central Region. Implementation should begin in the 2016-17 fiscal year.

The County is also working with the buprenorphine outpatient program, Choosing Change, to strengthen the existing program by providing additional administrative and workforce supports. Although the capacity of Choosing Change meets current demand, during Year 2 of implementation, the County will assess the need to expand the number of buprenorphine panels based on demand. During this time, the County will also explore strategies to increase the number of medical providers certified to prescribe buprenorphine. Since Choosing Change is a Medi-Cal eligible service that is part of the County's Health Clinics, the program will not be funded by the DMC ODS expansion; however, the County will work closely with Choosing Change providers to improve coordination and strengthen linkages with the AOD system of care.

In addition to the County's MAT services, AODS coordinates with a medical provider that provides care to patients receiving Naltrexone implants but does not have a formal contract or MOU with the County for SUD treatment services. AOD plans to continue to coordinate with this provider during Year 1 of implementation and assess the need for a formal contract during Year 2 and Year 3 of implementation.

### **MAT Training and Education**

The County expects to bolster capacity among AOD, mental health, and medical providers as well as homeless programs to provide care to beneficiaries who receive MAT in conjunction with other types AOD, MH, and medical treatments and homeless services. The County will offer training and education to providers from mental health, physical health, homeless, and non-MAT AOD programs that may serve clients receiving MAT. The County will also lead efforts to improve coordination of MAT referrals and care for clients in inpatient and outpatient SUD programs who also need MAT services. All DMC ODS providers will be required as part of their DMC ODS contract to develop processes to coordinate care with MAT programs and accommodate beneficiaries whose treatment plans include MAT.

## **20. Residential Authorization**

The County will expand the BHS Utilization Management to program to establish a residential authorization process for DMC ODS Services. To do so, the County will build on Behavioral Health Services Division existing Utilization Management Program to:

- ❖ Create the AOD Utilization Management Program and Committee
- ❖ Develop protocols for the initial, prior, and continuing authorization of residential services
- ❖ Establish standards for medical necessity and ASAM designations

The sections below outline the County's plan for implementing utilization review processes to ensure that referrals into residential programs are due to the medical necessity of the beneficiary and authorized by AOD before admission or within an acceptable timeframe.

## **AOD Utilization Management Program**

The Utilization Management (UM) Program is an integral component of the Behavioral Health Services Quality Management program. The primary responsibilities of the UM Program are to determine adherence to standards, process authorization requests, and ensure the continuous improvement in the quality of services. The UM Program design, oversight, and monitoring are the responsibility of the Utilization Management Supervisor who also sits on the Utilization Management (UM) Committee.

The utilization management program is responsible for all utilization management responsibilities including the authorization of requests for admission into AOD residential services. These processes include initial authorization, prior authorization, continuing authorization, determinations of the medical and service necessity, and appropriateness of SUD treatment services.

The Utilization Management Program will also support quality assurance functions to ensure that DMC ODS Beneficiaries have access to SUD treatment services at the appropriate ASAM level of care based on a standard of medical necessity. To do so, AOD UM processes will be facilitated in a way that monitors and measures the appropriateness, quality, and cost effectiveness AOD services in order to ensure that:

- ❖ Services are medically necessary and rendered at the appropriate ASAM level of care
- ❖ Services are rendered in a timely manner (10 days)<sup>8</sup>
- ❖ Available resources are utilized in an efficient manner
- ❖ Admission criteria, continued stay criteria, and discharge planning criteria are used to assure that maximum benefit is obtained by consumers at each level of care, and that transitions between levels of care occur in a coordinated manner

## **Utilization Review Unit**

Utilization Review unit/staff will review the service(s) requested by the provider for the identified eligible beneficiaries and will authorize services accordingly as based on the ASAM Level assessment.

Determination of the service request for the DMC-ODS beneficiary will be performed as follows:

- ❖ Eligibility verification by the county or the county contracted provider. When the county contracted provider conducts the initial eligibility verification, it must be reviewed and authorized prior to payment for services.
- ❖ Medical necessity determination as performed through face to face review or telehealth by a Medical Director, Licensed Physician or LPHA
- ❖ Authorizations of appropriate level of services

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<sup>8</sup>Timely Access is based standards set by the California Department of Managed Care for timely access. Using these standards, timely access means 10 business days for a non-urgent appointment with an AOD provider and 48 hours for an urgent appointment that does not require prior approval. Please see the California Department of Managed Care Website for more details:

<https://www.dmh.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessToCare.aspx#.Vtn6-ElrIdU>

- ❖ Monitoring and review of the beneficiaries records for service compliance with regulatory and contractual requirements of the waiver. Providing written review outcome and proposed recommendation(s)
- ❖ Authorizations for residential services meet standards for timely access and medical necessity
- ❖ Clinical staff and providers make referrals based on ASAM and medical necessity standards
- ❖ Providers meet their assigned ASAM level of care standards.

The Utilization Review Unit will also perform a variety of functions that include the review and analysis of program and utilization data, ASAM fidelity monitoring, case/discharge planning oversight, and recommendations for corrective actions.

### **Establish Medical Necessity**

All providers must ensure beneficiaries receive an ASAM assessment from a licensed and qualified clinician<sup>9</sup> before admission into a DMC-certified residential treatment program. Assessments may be conducted face-to-face, telephone, or via telehealth by a licensed and qualified professional trained in the ASAM criteria.

Contra Costa County's AOD system of care is designed to offer multiple access points or "no wrong door" by connecting individuals seeking treatment for a substance use disorder to the AOD Beneficiary Access Line. Beneficiaries who call the Access Line will receive a full ASAM assessment from an LPHA or AOD counselor with LPHA approval to determine the beneficiary's level of need and appropriate treatment modality. The access line is the primary point for ASAM assessment. Beneficiaries may also receive in-person ASAM assessment at the County's six Mental Health Clinics, primary care centers, and homeless services locations.

### **Initial Authorization**

The AOD System of Care Program Managers, in collaboration with the Utilization Management and Utilization Review Unit, will establish written policies and procedures for describing the initial authorization process for residential services in compliance with DMC ODS standards. Beneficiaries who meet the ASAM criteria for residential treatment will be authorized for enrollment into residential program and will not require further authorization as long as medical necessity is met. The clinician will enter information regarding the beneficiary's basic health information, disposition, recommended level of care, and referral into the AOD utilization management database and send a notification to the UM Program that a residential authorization has been made.

### **Prior Authorization**

For beneficiaries referred to residential services without a full ASAM assessment by a county clinician, the residential provider must submit a prior authorization request to AOD. The utilization Review

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<sup>9</sup> Licensed practitioner of the healing arts (LPHA) includes medical doctors, licensed or registered psychologist, psych assistant, MFT/MFTI, LCSW/ASW, LPCC, NP, RN.

authorizing agent must respond to requests for prior authorization within 24 hours of the request being submitted by the provider. UR staff will review the provider's diagnosis and ASAM designation to ensure that the beneficiary meets the requirements for service. The UR Unit will respond to the request with either approval for a specific number of days for treatment, a denial for their request, or request further information. All denials will include the reason for denial, steps for appeal, and a referral to a treatment program at the appropriate level of care. As AODS and Behavioral Health manage the points of entry into the AOD system of care, the County does not anticipate a high number of residential referrals that require a prior authorization.

### **Continuing Authorization**

The County will establish written policies and procedures for processing requests for continuing authorization of residential treatment services. A request for continuing authorization must be submitted to the UR Unit at least seven (7) days in advance of a beneficiary's discharge date. Adult beneficiaries may extend residential services by 30-day increments up to a maximum of 90 days based on medical necessity. Adolescents beneficiaries have a maximum of 30 days in residential and will be allowed a one-time 30 day extension based on medical necessity.

For perinatal and criminal justice populations, a longer length of stay of up to six months on annual basis may be approved based on medical necessity, but only three months of residential with a one-time 30-day extension can be funded under DMC.

### **Data Collecting and Tracking of Authorizations**

The Utilization Review Unit Program Manager and UR authorizing staff, together with AOD System of Care Managers, will establish and develop UR protocols and tools for Utilization Review staff to utilize in reviewing authorization requests and making authorization decisions. This protocol will include steps for the UR staff to consult with requesting providers, when appropriate. The UR unit staff, as part of the UM Program, will be responsible for the collection and tracking of residential authorizations, extensions, and beneficiary utilization. UR Program staff will collect and track data about authorization requests to include:

- ❖ The number of requests
- ❖ Percentage denied
- ❖ Timeliness of the requests that submitted, processed, approved, and denied
- ❖ Number of beneficiaries on the waitlist
- ❖ Average waitlist time

The collected information will be reported to UM Committee regularly to review these data to ensure that all authorizations are compliant with DMC ODS regulations and Medicaid-applicable parity requirements.

## **21. One Year Provisional Period**

The County expects to be in full compliance with all mandatory requirements of the 1115 Waiver for DMC ODS implementation and does not expect to participate in the one-year provisional program.

**Appendix A: Client Flow Diagram**

This is a place holder for Appendix A: Contra Costa DMC-ODS Client Flow Diagram.

## **Appendix B: DMC ODS System of Care Chart**

This is a place holder for Appendix B: DMC ODS System of Care Chart

## **Appendix C: Memorandum of Understanding with Managed Care Plans**

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## **Appendix D: Quality Improvement and Utilization Management Organizational Chart**

This is a place holder for Appendix D: Quality Improvement and Utilization Management Organizational Chart