

## EXHIBIT A – PROGRAM REQUIREMENTS (A-P): OPIOID TREATMENT PROGRAM (OTP)

### I. Program Name

Opioid Treatment Program (OTP)

### II. Contracted Services<sup>1</sup>

OTP, designated as follows:

American Society of Addiction Medicine (ASAM) Level of Care (LOC) OTP Level 1

- Narcotic Replacement Therapy (NRT)<sup>2</sup> consisting of the following Medication-Assisted Treatment (MAT) options covered under the Drug Medi-Cal Organized Delivery System (DMC-ODS) formulary:
  - Methadone Treatment
  - Buprenorphine Treatment<sup>3</sup>
  - Buprenorphine-Naloxone Treatment
- Additional non-controlled substance MAT options:  
Contractor shall offer and prescribe the following:
  - Naloxone
  - Disulfiram

Medi-Cal Requirements Apply

### III. Program Information and Requirements

#### A. Program Goals

Contractor shall provide services to help clients accomplish the following goals:

- i. Reduce or eliminate chronic addiction to illicit opioids, block the euphoric effects of illicit opioids, and the risks associated with their use;
- ii. Support clients to increase their ability to develop and maintain a healthy lifestyle free of opioid drug use;
- iii. Reduce the risk for acquiring or transmission of human immunodeficiency virus (HIV), hepatitis C virus (HCV) and other infectious and communicable disease;
- iv. Develop cognitive and behavioral coping skills to prevent relapse and withdrawal syndrome, and reduce narcotic cravings; and

<sup>1</sup> See all requirements specified in the Exhibit A-1: Standard Requirements, Exhibit A - Scope of Work (SOW), and other Exhibits attached to this Agreement.

<sup>2</sup> NRT is a comprehensive treatment for opioid dependency which includes the use of the federal Food and Drug Administration (FDA)-approved controlled substances, including full agonist medication (methadone) and partial agonist medication (buprenorphine products).

<sup>3</sup> This shall include treatment with buprenorphine products.

- v. Adopt a voluntarily maintained lifestyle characterized by sobriety, personal health and **personal responsibility**.

## **B. Target Population**

Contractor shall provide services to the following populations:

### **1. Service Groups**

Contractor shall provide services to eligible Alameda County residents who require opioid agonist medications and counseling to address severe opioid use disorder (OUD).

### **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; **the Emergency Department Bridge Program; the Santa Rita Jail Narcotic Treatment Program;** other ACBH-contracted mental health and substance use treatment providers; Substance Use Access and Referral Helpline; the Criminal Justice Case Management Program; Drug Court; Cherry Hill; ACBH Acute Crisis Care and Evaluation for System-Wide Services (ACCESS); other Alameda County Departments; and other community agencies and service providers.

**With 30 day notice from ACBH,** Contractor shall have the capacity to accept three-way calls with the Substance Use Access and Referral 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 three days of the initiation of the three-way call.**<sup>5</sup> Upon successful completion of the three-way call, Contractor shall maintain contact with the client for any intake appointment reminders and/or engagement needed.

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<sup>4</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>5</sup> **If not possible to schedule the intake appointment within three days of initiation of the three-way call, Contractor shall document the reason(s) for the delay.**

### 3. Program Eligibility

**Under this contract,** Contractor shall only serve Alameda County Drug Medi-Cal beneficiaries meeting eligibility requirements specified by Title IX, with the exception of any waivers granted by the California Department of Health Care Services (DHCS) or the Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>6</sup> Contractor may also serve out-of-County residents via Courtesy Dosing in accordance with regulatory requirements.

### 4. Limitations of Service

Not applicable.

## C. Program Description

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

### 1. Program Design

OTPs encompass a variety of pharmacological and non-pharmacological ambulatory treatment approaches that include medications used to treat OUDs. Contractor shall ensure that all individuals seeking OTP services are provided with a face-to-face appointment within three business days of an OTP service request. Contractor's staff shall utilize ASAM criteria level of care considerations upon admission, during the course of treatment, and during discharge planning and coordination.

Contractor shall provide shorter-term detoxification services which entails use of approved medications to taper individuals off of opioids, as well as maintenance services to manage longer-term recovery from sustained opioid use.

Contractor shall provide NRT services in sustained, stable and medically determined doses to improve clients' health and reduce risks associated with opioid use. Contractor shall tailor medically necessary services such as dosing, level of care, length of services, and frequency of visits, to the needs of each client, as determined and authorized by a licensed physician or licensed prescriber according to state and federal guidelines.

Contractor shall provide the following services:

- i. Intake (Screening, Assessment);
- ii. Treatment Planning;
- iii. Individual Counseling;

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<sup>6</sup> Contractor shall only serve individuals under 18 years of age in accordance with DHCS regulations as follows:

- i. To serve individuals who are under 18 years of age, with or without parent(s) or guardian's written consent, in its maintenance treatment program, Contractor shall submit exception request, Form SMA-168: Exception Request and Record of Justification, to the DHCS and the Substance Abuse and Mental Health Services Administration (SAMHSA) via the SAMHSA OTP Extranet website.
- ii. To serve individuals who are under 18 years of age in its detoxification program, Contractor shall obtain written consent of their parent(s) or guardian prior to the administration of the first medication dose. Contractor may seek an exception to this requirement on an individual client basis by submitting a temporary exception request to DHCS.

- iv. Group Counseling;
- v. Patient Education;
- vi. Case Management;
- vii. Crisis Intervention Services;
- viii. Collateral Services;
- ix. Medication Services;
- x. Medical Psychotherapy; and
- xi. Discharge Planning Services.

Contractor shall provide Case Management to coordinate care with treatment and ancillary service providers and facilitate transitions between Substance Use Disorder (SUD) levels of care consistent with Alameda County Continuity of Care and Care Coordination Procedures.

Contractor shall establish and implement a protocol for the timely signing of all medical orders that is both consistent with the standard of practice for DHCS-licensed Narcotic Treatment Program (NTP) facilities and conforms to state and federal guidelines. Contractor shall utilize a breathalyzer as an intervention and measurement tool for a specified period of time when the client screens positive or when it is otherwise deemed clinically appropriate.

Contractor shall document program eligibility and then refer clients to Contractor's intake counselor and medical practitioner for enrollment. Enrollment shall include completion of forms, including but not limited to the ASAM Level of Care form, review of medical history and a physical exam to determine treatment plan and dosing schedule. Following enrollment, clients shall be assigned to Contractor's primary counselors.

Contractor's staff shall work with clients to develop treatment plans, set goals and action plans, and ensure that monthly drug screens and other needed necessary tests are conducted. Contractor shall test for oxycodone and fentanyl in the drug test panel screens consistent with State's Behavioral Health Information Notice 20-050.

Treatment plans shall include the ASAM Level of Care determination upon Treatment Plan development and during each update. Treatment Plan shall be client-centered and shall address major lifestyle and behavioral issues that may undermine patient's recovery-oriented goals and impact his or her ability to cope with major life tasks.

Contractor shall follow the state and federal guidelines in setting a mandatory minimum of 50 minutes per calendar month of individual counseling services for each client for up to 200 minutes per calendar month, with additional services only provided based on medical necessity.

The format of the counseling services shall be one of the following:

- i. Individual session, with face-to-face discussion with the client on issues identified in the client's treatment plan;
- ii. Group session, with a minimum of two clients and no more than twelve clients and having a clear goal and/or purpose that is a common issue identified in the treatment plans of all participating clients; and/or
- iii. Medical psychotherapy session, with face-to-face discussion conducted by a psychiatrist on a one-on-one basis with the client on issues identified in the client's treatment plan.

Contractor shall require each client to undergo an annual physical exam upon admission into the program, and annually thereafter, administered by Contractor's Medical Director, Program Physician, or Nurse Practitioner, or by the client's Primary Care Physician.

Contractor's staff shall update the treatment plan whenever necessary or at least once every three months from the date of admission, and shall address specific issues as needed, including the legal, vocational, educational, and medical needs of each client.

Contractor's staff shall evaluate clients to determine their eligibility for reduction of clinic visits and shall provide recommendations for physician approval of "take home" and self-administer doses. Criteria for "take homes" shall be determined by state and federal regulations.

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 which includes procedure 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.

Contractor shall comply with quality monitoring requirements as specified in the ACBH Policy on the Safety and Effectiveness of Medication Use in the DMC-ODS.

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 Drug Medi-Cal Organized Delivery System continuum of care;
- ii. Emergency Department Bridge Program;
- iii. Santa Rita Jail Narcotic Treatment Program;
- iv. ACBH-designated referral and care navigation sources for SUD, including the Substance Use Access and Referral Helpline and Cherry Hill;
- v. Alameda County Social Services Agency;
- vi. Criminal Justice Systems and partners, including but not limited to Alameda County Collaborative Court Services/Drug Court, the ACBH-contracted Criminal Justice Case Management Program, the Alameda County Probation Department, and Deputy Probation Officers;
- vii. Mental Health Service Providers, including ACBH Acute Crisis Care and Evaluation for System-wide Services (ACCESS) and John George;
- viii. Physical Health Service Providers; and
- ix. Alameda County Care Connect.<sup>7</sup>

Contractor shall utilize the MAT informing material regarding access to multiple treatment medications.

Contractor shall administer additional non-controlled substance MAT options, Naloxone and Disulfiram, as appropriate to support clients. Contractor shall ensure that all required forms of medication in the DMC-ODS Opioid Treatment Programs (including Buprenorphine, Naloxone, Disulfiram, and Methadone) be on-site and available for immediate dispensing when medically appropriate.

With 30 day notice from ACBH, Contractor shall implement new ACBH requirement to track all Naloxone distribution to clients, including that which is funded through sources other than Drug Medi-Cal.

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

No additional requirements.

## **3. Hours of Operation**

Contractor shall maintain the hours as specified in Exhibit A-Scope of Work (SOW).

## **4. Service Delivery Sites**

Contractor shall deliver services at designated service delivery sites as specified in Exhibit A-SOW.

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<sup>7</sup> Alameda County 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.

In addition to valid fire clearance and DMC Certification, Contractor shall have and maintain valid:

- DHCS NTP facility license;
- Drug Enforcement Administration (DEA) Registration;
- Center for Substance Abuse Treatment (CSAT)/Substance Abuse and Mental Health Services Administration (SAMSHA) Opioid Treatment Program Certification;
- Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation;
- Joint Commission on Accreditation of Health Care Organizations (JCAHO) Accreditation; and
- Enrollment in Medicare

**D. Minimum Staffing Qualifications**

No additional requirements.

**IV. Contract Deliverables and Requirements**

**A. Process Objectives**

Contractor shall provide the services/deliverables, as described in the Program Description, to eligible clients.

Contractor shall provide services toward achieving the following process objectives:

<b>Process Measures</b>	<b>Process Objectives</b>
Percent of clients with open episodes who have received at least one service in the past 30 days.	100%
Percent of clients with open episodes who have annual updates completed according to required timeframes.	100%
Percent of clients who reviewed and signed the MAT informing material regarding access to multiple treatment medications	100%
Percent of clients who received a Naloxone kit at least one time in the year.	70%

**B. Quality Objectives**

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of eligible clients who initially request service (and who are screened to need service), who have a first offered appointment at OTP within three days of request	At least 98%
Percent of eligible clients who have their first actual intake service at an OTP within three days of request	At least 95%
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 initiated 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 90 days throughout the episode of treatment	100%

**C. Impact Objectives**

Not applicable.

**V. Reporting and Evaluation Requirements**

No additional requirements.

**VI. Additional Requirements**

No additional requirements.