

ENCLOSURE 3

County Implementation Plan Template

PART I PLAN QUESTIONS

The following questions assess the county's completed steps to prepare for the implementation of DMC-ODS services. Counties must complete the enclosed template (e.g., Part I and II) and submit a completed and signed Implementation Plan to DHCS via email by July 5th for an effective DMC-ODS start date of July 1st of the subsequent year. Implementation Plans may be emailed to: MCBHOMD@dhcs.ca.gov.

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

- ☐ County Behavioral Health Agency
- ☐ County Substance Use Disorder Agency
- ☐ Providers of drug/alcohol treatment services in the community
- ☐ Representatives of drug/alcohol treatment associations in the community
- ☐ Physical Health Care Providers
- ☐ Medi-Cal Managed Care Plans
- ☐ Federally Qualified Health Centers (FQHCs)
- ☐ Clients/Client Advocate Groups
- ☐ County Executive Office
- ☐ County Public Health
- ☐ County Social Services
- ☐ Foster Care Agencies
- ☐ Law Enforcement
- ☐ Court
- ☐ Probation Department
- ☐ Education
- ☐ Recovery Support Service Providers (including recovery residences)
- ☐ Health Information Technology Stakeholders
- ☐ Other (specify): _____

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

- ☐ Community meetings
- ☐ County advisory groups
- ☐ Focus groups
- ☐ Other method(s) (explain briefly): _____

3. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities. Select all that apply.
- ☐ Monthly
 - ☐ Bi-monthly
 - ☐ Quarterly
 - ☐ Other: _____
4. 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.
5. What services will be available to DMC-ODS clients 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)
- ☐ 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): _____

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

- ☐ Yes (required)
- ☐ No. Plan to establish by: _____

7. 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

8. 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 (Narrative)

In this part of the plan, the county must describe DMC-ODS implementation policies, procedures, and activities. Incomplete submitted Implementation Plans will be returned to the county for correction prior to receiving DHCS preliminary approval and beginning the Readiness Review process.

General Implementation Plan Development Instructions:

- Number responses to each item to correspond with the outline.
- Ensure the implementation plan is well written (e.g., proofread, thorough) and descriptive.
- Keep an electronic copy of your implementation plan description. After DHCS reviews the plan description, the county may need to make revisions. When making changes to the implementation plan, use the track changes mode so reviewers can see what has been added or deleted.
- If corrections are required, counties must submit a revised implementation plan to DHCS within 10 business days of receiving DHCS request for corrections. Any delay in the county resubmitting DHCS corrections may impact the county's effective DMC-ODS start date.
- Counties must submit a revised implementation plan to DHCS when the county requests to add new services.

Narrative 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.

2. **Client Flow.** Describe how clients move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, 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 clients 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.

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).

4. **Treatment Services.** 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, and 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.

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?

Note: Review BHIN 22-011, or any subsequent BHINs that supersede BHIN 22-011, for requirements related to members receiving timely mental health services.

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?
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 treatment planning with the member, caregivers, and all providers.
 - Collaborative treatment planning with managed care.
 - Care coordination and effective communication among providers.
 - Navigation support for patients and caregivers.
 - Facilitation and tracking of referrals between systems.
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 clients.
 - 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 afterhours 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., member under 21, adult, perinatal).

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, taking into account 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, 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.

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.

11. **Technical Assistance.** What technical assistance will the county need from DHCS?

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 MHP QI Committee). The monitoring of accessibility of services outlined in the QI Plan will at a minimum include:

- The amount of time between the initial contact and the first appointment.
- Frequency of follow-up appointments.
- Timeliness of receiving the first dose of medication via an NTP service.
- Access to after-hours care.
- Responsiveness of the member access line.
- Strategies to reduce avoidable hospitalizations.
- Coordination of physical and mental health services with DMC-ODS services at the provider level.
- Telephone access line and services 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:

- How grievances and appeals data will be assessed by the county
- How to submit a grievance, appeal, and state fair hearing
- The timeframe for resolution of appeals (including expedited appeal)
- The content of an appeal resolution
- Record Keeping
- Continuation of Benefits
- Requirements of state fair hearings

Note: Review BHIN 18-010E, or any subsequently issued BHINs that supersede BHIN 18-010E, for Federal Grievances and Appeals requirements.

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?
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)?
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 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.
- Member engagement and participation in an integrated care program as needed.
- Collaborative care planning with the member, caregivers and all providers.
- Collaborative treatment planning with managed care.
- Delineation of case management responsibilities.
- A process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for 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.
16. **Telehealth Services.** Describe how the telehealth and telephone delivery of services will be structured for providers and how will the county ensure confidentiality.
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?
18. **Residential Authorization.** Describe the county's authorization process for residential services. Continued stay authorization requests for residential services must be addressed within 24 hours.

External Quality Review

DMC-ODS counties will include in their implementation plan a strategy and timeline for meeting External Quality Review (EQR) requirements (42 CFR 438.310–370). For new DMC-ODS counties opting into the ODS, EQR requirements must be phased in within 12 months of the effective DMC-ODS contract date.

Network Adequacy Requirements

DMC-ODS counties are required to comply with network adequacy requirements as described in [BHIN 23-041](#) or subsequent guidance.

Memoranda of Understanding

DMC-ODS counties will be required to submit executed memoranda of understanding with county MCPs and complete the State's readiness review.

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

Date