

**EXHIBIT A(x)-SCOPE OF WORK (SOW):  
SUBSTANCE USE DISORDER (SUD) RESIDENTIAL 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) Residential Treatment

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

SUD Residential Treatment Programs, designated as follows:

- American Society of Addiction Medicine (ASAM) or California Department of Health Care Services (DHCS) Level of Care (LOC) 3.1 (Clinically Managed Low-Intensity Residential Services);
- ASAM or DHCS LOC 3.5 (Clinically Managed High-Intensity Residential Services);
- Care Coordination;
- Clinician Consultation Services; and
- Peer Support 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

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

v. Enhance and develop a well-trained, effective, and sustainable SUD workforce.

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.

**Additional Specifications**

Program Goals - Add Specs

**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 are:

- i. Pregnant women;
- ii. Intravenous drug users;
- iii. Involved with the criminal justice system;
- iv. Black/African American;
- v. Latino/Latinx; and/or
- vi. Asian.

**Additional Specifications**

Service Groups - Add Specs

**2. Referral Process to Program**

For purposes of serving clients under this contract, Contractor shall only accept referrals from the Substance Use Access and Referral Helpline (the Helpline) and a more limited group of designated Alameda County Behavioral Health Care Services (ACBH)-approved referral sources.<sup>2</sup>

Contractor shall offer dates of appointments within the timeframes specified by state and federal Network Adequacy/Timely Access standards<sup>3</sup> for all requests for services relevant to contracted LOCs. Contractor shall track and report to ACBH all required Timely Access data elements. If Timely Access standards cannot be met for service

<sup>2</sup> Other designated ACBH-approved referral sources include Cherry Hill, Forensic Substance Use Case Management (FSCM, formerly Criminal Justice Case Management), and Alameda County Collaborative Court Services/Drug Court.

<sup>3</sup> [DHCS Network Adequacy Standards](#)

requests, a Notice of Adverse Benefit Determination (NOABD) must be issued per ACBH NOABD policy.

Contractor shall have the capacity to accept three-way calls with the Substance Use Access and Referral Helpline and the more limited group of designated ACBH-approved referral sources.

- i. Contractor may build rapport with the client and discuss program structure and expectations.
- ii. Contractor shall attempt to minimize repetition of assessment services when a client is referred from an ACBH-approved referral source.
- iii. Contractor shall offer an intake appointment on the three-way call and the appointment shall be scheduled per Timely Access standards. Upon successful completion of the call, Contractor shall maintain contact with the client for any intake appointment reminders and/or engagement needed.

If a three-way call cannot be guaranteed during regular business hours, Contractor shall supply a schedule of standing intake appointment blocks to the Helpline so that eligible callers can be scheduled for an intake appointment at the time of their initial call to the Helpline.

Contractor shall not request that referral sources share potential client screenings for review prior to scheduling an intake appointment. Contractor shall receive the client ASAM screenings completed by referral portals after the intake appointment is scheduled. Referral documentation shall be received by Contractor through ShareFile from the referral source/portal.

For individuals who contact Contractor directly seeking access into Contractor's residential treatment program, Contractor shall provide contact information and assist the individuals in calling the Helpline for point of entry screening and referral into SUD residential treatment.

Contractor shall contact the referral source/portal with information on any of the following situations within 12 hours of occurrence:

- i. Client does not arrive to scheduled intake appointment;
- ii. Client has rescheduled intake appointment;
- iii. Client has been denied entry to residential treatment; and/or
- iv. Client has been accepted into residential treatment.

<b>Additional Specifications</b>
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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 provide services to individuals who:

- i. Are Alameda County residents;
- ii. Are enrolled in Alameda County Medi-Cal, are indigent, and/or have no other payor source;
- iii. Have at least one diagnosis from the current edition of the Diagnostic and Statistical Manual (DSM) for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders and meet criteria for LOCs 3.1 or 3.5 from the current edition of The ASAM Criteria at the time of determination;
- iv. Have been referred through the referral process stated above;
- v. Are not under the care of a physician for active and contagious tuberculosis; and
- vi. Have been authorized for services or are pending authorization for services by ACBH Utilization Management (UM).

<p><b>Additional Specifications</b> Program Eligibility - Add Specs</p>
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**4. Limitations of Service**

Contractor shall comply with ACBH UM requirements for authorization and reauthorization of services in accordance with the assessed clinical need for each client.

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

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

**1. Program Design**

Contractor shall provide a non-institutional, 24-hour per day, seven day per week, non-medical, short-term residential program that provides the minimum services described in the ACBH Residential Minimum Services Grid for the authorized LOC. Contractor shall provide clients with room and board in conjunction with the structured therapeutic activities aimed at supporting clients in restoring, maintaining, and applying interpersonal and independent living skills, and accessing community support systems. Contractor’s staff shall work collaboratively with clients to define barriers, set priorities, establish goals, develop plans for treatment, and solve problems. Contractor shall safely store all resident medication in accordance with ACBH requirements and may assist with client self-administration of medication.

Contractor shall provide the following components of SUD residential treatment services as defined by DHCS and ACBH:

- i. Assessment;
- ii. Care Coordination;
- iii. Counseling (individual and group)<sup>4</sup>

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<sup>4</sup> Group counseling denotes face-to-face interaction in which one or more SUD counselors or LPHAs treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the clients served.

- iv. Family Therapy;
- v. Patient Education;
- vi. Recovery Services;
- vii. SUD Crisis Intervention Services.

Contractor shall offer Medication-Assisted Treatment (MAT) directly or have effective referral mechanisms in place to the most clinically appropriate MAT services<sup>5</sup>.

Contractor's Medical Director or a Licensed Practitioner of the Healing Arts (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, the ASAM criteria shall be applied by Contractor's diagnosing staff to determine placement into the appropriate level of care within Contractor's SUD residential program. Contractor's staff shall utilize the current version of the ASAM LOC Criteria for consideration in admission, during the course of treatment, and during discharge planning and coordination. Contractor shall provide services to stabilize clients and prepare them for step-down into an outpatient, intensive outpatient, or recovery support services level of care.

Contractor's care coordination services<sup>6</sup> shall consist of the following:

- i. Coordinating with medical and mental health care providers to monitor and support comorbid health conditions;
- ii. 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
- iii. 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.

Contractor shall also provide the following DMC-ODS services:

- iv. Verification that physical examination has occurred through receipt of documentation from another provider, through direct provision of this service, or documentation of the plan to help the client receive a physical examination.
- v. Laboratory and collection services available onsite or through closely-coordinated referral.

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<sup>5</sup> Defined as facilitating access to MAT off-site for clients while they are receiving intensive outpatient treatment services if not provided on-site.

<sup>6</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.

- vi. Clinician consultation services to assist DMC clinician 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 clients. Clinician consultation services may address medication selection, dosing, side effect management, adherence, drug interactions, or level of care considerations.

With 30-day notice from ACBH, Contractor may provide Medi-Cal Peer Support Services by a Certified Peer and/or Family Support Specialist. Peer Support is a peer to peer or caregiver to caregiver approach to supporting clients and their families around behavioral health issues. Peer support services offer hope, guidance, advocacy, and camaraderie for clients and their families. Medi-Cal Peer Support Services are offered by Certified Peer and Family Peer Support Specialist who maintain current certification by the California Mental Health Services Authority.

Contractor shall provide transportation services (provision of or arrangement for transportation ) when needed to meet client's care coordination needs.

With 30-day notice from ACBH, Contractor shall manage their own pending services list for clients awaiting residential placement with Contractor and provide interim services for clients who are pending treatment services, following the specified procedures developed by ACBH with input from SUD providers.

Contractor shall utilize the ACBH Bed Availability Survey to convey timely status of ACBH-contracted beds (i.e., bed on hold for intake, bed occupied, or bed open). Contractor shall adhere to guidelines provided by the ACBH Operational Lead for SUD Residential Services or their designee regarding the use of the ACBH Bed Availability Survey.

Contractor shall have policy and procedures in areas including, but not limited to: client intake; 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; drug screening/testing per DMC-ODS Practice Guidelines that includes procedures to protect against falsification and/or contamination of client urinalysis samples; resident responsibilities; Medical Director Roles and Responsibilities and Code of Conduct; managing client relapse; emergency/crisis situations; medication safety, storage and management; schedules; meetings; conflict resolution; housing of transgender individuals; programmatic differences between ASAM SUD Residential LOCs; and smoking. All policies and procedures shall be submitted to ACBH Operational Lead for SUD Residential Services or their designee 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. Contractor shall ensure that emergency/crisis policies and procedures are prominently posted.

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 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 the Helpline and Cherry Hill;
- iii. Criminal justice systems and partners;
- iv. Emergency Department Bridge Program;
- v. Mental health service providers, including ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS) and John George Psychiatric Hospital;
- vi. Physical health service providers.

Contractor shall provide 24-hour structure with available trained personnel and comply with the required hours of services per day or week as defined by DHCS and ACBH.

#### 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 the Alameda County Probation Department 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.

#### **Additional Specifications**

Program Design - Add Specs

## **2. Discharge Criteria and Process**

Discharge planning shall begin at intake. Contractor shall focus initial discharge planning efforts on proactively connecting the client to housing resources that may be needed to support their recovery when they are later discharged from the program, including but not limited to the Coordinated Entry System and Rental Assistance Programs.

Contractor shall notify the Helpline for requested step-down to Recovery Residence on the day on which ASAM criteria identifies that a client no longer meets medical necessity for services, or at least two weeks before a client's residential episode length of stay is due to be exhausted.

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

### 3. Hours of Operation

Contractor shall maintain the following hours of operation:

- Seven days per week, 24 hours per day

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:

Hours of Operation - Add Specs

Contractor shall have the capacity to accept three-way calls with designated ACBH-approved referral sources during regular intake hours.

### 4. Service Delivery Sites

Contractor shall provide all SUD residential treatment services within the licensed facility or facilities as specified below:

Service Delivery Sites - Add Specs

In the event of an emergency evacuation, Contractor shall immediately alert and coordinate with ACBH around needed logistics, including service entry and billing.

Contractor shall have and maintain valid Alcohol and Other Drug Program Licensure by DHCS Licensing and Certification Division.<sup>7</sup> Contractor additionally shall have and maintain ASAM or DHCS LOC designation for all contracted residential LOCs.

### D. Minimum Staffing Qualifications

Contractor shall maintain the following minimum direct service positions:<sup>8</sup>

Minimum Staffing Qual - Add Specs

Contractor shall ensure that appropriate 24-hour on-site supervision is maintained at the identified residential treatment facilities to support and promote recovery and prevent relapse.

Contractor shall notify the ACBH Program Contract Manager of any change in direct service FTE that are providing treatment services.

## IV. CONTRACT DELIVERABLES AND REQUIREMENTS

### A. Process Objectives

Contractor shall deliver the following services/deliverables:

<sup>7</sup> DHCS Licensing and Certification Division

<sup>8</sup> The positions shall be maintained at the specified level or higher of direct FTE staff.

Process Objectives - Add Specs

Contractor shall also provide and document clinician consultation on an as-needed basis for clients.

Contractor shall provide services toward achieving the following process objectives:

Process Measures	Process Objectives
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	75% to 100%
Percent of business days on which Contractor updates the <b>ACBH Bed Availability Survey</b> .	100%
Percent of intake appointments that were scheduled through three-way call between client, referring portal, and Contractor or by the portal through an intake availability calendar provided by Contractor	At least 75%

**B. Quality Objectives**

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients screened as eligible for <b>non-urgent</b> residential SUD treatment who have a first offered appointment within ten days of their initial request for services	At least 80%
Percent of clients screened as eligible for <b>non-urgent</b> SUD residential treatment who have their first actual intake service within ten days of their initial request for services	At least 65%
<b>Percent of clients screened as eligible for urgent SUD services who receive an initial appointment date within 72 hours of the request.</b>	<b>100%</b>
Percent of eligible clients who stay for at least ten consecutive days after first intake service	At least 75%
Percent of clients who receive an ASAM LOC assessment <b>initially upon admission and updated as clinically appropriate</b>	100%
Percent of clients who are discharged from residential treatment who have a follow up session in a lower level of care within ten days after assessment identifying a need for lower level of care	At least 75%

Quality Measures	Quality Objectives
Percent of clients discharged from residential treatment who have a follow-up session with a lower level of care within 30 days after discharge	At least 90%

<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:

Impact Measure	Impact Objective
Percent of clients discharged from SUD residential 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**

Contractor shall update the ACBH Bed Availability Survey via Survey Monkey every weekday, Monday–Friday, by 10:00 a.m. Contractor shall also upload updated Bed Status Reports to the ShareFile weekly by 10:00 a.m. every Friday.

<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 DHCS.

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