Drug Medi-Cal Organized Delivery System Implementation Plan

Prepared by:

Madera County Department of Behavioral Health Services

Mission

"To promote the prevention of and recovery from mental illness and substance abuse for the individuals, families, and communities we serve by providing accessible, caring, and culturally competent services."

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PART I: PLAN QUESTIONS

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)
- ☒ Member/Member 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): _____

1. How was community input collected? Select all that apply.

   ☒ Community meetings

   ☒ County advisory groups

   ☐ Focus groups

   ☐ Other method(s) (explain briefly): Key Informative Interviews

2. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities. Select all that apply.

   ☐ Monthly

   ☐ Bi-monthly

   ☒ Quarterly

   ☐ Other: _____

3. Prior to any meetings to discuss the development of this implementation plan, did representatives from SUD, Mental Health (MH), and Physical Health all meet regularly on other topics, or has preparation for implementing DMC-ODS been the catalyst for these new meetings? Select only one response.

   ☐ SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics prior to DMC-ODS implementation discussions.

   ☒ There were previously some meetings, but they have increased in frequency or intensity as a result of DMC-ODS.

   ☐ There were no regular meetings previously. DMC-ODS 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.

4. What services will be available to DMC-ODS members upon year one implementation under this county plan?

REQUIRED

☒ Withdrawal Management (minimum one level)

☒ Residential Services (minimum one level upon implementation; 3.5 within two years of implementation; 3.1, 3.3, and 3.5 within three years)[1]

☒ Intensive Outpatient

☒ Outpatient

☒ Opioid (Narcotic) Treatment Programs

☒ Recovery Services

☒ Care Coordination

☒ Clinician Consultation

☒ MAT (offer directly or have effective referral process in place)

☒ Mobile Crisis Services

How will these required services be provided?

☐ All County operated

☒ Some County and some contracted

☐ All contracted

OPTIONAL

☐ Partial Hospitalization

☒Peer Support Services

☒ASAM Level 3.7

☒ASAM Level 4.0

☐ Recovery Residences (not a Medi-Cal benefit)

☐ Contingency Management

☐ Other (specify): _____

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

   ☒ Yes (required)

   ☐ No. Plan to establish by: _____

6. Will the county participate in providing data and information to the University of California, Los Angeles Integrated Substance Abuse Programs for the DMC-ODS evaluation?

   ☒ Yes (required)

   ☐ No

7. Will the county's Quality Improvement (QI) Committee review the listed data elements every quarter (at a minimum), in preparation for the external quality review (EQR) site reviews, which will begin after the initiation of DMC-ODS services?

   - Number of days to first DMC-ODS service/follow-up appointments at the appropriate level of care after referral and assessment
   - Existence of a 24/7 telephone access line with prevalent non-English language(s)
   - Access to DMC-ODS services with translation services in the prevalent non-

English language(s)

- Number and percentage of denied authorization requests, along with the amount of time required to approve or deny the authorization requests.

☒ Yes (required)

☐ No

NOTE: These data elements will be incorporated into the EQRO protocol.

PART II: PLAN DESCRIPTION

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.

Note: Stakeholder engagement is required in development of the implementation plan.

Madera County has a long history of collaborating with other county agencies, departments, and the contracted provider network to enhance system-wide efforts. With the rich history of contracted service delivery working alongside county-operated programs and administrative support, this initiative also reached out to the many community stakeholders, consumers, family members, and public interest representatives to reflect different perspectives on substance use services. Examples of the types of meetings conducted to gather these viewpoints are listed below:

- Child Protective Services/Alcohol and Drug Services Meetings
- Collaborative Court Meetings
- Criminal Justice Meetings
- Managed Care Meetings
- Mental Health/Alcohol and Drug Meetings
- Public Health/Alcohol and Drug Services Meetings
- Service Provider Meetings

Madera County Department of Behavioral Health Services (MCDBHS) provides Substance Use Disorder (SUD) and Mental Health (MH) Services, through a broad organization of county-operated and contracted providers who manage and deliver a wide variety of SUD services across a geographically diverse county. MCDBHS has joint administration with

the Behavioral Health Director overseeing SUD and MH Services. This structure will be strengthened and further integrated through this implementation plan. In 2024, MCDBHS began a comprehensive community-wide strategic planning process for SUD treatment and intervention services. MCDBHS introduced the Drug Medi-Cal Organized Delivery System (DMC-ODS) program and the need to develop an implementation plan for community stakeholders through various forums where input and feedback were derived, and a series of SUD meetings focused explicitly on relevant components of the DMC-ODS program. The planning process for DMC-ODS services is a collaborative effort that involves various stakeholders, including county entities, community parties, and other relevant organizations.

The aim is to develop a comprehensive plan that addresses the needs of individuals with substance use disorders while ensuring access to quality care and services. The process began with identifying key stakeholders with a vested interest in the provision of DMC-ODS services. This includes representatives from county behavioral health departments, substance use treatment providers, community-based organizations, advocacy groups, healthcare professionals, and individuals with lived experience. Focus groups were convened to gather input and feedback from diverse perspectives within the community. These groups were open to individuals receiving DMC-ODS services, family members, providers, and community leaders. Community meetings were organized to engage a broader audience and solicit input from residents and stakeholders across the county. These meetings provided an opportunity to share information about DMC-ODS services, gather feedback on service gaps and priorities, and foster community buy-in for proposed initiatives.

County advisory groups, comprised of representatives from various sectors, were established to provide ongoing guidance and input throughout the planning process. These groups included advisory boards, task forces, or committees specifically focused on substance use disorder treatment and prevention. Said groups played a crucial role in reviewing proposed strategies, identifying resource needs, and ensuring alignment with county priorities. Key informant interviews

were conducted with individuals who possessed expertise or unique insights relevant to DMC-ODS planning. This included representatives from state agencies, healthcare systems, law enforcement, education, and other sectors. The interviews explored emerging trends, best practices, and opportunities for collaboration to enhance the delivery of services.

To maintain ongoing involvement and effective communication, regular meetings, workshops, and updates were scheduled throughout the planning process and beyond. Transparent communication channels, such as newsletters, email listservs, and online portals, were utilized to disseminate information, solicit feedback, and promote collaboration among stakeholders. Based on the input gathered from community meetings, advisory groups, and key informant interviews, a comprehensive plan for DMC-ODS services was developed.

This plan outlines goals, objectives, strategies, and performance measures to guide the delivery of services and monitor progress over time. Implementation efforts were coordinated across multiple stakeholders to ensure alignment with shared goals and objectives. The completed plan serves as a structural foundation for developing and implementing a comprehensive, integrated continuum of care modeled after the American Society of Addiction Medicine (ASAM). The collaborative planning process for DMC-ODS services reflects a commitment to engaging stakeholders, fostering partnerships, and leveraging resources to improve outcomes for individuals affected by substance use disorders. By involving county entities, community parties, and others in the development and implementation of the plan, we can create a more responsive and effective system of care that meets the diverse needs of our community. Following are some of the stakeholders who participated in the process:

Madera County Organized Delivery System Stakeholder Group Participants
• Madera County Department of Social Services - Adult Protective Services Administration • Law Enforcement: Madera City Police Department and Madera County Sheriff's Department • Alcohol and Drug Advisory Board members • Mental Health County and contracted service providers

- Department of Behavioral Health Services Alcohol and Drug Contract Providers
- Madera County Behavioral Health Advisory Board (BHAB)
- Education Agencies
- Probation Department Administration
- Madera County Department of Behavioral Health Services Cultural Competence Committee
- Live Well Madera County Steering Committee
- Madera County Department of Social Services - Child Protective Services Administration
- Madera County Department of Public Health Administration
- Criminal Justice Partners: District Attorney's Office, Public Defender's Office, Correctional Institutions, and Correctional Health WellPath Administration
- Youth, Adult and Family Consumers and Advocates
- Madera County and Community Policymakers
- Turning Point Wellness and Recovery Centers "Hope House"
- Community Action Partnership, CAPMC
- Madera Rescue Mission

Stakeholders and providers have been engaged in the development of the DMC-ODS implementation plan with a focus on improving the quality and availability of SUD services to expand and enhance a comprehensive continuum of care. We also discussed ideas about the expansion of services, availability of services, care coordination, Medication Assisted Treatment (MAT), increased care coordination with mental and physical health, member flow, member notification, 24/7 Centralized Access and Crisis Line, and evidence-based practices.

Information on SUD needs and resources were collected through several community meetings. These meetings were held with other county agencies and stakeholders to discuss and receive feedback regarding the DMC-ODS program. The initial kickoff meeting was on June 10, 2024, presenting key features of California's DMC-ODS program, the County implementation plan

template, and the process for eliciting stakeholders' feedback. This initial meeting was followed by 10 additional meetings through June 2024 that provided a review of the plan and produced input on each section. The feedback and information obtained during these planning sessions served as a structural foundation for developing a comprehensive, integrated continuum of care modeled after the ASAM.

Interested stakeholders that wanted to contribute, but were unable to make the time commitment, were invited to participate online through a telecommunication platform. Additional information about the DMC-ODS planning process can be accessed at: www.MaderaCountyBHS.com. Upon approval of the DMC-ODS implementation plan, a collaborative process will be ongoing through regularly scheduled meetings which will be held to inform the community, contract providers, and government partners and ensure adequate opportunities for the public to provide comments and recommendations on the plan.

2. Participant FLOW

Describe how members 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, the professional qualifications of individuals who will conduct ASAM criteria interviews and assessments, how admissions to the recommended level of care will take place, how often members will be re-assessed, and how they will be transitioned to another level of care accordingly. Also, describe if there will be timelines established for the movement between one level of care to another. Please describe how you plan to ensure successful care transitions for high-utilizers or individuals at risk of unsuccessful transitions.

Note: A flow chart may be included.

Members move through the continuum of care in a structured and supportive manner, with each stage designed to address their unique needs and facilitate their recovery journey. Here's how the

process typically works:

Referral and Initial Contact:

Members can access our continuum of care through referrals or as walk-ins, ensuring a seamless entry process. Referrals stem from diverse sources, such as healthcare providers, schools, self-declarations, family members, or community agencies such as Social Services, Probation, Community Action Partnership, Criminal Justice Partners, Education Agencies, Juvenile and Adult Probation to name a few. Our 24/7 Centralized Access and Crisis Line offers immediate support for those in need. With our "no wrong door" policy, individuals can seek assistance confidently, knowing they'll be directed to the appropriate services. Referrals can be submitted through multiple channels, including dedicated fax, mail, or our secured inbox referral system, facilitating a smooth transition into our care network. Additionally, our system routes referrals geographically to the appropriate county provider, clinic, or service, ensuring that individuals receive timely and localized support tailored to their needs.

Assessment:

Upon entry, members undergo comprehensive assessments to evaluate their needs, strengths, and challenges and to determine whether DMC-ODS access criteria are met. These assessments include medical, psychological, and social evaluations, and they utilize the ASAM criteria to determine the appropriate level of care. Brief ASAM-based screening tools may be used when members call the DMC-ODS plan’s member access number or by providers in the DMC-ODS network to determine the appropriate location for treatment. Qualified healthcare professionals, such as Licensed Practitioners of Healing Arts (LPHA), Certified or Registered Substance Use Disorder (SUD) counselors, or physicians, conduct these ASAM criteria interviews and assessments. These professionals are trained in ASAM criteria administration. The comprehensive ASAM assessment will be conducted by:

- Registered or Certified SUD counselors who must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8, who have appropriate experience

and any necessary training at the time of hire. If the assessment is conducted by Certified or Registered SUD counselors, medical necessity must be reviewed, approved, and signed by an LPHA. All staff providing assessments are required to complete ASAM training before conducting ASAM assessments.

or

- Professional staff licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Professional staff are required to have appropriate experience and any necessary training at the time of hiring.

Authorization and Placement:

Based on the ASAM Level of Care assessment findings, a referral is made to the indicated level of care which can range from outpatient services to residential treatment, depending on the severity of the member's condition and the level of support required. This process will also take into account the member's insurance coverage so they may be as well informed as possible during this process. All other insurances will be exhausted with Medi-Cal as payment of last resort. For those who may be unfunded, MCDBHS provides an eligibility worker on site to assist them in applying for Medi-Cal. Those who remain uninsured or with limited ability to pay for treatment will not be turned away.

Furthermore, our members benefit from 24-hour authorization for inpatient and residential treatment in accordance with BHIN 24-001, ensuring immediate access to the necessary treatment resources. Admissions to treatment are facilitated within ten days of assessment, prioritizing timely intervention and support for individuals seeking help.

- In accordance with BHIN 25-013 members will be offered an initial appointment: within 10 business days of request for services for outpatient SUD and residential services; within 3 business days of request for OTP services; within 48 hours for urgent SUD services not

requiring prior authorization and within 96 hours for urgent SUD services requiring prior authorization. Non-urgent follow-up appointments with a non-physician will be offered within 10 business days of the prior appointment.

- If needed, the care coordinator will be available to assist members with treatment engagement, communication, placement, transportation, and warm hand-offs.

Treatment and Re-assessment:

Throughout their treatment journey, members undergo regular re-assessments to monitor progress and inform the planning process. Adult residential treatment services will be re-assessed at a minimum every 30 days to ensure comprehensive evaluation and adjustment to monitor progress and inform the planning process. Equally, youth residential treatment services members will be re-assessed at a minimum every 30 days to address their unique needs and provide necessary support.

Outpatient services re-assessments will occur every 90 days as a baseline. Nonetheless, the frequency of re-assessment may vary based on individual progress, changes in circumstances, or specific program requirements. This flexible approach ensures that members receive personalized care that evolves with their journey towards recovery.

Various factors could prompt a re-assessment and potential transfer to a different level of care, including:

- Achieving care plan goals.
- Inability to achieve care plan goals despite amendments to the care plan.
- Identification of intensified or new problems that cannot adequately be addressed in the current level of care or change in diagnosis or status.
- At the request of the member.

By closely monitoring these factors, the treatment team can ensure that members receive the most appropriate level of care to support their recovery journey effectively.

Transitions Between Levels of Care:

Members may transition between different levels of care based on their progress and changing needs. These transitions can involve moving to a higher level of care for more intensive treatment or stepping down to a lower level of care as members stabilize and gain recovery skills. Each transition is managed collaboratively by the treatment team, including LPHA, Certified/Registered counselor, Doctor and Case Manager, ensuring members are involved and supported throughout the process. Coordination services will ensure the members have an ongoing source of care appropriate to their needs, will be made aware and be provided with information on how to contact the treatment team provider who will be designated as primarily responsible for coordinating their service needs. Said services will coordinate between settings of care to include discharge planning for short- and long-term hospital and institutional stays as well as successful linkage to ancillary services as they become identified. Furthermore, whenever possible, transitions of care are expedited to ensure continuity of care. For outpatient services, changes are typically implemented within 10 business days while Opioid Treatment services are provided within (3) three business days from the time of re-assessment. This swift approach prioritizes timely adjustments to care plans, promoting optimal member outcomes.

Level of Care Re-assessment Timeframe Maximum:

Residential Detoxification (Level 3.2)	5 days, 3 days, 1 day, thereafter
Residential Treatment (Levels 3.1, 3.3, 3.5)	30 days
Intensive Outpatient (Level 2.1)	90 days
Outpatient Treatment (Level 1)	90 days
Narcotic Treatment Programs	1 year
Medication Assisted Treatment	1 year
Recovery Services	180 days
Care Coordination	Evaluate as part of above services

Crisis Support

In crisis situations, members can access immediate support through our crisis systems of care which include in office crisis services as well as Medi-Cal Mobile Crisis services through our CARES team. Services can be accessed as a walk-in to any of our MCDBHS clinic sites or by calling our 24/7 Centralized Access and Crisis Line for timely interventions and linkages to appropriate services for urgent mental health or substance abuse needs.

Ensuring Successful Care Transitions

Individualized Support for High-Utilizers

High-utilizers or individuals with complex needs receive additional support and resources during transitions. This may include personalized care coordination, peer support services, or access to specialized treatment programs. Bi-weekly meetings will be held in-person, via secure video platform or phone with staff SUD counselors, LPHA and case managers for Members who are utilizing treatment services higher than average, with little or no improvement within the level of care continuum. Members will be referred to the Managed Care Plans (MCP) for Covered Services, as well as any Community Supports services or care management programs for which they may qualify, such as Enhanced Care Management (ECM) in accordance with executed MOUs with the MCPs.

Collaborative Care Coordination

Effective communication and collaboration between treatment providers, referral sources, and support services are essential for successful care transitions. Coordination meetings and case conferences ensure all stakeholders are involved in the transition planning process and services are seamlessly coordinated.

Transitional Care Plans

Transitional care plans outline specific strategies and interventions to support individuals during transitions. These plans address potential barriers, such as medication management, housing stability, and social support, and identify resources to address these needs.

Ongoing Monitoring and Follow-Up

Ongoing monitoring and follow-up help identify any challenges or setbacks following a transition. Regular check-ins, phone calls, and home visits ensure timely interventions to prevent relapse or other adverse outcomes.

Timelines for Transitions

MCDBHS establishes flexible and individualized timelines for transitions between levels of care to ensure members receive timely and appropriate interventions. These timelines are tailored to the unique circumstances of each member and are adjusted based on their progress and needs.

Re-assessment and Transition Planning

Members are re-assessed at regular intervals, at a minimum, every 30 days for residential treatment and 90 days for outpatient treatment. If a member is not making expected progress or experiences a change in circumstances, the re-assessment may be expedited. Transition plans are developed collaboratively with the member and treatment team, including specific timelines for the transition process. Assessments shall be updated as clinically appropriate, such as when the member's condition changes or every 12 months for Narcotic Treatment Programs (NTP's).

The Re-Assessment will be conducted by:

- Registered or Certified SUD counselors who must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8, who have appropriate experience and any necessary training at the time of hire. If the assessment is conducted by Registered/Certified SUD counselors, medical necessity must be approved and signed-off on by an LPHA; or
- Professional staff licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Professional staff are required to have appropriate experience and any necessary training at the time of hiring.

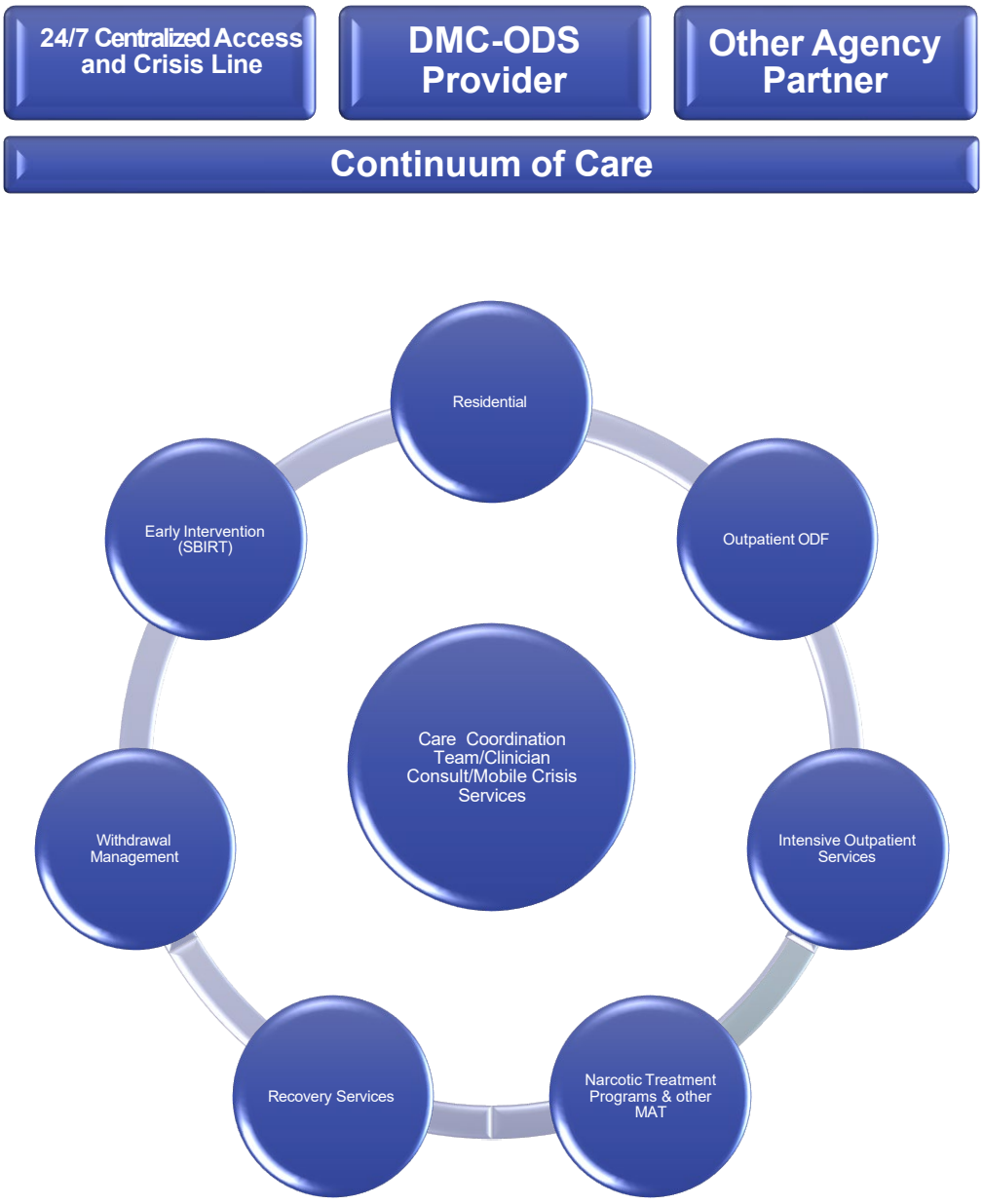
Post-Transition Monitoring

Following a transition, members are closely monitored to ensure successful adjustment and continued progress. Regular check-ins, supportive services, and ongoing communication between

treatment providers address any challenges that arise.

By implementing these strategies, MCDBHS ensures that high-utilizers and individuals at risk of unsuccessful transitions receive the necessary support to achieve successful outcomes in their recovery journey.

Flow Chart 1, DMC-ODS



3. Member Notification and Access Line:

For the member toll-free access number, what data will be collected (e.g., measure the number of calls, waiting times, and call abandonment)? How will individuals be able to locate the access number? Will the DMC-ODS access line be integrated with the county's previously established Specialty Mental Health Services (SMHS) 24/7 access line? How will DMC-ODS information/service materials be disseminated to members? How will the county develop member informing materials in the prevalent non-English languages identified by the state in a particular service area? How will the county notify members of free oral interpretation services? How will the county notify members on the process to access free oral interpretation services?
Note: The access line must be toll-free, functional 24/7, accessible in prevalent non-English languages, and ADA-compliant (TTY/TRS).

The 24/7 Centralized Access and Crisis Line, is a county-operated integrated mental health and substance use toll free ADA compliant line (888-275-9779) accessible in prevalent non-English languages. All written information will also be available in the prevalent non-English languages identified by the state. The 24/7 Centralized Access and Crisis Line number is prominently displayed in all relevant materials, which includes the member handbook which is made available to Members when they first access services and is available on our website. The handbook includes information for enrollees regarding "how to access auxiliary aids and services, including additional information in alternative formats or languages," brochures, and informational flyers. Additionally, we advertise through outreach efforts, community events, and partnerships with local organizations to ensure widespread awareness and accessibility of our 24/7 Centralized Access and Crisis Line. All calls are logged per DHCS regulations.
The 24/7 Centralized Access and Crisis Line is available 24 hours a day, 7 days a week, 365 days of the year for Medi-Cal members who reside in Madera County. Qualified staff will conduct a brief ASAM screening designed to initially determine the members needed level of

care placement for SUD services. After hours, Medi-Cal members can access services by calling the 24/7 Centralized Access and Crisis Line, answered by a contracted professional exchange service that triages calls as necessary. The exchange transfers emergency calls to our Crisis, Assessment, Response, and Evaluation Services (CARES) team via the 24/7 Centralized Access and Crisis Line, or when necessary, to the Madera County 911 operator. Urgent requests for SUD treatment may be forwarded to our DMC-ODS Care Coordination Team (CCT) for an assessment and/or referral to be scheduled same or next day, if appropriate.

The Professional Exchange Service follows all regulations around documentation of calls, language line use, and is also TTY accessible.

During normal business hours (Monday-Friday, 8:00 am to 5:00pm), appointments will be scheduled with the selected provider while the caller is on the line whenever possible, but no later than three business days from the initial call. LPHAs and Registered or Certified SUD counselors will be available, and the caller will be connected to providers depending on need. The calls and the subsequent appointments scheduled will be tracked through the Electronic Health Record (EHR) to ensure that all appointments are scheduled according to current timeliness standards and regulations.

The initial provider will be responsible for transitioning the member to the subsequent provider. All 24/7 Centralized Access and Crisis Line procedures will be conducted with the individual as a full participant in the decision-making process, including offering referral options that align with geographic areas, service hour availability, cultural, and other preferences.

The following information will be collected from the member when calling the 24/7 Centralized Access and Crisis Line for continuous quality improvement purposes:

- Number of calls received each day through the 24/7 Centralized Access and Crisis Line
- Rate of call abandonment

- Rate of unanswered calls
- Number of ASAM brief screenings that are conducted
- Number of referrals to treatment by level of care
- Number of days from initial call/contact to assessment/admission appointment

The development and implementation of Madera County's DMC-ODS CCT will be an essential component to ensure individuals are successfully engaged in the initial treatment episode, receive necessary services, and transition through care as is clinically appropriate.

These services will assist members in accessing services and will be provided by Registered/Certified SUD counselors or LPHAs.

All members, where medical necessity for SUD services has been determined, a referral will be made to treatment. Including access to care coordination services to assist with admission into SUD services, transitioning from one LOC to another, and navigating the mental health/physical health and behavioral health systems.

4. Treatment

Describe the required types of DMC-ODS services: withdrawal management, residential, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, care coordination, mobile crisis services, clinician consultation, and direct delivery of MAT for addictive treatment, or effective referral process in place to deliver MAT at alternative sites. In addition, describe any optional services your county will implement (e.g., Peer Support Services, partial hospitalization, and ASAM Levels 3.7 and 4.0, Contingency Management). What barriers, if any, does the county have with the required service levels? Describe how the county plans to coordinate with surrounding non-DMC-ODS counties in order to limit disruption of services for members who reside in a non-DMC-ODS county. Describe how the county plans to cover or ensure referrals and coordination to ASAM Levels 3.7 and 4.0.

Note: Include in each description the corresponding ASAM level, including opioid treatment programs. Names and descriptions of individual providers are not required in this section;

however, a list of all contracted providers will be required within 60 days of initiating DMC-ODS services. This list will be used for billing purposes for the Short Doyle Medi-Cal II system.

MAT services will be coordinated through a referral process to contracted partners for the provision of withdrawal management, residential, partial hospitalization, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, and care coordination. Mobile crisis services will also be delivered and will include rapid response, individual assessment, community-based stabilization, and clinician consultation by medical director who will consult with DMC-ODS providers who are qualified to perform assessments as described in California's Medicaid State Plan, such as addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists, to support the provision of care, and direct delivery of MAT services.

Madera County's DMC-ODS will offer a comprehensive range of services, including withdrawal management (ASAM Levels 1-WM and 3.2-WM), residential treatment (ASAM Levels 3.1 to 3.5) intensive outpatient (ASAM Level 2.1), outpatient treatment (ASAM Level 1), opioid/narcotic treatment programs (OTPs), recovery services, care coordination, mobile crisis services, clinician consultation, and direct delivery or effective referral for Medication-Assisted Treatment (MAT). Madera County will work with Manage Care Plan (MCP) partners and Medi-Cal FFS for the coordination of SABIRT (Screening, Brief Intervention, and Referral to Treatment). Collaboration with MCPs will also include any member under the age of 21 who is screened and determined to be at risk of developing an SUD for the provision of any service component covered under the outpatient level of care as early intervention services. Madera County will continue to collaborate with community partner agencies and contractors to ensure necessary levels of care are available to meet the need identified at the time of assessment. Whenever barriers, such as transportation limitations, lack of culturally competent care, and gaps in service availability are identified, Madera County will collaborate with applicable agencies to address them. Transportation barriers will be

addressed by a combination of resources: Madera County will inform members about transportation options available through the MCP and coordination with MCP partners for the timely transportation of members. In addition, members will also have access to the county's transportation services. To address culturally competent care or service availability issues, the county will authorize out-of-network (OON) services and arrange for transportation through the county. Madera County will establish an agreement with local providers for the provision of ASAM level 3.7 and 4.0. A referral process between Madera County and contractors will be established in years one (1) and two (2) ensuring Members receive timely services from the most appropriate level of care. The county will cover 3.7 and 4.0 ASAM levels by year four (4) of the implementation timeline.

In accordance with BHIN 25-007, the county will provide coverage for traditional health care practices received through Indian Health Service (IHS) facilities, facilities operated by Tribes or Tribal organizations (Tribal Facilities) under the Indian Self Determination and Education Assistance Act, and facilities operated by urban Indian organizations (UIO facilities) under Title V of the Indian Health Care Improvement Act to Medi-Cal members who receive covered services delivered by or through these facilities and meet DMC-ODS access criteria. Services will include traditional healer services which may be provided through an array of interventions and natural helper services for additional navigational and skills building support to name a few.

The county will provide peer support services upon year one (1) of implementation to support the recovery and treatment needs of the members. Services may include contact with parents/legal guardians, caregivers, family members and others in the member's support circle.

ASAM Level	Service Modality	Implementation Timeline			
		Implementation	Y1	Y2	Within 3 Years

1.0	Outpatient Treatment	x			
1.0 WM	Withdrawal Management Services	x			
2.1	Intensive Outpatient Treatment		x		
3.1	Residential Treatment Services	x			
3.2 WM	Withdrawal Management Services			x	
3.3	Residential Treatment Services				x
3.5	Residential Treatment			x	
3.7	Intensive Outpatient Services				x
4.0	Partial Hospitalization Services				x
OTP	Opioid Treatment Program	x			
	Recovery Services	x			
	Care Coordination	x			
	Clinician Consultation	x			
	Mobile Crisis Services	x			
	Peer Support Services		x		

Early Intervention (ASAM Level 0.5)

Provided by county-owned and operated providers, consist of alcohol and drug screening. Any member under the age of 21 who is screened and determined to be at risk of developing an SUD may receive any service component covered under the outpatient level of care as early intervention services. A full assessment utilizing the ASAM criteria is not required for a DMC member under the age of 21 to receive early intervention services; an abbreviated ASAM screening tool may be used in lieu of a full ASAM for purposes of assessing for SBIRT or Early Intervention Services. A full ASAM assessment shall be performed, and the members under the age of 21 shall receive a referral to the appropriate level of care indicated by the assessment if the members' conditions or symptoms constitute diagnostic criteria for SUD.

Early intervention services are provided under the outpatient treatment modality and must be available as needed based on individual clinical need, even if the member under age 21 is not participating in the full array of outpatient treatment services.

Outpatient Services (ASAM Level 1.0)

Provided by county-owned and operated providers, consists of up to 9 hours per week of medically necessary services for members over 21 and less than 6 hours per week of services for members under 21. Services may be exceeded as medically necessary. Providers will offer ASAM Level 1 services including: assessment (including collateral services), individual and group counseling, family therapy, patient psychoeducation, medication services, MAT for Opioid Use Disorder, MAT for Alcohol Use Disorder and other non-opioid SUDs, crisis intervention services, and care coordination (including discharge planning). Services may be provided in person, by telephone, or by telehealth in any appropriate setting in the community.

Intensive Outpatient Services (ASAM Level 2.1)

Provided by county sub-contracted providers, offers the members as medically necessary a minimum of nine (9) hours and a maximum of 19 hours per week for members over the age of 21. Members under the age of 21 are provided with a minimum of six (6) and a maximum of 19 hours per week. Services may exceed the maximum based on individual medical necessity. Services include assessment (including collateral services), individual and/or group counseling, patient education, family therapy, medication services, crisis intervention services, MAT for Opioid Use Disorder, MAT for Alcohol Use Disorder and other non-opioid SUDs, recovery services, care coordination (including discharge planning). Services may be provided in-person, by telephone, or by telehealth in any appropriate setting in the community**.**

Withdrawal Management Services (ASAM Level 1-WM, 3.2-WM)

Provided by county sub-contracted providers, services are offered as medically necessary to members that include: assessment, observation, medication services, MAT for Opioid Use Disorder, MAT for Alcohol Use Disorder and other non-opioid SUDs, as well as discharge

planning and care coordination. Withdrawal Management Services are urgent and provided on a short-term basis. These services range from ambulatory withdrawal management without extended onsite monitoring to medically managed intensive inpatient withdrawal management. While a full ASAM assessment is appropriate to facilitate an appropriate care transition, it is not required as a condition of admission to a facility providing Withdrawal Management.

Residential Treatment (ASAM Level 3.1-3.5)

Provided by county sub-contracted providers, offers residential treatment is a non-institutional 24-hour non-medical, short-term residential program that provides rehabilitation services to members when determined medically necessary. Residential services are provided in DHCS licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM treatment criteria. Residential services can be provided in facilities with varying capacity. Lengths of stay in residential treatment settings shall be determined by individualized clinical need.

The components of residential treatment include intake, individual and group counseling, family therapy, patient education, safeguarding medications, assessment (including collateral services), crisis intervention services, care coordination (including transportation services), and discharge services. Care coordination will be provided to coordinate care with ancillary service providers (including physical and mental health) and facilitate transitions between levels of care.

Opioid (Narcotic) Treatment Program (OTP/NTP, ASAM OTP Level 1)

Provided by county sub-contracted providers, offers services as medically necessary and are provided in NTP licensed facilities in accordance with an individualized care plan determined by a licensed physician or licensed prescriber.

Members may be simultaneously participating in OTP services and other ASAM levels of care. NTP treatment components include intake, individual and group counseling, patient education, medication services, assessments (including collateral services), crisis intervention services, medical psychotherapy, MAT for Opioid Use Disorder, MAT for Alcohol Use Disorder and other

non-opioid SUDs, family therapy, recovery services, and care coordination (including discharge planning). An opioid maintenance criterion is a two-year history of addiction, two treatment failures, and one year of episodic or continued use, pursuant to Title 9 CCR §10270(d). NTP treatment involves the direct administration of medications on a routine basis as determined by the NTP prescribing physician.

Members will receive a minimum of 50 minutes of counseling with a therapist or counselor for up to 200 minutes per calendar month. Additional services may be provided based on medical necessity. Services will be provided based on information gathered during the initial needs assessment. Care plans will be updated within regulatory timeframes or as new treatment issues manifest during the treatment episode. NTP programs will be required to offer and prescribe as needed including, methadone, buprenorphine, naloxone, and disulfiram. In addition, proof of consumer understanding on choices of medications and treatment without medication will be documented in the patient record.

Currently residents of Madera County receive NTP treatment from the neighboring counties of Fresno and Merced. MCDBHS will work to ensure rural areas of the county have access to NTP services and establish partnerships with OTP providers to ensure members have access to transportation.

Recovery Services

Provided by county-owned and operated providers as well as county sub-contracted providers, Recovery Services include assessment, care coordination, counseling, family therapy, recovery monitoring, and relapse prevention. Can be delivered as a standalone service or concurrently with the other levels of care. Members accessing Recovery Services are supported to manage their own health and health care, use effective self-management support strategies, and rely on community resources for ongoing support.

Care Coordination

Provided by county-owned and operated providers as well as county sub-contracted providers,

offers members access to needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services will focus on the coordination of SUD care, integration around primary care and mental health especially for members with a chronic substance use disorder, and interaction with the criminal justice system, if needed. Care Coordination services may be provided face-to-face, by telephone, or by telehealth and may be provided anywhere in the community. Care Coordination services may include comprehensive assessment, level of care identification, member plan development, coordination of care with mental health and physical health, monitoring access to SUD treatment, member advocacy and linkages to other supports including but not limited to mental health, housing, transportation, food, and benefits enrollment. Care Coordinators will be trained in and utilize evidence-based practices such as trauma-informed care, cultural competency, Motivational Interviewing (MI), harm reduction strategies, and strength-based approaches. Care Coordination services can be provided at DMC provider sites, county locations, hospitals, health centers and other community-based sites appropriate for providing these services to the member. Services may also be home-based, if deemed clinically appropriate. Care Coordination services may be provided face-to-face, by telephone, or by telehealth with the member by a Licensed Practitioner of the Healing Arts or Registered/Certified SUD counselor. Care Coordination shall be consistent with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and California law. Care Coordination will be provided anywhere in the continuum of care with a special focus on assuring that the member is assisted in the transition between levels of care and linked to all necessary ancillary services as outlined in their care plan.

Clinician Consultation

Provided by county-owned and operated providers as well as county sub-contracted providers. Clinician Consultation provided by Medical Director, consists of DMC-ODS providers who are qualified to perform assessments, as described in California's Medicaid State Plan, consulting with providers, such as addiction medicine physicians, addiction psychiatrists, licensed clinicians, or

clinical pharmacists, to support the provision of care. Clinician Consultation is not a direct service provided to DMC-ODS members. Rather, Clinician Consultation is designed to support DMC-ODS licensed clinicians with complex cases and may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. It includes consultations between clinicians designed to assist DMC-ODS clinicians with seeking expert advice on treatment needs for specific DMC-ODS members. DMC-ODS plans may contract with one or more physicians, clinicians, or pharmacists specializing in addiction to provide consultation services. Offers access to expert consultations for treatment providers to enhance care delivery.

Medication Assisted Treatment

Provided by county sub-contracted providers. MAT includes all FDA-approved medications and biological products to treat AUD, OUD, and any SUD. MAT services may provide: assessment, care coordination, counseling (individual or group), Family Therapy, medication services, patient education, recovery services, SUD crisis intervention services, and withdrawal management services. MAT for addiction treatment will be provided by a network of contracted providers and coordinated through an effective referral process.

Mobile Crisis Services

Provided by county-owned and operated providers. Mobile Crisis services provide rapid response, individual assessment, and community-based stabilization to Medi-Cal members who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to members experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement. Provides immediate, on-site crisis intervention and stabilization services.

5. Coordination with Mental Health

How will the county coordinate mental health services for members 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 with Mental Health Services for Members with Co-Occurring Disorders

MCDBHS will coordinate services for members with co-occurring disorders through an integrated approach, ensuring seamless access to all, SUD, physical and mental health services in order to ensure a member-centered and whole-person approach to wellness. Said efforts will follow established County MOU with managed care plans, in addition, the Quality Improvement Team will conduct annual site reviews, monitoring process, and progress note documentation to ensure that coordination with physical and mental health care providers is occurring at the provider level. Referral standards will be followed as outlined in the MOU between MCDBHS and managed care plans.

Integrated Care Teams

Forming multidisciplinary teams consisting of LPHAs or Registered/Certified SUD counselors, mental health professionals, and primary care providers to collaboratively develop and implement care plans for members with co-occurring disorders.

Initial Coordination Requirements

Providers are required to conduct comprehensive assessments that include screening for co-occurring disorders and developing integrated care plans. These plans must address both SUD and mental health needs from the outset of care.

Monitoring and Evaluation

MCDBHS will regularly monitor coordination efforts through audits, provider reports, and feedback from members. Key performance indicators include timely access to mental health services, adherence to care plans, and member outcomes.

County Structure for Service Delivery

SUD and mental health services are delivered through a coordinated network of providers. In

cases where these structures are separate, care coordination is facilitated through established protocols for information sharing, joint case conferences, and referral systems. MCDBHS has integrated Behavioral Health Services with shared leadership that provides mental health and substance use disorder services. MCDBHS provides both specialty mental health services and substance use disorder services to Medi-Cal adult members with serious and persistent mental illness and to children and youth with severe emotional disturbances, or substance use disorders, based on the member's assessed needs. MCDBHS delivers care to and coordinates services for all of its members which include formally designating a primary person or entity responsible for coordinating member services and providing said information to members. Services are coordinated between settings of care and levels of treatment to include appropriate discharge planning for short-term and long-term hospital and institutional stays. Through executed MOUs and data sharing agreements, MCDBHS coordinates both SMHS and SUD member services with services the member receives from any other managed care organization, in FFS Medicaid, from community and social support providers, and other human services agencies to ensure a member-centered and whole-person approach to treatment. Discharge planning will coordinate SMHS and SUD transitions between levels of care, recovery resources and referrals to SMHS, SUD, primary care or specialty medical service providers. Ancillary services will be leveraged for coordination of care for referral and linkage to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups. Member identification and assessment information will be shared with other managed care entities serving the member to prevent duplication of services ensuring the members privacy in accordance with all federal and state privacy laws. Furthermore, joint case conferences will be held to staff cases as deemed necessary to ensure coordination of care across entities and levels of care to include parties involved in the member's care.

Ensuring Timely Services

To comply with BHIN 24-001 care coordination requirements, MCDBHS will implement procedures to ensure members receive timely referral to and coordination with mental health services, when needed. This includes maintaining an updated integrated SMHS and SUD provider directory, using electronic health records for seamless referrals, and adhering to established appointment wait time standards.

By implementing these strategies, MCDBHS aims to provide comprehensive, integrated care for members with co-occurring disorders, ensuring they receive the necessary support for both SUD and mental health needs.

6. Coordination with Physical Health

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

Coordination with Physical Health Services within DMC-ODS

MCDBHS will coordinate physical health services for members within the DMC-ODS framework by partnering with Madera County Managed Care Plans, Federally Qualified Health Centers (FQHCs), and other healthcare providers serving the Medi-Cal population. The coordination strategies include:

Integrated Care Approach: MCDBHS will implement an integrated care model that fosters collaboration between SUD, mental health, and physical health providers. This includes forming care teams comprising medical professionals, SUD counselors, and mental health therapists to ensure holistic care plans.

Initial Coordination Requirements: Providers will be required to conduct the Member Health Questionnaire and Initial Screening Questions DHCS (DHCS 5103). Coordination goals include ensuring members have a primary care provider (PCP) and addressing any immediate physical health needs alongside SUD treatment.

Referral and Follow-up Systems: Referrals will be made for members through the use of executed MOUs with MCPs and formal agreements with local clinics, hospitals, and healthcare providers to ensure linkage to needed services. Said services may include but is not limited to managed care organization, in FFS Medicaid, from community and social support providers, other human services agencies as well as ancillary services such as housing, vocational and criminal justice services to name a few.

Electronic Health Records (EHR): The use of EHR systems will facilitate seamless information sharing between SUD, mental health, and physical health providers. This ensures all providers have access to up-to-date health information, enabling coordinated care and timely interventions.

MOUs with Managed Care Plans: MCDBHS will work to obtain MOUs in compliance with BHIN 23-057 between the county, Madera County and Managed Care Plans. These MOUs will outline the roles, responsibilities, and coordination processes to ensure integrated care for the Medi-Cal population.

Monitoring and Evaluation: Coordination efforts will be monitored through a combination of regular audits, provider performance reports, and member feedback. Key performance indicators include quality of care, access to care, member satisfaction, financial performance, and compliance with regulations. Methods applied will include but not limited to data collection, data analysis, reporting and improvement initiatives.

Training and Support: MCDBHS will provide ongoing training for providers on the importance of integrated care and effective coordination with physical health services. This includes workshops, seminars, and access to resources that support integrated care practices.

7. Coordination Assistance

Based on discussions with your health plan and providers, do you anticipate substantial challenges and/or need for technical assistance (TA) for any of the following activities? If so, please indicate which activity/activities will require TA for your county and briefly explain the nature of the challenges you are facing.

- Comprehensive substance use, physical, and mental health screening.
- Member engagement and participation in an integrated care program as needed.
- Collaborative care coordination with the member, caregivers, and all providers.
- Collaborative care coordination with managed care.
- Care coordination and effective communication among providers.
- Navigation support for patients and caregivers.
- Facilitation and tracking of referrals between systems.

In our county, we foresee potential challenges and the need for technical assistance (TA) in several areas related to coordination assistance:

Comprehensive substance use, physical, and mental health screening

Madera County will conduct the Brief Questionnaire for Initial Placement (BQuIP) screening tool at intake for all new members. The county will not require TA.

Member engagement and participation in an integrated care program

Encouraging active involvement from members in an integrated care program may be challenging due to various factors such as stigma, lack of awareness, or reluctance to engage with multiple healthcare providers. TA could focus on developing strategies to enhance member education, motivation, and support to participate effectively in their care plans.

Collaborative care coordination with the member, caregivers, and all providers

Effective collaboration among members, caregivers, and multiple providers requires clear communication channels and shared decision-making processes. TA might involve training on collaborative care models, communication techniques, and tools for shared decision-making to facilitate effective care coordination.

Collaborative care coordination with managed care

Coordinating care plans with managed care organizations involves navigating complex administrative processes and ensuring alignment between clinical goals and reimbursement

requirements. TA could assist in developing strategies for effective communication and negotiation with managed care entities to optimize patient outcomes while managing costs.

Care coordination and effective communication among providers

Seamless communication and coordination among providers are essential for delivering integrated care. TA could focus on implementing interoperable health information systems, standardized communication protocols, and team-based care models to enhance care coordination and communication efficiency.

Navigation support for patients and caregivers

Patients and caregivers may require assistance in navigating the healthcare system, accessing resources, and understanding their care options. TA could involve developing patient navigation programs, providing educational materials, and leveraging technology solutions to support navigation and empower patients and caregivers.

Facilitation and tracking of referrals between systems

Coordinating referrals between different healthcare systems and providers requires efficient referral processes and tracking mechanisms to ensure timely access to care. Examples of such are ongoing monitoring and tracking through the referral form and tracking log. The process is followed to ensure the member is connected to receiving agency and tracks final disposition to reflect known closure reason as applicable. In addition, collaboration and communication between Madera County and different healthcare systems and providers to ensure process clarity and referral follow-up will be ongoing. TA might involve developing referral management protocols, implementing electronic referral systems, and providing training on referral coordination to streamline the referral process and minimize delays.

8. Availability of Services

Pursuant to 42 CFR 438.206, the county must ensure availability and accessibility of adequate number and types of providers of medically necessary services. At minimum, the county must maintain and monitor a network of providers that is supported by written agreements for

subcontractors and that is sufficient to provide adequate access to all services covered under this contract. In establishing and monitoring the network, describe how the county will consider the following:

- The anticipated number of Medi-Cal members.
- The expected utilization of services by service type.
- The numbers and types of providers required to furnish the contracted Medi-Cal services.
- A demonstration of how the current network of providers compares to the expected utilization by service type.
- Hours of operation of providers.
- Language capability for the county threshold languages.
- Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and first DMC- ODS treatment service, timeliness of services for urgent conditions and access after-hours care, and frequency of follow-up appointments.
- The geographic location of providers and Medi-Cal members, considering distance, travel time, transportation, and access for members with disabilities.
- How will the county address service gaps, including access to MAT services?
- As an appendix document, please include a list of network providers indicating, if they provide MAT, their current patient load, their total DMC- ODS patient capacity, and the populations they treat (e.g., members under 21, adult, perinatal).

To ensure the availability and accessibility of an adequate number and types of providers of medically necessary services in compliance with 42 CFR 438.206, Madera County will establish and monitor a robust network of providers. This network will be supported by written agreements with subcontractors and will be sufficient to provide adequate access to all services covered under the Medi-Cal contract. The county will consider the following factors in establishing and monitoring

this network:

Anticipated Number of Medi-Cal Members: Madera County will analyze historical data and population trends to estimate the number of Medi-Cal members. This analysis will include:

- Reviewing previous years' Medi-Cal enrollment figures.
- Projecting future enrollment based on demographic trends and policy changes.
- Consulting with local healthcare providers and community organizations to gain insights into expected enrollment changes.

Expected Utilization of Services by Service Type: To forecast the expected utilization of services, the county will:

- Analyze historical utilization data of various service types.
- Use predictive modeling to anticipate future service demand.
- Conduct surveys and focus groups with Medi-Cal members to understand their healthcare needs and preferences.

Numbers and Types of Providers Required: The county will determine the required number and types of providers by:

- Assessing the anticipated number of members and expected utilization of services.
- Consulting with professional associations and healthcare experts to identify the necessary provider-to-member ratios.
- Ensuring a mix of primary care providers, specialists, mental health professionals, and SUD treatment providers.

Demonstration of Current Network Adequacy: Madera County will compare the current network of providers to expected utilization by:

- Mapping existing providers and their capacities.
- Identifying gaps in provider availability and specialty services.
- Conducting regular network adequacy assessments to ensure alignment with member needs.

Hours of Operation of Providers: To ensure accessibility, the county will:

- Verify that providers offer flexible hours, including evenings and weekends.
- Ensure that urgent care and emergency services are available 24/7.
- Monitor provider adherence to agreed-upon operating hours.

Language Capability for Threshold Languages: The county will ensure language accessibility by:

- Identifying county threshold languages based on Medi-Cal member demographics.
- Verifying that providers offer services in these languages through bilingual staff or professional interpreters.
- Providing cultural competency training for providers.

Access Standards and Timeliness Requirements: To meet specified access and timeliness standards, Madera County will:

- Ensure first face-to-face visits occur within specified timeframes after initial contact.
- Monitor timeliness for urgent conditions and access to after-hours care.
- Track the frequency of follow-up appointments to ensure ongoing care.

Geographic Accessibility: To address geographic accessibility, the county will:

- Map the locations of providers and Medi-Cal members.
- Analyze distance, travel time, and transportation options.
- Ensure providers are accessible to members with disabilities, including compliance with the Americans with Disabilities Act (ADA).

Addressing Service Gaps: To address any service gaps, Madera County will:

- Identify areas with insufficient provider coverage or specialty services.
- Develop strategies to recruit and retain providers in underserved areas.
- Enhance access to Medication-Assisted Treatment (MAT) services through targeted provider recruitment and training programs.

List of Network Providers: Please see Appendix A.

9. Access to Services

In accordance with 42 CFR 438.206, describe how the county will assure the following:

- Meet and require providers to meet standards for timely access to care and services, considering the urgency of need for services.
- Require subcontracted providers to offer hours of operation to Medi-Cal members that are no less than the hours of operation offered to non-Medi-Cal patients.
- Make services available to members 24 hours a day, 7 days a week, 365 days per year through mobile crisis services when medically necessary.
- Establish mechanisms to ensure that network providers comply with the timely access requirements.
- Monitor network providers regularly to determine compliance with timely access requirements.
- Take corrective action if there is a failure to comply with timely access requirements.

To ensure access to services in accordance with 42 CFR 438.206, Madera County will implement various strategies and mechanisms. The county will set standards for timely access to care and services, ensuring urgent care is available within 24 hours, routine outpatient (non-urgent) appointment wait time standard is 10 business days; Opioid Treatment Program appointment wait time standard is 3 business days after completion of assessment. Prioritizing based on the urgency of medical need, the county will implement triage protocols for faster access to urgent conditions. Subcontracted providers will be required to offer Medi-Cal members the same hours of operation as non-Medi-Cal patients, verified through regular audits and member feedback. Emergency services will be available 24/7, with providers required to have after-hours contact numbers and on-call services for urgent medical needs, supported by partnerships with urgent care centers and hospitals. Provider contracts will include specific timely access requirements, and an electronic monitoring system will track appointment availability and wait times. Regular audits of provider schedules, patient appointment data, and member surveys will assess timely access to care. Quarterly reviews, mystery shopper programs, and analysis of complaints and

grievances will monitor provider compliance. For non-compliance, the county will develop corrective action plans, provide additional training and resources, and impose penalties on providers failing to improve. By fostering a culture of continuous improvement, engaging with providers and members for feedback, and regularly updating standards based on best practices and regulatory requirements, Madera County will ensure Medi-Cal members receive timely and accessible healthcare services.

10. Training Provided

What training will be offered to providers chosen to participate in DMC-ODS? How often will training be provided? Are there training topics that the county wants to provide but needs assistance?
Note: Include the frequency of training and whether it is required or optional.

Madera County will offer comprehensive and mandatory training to providers participating in the DMC-ODS to ensure high-quality care delivery.
Training topics will include, but is not limited to ASAM e-training modules 1-3, ASAM Training, DMC-ODS program and requirements, cultural competency and sensitivity, DMC-ODS Documentation Standards, compliance with state and federal regulations, Law and Ethics, Privacy and Confidentiality (HIPAA), Electronic Health Record (EHR) systems and data reporting, trauma-informed care, crisis intervention and management, Evidence-Based Practices (EBP), Telehealth services for SUD treatment, Advanced Behavioral Health integration, Innovative approaches to community outreach and engagement and Interpreter Training. Training frequencies will vary, with some topics covered annually, biannually, or other. Additionally, the county is interested in providing optional training on telehealth services for SUD treatment, advanced behavioral health integration, and innovative approaches to community outreach and engagement, for which external assistance may be sought. By offering this robust training program, Madera County aims to equip providers with the necessary knowledge and skills to deliver high-quality, compliant, and culturally sensitive care to Medi-Cal members under the DMC-ODS.

Training Title	Frequency	Presenter/Platform
ASAM E-Trainings Modules 1-3	Prior to providing services	The Change Companies
ASAM Training	Prior to providing services	Relias/Webinar/Other
DMC-ODS Program and Requirements	Within 30 days of contract execution or hire and as needed thereafter	Relias
Cultural Competency Training	Annual	Relias/Webinar/Other
DMC-ODS Documentation Standards	Annual	Relias/Webinar/Other
Compliance with State and Federal Regulations	Annual	Contractor
Law and Ethics	Annual	Contractor
Privacy & Confidentiality (HIPAA)	Annual	Contractor
EHR System and Data Reporting	Within 30 days of contract execution or hire and annually thereafter and as needed.	Relias/Webinar/Other
Trauma Informed Care	Within 30 days of contract execution or hire and as needed thereafter	Relias/Webinar
Crisis Intervention and Management	Within 30 days of contract execution or hire and as needed thereafter	Relias
Evidence Based Practices	By the implementation date	Relias/Contractor
Telehealth services for SUD treatment	Optional	Relias/Other
Advanced behavioral health integration	Optional	Relias/Other
Innovative approaches to community outreach and engagement	Optional	Relias/Other
Interpreter Training	Optional on an Annual basis	Relias
MCDBHS also offers a variety of optional trainings throughout the year which will be available to DMC-ODS providers as applicable.		

11. Technical Assistance

What technical assistance will the county need from DHCS?

Madera County will require technical assistance from DHCS to effectively implement and manage the DMC-ODS. The specific areas where technical assistance is needed include:

Data Reporting and Analysis

- Guidance on utilizing and interpreting data from EHR systems.
- Assistance with the development and implementation of data collection methodologies to ensure compliance with state and federal reporting requirements.
- Support for analyzing service utilization patterns and outcomes to improve service delivery.

Regulatory Compliance

- Detailed instructions on adhering to state and federal regulations specific to the DMC-ODS.
- Updates on regulatory changes and assistance with implementing new compliance measures.

Training and Workforce Development

- Assistance in developing and delivering specialized training programs for providers, particularly in areas such as telehealth, advanced behavioral health integration, and community outreach.
- Support for creating ongoing professional development opportunities to enhance provider competencies.

Quality Improvement Initiatives

- Guidance on designing and implementing quality improvement programs tailored to the needs of the DMC-ODS.
- Tools and resources for monitoring and evaluating the effectiveness of these initiatives.

Financial Management and Sustainability

- Technical assistance with budgeting, financial planning, and sustainability strategies for the DMC-ODS.

- Support for maximizing funding opportunities and efficiently managing financial resources.

Coordination of Care

- Assistance with developing and enhancing care coordination protocols to ensure seamless integration of services across different providers and care settings.
- Guidance on best practices for managing complex cases involving multiple healthcare and social service providers.

Community Outreach and Engagement

- Support for developing effective strategies for community outreach and engagement to increase awareness and utilization of DMC-ODS services.
- Technical assistance in creating culturally competent communication materials and outreach programs.

By receiving targeted technical assistance in these areas, Madera County will be better equipped to implement the DMC-ODS successfully, ensuring high-quality, accessible, and compliant services.

12. Quality Assurance

Describe the county's Quality Management (QM) and QI programs. This includes a description of the QI Committee (or integration of DMC-ODS responsibilities into the existing COUNTY QI Committee). The monitoring of accessibility of services outlined in the QI Plan will at a minimum include:

a. The amount of time between the initial contact and the first appointment.
b. Frequency of follow-up appointments.
c. Timeliness of receiving the first dose of medication via an NTP service.
d. Access to after-hours care.
e. Responsiveness of the member 24/7 Centralized Access and Crisis Line.
f. Strategies to reduce avoidable hospitalizations.
g. Coordination of physical and mental health services with DMC-ODS services at the

provider level.

h. Telephone 24/7 Centralized Access and Crisis Line services available in the prevalent non-English languages.

Plans must also include how member complaints data shall be collected, categorized, and assessed for monitoring Grievances and Appeals. At a minimum, plans shall specify:

i. How grievances and appeals data will be assessed by the county

j. How to submit a grievance, appeal, and state fair hearing

k. The timeframe for resolution of appeals (including expedited appeal)

l. The content of an appeal resolution

m. Record Keeping

n. Continuation of Benefits

o. Requirements of state fair hearings

Note: Review BHIN 25-014, or any subsequently issued BHINs that supersede BHIN 25-014, for Federal Grievances and Appeals requirements.

Madera County's Quality Management (QM) and Quality Improvement (QI) programs are designed to ensure the delivery of high-quality, accessible, and effective services within the DMC-ODS. The QI Committee, which integrates DMC-ODS responsibilities into the existing Mental Health Plan Madera County QI Committee, is responsible for monitoring and improving service quality. The QI Plan will include detailed monitoring of the following aspects to ensure accessibility of services:

Accessibility of Services

1. *Time Between Initial Contact and First Appointment*

   - The QM team will monitor, track and analyze the time elapsed from a member's initial contact to their first appointment on an ongoing basis with reports produced weekly to apply changes as needed to ensure continuous

appointment availability that meet timely standards and quarterly for ongoing management oversight.

- Timely access standards monitored will be as follows:

Modality Type	Standard
Outpatient Services – Outpatient SUD Services	Offered an appointment within 10 business days of request for services.
Residential	Offered an appointment within 10 business days of request for services.
Opioid Treatment Program	Within 3 business days of request
All Urgent SUD Appointments	Urgent Appointments: 48 hours without prior authorization. 96 hours with prior authorization.
Non-urgent Follow-up Appointments with a Non-Physician	Offered a follow-up appointment with a non-physician within 10 business days of the prior appointment.

2. *Frequency of Follow-Up Appointments*

- The QM team will monitor, track and trend follow-up appointments to ensure continuity of care and adjust scheduling practices to meet individual member needs.
- Monitoring activities will occur on an ongoing basis with quarterly reports produced for ongoing management oversight.

3. *Timeliness of Receiving the First Dose of Medication via an NTP Service*

- The QM team will work directly with NTP providers to ensure data is exchanged as needed to ensure that patients receive their first dose of medication in a timely manner through Narcotic Treatment Programs.
- The QM team will track and address any delays in medication administration through ongoing monitoring, tracking and trending of this component. A corrective action plan

process will be utilized to correct delays or process breakdown.

4. *Access to After-Hours Care*

- The QM team will ensure and assess the accessibility of services within its service delivery area. This shall include the assessment of responsiveness of the 24/7 Centralized Access and Crisis Line timeliness of scheduling routine appointments, timeliness of services for urgent conditions, and access to after-hours care. Services accessible through the 24/7 Centralized Access and Crisis Line include Mobile Crisis Services, information, and access to local mental health programs.
- The QM team monitoring activities will occur on an ongoing basis with quarterly reporting to identify areas of improvement and data driven decision making by leadership. and improve the responsiveness and accessibility of after-hours care services.

5. *Responsiveness of the Member Access Line*

- The QM team will evaluate the performance of the member 24/7 Centralized Access and Crisis Line in terms of response time and effectiveness. Monitoring activities will occur on an ongoing basis through the completion of test calls in English and Spanish to ensure timeliness of response and culturally and linguistically appropriate response. A corrective action plan process to identify and resolve gaps in the process will be conducted on a monthly basis to ensure ongoing compliance and quarterly reports will be prepared to ensure data-driven decision making and leadership oversight.

6. *Strategies to Reduce Avoidable Hospitalizations*

- Through a collaborative effort, strategies to prevent unnecessary hospitalizations will be developed and implemented.
- Efforts can include member education about their health condition, medications, and lifestyle modifications for managing their health. Care coordination between care settings and levels of care, leveraging technology

to make telehealth services and resources available and maintain an EHR to track patient information and record maintenance.

7. *Coordination of Physical and Mental Health Services with DMC-ODS Services at the Provider Level*

   - MCDHS will foster collaboration between physical, mental health, and DMC-ODS service providers through ongoing collaboration with entities who serve members.
   - MCDBHS will ensure the provision of integrated care to address all aspects of member's wellbeing through a coordinated care approach with community agencies who provide services or can assist in improving the lives of members.

8. *Telephone Access Line and Services in Prevalent Non-English Languages*

   - MCDBHS will provide a 24/7 Centralized Access and Crisis Line with services available in the prevalent non-English languages spoken in the community.
   - The QM team will ensure language accessibility and cultural competency in service delivery. Monitoring activities will occur on an ongoing basis through the completion of test calls in English and Spanish to ensure timeliness of response and culturally and linguistically appropriate response. A corrective action plan process to identify and resolve gaps in the process will be conducted on a monthly basis to ensure ongoing compliance and quarterly reports will be prepared to ensure data-driven decision making and leadership oversight.

Monitoring Grievances and Appeals

Madera County's plans for monitoring grievances and appeals includes following all requirements and timelines of BHIN 25-014 (or any BHIN that supersedes it) and use of all required template notification letters, and:

1. *Collection and Categorization of Complaints Data*

   - Collect and categorize member complaints data systematically.
   - Use this data to monitor and address issues related to service quality and

accessibility.

- Internal Grievance and Appeal structure which includes a dedicated compliance designee and tracking and monitoring logs will be applied to ensure receipt, logging within one working day of the date of receipt of grievance or appeal, response, investigation and resolution. Complaints are treated as grievances and therefore follow the same procedure and timelines.

2. *Assessment of Grievances and Appeals Data*

- Regularly assess grievances and appeals data to identify patterns and areas needing improvement.
- Use findings to inform QI initiatives and enhance service delivery.
- Data compiled during the internal grievance and appeal process as identified in item 1 above will be analyzed, prepared and presented during leadership meetings and compliance committee meetings. Trends will be clearly identified, and strategies will be developed to enhance service delivery. In addition, the BHP will submit the written record of grievances and appeals on a quarterly basis to its quality improvement committee for systematic aggregation and analysis for quality improvement. Grievances and appeals reviewed will include, but not be limited to, those related to access to care, quality of care, and denial of services.

3. *Submission Process for Grievances, Appeals, and State Fair Hearings*

- Clearly outline the process for submitting grievances, appeals, and requests for state fair hearings.
- Ensure members understand their rights and the procedures involved.
- The county ensures grievance and appeal information is readily available at all BHP facilities and provider sites through brochures and postings, said information is also made available through the county website. Staff are trained to ensure members' concerns are heard and documented per BHIN 25-014 requirements by

sending the grievance form (part of the brochure) to the Compliance Division Manager or designee, mailing it in, or filing it by phone. The brochure contains all the information the members will need to understand their rights and important contacts at local and state level. The county will send written acknowledgement of receipt of the grievance to the member within 5 business days from receipt and the Notice of Grievance Resolution template letter will be sent to the member within 30 calendar days along with their right to appeal.

4. *Timeframe for Resolution of Appeals*

- Define and adhere to specific timeframes for resolving appeals, including expedited appeals.
- An appeal must be filed with the county within 60 calendar days of the date of the NOABD, the county will send an acknowledgement letter to the member within 5 calendar days from date of receipt. The county will make a decision on an appeal and notify the affected parties in writing within 30 calendar days of receipt of the appeal.
- Communicate these timeframes to members to manage expectations.

5. *Content of an Appeal Resolution*

- Ensure appeal resolutions contain all required information, including the decision, rationale, and next steps.
- Provide clear and comprehensive responses to appeals.
- The county will utilize the required appeal resolution Enclosures from BHIN 25-014.

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6. *Record Keeping*

- Maintain accurate and comprehensive records of all grievances, appeals, and

resolutions, per federal recordkeeping requirements and BHIN 25-014.

- Use these records for ongoing monitoring and quality improvement efforts.
- Internal Grievance and Appeal structure which includes a dedicated compliance designee and tracking and monitoring logs will be applied to ensure receipt, logging, response, investigation and resolution. Complaints are treated as grievances and therefore follow the same procedure and timelines.
- Data compiled during the internal grievance and appeal process as identified above will be analyzed, prepared and presented during leadership meetings and compliance committee meetings. Trends will be clearly identified, and strategies will be developed to enhance service delivery.

7. *Continuation of Benefits*

- Ensure the continuation of benefits during the appeal process, per BHIN 25-014. Inform members about their rights to continued benefits while their appeal is pending.

8. *Requirements for State Fair Hearings*

- Comply with all requirements for state fair hearings as outlined in BHIN 25-014 and any subsequent updates.
- Ensure members are aware of their rights and the procedures for state fair hearings.
- The NAR "Your Rights" provides members with the following required information pertaining to NAR: The Member's right to request a State hearing no later than 120 calendar days from the date of the Plan's written appeal resolution and instructions on how to request a State hearing; The member's right to request and receive continuation of benefits while the State hearing is pending and instructions on how to request continuation of benefits, including the timeframe in which the request shall be made (i.e., within ten calendar days from the date the letter was post-marked or delivered to the member) in accordance with Title 42, CFR, Section

438.420.

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?

Madera County will ensure the implementation of at least two identified evidence-based practices (EBPs) among providers through a comprehensive approach involving training, monitoring, and support. Initially, all providers will undergo mandatory training covering the theoretical foundations, practical application, and expected outcomes of the EBPs. Madera County is in the process of coordinating said training with the intention of having all providers trained by implementation date. Ongoing training sessions will be provided as needed to update providers' knowledge and skills. Annual audits, performance metric reviews, and site visits will be conducted to monitor compliance and assess the effectiveness of EBPs. If non-compliance is identified, the county will develop a corrective action plan with the provider, outlining specific steps for achieving compliance within a defined timeline. Enhanced monitoring and additional support will be provided to assist providers in implementing the required changes. However, continued non-compliance may result in progressive penalties, up to but not limited to termination of the provider's contract, to ensure adherence to quality standards and improve outcomes for Medi-Cal members. Through these measures, Madera County is committed to promoting the consistent application of EBPs and enhancing the quality of care provided within the DMC-ODS. In addition, providers will utilize Cognitive Behavioral Therapy and Motivational Interview to directly address the needs of people who suffer from stimulant addiction by strategically combining them with EBPs.

14. 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 members.

How will the county ensure access to services in a regional model (refer to question 9)?

Madera County is not acting with a consortium of counties to operate a single managed care entity.

15. Memorandum of Understanding

Submit a signed copy of each MOU between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery. If upon submission of an implementation plan, the managed care plan(s) has/have 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). For more information on MOUs, see forthcoming MOU BHIN 23-057, and any subsequently issued BHINs that supersedes BHIN 23-057.

Note: At a minimum, the following elements in the MOU should be implemented at the point of care to ensure clinical integration between DMC-ODS and managed care providers:

- Comprehensive substance use, physical, and mental health screening, including ASAM Level 0.5 SBIRT services.3
- Member engagement and participation in an integrated care program as needed.
- Collaborative care planning with the member, caregivers, and all providers.
- Collaborative care coordination with managed care.
- Delineation of care coordination responsibilities.
- A process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for members 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.

- Navigation support for patients and caregivers.
- Facilitation and tracking of referrals.

Madera County partners with three MCPs: Anthem Blue Cross, CalVIVA, and more recently Kaiser. MCDBHS has long standing MOU's and Agreements with both Anthem Blue Cross and CalVIVA and has begun establishing the same with Kaiser, which contributes to coordinated, comprehensive care for Medi-Cal members with co-occurring physical and behavioral health issues. MCDBHS is currently working on finalizing the Mental Health Services MOU. The DMC MOU is currently being reviewed by the MCPs, discussions with the MCPs about DMC-ODS have taken place and a DMC-ODS MOU will be drafted with the three MCPs. The DMC-ODS MOU will be provided to DCHS as an addendum to Madera County's Implementation Plan, upon final County approval.
MCDBHS is working with MCP partners to establish a mutual DMC-ODS MOU, MCPs will redline the MOU template for county's review with expected execution before DMC-ODS implementation.

16. Telehealth Services

Describe how the telehealth and telephone delivery of services will be structured for providers and how will the county ensure confidentiality.

The structure of telehealth and telephone delivery of services for providers within Madera County's framework will prioritize accessibility, confidentiality, and effective care delivery. The following telehealth services may be provided via telehealth: initial clinical assessment including determination of diagnosis, medical necessity, and/or level of care. Covered DMC-ODS services may be delivered through telehealth when they meet the standard of care with group size limit still required for telehealth group counseling. Providers must follow the guidance per BHIN 23-018. Here's how the structure will be organized with the expectation that providers will follow the guidance:
Telehealth and Telephone Delivery Structure for Providers:

1. Platform Selection and Training:
    - Providers will be trained on the selected telehealth platform(s) to ensure proficiency in conducting virtual appointments.
    - The county will collaborate with providers to choose platforms that meet privacy and security standards, such as HIPAA-compliant telehealth software.
2. Appointment Scheduling and Patient Communication:
    - Providers will use designated scheduling systems or software to arrange telehealth appointments with patients.
    - Clear communication protocols will be established to inform patients about telehealth appointments, including instructions for accessing the virtual session and any required preparations.
3. Clinical Workflow Integration:
    - Telehealth and telephone appointments will be seamlessly integrated into the providers' clinical workflow.
    - EHR systems will be configured to document telehealth encounters securely and efficiently.
4. Technical Support:
    - Technical support will be available to assist providers with any telehealth platform issues or connectivity issues that may arise during appointments.
    - Providers will have access to resources and training materials to troubleshoot common telehealth-related challenges.
5. Confidentiality Measures:
    - Encryption: Telehealth platforms used for video consultations will utilize end-to-end encryption to safeguard the confidentiality of patient information.
    - Secure Communication: Providers will communicate with patients via secure channels, such as encrypted email or secure messaging platforms, to protect sensitive data.

- Confidential Settings: Providers will conduct telehealth appointments in private, secure locations to ensure confidentiality.
- Consent Process: Patients will be informed about the potential risks and benefits of telehealth services, including privacy considerations, and will provide informed consent before participating in virtual appointments.
- This process will align with the privacy and security requirements contained in the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations, Part 2 of Title 42 of the Code of Federal Regulations, the Medicaid State Plan, and any other applicable state and federal statutes and regulations.

6. Compliance with Privacy Regulations:
    - Providers will adhere to all relevant privacy regulations, such as HIPAA, when delivering telehealth services.
    - The county will provide ongoing training and updates to providers to ensure compliance with evolving privacy regulations and best practices in telehealth.
7. Data Security Measures:
    - Providers will implement robust data security measures to protect patient information transmitted during telehealth appointments.
    - Encryption, secure login protocols, and regular cybersecurity assessments will be employed to mitigate the risk of data breaches.
8. Continuity of Care:
    - Providers will collaborate with patients to develop comprehensive care plans that address their needs and preferences, regardless of the delivery modality (telehealth, telephone, or in-person).
    - Clear protocols for transitioning between telehealth, telephone, and in-person visits will be established to ensure continuity of care.

By structuring telehealth and telephone delivery of services in this manner, Madera County will prioritize confidentiality while ensuring that patients receive accessible, high-quality care through virtual channels.

17. 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 members will continue receiving treatment services?

Madera County's selective provider contracting process for the DMC-ODS involves a thorough evaluation of potential providers to ensure the delivery of high-quality, accessible, and comprehensive treatment services. Per 42 CFR §438.214 and BHIN 18-019, Madera County will follow the uniform credentialing and re-credentialing policy provider selection requirements.

Selective Provider Contracting Process

Provider Evaluation Criteria:

The county establishes clear criteria for evaluating potential providers, which may include factors such as licensure, accreditation, experience in delivering SUD treatment services, availability of evidence-based practices, cultural competence, geographic accessibility, and capacity to serve Medi-Cal members.

Request for Proposals (RFP) or Solicitation:

The county may issue an RFP or solicitation to invite qualified providers to submit proposals for consideration. The RFP outlines the requirements, expectations, and evaluation criteria for prospective providers.

Review and Evaluation:

- A review committee, comprising representatives from relevant county departments, community stakeholders, and subject matter experts, evaluates the proposals received based on the

established criteria.

- Each proposal is assessed for its alignment with the county's goals and objectives for the DMC-ODS, as well as its ability to meet the needs of Medi-Cal members in the community.

Contract Negotiation and Execution:

- Selected providers enter into contract negotiations with the county to finalize terms, including reimbursement rates, service delivery requirements, reporting obligations, quality assurance measures, and other contractual provisions.
- Once negotiations are complete, contracts are executed between the county and the selected providers.

Contract Term Length:

The contract term length may vary but is typically established for a defined period, such as one to three years, with options for renewal based on performance and compliance with contractual requirements.

Local Appeal Process for Providers:

- Providers that do not receive a contract have the opportunity to appeal the decision through a local appeal process established by the county.
- The appeal process typically involves submitting a written appeal to the designated authority within the county, along with any supporting documentation or evidence.
- An impartial review panel or hearing officer appointed by the county evaluates the appeal and renders a decision based on the merits of the case.

Ensuring Continuity of Treatment Services for Members:

In the event that current DMC providers do not receive a DMC-ODS contract, the county will take proactive measures to ensure that members continue to receive treatment services without disruption.

This may involve:

- Transitioning existing patients to alternative providers within the network that have capacity to

accept additional patients.

- Providing referral assistance and navigation support to help patients find alternative treatment options in the community.
- Collaborating with neighboring counties or regional providers to ensure continued access to treatment services for affected members.
- Implementing a communication plan to inform affected members about the changes and available resources for accessing treatment services.

By following a selective provider contracting process, establishing clear contract terms, implementing a local appeal process for providers, and proactively addressing potential disruptions in service delivery, Madera County aims to ensure the continuity of treatment services for Medi-Cal members within the DMC-ODS framework.

In addition to the selective provider contracting process outlined earlier, Madera County's approach includes thorough review by County Counsel and approval by the Board of Supervisors. Here's how these elements fit into the process:

County Counsel Review

Legal Compliance:

- County Counsel reviews the contracting process to ensure legal compliance with relevant laws, regulations, and county policies.
- They assess the terms of the proposed contracts to confirm they align with legal requirements and protect the interests of the county and its residents.

Risk Management:

- County Counsel identifies and mitigates potential legal risks associated with the contracting process.
- They provide guidance on risk management strategies to safeguard the county's financial and legal interests.

Contractual Language:

- County Counsel assists in drafting and/or reviewing the contractual language to ensure clarity, enforceability, and compliance with legal standards.
- They may recommend revisions or modifications to contract terms to address legal concerns or improve contractual clarity.

Board of Supervisors Approval Process

Presentation to the Board:

- Once the contracting process is complete and County Counsel has reviewed the proposed contracts, the contracts are presented to the Board of Supervisors for approval.
- County staff provides a comprehensive presentation to the Board, outlining the details of the proposed contracts, including provider selection criteria, contract terms, and anticipated outcomes.

Board Discussion and Deliberation:

- The Board of Supervisors engages in discussion and deliberation regarding the proposed contracts.
- Board members may ask questions, seek clarifications, and express concerns related to the contracts before taking any action.

Board Vote:

- The Board of Supervisors votes on whether to approve the proposed contracts.
- Approval requires a majority vote of the Board members present at the meeting.

Public Input:

The Board may allow for public input on the proposed contracts, allowing community members, stakeholders, and interested parties to express their views or concerns.

Resolution or Ordinance Adoption:

- Upon approval, the Board adopts a resolution or ordinance authorizing the execution of the contracts.
- The resolution or ordinance formalizes the Board's decision and authorizes county officials to

execute the contracts on behalf of the county.

Integration into Contracting Process

County Counsel's review and Board of Supervisors' approval are integrated into the overall contracting process, ensuring that legal considerations are addressed, and contractual decisions are made transparently and in accordance with established procedures. These elements provide oversight and accountability, helping to safeguard the county's interests and ensure the effective implementation of the contracted services.

18. Residential Authorization

Describe the county’s authorization process for residential services.

Madera County's authorization process for residential services within the DMC-ODS is designed to ensure timely access to appropriate levels of care for individuals seeking residential treatment for SUD. Here's an overview of the authorization process, including the procedures for continued stay authorization requests:

Initial Authorization Process for Residential Services

Assessment and Referral: ASAM Criteria will be used to determine a member’s placement into the appropriate level of care seeking residential treatment for SUD. Referrals to residential facilities are made based on the assessment findings, clinical recommendations, and individual needs.

Authorization Request Submission: The referring provider or treatment facility submits an authorization request to the LPHA responsible for managing residential authorizations within the DMC-ODS.

Review and Evaluation: Upon receipt of the authorization request, the county's review team conducts a thorough review and evaluation of the request, which includes consultation with the requesting provider when appropriate. The review team assesses the clinical necessity, appropriateness, and medical criteria for residential treatment, considering factors such as the severity of the individual's SUD, treatment history, and risk factors.

Decision and Notification: Based on the review findings, a decision is made regarding the authorization of residential services. Madera County provides prior authorization for residential services within 24 hours of the prior authorization being submitted by the provider. The individual and the referring provider are promptly notified of the authorization decision, including any conditions or limitations associated with the authorization.

Continued Stay Authorization Process for Residential Services

Submission of Request: For individuals already receiving residential services, continued stay authorization requests are submitted by the treatment facility or provider as needed, typically when the initial authorization period is nearing expiration.

Urgent Review: Continued stay authorization requests for residential services are prioritized for urgent review to ensure timely access to care.

These requests are addressed within 24 hours of receipt to minimize disruptions in treatment and support continuity of care.

Clinical Assessment: The review team conducts a clinical assessment of the individual's progress, treatment needs, and ongoing clinical stability to determine the necessity of continued residential services. This includes consultation with the requesting provider when appropriate.

Decision and Notification:

- A decision regarding the continued stay authorization is promptly made based on the clinical assessment findings.
- The individual and the treatment facility are notified of the decision, including any conditions or requirements for continued stay.
- Continued stay authorization requests for residential services must be addressed within 24 hours.

Quality Assurance and Oversight:

- Madera County implements robust quality assurance measures to monitor the authorization process for residential services within the DMC-ODS.

- Regular audits, performance reviews, and feedback mechanisms are utilized to evaluate the effectiveness, efficiency, consistent application and compliance of the authorization process.
- Authorization policies are developed with involvement from network providers; evaluated at least annually and updated as necessary; and disclosed to the county's members and network providers.
- Any issues or concerns identified through the quality assurance process are promptly addressed and corrective actions are implemented as needed to improve the authorization process and ensure optimal patient outcomes.

By implementing a streamlined and expedited authorization process for residential services, Madera County aims to facilitate timely access to high-quality treatment for individuals with SUD while ensuring clinical appropriateness and continuity of care throughout the treatment continuum.

19. External Quality Review

In preparation for the external quality review site reviews the county will leverage its already existing data reporting and analytics structure to gather, collect, monitor, trend and present the components required and noted in BHIN 24-001 Enclosure 3 to include timeliness of initial appointments and follow ups, the county's 24/7 Centralized Access and Crisis Line, access to DMC-ODS services and language services and request timeliness and disposition. The structure to accomplish this is already in place and consists of the county's EHR from which data is exported into excel format, data is then analyzed to identify gaps and for trending, it is then prepared for the most appropriate manner keeping in mind target audience and ease of interpretation. This process may be repeated for ad-hoc and quarterly and other reporting schedules as needed, the county will fine tune it to ensure compliance with EQRs requirements.

20. County Approval

The County Behavioral Health Director or SUD Program Administrator in counties with separate mental health and SUD departments must review and approve the Implementation Plan prior to submitting the document to DHCS for review by the annual July 5th deadline. The signature below verifies this approval.

County Behavioral Health Director

10-16-25

Date

APPENDIX A: List of Network Providers

MADERA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SERVICES DMC-ODS NETWORK PROVIDER LIST				
Facility	Provides MAT Services	Current Patient Load	DMC-ODS Capacity	Population(s) Served
Community Social Model - Tranquility Village	No	9	42	Women 18 years and older, perinatal, homeless, have criminal justice involvement and a mental health disorder.
Community Social Model - Hobie House	No	9	25	Men 18 years and older who may be homeless, have criminal justice involvement and a mental health disorder.
Fresno County Hispanic Commission - Nuestra Casa Recovery Home	No	6	12	Spanish male adult only AOD, mental health, homeless and criminal justice involvement.
WestCare, Inc.	No	132	198	Men, women, women with children, men with children, criminal justice involved, LGBTQ, veterans, CPS involved, Perinatal.
Turning Point - Quest House	No	5	26	Male adult only, AOD.
BAART Programs - Van Ness	Yes	411	700	Adult men and women with an opioid use disorder.
BAART Programs - Cartwright	Yes	164	205	Adult men and women with opioid dependence.
BAART Programs - E Street	Yes	40	700	Men and women over age 18 for narcotic drug users dependent on opioids. Can also treat minors with parent consent.
MedMark Treatment Centers	Yes	617	630	Adult men and women over age 18 with an opioid use disorder.
Aegis - Merced	Yes	438	505	Adult men and women over age 18.
Aegis - Madera	Yes	48	50	Adult men and women over age 18 with an opioid use disorder.
Aegis - Modesto	Yes	42	500	Adult men and women over age 18.
Aegis - Fresno	Yes	490	610	Adult men and women over age 18 with opioid use disorder.