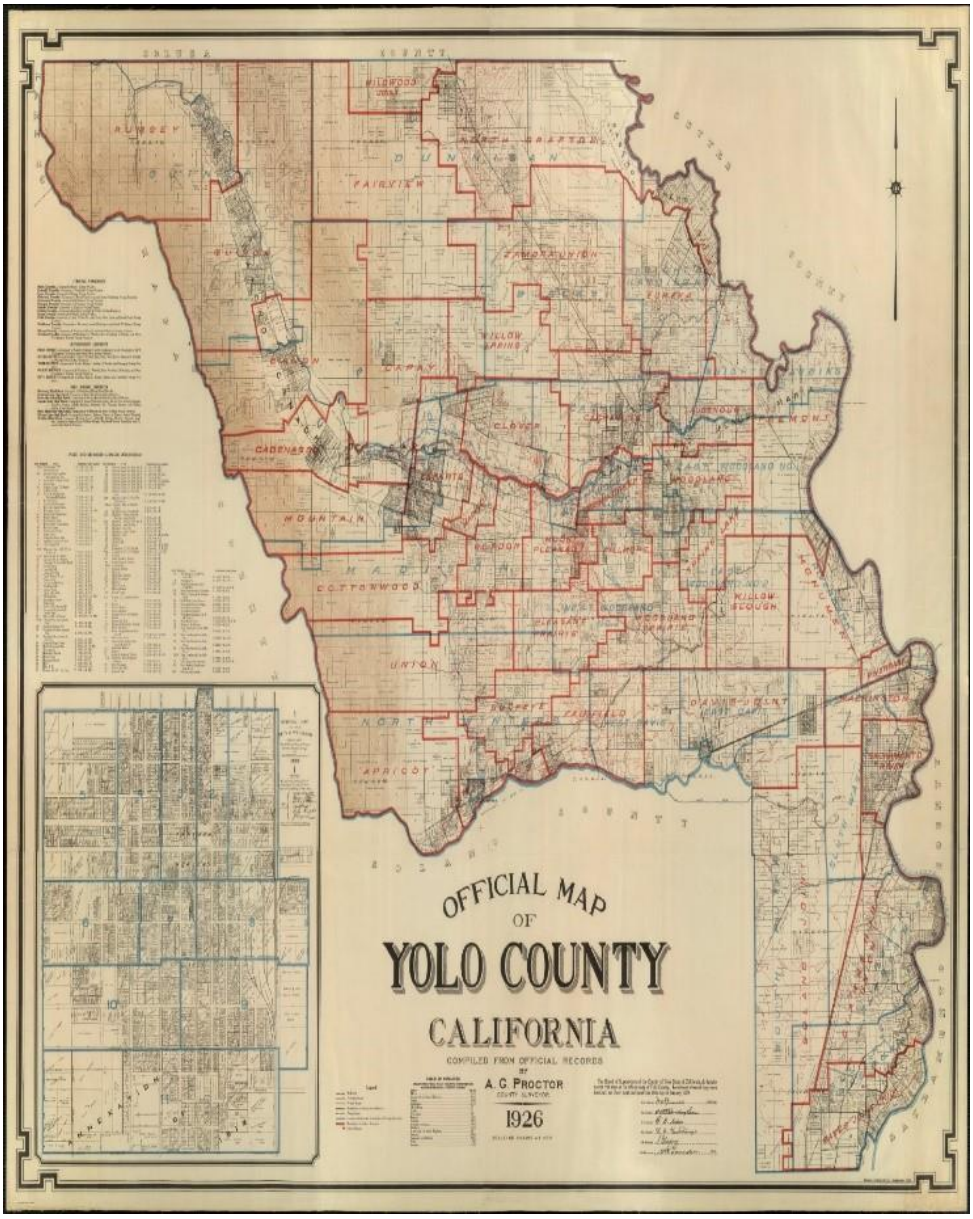
Drug Medi-Cal Organized Delivery System Implementation Plan



For Yolo County Health and Human Services Agency

Submitted by: Ian Evans, LMFT

HHSA Approved: December 2016

PART I

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
   ☒ Providers of drug/alcohol treatment services in the community
   ☒ Representatives of drug/alcohol treatment associations in the community
   ☒ Physical Health Care Providers
   ☒ Medi-Cal Managed Care Plans
   ☒ Federally Qualified Health Centers (FQHCs)
   ☒ Clients/Client Advocate Groups
   ☒ County Executive Office
   ☒ County Public Health
   ☒ County Social Services
   ☒ Foster Care Agencies
   ☒ Law Enforcement
   ☒ Court
   ☒ Probation Department
   ☐ Education
   ☒ Recovery support service providers (including recovery residences)
   ☒ Health Information technology stakeholders
   ☐ Other (specify) _____

2. How was community input collected?

   ☒ Community meetings
   ☐ County advisory groups
   ☐ Focus groups
   ☒ Other method(s) (explain briefly) Discussions regarding the Implementation have occurred at Board of Supervisors, Community Corrections Partnership,

Local Mental Health Board, Health Council, and Behavioral Health Provider Stakeholder Workgroup meetings.

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: _____

Review Note: One box must be checked.

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 no 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 clients upon year one implementation 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 24/7 number with prevalent languages for prospective clients 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 (Narrative)

In this part of the plan, the county must describe DMC-ODS implementation policies, procedures, and activities.

General Review Notes:

- Number responses to each item to correspond with the outline.
- Keep an electronic copy of your implementation plan description. After DHCS and CMS review the plan description, the county may need to make revisions. When making changes to the implementation plan, use track changes mode so reviewers can see what has been added or deleted.
- Counties must submit a revised implementation plan to DHCS when the county requests to add a new level of service.

Narrative Description

1. Collaborative Process. *Describe the collaborative process used to plan DMC- ODS services. Describe how county entities, community parties, and others participated in the development of this plan and how ongoing involvement and effective communication will occur.*

Review Note: Stakeholder engagement is required in development of the implementation plan.

The collaborative process utilized to develop the Drug Medi-Cal Organized Delivery System (DMC-ODS) Implementation Plan in Yolo County has occurred across multiple meetings and settings. Yolo County Health and Human Services Agency (HHSA) is an integrated agency that includes Mental Health Services, Employment Services, Benefits Programs, Adult Protective Services, Public Health Programs, In-Home Supportive Services, Homeless Services, and Child, Youth, and Family Services. This is of particular importance because many of the stakeholders identified in Part I, Question 1 either have representatives within these HHSA programs, or have close working partnerships with these HHSA programs. In addition to having the DMC-ODS waiver discussed at each of the provider meetings listed below, the waiver has been an agenda item at internal staff meetings throughout the agency, and is included in the HHSA 3-year Strategic Plan for 2016-2019.

Monthly DMC-ODS Provider Workgroup: Collaboration with community providers has occurred through ongoing monthly DMC-ODS Substance Use Disorder (SUD) Provider Meetings. This forum includes providers within Yolo County as well as providers from counties surrounding and nearby to Yolo County. These meetings have been facilitated by Yolo County employees, and provide an open environment for providers to ask questions, raise concerns, and offer feedback on proposed implementation plan components. Attendance at these meetings has been targeted to SUD direct service providers, and beginning in June 2016 Probation began sending a representative. Yolo County's Mental Health Director and Alcohol and Drug Administrator, as well as HHSA's Adult and Aging Branch Director, the Forensic/AOD Program Coordinator, and the Quality Management Manager review all provider feedback.

Behavioral Health Provider Stakeholder Work Group (PSWG): Opportunities for involvement in this Waiver process have also occurred through the monthly PSWG Meeting. This standing collaborative encompasses providers for SUD services, physical healthcare services, behavioral health services for adults and children, Yolo County Probation, housing programs, local hospitals, the County Administrator's office, Yolo County Office of Education, and First 5 Yolo. Having this array of providers involved in these discussions has allowed for alternative perspectives, and a growing commitment to expand access to SUD services for those in need.

Additional Forums: Five other key meetings that have provided important input and feedback throughout this planning process have included the Yolo County Board of Supervisors, Local Mental Health Board (LMHB), Health Council, Community

Corrections Partnership (CCP), and Continuum of Care meetings. Continuing to place DMC-ODS on these agendas has allowed for ongoing discussion of the developing model as the monthly DMC-ODS workgroup addressed strategic planning issues and continually refined the proposed implementation plan.

Key themes that have arisen from the various forums to-date have included:

- The County's need for detoxification services
- Defining methods for Coordination and Collaboration between providers
- The region's need for Medication Assisted Treatment/NTP Services
- Choosing Standardized Screening and Referral Approaches/Tools
- Development of a System-wide Approach to Recovery Services implementation

To ensure ongoing involvement and effective communication moving forward, the DMC-ODS implementation plan and progress will be a recurring agenda item at the Yolo County Board of Supervisors, Behavioral Health PSWG, LMHB, Health Council, and CCP meetings. The monthly DMC-ODS Provider Workgroup will continue throughout the first year of implementation (**IY1**) on a monthly basis, moving to quarterly based on group consensus. The DMC-ODS Provider Workgroup discussions will focus on implementation review and provider status updates, as well as determining areas and strategies for ongoing improvement.

2. Client Flow. *Describe how clients move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, the professional qualifications of individuals who will conduct ASAM criteria interviews and assessments, how admissions to the recommended level of care will take place, how often clients will be re-assessed, and how they will be transitioned to another level of care accordingly. 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 individuals at risk of unsuccessful transitions.*

<u>Review Note:</u> A flow chart may be included.

Two principles adopted in Yolo County's current 3-year Strategic Plan are Thriving Residents and Safe Communities. These principles are made possible through constituents' timely access to medically necessary treatment in appropriate settings. In order to accomplish this with the DMC-ODS, multiple access points for SUD care and treatment will be available. Under the DMC-ODS Plan, beneficiaries will be assessed and have access to a full continuum of SUD services with an emphasis on engaging the beneficiary in the right care, at the right time, with the right provider, utilizing the

principles of the American Society of Addiction Medicine (ASAM) Placement Criteria. HHSA and local SUD providers are positioned to facilitate this process based on the current structure for Behavioral Health Services in Yolo County in which beneficiaries are linked to care through known treatment providers, calling the 24-hour toll free line, or supported through warm hand-offs between primary care providers, emergency department staff, probation officers, and other community partners.

Referrals/Requesting Services

In accordance with the DMC-ODS Waiver, Yolo County proposes three access points for beneficiaries to request services and enter the SUD system of care:

1. Beneficiaries may call the 24-hour toll free phone line
2. Beneficiaries may walk in or be referred directly to an in-person ASAM screening at the HHSA Behavioral Health Offices in Woodland
3. Beneficiaries may walk in or be referred to an in-person ASAM screening at any one of the CommuniCare Health Centers' sites. CommuniCare is a Federally Qualified Health Center (FQHC) with clinics in each of Yolo County's largest jurisdictions: Davis, Woodland, and West Sacramento. All three CommuniCare sites will have established days and times that in-person ASAM screenings may occur. On days when CommuniCare screening staff is not available for in-person screening, other CommuniCare staff will support beneficiaries in calling the 24-hour toll free phone line in order to receive a screening for SUD services and level of care recommendations.

Initial Screening

At every access point in Yolo County all beneficiaries will be triaged for risk (suicidality, homelessness, emergency physical health needs, and detoxification services), insurance coverage/eligibility verification, and will be advised of the benefits to which they are entitled under the DMC-ODS waiver. The initial screening will be completed using a universal screening tool based on the ASAM dimensions (tool to be identified/in development through the University of California, Los Angeles). All screening staff will be trained with this screening tool prior to the implementation of services. In addition to training on the screening tool, all screening staff, whether they are working for HHSA, operating the 24-hour access line, or working at one of the CommuniCare access points, will have a minimum qualification of being a registered/certified alcohol and drug counselor. An access point provider may also choose to have a Licensed Practitioner of the Healing Arts (LPHA) provide the screening.

Referral

Once screened, the beneficiary will be referred/linked to the appropriate ASAM Level of Care (LOC). Placement considerations include findings from the screening, geographic accessibility, threshold language needs, and the beneficiaries' preferences. Uniform referral procedures will be established for providers at all access points.

Based on the screening results, beneficiaries may be referred directly to any SUD network provider for an intake appointment, which will occur within 10 days, for the following services:

- Outpatient, Intensive Outpatient, and Perinatal Day Treatment Services
- Narcotic Treatment Program Services
- Outpatient Withdrawal Management Services
- Medication Assisted Treatment Services
- Recovery Services
- Case Management Services

Residential Authorization and Assessment:

All contracted residential providers will maintain daily bed availability numbers, accessible to access point screening staff. For example, when a beneficiary receives a screening and an ASAM level of 3.1, 3.3, or 3.5 is determined to be appropriate, the screener will be able to view this bed availability data and refer a beneficiary to the appropriate program based on determined ASAM LOC and availability. The screener will provide program information to the beneficiary, including but not limited to: address, phone number, date of entry, and contact person at the provider agency.

At the time the screener refers the beneficiary for treatment, he or she will contact the HHSA 24-hour access line to obtain prior authorization for up to 72 hours. This 72 hour (3 day) period will allow the provider to complete a comprehensive assessment incorporating ASAM placement criteria and all additional paperwork to justify an ongoing residential authorization past the 72-hour period. The provider is responsible for completing their comprehensive assessment incorporating ASAM placement criteria and all necessary intake/authorization paperwork and submitting to HHSA Quality Management (QM) within the 72-hour period. HHSA QM staff will provide the full authorization for beneficiary treatment and services within one business day of receiving this information, provided the information justifies residential level of care. This full authorization will be for 30 days. Prior to the initial 30-day period ending, the residential provider will need to complete a re-assessment incorporating ASAM placement criteria and submit to HHSA QM staff if requesting additional treatment past 30 days. This process is further described in Section 20: Residential Authorization. Ongoing, HHSA's QM will conduct case reviews and treatment plan monitoring to ensure the appropriate LOC is recommended and provided specific to beneficiary medical necessity. This will include review of determinations made for change in LOC, and program discharge/treatment terminations. HHSA will monitor intake timelines to ensure no waitlist occur, and will issue an RFP for additional residential services should a need arise. To assure providers meet timeliness standards, QM will conduct regular utilization management reviews, assessing and reporting out on timeliness of beneficiary movement from into designated LOC in alignment with Federal, State and local regulations. HHSA will work with its contracted providers to ensure all efforts are

made to place a beneficiary into an appropriately identified residential program in the shortest timeframe possible.

Intake Appointment: Assessment, Medical Necessity Determination, and Admission

Once a beneficiary has completed the initial screening, with the additional residential information and prior authorization completed when appropriate, he or she will be offered an intake appointment at a provider location of the beneficiaries' choosing within the parameters of the ASAM screening results. When necessary, a beneficiary will be connected with a case manager through the Yolo County HHSA SUD-CM Hub for assistance in scheduling an intake appointment with a designated Yolo County SUD network provider (See section 8e for timeliness standards). This essential case management connection will be primarily utilized for beneficiaries who are screened and are known to be high-utilizers of multiple systems (multiple hospitalizations, incarcerations, chronically homeless), and who may need additional support to follow through with an intake appointment at a designated provider. The Yolo County HHSA SUD-CM will act as the lead case manager for high-utilizer beneficiaries transitioning between levels of care to ensure a smooth and successful transition. Yolo County HHSA currently has a mental health System Utilization Review meeting twice/month to allow various community partners that serve high need mental health clients to collaborate with HHSA staff around service needs and barriers to successful treatment. Under the waiver, Yolo County HHSA would setup a parallel meeting structure for high utilizers engaged in SUD continuum of care services to support successful treatment and transitions for these beneficiaries.

All SUD network providers will verify Medi-Cal eligibility and complete a comprehensive beneficiary assessment at intake. In **IY1**, providers will utilize either the Addiction Severity Index (ASI), or a comprehensive bio-psychosocial assessment in conjunction with the universal ASAM screening tool (will be identified prior to implementation). The ASAM screening tool will be used to determine beneficiary severity in the ASAM dimensions and to verify the placement decision made during the screening process. By **IY3** all SUD network providers within Yolo County will utilize a universal comprehensive assessment at intake based on the ASAM placement criteria. See Section 14: Assessments.

Diagnosis and medical necessity for services must be determined as part of the intake assessment process. This will occur through a face-to-face assessment, a face-to-face review, or via telehealth if approved and added at a later date. If a registered/certified alcohol and drug counselor performs the intake assessment, he/she will also meet face-to-face with the Medical Director, a licensed physician, or an LPHA to review the information gathered during the assessment. The Medical Director, licensed physician, or LPHA must then diagnose the beneficiary as having at least one DSM Substance-Related and Addictive Disorder, establish medical necessity and confirm the recommendations. For beneficiaries under the age of 21, a qualifying diagnosis includes an assessed risk for developing a substance use disorder. All providers must document this diagnosis in the beneficiary's chart and indicate how the beneficiary meets the ASAM Criteria definition for services with that provider.

Yolo County DMC-ODS *non-residential* providers will aim to admit eligible beneficiaries within five (5) business days, but will admit all appropriate beneficiaries no later than ten (10) business days, from the date the initial screening was completed.

The final LOC determination for placement will be based on the comprehensive assessment incorporating ASAM placement criteria, and may override the determination from the initial screening process. In the event that a full comprehensive assessment incorporating ASAM placement criteria yields a different LOC, the provider is responsible for transitioning the beneficiary to the appropriate level of care, which may include transitioning to another provider facility. In cases where the beneficiary needs to transition to another provider facility, the provider may work with the SUD-CM Hub to successfully transition the beneficiary to the new provider. Annually Yolo County QM staff will review LOC changes, towards minimizing this occurrence, and improving the system as a whole. When specific areas of improvement are identified, additional training and technical assistance will be required for the relevant screening and provider staff, along with HHSA SUD-CM staff when indicated.

Re-Assessment

Re-assessments will provide an opportunity for treatment staff to review and document a beneficiary's' progress by comparing the most recent functioning and severity levels to those at intake. All six (6) ASAM dimensions will be reviewed to determine the beneficiary's current level of functioning and severity. The focus of the re-assessment will be on determining whether the beneficiary still requires the current LOC, or whether an alternative LOC is more appropriate.

Treatment staff will conduct the re-assessments at the following intervals:

TABLE 1: Re-Assessment Intervals by Level of Care

Level of Care	Re-Assessment Maximum Timeframe
Residential Withdrawal Management, Level 3.2	5 days
Residential Treatment, Levels 3.1, 3.3, 3.5	30 days
Intensive Outpatient, Level 2.1	60 days
Outpatient Treatment, Level 1.0	90 days
Narcotic Treatment Programs	1 year
Medication Assisted Treatment	1 year

Beneficiary re-assessments may also occur at times of significant change that could warrant transfer to a higher or lower LOC. Changes that could warrant this re-assessment include, but are not limited to:

- Achieving treatment plan goals
- Inability to achieve treatment plan goals despite amendments to the treatment plan
- Reoccurrence of severe symptoms or new issues that cannot be addressed adequately in the current level of care
- Beneficiary request

Transitioning Between Levels of Care and the Role of the HHSA SUD-CM Hub

LOC transitions for non-residential providers will occur within five (5) to ten (10) business days. The exception to this will be when an individual requires residential treatment – the initial authorization process will be in effect (see Section 19: Residential Authorization).

Yolo County HHSA will also have a SUD-CM Hub, a team of staff assigned to assist beneficiaries moving through the SUD continuum of care. High service utilization beneficiaries will be connected with the HHSA SUD-CM Hub from the start of services and ongoing, focused on assuring effective linkage and continuing service engagement.

For non-high-service-utilizing beneficiaries, the primary case management duties will be provided by the SUD service agency. The HHSA SUD-CM staff will assist in coordination at beneficiary entry and exit from programs, if necessary. It is expected that the case manager for the service provider of the current level of care and case manager of the new level of care ensure "warm hand-offs" between LOC, which may require collaboration from staff at both SUD agencies. For instances where this "warm hand-off" between agency case managers possess a challenge, the service provider case managers can reach out to the HHSA SUD-CM staff for additional coordination support, however it is expected that in most instances transitioning between levels of care for non-high-service-utilizing beneficiaries can occur through the provider to provider case management coordination. This collaboration may include but not be limited to communication through emails or phone calls, transportation or other practical supports. The anticipated beneficiary to case manager ratio will be one case manager for every 10-30 beneficiaries depending on the level of need for the beneficiary being served. It is anticipated that the high utilizer beneficiaries will have a ratio of approximately 1:10 whereas less intensive beneficiaries will have a ratio of 1:25-30.

SUD 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. HHSA QM utilization review will include evaluation of these care components.

3. 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 individuals 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).*

Review Note: Please note that all written information must be available in the prevalent non-English languages identified by the state in a particular service area. The plan must notify beneficiaries of free oral interpretation services and how to access those services.

HHSA will utilize the current toll free beneficiary Access Line for DMC-ODS services. The access line is available 24/7 in the County's threshold languages (English, Russian, and Spanish) and is ADA TTY compliant. Data collected on DMC ODS service requests will parallel the data currently collected for the HHSA's Mental Health Programs:

- Number of calls
- Call wait times
- Requests for services
- Wait time between request for service and completed assessment
- Number of intakes scheduled
- Number of eligible beneficiaries identified during screening

In addition, the following information will be collected:

- Call abandonment rates
- Number of ASAM initial screenings completed

Individuals will be able to locate the access number at all HHSA and Behavioral Health, SUD and Physical Health care sites throughout Yolo County, as well as through 211 and websites for HHSA and SUD providers. Information describing the expanded functions of the Access line (to encompass all Behavioral Health, Mental Health and Substance Use Disorders) will be available in written postings in Yolo County's threshold languages.

QM will review Access Line records to ensure that beneficiaries receive appropriate services in a timely manner and to gather data for ongoing quality improvement efforts. Additionally, QM will conduct random test calls to the Access Line to assist in improving the quality and overall experience of connecting beneficiaries to services.

4. 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.

<u>Review Note:</u> Include in each description the corresponding American Society of Addiction Medicine (ASAM) level, including opioid treatment programs. Names and descriptions of individual providers are not required in this section; however, a list of all contracted providers will be required within 30 days of the waiver implementation date. This list will be used for billing purposes for the Short Doyle 2 system.

To ensure adequate access to services for beneficiaries, Yolo County HHSA is responsible for maintaining, monitoring, and coordinating a comprehensive network of providers under Board of Supervisor approved contracts. Under the DMC-ODS waiver, HHSA will look to expand this provider network as necessary to address beneficiary need, and will monitor its providers to ensure services are individualized, medically necessary, and based on comprehensive assessments including ASAM criteria. It is expected that all providers coordinate care with physical health, mental health, and other ancillary services identified during the assessment or treatment episode. All DMC-ODS providers are expected to meet timely access standards.

HHSA will release requests for proposals (RFP's) to identify qualified DMC-ODS providers for all services to be contracted under the DMC-ODS waiver.

Under the DMC-ODS waiver all contracted providers will be DMC certified and have ASAM level of care designations. QM will review all certifications/licenses required for providers and ensure they are renewed as required. Additionally, when a new provider is brought into the network of services, QM will ensure they are certified and/or licensed as required for their LOC. All network providers are expected to meet all applicable Federal, State, and local regulations. HHSA relies on contracted network providers for SUD services, and is familiar with monitoring of these programs. HHSA will expand to provide County-operated services, including screening and case management, to further enhance network adequacy.

Below is a list of services that Yolo County HHSA will ensure are in place as part of the DMC-ODS.

TABLE 2: List of Yolo County's Proposed DMC-ODS Services			
Services Type		**ASAM Level**	**Required or Optional**
A	Early Intervention / Screening, Brief Intervention, and Referral to Treatment	.05	Provided in partnership with existing primary care providers
B	Outpatient Services /Outpatient Treatment Services	1	Required
C	Intensive Outpatient Treatment Services	2.1	Required
E	Withdrawal Management Services	3.2-WM	1 Level Required
F	Residential Treatment Services	3.1, 3.3, 3.5	1 Level Required in IY1, all 3 Levels by IY3
G	Opioid/Narcotic Treatment Program	1	Required
H	Additional Medication Assisted Treatment Services	1	Optional
I	Recovery Services	N/A	Required
J	Case Management	N/A	Required
K	Physician Consultation	N/A	Required
L	Recovery Residence/Transitional Living	N/A	Optional

Services Descriptions for Required/Optional Services to be Provided:

A. Early Intervention (ASAM Level 0.5)

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are provided by non-DMC providers to beneficiaries at risk of developing a substance use disorder. The Memorandum of Understanding held between Yolo County HHSA and Partnership HealthPlan of California (PHC), which is the single managed care health plan for Yolo County Medi-Cal beneficiaries, will govern referrals to treatment from SBIRT services.

B. Outpatient Services (ASAM Level 1.0)

Outpatient services consist of up to 9 hours per week of medically necessary services for adults and less than 6 hours per week of services for adolescents, as determined by a Medical Director or LPHA and in accordance with an individualized treatment plan. Interventions may be offered by a licensed professional or certified counselor in any appropriate community-based setting certified to provide ASAM Level 1 services. The components of Outpatient Services include: intake and assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination as defined in the Medi-Cal DMC-ODS Special Terms and Conditions (STCs). Services may be provided in-person, by telephone, or by telehealth if approved and implemented at a later date.

Yolo County expects to have at least two Outpatient Programs at the onset of the Implementation Plan, one of which is currently DMC certified. The other is pending an application with the Department of Health Care Services (DHCS) Provider Enrollment Division.

C. Intensive Outpatient Services (ASAM Level 2.1)

Intensive outpatient services involve structured programming provided to beneficiaries as determined to be medically necessary by a Medical Director or LPHA and in accordance with an individualized treatment plan, for a minimum of nine (9) hours and a maximum of 19 hours per week for adult perinatal and non-perinatal beneficiaries. Adolescents are provided a minimum of six (6) and a maximum of 19 services per week. The components of Intensive Outpatient Services include: intake and assessment, treatment planning, individual and group counseling, patient education, family therapy, medication services, collateral services, crisis intervention services, treatment planning, and discharge planning and coordination as defined in the Medi-Cal DMC-ODS STC's. Services may be provided in-person, by telephone, or by telehealth if approved and implemented at a later date, in any appropriate setting in the community that is certified to offer ASAM level 2.1 services.

Yolo County expects to have one local provider that has already been certified for Intensive Outpatient Treatment and Perinatal Day Treatment at the onset of the Implementation Plan.

D. Withdrawal Management Services (ASAM Levels 3.2-WM)

Withdrawal Management services are provided to beneficiaries as medically necessary, when determined by a Medical Director or LPHA and in accordance with an individualized treatment plan, and include: intake and assessment, observation, medication services, and discharge planning and coordination. Beneficiaries receiving residential Withdrawal Management services shall reside at the facility for monitoring during the detoxification process. For beneficiaries receiving Withdrawal Management, an HHSA SUD-CM will be assigned to coordinate necessary ancillary services and to facilitate a transition into the next identified LOC.

Yolo County does not currently have withdrawal services but HHSA will identify qualified DMC-ODS providers for ASAM Level 3.2-WM: Clinically-Managed Residential Withdrawal Management, and intends to have these services in place for **IY1**. HHSA will analyze the need for ASAM Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring, and if Yolo County beneficiary need is identified, an RFP will be issued during **IY1** to have services in place by the end of **IY2**. At this time, HHSA does not intend to offer ASAM Level 2-WM, however we will review utilization and ASAM data and determine whether there is a need by the end of **IY2**. Should a need be substantiated an RFP would be released for ASAM L 2-WM in **IY3**.

E. Residential Treatment Services (ASAM Levels 3.1, 3.3, 3.5)

Residential treatment is a 24-hour, non-institutional, non-medical, short-term service that provides residential rehabilitation services to beneficiaries with a substance use disorder diagnosis when determined by a Medical Director or LPHA as medically necessary and in accordance with an individualized treatment plan. Residential services are provided in DMC-certified facilities designated (and licensed as necessary) by DHCS as capable of delivering care consistent with ASAM Level 3.1: Clinically-Managed Low- Intensity Residential, ASAM Level 3.3: Clinically Managed Population-Specific High- Intensity Residential Services (Adult only), and ASAM Level 3.5: Clinically-Managed High-Intensity Residential. The daily regimen and structured patterns of residential activities are intended to restore cognitive functioning and build behavioral patterns within a community. Each beneficiary shall live on the premises and be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve problems. Goals include, but are not limited to, sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.

Beneficiaries are approved for residential treatment through a prior authorization process as outlined in Section 19. The length of stay for residential services for adults may range from 1-90 days in one continuous period, unless a reassessment of medical necessity justifies a one-time reauthorization/extension of up to 30 days. Only two non-continuous 90-day regimens will be authorized in any one-year period (365 days). Perinatal beneficiaries may receive lengths of stay up to the length of the pregnancy

and postpartum period (60 days). Criminal justice-involved beneficiaries may receive a longer length of stay based on medical necessity. The average length of stay for residential services will be between 30-45 days under the DMC-ODS services. HHSA QM staff will review length of stay in the ongoing residential provider monitoring process to determine additional training or support needs in this area.

Residential treatment for adolescents may be authorized for up to 30 days in one continuous period, unless a reassessment of medical necessity justifies a one-time reauthorization/extension of 30 days. Residential authorization for adolescents will be limited to two non-continuous 30-day regimens in any one-year period (365 days).

The components of Residential treatment services include: intake and assessment, treatment planning, individual and group counseling, beneficiary education, family therapy, safeguarding medications (facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication), collateral services, crisis intervention services, treatment planning, transportation services (provision of or arrangement for transportation to and from medically necessary treatments), and discharge planning and coordination. All providers are required to accept and support patients who are receiving medication-assisted treatments.

Yolo County currently has one licensed residential provider with a preliminary ASAM Level 3.1 designation, and one licensed residential Perinatal DMC certified provider within the County. HHSA anticipates having a second licensed residential provider receive a preliminary ASAM Level 3.1 designation prior to implementation, along with several out-of-county contracted residential providers with both 3.1 and 3.5 designations. Two in-county non-Perinatal residential providers are in the process of applying for DMC certification in addition to their preliminary ASAM designations. HHSA anticipates the current provider with a preliminary 3.1 designation will have a Level 3.5 designation prior to implementation. HHSA will ensure ASAM level 3.3 is available within 3 years of final approval of the County's implementation plan, and will follow the County's policies and processes for selecting new providers.

For beneficiaries engaged in any residential treatment program, case management services will be provided as described previously in this plan.

Yolo 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. For Residential Levels 3.7 and 4.0, Yolo County HHSA will coordinate care with Partnership HealthPlan, who is responsible for providing authorization for and managing the Inpatient benefit. For adolescent residential services, HHSA will provide referrals to out-of-county facilities and will enter into a contract agreement for these services. In all instances, HHSA 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 Yolo County residents.

F. Opioid (Narcotic) Treatment Program (OTP/NTP, ASAM OTP Level 1)

OTP/NTP services are provided in NTP licensed facilities. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber and approved and authorized according to State of California requirements. NTPs/OTPs are required to offer and prescribe medications to beneficiaries covered under the DMC-ODS formulary including methadone, buprenorphine, naloxone, and disulfiram.

The components of OTP/NTP Services include: intake and assessment, individual and group counseling, patient education, medication services, collateral services, crisis intervention services, treatment planning, medical psychotherapy (counseling services consisting of face-to-face discussion conducted by the Medical Director of the NTP/OTP on a one-on-one basis with the beneficiary), and discharge services. Beneficiaries receive between 50 and 200 minutes of counseling per calendar month with a therapist or counselor, and, when medically necessary, additional services may be provided.

HHSA does not currently contract with an NTP provider, but has identified providers in surrounding counties that may have interest. An NTP/OTP provider that contracts with Yolo County as a result of the RFP process will meet all requirements listed above and will comply with Federal, State, and local regulations. HHSA anticipates having NTP services contracted and implemented for **IY1**.

Beneficiaries receiving NTP services may simultaneously be receiving other ASAM level of care services.

G. Additional Medication Assisted Treatment (MAT) Services (Optional, ASAM Level 1)

Additional MAT services include the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber.

MAT will expand the use of medications for beneficiaries with chronic alcohol related disorders and opiate use to include: naltrexone, both oral (ReVia) and extended release injectable (Vivitrol); topiramate (Topamax); gabapentin (Neurontin); acamprosate (Campral); and disulfiram (Antabuse). In addition, the following will be utilized:

- For opiate overdose prevention: naloxone (Narcan)
- For opiate use treatment: buprenorphine-naloxone (Suboxone) and naltrexone (oral and extended release) (Note: Methadone will continue to be available through the licensed narcotic treatment program)
- For tobacco cessation: nicotine replacement therapy

HHSA SUD-CM case managers will support beneficiaries in MAT services in the same manner as beneficiaries receiving other basic support services.

Beneficiaries may be simultaneously participating in MAT services and other ASAM levels of care.

HHSA will analyze data on MAT utilization and trends ongoing, and as unmet needs are identified HHSA will work with local and regional providers to address the availability of necessary services and medications.

HHSA currently works with a provider that offers Suboxone and Vivitrol and anticipates being able to provide these services to beneficiaries under the waiver.

H. Recovery Services (ASAM Dimension 6, Recovery Environment)

Recovery services are available once a beneficiary has completed the primary course of treatment and during the transition process. Beneficiaries accessing recovery services are supported to manage their own health and health care, use effective self-management support strategies, and rely on community resources for ongoing support.

Recovery services may be provided face-to face, by telephone, via the internet, or elsewhere in the community. Services may include: outpatient individual or group counseling to support the stabilization of the beneficiary or reassess the need for further care, recovery monitoring and/or recovery coaching, peer-to-peer services and relapse prevention, WRAP development, education and job skills, family support, support groups and linkages to various ancillary services. Any eligible DMC provider within the network may provide medically necessary recovery services to beneficiaries.

I. Case Management Services

Case management services support beneficiaries as they move through the DMC-ODS continuum of care from initial engagement and early intervention, through treatment, to recovery supports. Case management services are provided for beneficiaries who may be pre-contemplative and challenging to engage, and/or those needing assistance connecting to treatment services, and/or those beneficiaries stepping down to lower levels of care and support. Yolo County HHSA and its providers will use a comprehensive case management model based on the ASAM bio-psychosocial assessment to identify needs and develop a case plan accordingly.

Case management services may include: comprehensive assessment, level of care identification, beneficiary plan development, coordination of care with mental health and physical health, monitoring access to SUD treatment, beneficiary advocacy and linkages to other supports including but not limited to mental health, housing, transportation, food, and benefits enrollment. Case managers will be trained in and utilize evidence-based practices such as trauma-informed care, cultural competency, Motivational Interviewing (MI), harm reduction strategies, and strength based approaches. Case management services will be offered to beneficiaries by staff at contract provider agencies and at HHSA.

High utilizers and complex beneficiaries, identified by HHSA or other providers, will have an assigned case manager from the HHSA SUD-CM Hub to oversee SUD care and coordinate with other treatment services and systems. HHSA staff will make the final determination on the level of case management services provided. The HHSA SUD-CM case manager will communicate with the treatment provider to reduce risk of

duplicated case management efforts and will lead complex care coordination when the beneficiary is receiving services or care from multiple agencies/county systems. All other/non-complex or transitioning care beneficiaries will receive the majority of their case management services from the contract provider agency where the beneficiary is admitted and receiving treatment services. All case management services are provided consistent with confidentiality requirements identified in 42 CFR, Part 2, and California law, and the Health Insurance Portability and Accountability Act (HIPAA).

J. Physician Consultation

Physician consultation services include DMC physicians consulting with addiction medicine physicians, addiction psychiatrists, or clinical pharmacists. Physician consultation services are designed to assist DMC physicians with seeking expert advice on designing treatment plans and supporting DMC providers with complex cases, which may address medication selection, dosing, side effect management, adherence, drug-to-drug interactions, or level of care considerations.

Yolo County HHSA intends to contract with an addiction medicine physician, addiction psychiatrist, or clinical pharmacist to provide consultation services. This position may be an internal HHSA position or a contracted position. Regardless of whether this is an external or internal HHSA position, this position will be in place by implementation.

K. Recovery Residences/Transitional Living

Recovery residences (RR) are available for beneficiaries who require housing assistance in order to support their health, wellness, and recovery. There is no formal treatment provided at these facilities, however, residents are required to actively participate in outpatient treatment and/or recovery supports during their stay. While meant to be a transitional living situation, there is no maximum length of stay. HHSA SUD-CM will work with the necessary providers to determine the appropriate length of stay for each individual. The County is developing standards for contracted RR providers and will monitor to these standards. RRs are not reimbursable through Medi-Cal.

L. Optional Service Levels Pending ASAM Utilization Review

HHSA will consider whether to offer additional, optional DMC services once baseline data on beneficiary ASAM service need and utilization has been collected and analyzed (end of **IY1**). If an unmet need for a service is determined, HHSA will amend its implementation plan to incorporate the additional service(s) and will initiate an RFP process to identify qualified providers. Service levels anticipated for possible expansion include: Withdrawal Management (ASAM 1-WM and 2-WM) and Partial Hospitalization Services (ASAM 2.5)

Service Level Barriers

HHSA anticipates the following barriers to providing a number of services within the DMC-ODS continuum of care, especially in **IY1** and **IY2**:

- Start-up costs associated with new facilities and programming;
- Facility siting challenges such as zoning, hiring, and retaining qualified staff, particularly those able to meet threshold language needs;
- DMC certification delays; and
- Geographic location and related beneficiary transportation barriers for out-of-county contracted providers.

Coordination with Surrounding Opt-In and Opt-Out Counties

HHSA has established strong relationships with surrounding counties' SUD divisions through state level associations and regional collaborations. HHSA has regular discussions with surrounding counties (particularly those with common providers working across multiple counties, specifically holding ongoing meetings with Placer County and Nevada County) focused on two primary objectives:

- Reduce disruption of services to beneficiaries, and
- Coordinate DMC-ODS implementation between counties, to ease the burden on multi-county service providers

Yolo County HHSA will offer existing DMC modalities to any beneficiary in an opt-out county seeking services within Yolo County and will coordinate ongoing with neighboring counties, whether opt-in or opt out, to ensure beneficiaries are quickly and easily able to access necessary services. HHSA will also work together on regional approaches when necessary to deliver a component of the continuum of care, e.g., youth residential treatment.

5. 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 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?*

Yolo County HHSA is an integrated agency that oversees SUD and specialty mental health (MH) services throughout the County. This includes beneficiaries with co-occurring disorders. Currently, SUD services are delivered through contracts with community-based providers, based on a variety of funding sources. HHSA is applying for DMC certification to enhance access and network capacity, and to develop a continuum of SUD services within the County that parallels the specialty MH services.

Specialty MH Services, for adults with serious and persistent mental illness and youth

with severe emotional disturbances, are managed and delivered through a combination of County-operated and community-based providers, some of whom also provide SUD services. MH services for beneficiaries with mild to moderate MH conditions are provided by PHC through its contractor, Beacon Health Strategies. Currently, the main Outpatient and Perinatal Day Treatment provider in Yolo County offers mild to moderate MH services as part of the Beacon network; beneficiaries are able to access both their SUD treatment services and mild to moderate MH services from this provider. If, during initial SUD assessment, a beneficiary is identified as having co-occurring MH issues, these are included in the beneficiary's treatment plan, along with defined efforts to coordinate services for those issues, with progress subsequently tracked in the beneficiary's chart throughout his or her treatment episode.

Coordination of Care for Co-Occurring Mental Health and Substance Use Disorders

The following specific strategies have been identified to coordinate care for beneficiaries with co-occurring conditions, who are to be served in either integrated or separate agencies:

A. Integrated HHSA Access Line: HHSA's current 24/7 MH access line will be expanded to include access into the DMC-ODS continuum. Training on Yolo County's SUD Continuum of Care and the screening tool will be provided to all staff operating the access line. All 24/7 access line operators will be educated on contracted SUD providers and the referral process.

B. Memorandum of Understanding (MOU) with PHC: The current MOU between the Managed Care Plan and Yolo County HHSA will be reviewed to include necessary language or components under the DMC-ODS waiver. Screening, Brief Intervention, and Referral to Treatment (SBIRT) will be highlighted in discussions with PHC, along with providing primary care provider training to ensure that SBIRT is occurring when needed.

C. Substance Use Treatment Provider Technical Assistance: As part of the selective contracting process (see Section 17 Contracting) providers that are also Beacon network providers with PHC will be given technical assistance to ensure inter-agency coordination for beneficiaries. For those providers that are not part of the Beacon network of providers, HHSA will provide information, education, and technical assistance on the available resources, steps for accessing and referring to MH providers, and coordination requirements.

D. Case Management: For all beneficiaries identified as "high-utilizers" of multiple systems, a county case manager will be assigned after the screening process to help coordinate necessary services, including MH services. HHSA is a current provider of direct services for beneficiaries identified as having a severe and persistent MH condition. These services include case management, therapy, psychiatric services, housing support, and linkage to other services determined to be medically necessary.

E. Other Existing Co-Occurring Disorder (COD) Services: Yolo County currently contracts with two outpatient SUD programs that provide services specifically for the dual-diagnosis population. One agency has mental health services within their agency for internal referrals between programs of beneficiaries already served. When appropriate this agency will also refer a beneficiary to HHSA for mental health services (i.e., if the beneficiary is severely mentally ill). A second program providing harm reduction services for beneficiaries with co-occurring conditions, coordinates with various other mental health providers through releases of information, when necessary for beneficiaries to ensure continuity of care.

A third program focuses on serving the co-morbid homeless population. Funded by a Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant, the program aims to advance client recovery through an integrated treatment approach, which includes both MH and SUD services along with intensive case management and permanent housing for those who qualify as chronically homeless.

Minimum Initial Coordination Requirements, Goals and Monitoring

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

A. Identified screening and assessment procedures/tools to accurately determine when a beneficiary is presenting with co-occurring SUD and MH condition(s)

B. Written procedures for linking/coordinating beneficiaries with needed MH services. For example, linkage with HHSA for severe MH conditions, or linkage to a Beacon 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.

The HHSA QM team SUD review will parallel the system in place for specialty MH review, assuring beneficiary needs are adequately and appropriately addressed ongoing. Recommendations for improvement will be made in situations where the beneficiary's treatment plan requires further care coordination or direct services. In instances where corrective action is required, QM 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 QM Site Reviews and through internal (provider) and external (HHSA) Utilization and Chart Review processes.

6. 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 providers? How will these be monitored?*

Behavioral Health Coordination with Physical Health

As described previously (Section 2), Yolo County has a local Federally Qualified Health Center (FQHC) with locations in the three most populated areas of Yolo County (Davis, Woodland, and West Sacramento). This FQHC also provides satellite services in smaller areas of Yolo County (Winters and Esparto). In addition to providing physical healthcare and treatment for mild to moderate MH conditions, the FQHC is a current DMC certified provider for Outpatient, IOT and Perinatal Day Treatment services. Other local substance use treatment providers often coordinate with the FQHC for addressing both the physical health and MH needs of their beneficiaries through the FQHC, and it is expected the current level of coordination will continue. Leadership and staff of the FQHC are regular, continuing participants in multiple collaborative groups with HHSA and other community-based service providers. It is also expected that the requirements for coordination currently detailed in contracts, as well as the current QM monitoring of sites and services, will continue and/or be expanded under new contracts with DMC-ODS.

As noted previously, HHSA will work with PHC to review the current MOU, and will amend to add requirements as necessary under the DMC-ODS waiver. This will include HHSA partnering with PHC in reaching out to other providers of physical healthcare throughout the county, who will need to be familiarized with services available under the waiver expansion.

Minimum Initial Coordination Requirements, Goals and Monitoring

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

A. Written screening and assessment procedures/tools to identify physical health care needs (within scope of practice), and to determine primary care provider linkage needs
B. Written procedures for linking/coordinating beneficiaries' physical health services, including, but not limited to, ensuring the beneficiary has a primary care provider
C. 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 HHSA QM 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, QM 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 QM Site

Reviews and through internal (provider) and external (HHSA) Utilization and Chart Review processes.

7. Coordination Assistance. *The following coordination elements are listed in the STCs. Based on discussions with your health plan and 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;*

The main challenge currently identifiable in this area is the implementation of SBIRT with primary care providers. Many of Yolo County's primary care providers are already doing the Screening and Brief Intervention piece, but some express discomfort implementing the Referral to Treatment component. It appears this is due to a lack of information on available providers to refer to, and what that process would encompass. As part of the DMC-ODS Implementation, Yolo County HHSA has reached out to, and will continue to reach out to, local primary care providers to provide education on the available resources and referral process. With a more centralized access system under the waiver, this may correct without further technical assistance needed at this time.

- *Shared development of care plans by the beneficiary, caregivers and all providers;*
- *Collaborative treatment planning with managed care;*
- *Care coordination and effective communication among providers;*
- *Navigation support for patients and caregivers; and*
- *Facilitation and tracking of referrals between systems.*

These five areas currently all pose a similar challenge: sharing of relevant information between providers. The necessary components include ensuring that all SUD, physical health, and MH providers and beneficiaries understand the requirements related to 42 CFR, Part 2, 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 HHSA's. Infrastructure for seamless navigation with beneficiary information is lacking; technical assistance will be especially helpful during **IY1** and **IY2** of Yolo County's DMC-ODS implementation process. HHSA and the Yolo County provider agencies are committed to collaborative efforts that will best serve beneficiaries, and productive conversations are underway about strategies to remedy these issues in the future; we anticipate sufficient basic policies and procedures will be developed by **IY3**.

For approximately three years Yolo County has participated with regional health

information exchange efforts through our agreement with Connect HealthCare. Connect HealthCare is the regional non-profit organization helping oversee and motivate the implementation and expansion efforts of health information exchange through all medical providers in the region along with local county health and human services agencies who have committed to participate. Yolo county does not currently share data through an exchange but we are in the planning phase to identify and schedule data interfaces for a number of systems. Yolo uses Netsmart Avatar system for health records on mental health and substance use services to clients. Avatar has a number of optional modules which have already been purchased and need to be implemented which will support external communication and data exchange along with advanced operational and patient data analytics. When those modules complete implementation we will schedule to establish a bidirectional data exchange with the regional HIE to share information. Permissions requirements for the release of information will be a top concern. 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 will hopefully be enabled for data exchange in the future.

An interim information sharing solution under consideration between HHSA and providers is a Universal Release of Information (ROI). HHSA has developed a similar internal ROI to allow information sharing among different entities within HHSA. It is possible that HHSA could develop a similar ROI for all contracted substance use treatment providers that will afford beneficiaries all the protections under 42 CFR, Part 2, but allow various providers to communicate regarding beneficiaries' treatment needs and progress throughout the continuum.

Information sharing concerns aside, HHSA and its providers anticipate that the implementation of case management and recovery services will significantly improve beneficiary engagement, participation, and navigation through the continuum of services.

8. Availability of Services. *Pursuant to 42 CFR 438.206, the pilot County must ensure availability and accessibility of adequate number and types of providers of medically necessary services. At minimum, the County must maintain and monitor a network of providers that is supported by written agreements for subcontractors and that is sufficient to provide adequate access to all services covered under this contract. In establishing and monitoring the network, describe how the County will consider the following:*

- *The anticipated number of Medi-Cal clients.*
- *The expected utilization of services by service type.*
- *The numbers and types of providers required to furnish the contracted Medi-Cal services.*
- *A demonstration of how the current network of providers compares to the expected utilization by service type.*
- *Hours of operation of providers.*

- *Language capability for the county threshold languages.*
- *Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and first DMC-ODS treatment service, timeliness of services for urgent conditions and access afterhours care, and frequency of follow-up appointments in accordance with individualized treatment plans.*
- *The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities*
- *How will the county address service gaps, including access to MAT services?*
- *As an appendix document, please include a list of network providers indicating, if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat (i.e., adolescent, adult, perinatal).*

Yolo County's census data from 2013 shows the population sits at approximately 205,000 total residents. In 2015, approximately 25% (51,250) of Yolo County residents were Medi-Cal beneficiaries. 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, while the California Department of Health Care Services Behavioral Health Needs Assessment, Vol. 2 2013, page 30, estimates 10.3% of the population meets criteria for a SUD. For the purpose of determining prevalence rates and projecting utilization moving forward, HHSA will use the mean average of both the federal and state estimates, which equates to 12.25%. Applying this prevalence rate to Yolo County's Medi-Cal beneficiary pool, HHSA projects 6,278 beneficiaries have a SUD and could benefit from some level of SUD treatment.

However, 2015 SAMHSA data indicates that only 10.8% of those who needed treatment received treatment in a specialty SUD treatment program. Given this data, Yolo County HHSA projects between 625 and 700 beneficiaries will access treatment services under the waiver expansion.

On the following pages there are several charts and descriptions that outline historical utilization of services, the expected utilization of services, the number and types of providers required to furnish these services, language capability for threshold languages, the geographic location of providers and beneficiaries, and access for beneficiaries with disabilities. Together they will provide a comprehensive picture of the services beneficiaries will receive, where they will receive the services, and the anticipated services by each provider type.

Reviewing Yolo County historical data from the State of California, Department of Finance, E-1 Population estimates for cities, counties and state, it appears that the overall population growth hovers between 1-2% annually, with a growth of 1.3% from 2015-2016. This 1.3% figure will be used to project the total number of beneficiaries accessing services under the DMC-ODS plan in Yolo. In Table 5, the FY 16-17

numbers are purposefully missing as we are currently in the middle of this year so data would be incomplete. Further, it is anticipated that Yolo County will have all contracts in place for services under the DMC-ODS waiver by FY 17-18, therefore projections will begin there. Yolo County will analyze utilization for all levels of services ongoing during the waiver implementation, and will work accordingly with providers to increase capacity as needed to properly serve the Yolo County DMC SUD population.

Table 3: Estimated Medi-Cal Beneficiaries Needing and Accessing Substance Use Services (Unduplicated Numbers)

	Yolo County Medi-Cal Beneficiaries	Mean Estimated SUD Prevalence	Estimated Beneficiaries Needing SUD Services	Estimated Penetration Rate	Estimated Medi-Cal Beneficiaries Accessing SUD Services
FY 15-16	51,250	12.25%	6,278	10.8%	678
FY 16-17	51,916	12.25%	6,359	10.8%	687
FY 17-18	52.950	12.25%	6,486	10.8%	700
FY 18-19	53.634	12.25%	6,570	10.8%	709

The figures on the following page were calculated by taking the historical data (specifically FY 15-16) in the above graph and utilizing the 1.3% Yolo County growth figure. HHSA used data pulled from CalOMS, DHCS reports on out-of-county NTP services, and internal Electronic Health Record reports for the above chart. The current provider serving Yolo County clients for NTP services indicated that .5% are served for detox and 99.5% are served for NTP maintenance. In addition to using the 1.3% growth rate below, HHSA pulled statistics from DHCS' 2015 California Substance Use Disorder Block Grant and Statewide Needs Assessment and Planning Report to obtain percentages regarding detoxification services statewide being that Yolo County has not had access to detoxification services for several years. This report indicated that 18% of clients needed detox services (NTP detox, outpatient detox and residential detox). All of this information is combined to reflect the below projections.

Table 4: Type of Treatment Services/Modality Admissions FY 14-15 & 15-16 (Duplicated Numbers)				
	FY14-15 Total		FY 15-16 Total	
	%	N	%	N
Non-Residential/Outpatient				
Treatment/Recovery				
Outpatient Drug Free	48.4	499	50.4	795
Outpatient (medication)	0.6	6	0.3	6
NTP Maintenance	0.0	0	15.01	236
Day Care Rehabilitative	6.4	66	3.7	59
Outpatient Detoxification				
Outpatient Detoxification (non-medical)	0.0	0	0.0	0
Outpatient Detoxification (medical)	0.0	0	0.0	0
NTP Detoxification	0.0	0	0.79	12
Subtotal	**55.4**	**571**	**70.2**	**1,108**
Residential/Inpatient				
Detoxification (hospital)	0.0	0	0.0	0
Detoxification (non-hospital)	0.0	0	0.0	0
Residential (30 days or less)	0.6	6	0.3	5
Residential (31 days or more)	44.0	453	29.5	465
Subtotal	**44.6**	**459**	**29.8**	**470**
Total	**100.0**	**1,030**	**100.0**	**1,578**

Table 5: Projected Type of Treatment Services/Modality Admissions FY 17-18 & 18-19 (Duplicated Numbers)				
	FY 17-18 Projections		FY 18-19 Projections	
	%	N	%	N
Non-Residential/Outpatient				
Treatment/Recovery				
Outpatient Drug Free (ASAM 1.0)	43.99	712	43.99	721
Outpatient (medication) (Additional MAT ASAM OTP -1)	0.3	5	0.3	5
NTP Maintenance (ASAM OPT -1)	15.01	243	15.01	246
Day Care Rehabilitative (ASAM 2.1)	3.7	60	3.7	61
Outpatient Detoxification				
Outpatient Detoxification (non-medical) (ASAM 1-WM)	0	0	0	
Outpatient Detoxification (medical) (ASAM 2-WM)	0	0	0	
NTP Detoxification (ASAM 1-WM)	0.79	13	0.79	13
Subtotal	**63.79**	**1,033**	**63.79**	**1,046**
Residential/Inpatient				
Detoxification (hospital) (ASAM 3.7 & 4.0 WM)	0		0	
Detoxification (non-hospital) (ASAM 3.2 WM)	17.21	279	17.21	283
Residential (ASAM 3.1 & 3.5)	19.0	308	19.0	312
Subtotal	**36.21**	**587**	**36.21**	**595**
Total	**100**	**1,620**	**100**	**1,641**

Current Provider Capacity versus Projected Utilization

Comparing the projected utilization for all levels of services, with the exception of ASAM 3.2 WM, Yolo County's current continuum of providers satisfy the needs for utilization projected through FY 18-19. NTP Maintenance and Detox services are currently provided by an out-of-county NTP provider, but under the DMC-ODS waiver, Yolo County would contract with this existing provider or a new provider based on the RFP process to meet the current and projected need for this service. Additionally, Yolo County will be issuing an RFP for residential detoxification services, ASAM 3.2-WM, and through this process will identify and contract with a provider that is capable of handling the projected utilization for this level of care moving forward.

Currently our network providers have the below capacity based on level of services:

ASAM Level 1.0: 795 slots annually between two current Level 1.0 providers.

ASAM OTP-1: Capacity is still being determined because this is a fairly new program and has recently expanded its capability, but it is indicated to be able to handle more than double the projected amounts for FY 17-18 and FY 18-19.

NTP ASAM OTP-1: Our current NTP provider has indicated that with their current facility they could serve the projected number of clients for FY17-18 and FY18-19. If contracted with for the DMC-ODS services, this provider would actually look to open a facility within Yolo County (there current facility that serves Yolo County clients is in Sacramento) which would expand capacity well beyond the projected 246 clients for FY 18-19.

ASAM Level 2.1: Capacity for this has been indicated at 71 clients for our current provider, however with the expanded services under DMC-ODS they anticipate this number growing based on more staffing and providing more options for groups. Regardless, the 71 clients meet the projected need above.

NTP ASAM 1-WM: Capacity from the anticipated provider for this services is between 35-40 clients.

ASAM 3.2 WM: Yolo County does not currently have a provider that offers this service and will use the projected numbers during the RFP process to determine an appropriate provider who would meet the capacity need of our county.

ASAM 3.1 & 3.5: Yolo County currently contracts with residential providers that combined had a total bed number of 230 beds. According to ASAM data the average number of days a client remains in residential treatment is 28.5 days. Using Yolo County CalOMS data it appears for the past 2 years the average length of stay for residential treatment is 31 days. This would indicate that on average each residential bed would be available monthly. When calculating capacity for these two levels of care we considered that our current providers contract with other counties as well and that the average of 31 days for treatment. With this in mind, if we assume we use approximately 15% of our provider's beds per year (average based on general

feedback from providers) it would put Yolo County's capacity at 414 admissions. Reviewing the current Yolo County substance use residential contracts, there would be payment for 340 beds for 31 day stays. Both the 340 and 414 figures exceed the 312 estimated stays for FY 17-18.

Hours of operation of providers

In addition to 24-hour, 7-day/week residential services, providers of other ASAM LOC 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.

Projected Language Needs

The threshold languages in Yolo County are currently English, Spanish, and Russian. Yolo County HHSA will work with contracted providers to ensure that all written information is available in the three threshold languages, including how to access available language lines in Yolo County for translation purposes when necessary. Yolo County's current ODF and Perinatal Day Treatment provider has a program specifically for Spanish speaking clients and has bilingual staff. During the RFP process for service providers under the DMC-ODS plan, Yolo County will highlight the need for English, Spanish, and Russian speaking staff to be employed by the provider or for the provider to demonstrate how services will be effectively provided to a Spanish- or Russian-speaking client.

Timeliness of Services

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

A. 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.* It is expected that the first DMC-ODS service following this assessment appointment would happen within 5 business days, unless otherwise requested by the beneficiary.

B. 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*

C. Emergency (all beneficiaries experiencing a medical or psychiatric emergency) will be *immediately referred for services at the most appropriate local hospital*

D. Frequency of follow-up appointments will occur in accordance with individualized treatment plans

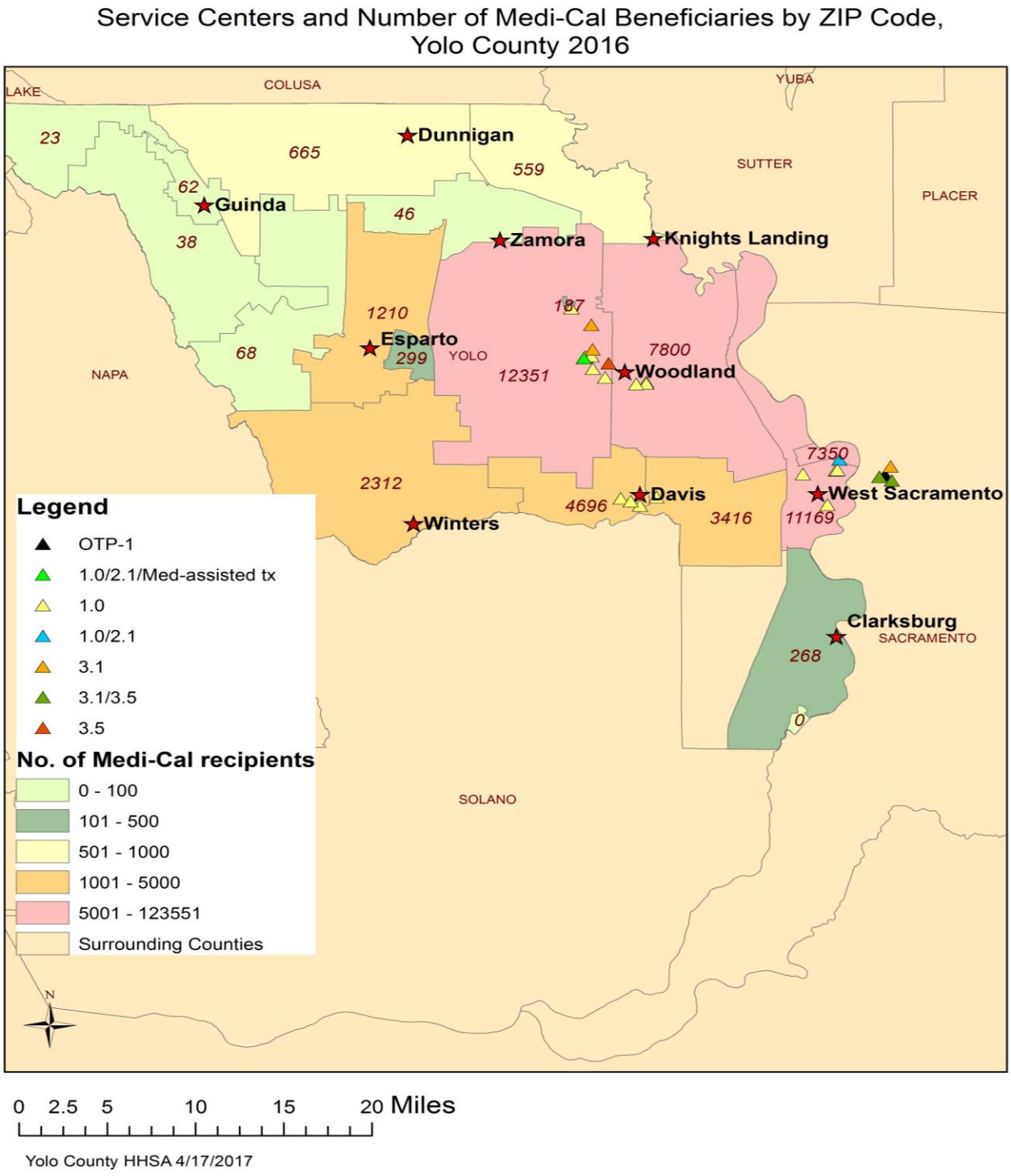
The above guidelines are intended for **IY1**. Data gathered during **IY1** will be used to

analyze timeliness, towards a system goal in **IY3** for Non-Urgent Contact wait is reduced to 7 days from first contact and for Urgent Conditions is reduced to 24 hours from first contact.

Yolo County already has an existing 24-hour access line on the mental health side and staff operating this access line will be trained regarding the SUD continuum and screening tool so services can be screened for 24 hours per day, 7 days per week, including holidays.

Geographic Map of Medi-Cal Beneficiaries and Providers

Below is a map that is slightly zoomed in to show the various contracted substance use providers located in and around Yolo County and the level of care they represent.



Below is a map that is more pulled back to show the three contracted locations in Placer and Nevada County that currently serve HHSA beneficiaries.

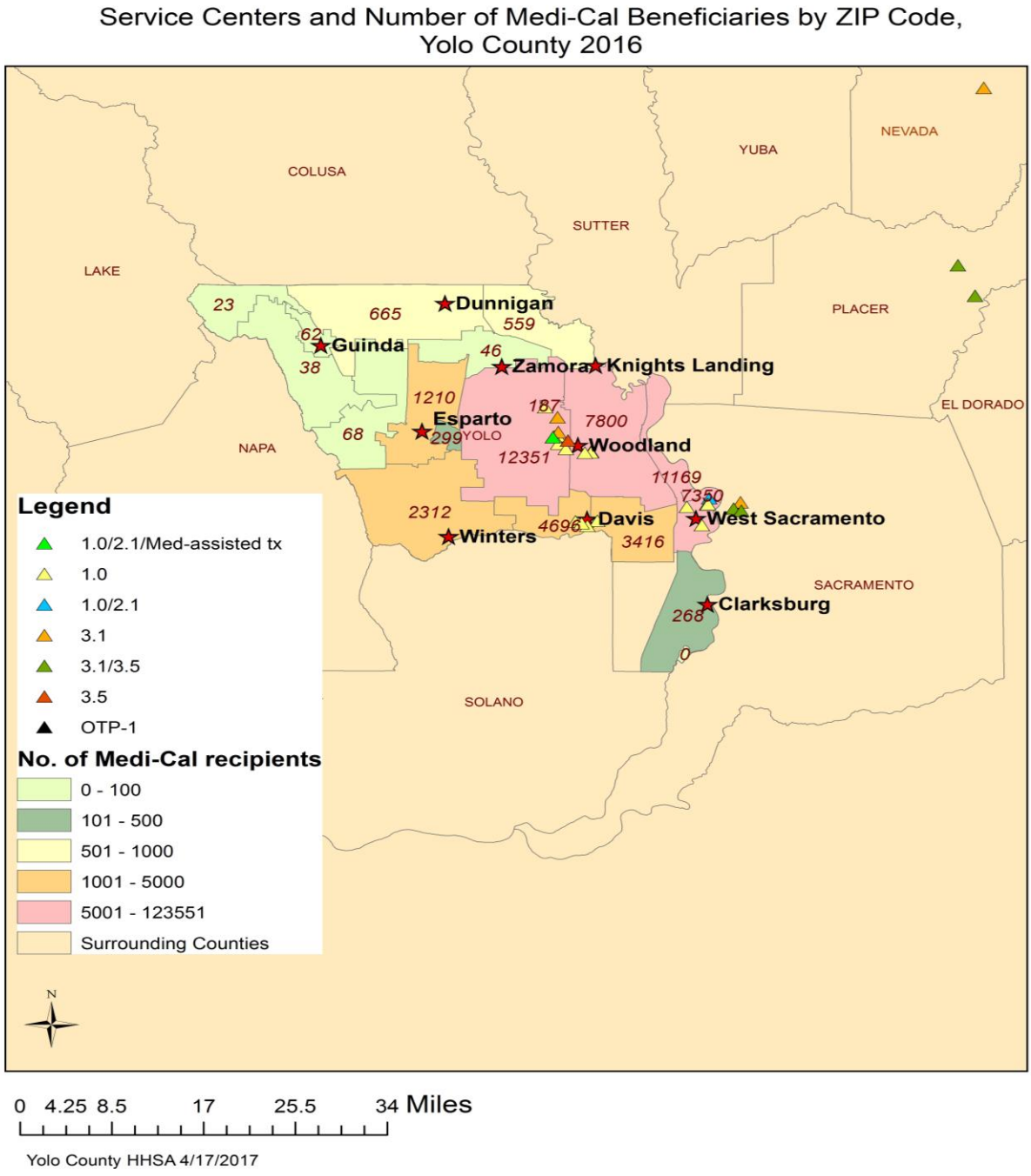


Table 6: Services by Modality, Location, Language and Hours of Operation (Indicated in maps above and description below)					
Provider Name	**Population**	**Address**	**Hours of Operation**	**Primary Languages**	**Person with Disabilities Services**
Outpatient ASAM Level 1.0					
CommuniCare Health Centers	Adults, co-occurring	215 W Beamer Street, Woodland CA 95695	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
CommuniCare Health Centers	Adults, co-occurring	500B Jefferson Blvd West Sacramento, CA 95605	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
CommuniCare Health Centers	Adults	2780 East Gibson Road, Woodland CA 95776	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
CommuniCare Health Centers	Adults	3680 Industrial Blvd Suite 100 West Sacramento, CA 95691	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
Turning Point Community Programs, Harm Reduction	Adults, co-occurring	2610 Grambling Place Davis CA 95616	Group Monday 11am-12pm. Business Hours 8am-4pm	English	• Wheelchair accessible • No other current accommodations
Turning Point Community Programs, Harm Reduction	Adults, co-occurring	137 N Cottonwood Street, Woodland CA 95695	Group Tuesday 10am-11am, Business Hours 8am-4pm	English	• Wheelchair accessible • No other current accommodations
Turning Point Community Programs, Harm Reduction	Adults, co-occurring	500-B Jefferson Blvd, West Sacramento 95605	Group Tuesday 2pm-3pm, Business Hours 8am-4pm	English	• Wheelchair accessible • No other current accommodations
Turning Point Community Programs, Harm Reduction	Adults, co-occurring	24321 County Road 96, Davis, CA 95616	Group Thursday 1pm-2pm, Business Hours 8am-4pm	English	• Wheelchair accessible • No other current accommodations

Turning Point Community Programs, Harm Reduction	Adults, co-occurring	212 I Street Davis CA 95616	Group Wednesday 1pm-2pm, Business Hours 8am-4pm	English	• Wheelchair accessible • No other current accommodations
Potential Outpatient ASAM Level 1.0 School Sites					
CommuniCare Health Centers	Adolescents	255 W Beamer Street, Woodland, CA 95695	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
CommuniCare Health Centers	Adolescents	2880 E Gibson Road, Woodland, CA 95776	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
CommuniCare Health Centers	Adolescents	21 N West Street, Woodland CA 95695	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
CommuniCare Health Centers	Adolescents	1400 Pioneer Avenue, Woodland, CA 95695	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
CommuniCare Health Centers	Adolescents	14320 2nd Street, Woodland CA 95697	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
CommuniCare Health Centers	Adolescents	520 West Street, Woodland, CA 95695	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
CommuniCare Health Centers	Adolescents	525 Granada Drive, Woodland, CA 95695	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
Intensive Outpatient ASAM Level 2.1					
CommuniCare Health Centers	Adults, co-occurring	215 W Beamer Street, Woodland CA 95695	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place

CommuniCare Health Centers	Adults, Perinatal	500B Jefferson Blvd West Sacramento, CA 95605	8:30am-7:00pm	English Spanish	• Wheelchair accessible • Policy and procedure in place
NTP Maintenance ASAM Level OTP-1					
CORE Medical	Adults	2100 Capitol Avenue, Sacramento CA 95816	6:00am-2:30pm M-F, 7:00am-10:00am Weekends and Holidays	English Spanish Russian Hmong	• Policies and procedures in place for vision or hearing impaired • Accessible for those in wheelchairs
Residential Treatment ASAM Level 3.1					
Progress House	Adults	15450 Country Road 99 Woodland, CA 95695	24 hours/7 days	English Spanish	• Wheelchair accessible • No other current accommodations
Yolo Wayfarer Center	Adults	285 Fourth Street Woodland CA 95695	24 hours/7 days	English	• Wheelchair accessible • No other current accommodations
Cache Creek Lodge	Adults	435 Aspen Street, Woodland, CA 95695	24 hours/7 days	English Spanish	• Wheelchair accessible • No other current accommodations
New Leaf	Adults	199 Hoffman Avenue, Auburn CA 95603	24 hours/7 days	English	• No other current accommodations
River City Recovery	Adults	2218 E Street Sacramento CA 95816	24 hours/7 days	English	• No other current accommodations
Community Recovery Resources	Adults	12125 Shale Ridge Road Auburn CA 95602	24 hours/7 days	English Spanish	• Wheelchair accessible • No other current accommodations

Community Recovery Resources	Adults	159 Brentwood Drive, Grass Valley CA 95945	24 hours/7 days	English	• Wheelchair accessible • No other current accommodations
Bridges Inc	Adults	1731 P Street Sacramento, CA 95814	24 hours/7 days	English Spanish	• Wheelchair accessible • No other current accommodations
Bridges Inc	Adults	2727 P Street, Sacramento CA 95816	24 hours/7 days	English	• Wheelchair accessible • No other current accommodations
Residential Treatment ASAM Level 3.5					
Yolo Wayfarer Center	Adults	285 Fourth Street Woodland CA 95695	24 hours/7 days	English	• Wheelchair accessible • No other current accommodations
New Leaf	Adults	199 Hoffman Avenue, Auburn CA 95603	24 hours/7 days	English	• No other current accommodations
Community Recovery Resources	Adults	12125 Shale Ridge Road Auburn CA 95602	24 hours/7 days	English Spanish	• Wheelchair accessible • No other current accommodations
Bridges Inc	Adults	2727 P Street, Sacramento CA 95816	24 hours/7 days	English	• Wheelchair accessible • No other current accommodations
Bridges Inc	Adults	1731 P Street Sacramento, CA 95814	24 hours/7 days	English Spanish	• Wheelchair accessible • No other current accommodations
Additional Medication Assisted Treatment					
CommuniCare Health Centers	Adults	215 W Beamer Street Woodland CA 95695	24 hours/7 days	English Spanish	• Wheelchair accessible • No other current accommodations

Access for Beneficiaries with Disabilities

In addition to the access for beneficiaries already identified by provider above, Yolo County will ensure beneficiaries with disabilities have access to all ADA compliant County clinics and contracted providers. Contracted providers will have to submit an ADA/504 Self-Evaluation (Access to Services) Plan prior to contracting with the County. Additionally, the providers will be contractually compelled to adhere to ADA guidelines and CLAS standards and are monitored annually for compliance.

Addressing Service Gaps

A primary service gap currently identified by Yolo County Specialty MH beneficiaries is transportation. As a largely rural County, with many services close to the County seat of Woodland, other areas throughout Yolo County often lack regularly available Behavioral Health services. As DMC-ODS implementation gets underway, HHSA QM will target questions on beneficiary satisfaction surveys towards developing and refining an understanding of service gaps specific to SUD programs. Additionally, site reviews and ongoing SUD provider workgroup meetings will maintain the topic of 'Addressing Service Gaps' on standing agendas/reviews. As gaps are clearly identified, system review of resources to address the need will be engaged, along with pursuit of collaborations, additional funding, etc., to minimize/eliminate service gaps ongoing.

One solution Yolo County HHSA is currently looking into is having the HHSA SUD-CM staff be able to claim MAA billing for their services which would expand the travel capability for staff under the DMC-ODS waiver and help to eliminate this gap.

Currently accessing public transit from the further distance of residence in Yolo County (Brooks, CA) to West Sacramento would take approximately 1.5 hours on public transit. As you can see from the mapping above, the majority of the Medi-Cal eligible population resides in Woodland and West Sacramento which is also where the majority of the treatment services are located. As identified above, HHSA is looking into alternative claiming sources, such as MAA billing, to enhance the availability of SUD-CM staff to support transportation to and from services as needed. One of the roles for the SUD-CM staff could entail transports for beneficiaries when there is a demonstrated hardship for that beneficiary accessing services without supported transport. It is also anticipated that part of the provider case management staff roles will be transportation of beneficiaries when they are transitioning to a different level of care.

9. Access to Services. *In accordance with 42 CFR 438.206, describe how the County will assure the following:*

- *Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.*
- *Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the*

hours of operation during which the provider offers services to non-Medi-Cal patients.

- *Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.*
- *Establish mechanisms to ensure that network providers comply with the timely access requirements.*
- *Monitor network providers regularly to determine compliance with timely access requirements.*
- *Take corrective action if there is a failure to comply with timely access requirements.*

HHSA QM will ensure internal and contracted providers meet the following standards regarding timely access to care and services*:

A. 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.

B. Urgent Conditions: Yolo County is committed to ensure that services for urgent situations are provided within 48 hours.

C. Emergencies: Upon identification of emergency conditions, providers will contact the appropriate emergency medical services for intervention and when appropriate initiate intake at a detox or other urgent care facility.

D. 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. Yolo County will require contract providers to establish procedures for addressing afterhours care needs as appropriate for the level of care.

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 Quality Improvement Committee (QIC) discussions. As compliance with timely access requirements are monitored via QIC and site reviews, QM will develop Correction Action Plans as necessary, assuring technical assistance and DHCS involvement when indicated to assure Access compliance for any particular agency.

*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 AOD 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 -EIrIdU

10. Training Provided. *What training will be offered to 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?*

<u>Review Note:</u> Include the frequency of training and whether it is required or optional.

Yolo County HHSA will require contracted DMC-ODS service providers to participate in annual mandatory trainings, for ensuring compliance with DMC regulations and County contracting requirements. Providers will be responsible for ensuring that their agency staff attend trainings as determined by their roles and responsibilities. Compliance with training requirements will be monitored through the HHSA QM review process. The County also expects to provide and/or coordinate additional, non-mandatory trainings based on the current capacity and learning needs of the provider network.

The following trainings will be considered mandatory:

A. ASAM Criteria: HHSA is currently coordinating ASAM criteria trainings for all internal direct service staff and SUD provider agencies. ASAM trainings are mandatory for providers and will be offered on an **annual** basis through Yolo County or a contracted entity.

B. Evidence-Based Practices (EBPs): HHSA will coordinate trainings on Motivational Interviewing and Cognitive Behavioral Therapy. HHSA also has requirements in contracts with SUD providers that they receive cultural competency and CLAS standards training annually. Trainings will include guidance on the clinical application of EBPs and how to adapt and implement EBPs among culturally diverse populations. These trainings will be mandatory for all clinical and counseling staff and may be offered **annually or as determined based on provider need** through QM site monitoring reviews.

C. Clinical Training: HHSA anticipates requiring training in clinical documentation, and may expand the clinical training to include other topics, such as trauma-informed care. Yolo County anticipates a need from DHCS for technical assistance in providing these trainings. This could be satisfied through **annual** Title 22 required trainings, but additional trainings may be needed.

D. Drug Medi-Cal Regulations: To ensure contract providers are meeting requirements for the provision of DMC services, HHSA will offer trainings on DMC regulations, post payment, post service, administrative procedures, and billing requirements. It is anticipated that trainings in these areas will be mandatory and **annual** for **IY1** and **IY2**. After two years, the County will determine the need for additional trainings, if any. Some of these requirements may be covered by Title 22 required trainings and cost-report trainings hosted by DHCS.

E. Quality Improvement, Assurance and Management: To build each program's internal capacity to monitor quality, HHSA will provide mandatory trainings on quality improvement and service utilization processes for program administrative staff and supervisors on an **annual** basis during **IY1** and **IY2**, and may re-structure or continue this requirement after year two.

F. Other Technical Assistance: The County will also provide technical assistance and guidance to current providers who are expanding services to offer additional LOC. Yolo County may have a need for technical assistance from DHCS to ensure that all providers are able to obtain required licensing and certification.

In addition to these specific trainings, training and technical assistance will be available on an ongoing basis for providers who may need additional support related to DMC-ODS requirements. One-on-one provider support has already begun between HHSA staff and provider staff to support programs unfamiliar with DMC requirements.

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

Yolo County HHSA would like to request technical assistance from DHCS on the following topics/areas:

A. Continued trainings on consistent use and application of ASAM criteria in a variety of settings. For example, guidance on appropriate screening tools to be implemented throughout the system of care with high fidelity and amenable to specialty populations, including youth. A train-the-trainer model may be the most appropriate to build internal system capacity and meet ongoing training needs with new staff and providers, and to ensure inter-rater reliability for placement decisions.

B. Fidelity assessments for EBPs.

C. DHCS Licensing and certification, and reimbursement, cost reporting, and billing practices for expanded waiver services including case management and recovery services.

D. 42 CFR Part 2 and HIPAA confidentiality requirements and information sharing guidance, particularly in the implementation of telehealth services and the effective coordination of care between health and behavioral health providers.

E. Further guidance on requirements of billing for case management and recovery services outside of a “treatment episode.”

F. Assisting Yolo County HHSA in care coordination with acute services. We request DHCS provide a list of licensed facilities in California to provide Levels 3.7 and 4.0 residential and withdrawal management services. Accompanying this list, please provide which of these facilities accept full scope Medi-Cal and which Medi-Cal aid codes are billable by facility based on their DRG and NPI numbers for both 3.7 and 4.0 residential and withdrawal management services. Please also distinguish which facilities can provide

services to youth and which serve adults.

G. A comprehensive list of licensed residential youth treatment facilities that have been DMC certified.

Following technical assistance from DHCS, Yolo County HHSA is prepared to provide technical assistance and training for its contract providers on these issues, with support from the DHCS when appropriate.

12. 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 individualized 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 provider level*
- *Assessment of the beneficiaries' experiences, including complaints, grievances and appeals*
- *Telephone access line and services in the prevalent non-English languages.*

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.*

Yolo County HHSA plans to implement robust quality assurance processes for the SUD system of care, by building on existing capacity within Specialty MH Services. As a part

of the Quality Department, Yolo County HHSA will establish SUD quality assurance and quality improvement functions into existing quality management and improvement processes that include:

A. Quality Improvement Workplan (QIW)
B. Quality Improvement Committee (QIC)
C. Authorization and Access Committee (AAC)

QM's main objective will be to monitor 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. Yolo County HHSA will have an integrated utilization management and review function for the system of care as a whole, by building on existing processes that serve the MH Plan and, to a lesser extent currently, the SUD System of Care, while developing SUD-specific processes required by the DMC-ODS Waiver. QM's focus will be to establish a quality management infrastructure for an outcome driven and quality focused SUD service continuum. QM 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 QM will perform to meet DMC-ODS quality assurance requirements.

A. Facilitate grievance processes
B. Sentinel Reviews
C. External Quality Review Organization (EQRO) evaluation processes
D. Evaluation of the Quality Improvement Plan
E. Beneficiary satisfaction
F. Timeliness
G. Performance Improvement Projects
H. Outcomes
I. Unusual occurrences
J. Unauthorized services
K. Denials
L. Notice of actions
M. Appeals/fair hearing process
N. Penetration/retention
O. EBP Fidelity
P. Special Populations
Q. Medication Monitoring

R. Ad hoc analysis & reporting

The *Quality Improvement Workplan* (QIW) will include a set of benchmarks and goals for QM to monitor during DMC-ODS implementation, and it will be completed within 12-18 months from the first day of billable services under the DMC-ODS plan. The QIW will also set standards based on the criteria established by ASAM criteria in areas such as medical necessity, clinical practice, and level of care guidelines, as well as, establish performance and outcome measures, workforce standards, risk management, provider-level quality improvement activities, and grievance and appeals processes. The QIW will include processes to annually monitor all SUD contracted programs for compliance with DMC-ODS regulations, as well as, several other regulatory standards and requirements that include licensure and certification standards, Substance Abuse Prevention and Treatment (SAPT) Block Grant requirements, cultural competence, fidelity to EBPs and contract compliance. The QIW will outline communication and information sharing protocols, areas of shared responsibility, and integrated QM activities.

HHSA QM will expand the role of the existing *Quality Improvement Committee* (QIC) to support quality management and continuous quality improvement of both the SUD and MH systems of care. The QIC will include representatives from Yolo County HHSA leadership, contracts, QM, finance, information technology, adult and youth provider networks, and consumers and family member representatives. Members of the QIC will also chair and sit on several sub-committees required under federal, state, and DMC-ODS regulations. This committee will meet on a quarterly basis and report to the QM Program Manager, the Adult & Aging Clinical Manager, and the Alcohol and Drug Program Coordinator.

The QIC will review and evaluate quality improvement activities, implement QM projects and actions, follow up on quality improvement processes, document QIC minutes, suggest policy considerations, and report to the QM Program Manager. The QIC will monitor a variety of measures, including:

A. Timeliness of first face to face appointment
B. Timeliness of services for first dose of NTP services
C. Waitlist time for residential treatment
D. Responsiveness of the access line
E. Timeliness of response to prior authorization requests
F. Number and percentages of prior authorization approved/denied
G. Availability of specialty population access to SUD services and network adequacy
H. Use of medical necessity to place beneficiaries
I. Access to afterhours care
J. Strategies for avoidable hospitalizations

K. Coordination of physical and mental health services with waiver services at the provider level

L. Assessment of beneficiaries' experience

M. Telephone access line and services in the prevalent non-English languages

N. 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 QM Program Manager. Yolo County HHSA 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.

The *Authorization and Access Committee* (AAC) is a function of HHSA QM and an integral component of quality assurance. The primary goals of the AAC are to ensure that: 1) beneficiaries have access to SUD treatment services at the appropriate ASAM level of care based on a standard of medical necessity; 2) authorization requests for residential services are addressed in a timely and accurate manner; 3) practices of medical necessity among clinical staff and SUD treatment providers are established; and 4) providers meet their assigned ASAM level of care standards. Additionally, the AAC will support the quality of SUD services through utilization management activities that include:

A. Tracking the timeliness of accessibility to the appropriate level of services

B. Reviewing and responding to authorization requests for residential services

C. Collecting, maintaining, and evaluating the accessibility to care and waitlist information

D. Monitoring service capacity and over/under utilization of services

E. Reducing service disallowances

The AAC is the oversight body for all referrals and placements into residential SUD treatment services in **IY1** and the goal is to have this expanded to be the oversight for all referrals and placements into all SUD treatment services by **IY3**. This includes providing initial authorization, prior authorization, and continuing authorization for residential placement requests and determining the medical necessity and appropriateness of SUD services. The AAC is also responsible for review and annual update of the utilization management and review aspects of the Quality Improvement Workplan. AAC will meet on a monthly basis to review statistical samplings of DMC-ODS beneficiary records, review utilization data, and discuss authorization appeals and grievances. This Committee will be comprised of the AOD Program Coordinator, DMC-ODS QM Staff, QM Supervisor as well as Finance Staff and IT Department Staff; and will be chaired by an LPHA staff from the QM Team.

Yolo County HHSA also expects additional sub-committees to be formed to respond to

issues and challenges that surface during DMC-ODS implementation. QIC is expected to develop several sub-committees to provide consultation, planning, and monitoring across various quality assurance related topic areas that include:

A. Timely Access
B. Program Improvement Plan (PIP)
C. Grievances
D. EBPs
E. Outcome Measures
F. Criminal Justice
G. Data Evaluation
H. SUD Specialty Populations
I. Grievances/Fair Hearing Processes
J. Medical Necessity & Authorization
K. Appeals
L. Notice of Action
M. Utilization Review
N. Post Payment Post Service
O. Training
P. Waitlist Timelines
Q. Cultural Competence
R. Workforce Recruitment, Retention, and Training
S. Reducing Health Disparities

QM 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 Yolo County HHSA and its providers are meeting quality standards. The quarterly review will include the following data elements from the SUD System of Care:

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

E. Time period of authorization requests approved or denied

During quarterly ERQO review meetings, 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 Alcohol and Drug Program Coordinator and QM Supervisor will work with the IT Department to develop a report that can be generated on an ongoing basis.

QM 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:

A. The provision of written procedures for reporting and resolving grievances to each beneficiary during the initial assessment.
B. The receipt of grievance and appeal procedure information through written or verbal means during the provision of DMC-ODS services.
C. Posted notices at every direct service provider facility including contracted, individual, and group providers
D. Twenty-four (24) hour a day access to the grievance information and assistance by calling the SUD access line

In addition, all written and verbal information about the grievance and appeal process will be available in the County's threshold languages (English, Russian, and Spanish). Beneficiaries may submit a grievance in either written or verbal format to the QM Team of HHSA. Beneficiaries may report a verbal grievance to the Patient's Rights Advocate, any County SUD staff, or direct service provider. To file a written grievance, beneficiaries may submit a Beneficiary Grievance Review Request form. Grievance Review Request Forms may be deposited in any HHSA or SUD Suggestion Box or mailed in a self-addressed envelope to the QM 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. QM 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 Yolo County HHSA determines there is a need for additional information and the delay is in the beneficiary's interest. Once a decision is made, the HHSA will mail the beneficiary a letter summarizing the decision. If Yolo County HHSA 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, QM will enter the grievance into a centralized log within one working day of the date of receipt. This log shall include the following information:

A. Name of the beneficiary
B. Date of receipt of the grievance
C. Date of acknowledgement of receipt sent
D. Nature of problem
E. Final disposition of a grievance
F. Date written decision sent to beneficiary
G. Documentation of reason that there has not been final disposition of the grievance
H. Documentation of Appeal or State Fair Hearing Request

QM 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, Yolo County HHSA will continue to provide the beneficiary with the level of services the beneficiary currently receives until a final decision is reached.

13. Evidence Based Practices. *How will the counties ensure that providers are implementing at least two of the identified evidence based practices? What action will the county take if the provider is found to be in non-compliance?*

Yolo County will ensure that contract providers are implementing the following evidence based practices:

A. Motivational Interviewing (MI)
B. Cognitive Behavioral Therapy (CBT)

All DMC-ODS contracts between Yolo County HHSA and SUD providers will include a requirement that both MI and CBT are implemented ongoing in their programs. These EBPs were selected through the waiver planning process for the following reasons:

A. Ability to be applied broadly across age groups and populations, including youth
B. Appropriateness for use with the County's diverse population
C. Alignment with Yolo County SUD system of care treatment philosophy

These EBPs also align with the principles of trauma-informed care. Yolo County HHSA is committed to ensuring that all service providers have the ability to understand, communicate with, and effectively provide services to people across cultures, regardless of life history, and provide services that are responsive to the needs and experiences of the County's diverse populations, including young people. Yolo County HHSA will ensure that training is available for all SUD providers in these two EBPs, and with the assistance of DHCS, will offer training in additional EBP approaches over time. Yolo County HHSA will ensure that all internal and provider organization Supervisors and Leadership staff attend mandatory County-sponsored trainings, with an emphasis on train-the-trainer models for ongoing improvement with EBPs on teams over time.

QM's Review Monitoring Tool along with the Quality Improvement Workplan will include checkpoints for tracking completion of required trainings for internal and provider organization Supervisors and Leadership staff.

Case/chart reviews will also provide a mechanism for the County to determine if EBPs are being implemented. The Quality Improvement Workplan will include monitoring activities to ensure that EPBs are being implemented to fidelity. On site program monitoring will occur annually to determine adherence to EBPs. If internal staff or a contracted provider fails to implement an EBP consistently, or with high fidelity to the model, Yolo County HHSA will first provide technical assistance to include training, coaching calls, checklists, and progress reports. If the situation remains unresolved, HHSA QM will issue corrective action plans and will closely monitor progress toward action steps, to ensure fidelity in implementing the required EBPs.

14. Assessment. *Describe how and where counties will assess beneficiaries for medical necessity and ASAM Criteria placement. How will counties ensure beneficiaries receive the correct level of placement?*

Beneficiaries will be screened for appropriate LOC placement recommendations through the access line, walk-in screenings at HHSA, and walk-in screenings at a local provider's sites as previously identified in Item #2 Client Flow. Should a beneficiary contact another DMC-ODS provider that is not an approved access point, that provider will assist the client in calling the access line to be screened. If the screening determines the beneficiary is requiring that provider agency's LOC, the provider will perform an intake assessment and establish medical necessity. If the screening determines the beneficiary is requiring a different LOC than provided at the screening agency, the provider will assist the client in connecting with an appropriate provider or with the county SUD-CM HUB.

Yolo County HHSA and its providers are committed to engaging beneficiaries where

they present requesting services, and are setting up the above access system to prevent beneficiaries from having to travel to various locations and communicate with multiple agencies, etc., to enter the SUD continuum of care.

Once screened, at the initial provider appointment, all beneficiaries will undergo a comprehensive assessment incorporating ASAM placement criteria to determine medical necessity and confirm LOC placement. In **IY1** providers will either use the ASI or a comprehensive bio-psychosocial assessment, combined with the chosen ASAM screening tool. By **IY3,** all providers will be utilizing a common assessment tool that will satisfy the needs of their program and the requirements under the DMC-ODS waiver.

Yolo County HHSA's ongoing, periodic reviews of provider documentation as outlined in the above Item #12 Quality Assurance will help ensure that beneficiaries are receiving the correct initial LOC, and that beneficiaries are being moved through the continuum of care appropriately.

15. 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)?*

Although Yolo County intends to coordinate with neighboring counties and will contract with providers in other counties to meet the capacity needs of our beneficiaries, Yolo County HHSA is not proposing to implement a regional model at this time.

16. 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 Section 152 "Care Coordination" of the STCs. If upon submission of an implementation plan, the managed care plan(s) has not signed the MOU(s), the county may explain to the State the efforts undertaken to have the MOU(s) signed and the expected timeline for receipt of the signed MOU(s).*

Review Note: The following elements in the MOU should be implemented at the point of care to ensure clinical integration between DMC-ODS and managed care providers:

- *Comprehensive substance use, physical, and mental health screening, including*
- *ASAM Level 0.5 SBIRT services;*
- *Beneficiary engagement and participation in an integrated care program as needed;*
- *Shared development of care plans by the beneficiary, caregivers and all providers;*
- *Collaborative treatment planning with managed care;*
- *Delineation of case management responsibilities;*

- *A process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved;*
- *Availability of clinical consultation, including consultation on medications;*
- *Care coordination and effective communication among providers including procedures for exchanges of medical information;*
- *Navigation support for patients and caregivers; and*
- *Facilitation and tracking of referrals.*

As previously described, Yolo County has only one Medi-Cal Managed Care Plan, with an active MOU. A revised MOU, incorporating all requirements above, will be submitted as required prior to implementation of services.

17. Telehealth Services. *If a county chooses to utilize telehealth services, how will telehealth services be structured for providers and how will the county ensure confidentiality? (Please note: group counseling services cannot be conducted through telehealth).*

At this time, Yolo County does not plan on utilizing telehealth services under the DMC-ODS plan. During **IY1**, QIC and QIW 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.

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

Yolo County HHSA contracts with agencies to provide SUD services, including DMC and Non-DMC Substance Abuse Prevention and Treatment Services. SUD 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 Subcontractors comply with all applicable laws, regulations and contractual obligations set forth in the State Contract between the Yolo County HHSA and the California DHCS.

In accordance with the Yolo County Contracting and Purchasing Policy and Procedure (version 9/9/2008), it is the general policy of Yolo County to circulate and distribute a RFP prior to subcontracting for SUD services. Exceptions to this policy include purchases for emergencies, federal, state and local contracts, when costs are prohibitive relative to the proposal, for travel and per diem services, for expert witness services, when State law prescribes the selection process, or when the County Purchasing Agent, County Administrative Officer or Board of Supervisors determines that there is but a single source from which goods or services may be acquired. The County collects and evaluates RFP responses for completeness, ability to perform as

required, qualification and experience, ability to meet the desired outcomes, cost proposals and previous customer references. Once the County has selected a vendor, a Letter of Intent to Award is issued.

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. Yolo County is committed to fostering relationships with its suppliers, and encourages suppliers to resolve issues through written correspondence and discussion. In protests related to the award of a contract, the protest must be received by e-mail or hard copy no later than five (5) working days after the notice of the proposed contract award to the respective Department Head. Contact information for the Department Head is as follows: (Department Head name, address, e-mail.) Notice must be clearly marked "Notice of Protest of Award of Contract" and may be received by e-mail or hard copy. No facsimiles will be accepted. A review may be granted if the protest is received within the specified time and the firm/person submitting the protest is a Bidder/Offeror.

All protests shall be typed under the protester's letterhead and submitted in accordance with the provisions stated herein. All protests shall include at a minimum the following information:

- The name, address, and telephone number of the Protester;
- The signature of the Protester or Protester's representative;
- The solicitation title and due date;
- Name of County employee designated as the RFP/IFB Coordinator;
- Identification of the statute or procedure that is alleged to have been violated;
- A detailed statement identifying the legal and/or factual grounds of the protest and all documentation supporting the vendor's position at the time of the initial protest;
- The party filing an "award" protest must concurrently transmit a copy of the protest and any attached documentation to all other parties with a direct financial interest which may be adversely affected by the outcome of the protest; and
- The form of relief requested.

Contracts between the successful vendor and the County are developed, and approved by the appropriate County and vendor authorities. Approval authority varies depending on contract spending maximums, and may be approved by the Department Head, the Purchasing Agent, The County Administrative Officer, or the Yolo County Board of Supervisors. Contracts all contain the term of the agreement (will be three year contracts with two option years), the amount of the agreement for each relevant year, the Scope of Services to be performed, the Performance Measures outlining expected goals and outcomes, the Terms and Method of Payment, and all general and legal liabilities and assurances required by the Yolo County Purchasing Agent and/or County

Counsel.

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-Medi-Cal (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.

19. 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.*

At this time Yolo County has one provider that offers Suboxone and Vivitrol. This provider is an FQHC and in order for the beneficiary to receive Suboxone they must be a primary care patient of this provider or be in the process of switching their primary care to this provider. For Vivitrol, the beneficiary must have a history of criminal justice involvement, which includes misdemeanors. This is the only additional MAT services that Yolo anticipates providing in **IY1.** Yolo County will continue to review data collected throughout implementation, and work to expand this level of service if need is indicated through these ongoing reviews.

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

Yolo County HHSA will establish a residential services authorization process for DMC-ODS Services. To do so, the County will build on HHSA's existing Access and Authorization Committee (AAC) to:

A. Develop protocols for the initial, prior, and continuing authorization of residential services
B. Establish standards for medical necessity and ASAM designations

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 AAC before admission or within an acceptable timeframe.

The AAC is an integral component of the HHSA QM program. The primary responsibilities of the AAC are to ensure adherence to standards, process

authorization requests, and oversee continuous quality improvement in the provision and documentation of services. The AAC structure, oversight, and monitoring are the responsibility of the QM Supervisor who coordinates the AAC. The AAC is responsible for all utilization management responsibilities including the authorization of requests for admission into SUD residential services. These processes include initial authorization, prior authorization, continuing authorization, determinations of medical and service necessity, and appropriateness of SUD treatment services. The AAC will also support quality assurance functions to ensure that DMC-ODS beneficiaries have access to SUD treatment services at the appropriate ASAM LOC based on a standard of medical necessity. To do so, SUD AAC processes will be facilitated in a way that monitors and measures the appropriateness, quality, and cost effectiveness of SUD treatment services. The emphasis is on ensuring

A. Services are medically necessary and rendered at the appropriate ASAM LOC
B. Services are rendered in a timely manner (10 days)
C. Available resources are utilized in an efficient manner
D. 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

AAC appointed 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:

A. 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
B. Medical necessity determination as performed through face to face review or telehealth by a Medical Director, Licensed Physician or LPHA
C. Authorizations of appropriate level of services
D. 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)
E. Authorizations for residential services meet standards for timely access and medical necessity
F. Clinical staff and providers make referrals based on ASAM and medical necessity standards
G. Providers meet their assigned ASAM LOC standards.

The AAC 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.

Initial Authorization

The Alcohol and Drug Program Coordinator, in collaboration with the AAC, will establish written policies and procedures for describing the initial authorization process for residential services in compliance with DMC-ODS standards. Beneficiaries who meet medical necessity and the ASAM criteria for residential treatment will be authorized for enrollment into residential program, and will be reassessed for ASAM placement every 30 days at which time further authorization will be required. The QM clinician will enter information regarding the beneficiary's basic health information, disposition, recommended LOC, and referral into the SUD utilization management database, and send a notification to the AAC that a residential authorization has been made. This will result in a post authorization without disrupting treatment for the beneficiary. 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 whether Level 3.1 or 3.5 is still the appropriate LOC and that medical necessity is still met, at which point they will need to resubmit a request for authorization to the AAC.

At the time the screener refers the beneficiary for treatment, he or she will contact the HHSA 24-hour access line to obtain initial prior authorization for up to 72 hours. This 72 hour (3 day) period will allow the provider to complete a comprehensive assessment incorporating ASAM placement criteria and all additional paperwork to justify an ongoing residential authorization past the 72-hour period. The provider is responsible for completing their comprehensive assessment incorporating ASAM placement criteria and all necessary intake/authorization paperwork and submitting to HHSA Quality Management (QM) within the 72-hour period. HHSA QM staff will provide the full authorization for beneficiary treatment and services within one business day of receiving this information, provided the information justifies residential level of care. This full authorization will be for 30 days. Prior to the initial 30-day period ending, the residential provider will need to complete a re-assessment incorporating ASAM placement criteria and submit to HHSA QM staff if requesting additional treatment past 30 days.

Prior Authorization

There will be instances when beneficiaries are already connected to HHSA and receive a full assessment by an HHSA clinician prior to referring to a provider. When this occurs, the HHSA clinician will connect the client with a local residential provider for placement and submit the full assessment for authorization to the AAC to authorize the initial 30-day treatment episode. For beneficiaries referred to residential services without a full ASAM assessment by a county clinician, the residential provider must submit a prior authorization request, which includes a comprehensive assessment and all necessary intake/authorization paperwork to SUD AAC. HHSA QM staff will review the provider's diagnosis and ASAM designation to ensure that the beneficiary meets

the requirements for service. The AAC will respond to the request with either approval for a specific number of days for treatment, a denial for their request, or request further information. All denials will include the reason for denial, steps for appeal, and a referral to a treatment program at the appropriate LOC.

Yolo County will establish written policies and procedures for processing requests for continuing authorization of residential treatment services. A request for continuing authorization must be submitted to the AAC at least seven (7) days in advance of a beneficiary's discharge date. Adult beneficiaries may extend residential services by 30-day increments up to a maximum of 90 days based on medical necessity. Adolescents beneficiaries have a maximum of 30 days in residential and will be allowed a one-time 30-day extension based on medical necessity. For perinatal and criminal justice populations, a longer length of stay of up to six months on annual basis may be approved based on medical necessity, but only three months of residential with a one-time 30-day extension may be funded under DMC. The AAC will establish and develop Utilization review protocols for staff to utilize in reviewing authorization requests and making authorization decisions. This protocol will include steps for the identified QM staff to consult with requesting providers, when appropriate. The AAC will be responsible for the collection and tracking of residential authorizations, extensions, and beneficiary utilization. AAC identified staff will collect and track data about authorization requests to include:

A. The number of requests
B. Percentage denied
C. Timeliness of the requests submitted, processed, approved, and denied
D. Number of beneficiaries on the waitlist
E. Average waitlist time

The collected information will be reported monthly in the AAC meetings, to ensure that all authorizations are compliant with DMC-ODS regulations and Medicaid-applicable parity requirements.

21. 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 plan 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.

Yolo County intends to meet all of the mandatory requirements upon implementation; therefore, a One Year Provisional Period does not apply.

County Authorization

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

_____	_____	_____
County Behavioral Health Director	County	Date