

**EXHIBIT A(x)-SCOPE OF WORK (SOW):  
SUBSTANCE USE DISORDER (SUD) OUTPATIENT TREATMENT**

<b>Contractor Name</b>	Account NameContractor Legal Name
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*See Applicable Exhibit A Documents. Any additional specifications or variations in contracted service requirements applicable to this Exhibit A-SOW shall be contained herein.*

**I. PROGRAM NAME**

Substance Use Disorder (SUD) Outpatient Treatment

<b>Additional Specifications</b> Program Name - Add Specs
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**II. CONTRACTED SERVICES**

SUD Outpatient Treatment Programs, designated as follows:

- American Society of Addiction Medicine (ASAM) Level of Care (LOC) 1.0 SUD Outpatient Services;
- ASAM LOC 2.1 SUD Intensive Outpatient Services (IOS);
- Recovery Support Services (Recovery Services);
- Care Coordination Services; and
- Clinician Consultation Services.

Medi-Cal Requirements Apply

<b>Additional Specifications</b> Contracted Services - Add Specs
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**III. PROGRAM INFORMATION AND REQUIREMENTS**

**A. Program Goals**

Contractor shall ensure operational effectiveness and efficiency in accordance with the following primary goals of the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver demonstration:

- i. Enhance client access to SUD treatment and the client experience of care (including quality, cultural responsiveness, engagement, and satisfaction);
- ii. Provide high quality of care to improve the overall health and wellness of SUD clients;
- iii. Strengthen care coordination with other systems of care, including primary care, mental health, and criminal justice;<sup>1</sup>
- iv. Maintain responsibly-managed and value-focused operations while decreasing other system health care costs (e.g. reduced inpatient and emergency room use); and
- v. Enhance and develop a well-trained, effective, and sustainable SUD workforce.

<sup>1</sup> Criminal justice is a term that is inclusive of systems such as the Collaborative Courts, Jails/Prisons, Probation, and Juvenile Justice.

Contractor shall provide services to assist clients in accomplishing the following goals:

- i. Establish and maintain recovery from substance use and attain stabilization, increase self-sufficiency, and improve quality of life;
- ii. Develop cognitive and behavioral coping skills to prevent relapse;
- iii. Adopt a voluntarily-maintained lifestyle characterized by sobriety, personal health, and personal responsibility; and
- iv. Reduce homelessness, utilization of crisis services, incarceration, and criminal justice recidivism associated with substance use.

<b>Additional Specifications</b> Program Goals - Add Specs
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## **B. Target Population**

Contractor shall provide services to the following populations:

### **1. Service Groups**

Contractor shall provide services to individuals who experience problems related to their substance use and/or abuse.

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

- i. Are eligible for Medi-Cal in Alameda County;
- ii. Are pregnant women;
- iii. Are intravenous drug users; and/or
- iv. Are involved with the criminal justice system.

Contractor shall provide services to clients in accordance with the applicable Standards of Care for Transition-Age Youth (TAY) and Older Adults, as well as the Race and Ethnic Priority Population SUD Practice Standards for programs that specialize in serving African American, Asian/Pacific Islander (API), and Latinx clients.

<b>Additional Specifications</b> Service Groups - Add Specs
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### **2. Referral Process to Program**

Contractor shall accept self-referrals and referrals from peers/family members; managed Medi-Cal healthcare plans (e.g., Alliance, Anthem); federally qualified health centers; other Alameda County Behavioral Health Care Services (ACBH)-contracted mental health and substance use treatment providers; Substance Use Access and Referral Helpline (the Helpline); Cherry Hill; the Forensic Substance Use Case Management (FSCM);<sup>2</sup> Alameda County Collaborative Court Services/Drug Court; Alameda County Probation; the Emergency Department Bridge Program; other Alameda County Departments; and other community agencies and service providers.

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<sup>2</sup> Formerly Criminal Justice Case Management.

With 30-day notice from ACBH, Contractor shall implement ShareFile electronic referral system to receive LOC assessments from the designated SUD portals.<sup>3</sup>

Contractor shall track the day in which the client requested services, and whether the client was referred by an above indicated portal.

Contractor shall have the capacity to accept three-way calls with the Helpline and a more limited group of designated ACBH-approved referral sources.<sup>4</sup> Through the three-way call:

- i. Contractor may build rapport with the client and discuss program structure and expectations.
- ii. Contractor may not conduct additional screening/assessment of client that is duplicative of the screening/assessment conducted by these ACBH-approved referral sources.
- iii. Contractor shall offer an intake appointment on the three-way call. The intake appointment shall be scheduled to occur within ten days of the initiation of the three-way call.<sup>5</sup>
- iv. Upon successful completion of the three-way call, Contractor shall maintain contact with the client for any intake appointment reminders and/or engagement needed.

<b>Additional Specifications</b> Referral Process to Program - Add Specs
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### 3. Program Eligibility

Contractor shall include in its policies, procedures, and practice, written admission and readmission criteria for determining individuals' eligibility and medical necessity for treatment. Contractor shall only serve individuals who:

- i. Are Alameda County residents;
- ii. Meet diagnostic criteria for SUD treatment per the Diagnostic and Statistical Manual (DSM) and criteria for ASAM LOC 1.0 or 2.1;<sup>6</sup>
- iii. Are expected to benefit from the type of services being offered; and
- iv. Are enrolled in or eligible for<sup>7</sup> Alameda County Medi-Cal, are indigent, and/or have no other payor source.

<b>Additional Specifications</b> Program Eligibility - Add Specs
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<sup>3</sup> Designated SUD portals include the Helpline, Cherry Hill, FSCM, and Alameda County Collaborative Court Services/Drug Court.

<sup>4</sup> Other designated ACBH-approved referral sources include Cherry Hill, FSCM, and Alameda County Collaborative Court Services/Drug Court.

<sup>5</sup> If not possible to schedule the intake appointment within ten days of initiation of the three-way call, Contractor shall document the reason(s) for the delay.

<sup>6</sup> Under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) mandate, beneficiaries under the age of 21 years are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) Medicaid authority.

<sup>7</sup> Contractor shall conduct follow-up toward ensuring that Medi-Cal applications are submitted within two weeks of intake for clients who are eligible for but not yet enrolled in Alameda County Medi-Cal.

#### 4. Limitations of Service

Not applicable.

<b>Additional Specifications</b>
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Limitations of Service - Add Specs
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### C. Program Description

Contractor shall maintain programmatic services at or above the following minimum levels:

#### 1. Program Design

Contractor shall ensure that individuals seeking services are provided with a face-to-face appointment within ten business days of a request for ASAM LOC 1.0 or 2.1 services. Contractor's staff shall utilize ASAM LOC criteria considerations upon admission, during the course of treatment, and during discharge planning and coordination.

Contractor shall provide medically necessary, client-centered, individualized services directed at stabilizing and rehabilitating clients by addressing major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment or impair the client's ability to cope with major life tasks without the addictive use of alcohol and/or other drugs.

Contractor shall provide the following services in person, by telephone, and in any appropriate, confidential setting in the community in compliance with 42 Code of Federal Regulations (CFR), Part 2 requirements:

- i. Intake/Assessment;
- ii. Individual and group counseling;<sup>8</sup>
- iii. Family therapy;
- iv. Patient education;
- v. Care coordination services;
- vi. Crisis intervention services.

Contractor's Medical Director or a LPHA shall perform the initial medical necessity determination through a face-to-face review with a client or the intake counselor. Contractor's Medical Director or LPHA shall establish and document at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders. After establishing a diagnosis and documenting the basis for diagnosis, ASAM criteria shall be applied by Contractor's diagnosing staff to determine placement into the appropriate level of care.

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<sup>8</sup> Group Counseling denotes face-to-face interaction in which one or more SUD counselors or Licensed Practitioners of the Healing Arts (LPHAs) treat between two and a maximum of 12 clients at the same time focusing on the needs of the clients served.

Contractor shall also provide the following DMC-ODS services:

- i. Verification that physical examination has occurred through receipt of documentation from another provider, through direct provision of this service, or documented as a goal in the client's treatment plan.
- ii. Laboratory and collection services available onsite or through closely-coordinated referral.
- iii. **Care Coordination** services,<sup>9</sup> which shall consist of the following:
  - a. Coordinating with medical and mental health care providers to monitor and support comorbid health conditions;
  - b. Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers; and
  - c. Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, child care, child development, family/marriage education, cultural sources, and mutual aid support groups.
- iv. **Clinician** consultation services to assist DMC **clinicians** by allowing them to seek expert advice from ACBH-approved addiction medicine physicians, addiction psychiatrists, clinical pharmacists **or other clinicians** when developing treatment plans for specific DMC-ODS beneficiaries. **Clinician** consultation services may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.
- v. Recovery services, as medically necessary, consisting of outpatient individual and group recovery counseling services, recovery monitoring, recovery care coordination with education and job skills linkages, other needed supports, and ancillary services. Contractor shall provide clients with access to recovery services after the clients complete a course of SUD treatment. Contractor's recovery services shall be available when a client is triggered, has relapsed, or as a preventative measure to prevent relapse.

Contractor shall have policy and procedures in areas including, but not limited to: client admission and readmission criteria that addresses use or abuse of alcohol/drugs, physical health status, social psychological problems, procedures for how the program addresses clients who do not meet admission criteria; and drug screening/testing per DMC-ODS Practice Guidelines that includes procedures to protect against falsification and/or contamination of client urinalysis samples. All policies and procedures shall be submitted to the designated ACBH Operational Lead within three months of the contract start date, and Contractor shall work with ACBH to address any identified concerns within six months of the contract start date.

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<sup>9</sup> **Care Coordination** services shall be performed in partnership with the Recovery Residence programs for those clients residing at Alameda County contracted Recovery Residence programs.

Contractor shall have the capacity to serve the needs of clients with complex needs, including but not limited to mental and physical health and/or comprehension and learning challenges, and shall coordinate with other community programs to meet client needs that fall outside of the scope of practice of Contractor's staff.

Contractor shall maintain collaborations and close working relationships when relevant to the care of a specific client with systems including but not limited to the following to support client care:

- i. Other SUD treatment providers in the DMC-ODS continuum of care;
- ii. ACBH-designated referral and care navigation sources for SUD, including but not limited to the Helpline, Cherry Hill and the Emergency Department Bridge Program;
- iii. Criminal Justice Systems and partners;
- iv. Mental Health Service Providers, including ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS) and John George Psychiatric Hospital;
- v. Physical Health Service Providers; and
- vi. Alameda County Care Connect.<sup>10</sup>

#### ASAM Level 1.0 Outpatient Services

Contractor's SUD Outpatient Services (ASAM Level 1.0) shall consist of clinical services provided to clients for up to nine hours per week for adults and up to six hours per week for adolescents.

#### ASAM Level 2.1 Intensive Outpatient Services

Contractor's SUD Intensive Outpatient Services (ASAM Level 2.1) shall consist of clinical services provided to clients for a minimum of nine hours per week for adults and a minimum of six hours per week for adolescents. Contractor's IOT Program shall have the capacity to treat multidimensional instability for clients who have more complex co-occurring SUD and mental health conditions, or complicating factors that require high-intensity, professionally directed SUD treatment.

#### Clients with Criminal Justice Involvement

Contractor's services shall address the criminogenic needs of clients within the context of the SUD treatment. Contractor shall participate in Interdisciplinary Treatment Meetings facilitated by Alameda County Probation upon request.

#### AB109 Clients

Contractor shall actively coordinate with Alameda County AB109-contracted FSCM and Alameda County Deputy Probation Officers for case planning purposes at all stages of a client's treatment and in client transitions between levels of care. Contractor shall confirm with FSCM when the client has been admitted to the program.

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<sup>10</sup> AC Alameda Care Connect (<http://accareconnect.org/>) strives to support and promote increased coordination and effective, personalized care across all providers through systems improvements, while including the strength and support of the consumer's personal networks in the care planning.

**Additional Specifications**  
Program Design - Add Specs

**2. Discharge Criteria and Process**

No additional requirements related to program area.

**Additional Specifications**  
Discharge Criteria and Proc - Add Specs

**3. Hours of Operation**

Contractor shall maintain the following hours of operation:

Hours of Operation - Add Specs

Contractor shall maintain the following hours for client intake that can be accessed by designated ACBH-approved referral sources at the phone number(s) specified below:

**4. Service Delivery Sites**

Contractor shall deliver services at the following location(s):

Service Delivery Sites - Add Specs

Contractor shall have and maintain DMC Certification for ASAM LOC 1.0 and 2.1.

Contractor may also conduct field-based treatment services at community-based locations, including but not limited to designated Alameda County Probation site(s), in accordance with ACBH standards and regulatory requirements.

**D. Minimum Staffing Qualifications**

Contractor shall maintain the following minimum direct service positions:<sup>11</sup>

Minimum Staffing Qual - Add Specs

Contractor shall notify the ACBH Program Contract Manager of any change in direct service FTE.

**IV. CONTRACT DELIVERABLES AND REQUIREMENTS**

**A. Process Objectives**

Contractor shall provide the following services/deliverables:

Process Objectives - Add Specs

Contractor shall provide at least one hour of **care coordination** services to each client.

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<sup>11</sup> The positions shall be maintained at the specified level or higher of direct FTE staff.

Contractor shall provide services toward achieving the following process objectives:

<b>Process Measures</b>	<b>Process Objectives</b>
Percent of open episodes with at least one documented service within the past 30 days	100%
Percent of clients with open episodes who have annual updates completed according to required timeframes	100%
Percent of prorated contracted units of service provided monthly	At least 80%

**B. Quality Objectives**

Contractor shall provide services toward achieving the following quality objectives:

<b>Quality Measures</b>	<b>Quality Objectives</b>
Percent of clients screened as eligible for SUD treatment who receive a first offered appointment at Outpatient Services, Intensive Outpatient Services, or Residential Treatment within ten days of their initial request for services	At least 80%
Percent of clients screened as eligible for SUD treatment who have their first actual intake service within ten days of their initial request for services	At least 85%
Percent of eligible clients who completed their initial intake/assessment visit and initiate a second treatment visit or day within 14 days	At least 88%
Percent of clients who initiate a second visit within 14 days of their initial visit and engage in at least two treatment visits or days within the next 30 days	At least 75%
Percent of clients who receive an ASAM LOC assessment at least every 60 days throughout the episode of treatment	100%

<b>Additional Specifications</b> Quality Objectives - Add Specs
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**C. Impact Objectives**

Contractor shall provide services toward achieving the following impact objective:

<b>Impact Measure</b>	<b>Impact Objective</b>
Percent of clients discharged from SUD outpatient treatment who completed treatment or left with satisfactory progress	At least 60%

Contractor shall work collaboratively with ACBH to develop benchmarks in the following areas: improved access to care and penetration rates for SUD treatment services, especially for priority populations that may not have been able to successfully access or engage SUD



services in the past; increased abstinence and/or reduced substance use among clients served; increased drug-free social support among clients served; and improved health and wellness among clients served.

<b>Additional Specifications</b> Impact Objectives - Add Specs
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## V. REPORTING AND EVALUATION REQUIREMENTS

No additional requirements related to program area.

<b>Additional Specifications</b> Reporting And Eval Req - Add Specs
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## VI. ADDITIONAL REQUIREMENTS

Contractor shall comply with any emerging requirements specified by the Department of Health Care Services (DHCS).

<b>Additional Specifications</b> Additional Requirements - Add Specs
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