

California Department of Health Care Services
Drug Medi-Cal Organized Delivery System Waiver

EL DORADO COUNTY



**HEALTH & HUMAN SERVICES
AGENCY:
BEHAVIORAL HEALTH DIVISION**

**Drug Medi-Cal Organized Delivery System
(DMC-ODS)
Implementation Plan**

**Final for Submission
August 8, 2017**

**California Department of Health Care Services
Drug Medi-Cal Organized Delivery System Waiver
County Implementation Plan**

The county implementation plan will be used by the Department of Health Care Services (DHCS) and the Center for Medicaid and Medicare Services (CMS) to assess the county's readiness to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. The implementation plan will also demonstrate how the county will have the capacity, access, and network adequacy required for DMC-ODS implementation. The questions contained in this plan draw upon the Special Terms and Conditions and the appropriate CFR 438 requirements. DHCS and CMS will review and render an approval or denial of the county's participation in the Waiver based upon the initial and follow-up information provided by the counties.

Table of Contents

Plan Questions	4
Collaborative Process	7
Beneficiary Flow	9
Points of Access	10
Initial Screening	10
Referral Process.....	11
Intake Assessment and ASAM Level of Care Placement.....	11
Residential Authorizations.....	13
Re-Assessments.....	13
Transition to Other Levels of Care and the Role of the Case Manager	14
Beneficiary Notification and Access Line.	15
Treatment Services	16
Coordination with Mental Health.	21
Coordination with Physical Health.	23
Coordination Assistance.....	24
Availability of Services.....	25
Access to Services:.....	29
Training Provided.....	30
Technical Assistance.....	31
Quality Assurance	31
Evidence Based Practices.	36
Regional Model.....	37
Memorandum of Understanding.....	37
Telehealth Services.....	37
Contracting.	38
Additional Medication Assisted Treatment (MAT).....	39
Residential Authorization.	39
One Year Provisional Period.....	42
County Authorization	44

PART I – PLAN QUESTIONS

Plan Questions

This part is a series of questions that summarize the county's DMC-ODS plan.

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
 - SUD Network Providers of drug/alcohol treatment services in the community
 - Representatives of drug/alcohol treatment associations in the community
 - Physical Health Care SUD Network Providers
 - Medi-Cal Managed Care Plans
 - Federally Qualified Health Centers (FQHCs)
 - Hospital (Substance use Treatment Committee: ODS, SU, MAT)
 - Beneficiary Advocate Groups
 - County Administrator's Office
 - County Public Health
 - County Social Services
 - Foster Care Agencies
 - Law Enforcement
 - Court
 - Probation Department
 - Education
 - Recovery support service SUD Network Providers (including recovery residences)
 - Health Information technology stakeholders
 - Other (specify): Mental Health Commission

2. How was community input collected?
 - Community meetings
 - County advisory groups
 - Focus groups
 - Other method(s):
 - 1) Public Press Release & survey to get community input, also survey of Substance Use Treatment Contract Providers were collected to obtain input
 - 2) Discussions regarding the planning and system design have occurred at various existing County and Community meetings concerned with safety net Substance Use Treatment Contract Providers, criminal justice, homeless, and physical and behavioral health systems serving the Medi-Cal or indigent population.

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

- Monthly:
- Bi-monthly
- Quarterly
- Other: _____

4. Prior to any meetings to discuss development of this implementation plan, did representatives from Substance Use Disorders (SUD), Mental Health (MH) and Physical Health all meet together regularly on other topics, or has preparation for the Waiver been the catalyst for these new meetings?

- SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics prior to waiver discussions.
- There were previously some meetings, but they have increased in frequency or intensity as a result of the Waiver.
- There were not regular meetings previously. Waiver planning has been the catalyst for new planning meetings.
- There were no regular meetings previously, but they will occur during implementation.
- There were no regular meetings previously, and none are anticipated.

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

REQUIRED

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

How will these required services be provided?

- All County operated
- Some County and some contracted
- All contracted.

OPTIONAL

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

6. Has the county established a toll free number for prospective beneficiaries to call to access DMC-ODS services?

Yes (required)

No. Plan to establish by: _____.

Review Note: If the county is establishing a number, please note the date it will be established and operational.

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

Yes (required)

No

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

Yes (required)

No

9. Each county's Quality Improvement Committee will review the following data at a minimum on a quarterly basis since external quality review (EQR) site reviews will begin after county implementation. These data elements will be incorporated into the EQRO protocol:

- Number of days to first DMC-ODS service/follow-up appointments at 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, percentage of denied and time period of authorization requests approved or denied

Yes (required)

No

PART II – PLAN DESCRIPTION

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.

El Dorado County Health & Human Services Behavioral Health Division (EDC-BH) has a strong focus on collaborative planning and community involvement in planning, program design, and evaluation of programs. EDC-BH accessed various stakeholder groups to obtain input into the planning process and development of this DMC-ODS Implementation Plan. This included meetings with stakeholders from both the ‘Western Slope’ of the county (Placerville) and the South Lake Tahoe area.

There were many informal discussions with stakeholders, discussions at standing collaborative meetings, community surveys plus two focused planning sessions. One of the key standing meetings is the Partners in Care monthly meeting which is comprised of El Dorado Community Health Center (FQHC), Public Health Nursing, Law Enforcement, Substance Use Disorder (SUD) Contract Providers and Probation, which continues and is expected to be an ongoing forum for collaboration.

EDC-BH has also had beneficiary meetings with local judges, as well as participated in a temporary collaborative workgroup lead by the Courts. Judge Sullivan led a collaborative group comprised of Judge Bailey, Probation, Progress House (SUD Contract Provider), District Attorney, Public Defender, and EDC-BH Substance Use program staff. Meetings of this group were focused on the DMC-ODS expansion and meetings were held from October 2016 through January 2017.

EDC-BH’s first formal planning session was held June 7, 2017 with EDC-BH staff representing Social Services, Behavioral Health, Public Health, Senior Services, Homeless Services, Community Services, and Section 8 Housing Services. The second formal planning session was held with community SUD Contract Provider stakeholders on July 7, 2017 and included representatives from Anthem Blue Cross, California Health & Wellness, Marshall Medical Center (Hospital), El Dorado County Community Health Center (FQHC), Shingle Springs Tribal Health & Wellness Center, El Dorado County Office of Education, Progress House, Aegis, New Morning, Placerville Police Department, representatives from all branches of Health & Human Services, and community stakeholders. Both sessions were video-conferenced between South Lake Tahoe and Placerville with attendees at both sites. These meetings provided an introduction to the DMC-ODS and solicited input for the development of the Implementation Plan.

EDC-BH also held interviews with key stakeholders and obtained input from the Mental Health Commission, Sheriff Homeless Outreach Team, the Community Mental and Behavioral Health Cooperative (inclusive of Barton Hospital and South Lake Tahoe SUD Network Providers), the El Dorado County Access-to-Care team and many beneficiary SUD Network Providers.

The Community Survey resulted in 142 responses and input from:

- 31% Current/Past recipients of SUD services
- 26% El Dorado County staff
- 15% Family Member of SUD services recipient
- 4% Faith Based Organization
- 4% Hospital or Health Care Provider
- 2% Veterans
- 2% EDC-BH Contracted SUD Provider
- 1.4% Law Enforcement
- 14.6% Other (inclusive of Judges, Jail Inmates, Foster Care SUD Network Providers, Homeless Advocates, etc.)

Feedback obtained from the survey participants and stakeholder group members included input on needs, patterns of services, system capacity, and outcomes. This feedback provided the foundation for identifying goals, priorities, and strategies outlined in the Implementation Plan.

Some of the key themes that arose from the various forums to-date have included:

- Need for improved access to affordable Substance Use Treatment
- Need to develop/mentor SUD Contract Providers in becoming Drug Medi-Cal Certified
- Need to address the unique needs of the Homeless, Youth, Tahoe Region and other specialized populations.
- Need for Transitional and/or Sober Living Housing
- Need to improve coordinated system of care between SUD and other health care providers, especially for co-occurring mental health and substance use treatment.

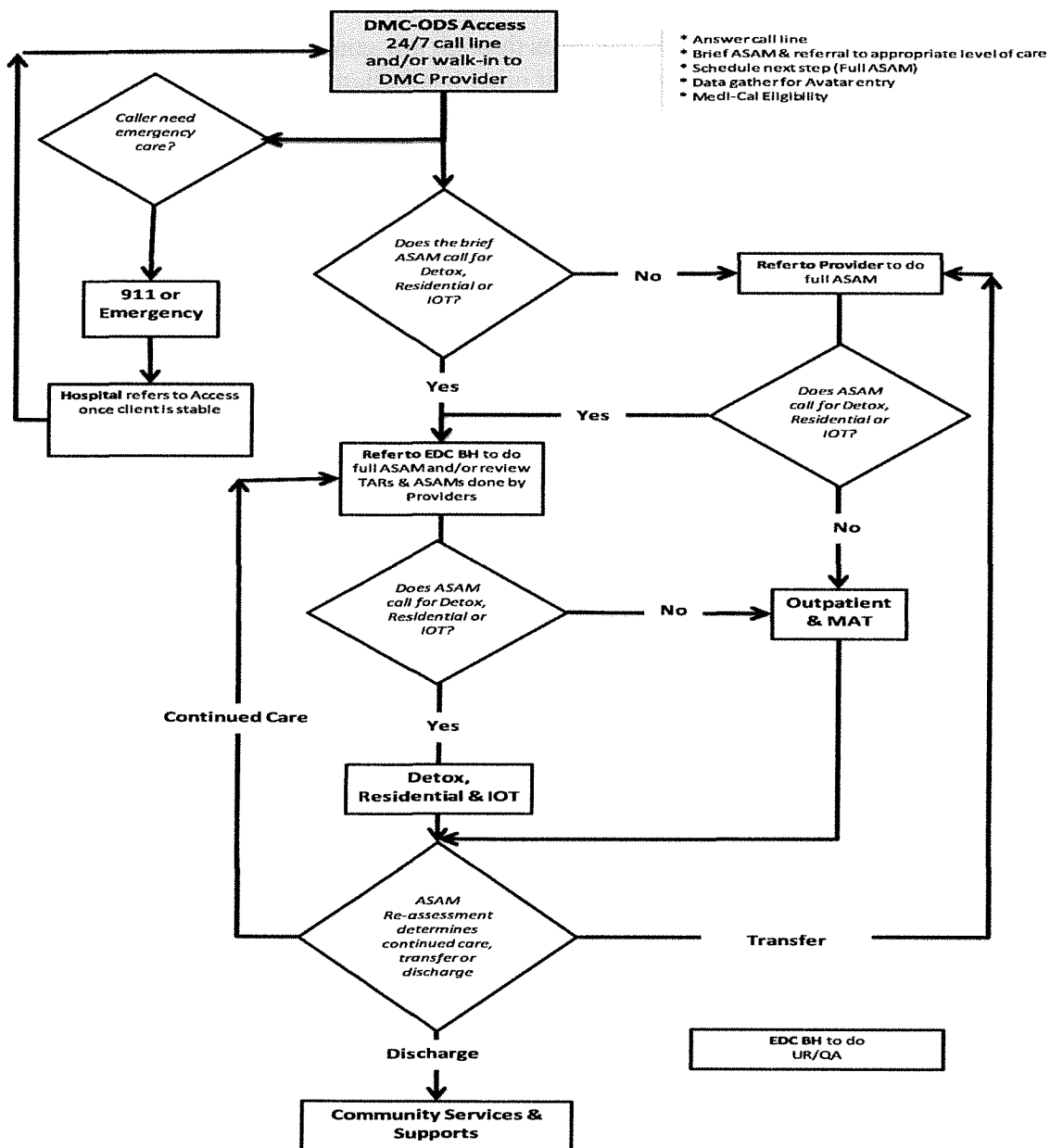
Opportunity for ongoing involvement in the implementation of DMC-ODS services will occur through various forums including a bi-monthly SUD Network Provider meeting and monthly at the Mental Health Commission meeting. It should be noted that the Mental Health Commission has passed a motion of intent to become a Behavioral Health Commission in order to review and provide policy recommendations to the Board of Supervisors on Substance Use issues as well as mental health concerns. In addition the DMC-ODS implementation will be a standing agenda item for many of the ongoing collaborative community meetings, inclusive of the Access to Care meeting, the Partners in Care (Western El Dorado County focus) meeting, and the Community Mental and Behavioral Health Cooperative (South Lake Tahoe focus) meeting. Discussions will be geared towards collaborative efforts, leveraging funding to improve services, identifying and filling service gaps and improving the accessibility, timeliness and quality of substance use services.

The implementation plan outlined below addresses many concerns that have been brought forward through the community outreach and planning processes. The plan incorporates the feedback received from stakeholders, many of whom are committed to an ongoing partnership and collaborative effort to ensure the success of the DMC-ODS plan. The stakeholder community is excited about the opportunity to offer expanded SUD services, with a more fully integrated approach, to local beneficiaries!

Beneficiary Flow

Describe how beneficiaries 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 beneficiaries will be re-assessed, and how they will be transitioned to another level of care accordingly. Include the role of how the case manager will help with the transition through levels of care and who is providing the case management services. 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 beneficiaries at risk of unsuccessful transitions.

El Dorado County Draft DMC-ODS Client Flow 7-26-17



EDC-BH will ensure that the required Substance Use Disorder treatment services under the new service delivery system are available and accessible to beneficiaries and families throughout the county. These services will be provided by responding to immediate needs and assessing treatment needs through a thorough assessment and utilization of ASAM placement criteria. EDC-BH is committed to identifying the appropriate level of care and linking the beneficiaries to services in a timely manner. Substance Use Disorder services in El Dorado are mostly delivered through contracts with community-based State-certified and/or licensed SUD treatment programs. EDC-BH Substance Use Disorder program staff are trained in screening/assessing for ASAM and Addiction Severity Index (ASI) criteria, and in provision of direct SUD services to beneficiaries and groups. EDC-BH has base-level capacity in providing Utilization Review and Quality Assurance for Drug Medi-Cal services currently, and will be training and assigning additional staff in this area as part of the implementation plan.

Points of Access

Access to Services

Beneficiaries will be able to access SUD services through any contact within EDC HHSA, local managed care plans, community health clinics or other health/human services providers. The 24/7 toll-free access line will be provided to any beneficiary seeking or identified as needing any level of SUD services. Using this “no wrong door” approach will ensure that beneficiaries will be directed to the point of access for SUD services immediately upon identification of need. Community based SUD treatment providers will be another point of access where screening and referral can occur.

Initial Screening

Brief Screening via 24/7 access line

A brief screening instrument based on ASAM criteria created by UCLA will be used for each SUD treatment request received by the 24/7 toll-free access line staff. The 24/7 toll-free access line will be staffed by LPHAs who are trained in the ASAM criteria and SUD services. The access line staff will have the ability to conduct an integrated screening for MH and SUD services if needed. If SUD and MH-SMI issues are identified during the screening process, the beneficiary will be scheduled for a full bio-psychosocial assessment with ASAM before being referred to SUD services. For SUD services only, the brief screening will rule out the need for emergency interventions. Screening based on ASAM will also determine whether the beneficiary is referred directly to SUD outpatient or intensive outpatient services or referred to the appropriate Alcohol and Drug Programs staff for full bio-psychosocial assessment to determine placement. Medi-cal eligibility will also be determined during screening and base data will be collected for entry into EHR.

Brief Screening: SUD Network Provider

A brief screening instrument based on ASAM criteria created by UCLA will be used with beneficiaries that contact a SUD network provider directly. The brief screening will rule out the need for emergency interventions. Screening based on ASAM will also determine whether the beneficiary is referred directly to SUD outpatient or intensive outpatient services or scheduled for a full bio-psychosocial assessment to determine placement. When MH issues are identified, CBP will refer client to EDC-BH for MH screening and ask the client to call within 24 hours. CBP will notify EDC-BH. EDC-BH access staff will have 7 days to follow up with clients who have not called within 24 hours. Medi-cal eligibility will be determined at the network provider.

Brief screening information can be faxed by network provider to ADP for entry into EHR by support staff.

Referral Process

To Outpatient (ODF)/Intensive Outpatient (IOT)

Beneficiaries will be provided a list of SUD network providers to contact for treatment. Access line staff will contact the SUD network provider of the beneficiary's choice to schedule an intake appointment. SUD network providers will schedule a full intake/assessment with ASAM within 10 business days of receipt of referral or provide interim services information if appointment is over 10 business days. Access line staff will provide appointment information to the beneficiary. For after-hours calls, when brief screening indicates placement in ODF or IOT, the beneficiary will be asked to select a network provider and the access line staff will ask the beneficiary to call the selected network provider in the morning. Access line staff will forward screening information to the chosen network provider. During the next business day, access line staff will follow up with beneficiary and ensure referral is completed. Referral information can be faxed by network provider to ADP for entry into EHR by support staff.

Other Referrals

Referrals to primary care, mental health and other agencies will be provided as needed to beneficiaries requesting SUD services. These referrals will be noted in the EHR.

Intake Assessment and ASAM Level of Care Placement

The selected agency from the initial contact and brief screening (either EDC-BH or a SUD Network Provider) will meet with the beneficiary and complete the full ASAM and ASI assessment to provide additional information for determining the diagnosis, medical necessity, and appropriate ASAM level of care. The assessment will be conducted by a Licensed Practitioner of the Healing Arts (LPHA), or certified /registered Drug and Alcohol Counselor. Services are available in English and Spanish.

The ASI assessment, diagnosis, and medical necessity will be clearly documented in the beneficiary's electronic health record (EHR) and/or medical record. For adults, the diagnosis will include at least one DSM Substance-Related and Addictive Disorder (excluding Tobacco-Related and/or non-Substance-related disorders). For beneficiaries under the age of 21, the diagnosis may also include an assessed risk for developing a SUD. Assessments will be conducted by a Licensed Practitioner of the Healing Arts (LPHA) or a certified /registered Drug and Alcohol Counselor.

Medical necessity will be determined for all beneficiaries entering the DMC-ODS. The beneficiary must be diagnosed with a DSM/ICD 10 Substance Related Disorder by a licensed LPHA, licensed physician, or Medical Director. DMC Title 22 requires that all SUD Network Providers include documentation of medical necessity in the beneficiary's file. Once the assessment process is complete, the diagnosis, placement recommendations, and information about treatment services will be authorized and discussed during a face-to-face meeting with the beneficiary by an LPHA.

If the assessment determines that the beneficiary does not meet medical necessity and that the beneficiary is not entitled to any DMC-ODS substance use disorder treatment services, then a written Notice of Action (NOA) will be issued in accordance with 42 CFR 438.404.

SUD Network Provider Intake Process:

Beneficiaries referred from the access line contact, or who contact a DMC-ODS service SUD Network Provider directly, will also be screened using the brief ASAM Screening tool (UCLA), and be provided a full assessment, as indicated. The SUD Network Provider will verify Medical eligibility. In instances when the beneficiary requests services from the treatment SUD Network Provider without a scheduled appointment, a qualified staff will conduct the initial assessment, if available. If no qualified staff person is available, the beneficiary will be given an appointment to return for a face-to-face appointment, at the earliest time available, for the beneficiary to complete a full assessment. The next available appointment will be offered, but no longer than within 10 business days.

Following the full assessment, the SUD Network Provider will determine the appropriate level of care. If services other than outpatient services are indicated, the SUD Network Provider will provide a copy of the full ASAM to EDC-BH and request service authorization. If the SUD Network Provider does not offer the identified level of care, the SUD Network Provider will immediately refer the beneficiary to another DMC-ODS SUD Network Provider that offers the indicated ASAM level of care, or link the beneficiary to the EDC-BH, for linkage to the appropriate care. The SUD Network Provider and the EDC-BH staff will document the referral and the outcome of the linkage to the appropriate level of care.

DMC-ODS SUD Network Providers will strive to admit eligible beneficiaries to begin treatment services within ten (10) business days, from completion of the assessment. In instances where the SUD Network Provider is unable to begin service delivery within the required 10 day time period due to non-budget related capacity issues, interim services will be offered. In addition, the SUD Network Provider will offer to make referrals to other SUD Network Providers, when available, to ensure timely access to services.

If the SUD Network Provider's assessment determines that the beneficiary does not meet medical necessity and that the beneficiary is not entitled to any DMC-ODS substance use disorder treatment services, then the SUD Network Provider will issue a written Notice of Action (NOA) in accordance with 42 CFR 438.404.

EDC-BH Intake Process:

When higher levels of care (such as withdrawal management, residential, or inpatient services) are identified on the ASAM Screening tool or the full ASAM, a referral to EDC-BH will be made including a copy of the completed ASAM and the full or partial ASI assessment. EDC-BH will review or complete the full ASI assessment, determine the appropriate level of care, and link the beneficiary to the appropriate level of care. The beneficiary will be given a list of service SUD Network Providers and EDC-BH will contact the selected service SUD Network Provider and schedule an appointment for the beneficiary. EDC-BH will send the selected SUD Network Provider an email with information regarding the beneficiary, including the completed ASAM Screening tool, the level of care authorization, and confirmation of the time of first scheduled appointment. If the beneficiary's selected SUD Network Provider is not available within a ten business day window, other names of other SUD Network Providers will be offered.

Residential Authorizations

When the brief ASAM indicates the need for residential services, the beneficiary will be scheduled within 72 hours at EDC-BH for an ASI assessment and ASAM determination, documenting medical necessity. The EDC-BH LPHA will call local and regional Residential SUD Network Providers to find an available bed. Once identified, EDC-BH will send the completed ASI and ASAM documentation, and medical necessity information, as well as an authorization form, granting up to 90 days for adults (ages 18 and older), and 30 days for youth. The beneficiary will be given support in finding transportation to the facility, if needed. In the instance where there are no residential beds immediately available, the beneficiary will be immediately enrolled in an Intensive Outpatient program to support the beneficiary until a residential bed becomes available, when appropriate.

If a residential SUD Network Provider conducts an assessment and ASI, and completes the TAR, and submits the information to EDC-BH, the EDC-BH LPHA will review the request and based on the review, provide one of the following responses to the requesting agency within 24 hours: Approved, Pending, or Denied. If the TAR is incomplete or additional information is needed in order to make an authorization decision, EDC-BH will indicate that the authorization is Pending and will send the request for additional information to the SUD Network Provider, who shall respond within 24 hours. If a TAR is denied, a written Notice of Action will be sent to the beneficiary notifying them of the authorization decision. EDC-BH will also refer the beneficiary to the appropriate ASAM Level of Care.

Only two non-continuous 90-day treatment periods will be authorized in a one-year time period. If the beneficiary's medical necessity demonstrates additional services are needed, a one-time extension of up to 30 days on an annual basis may be authorized. Perinatal and criminal justice beneficiaries may receive a longer length of stay, based upon medical necessity.

Re-Assessments

During Substance Use Disorder treatment, the beneficiary will be re-assessed/authorized for medical necessity every 6 months (except for NTP services which require annual re-authorization). Beneficiary treatment plans will be completed within 30 days of admission to services and will be reviewed at 60 and 90 day intervals. Specific situations that may necessitate re-assessment and potential placement in a different level of care may include: completion of treatment and agreed upon goals, inability or incapacity of beneficiary to demonstrate progress toward achievement of treatment goals, change in service needs based upon clinical necessity, and requests for a different level of care by the beneficiary.

Reassessments are conducted in order to ensure that beneficiaries are served at the most appropriate level of care, and that beneficiary's response to treatment, current level of functioning and severity is evaluated. Beneficiaries may be referred to higher or lower levels of care, depending upon medical necessity and response to treatment. Reassessments will be conducted according to the timeline shown below.

Type of SUD Services, Level of Care, and Timeframe for Reassessment

Service and Level of Care	Reassessment Maximum Timeframe
Outpatient Treatment, Level 1	90 Days

Intensive Outpatient, Level 2.1	60 Days
Case Management	90 Days (as a component of Outpatient Services)
Narcotic Treatment Programs	1 year
Medication Assisted Treatment	1 year
Residential Detoxification, Level 3.2	5 Days
Residential Treatment, Levels 3.1, 3.3, 3.5	90 Days; First admission allows 30 day extension

In addition to reviews of treatment plans in all modalities of service per the schedule above, both adult and youth beneficiaries in residential treatment will be re-assessed at a minimum of every 30 days, unless there are significant changes warranting more frequent re-assessments.

Each beneficiary will be reassessed any time there is a significant change in his/her status, diagnosis, and/or treatment plan goals. Each SUD Network Provider will conduct a reassessment to determine medical necessity and appropriate level of care. Residential SUD Network Providers will be asked to provide written documentation to demonstrate the beneficiary continues to meet medical necessity for that level of treatment. The EDC-BH LPHA will review and authorize continued services, based upon documentation of ongoing medical necessity.

Changes that could warrant a re-assessment and possibly a transfer to a higher or lower level of care include, but are not limited to:

- Achieving treatment plan goals
- Inability to achieve treatment plan goal despite amendments to the treatment plan
- Lack of beneficiary’s capacity to resolve his/her problems
- Identification of intensified, or new, problems that cannot adequately be addressed at the current level of care
- Beneficiary request

If there is a need for an extension, the residential SUD Network Provider submits an updated TAR, along with medical necessity, and ASAM level of care to EDC-BH. The TAR is submitted to EDC-BH at least seven (7) calendar days before the expiration of the initial authorization. EDC-BH will review the documentation for medical necessity and ASAM level of care for residential services, and respond to the authorization request with an approval, pending, or denial within 24 hours of the request.

Transition to Other Levels of Care and the Role of the Case Manager

If ASAM results determined during the substance use assessment conflict with the results determined during the initial screening interview, the treatment SUD Network Provider will be responsible for ensuring that the beneficiary receives the appropriate level of care. If the program does not offer the treatment indicated from the outcome of the assessment, the service SUD Network Provider will refer the beneficiary to a certified DMC-ODS SUD Network Provider within the community who can offer the appropriate level of care. When it is determined that a beneficiary is in need of an increase or decrease in level of care, the service SUD Network Provider will make a referral to the appropriate level of treatment. Placement

transitions to other levels of care will occur within 5-10 business days from the date of re-assessment. The exception to this will be when a beneficiary requires residential treatment, where the initial authorization process will be in effect.

EDC-BH will both provide case management services directly, and when necessary, will authorize SUD Network Providers to provide case management services to the beneficiaries. EDC-BH and SUD Network Provider case managers will be responsible for assisting the beneficiary with initial placement, transitions to different levels of care, and discharge planning. Case managers will also provide support in scheduling intake appointments and linking beneficiaries to ancillary support services. Since SUD Network Provider Case Managers offer services only while engaged in the level of services offered at the specific SUD Network Provider, it is expected that the case manager from the discharging SUD Network Provider work with the case manager of the admitting SUD Network Provider to assure seamless transition of care for the beneficiary. If the discharging SUD Network Provider is unable to determine or locate an appropriate referral, the beneficiary's case manager shall contact EDC-BH to assist in identifying an appropriate referral. SUD Network Providers will be required to track and monitor beneficiary progress, assuring discharge planning is initiated at start of treatment, and continue through discharge/ transition from care.

Beneficiary Notification and Access Line

For the beneficiary toll free access number, what data will be collected (i.e.: measure the number of calls, waiting times, and call abandonment)? How will beneficiaries be able to locate the access number? The access line must be toll-free, functional 24/7, accessible in prevalent non-English languages, and ADA-compliant (TTY).

EDC-BH has a 24/7 toll-free phone number that will be the primary point of contact for seekers of DMC-ODS services. The toll-free number, (800) 929-1955, provides screening and referral functions 24 hours per day, 7 days per week for all persons needing emergency mental health services. The calls are answered by BH Access staff and are routed through an answering service to a designated on-call worker after business hours. Staff will be cross trained in how to connect beneficiaries to substance use services, ensuring ease of access for DMC beneficiaries needing DMC-ODS services.

The 24/7 Line number is listed on all informing materials as well as posted in each clinic. The worker of the day is trained to respond to all calls, assess the need, and determine the appropriate service. When non-English speaking calls come in, the workers are trained to immediately call the language line and access a person who speaks the needed language. The workers are also trained on the TTY line, when a beneficiary is hearing impaired and communicates via TTY service. Information on how to access the 24/7 line is posted in the clinic and throughout the county. In addition, the 24/7 Line phone number is on all beneficiary informing materials, in the phone book, and on our website. Each call will be recorded in a log and will have the following information documented by the start of implementation:

- Date of call
- Time of call (start and end)
- Caller's name, date of birth, gender, and primary language
- Type of call

- Reason for call
- Disposition
- Incomplete and abandoned calls
- Referrals made to outside agencies
- Name of worker

The 24/7 Line data will be analyzed by type of call, timeliness of response, outcome/disposition, abandonment rate, and number of complaint and grievance calls. Analysis of the data will include but not be limited to:

- Number of calls, including date, time, and length of call
- Number of calls requesting/requiring oral interpreter services for enrollees or potential enrollees
- Number of calls that are determined to be emergency, urgent, and routine mental health and substance use disorder services
- Average time to answer a call and percentage of calls answered or serviced within 20 seconds (random sample test call)
- Call abandonment and incomplete calls
- First available (first available appointment offered to the beneficiary) and first scheduled (appointment time that the beneficiary selects) appointment times for face-to-face assessments
- Number of beneficiaries screened and referred to DMC-ODS service
- Number of beneficiaries screened and scheduled for a face-to-face assessment

Treatment Services

Describe the required types of DMC-ODS services (withdrawal management, residential, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, case management, physician consultation) and optional (additional medication assisted treatment, recovery residences) to be provided. What barriers, if any, does the county have with the required service levels? Describe how the county plans to coordinate with surrounding opt-out counties in order to limit disruption of services for beneficiaries who reside in an opt-out county. Review Note: Include in each description the corresponding American Society of Addiction Medicine (ASAM) level, including opioid treatment programs. Names and descriptions of beneficiary SUD Network Providers are not required in this section; however, a list of all contracted SUD Network Providers will be required within 30 days of the waiver implementation date.

To ensure adequate access to services for beneficiaries, EDC-BH is responsible for maintaining, monitoring, and coordinating a comprehensive network of SUD Network Providers under Board of Supervisor approved contracts. While EDC-BH currently contracts with several substance use treatment SUD Network Providers, an expansion of this SUD Network Provider network is necessary to meet the required elements for participation in the DMC-ODS. EDC-BH will also work with the existent SUD Contract Providers to facilitate Drug Medi-Cal certification. It is expected that all SUD Network Providers coordinate care with physical health, mental health, and other ancillary services identified during the assessment or treatment episode. All SUD Network Providers are expected to meet timely access standards.

EDC-BH will continue to contract with community SUD Network Providers for the majority of substance use treatment services. Accordingly, EDC-BH will release Requests for Proposals (RFP's) to identify qualified DMC-ODS SUD Network Providers for all services to be contracted under the DMC-ODS waiver prior to implementation of services.

Under the DMC-ODS waiver all contracted SUD Network Providers will be DMC certified and have ASAM LOC designations. EDC-BH will routinely monitor all service SUD Network Providers to ensure the provision of high quality and clinically appropriate services, and ensure that all treatment and documentation are in compliance with Federal, State, and local regulations and policies. EDC-BH Quality Assurance staff will review and monitor certifications/licenses required for SUD Network Providers to ensure SUD Network Providers remain in good standing with their certification/licensure and are providing the appropriate LOC. All network SUD Network Providers are expected to meet all applicable Federal, State, and local regulations. EDC-BH relies on contracted network SUD Network Providers for substance use treatment services, and is familiar with monitoring these programs. EDC-BH is currently seeking to become DMC certified to provide County-operated outpatient services for a subset of beneficiaries involving close monitoring and coordination of care within various County Departments and programs.

Below is a list of services that EDC-BH will ensure are in place as part of the DMC-ODS.

	Services Type	ASAM Level	Required or Optional
A	Early Intervention / Screening, Brief Intervention, and Referral to Treatment (SBIRT)	.05	Offered in some primary care, will expand by IY1
B	Outpatient Services /Outpatient Treatment Services	1	Required – IY1
C	Intensive Outpatient Treatment Services (IOT)	2.1	Required – IY1
E	Withdrawal Management Services (WM)	3.2-WM	1 Level Required – IY1
F	Residential Treatment Services (RTS)	3.1, 3.3, 3.5	1 Level Required in IY1, all 3 Levels by IY3
G	Opioid/Narcotic Treatment Program (NTP)	1	Required – IY2
H	Additional Medication Assisted Treatment	1	Optional – IY1
I	Recovery Services	N/A	Required – IY1
J	Case Management	N/A	Required – IY1
K	Physician Consultation	N/A	Required – IY1
L	Recovery Residence/Transitional Living	N/A	Optional – IY3

Service descriptions for required/optional services to be provided:

Early Intervention (ASAM level 0.5):

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are provided by non-DMC SUD Network Providers to beneficiaries at risk of developing a substance use disorder. The Memorandum of Understanding held between El Dorado County and both Anthem and California Health and Wellness, will govern referrals to treatment from SBIRT services. Some non-DMC prevention activities such as Friday Night Live are also provided by the County and partner agencies including Schools and Probation.

Withdrawal Management (ASAM Levels 1-WM and 3.2- WM):

The components of Withdrawal Management services are intake, observation, medication services and discharge services. For beneficiaries in Withdrawal Management, case management will be provided to coordinate care with ancillary service SUD Network Providers and facilitate transitions between levels of care.

EDC-BH has entered into discussion with Aegis, a methadone SUD Network Provider who provides level 1-WM ambulatory withdrawal management without extended on-site monitoring for opiate dependency. The County has existent contracts with Community Recovery Resources (CoRR) which provides ASAM level 3.2-WM, withdrawal management that requires 24-hour support in Auburn and Grass Valley. In the Grass Valley location, CoRR is working to become designated up to a 4-WM through a partnership with a Federally Qualified Health Center. CoRR hopes to achieve this designation by the end of implementation year 1. Progress House also provides 3.2-WM for men in Placerville which is a contracted County SUD Network Provider. Progress House is preparing to become Drug Medi-Cal certified.

Residential Treatment (ASAM level 3.1-3.5):

Residential Treatment is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services. Residential services are provided to non-perinatal and perinatal beneficiaries in DHCS licensed residential facilities. All residential SUD Network Providers have obtained their ASAM designations by DHCS and are certifying all non-perinatal sites for Drug Medi-Cal.

The County currently contracts with three residential SUD Network Providers with multiple sites located within and outside of the County. Progress House is an in-County SUD Network Provider who has gender specific residences offering residential ASAM levels 3.1 and 3.5. New Leaf is an out-of-county SUD Network Provider who offers Peri-Natal Residential Treatment (ASAM level 3.1). CoRR is ASAM designated as 3.1 and 3.5. They offer residential services to men and women outside the County. At the Grass Valley location, CoRR is planning to become designated from ASAM 3.1-4 through a partnership with an FQHC and campus like setting (DHCS approved designations pending). CoRR has perinatal and gender specific residential programming.

El Dorado County does not currently have any Residential Treatment facilities for adolescents or Residential Level 3.7 (Medically Monitored Intensive Inpatient Services) and Level 4.0 (Medically Managed Intensive Inpatient Services) facilities. However, an RFP will be completed prior to implementation and SUD Network Providers offering these services will be sought. In the event no SUD Network Providers are available to offer residential Levels 3.7 and 4.0, EDC-BH will coordinate care with our Health Plans, who are responsible for providing authorization for and managing the inpatient benefit. In all instances, EDC-BH will ensure 42 CFR compliant releases are in place in order to coordinate care with inpatient and out-of-county facilities accepting Drug/Medi-Cal beneficiaries that are El Dorado County residents.

Intensive Outpatient (IOT) (ASAM level 2.1):

IOT is more than 9 hours of service per week for adults and adolescents. Intensive Outpatient services consist primarily of counseling and education about addiction-related problems, with specific components including intake, beneficiary counseling, group counseling, family therapy,

patient education, medication services, collateral services, crisis intervention services, treatment planning and discharge services. An RFP will be issued to secure these services in El Dorado County, and several current outpatient SUD Network Providers have indicated an interest in providing this level of service.

Outpatient (ASAM Level 1):

Outpatient is less than 9 hours of service per week for adults and less than 6 hours of service per week for Adolescents. The components of Outpatient Services include intake, beneficiary counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, treatment planning and discharge services. El Dorado County currently contracts with Progress House, New Leaf, Tahoe Turning Point, and Sierra Mental Wellness Group who provide this level of service at various locations throughout the County in English and Spanish. The County is also seeking to become Drug Medi-Cal Certified to be able to add capacity in this area- as needed.

Opioid/ Narcotic Treatment (ASAM OTP Level 1):

NTP services are provided in NTP licensed facilities. The components of OTPs include intake, beneficiary and group counseling, patient education, medication services, collateral services, crisis intervention services, treatment planning, medical psychotherapy and discharge services. A beneficiary must receive at minimum 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity. Beneficiaries may be simultaneously participating in OTP services and other ASAM Levels of Care. Beneficiaries utilizing both NTP and other DMC levels of care will be case managed by a County staff person.

El Dorado County does not currently have a SUD Network Provider for this service. However, EDC-BH has entered into discussions with Aegis, a Drug Medi-Cal Certified licensed NTP SUD Network Provider (Aegis) that offers methadone and will soon offer disulfiram, buprenorphine and naloxone. Aegis is currently located in a neighboring county, and has recently been awarded a Hub and Spoke Grant that will provide services to both the Tahoe and Placerville locations in El Dorado County

Recovery Services (ASAM Dimension 6 – Recovery Environment):

Recovery Services are accessed when medically necessary after completing their course of treatment whether they are triggered, have relapsed or as a preventative measure to prevent relapse. Recovery services may be provided face to face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community. Components of recovery services include: outpatient beneficiary or group counseling; recovery monitoring/coaching; peer-to-peer assistance; linkages to services to enhance education and job skills; and linkages to support groups and ancillary services.

At implementation, recovery services will be available through eligible contracted and County-operated Drug Medi-Cal certified programs, according to guidance by DHCS and when pre-authorization is obtained for the service.

Case Management:

Case management services will be provided by both County and contracted treatment SUD Network Provider staff (with pre-authorization from County), and will include: Coordination

with treatment and ancillary service SUD Network Providers and beneficiary advocacy, coordination with SUD treatment, physical health, mental health, support persons, and other service SUD Network Providers toward a unified treatment plan/approach, coordination with referring agencies (e.g. probation, child welfare services, CalWORKs) and communication of progress, supporting beneficiary to gain access to needed benefits, support for beneficiary at times of high risk for relapse (e.g. release from jail, unplanned exits from treatment, transition in levels of care).

EDC-BH currently employs a team of case managers in the mental health system who perform these duties on behalf of beneficiaries and have many years of experience in developing case management models and relationships with inter-agency partners and SUD Network Providers of ancillary services. The County is seeking to expand our ability to provide similar services to high utilizing DMC-ODS beneficiaries previously unable to benefit from this experience. EDC-BH also plans to authorize some additional case management provided by outpatient SUD Network Providers.

Physician Consultation:

Physician Consultation services are designed to assist DMC physicians with seeking expert advice on designing treatment plans and supporting SUD Network Providers with complex cases which may address medication selection, dosing, side effect management, adherence, drug to drug interactions, or level of care considerations. Consultation services can only be billed by and reimbursed to SUD Network Providers. El Dorado County will be doing an RFP to secure these services.

Additional Service-Medication Assisted Treatment:

Buprenorphine is provided to DMC-ODS beneficiaries through existing non-DMC Medi-Cal resources (FQHCs and Private Practice that accept Medi-Cal). The El Dorado Community Health Center (FQHC) located in Western El Dorado County, currently provides non-DMC funded MAT services to their enrollees. EDC-BH also expects to expand methadone and buprenorphine to South Lake Tahoe and have another SUD Network Provider in Placerville, through a new partnership with Aegis and the award of a new Hub and Spoke grant.

Recovery Residences:

Recovery Residences are safe, clean, sober, residential environments that promote beneficiary recovery through positive peer group interactions among house members and staff. Recovery residences are affordable, alcohol and drug free, and allow the house members or residents to continue to develop their beneficiary recovery plans and to become self-supporting. EDC-BH operates several transitional homes serving the seriously mentally ill population. The County is seeking to expand to have DMC-ODS beds available in local transitional homes. Recovery residences combined with outpatient treatment has proven an effective form of support for many who were eligible. EDC-BH hopes to expand this service to Medi-Cal beneficiaries as DHCS has offered guidance on the use SAPT Block Grant from SAMHSA for Recovery Residences. To be eligible, recovery residences must be selected through a Request for Proposal process and must adhere to the EDC-BH guidelines and contract requirements for Sober Living Environments.

Barriers:

The most significant challenge is to build the full continuum of substance use treatment services within the County. EDC-BH intends to RFP most of the direct services and will be seeking to

both facilitate the DMC certifications of existent SUD providers and recruit new SUD providers to the County. In the interim period, the County intends to contract with service providers in neighboring counties and provide case management and transportation assistance to facilitate El Dorado County residents access to the treatment they need.

Youth treatment options are a significant barrier. The County will look for contracting options both inside and outside of the County for residential levels of treatment for youth and additional guidance around understanding billing, allowable services, documentation requirements, etc. related to EPSDT services is required.

Another challenge is recruitment and retention of qualified bilingual (English and Spanish) staff. Providing a full range of services near our more rural locations of the County (e.g. Tahoe Basin) is a challenge. Finally, housing for chronically homeless who desire treatment but do not have sustainable long term housing during or at the close of treatment is a challenge.

Coordination with Opt-Out Counties:

El Dorado County is committed to coordinating care, establishing contracts, or engaging in other strategies to ensure there is no disruption in services for out of county beneficiaries requiring access to State Plan Drug Medi-cal benefits in our County.

EDC-BH is committed to strong relationships with surrounding counties' substance use service divisions through state level associations and the northern region. The counties periodically meet to discuss service models and best practices which has helped to develop a foundation of coordination to ensure access for beneficiaries and identify cross-county services to help prevent disruption of services. EDC-BH will coordinate with neighboring counties, whether opt-in or opt out, to ensure beneficiaries can access services easily and quickly. The counties will also work together as a region to develop and deliver a comprehensive network of services to meet the needs of beneficiaries (e.g. youth residential treatment).

Continuity of Care:

It is our value to provide timely, accessible, individualized care to each beneficiary, based upon need, medical necessity, and availability of services. Services will be provided in El Dorado County, whenever possible, or in adjacent counties, to encourage families to be actively involved in services and recovery activities. Case management services will be available to help support beneficiaries throughout treatment and Relapse Prevention services. Beneficiaries will be linked to recovery services and activities and support them to develop a recovery-based plan.

Coordination with Mental Health

How will the county coordinate mental health services for beneficiaries with co-occurring disorders? Are there minimum initial coordination requirements or goals that you plan to specify for your SUD Network 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 has been a long term expectation and process for EDC-BH. The no wrong door philosophy is incorporated into system design and training decisions. EDC-BH is an integrated Behavioral Health County and has continued to further that integration through Executive staff oversight, co-location of mental health and substance use staff, and on-

going support for Multi-Disciplinary Team discussions and decisions on co-occurring individuals. EDC-BH is training Intake staff to provide access to both mental health and substance use services. As a result, beneficiaries whose mental health symptoms/diagnoses meet the criteria for “specialty mental health” receive co-occurring competent care and entry into the DMC-ODS services, as appropriate. The existent Mental Health Access staff are being trained in ASAM screening, and SUD staff are trained to make referrals into mental health when appropriate.

For beneficiaries with mild to moderate mental health symptoms, their mental health care is provided from one of 3 Medi-Cal managed care plans: California Health and Wellness, Anthem, and Kaiser (small number of Medi-cal beneficiaries). EDC-BH has developed a streamlined referral process and relationships for coordinating care with all of these plans- to varying degrees, and is continuing to develop these working relationships and formalized MOUs. MOUs including DMC beneficiaries will be established with California Health and Wellness and Anthem prior to implementation. There are also relationships with primary care clinics/FQHCs to coordinate behavioral health needs.

EDC-BH has a long history of working with co-occurring beneficiaries through a strong and proactive mental health system. There are established weekly group treatments for co-occurring needs, including: Women’s Co-Occurring Recovery Group, Dual Recover Anonymous-Peer Support Group, Men’s Co-Occurring Recovery Group, Living in Balance, and Refuge Recovery. EDC-BH is developing drop-in group opportunities to support the SUD recovery of individuals as part of community wellness.

In order to coordinate mental health services for beneficiaries with co-occurring disorders, EDC-BH currently is utilizing, or plans to utilize within Implementation Year 1, the following strategies:

- Integrated BH Access Line: In 2017, substance use access functions will be integrated with the existing 24/7 Mental Health Access Line. The 24/7 line will be available to all behavioral health beneficiaries as a crisis line. Integration of information, screening, assessment and referral services provides the opportunity to identify co-occurring disorders at a service system entry point and ensure that appropriate releases are signed to begin the care coordination plan for EDC-BH, designated to be responsible for managing the mild to moderate mental health benefit.
- MOU with Medi-Cal Managed Care: Implement the screening, referral and care coordination activities outlined in the MOU between EDC-BH and Anthem Blue Cross, CA Health and Wellness and Kaiser.
- Case Management: For all beneficiaries in the DMC-ODS, case management services will be available to ensure and facilitate, as needed, coordination with mental health services. Case management services will be managed by EDC-BH and will be provided by a combination of EDC-BH staff, and SUD Network Providers.

SUD Contractor requirements

Minimum Initial Coordination Requirements, Goals and Monitoring for co-occurring disorders

DMC-ODS contracts will include initial minimum care coordination requirements, goals, and monitoring including, but not limited to:

- Identified screening and assessment procedures/tools to accurately determine when a beneficiary is presenting with co-occurring SUD and MH condition(s)
- Written procedures for linking/coordinating beneficiaries with needed MH services. For example, linkage with EDC-BH for severe MH conditions, or linkage to a Managed Care Plan provider for mild to moderate MH conditions. SUD providers' policies will identify which staff position(s) will be responsible for ensuring this linkage/coordination occurs.

Providers are required to have written procedures for providing or linking beneficiaries with mental health services, both for specialty mental health and mild to moderate clients. For all clients who screen for mental health disorders, the County will require DMC-ODS providers to include integrated or coordinated mental health treatment in the client's treatment plan. As part of EDC-BH Quality Assurance (QA) monitoring and utilization review (UR) of SUD clinical records, the County monitor will determine if the treatment plan and progress notes support the appropriate treatment for a co-occurring client. In addition, case management will be utilized to facilitate coordination along with Multi-Discipline Team Meetings, peer supports, and the utilization of natural supports.

Coordination with Physical Health

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

In order to coordinate physical health services within the Waiver, EDC-BH and contracted SUD Network Providers will implement the screening, referral and care coordination activities outlined in the MOU between EDC-BH and Anthem, CA Health and Wellness and Kaiser. In addition, case management services will be provided to beneficiaries, as needed.

In the EDC-BH adult and children systems of care, the beneficiary intake and admission process includes a general health evaluation that is integrated into the general assessment. EDC-BH staff facilitate integrated care coordination by linking beneficiaries to appropriate physical health care services; the care coordination process varies depending on beneficiary needs but generally includes linkage with local FQHCs to identify a medical provider, support in accessing a health care clinic, and provided transportation to appointments, as needed. There are strong partnerships between EDC-BH and El Dorado Community Health Center, a local FQHC with multiple locations on the western side of the county, and with Barton Community Health Center, serving the Tahoe region.

DMC-ODS Contracts will include initial minimum care coordination requirements, goals, and monitoring including but not limited to:

- Written screening and assessment procedures/tools to identify physical health care needs (within scope of practice), and to determine primary care provider linkage needs
- Written procedures for linking/coordinating beneficiaries' physical health services, including, but not limited to, ensuring the beneficiary has a primary care provider
- Written procedures for care coordination with physical health providers, whether

internally at a DMC-ODS provider site or externally, including identifying the position(s) responsible for ensuring this care coordination occurs

The EDC-BH QA team will provide monitoring of care coordination, including determining whether a physical health screening was conducted, if further physical health care coordination was included in the treatment plan, and whether progress was made on implementing the physical health care treatment plan. In instances where corrective action is required, QA staff will work with the beneficiary's treatment team to adjust the beneficiary's treatment plan without interrupting the beneficiary's treatment. Monitoring of this care coordination will happen at annual QA Site Reviews and through internal (provider) and external (PCSOC) Utilization and Chart Review processes.

Coordination Assistance

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

- *Comprehensive substance use, physical, and mental health screening;*
- *Beneficiary engagement and participation in an integrated care program as needed;*
- *Shared development of care plans by the beneficiary, caregivers and all SUD Network Providers;*
- *Collaborative treatment planning with managed care;*
- *Care coordination and effective communication among SUD Network Providers;*
- *Navigation support for patients and caregivers; and*
- *Facilitation and tracking of referrals between systems.*

A key challenge currently identifiable in this area is the implementation of SBIRT with primary care providers. One strategy to be used is to ask El Dorado County health plans if they would financially reward SBIRT interventions, during the MOU discussions. As part of the DMC-ODS implementation, El Dorado County Health & Human Services will continue to work with local primary care providers to provide education on the available resources and referral process. With additional attention on these efforts as a result of this waiver, this may correct without further technical assistance needed at this time.

Another challenge currently anticipated is ensuring that all SUD, physical health, MH providers and beneficiaries understand the requirements related to 42 CFR, Part 2 (including recent updates), and that related procedures and forms are updated to effectively enable the communication necessary for effective care coordination, shared plan development, and collaborative treatment planning. Currently, not all contracted providers utilize an electronic health record, and those that do, use a system different than EDC-BH. Infrastructure for seamless navigation with beneficiary information is lacking; technical assistance will be especially helpful during IY1 and IY2 of El Dorado County's DMC-ODS implementation process.

Additionally, while Mental Health and Substance Use Services have common, but separate sections of, an Electronic Health Record (EHR), physical healthcare information is either limited or unavailable to Substance Use Providers and County staff. El Dorado County does

not currently share data through an exchange. El Dorado County uses Netsmart AVATAR system for health records on mental health and substance use services to clients. Although AVATAR is the initial focus as the most mature health record system in use with the county, there are a number of other systems which we hope to enable for increased data exchange in the future. El Dorado County is communicating with neighboring counties who are engaged in the Whole Person Care pilot (a Federal Grant targeting high utilizing behavioral health and health care services), which requires data sharing capabilities and partnership with physical health. El Dorado County will leverage the lessons learned and ultimate plans developed by the neighboring counties to improve the local information exchange

EDC-BH expects more data sharing between physical health and behavioral health as well as between County and Provider Staff (through shared AVATAR entries: minimally, assessments, treatment plans) by IY3. Permissions requirements for the release of information will be a top concern. In the meantime, EDC-BH and its providers anticipate that the implementation of case management and recovery services will significantly improve communication between care providers, beneficiary engagement, participation, and navigation through the continuum of services.

Availability of Services

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

- *The anticipated number of Medi-Cal beneficiaries.*
- *The expected utilization of services.*
- *The numbers and types of SUD Network Providers required to furnish the contracted Medi-Cal services*
- *Hours of operation of SUD Network Providers.*
- *Language capability for the county threshold languages*
- *Timeliness of first face-to-face visit, timeliness of services for urgent conditions and access afterhours care, and the frequency of follow-up appointments in accordance with individualized treatment plans.*
- *The geographic location of SUD Network Providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities and transportation options.*
- *How will the county address service gaps, including access to MAT services?*
- *As an appendix document, please include a list of network SUD Network Providers indicating if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat (i.e. adolescent, adult, perinatal).*

Anticipated Number of Medi-Cal Beneficiaries

El Dorado County had approximately 38,548 Medi-Cal beneficiaries according to the data provided by the DHCS report California Mental Health and Substance Use Needs Assessment in FY 2015-16. It is estimated that this number will grow by 2% per year over the next 5 years. According to the 2008-2010 National Survey of Drug Use and Health, 2013 American Community Survey, up to 14.2% of the Medicaid population meets the diagnostic criteria for a substance use disorder, which was used in calculated projected growth. At FY 2015-16 numbers

this equates to 5,474 individuals and in FY 2018-19, it is estimated to be 5,809 individuals. With a penetration rate of 11.8%, this would be approximately 685 beneficiaries accessing services.

The expected utilization of services by service type

Information from various sources (see citations below) was used to develop the following table forecasting the expected utilization of services.

Modality	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
General Outpatient (ASAM Level 1) (1)	245	250	255	260
Intensive Outpatient (ASAM Level 2.1) (1)	16	17	17	17
Partial Hospitalization (ASAM Level 2.5)(7)	13	14	14	14
NTP Maintenance (ASAM OTP-1) (2)	50	53	56	58
Residential (ASAM 3.1 and 3.5)(6)	67	69	70	71
Withdrawal Management (ASAM 3.2-WM)(8)	336	343	350	357
Withdrawal Management (ASAM 1-WM)(9)	134	137	140	143
Additional MAT (ASAM OTP-1) (2)	50	53	56	58
Recovery Services (4)	168	171	175	178
Case Management (3)	470	480	489	499
Physician Consultation (5)	34	34	35	36

- 1) AVATAR report of Drug Medi-Cal Clients and Services from 12/1/2016 to 11/30/16, increased by 2% per year
- 2) Opioid-related ER visits and hospitalizations in EDC in 2013 from Sacramento Bee article (based on DHCS data), increased by 5% a year
- 3) 70% of estimated number of clients accessing SUD services, same as Marin County implementation plan
- 4) 25% of estimated number of clients accessing SUD services, same as Marin County implementation plan
- 5) 5% of estimated number of clients accessing SUD services, same as Marin County implementation plan
- 6) 10% of estimated number of clients accessing SUD services
- 7) 2% of estimated number of clients accessing SUD services
- 8) 50% of estimated number of clients accessing SUD services
- 9) 20% of estimated number of clients accessing SUD services

Current Provider Capacity versus Projected Utilization

Comparing the projected utilization for all levels of services, El Dorado County’s current continuum of providers will need to expand to satisfy the needs for DMC beneficiaries. EDC-BH will be issuing RFPs for all DMC-ODS services and working with existent non-DMC SUD providers to facilitate DMC certification.

Hours of operation of providers

In addition to 24-hour, 7-day/week residential services, providers of other DMC services will be required to offer services at hours that meet the needs of beneficiaries, including varying evening and weekend options across the continuum of providers in the County. SUD outpatient and intensive outpatient services will be provided at least five days a week, including at least two days that operate during the evening hours.

Projected Language Needs

The threshold languages in El Dorado County are currently English and Spanish. EDC-BH will work with contracted providers to ensure that all written information is available in both threshold languages, including how to access available language lines in El Dorado County for translation purposes when necessary. During the RFP process for service providers under the DMC-ODS plan, El Dorado County will highlight the need for English and Spanish speaking staff to be employed by the provider or for the provider to demonstrate how services will be effectively provided to a Spanish speaking client.

Timeliness of Services

EDC-BH and its providers are dedicated to providing timely access to services for all beneficiaries. With this in mind, the County is proposing the below timelines and will work with all contracted providers to meet these standards.

- Non-Urgent Contact (beneficiaries screened to need services in ASAM Levels of Care 2.1 and below, NTP services or MAT services) will be offered a face to face assessment appointment with a provider *within 10 business days*
- Urgent Conditions (beneficiaries needing immediate attention but that do not require hospitalization, screened for ASAM Levels of Care, 3.1, 3.5, or 3.2-WM) will be offered a face to face assessment appointment *within 48 hours*
- Emergency (all beneficiaries experiencing a medical or psychiatric emergency) will be immediately referred for services at the most appropriate local hospital.
- Frequency of follow-up appointments will occur in accordance with individualized treatment plans

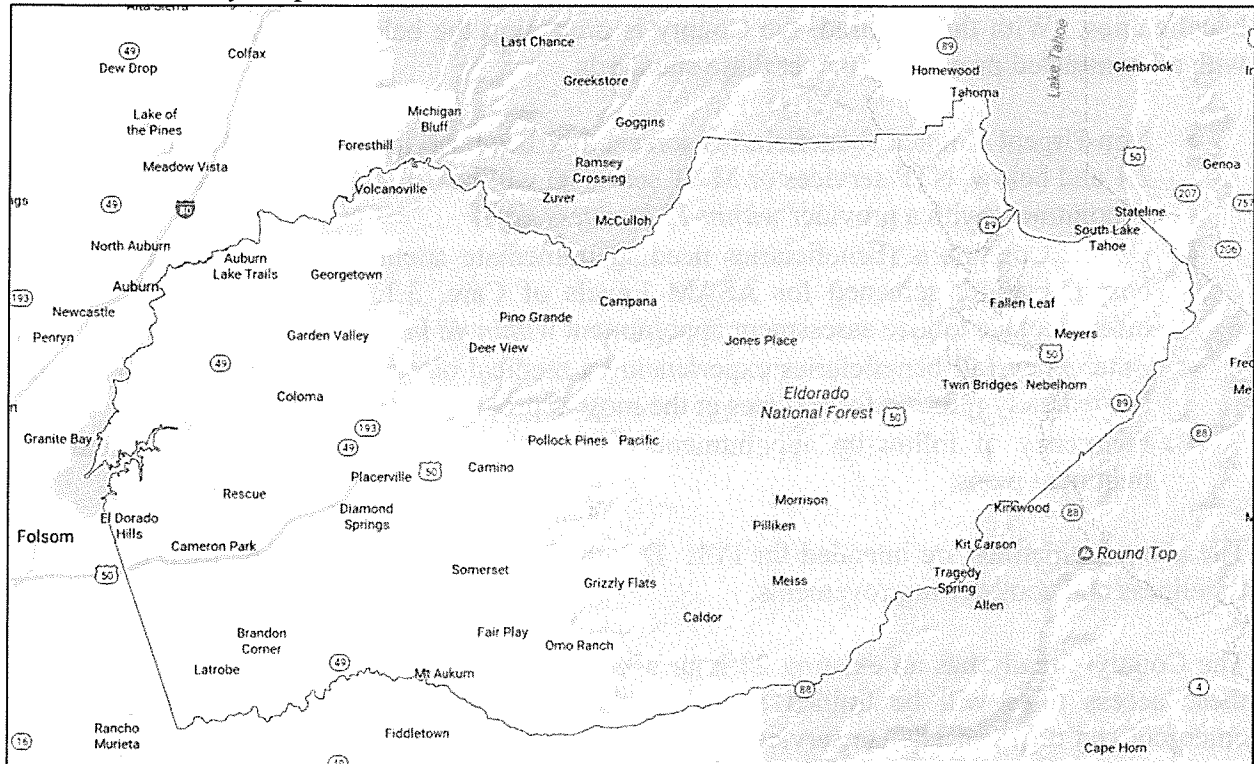
The above guidelines are intended for IY1. Data gathered during IY1 will be used to analyze timeliness and consider improvements.

The County already has an existing 24-hour access line for mental health, and staff operating these access lines will be trained regarding the SUD continuum and screening tool (for emergent and urgent needs) so services can be screened for 24 hours per day, 7 days per week, including holidays. Non emergent/urgent needs can access an in-person screening through walk-ins to a provider or a scheduled appointment with EDC-BH by calling the access line.

Projected Geographic Distribution of Beneficiaries and Services

Based on an analysis of current El Dorado County Medi-Cal beneficiaries, the majority live in the western slope portion of the county, which includes two key population centers, Placerville and Cameron Park. South Lake Tahoe is the major city on the eastern slope of the Sierra Nevada Mountain range, and has the smallest percentage of Medi-Cal beneficiaries of the County's key population centers. These two geographic regions are distinct, and services are limited in the Tahoe area. It is difficult to find SUD Network Providers in the Tahoe area, but EDC-BH is communicating with various organizational providers who may be willing to open a small office in the area, to meet the needs of the community.

El Dorado County Map



EDC-BH intends to secure providers in each of these three population centers, which are accessible on the Interstate 50 corridor which runs from east to west through the center of the County. There are limited public transportation options available within the county and travel by car is frequently necessary to access services. Case managers will facilitate transportation and address travel needs on an individual basis when needed, with special attention given to ensure that beneficiaries with disabilities have adequate transportation.

Addressing Service Gaps

A primary service gap currently identified is Narcotic Treatment Program Services. There are no existent providers within El Dorado County. However, there are providers located in neighboring counties and in the neighboring State of Nevada, and El Dorado County residents are accessing treatment currently in these areas. EDC-BH is reaching out to potential providers with the intent of issuing an RFP and bringing these services into the county.

There are limited SUD services available for the other ASAM modalities of care currently on both western and eastern parts of the county. However in order to meet the needs of the expanded population to be served, the County will be both facilitating current SUD providers' DMC certification, and issuing RFPs to ensure accessible DMC services throughout the county. Until there is sufficient capacity in-county, EDC-BH will contract with out-of-county providers and facilitate transportation and access to these facilities on behalf of the County's beneficiaries.

Recovery services and sober living residences are needed within El Dorado County. There is currently only one SUD Network Provider that offers one transitional home in the county. It is anticipated that these services will be expanded and offered through contracting with community SUD Network Providers after an RFP process.

List of Current SUD Network Providers

Name	Patient Capacity	MAT offered? Y/N	Population Served
Progress House	16 clients	N	Perinatal
Progress House	12 clients	N	IOT – Adult
Progress House	80 clients	N	ODF – Adult
Tahoe Turning Point	12 clients	N	IOT – Adult
Tahoe Turning Point	48 clients	N	ODF – Adult
Tahoe Youth and Family		N	ODF – Adolescent
New Morning Youth & Family	30 clients	N	ODF - Adolescent

Access to Services

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

- *Meet and require SUD Network Providers to meet standards for timely access to care and services, taking into account the urgency of need for services.*
- *Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.*
- *Establish mechanisms to ensure that network SUD Network Providers comply with the timely access requirements.*
- *Monitor network SUD Network Providers regularly to determine compliance with timely access requirements.*
- *Take corrective action if there is a failure to comply with timely access requirements*

EDC-BH QA will monitor internal and contracted providers meet the following standards regarding timely access to care and services*:

- **First Face-to-Face Visit:** In general, first appointments will be scheduled as soon as possible, with a 10-day standard for intake appointment after initial request for outpatient services.
- **Urgent Conditions:** El Dorado County is committed to ensure that services for urgent situations are provided within 48 hours.
- **Emergencies:** Upon identification of emergency conditions, county staff (e.g. 24/7 access lines, screening clinic, etc.) or providers will contact the appropriate emergency medical services for intervention and when appropriate initiate intake at a withdrawal management or other urgent care facility.
- **Afterhours (24 hours/day, 7 days/week) Care:** Should beneficiaries require intervention outside of normal business hours, they will have access to a 24/7 toll-free phone number with the availability of on-call staff. El Dorado County will require contract providers to establish procedures for addressing afterhours care needs as appropriate for type of service.

As described, El Dorado County utilizes a 24/7 access line where emergent and urgent needs will be identified and immediately referred to appropriate care (e.g. medical services, afterhours on call staff for presumptive authorization to a SUD Network Provider, or to EDC-BH). Those not requiring immediate care will be scheduled for an intake appointment within ten business days. Authorization for appropriate ASAM level of care to a contracted provider is typically given at time of screening (same day) but no longer than next business day.

All contracts with provider agencies will delineate that agency hours of operation for Medi-Cal beneficiaries are no less than those for non-Medi-Cal service recipients. Contractors will be required to provide timely access data and participate in bi-monthly Provider meetings where quality assurance/improvement discussions are held.

Timely access requirements will be monitored through review of data compiled by QA staff related to timeliness, and are also monitored via site reviews conducted at least annually. Staff will review documentation and data demonstrating that the beneficiary meets medical necessity criteria, is in the appropriate ASAM level of care, that the interventions are appropriate for the diagnosis(es) and level of care, and that access to care met the above outlined timeliness standards by both County and contracted staff.

QA will develop Correction Action Plans as necessary, and will provide technical assistance. EDC-BH would also utilize DHCS involvement, when indicated, to assure access compliance.

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

Training Provided

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

EDC-BH recognizes the need for comprehensive training which includes policies and procedures and extensive ongoing practices that will integrate substance use and treatment knowledge into daily activities of EDC-BH and partner agency staff. El Dorado County Health and Human Services will offer, at a minimum the following training to DMC-ODS service providers.

- ASAM E-Trainings: Required for staff performing assessments and ASAM level of care recommendations highly recommended for other direct service staff (ongoing).
- ASAM In-Person Training: Required for staff performing assessments and ASAM level of care recommendations highly recommended for other direct service staff (Annually).
- Title 22 Documentation Training: Required representation from each DMC-ODS service provider (Annually)
- Cultural Competency: specific topics vary, must meet CLAS standards: Required by all SUS treatment staff (at least annually)
- Law and Ethics (Annually)
- Training in Evidence Based Practice chosen by provider (at least 2 from STCs) (Frequency is determined by EBP).

The EDC-BH SUD Program Manager will be responsible for organizing and developing the training schedule for the DMC Provider network and internal SUD staff, which will include training in the curriculum areas mentioned above. A train-the-trainer model will be utilized to develop capacity throughout the network whenever possible.

Technical Assistance

What technical assistance will the county need from DHCS?

El Dorado County EDC-BH would like to request technical assistance from DHCS on the following:

- ASAM trainings: Continued access to in-person ASAM trainings for clinical staff
- Development of a continuum that includes robust services that are difficult to access across the state: e.g. ASAM level 3.3, Youth Services, and Medically managed/monitored SUD levels of care (ASAM 3.7 and 4.0). Offer guidance, list of facilities currently certified to provide these levels of care, billing support, etc.
- Fiscal implications under the DMC-ODS such as, but not limited to: cost reporting, billing new services, rate development, fiscal planning, implications if Federal Governments changes fiscal support dramatically, etc.
- Assistance with providing any validated tools for assessing fidelity to the evidence based practices identified in the STCs.
- Key components in MOU with Anthem and California Health and Wellness to provide SBIRT training.
- Coordination with Anthem and CA Health and Wellness to provide training and encourage FQHC and local primary care SUD Network Providers to utilize SBIRT.
- 42 CFR Release of Information forms and regulations
- Certification Process: Assistance in streamlining existing process of DMC applications/certification for DMC-ODS services.

Quality Assurance

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

- *Timeliness of first initial contact to face-to-face appointment*
- *Frequency of follow-up appointments in accordance with beneficiary treatment plans*
- *Timeliness of services of the first dose of NTP services*
- *Access to after-hours-care*
- *Responsiveness of the beneficiary access line*
- *Strategies to reduce avoidable hospitalizations*
- *Coordination of physical and mental health services with waiver services at the SUD Network Provider level*
- *Assessment of the beneficiaries experiences, including complaints, grievances and appeals*
- *Telephone access line and services in the prevalent non-English language.*
- *Review Note: Plans must also include how beneficiary complaints data shall be collected, categorized, and assessed for monitoring Grievances and Appeals. At a minimum, plans shall specify:*
 - *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.*

El Dorado County's Quality Assurance (QA) program is being transformed from a Mental Health model to an integrated service delivery model. The QA program will oversee both the quality assurance and quality improvement activities within the various systems of care programs including, but not limited to: Mental Health, Substance Use Service, In-Home Support Services, Child Welfare Services, and Adult Protective Services. One goal of the QA program is to support the integration of the El Dorado County Systems of Care, and family and community-centered practice, including a strengths-based approach to working with clients and families to provide full-scope services in order to attain comprehensive desired outcomes. A second goal is to oversee activities required for compliance with regulatory authorities. A third goal is to review administrative and other organizational processes to promote their effectiveness and efficiency ensuring timely access to the appropriate level of care/services.

El Dorado County is currently in the planning phase of integrated utilization management and review function for the system of care as a whole, by building on existing processes that served the County's Mental Health Plan. The main objective related to SUD services will continue to be monitoring the compliance, performance, and quality of all publicly funded SUD treatment services and establish processes for ongoing quality improvement in the SUD system of care. The QA program will be responsible for the developing SUD-QA specific processes required by the DMC-ODS Waiver. QA's focus will be to establish a quality management infrastructure for an outcome driven and quality focused SUD service continuum. QA will determine quality standards and ensure continuous improvement in the delivery of services.

The list below provides an overview of the quality assurance, data and evaluation, and monitoring activities that QA staff will perform to meet DMC-ODS quality assurance requirements.

- Facilitate grievance processes
- Sentinel Reviews
- External Quality Review Organization (EQRO) evaluation processes
- Evaluation of the Quality Improvement Plan
- Beneficiary satisfaction
- Timeliness
- Performance Improvement Projects
- Outcomes
- Unusual occurrences
- Unauthorized services
- Denials
- Notice of actions
- Appeals/fair hearing process
- Penetration/retention
- EBP Fidelity

- Special Populations
- Medication Monitoring
- Ad hoc analysis & reporting

The Integrated Quality Improvement Committee (QIC) will serve as the hub of the QA Program and links with the Systems of Care (SOC) Leadership Team, the Health and Human Services Executive Team, the Behavioral Health Commission and other key stakeholders. The integrated *Quality Improvement Committee* (QIC) supports quality management and continuous quality improvement of the variety of program/services under the Systems of Care, including SUD and MH.

The core Quality Improvement Committee is composed of the Mental Health Director; Mental Health and Substance Use Medical Director(s); SOC Assistant Directors; MHP Quality Improvement Coordinator & Managed Care Coordinator; AOD Administrator/designee; Patient's Rights Advocate; Cultural Competency Chairperson; Behavioral Health Commission designee. Other members and stakeholders may be added as necessary and may include Contract providers or liaisons for programs provided through the SOC, Family and Consumer members, administration and other program service staff.

The QIC is responsible for the annual SOC Integrated QI work plans and annual work plan effectiveness reports. This Work Plan includes indicators for all programs under the SOC including but not limited to: access and timeliness to services, grievances, appeals, and compliance with Contractual requirements and State, Federal regulations. The QIC reviews the work plan with key stakeholders and members of the QI subcommittee of the Behavioral Health Commission. QIC reviews the annual work plan and its effectiveness annually during the External Quality Review Organization review of the MHP and every three years during the Department of Health Care Services Specialty Mental Health Services Triennial review. The QIC submits this annual plan and effectiveness reports to Department of Health Care Services annually.

The QIC will review and evaluate quality improvement activities, implement QA projects and actions, follow up on quality improvement processes, document QIC minutes, suggest policy considerations, and report to the QA Program Manager. Substance Use Services will include the DMC-ODS indicators of:

- Timeliness of first face to face appointment
- Timeliness of services for first dose of NTP services
- Waitlist time for residential treatment
- Responsiveness of the access line
- Timeliness of response to prior authorization requests
- Number and percentages of prior authorization approved/denied
- Availability of specialty population access to SUS and network adequacy
- Use of medical necessity to place beneficiaries
- Access to afterhours care
- Strategies for avoidable hospitalizations
- Coordination of physical and mental health services with waiver services at the provider

level

- Assessment of beneficiaries' experience
- Telephone access line and services in the prevalent non-English languages
- Frequency of follow up appointments in accordance with individualized treatment plans

The QIC will review these measures on a quarterly basis using reports provided by the QA Program Manager. EDC-BH also expects that the QIC, through the various subcommittees, will identify additional quality measures as DMC-ODS implementation begins. New measures will be integrated into the existing QI process on both an annual and as needed basis.

Informal Complaint Process

Beneficiaries may contact the Patient's Rights Advocate or the Quality Improvement Coordinator for quick identification and resolution of their concerns. In addition, Beneficiaries may authorize a person to act on their behalf during the complaint process.

Formal Grievance Process

The Grievance Process, including how to the process to file a formal grievance is outlined in the Problem Resolution/Grievance Policy. The information provided about the EDC-BH Beneficiary problem resolution process options were based in the former Department of Mental Health Notice 05-03, issued in June 2005. This process reflects the revisions in the California Code of Regulations (CCR), Title 9 and is consistent with the Title 42, Code of Federal Regulations 438.420 (b).

Grievance information will be available 24 hours a day through the 24/7 Access phone line. Notices of complaint and grievance procedures, formal and informal, and grievance forms with self-addressed return envelopes are visibly posted in prominent and accessible locations in client and staff areas.

Written and oral information explaining the informal complain process, formal grievance procedures, and fair hearings are provided to beneficiaries. Written information will be given to beneficiaries periodically. This information will state that the formal grievance process may be started without first going through the informal process. Written communications with a beneficiary regarding a denial, termination or reduction of services are stated in clear, concise language and in a format understandable to the beneficiary. Included will be information about the complaint and grievance procedures and an explanation that the informal process is not a prerequisite for the formal process.

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

- The provision of written procedures for reporting and resolving grievances to each beneficiary during the initial assessment.
- The receipt of grievance and appeal procedure information through written or verbal means during the provision of DMC-ODS services.

- Posted notices at every direct service provider facility including contracted, individual, and group providers
- Twenty-four (24) hour a day access to the grievance information and assistance by calling the SUD access lines.

In addition, all written and verbal information about the grievance and appeal process will be available in the County's threshold languages (English and Spanish). Beneficiaries may submit a grievance in either written or verbal format to QA. Beneficiaries may report a verbal grievance to the 24/7 access line, Patient's Rights Advocate, any County SUD staff, or direct service provider. To file a written grievance, beneficiaries may submit a Grievance form. Grievance Forms may be deposited at any EDC-BH location or mailed in a self-addressed envelope to the QA Team. Staff not involved in the original grievance will review all grievances and appeals. If the appeal is about clinical issues, or if this should be an expedited appeal, the decision maker will have the appropriate clinical expertise and scope of practice. QA will resolve all grievances as quickly and simply as possible. They will make a decision within sixty (60) calendar days of receipt of the grievance. This timeframe may be extended by up to fourteen (14) days if the consumer requests an extension or EDC-BH QA determines there is a need for additional information and the delay is in the beneficiary's interest. Once a decision is made, QA will mail the beneficiary a letter summarizing the decision. If EDC-BH QA is unable to contact the beneficiary, documentation of the efforts to contact the beneficiary will be maintained.

Medi-Cal beneficiaries who have experienced a denial, reduction, or termination of services have a right to appeal. In order to appeal, beneficiaries may complete the Appeal Form. Beneficiaries may file an appeal orally, or in writing. Standard oral appeals must be followed up with written, signed appeals within forty-five (45) days. All Notice of Action and grievance decision letters will include information and forms for both the appeal and state fair hearing processes. A decision will be made within forty-five (45) days of the appeal request date. A beneficiary or provider may request an expedited review process if it is determined that the standard timeframe could jeopardize the health of the beneficiary. Expedited decisions are made within three (3) working days of receipt. Beneficiaries who are not satisfied with the outcome of the appeal have the right to a State Fair Hearing. The Request must be in response to a notice of action the beneficiary received from the County. They may contact the Public Rights Dept. for assistance in filing for a State Fair Hearing, call the State Fair Hearing Office, or the beneficiary or authorized representative must complete the form and provide a detailed reason for the request.

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

- Name of the beneficiary
- Date of receipt of the grievance
- Date of acknowledgement of receipt sent
- Nature of problem
- Final disposition of a grievance
- Date written decision sent to beneficiary

- Documentation of reason that there has not been final disposition of the grievance
- Documentation of Appeal or State Fair Hearing Request

QA will be the primary staff responsible for the tracking, reporting, and monitoring consumer grievances, appeals, and state fair hearings. For individuals currently receiving DMC services that file a grievance or appeal a decision, EDC-BH will continue to provide the beneficiary with the level of services the beneficiary currently receives until a final decision is reached.

Quality through data

QA will hold quarterly quality review meetings with the QIC and appropriate sub-committees to review data based on the external quality review organization (EQRO) protocols from DHCS. Review of this data on a regular basis will provide an additional process to ensure that EDC-BH and its providers are meeting quality standards. The quarterly review will include the following data elements from the SUD System of Care:

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

The QIC will review the necessary data and information required by the state in order to comply with DMC-ODS evaluation. As the State identifies the data and information they will require for the evaluation, the Substance Use program and QA will work with the IT Department to develop a report that can be generated on an ongoing basis.

Evidence Based Practices

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

EDC-BH will ensure that contract providers are implementing at least two of the following evidence based practices (EBP's): Motivational Interviewing; Cognitive Behavioral Therapy, Relapse Prevention; Trauma-Informed Treatment; and Psycho-Education through the following:

- Incorporating the requirement to implement at least two of the EBP's listed in the STCs in all Requests for Proposals for DMC-ODS services
- Including provisions in all contracts for DMC-ODS services requiring providers to implement at least two of the identified EBP's. Providers will need to list the specific EBP's being utilized as well as information on how they will be implementing the EBP's with fidelity. Curriculum changes will need to be approved by County.

- EDC-BH will monitor adherence to implementing at least two of the identified EBP's through review and approval of the contract language; on-site monitoring, chart review, evidence of training, and written reports.

If a provider or County DMC-ODS program is found to be in non-compliance, EDC-BH will offer technical assistance to adhere to requirements, as well as issue a written report documenting the non-compliance and requiring a Corrective Action Plan be submitted to the County.

Regional Model

If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries. How will the county ensure access to services in a regional model (refer to question 7)?

EDC-BH is not planning to implement a regional model at this time. EDC-BH will coordinate with neighboring counties to ensure that DMC/ODS eligible beneficiaries receive medically necessary services based on the appropriate level of care, within resources.

Memorandum of Understanding

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

As previously outlined, El Dorado County has three Medi-Cal Managed Care Plans, Anthem, California Health and Wellness, and Kaiser. EDC-BH will attempt to expand the MOUs in place for Mental Health to include more SUD elements to meet the requirements of the DMC-ODS. A revised MOU with Anthem and California Health and Wellness, and Kaiser incorporating all requirements above, will be submitted as required prior to implementation of services.

Telehealth Services

If a county chooses to utilize telehealth services, how will telehealth services be structured for SUD Network Providers and how will the county ensure confidentiality? (Please note: group counseling services cannot be conducted through telehealth).

At this time, EDC-BH does not plan on utilizing telehealth services under the DMC-ODS plan. During IY1, Quality Assurance and Program Services will review data on the developing system, including identifying service gaps through provider and client feedback, and access timeliness, to determine if telehealth services should be pursued in upcoming implementation years.

Contracting

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

Review Note: *A list of all contracted SUD Network Providers (modality, SUD Network Provider, address) must be submitted to DHCS within 30 days of the waiver implementation date and as new SUD Network Providers are awarded contracts. DHCS will provide the format for the listing of SUD Network Providers.*

EDC-BH utilizes an open competitive bid process (Request For Proposal (RFP) to allocate funds for substance use services. The contract term varies depending on funding source requirements and may range from one to five year terms depending on contract performance and the availability of funding. EDC-BH contracts with agencies to provide Substance Use Treatment, including DMC and Non-DMC services. SUD Treatment services are contracted out to community providers who are best positioned to provide timely service access and treatment throughout the County. The County utilizes a fair and competitive provider selection process, and requires that Contractors comply with all applicable laws, regulations and contractual obligations set forth in the State Contract between the El Dorado County Health and Human Services and the California Department of Health Care Services.

Each of the existing contracted SUD Network Providers will be offered a contract to provide services as part of the DMC-ODS system, contingent on DMC certification. It is anticipated that all currently certified DMC Providers will continue to provide services under contracts for the DMC-ODS program. Currently executed contracts will be amended with the updated services and rates once the Implementation Plan has been approved and DHCS and EDC-BH have executed the contract between the county and the state. Some of the existent SUD Network Providers have already applied for DMC certification and have expanded treatment modalities, including Intensive Outpatient Services, in preparation for DMC-ODS implementation. EDC-BH will continue to support existing community-based agencies in the region that offer DMC-ODS services. As needed, EDC-BH will initiate an RFP in the future to expand the quantity and scope of DMC-ODS services that are available to residents of El Dorado County.

RFP responders who are not awarded are notified that they were either not the selected vendor, or in some cases that they were disqualified for not meeting the minimum requirements, as appropriate. El Dorado County will entertain appeals / protests from interested parties regarding its procurement actions. The County will respond to any bona fide protest provided that the administrative protest is not of a frivolous or vexatious nature. The County will not allow a protest to delay the procurement of necessary goods or services, unless it is apparent that the County participated in a practice that granted an unfair advantage to a participant during the procurement process. This policy will not apply if and after the contract has been submitted and approved by the Board of Supervisors. If a current Substance Use Disorder Treatment Contract is terminated, the county will ensure that beneficiaries will continue to receive treatment services by making appropriate referrals to treatment and a warm handoff to a different provider.

Contracts are used to establish payment rates and limits, secure industry-specific goods and services, clarify expectations and outcomes, protect client information and to ensure the most appropriate level of care. As local needs change, contracts are amended as agreed upon by both

parties and approved by the appropriate authority. DMC providers are required to be certified, and all providers are required to comply with applicable laws, regulations, and audits.

In the event that a current provider does not receive a contract with the County for Drug-Medical (DMC) services under the waiver, the County will agree to compensate the current provider until DMC clients are transferred to a contracted provider for treatment. The County will work with both providers and clients to mitigate a gap in treatment.

Additional Medication Assisted Treatment (MAT)

If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system.

EDC-BH offers medically necessary MAT services through contracted providers and a local FQHC. It is anticipated that these services will be expanded through DMC-ODS and will include: assessment, treatment planning, treatment, case management, ordering, prescribing, administering, and monitoring of medication for substance use disorders.

MAT will expand the use of medications for Adult and Youth beneficiaries with chronic alcohol related disorders and opiate use. Medications will include: naltrexone, both oral (ReVia) and extended release injectable (Vivitrol), topiramate (Topamax), gabapentin (Nuerontin), acamprosate (Campral), disulfiram (Antabuse), and Buprenorphine/Naloxone (Suboxone). The only DMC-ODS funded MAT will be through a contracted NTP (secured through an RFP process), which will offer: buprenorphine, naloxone and disulfiram in addition to methadone. All other MATs being used for beneficiaries involved in EDC-BH is being prescribed by partnering Primary Care/Psychiatric staff.

EDC-BH staff are (and will continue to be) trained to screen, motivate, engage, refer and case manage the most complex individuals into the most appropriate SUS, including MAT services.

Residential Authorization

Describe the county's authorization process for residential services. Prior authorization requests for residential services must be addressed within 24 hours.

The process for authorizations for Residential treatment can be initiated at either the Residential SUD Network Provider site or through EDC-BH Access. EDC-BH is responsible for all the authorization and re-authorization of residential service requests. Access and UR staff will have the responsibility and authority to review and/or approve requests for residential placement.

Initial Authorization Request (County to Provider)

Beneficiaries participating in a face-to-face assessment with EDC-BH Access staff, who meet the Title 22 and ASAM Criteria definitions of medical necessity for Residential Treatment, will be referred to the appropriate ASAM level of care and will be authorized for enrollment into a contracted residential treatment provider program.

Initial lengths of placement will be unique to individual's needs based on ASAM criteria. The length of residential services ranges from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents, unless medical necessity authorizes a one-time extension of up

to 30 days on an annual basis. Only two non-continuous 90-day regimens will be authorized in a one-year period. Perinatal and criminal justice beneficiaries may receive a longer length of stay based on medical necessity. If longer lengths of stay are needed, other non-Medi-Cal funds may be used. The authorization and preliminary payor source will be entered into AVATAR (Electronic Health Record).

EDC-BH Access will forward a referral with the assessment packet to a DMC-ODS Residential Treatment Provider along with an authorization approval within 24 hours of client screening. The beneficiary's basic health information, disposition, recommended level of care, and referral will be entered into the electronic record (AVATAR) database. If a full assessment has been completed prior to placement, a copy will be provided to the contracted provider. However, if it has not been completed, once placed into treatment, the contracted provider will conduct a full assessment within 30 days of placement and/or 7 days prior to end of the initial authorization period, whichever comes first.

Authorization Requests Initiated from a Residential SUD Network Provider

Referrals will be reviewed within 24 hours following the initial receipt of the referral and will include a release of information form signed by the potential resident, a completed substance use disorder screening/assessment, and completed ASAM level of care placement assessment. The Access LPHA (or a designated on-call LPHA during weekends or County holidays) will review the referral packet to confirm medical necessity and level of care placement decision. Based on the review the LPHA will provide one of the following responses to the requesting agency within 24 hours: Approved, Pending, or Denied.

If the beneficiary is authorized for placement, a signed authorization form will be submitted to the Residential SUD Network Provider. If the TAR is incomplete or additional information is needed in order to make an authorization decision, EDC-BH Access will indicate that the authorization is Pending and will send the request for additional information to the SUD Network Provider, who shall respond within 24 hours. If a TAR is denied, a written Notice of Action will be sent to the beneficiary notifying them of the authorization decision. For requests that are denied, the EDC-BH Access LPHA will collaborate with the beneficiary and SUD Network Provider staff to identify and secure alternate level of care placement options.

Initial authorization (requested by non-Residential SUD Network Provider)

There will be instances when beneficiaries are already connected to a contract provider and require a higher level of care. These beneficiaries will be directed to EDC-BH Access staff. Clients who go directly to a contracted provider for residential care during business hours or with non-urgent requests will be directed back to the County for screening prior to authorization. Processes will be followed as described in County to Provider initial authorizations.

Re-Authorizations (requested by provider)

Residential treatment programs will monitor the client's progress on an ongoing basis and at least monthly to determine their readiness for discharge or step-down to a lower level of care. If a client is approaching the end of their County-authorized treatment episode and the provider determines (based on ASAM criteria) that the client needs additional residential treatment, the provider will request an extension of the authorization from the County-within 7 days prior to the expiration of the current authorization- provided that the total residential treatment length of stay is within the limits defined in the DMC-ODS Waiver Terms and Conditions. EDC-BH will provide approval or denial of this request within one business day of receiving the information.

Likewise, should beneficiaries require a 30-day extension past the maximum 90-day treatment episode, the program will need to reassess ASAM placement to determine the appropriate LOC and that medical necessity is still met, at which point they will need to resubmit a request for re-authorization to El Dorado County. Requests for re-authorization will include the ASAM screening and clinical rationale for continued treatment.

Afterhours/Weekends

If an urgent/emergent Residential need is identified during afterhours/weekends, and the facility is able to admit the beneficiary, the provider will contact the 24/7 Access line initiating request for immediate placement. Access will contact the After Hours Supervisor who will presumptively authorize until the end of the next business day, or deny this request (this will be logged by Access staff into AVATAR). If presumptively approved, the Provider will submit the request for authorization that includes the ASAM assessment for medical necessity to residential level of care by mid-day of the next business day (typically Monday). The County will review requests for emergent authorization for residential services within 24 hours of the request being submitted by the provider and will respond regarding approval for a specified number of days of treatment (between 30-90 days), denial, or request further information.

Presumptive authorization for El Dorado County residents who are Medi-Cal beneficiaries, in the case of admission in an emergency, after hours, County holiday or weekend admissions is not a guarantee of payment. Submissions of claims to Medi-Cal are subject to a client's eligibility and services being rendered and documented in accordance with Title 22, the ASAM criteria and the DMC-ODS STCs.

Utilization Review

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

The authorization of treatment is a primary role of SUD Staff in El Dorado County and is an integral component of ensuring quality service delivery. Treatment staff partner with Quality Assurance staff, whose primary role is ensuring documentation and standards are being met at the provider site. These processes include initial authorization, prior authorization, continuing authorization, determinations of medical and service necessity, and appropriateness of Substance Use Services. SUD staff support quality assurance functions to ensure that DMC-ODS beneficiaries have access to SUD services at the appropriate ASAM level based on a standard of medical necessity. To do so, SUD service processes will be facilitated in a way that monitors and measures the appropriateness, quality, and cost effectiveness. The emphasis is on ensuring:

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

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

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

- Eligibility verification by the county or the county contracted provider. When the county contracted provider conducts the initial eligibility verification, it must be reviewed and authorized prior to payment for services
- Medical necessity determination as performed through face to face review or telehealth by a Medical Director, Licensed Physician or LPHA
- Authorizations of appropriate level of services
- Monitoring and review of the beneficiaries' records for service compliance with regulatory and contractual requirements of the waiver, providing written review outcome and proposed recommendation(s)
- Authorizations for residential services meet standards for timely access and medical necessity
- Clinical staff and providers make referrals based on ASAM and medical necessity standards
- Providers meet their assigned ASAM level of care standards.

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

Data, consistency, and quality

El Dorado County will establish written policies and procedures for processing requests for continuing authorization of residential treatment services. EDC-BH will track the number, percentage of denied and timeliness of requests for authorization for all DMC-ODS services that are submitted, processed, approved and denied. EDC-BH Access staff will be trained in the standard terms of conditions, medical necessity, and ASAM to ensure that there is consistent application of review criteria for authorization decisions. The County's quality assurance team will randomly review both provider and County staff's documentation with the emphasis on ensuring:

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

One Year Provisional Period

For counties unable to meet all the mandatory requirements upon implementation, describe the strategy for coming into full compliance with the required provisions in the DMC-ODS. Include in the description the phase-in description by service or DMC-ODS requirement that the county cannot begin upon implementation of their Pilot. Also include a timeline with deliverables.

Review Note: This question only applies to counties participating in the one-year provisional program and only needs to be completed by these counties.

EDC-BH will have base level capacity to offer the full spectrum of services at implementation by sourcing providers in neighboring counties. All services will not yet be readily available within the geographic area of the county. Through the RFP process, the county will be working to secure local providers to serve both eastern and western areas of the county. Additionally, while base levels of the services will be available, the county will need to expand capacity to address the expanded population to be served.

Immediately upon approval of the El Dorado County DMC-ODS plan and contract, EDC-BH will 1) amend current SUD contracts to include the provisions of DMC-ODS, and 2) initiate the RFP process to secure new providers. It is anticipated that the competitive sourcing process will take approximately six months to implement a new contract with a new or expanded SUD Network Provider.

The three areas that may take a little longer to get established are:

- NTP Services in the two main areas of the County. An RFP will be issued immediately, however there are expected to be some delays in implementing due to securing a location for the facilities. In the interim, services will be provided through contracts with providers in neighboring counties.
- SBIRT expansion with primary care providers. There are some primary care providers currently doing SBIRT, however to increase participation, EDC-BH will outreach and train providers with an intent of getting a majority on board by July 2019.
- Transitional Living/Recovery Residence. There is one SUD Network Provider with one SUD Recovery Residence currently. EDC-BH will issue an RFP to expand the capacity to serve all those with a need. Due to the work in awarding an RFP, securing a site, doing Tenant Improvements and gaining any required licensures, it is expected that this will take a minimum of 18 months to develop and implement an expanded program.

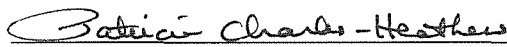
Anticipated implementation dates by service type are indicated in the table below:

Service Type	ASAM Level	Required or Optional	Anticipated implementation date
Case Management		Required – IY1	January 2018
Physician Consultation		Required – IY1	January 2018
Residential Treatment Services (RTS)	3.1, 3.3, 3.5	Required - IY1	January 2018
Additional Medication Assisted Treatment Services	1	Offered in local FQHC, expand Optional – IY1	January 2018
Outpatient Services /Outpatient Treatment Services	1	Required – IY1	July 2018
Intensive Outpatient Treatment Services (IOT)	2.1	Required – IY1	July 2018

Withdrawal Management Services (WM)	3.2-WM	1 Level Required – IY1	July 2018
Recovery Services		Required – IY1	July 2018
Opioid/Narcotic Treatment Program (NTP)	1	Offered outside county borders IY1, expand into county Required – IY2	January 2019
Early Intervention / Screening, Brief Intervention, and Referral to Treatment (SBIRT)	.05	Offered in some primary care, IY2	July 2019
Recovery Residence/ Transitional Living		Optional – IY2/3	January 2020

County Authorization

The County Behavioral Health Director must review and approve the Implementation Plan. The signature below verifies this approval.


 El Dorado County Behavioral Health Director

El Dorado
 County

8-8-17
 Date