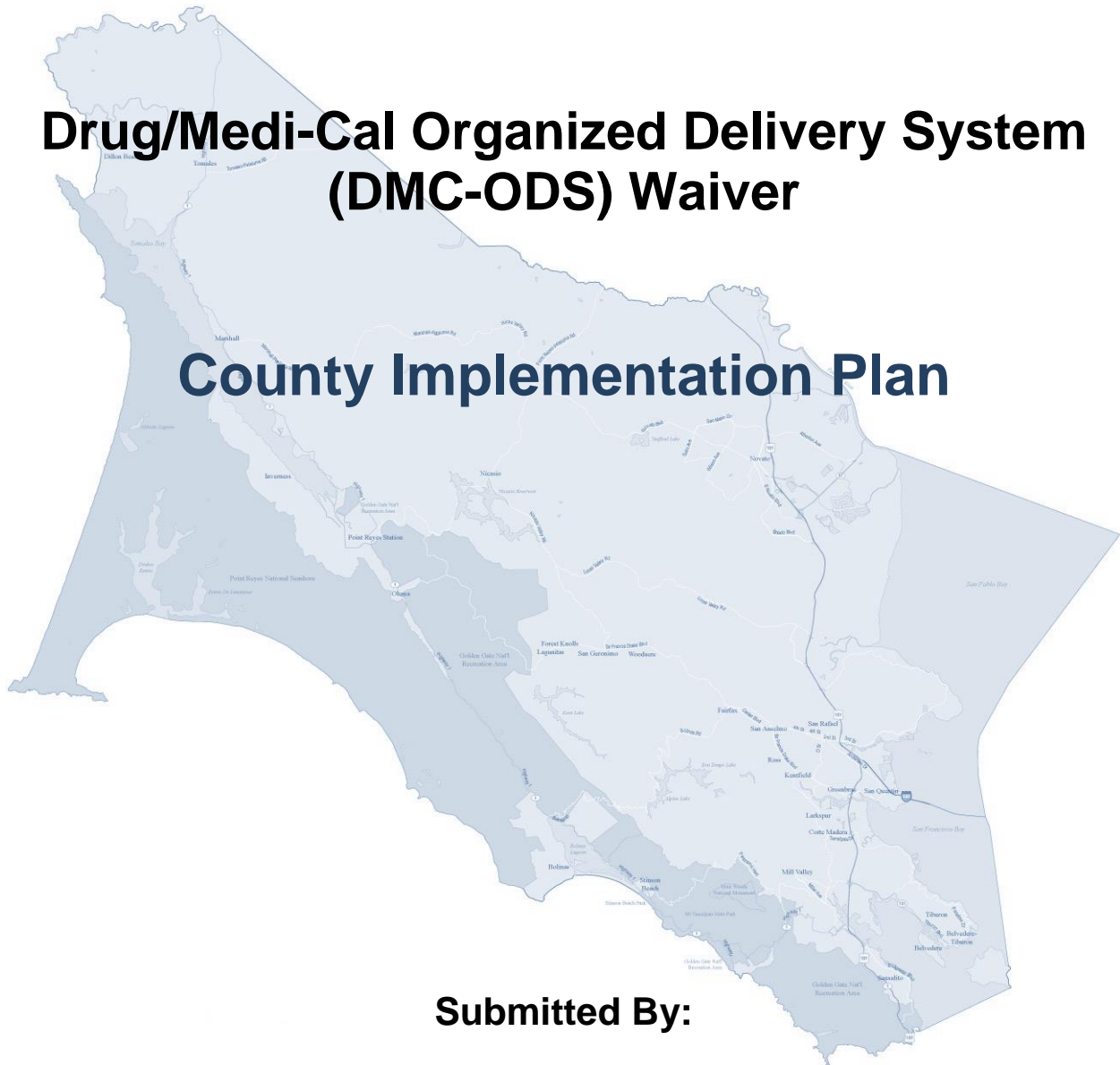


Drug/Medi-Cal Organized Delivery System (DMC-ODS) Waiver

County Implementation Plan



Submitted By:

**Marin County Department of Health and Human Services
Division of Mental Health and Substance Use Services**

February 2016 [DHCS Approved: August 1, 2016]

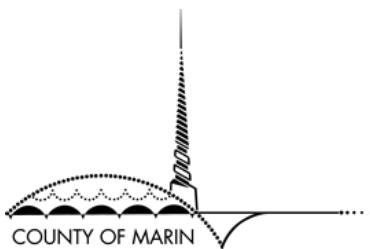


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Part I - Plan Questions

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): Key Informant Interviews

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 under this county plan?

REQUIRED

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

How will these required services be provided?

- ☐ All county operated
☒ Some county and some contracted
☐ All contracted.

OPTIONAL

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

6. Has the county established a toll free number for prospective 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

PART II – Plan Description Narrative

In this part of the plan, the county must describe certain 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 reviews your plan description, you may need to make revisions.
- Counties must submit a revised plan to DHCS whenever 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.

Collaborative Process to Plan DMC-ODS Services

The Marin County Department of Health and Human Services, Division of Mental Health and Substance Use Services (MHSUS) has a longstanding history of engaging community partners in developing, implementing and evaluating a continuum of substance use prevention, intervention, treatment and recovery support services. In developing the DMC-ODS implementation plan, community partners were engaged in a variety of ways, including through a comprehensive community-wide Strategic Planning process, a series of meetings with stakeholders focused specifically on relevant components of the DMC-ODS Waiver, and ongoing solicitation of feedback via the County website (www.MarinHHS.org/DMCWaiver).

Building on the lessons learned and the successes from the Continuum of Alcohol, Tobacco and Other Drug Strategic Plan (2010-2015), in winter 2014, MHSUS engaged more than 100 county staff and community partners to develop the Strategic Plan Update (2015 – 2020). MHSUS outreached to a variety of stakeholders including representatives from prevention, treatment and recovery service providers, Mental Health, Public Health, Social Services and Aging and Adult Services, criminal justice partners, County Advisory Board members, school personnel, law enforcement, county and community policymakers, community coalitions, physical health providers, and other interested community members and stakeholders.

Following MHSUS staff and community stakeholder review of local needs assessment data, including data on patterns of consumption, consequences and system capacity, as well as information from key informant interviews, focus groups and outcomes from the 2010-2015 Strategic Plan, stakeholders were invited to participate in affinity groups, which were the driving force in determining the goals, priorities and strategies outlined in the Plan. While planning occurred across the various groups, one of affinity groups focused explicitly on the DMC-ODS.

Interested stakeholders that wanted to contribute, but were unable to make the time commitment, were invited to participate online. Additional information about the Strategic Planning process can be accessed at: www.MarinHHS.org/Strategic-Planning-2015-2020.

Following development of the Strategic Plan, of which the DMC-ODS is an integral component, MHSUS engaged stakeholders to address implementation of DMC-ODS services. In addition to convening an ongoing workgroup of the substance use treatment contractor network, MHSUS staff have been regularly engaging Mental Health, Probation, Social Services, and other key stakeholders to address topics including integration and coordination of care between systems, access and client flow through the DMC-ODS, and expanding service capacity.

Additional Strategic Plan implementation and DMC-ODS preparation activities include integrating substance use access and authorization functions with the existing Mental Health Beneficiary Access Line, providing two cohorts of web-based and in-person ASAM training, providing Title 22 documentation training, and issuing numerous Requests for Proposals to provide DMC-ODS services, which has yielded several new programs and providers.

Ongoing Involvement and Effective Communication

MHSUS intends to ensure ongoing involvement and effective communication through a variety of means, including, but not limited to:

- Providing updates and engaging feedback at bi-monthly MHSUS Contractors meetings
- Providing updates, reviewing data and engaging feedback at quarterly Quality Improvement Committee meetings
- Providing updates and engaging feedback at least bi-annually at Alcohol and Other Drug Advisory Board meetings
- Providing updates, engaging feedback and discussing coordination of care with mental health, physical health and managed care partners tri-annually, or more/less often as mutually agreed
- Publishing performance and outcome data on the MHSUS website and engaging feedback on DMC-ODS services at least semi-annually
- Contracting with an independent evaluator to convene community stakeholder meetings, and conduct focus groups and key informant interviews on a biennial basis to solicit participation and feedback, assess progress on the Strategic Plan—which explicitly includes the DMC-ODS—and inform continuous quality improvement efforts

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, 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. Also describe if there will be timelines established for the movement between one level of care to another.

Review Note: A flow chart may be included.

ASAM Criteria Interviews

ASAM criteria interviews will be conducted by Licensed Practitioners in the Healing Arts (LPHAs)—or by certified/registered alcohol and drug counselors and reviewed and approved by an LPHA. Staff performing the ASAM criteria interviews must at a minimum complete ASAM e-training Modules 1 (Multidimensional Assessment) and 2 (From Assessment to Service Planning) and provide evidence of successful completion to MHSUS prior to claiming for assessment services.

ASAM criteria interviews will take place by Marin County MHSUS Access Line staff and participating County-operated and contracted providers of DMC-ODS services. All MHSUS Access Line staff and relevant staff from currently contracted DMC service providers have been trained in and are using the ASAM criteria for assessment. MHSUS currently is integrating ASAM *Continuum* into Marin WITS (Electronic Health Record for substance use services) and will be made available to designated staff at DMC-ODS provider sites that have completed the required ASAM trainings.

Assessment, Referral and Admissions to Appropriate ASAM Level of Care

Beneficiaries that utilize the MHSUS Access Line will initially be screened over the telephone and the MHSUS Access staff, which is staffed by LPHAs, will determine whether there is sufficient information to make a referral to the appropriate ASAM level of care or whether a face-to-face assessment shall be scheduled. The MHSUS Access Line intends to use the web-based ASAM level of care placement tool that UCLA is developing as the initial screening tool. For beneficiaries scheduled for a face-to-face assessment, MHSUS Access Line staff will perform a biopsychosocial assessment to determine if the beneficiary meets medical necessity based on the current DSM and will apply the ASAM criteria to make the appropriate level of care recommendation(s). Whether via a telephone screening or face-to-face assessment, MHSUS Access Line staff will work with the beneficiary during the call/appointment to schedule an intake appointment at the selected provider offering the appropriate ASAM level of care.

Beneficiaries that choose to directly contact a DMC-ODS service provider will be screened and assessed, if indicated, and offered admission to the appropriate ASAM level of care. If a beneficiary goes to a DMC-ODS service provider without an appointment and there are qualified staff to perform an assessment, then the beneficiary will be seen the same day. If there are no qualified staff available to perform an assessment on the same day, then they will be given an appointment to return for a face-to-face assessment. If after assessing the beneficiary they are determined to be more appropriate for an ASAM level of care not offered by the provider, then the provider will immediately refer the beneficiary to another DMC-ODS service that provides the indicated ASAM level of care or to the MHSUS Access Line, and will document the referral.

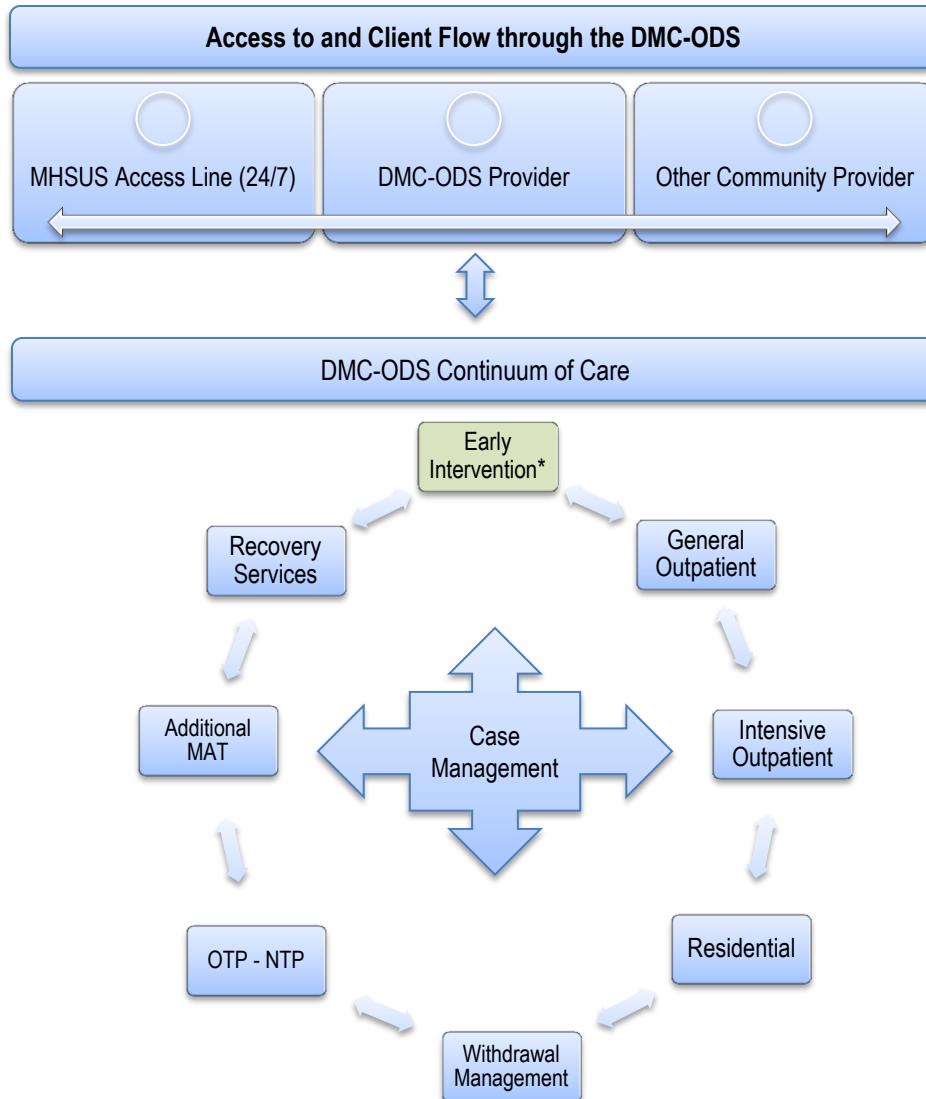
DMC-ODS providers will aim to admit eligible beneficiaries within five (5) business days—but will be no later than 10 business days—from the assessment. In the unlikely

event that admission to treatment will be greater than 10 business days due to non-budget related capacity issues, DMC-ODS providers shall provide interim services and seek to link the beneficiary with another provider offering the appropriate ASAM level of care. In accordance with MHSUS Policy ADP-07, in addition to providing interim services within the required timeframe, the program must also provide the beneficiary with referrals to other programs that have immediate availability. In instances where a Residential treatment provider submits a prior authorization request to the Access Line, MHSUS shall respond with an approval or denial within 24 hours of the request.

To ensure beneficiaries are engaged in the appropriate ASAM level of care, on a monthly basis, MHSUS staff will review all admission documentation prior to payment to ensure individuals meet DMC-ODS eligibility criteria, are admitted to services in a timely manner, are receiving medically necessary services and are in the appropriate level of care. This process will not apply to Residential treatment as DMC-ODS eligibility criteria, including receiving medically necessary services at the appropriate ASAM level of care will already have been reviewed through the authorization process.

Note that if the entity screening or assessing the beneficiary determines that the medical necessity criteria in STC 1.c.ii, has not been met and that the beneficiary is not entitled to any substance use disorder treatment services from the Marin County DMC-ODS, then a written Notice of Action will be issued in accordance with 42 CFR 438.404.

Below is a flow chart depicting access to and client flow through the DMC-ODS.



*Early intervention services will be provided as medically necessary, though are not reimbursable through the DMC-ODS.

Residential Authorizations

The process for authorizations for Residential treatment can be initiated at either the Residential provider site or MHSUS Access. For authorization requests that are initiated from the Residential provider site, the provider shall send a Treatment Authorization Request Form (TAR) [Attachment A – Sample TAR] and additional documentation supporting medical necessity for the recommended ASAM level of care to MHSUS Access. Requests for Initial Prior Authorization should be submitted at least 24 hours before the scheduled admission date and must be requested prior to the admission of the client. Requests for Continuing Authorization should be submitted at least seven calendar days before the expiration of the initial authorization.

Upon receipt of a Treatment Authorization Request Form and Assessment summary, MHSUS Access staff—or a designated on call LPHA during weekends or County

holidays--will review the request and based on the review, provide one of the following responses to the requesting agency within 24 hours: Approved; Pending; Denied. If the TAR is incomplete or additional information is needed in order to make an authorization decision, MHSUS Access will indicate that the authorization is Pending and will send the request for additional information to the provider, who shall respond within 24 hours. If a TAR is denied, a written Notice of Action will be sent to the beneficiary notifying them of the authorization decision. MHSUS Access will also refer the beneficiary to the appropriate ASAM Level of Care.

Beneficiaries participating in a face-to-face assessment with MHSUS Access that meet the Title 22 and ASAM Criteria definitions of medical necessity for Residential treatment will be referred to the appropriate ASAM level of care. MHSUS Access will authorize services and send to the provider an authorization approval.

The length of residential services range from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents, unless medical necessity requires a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be authorized in a one-year period. Perinatal and criminal justice clients may receive a longer length of stay based on medical necessity. If longer lengths of stay are needed, other non-Medi-Cal funds can be used. The authorization and preliminary payor source will be entered into Marin WITS (Electronic Health Record).

Re-Assessments

In addition to reviews treatment plans in all modalities of service at least every 30 days, adult beneficiaries in Residential treatment will be re-assessed at a minimum of every 45 days and youth beneficiaries in Residential treatment will be re-assessed at a minimum of every 30 days, unless there are significant changes warranting more frequent re-assessments. Changes that could warrant a re-assessment and possibly a transfer to a higher or lower level of care include, but are not limited to:

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

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

Similar to initial admission to DMC-ODS services, transitions to other levels of care will occur within five (5) business days—but will be no later than 10 business days—from the time of re-assessment.

If the beneficiary is transitioning to Residential treatment, a Treatment Authorization Review request shall be submitted to MHSUS Access and authorization review shall occur within 24 hours of the request from the DMC-ODS service provider.

Case managers from both the discharging and admitting provider agencies will be responsible to facilitate the transition between levels of care, including assisting in scheduling an intake appointment, ensuring a minimal delay between discharge and admission at the next level of care, and documenting all information in Marin WITS.

If the discharging provider is unable to determine an appropriate referral, the client's case manager shall engage MHSUS Access and the County-Managed Care Coordinator to assist in identifying an appropriate referral and assisting with the linkage, respectively.

3. Beneficiary 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)?

The Beneficiary Access Line, which is a functional 24/7 County-operated Integrated Mental Health and Substance Use toll free Access Line (1-888-818-1115), is ADA-compliant (TTY) and accessible in prevalent non-English languages. Oral interpretation services are made available to each potential enrollee and enrollee. All written information will also be available in the prevalent non-English languages identified by the state. Individuals will be able to locate the Access Line telephone number from a variety of sources, including the County of Marin website and printed outreach materials.

Access Line data will be collected through the Call Log and Electronic Health Record. It is expected that there will be data collection systems in place to capture all of the below measures by the end of Implementation Year 1. The data collected will include, but is not limited to:

- Number of calls, including the date, time and length of call
- Number of calls requesting/requiring oral interpreter services for enrollees or potential enrollees
- Number of calls that are determined to be emergency, urgent and routine
- Average time to answer a call and percentage of calls answered or serviced within 20 seconds
- Call abandonment
- First available (first available appointment offered to the individual) and first scheduled (appointment time that the individual selects) appointment times for face-to-face assessments
- Number of individuals screened and referred to DMC-ODS services, including the ASAM Level of Care of the referral
- Number of individuals screened and scheduled for a face-to-face assessment

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.

Review Note: 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.

The Division of Mental Health and Substance Use Services (MHSUS) is responsible for planning, coordinating and managing a comprehensive continuum of alcohol, tobacco and other drug prevention, intervention, treatment and recovery support services that are responsive to the needs of the community. While MHSUS historically has contracted with community-based providers to offer the full continuum of substance use services, MHSUS has applied for Drug/Medi-Cal certification to provide County-operated services to further enhance network capacity. MHSUS regularly monitors all service providers to ensure the provision of high quality and clinically appropriate services, and compliance with Federal, State and local regulations and policies.

Refer to Table 1 below for the list of the required and optional DMC-ODS services Marin County intends to provide, as well as the Medi-Cal Fee for Service (FFS)/Managed Care services with whom MHSUS will coordinate:

Table 1: Overview of Treatment Services and Projected Implementation Timeline							
DMC-ODS Service	ASAM Level	Implementation Timeline					
		At Implementation	End of Y1	End of Y2	End of Y3	End of Y4	End of Y5
Required Services							
Early Intervention [FFS/Managed Care]	0.5	X					
Outpatient Services	1	X					
Intensive Outpatient Services	2.1	X					
Residential	3.1	X ¹					
Residential	3.3				X		
Residential	3.5	X ²					
Residential [Coordination – FFS/Managed Care]	3.7 4.0	X					

¹ D/MC applications have been submitted and are in review with DHCS Provider Enrollment Division (PED)

² Ibid

Withdrawal Management [At least one level]	3.2- WM	X ³					
Opioid (Narcotic) Treatment Program	OTP-1	X					
Recovery Services	N/A	X ⁴					
Case Management	N/A	X ⁵					
Physician Consultation	N/A	X					
Optional Services							
Withdrawal Management [At least one level]	1-WM			X			
Additional Medication Assisted Treatment	OTP-1	X					
Partial Hospitalization	2.5			X			
Recovery Residence	N/A			X			

Required and Optional Services to be Provided

Early Intervention Services (ASAM Level 0.5) include screening, brief intervention and referral to treatment (SBIRT) and are provided by non-DMC providers to beneficiaries at risk of developing a substance use disorder. Referrals to treatment by the managed care plan will be governed by the Memorandum of Understanding held between MHSUS and Partnership HealthPlan of California, which is the single managed care health plan for Marin Medi-Cal beneficiaries.

Outpatient Services (ASAM Level 1) are provided to beneficiaries (up to nine hours a week for adults, and less than six hours a week for adolescents) when determined by a Medical Director or Licensed Practitioner of the Healing Arts to be medically necessary and in accordance with an individualized client plan. Services can be provided in-person, by telephone or by telehealth by a licensed professional or a certified counselor in any appropriate setting in the community. The components of Outpatient Services include intake, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, treatment planning and discharge services. For clients in Outpatient Services, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

Marin County expects to have at least six General Outpatient Programs by the end of Implementation Year 1, all of which are already D/MC certified. . Applications for two additional programs are in the process of being developed. The six General Outpatient programs reflect an array of approaches and populations, including programs for adolescents and adults, gender-specific services, and services led in both Spanish and English.

³ Ibid

⁴ D/MC Providers will add Case Management to their protocol following DMC-ODS Implementation Plan approval

⁵ D/MC Providers will add Recovery Services to their protocol following DMC-ODS Implementation Plan approval

Intensive Outpatient Services (ASAM Level 2.1) are provided to beneficiaries (a minimum of nine hours with a maximum of 19 hours a week for adults, and a minimum of six hours with a maximum of 19 hours a week for adolescents) when determined by a Medical Director or Licensed Practitioner of the Healing Arts to be medically necessary and in accordance with an individualized client plan. Lengths of treatment can be extended when determined to be medically necessary. Services can be provided in-person, by telephone or by telehealth by a licensed professional or a certified counselor in any appropriate setting in the community. Intensive Outpatient Services consist primarily of counseling and education about addiction-related problems, with specific components including intake, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, treatment planning and discharge services. For clients in Intensive Outpatient Services, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

Marin County expects to have at least five Intensive Outpatient Programs by the end of Implementation Year 1, all of which are already D/MC certified. Applications for two additional programs are in the process of being developed. The five Intensive Outpatient programs reflect an array of approaches and populations, including programs for adolescents and adults, gender-specific services, and services led in both Spanish and English.

Partial Hospitalization (ASAM Level 2.5) services are provided to beneficiaries (20 or more hours per week) when determined by a Medical Director or Licensed Practitioner of the Healing Arts to be medically necessary and in accordance with an individualized client plan. Services consist of clinically intensive programming, which is primarily counseling and education about addiction-related problems. The components of Partial Hospitalization include intake, individual counseling, group counseling, family therapy, medication services, collateral services, crisis intervention services, treatment planning and discharge services. For clients in Partial Hospitalization services, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

Marin County expects to have at least one Partial Hospitalization Program for adolescents by the end of Implementation Year 2. Utilization and recommended ASAM level of care data will be monitored to determine whether additional capacity, including services for adults, is necessary.

Residential Treatment (ASAM Level 3) is a non-institutional 24-hour non-medical, short-term residential program that provides rehabilitation services to beneficiaries when determined by a Medical Director or Licensed Practitioner of the Healing Arts as medically necessary and in accordance with an individualized treatment plan. Residential services are provided to non-perinatal and perinatal beneficiaries in DHCS licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM treatment criteria. Residential services can be provided in facilities with varying bed capacity. The length

of residential services range from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents, unless medical necessity authorizes a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be authorized in a one-year period. Perinatal and criminal justice clients may receive a longer length of stay based on medical necessity.

The components of Residential treatment include intake, individual and group counseling, family therapy, patient education, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation services and discharge services. For clients in Residential Treatment, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

DHCS already has provided Provisional ASAM Level of Care Designations for 3.1 (Clinically Managed Low-Intensity Residential Services) and 3.5 (Clinically Managed Population-Specific High-Intensity Residential Services) at three licensed Residential facilities in Marin County. Drug/Medi-Cal certification applications for the three licensed Residential facilities in Marin are currently under review with DHCS Provider Enrollment, so it is expected that services will be available in Implementation Year 1. MHSUS will ensure that ASAM Level 3.3 is available by or before the end of Implementation Year 3.

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

MHSUS also intends to explore both existing out-of-county facilities, as well as opportunities to develop new Marin County facilities to provide additional Residential treatment options for both adults and adolescents. MHSUS expects to work with other Bay Area (Phase I) counties to coordinate efforts and resources directed at expanding and accessing limited Residential treatment services, as applicable.

Withdrawal Management (ASAM Levels 1-WM and 3.2-WM) are habilitative and rehabilitative services when determined by a Medical Director or Licensed Practitioner of the Healing Arts as medically necessary and in accordance with an individualized client plan. The components of Withdrawal Management services are intake, observation, medication services and discharge services. For clients in Withdrawal Management, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

A Drug/Medi-Cal application for ASAM Level 3.2-WM has been submitted and is currently under review with DHCS Provider Enrollment, so it is expected that services will be available in Implementation Year 1. Each beneficiary shall reside at the facility and will be monitored during the detoxification process.

MHSUS expects to offer ASAM Level 1-WM at a facility currently licensed to provide NTP by the end of Implementation Year 2.

Opioid (Narcotic) Narcotic Treatment Program (ASAM OTP Level 1) 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 the State of California requirements. The components of OTPs include intake, individual and group counseling, patient education, medication services, collateral services, crisis intervention services, treatment planning, medical psychotherapy and discharge services. A beneficiary must receive at minimum 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity. Case management will be provided to coordinate care with treatment and ancillary service providers and facilitate transitions between levels of care. Beneficiaries may be simultaneously participating in OTP services and other ASAM Levels of Care.

MHSUS contracts with one (1) Drug/Medi-Cal certified, licensed NTP provider that currently offers methadone, disulfiram, Suboxone, buprenorphine and naloxone. This provider currently is licensed for up to 215 NTP slots, with an average utilization of 185 slots daily, and has historically never encountered the need for a wait list. New this fiscal year, MHSUS also contracts with this NTP provider to offer ASAM Level 2.1 Intensive Outpatient Treatment Services and additional Medication Assisted Treatment. In addition, this provider is contracted to provide naloxone training and kits to both high-risk individuals and other high-risk community settings, such as detoxification, shelters and treatment centers. Through the RxSafe Initiative, discussed below, there is a plan to expand the availability of Narcan county-wide.

Additional Medication Assisted Treatment (ASAM OTP Level 1) includes 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. MHSUS, through its contracted NTP provider, plans to seek reimbursement for onsite administration and dispensing of at a minimum, buprenorphine and naloxone. MHSUS will also continue to work with the NTP provider to assess the need and explore the feasibility of expanding to include naltrexone, Antabuse and other Medication Assisted Treatments.

During the past year, an additional contracted provider has added assessment and provision of Medication Assisted Treatment including Suboxone, buprenorphine and Vivitrol, in addition to its ASAM Levels 1, 2.1, 3.1 and 3.5 contracted services. Most

recently (March 2016) this provider, in partnership with one of Marin County's four (4) FQHC's – Marin City Health and Wellness Center - applied for and was awarded a HRSA Substance Abuse Expanded Services grant which becomes available in October 2016. Through the grant, the Marin City Health and Wellness Center will expand its service delivery model to implement a comprehensive Medication Assisted Treatment Program through two (2) prescribing providers that will serve the public housing, homeless, and general low-income population. Although there will be no claiming through the DMC-ODS for any grant-covered expenses, beneficiaries will have access to these services.

MHSUS will also be working with other key partners serving beneficiaries, such as Psychiatric Emergency Services, mobile crisis teams and other Federally Qualified Health Centers, to explore the feasibility of offering additional Medication Assisted Treatment.

MHSUS is working in partnership with the Marin County Public Health Officer to secure and offer training and physician consultation to Marin County's four (4) FQHC physicians who are interested in pursuing certification in Medication Assisted Treatment, most specifically Suboxone, buprenorphine and naloxone.

In addition, Marin County MHSUS is a key partner in a comprehensive, county-wide initiative to reduce prescription drug misuse, abuse and addiction called RxSafe Marin. RxSafe Marin (<http://www.rxsafemarin.org/>) utilizes a collective impact approach through its five Action Teams, including public health, intervention, treatment and recovery professionals, physicians and pharmacists, law enforcement and data collection, analysis and evaluation to reduce the harms of prescription drugs in our community. Through this Initiative, publicly funded treatment services are able to strategize with private providers and improve and expand upon the capacity and types of MAT that are available within the community.

Should there be the need for additional capacity for Medication Assisted Treatment, MHSUS can pursue contracting with one or more of Marin's 14 private physicians certified in Suboxone and buprenorphine.

Additional Medication Assisted Treatment is expected to be provided by the end of Implementation Year 2.

Case management will be provided to coordinate care with treatment and ancillary service providers and facilitate transitions between levels of care. Beneficiaries may be simultaneously participating in OTP services and other ASAM Levels of Care.

Recovery Services (ASAM Dimension 6 – Recovery Environment): As part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria and during the transfer/transition planning process, beneficiaries will be linked to applicable medically necessary recovery services. Beneficiaries may access recovery services after completing their course of treatment whether they are triggered, have

relapsed or as a preventative measure to prevent relapse. Recovery services may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community. The components of recovery services include: outpatient individual or group counseling; recovery monitoring/coaching; peer-to-peer assistance; linkages to services to enhance education and job skills; and linkages to support groups and ancillary services.

At implementation, recovery services will be provided by three (3) Recovery Coaches/Care Managers who are Independent Contractors of MHSUS. By the end of Implementation Year 1, recovery services will also be available through eligible contracted and County-operated Drug/Medi-Cal certified programs.

Case Management services will be utilized to assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of substance use disorder care, integration with primary care and mental health, and interaction with the criminal justice system, if needed.

Case management services also will be utilized to serve the historically more challenging to engage population with complex needs, such frequent utilizers of multiple health, criminal justice and social services systems, and older adults with co-occurring physical health and substance use issues. For example, the Marin County Department of Health and Human Services currently is engaged in several initiatives with community stakeholders, including criminal justice partners, and housing and social services providers, specifically focused on identifying and providing services for the highest need individuals accessing multiple service systems. MHSUS is providing a leadership role in a three-year pilot project, referred to as Transitions, which is focused on “breaking the cycle of chronic alcoholism, justice system involvement, and homelessness in order to improve the quality of life for individual participants, reduce costs associated with chronic alcoholism, and promote public health and safety”. Another initiative focuses on multidisciplinary collaboration to address the needs of older adults with complex conditions who are high utilizers of hospital inpatient (4+ stays in the past year) and emergency department services (10+ visits/observations in the past year).

It is expected that case management services for these highly complex populations will focus on engagement, monitoring and care transitions and will occur outside of a formal treatment episode. Targeted identification of these complex populations will occur in multidisciplinary teams, including the above referenced initiatives, or can take place via a referral from MHSUS Access, a DMC-ODS provider or community partner to the County-managed case management services. Other case management services expected to take place outside of a formal treatment episode include linking beneficiaries with recovery support services.

The components of case management services include: comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services; transition to a higher or lower level of care; development

and periodic revision of a client plan; communication, coordination, referral and related activities; monitoring service delivery to ensure beneficiary access to services; monitoring the beneficiary's progress; patient advocacy; linkages to physical and mental health care; and transportation. Case management shall be consistent with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and California law.

Case management services can be provided at DMC provider sites, county locations, hospitals, health centers and other community-based sites appropriate for providing these services to the beneficiary. Services may also be home-based, if deemed clinically appropriate. Case management services may be provided face-to-face, by telephone, or by telehealth with the beneficiary by a Licensed Practitioner of the Healing Arts or certified counselor.

At Implementation, case management services will be provided by at least three (3) Recovery Coach/Care Managers. MHSUS currently is in the process of hiring an additional case manager. By the end of Implementation Year 1, case management services will also be available through eligible contracted and County-operated Drug/Medi-Cal certified programs. Client to case manager ratios will vary depending on the complexity of client needs, though a full-time case management caseload is projected to be 40-60 beneficiaries at any given time.

While approved DMC providers can provide case management services to a beneficiary while in treatment at the certified program, MHSUS will be responsible for coordinating the overall case management level of care, including providing any case management services outside of a treatment episode, providing case management services to the most complex beneficiaries, and overseeing all care coordination activity in the DMC-ODS. MHSUS will provide and manage these services through independent contractors or a combination of County staff and independent contractor(s).

Physician Consultation includes 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-drug interactions, or level of care considerations. MHSUS intends to contract with at least one physician—who is the Medical Director at a DMC program—to provide consultation services, which can only be billed by and reimbursed to DMC providers.

Recovery Residences are safe, clean, sober, residential environments that promote individual recovery through positive peer group interactions among house members and staff. Recovery residences are affordable, alcohol and drug free, and allow the house members or residents to continue to develop their individual recovery plans and to become self-supporting. Marin County contracts with a community-based provider for Recovery Residences for eligible AB 109 criminal justice involved populations, and is currently expanding capacity through a Request for Proposal process. Marin MHSUS

expects to expand this service to Medi-Cal beneficiaries who meet medical necessity for this level of service and are concurrently engaged in DMC-ODS services by the end of Implementation Year 2. Criteria may change pending additional guidance on use of the SAPT Block Grant from SAMHSA and DHCS. To be eligible, prospective providers must be selected through a Request for Proposal process and must adhere to the *Marin County Health and Human Services Guidelines for Sober Living Environments*.

Change and Expansion of Services

As outlined above in Table 1, MHSUS plans to expand both required and optional services throughout the five-year demonstration period. Although all of the required services will be in place upon Implementation Plan approval (pending DHCS Provider Enrollment Division D/MC certification application approval), MHSUS will monitor utilization, penetration rates and access to services in an ongoing manner to identify any areas of service expansion and ensure network adequacy.

Barriers

Presuming DHCS Provider Enrollment certifies in a timely manner the programs that have already submitted applications, remaining barriers to the required service levels will be expansion of all levels of Residential treatment for adolescents and ASAM Level 3.3 for adults. Given the costs associated with opening new facilities, coupled with the local challenges related to obtaining zoning approvals for substance use treatment services, the most feasible solution to addressing these barriers will most likely involve seeking contracts with out-of-county providers.

Another challenge might be recruitment and retention of qualified bilingual (English and Spanish) staff. Potential strategies to address this barrier include offering recruitment incentives, such as higher salaries for bilingual staff, opportunities for providing supervision for intern hours, and offering partial reimbursement of related tuition expenses.

A final challenge might be establishing a sustainable service model in the Western part of Marin County, which represents more than half of the land mass of Marin County, yet is home to only 6.5% of the population of whom a relatively small number are Medi-Cal beneficiaries. Potential strategies to address this barrier include offering transportation assistance or establishing a satellite location. The Marin County Department of Health and Human Services is in the process of building a new facility in West Marin that will include space for substance use services.

Coordination with Opt-Out Counties

Disruption in services is not expected to be an issue as out-of-county beneficiaries still can access State Plan Drug/Medi-Cal benefits. Should there be instances when out-of-county beneficiaries receive non-State Plan benefits, Marin has a longstanding history of working collaboratively with neighboring counties, and is committed to coordinating care, establishing contracts, or engaging in other strategies to ensure there is no disruption in services.

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?

There is a significant prevalence of individuals with complex conditions, including beneficiaries with co-occurring mental health and substance use disorders. In FY 2014/15, 42.9% of individuals that report being Medi-Cal beneficiaries at admission to treatment reported a co-occurring mental health and substance use issue [Source: ITWS].

County Structure to Deliver Substance Use and Mental Health Services

The current county structure is an integrated Division of Mental Health and Substance Use Services, which is part of the Marin County Department of Health and Human Services. Although all substance use services currently are delivered through contracts with community-based providers, the service expansion needs identified during the Division's recent Strategic Planning process led MHSUS to submit an application to provide County-operated outpatient substance use treatment services.

Specialty Mental Health Services, serving adults with serious and persistent mental illness and youth with severe emotional disturbances, are managed by the Marin County Mental Health Plan, and are delivered through a combination of County-operated and community-based providers, several of whom are also contractors for substance use treatment services. Mental health services for beneficiaries with mild to moderate mental health issues are provided by Partnership HealthPlan through its contractor, Beacon Health Strategies⁶ (Beacon). Both the Marin County Mental Health Plan and many of the contracted substance use treatment agencies are part of the Beacon network, meaning beneficiaries can often access both substance use and mental health services from the same provider at the same site.

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

In order to coordinate mental health services for beneficiaries with co-occurring disorders in both integrated and separate structures, Marin County MHSUS currently is utilizing—or plans to utilize within Implementation Year 1—the following strategies:

- **Integrated MHSUS Access Line:** In October 2015, substance use access functions were integrated with the existing 24/7 Mental Health Access Line. Integration of information, screening, assessment and referral services provides the opportunity to identify co-occurring disorders at a service system entry point and ensure that appropriate releases are signed to begin the care coordination

⁶ Beacon Health Strategies is the entity Partnership HealthPlan of California, the Medi-Cal Managed Care Plan for Marin County, designated to be responsible for managing the mild to moderate mental health benefit.

process.

- MOU with Medi-Cal Managed Care [Partnership HealthPlan of California]: Implement the screening, referral and care coordination activities outlined in the MOU between MHSUS and Partnership HealthPlan of California.
- Substance Use Treatment Provider Contracts with Beacon: For DMC-ODS providers that are also Beacon network providers, provide technical assistance, if needed, to ensure within agency coordination of care for beneficiaries with co-occurring substance use and mild to moderate mental health disorders. For DMC-ODS providers that are not part of the Beacon network, provide technical assistance to contractors to explore the feasibility, capacity and need for pursuing a contract with Beacon. Marin MHSUS staff also will provide information to all DMC-ODS providers to help educate them on the available resources and referral processes for services for mild to moderate mental health issues.
- County-operated Drug/Medi-Cal Program: During the recent MHSUS Strategic Planning process, the assessment phase revealed the need for additional capacity to serve beneficiaries with complex co-occurring substance use disorders and serious and persistent mental illness. To address the substance use needs of this complex population, Marin MHSUS submitted a Drug/Medi-Cal application to establish a County-operated outpatient substance use treatment program, with a planned focus to serve clients with complex needs. Care coordination is a critical component of the program design (pending client consent), and select services are intended to take place at mental health service sites (as permitted following DMC-ODS Plan and Intergovernmental Agreement approval) to facilitate greater coordination of care between providers and ease of access for the beneficiary.
- Case Management: For all beneficiaries in the DMC-ODS, case management services will be available to ensure and facilitate, as needed, coordination with mental health services. Case management services will be managed by MHSUS and will be provided by a combination of MHSUS staff and independent contractors, and DMC-ODS providers.

Initial Coordination Goals and Requirements and Monitoring

DMC-ODS contracts will include a series of care coordination requirements including, but not limited to:

- Screening and assessment procedures and tools to identify mental health, physical health and substance use disorders
- Written procedures for linking beneficiaries with mental health services, which can include a referral to MHSUS Access for an assessment and authorization for Specialty Mental Health Services or a referral to a Beacon provider to access mental health services for mild to moderate issues. Procedures also shall identify the staff/position responsible for overseeing the linkage to mental health

services.

- Written procedures for coordinating care with mental health providers, whether the services are provided within the agency or by an external provider. Procedures shall also identify the staff/position responsible for care coordination with mental health.

Care Coordination requirements will be monitored through both the annual Self-Audit and Site Visit processes, as well as through ongoing Utilization Review.

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?

Marin County is home to four Federally Qualified Health Centers (FQHCs) and Kaiser Permanente, all of whom provide physical health services to the Medi-Cal population. As the FQHCs and Kaiser Permanente are contracted with Partnership HealthPlan of California and Beacon, there is great opportunity for coordination of substance use, physical health and mental health services. In addition, one of the FQHCs has a satellite clinic located at a Drug/Medi-Cal certified substance use treatment program site that provides both outpatient treatment and assessments for Residential treatment. Other substance use treatment providers have collaborative relationships with the various FQHC's and routinely provide referrals for physical health services.

In order to coordinate physical health services within the Waiver, MHSUS will not only implement the screening, referral and care coordination activities outlined in the MOU between MHSUS and Partnership HealthPlan of California, but also, for all beneficiaries in the DMC-ODS, provide case management services to ensure and facilitate, as needed, coordination with physical health. Additional components of the MOU with Partnership HealthPlan of California that will help to ensure clinical integration between DMC-ODS and managed care providers include collaborative treatment and care planning, availability of clinical consultation, including consultation on medications, and navigation support for beneficiaries and caregivers. MHSUS also will include goals and requirements for coordination with physical health in all DMC-ODS contracts.

Initial Coordination Goals and Requirements and Monitoring

DMC-ODS contracts will include a series of care coordination requirements including, but not limited to:

- Screening and assessment procedures and tools to identify physical health issues (within the scope of practice), and determining if the beneficiary has a primary care provider
- Written procedures for linking beneficiaries with physical health services, including ensuring the beneficiary has a primary care provider
- Written procedures for coordinating care with physical health providers, whether

the services are provided by a clinic at the DMC-ODS provider site or by an external provider. Procedures also shall identify the staff/position responsible for care coordination with physical health providers. The staff responsible will vary by provider, but at a minimum, will be a registered or certified alcohol and drug counselor.

Care Coordination requirements will be monitored through both the annual Self-Audit and Site Visit processes, as well as through ongoing Utilization Review.

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;
- 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;
- Care coordination and effective communication among providers;
- Navigation support for patients and caregivers; and
- Facilitation and tracking of referrals between systems.

The challenges currently anticipated are ensuring that all physical and mental health partners and beneficiaries understand the requirements related to 42 CFR, Part 2 and that procedures and forms are updated to effectively enable the communication necessary for effective care coordination, shared plan development and collaborative treatment planning, particularly as mental health, physical health and substance use are using separate electronic health records. While partners are committed to participating in integrated and collaborative services—and substance use treatment providers already have 42 CFR, Part 2 protections in place—the infrastructure is currently not in place for all partners, and may require technical assistance during the initial implementation period.

MHSUS and Marin's largest FQHC recently partnered to participate in a Care Coordination Learning Collaborative, which is focused on integration and coordination of care between physical health, mental health and substance use. It will provide the opportunity to further test and develop procedures for effectively coordinating care, with a goal being to implement the lessons learned more broadly throughout the service delivery system.

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

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

Anticipated Number of Medi-Cal Clients

Based on an analysis of current Marin County Medi-Cal beneficiaries, estimated substance use prevalence rates among the Medi-Cal Expansion population and national penetration rates, it is projected that there will be 315 adults (18+ years) and 27 (14-17 years) **unduplicated** Medi-Cal beneficiaries accessing substance use services in FY 2016-17. Projections reflect a 2% annual increase and are outlined in Tables 2 and 3 below. Annual increases are projected to be minimal as initial Medi-Cal enrollment efforts following implementation of the Affordable Care Act exceeded targets and grew more than any other of the 14 Partnership HealthPlan of California counties. MHSUS will continue to monitor the number of Medi-Cal beneficiaries and service utilization, and will adjust projections accordingly.

Table 2: Estimated Medi-Cal Beneficiaries (18+ years) Needing and Accessing Substance Use Services (SUS)					
	Marin Medi-Cal Beneficiaries (18+) ⁷	Estimated Substance Use Prevalence ⁸	Estimated Beneficiaries Needing SUS	Estimated Penetration Rate ⁹	Estimated Medi-Cal Beneficiaries Accessing SUS
FY 2015-16	27,510	10.30%	2,834	10.90%	309
FY 2016-17	28,060	10.30%	2,890	10.90%	315
FY 2017-18	28,621	10.30%	2,948	10.90%	321
FY 2018-19	29,194	10.30%	3,007	10.90%	328
FY 2019-20	29,778	10.30%	3,067	10.90%	334

Table 3: Estimated Medi-Cal Beneficiaries (14-17 years) Needing and Accessing Substance Use Services (SUS)					
	Marin Medi-Cal Beneficiaries (14-17 years) ¹⁰	Estimated Substance Use Prevalence ¹¹	Estimated Medi-Cal Beneficiaries Needing SUS	Estimated Penetration Rate ¹²	Estimated Medi-Cal Beneficiaries Accessing SUS
FY 2015-16	2,777	10.30%	286	9.10%	26
FY 2016-17	2,833	10.30%	292	9.10%	27
FY 2017-18	2,889	10.30%	298	9.10%	27
FY 2018-19	2,947	10.30%	304	9.10%	28
FY 2019-20	3,006	10.30%	310	9.10%	28

Expected Utilization of Services

Based on an analysis of FY 2014-15 CalOMS admission data for individuals that report being Medi-Cal beneficiaries—and the projected 2% annual increase in Medi-Cal beneficiaries—Table 4 estimates utilization of DMC-ODS services. Note that the projected annual increase of additional Medication Assisted Treatment and Recovery Residences are higher than 2% as it is expected that more beneficiaries may access these services once they become available. It is further expected that beneficiaries may access multiple modalities of service as either their medically necessary level of care fluctuates and/or they are engaging in multiple services concurrently, such as NTP Maintenance and Residential treatment. As such, Table 4 reflects **duplicated admissions** for youth and adults as compared to Tables 2 and 3, which reflect **unduplicated beneficiaries** accessing substance use services.

⁷ MEDS Data from September 2015 (extracted in October 2015). Estimates reflect a projected 2% annual increase.

⁸ Technical Assistance Collaborative and Human Services Research Institute. *California Mental Health and Substance Use System Needs Assessment and Service Plan*, Volume 2 (September 2013), Page 32.

⁹ National Household Survey on Drug Use and Health: Summary of National Findings (2013), Page 93.

¹⁰ MEDS Data from September 2015 (extracted in October 2015). Estimates reflect a projected 2% annual increase.

¹¹ Technical Assistance Collaborative and Human Services Research Institute. *California Mental Health and Substance Use System Needs Assessment and Service Plan*, Volume 2 (September 2013), Page 32.

¹² National Household Survey on Drug Use and Health: Summary of National Findings (2013), Page 94.

Table 4: Projected Admissions to Substance Use Services for Medi-Cal Beneficiaries Adult (18+) / Youth (14-17)						
	FY 2014-15 Admissions ¹³	FY 2015-16 Projections ¹⁴	FY 2016-17 Projections	FY 2017-18 Projections	FY 2018-19 Projections	FY 2019-20 Projections
General Outpatient (ASAM Level 1)	61 / 13	56 / 10	57 / 10	58 / 10	59 / 11	61 / 11
Intensive Outpatient (ASAM Level 2.1)	92 / 10	90 / 12	92 / 12	94 / 12	96 / 13	97 / 13
Partial Hospitalization (ASAM Level 2.5)				0 / 3	0 / 3	0 / 3
NTP Maintenance (ASAM OTP-1)	77 / 0	80 / 0	82 / 0	83 / 0	85 / 0	87 / 0
Residential (ASAM 3.1 and 3.5)	130 / 0	102 / 0	104 / 2	106 / 2	108 / 2	110 / 2
Withdrawal Management (ASAM 3.2-WM)	684 / 0	675 / 0	689 / 0	702 / 0	716 / 0	731 / 0
Withdrawal Management (ASAM 1-WM)	77 / 0	60 / 0	61 / 0	62 / 0	64 / 0	65 / 0
Additional MAT (ASAM OTP-1)			10 / 0	15 / 0	20 / 0	25 / 0
Recovery Residence			10 / 0	15 / 0	20 / 0	25 / 0
Total Admissions (Duplicated)	1,121 / 23	1,063 / 22	1,094 / 24	1,121 / 28	1,148 / 28	1,176 / 29

As there is no historical data for Physician Consultation and Recovery Services and limited data for Case Management, as outlined in Table 5 below, MHSUS is projecting that in FY 2016-17, 70% of beneficiaries will access Case Management services, 25% of beneficiaries will access Recovery services, and Physical Consultation services will be accessed for guidance for 5% of beneficiaries. Initial projections for utilization of Recovery Services are only 25% as Marin has a robust 12-step community, which many beneficiaries have historically accessed for ongoing recovery support services. Although projections build in a 5% annual increase in penetration rates for Case Management, Recovery Services and Physician Consultation, MHSUS will monitor utilization by number of beneficiaries accessing services and utilization of services by beneficiary in an ongoing manner in order to formulate more accurate projections and adjust utilization estimates accordingly.

¹³ ITWS: Marin County Admissions to Treatment for Clients Reporting being Medi-Cal Beneficiaries (FY 2014-15)

¹⁴ FY 2015-16 projections are based on July – mid-May 2016 data for Marin County Admissions to Treatment for Clients Reporting being Medi-Cal Beneficiaries (ITWS)

Table 5: Projected Unduplicated Medi-Cal Beneficiaries Accessing Services				
	Estimated Beneficiaries Accessing SUS [Totals from Tables 2 and 3]	Case Management	Recovery Services	Physician Consultation
FY 2015-16	335			
FY 2016-17	342	239	85	17
FY 2017-18	348	256	91	18
FY 2018-19	355	274	98	20
FY 2019-20	362	294	105	21

Number and Types of Providers to Furnish Services

Projected Treatment Capacity Needed to Furnish Services

Based on projected FY 2016-17 admission data by modality for individuals that report being Medi-Cal beneficiaries and historical (FY 2014-15) data on average lengths of stay by modality, below (Table 6) are the estimated treatment capacity needs for Implementation Year 1. As the average length of stay for beneficiaries in NTP maintenance is more than one year, the projected treatment capacity reflects clients already engaged in services, as well as new admissions.

Table 6: Projected Treatment Capacity Needs in Implementation Year 1		
	Adolescents (14 – 17)	Adults (18+)
General Outpatient (ASAM Level 1)	4 Slots	19 Slots
Intensive Outpatient (ASAM Level 2.1)	5 Slots	24 Slots
NTP Maintenance (ASAM OTP-1)		137 Slots
Residential (ASAM 3.1 and 3.5)	0.2 Beds	26 Beds
Withdrawal Management (ASAM 3.2-WM)		9 Beds

Projected Language Needs

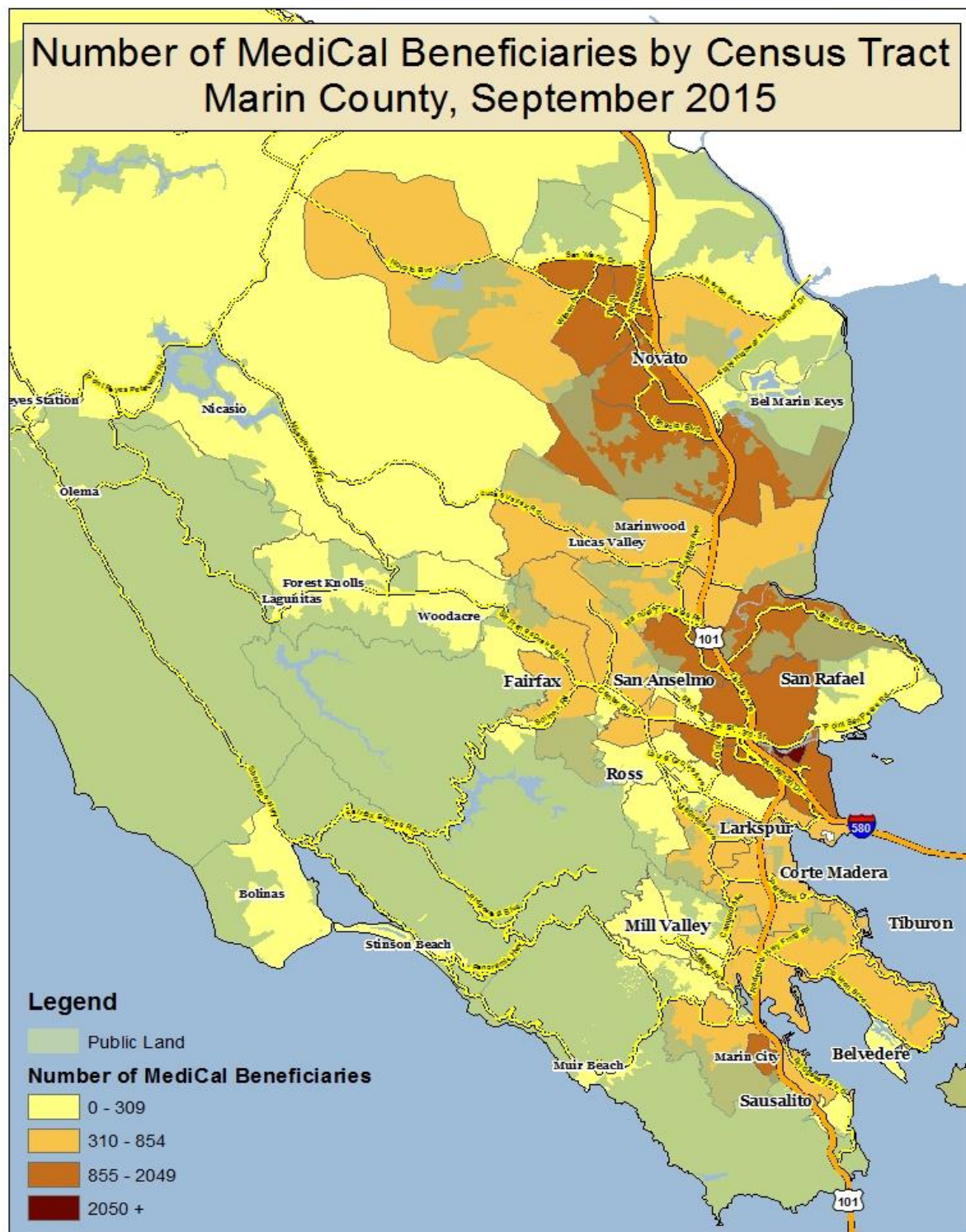
The threshold languages for Marin County are English and Spanish, which accounts for the primary language reported by 95.6% of Medi-Cal beneficiaries. Based on an analysis of current (September 2015) Marin County Medi-Cal beneficiaries, 55.6% report English being their primary language and 40% report Spanish being their primary language. As such, in addition to requiring all DMC-ODS providers be able to offer services in Spanish—either through hiring bilingual staff or having access to oral interpreter services—MHSUS also will ensure that at a minimum, General Outpatient and Intensive Outpatient services are available for adults who are either monolingual Spanish-speaking or bi/multilingual, with a preference for services to be provided in their primary language. MHSUS will ensure that all written information is available in the prevalent non-English languages identified by the state, as well as will ensure beneficiaries are notified of the availability of free oral interpretation services and how to access those services.

Projected Geographic Distribution of Beneficiaries and Services

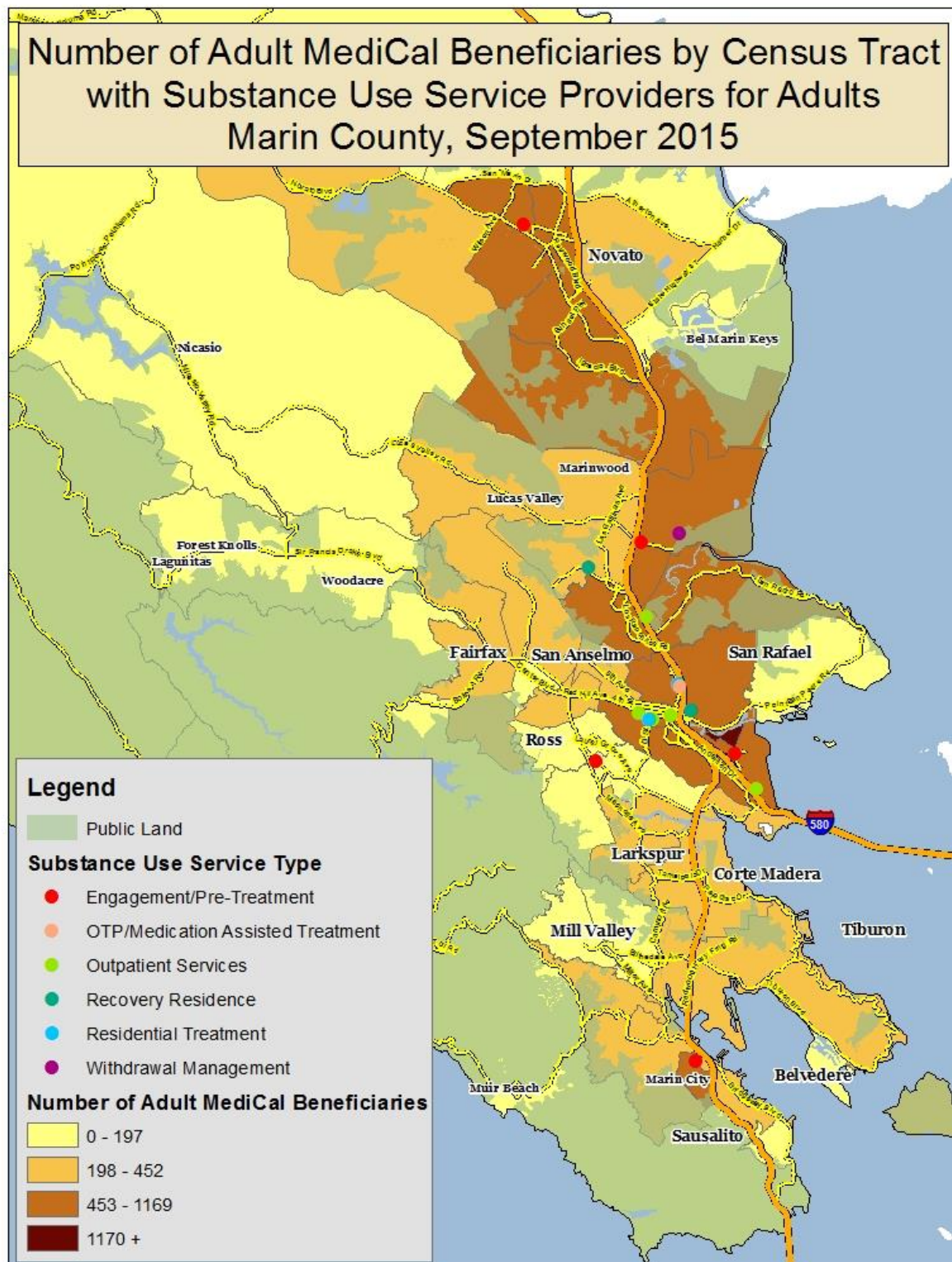
Based on an analysis of current Marin County Medi-Cal beneficiaries (September

2015), the majority (72%) report living in either San Rafael (45.2%) or Novato (26.8%). San Rafael, which is the city with the highest percentage of Medi-Cal beneficiaries, is located in central Marin County along the Highway 101 corridor (see Maps 1 and 2 below) and is accordingly the hub of most substance use and other ancillary services in Marin County. The other nine cities in Marin County are each home to between 0.2% and 5.2% of Medi-Cal beneficiaries. With the exception of the unincorporated areas in West Marin, which has 4.3% of Marin's Medi-Cal population, the maximum distance between central San Rafael and all other cities in Marin County is less than 10 miles, and public transportation is readily available along the Highway 101 corridor.

Map 1: Number of Medi-Cal Beneficiaries by Census Tract



Map 2: Number of Medi-Cal Beneficiaries (18+ years) by Census Tract and Location of Substance Use Services



Number and Types of Providers to Furnish Services

In order to provide the capacity necessary to furnish services—as well as provide client choice and access to services in the beneficiary’s primary language and in areas of the County with significant concentrations of Medi-Cal beneficiaries—MHSUS will offer services through both County-operated and contracted providers in locations across the County. In geographic areas with a limited number of Medi-Cal beneficiaries, MHSUS will ensure access to services via establishing satellite locations, dispatching staff from certified sites to provide field-based services in geographically underserved communities, such as the unincorporated areas of West Marin, or offering transportation assistance.

Table 7 below highlights the projected number, types, and locations, hours of operation and primary language in which services will be offered by the end of Implementation Year 1. All providers offer services to persons with disabilities within the scope of practice and licensure/certification. Although the services listed in Table 7 meet the projected treatment capacity needs outlined above in Table 6, services will be expanded as deemed necessary through ongoing analyses of beneficiary needs and service utilization to ensure ongoing network adequacy.

Table 7: Services by Modality, Location, Language and Hours of Operation					
Agency Name	Population	Location	Primary Language(s)¹⁵	Hours of Operation	D/MC Certification Status
General Outpatient (ASAM Level 1)					
Bay Area Community Resources	Adolescents	San Rafael	English; Spanish	Monday – Friday 9:00am – 7:00pm	Approved D/MC Provider
Bay Area Community Resources	Adults; Perinatal	San Rafael	English	Weekdays: TBD 9:00am – 6:00pm Aftercare: Evening or Saturday AM (TBD)	Application to be Submitted
Center Point, Inc.	Adults	San Rafael	English	Monday - Friday 10:00am – 9:30pm	Approved D/MC Provider
Huckleberry Youth Programs	Adolescents	San Rafael	English; Spanish	Monday - Friday 9:00am – 6:00pm	Approved D/MC Provider
Marin County MHSUS	Adults	San Rafael	English	Monday – Friday 10:00am – 4:00pm	Approved D/MC Provider
Marin Outpatient and Recovery Services	Adults	San Rafael	Spanish; English	M–F: 9:00am – 9:00pm Sa/Su: By Appointment	Approved D/MC Provider
Marin Treatment Center	Adults	San Rafael	English	Weekdays: TBD	Approved D/MC Provider
Ritter Center	Adults	Novato	English	Monday/Wed./Friday: 9:00am – 12:15pm	Application to be Submitted

¹⁵ For programs that do not have Spanish-speaking staffing or services, contracts will require providing access to oral interpreter services.

				Tuesday/Thursday: By appointment	
Intensive Outpatient Treatment (ASAM Level 2.1)					
Bay Area Community Resources	Adolescents	San Rafael	English; Spanish	Monday – Friday 9:00am – 7:30pm	Approved D/MC Provider
Bay Area Community Resources	Adults; Perinatal	San Rafael	English	Weekdays: TBD 9:00am – 6:00pm Aftercare: Evening or Saturday AM (TBD)	Application to be Submitted
Center Point, Inc.	Adults	San Rafael	English	Monday - Friday 10:00am – 9:30pm	Approved D/MC Provider
Marin County MHSUS	Adults	San Rafael	English	Monday – Friday 10:00am – 4:00pm	Approved D/MC Provider
Marin Outpatient and Recovery Services	Adults	San Rafael	Spanish; English	M–F: 9:00am – 9:00pm Sa/Su: By Appointment	Approved D/MC Provider
Marin Treatment Center	Adults	San Rafael	English	Monday/Tuesday/Friday 1:30pm – 8:30pm	Approved D/MC Provider
Ritter Center	Adults	Novato	English	Monday/Wed./Friday: 6:30pm – 9:40pm Tuesday/Thursday: By appointment	Application to be Submitted
NTP Maintenance (ASAM Level OTP-1)					
Marin Treatment Center	Adults; Perinatal	San Rafael	English	Dosing Hours: M-F: 7:00am – 4:00pm Sat/Sun: 7:45–10:30am Holidays: 9:30-10:00am	Approved D/MC Provider
Residential Treatment (ASAM Level 3.1)					
Buckelew Programs	Adults	San Rafael	English	24 hours/7 days	Application Pending
Center Point, Inc.	Adults; Perinatal	San Rafael	English	24 hours/7 days	Applications (two sites) Pending
Residential Treatment (ASAM Level 3.5)					
Buckelew Programs	Adults	San Rafael	English	24 hours/7 days	Application Pending
Center Point, Inc.	Adults; Perinatal	San Rafael	English	24 hours/7 days	Applications (two sites) Pending
Withdrawal Management (ASAM Level WM-3.2)					
Buckelew Programs	Adults	San Rafael	English	24 hours/7 days	Application Pending

Timeliness of Services

The MHSUS Access Line and DMC-ODS service providers are committed to timely access to services. The following timeliness standards will be reflected in the Quality Improvement Plan and service provider contracts, as applicable.

- First Face-to-Face Visit: Within 10 business days of the request [Note: The goal is within five business days of the request, though the performance standard is within 10 business days of the request]
- Urgent Conditions: Within 48 hours of the request
- Access to Afterhours Care: Afterhours access is provided by both the MHSUS Access Line (1-888-818-1115) and Helen Vine Recovery Center (1-415-492-0818)
- Frequency of follow-up appointments in accordance with individualized treatment plans

Service Gaps and Access to MAT

Marin MHSUS regularly monitors utilization of and trends in substance use services to identify service gaps. To address the identified service gaps, MHSUS has and will continue to shift and expand services by reallocating resources between services, as applicable, and soliciting new providers or services through Request for Proposal (RFP) processes. MHSUS recently awarded contracts from RFP processes to address service gaps including access to additional Medication Assisted Treatment, Recovery Coach/Care Manager services, and General and Intensive Outpatient services for the Spanish speaking population. MHSUS plans to issue an RFP in June 2016 to expand the continuum of substance use services for adolescents.

Refer to Attachment E for a listing of network providers that indicates if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat.

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

MHSUS will assure compliance with applicable access to care requirements outlined in 42 CFR 438.206 through the following:

Contracts for DMC-ODS Services: MHSUS will include language in DMC-ODS contracts outlining: timely access to care requirements and performance standards, taking into account the urgency of need for services; requiring hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation in which the provider offers services to non-Medi-Cal beneficiaries; and providing directly or through referral access to services 24 hours a day, 7 days a week, when medically necessary. Contracts currently also require all DMC providers to have a documented system for monitoring and evaluating accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments.

Monitoring Quality and Compliance of DMC-ODS Services: In addition to the in-depth annual monitoring process, which includes issuing a Self-Audit for providers to complete, reviewing applicable policies and procedures, and conducting an onsite review, MHSUS will perform ongoing compliance monitoring and quality assurance activities, including, but not limited to: reviewing County-operated and network provider systems for documenting timely access to care; collecting and analyzing timely access to care data via monthly utilization reviews, and review of Marin WITS and MHSUS Access Log data; and performing test calls at least quarterly to the MHSUS Access Line.

In the event of non-compliance with timely access to care requirements, MHSUS will offer technical assistance to adhere to the requirements. MHSUS will also issue a written report documenting the non-compliance and require a Corrective Action Plan be submitted to the County.

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?

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

Marin County MHSUS will offer, at a minimum, the following training to DMC-ODS service providers.

Table 8: Training for DMC-ODS Providers		
Training Topic	Frequency	Required/Optional
ASAM E-Trainings	Ongoing	<ul style="list-style-type: none">Required for staff performing assessments and ASAM level of care recommendations

		<ul style="list-style-type: none"> • Optional (highly recommended) for other direct service staff
ASAM In-Person Training	Annually, as needed	<ul style="list-style-type: none"> • Required for staff performing assessments and ASAM level of care recommendations
ASAM Coaching	As requested (approximately 2-3 hours/program available)	<ul style="list-style-type: none"> • Optional and available to staff that participated in ASAM training and are responsible for performing assessments and ASAM level of care recommendations
Title 22 Documentation Training	Annually	<ul style="list-style-type: none"> • Required representation from each DMC-ODS service provider
Marin WITS (Electronic Health Record) Training	Annually (or more as requested or needed)	<ul style="list-style-type: none"> • Required representation from at least one billing, direct service, supervisory, management and quality assurance staff (one staff may assume multiple roles) from each DMC-ODS service provider
Cultural Competency (specific topics vary)	Annually	<ul style="list-style-type: none"> • Required to participate in at least one cultural competency training annually
Law and Ethics	Annually	<ul style="list-style-type: none"> • Required to participate in at least one training annually on 42 CFR, Part 2 & HIPAA

Marin MHSUS also offers a variety of optional trainings throughout the year through its Workforce Education and Training program, all of which will be available to DMC-ODS service providers, as applicable.

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

Marin County MHSUS would like to request technical assistance from DHCS on the following:

- ASAM Training: Additional access to in-person ASAM trainings for clinical staff.
- D/MC Certifications: Marin MHSUS has seen significant improvements in the processing of D/MC applications, though several applications for DMC-ODS required services are still in review. Marin MHSUS would appreciate any assistance in expediting the application review process for Residential and Withdrawal Management services.
- Fidelity to Evidence Based Practices: Assistance with providing any validated tools for assessing fidelity to the evidence based practices identified in the STCs.

12. Quality Assurance. Describe the quality assurance activities the county will conduct. Include the county monitoring process (frequency and scope), Quality Improvement plan, Quality Improvement committee activities and how counties will comply with CFR 438 requirements. Please also list out the members of the Quality Improvement committee. Also include descriptions of how each of the quality assurance

activities will meet the minimum data requirements.

Marin County MHSUS will be conducting ongoing quality assurance activities, including data collection, reporting and analysis, contract monitoring, ongoing utilization review, and using information gathered throughout these processes for the purposes of continuous quality improvement.

County Monitoring

As outlined in all contract agreements with substance use services providers, Marin MHSUS performs in-depth formal contract monitoring at least annually, which includes issuing a Self-Audit for providers to complete and conducting an onsite review of each program, both of which occur at mid-year. This monitoring includes a comprehensive review of compliance with SAPT, Drug/Medi-Cal and other funding source requirements, review of a sample of client charts and personnel files, and review of policies and procedures. A copy of Self-Audit tool can be accessed by visiting www.MarinHHS.org/MHSUS.

MHSUS staff also performs monthly monitoring of quality and compliance standards, including, but not limited to: accurate and timely submission of required CalOMS data; DATAR reporting; accurate and timely claims submission; and changes in key staffing or other events that may trigger re-certification.

With DMC-ODS Waiver implementation, MHSUS staff also will be performing a utilization review on a monthly basis prior to payment of services for all new beneficiary admissions to treatment. Staff will review documentation demonstrating that the beneficiary meets medical necessity criteria, is in the appropriate ASAM level of care, and that the interventions are appropriate for the diagnosis(es) and level of care.

Quality Improvement Plan and Quality Improvement Committee

The DMC-ODS Quality Improvement Plan and Quality Improvement Committee (QIC) are integrating with the existing Mental Health Plan Quality Improvement Plan and QIC. Quality Improvement Plan goals initially will focus on establishing baseline measures and performance standards, and developing the infrastructure necessary to track and report on data related to timeliness, access to and quality of care, client outcomes, beneficiary satisfaction, integration with mental and physical health and other CFR 438 requirements related to network adequacy and beneficiary protections.

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;
- Timeliness of services of the first dose of NTP services;
- Frequency of follow-up appointments in accordance with individualized treatment plans;
- Access to after-hours care;
- Responsiveness of the beneficiary Access Line;
- Strategies to reduce avoidable hospitalizations;

- Coordination of physical and mental health services with DMC-ODS services at the provider level; and
- Assessment of the beneficiaries' experiences, including complaints, grievances and appeals, telephone Access Line and services in the prevalent non-English languages.

Refer to Attachment B for a summary of the initial draft Quality Improvement Plan goals, which reflects the data requirements listed through the STCs.

The QIC meets quarterly and for the DMC-ODS will be responsible for recommending policy decisions; reviewing and evaluating the results of Quality Improvement activities; ensuring follow-up of Quality Improvement processes; and documenting Quality Improvement Committee minutes regarding decisions and actions taken. At a minimum, the QIC will also review the following data:

- Number of days from referral to the first DMC-ODS service at the appropriate level of care
- Performance of the 24/7 telephone access line with appropriate language capacity
- Access to DMC-ODS services with interpretation services in the threshold language(s)
- Number and percentage of approved and denied requests for Residential treatment and the time period of authorization request approvals or denials

The QIC membership includes representation from County MHSUS Access, Quality Improvement, Compliance and Program managers and supervisors, contracted mental health and substance use service providers, and consumer and family representatives. Please refer to Attachment C for the full listing of the QIC members.

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?

DMC-ODS providers will be required to implement at least two of the following evidence based practices (EBPs): Motivational Interviewing; Cognitive Behavioral Therapy; Relapse Prevention; Trauma-Informed Treatment; and Psycho-Education. Marin County MHSUS will ensure that all providers are implementing at least two of the identified EBPs through the following:

- Incorporating the requirement to implement at least two of the EBP's listed in the STCs in all Requests for Proposals for DMC-ODS services
- Including provisions in all contracts for DMC-ODS services requiring providers to implement at least two of the identified EBP's. Providers will need to list the specific EBP's in the contract, as well as information on how they will be implementing the EBP's with fidelity
- Similar to all quality and compliance monitoring, Marin MHSUS will monitor

adherence to implementing at least two of the identified EBP's through review and approval of the contract language; mid-year monitoring, which includes a written Provider Self-Audit and onsite monitoring visit; and review of progress/annual reports.

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

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 assessed for medical necessity and ASAM Criteria Placement through either the MHSUS Access Line or directly with ASAM-trained DMC-ODS service providers.

Beneficiaries that utilize the MHSUS Access Line initially will be screened over the telephone. The LPHA will determine if there is sufficient information to make a direct referral to the appropriate ASAM level of care or whether a face-to-face assessment to determine medical necessity is required. For beneficiaries scheduled for a face-to-face assessment, MHSUS Access Line staff will perform a biopsychosocial assessment to determine if the beneficiary meets medical necessity based on the current DSM and will apply the ASAM criteria to make the appropriate level of care recommendation(s). Whether via a telephone screening or face-to-face assessment, MHSUS Access Line staff will work with the beneficiary during the call/appointment to schedule an intake appointment at the selected provider offering the appropriate ASAM level of care.

Beneficiaries that choose to directly contact a DMC-ODS service provider will be screened and assessed by that provider, and offered admission to the appropriate ASAM Level of Care. If the program assessing the beneficiary determines the beneficiary requires a level of care it does not provide, the program will immediately refer the beneficiary to the appropriate DMC-ODS service certified to provide the indicated ASAM level of care or to the MHSUS Access Line, and will document the referral.

To ensure beneficiaries are engaged in the appropriate ASAM level of care, on a monthly basis, MHSUS staff will review all admission documentation prior to payment authorization and will confirm individuals meet DMC-ODS eligibility criteria, are admitted to services in a timely manner, and are receiving medically necessary services at the appropriate level of care. This process will not apply to Residential treatment as DMC-ODS eligibility criteria, including receiving medically necessary services at the appropriate ASAM level of care will already have been reviewed through the authorization process.

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 MHSUS intends to coordinate with neighboring counties, MHSUS 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 4(i) of the STCs. If upon the submission of an implementation plan, the managed care plan(s) have not signed MOU(s), the county may explain to the State the efforts undertaken to have MOU(s) signed and the expected timeline for receipt of the signed MOU(s).

Marin County has one managed care health plan, which is Partnership HealthPlan of California (PHC). Marin County is amending the current MOU between the Marin County Mental Health Plan and PHC, which was executed in March 2015, to incorporate related provisions from the DMC-ODS STCs. MHSUS has developed and submitted to PHC proposed language for the amended MOU. It is expected that the MOU will be signed by the end of September 2016.

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).

Not applicable - At this point, Marin County does not anticipate utilizing telehealth services. Marin MHSUS will follow-up with DHCS to amend the Implementation Plan should this change.

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?

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

Marin County MHSUS utilizes community-wide competitive bid processes to allocate funds for substance use services. While the contract term varies depending on funding source requirements, it is typically three years, with the possibility of extending to a five-year term depending on contract performance and the availability of funding. The specific policy and procedures, including the local appeal process, are included as Attachment D and on the [Marin County MHSUS website](#).

In order to ensure continuity of care during the selective provider contracting process, it is the practice of Marin MHSUS to not terminate services without having comparable services available for beneficiaries. It is also a contract requirement that providers give 30-day written notice should they decide to terminate the contract, thereby giving time to ensure clients are transitioned to another provider for services.

Of note, all currently certified D/MC providers have also applied for and been awarded a contract to provide services as part of the DMC-ODS. As was previously discussed, Marin included participation in the anticipated DMC-ODS in all of its applicable RFP/RFI processes throughout calendar year 2015. Currently executed contracts will be amended with the updated services and rates once the Implementation Plan has been approved and DHCS and Marin County have executed the Intergovernmental Agreement.

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.

MHSUS, through its contracted NTP provider, plans to provide onsite administration and dispensing of at a minimum, buprenorphine and Narcan (naloxone) in Implementation Year 1. The NTP provider is also licensed and certified, as applicable, to provide naltrexone tablets and Antabuse, which is expected to be in place by the end of Implementation Year 2. The NTP provider is also a Drug/Medi-Cal certified Intensive Outpatient Treatment and Outpatient Drug Free provider, so is able to offer counseling services concurrent with MAT, as deemed medically necessary.

During the past year, an additional contracted provider has added assessment and provision of Medication Assisted Treatment including Suboxone, buprenorphine and Vivitrol, in addition to its ASAM Levels 1, 2.1, 3.1 and 3.5 contracted services. Most recently (March 2016) this provider, in partnership with one of Marin County's four (4) FQHC's – Marin City Health and Wellness Center - applied for and was awarded a HRSA Substance Abuse Expanded Services grant which becomes available in October 2016. Through the grant, the Marin City Health and Wellness Center will expand its service delivery model to implement a comprehensive Medication Assisted Treatment Program through two (2) prescribing providers that will serve the public housing, homeless, and general low-income population. Through the grant, at a minimum, buprenorphine and injectable naltrexone will be available. Although there will be no

claiming through the DMC-ODS for any grant-covered expenses, beneficiaries will have access to these services.

MHSUS will be working with other key partners serving beneficiaries, such as Psychiatric Emergency Services, mobile crisis teams and Federally Qualified Health Centers, to explore the feasibility of offering additional Medication Assisted Treatment. MHSUS is working in partnership with the Marin County Public Health Officer to secure and offer training and physician consultation to Marin County's four (4) FQHC physicians who are interested in pursuing certification in Medication Assisted Treatment, most specifically Suboxone, buprenorphine and naloxone.

Efforts to further expand access to Medication Assisted Treatment shall be in place by the end of Implementation Year 2. Should there be the need for additional capacity for Medication Assisted Treatment, MHSUS can pursue contracting with one or more of Marin's 14 private physicians certified in Suboxone and buprenorphine.

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

The process for authorizations for Residential treatment can be initiated at either the Residential provider site or MHSUS Access.

Authorization Requests Initiated from a Residential Provider

For authorization requests that are initiated from the Residential provider site, the provider shall send a Treatment Authorization Request Form [Sample TAR - Attachment A] and additional documentation supporting medical necessity for the recommended ASAM level of care to MHSUS Access. Requests for Prior Authorization should be submitted at least 24 hours before the scheduled admission date and must be requested prior to the admission of the client. Requests for Continuing Authorization should be submitted at least seven calendar days before the expiration of the initial authorization.

Upon receipt of a Treatment Authorization Request Form and Assessment summary, MHSUS Access staff—or a designated on call LPHA during weekends or County holidays--will review the request and based on the review, provide one of the following responses to the requesting agency within 24 hours: Approved; Pending; or Denied. If the TAR is incomplete or additional information is needed in order to make an authorization decision, MHSUS Access will indicate that the authorization is Pending and will send the request for additional information to the provider, who shall respond within 24 hours. If a TAR is denied, a written Notice of Action will be sent to the beneficiary notifying them of the authorization decision. MHSUS Access will also refer the beneficiary to the appropriate ASAM Level of Care.

Authorization Requests Initiated from MHSUS Access

Beneficiaries participating in a face-to-face assessment with MHSUS Access who meet

the Title 22 and ASAM Criteria definitions of medical necessity for Residential treatment will be referred to the appropriate ASAM level of care. MHSUS Access will authorize services and send to the provider an authorization approval.

The length of residential services ranges from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents, unless medical necessity authorizes a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be authorized in a one-year period. Perinatal and criminal justice clients may receive a longer length of stay based on medical necessity. If longer lengths of stay are needed, other non-Medi-Cal funds can be used. The authorization and preliminary payor source will be entered into Marin WITS (Electronic Health Record).

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 description by service or DMC-ODS requirement that the county cannot begin upon implementation of their Pilot. Also include a timeline with deliverables.

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

This is not applicable as Marin County meets the mandatory requirements upon implementation.

County Authorization

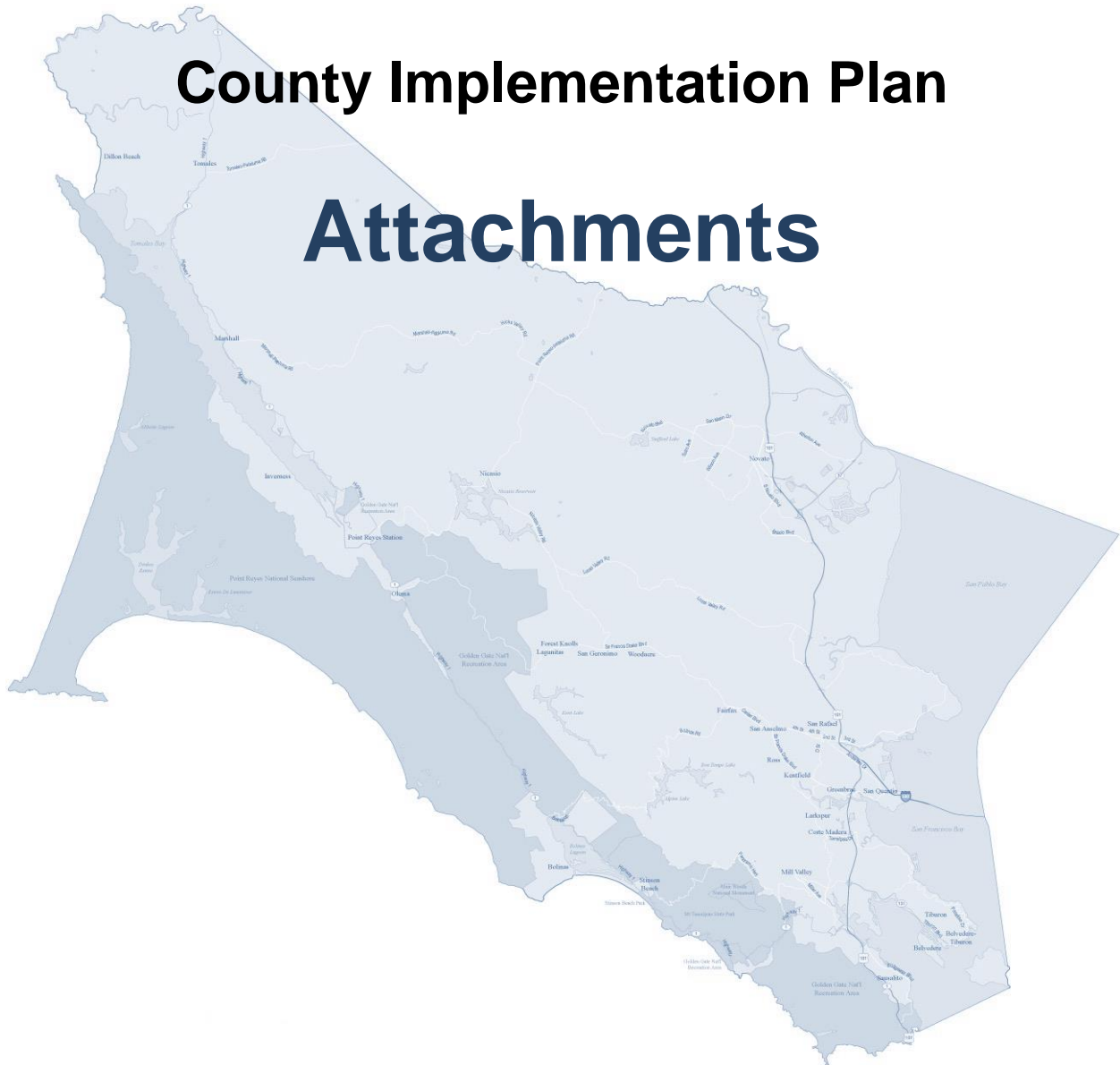
The County Behavioral Health Director (for Los Angeles and Napa AOD Program Director) must review and approve the Implementation Plan. The signature below verifies this approval.

_____	Marin County	_____
County Behavioral Health Director*	County	Date
(*for Los Angeles and Napa AOD Program Director)		

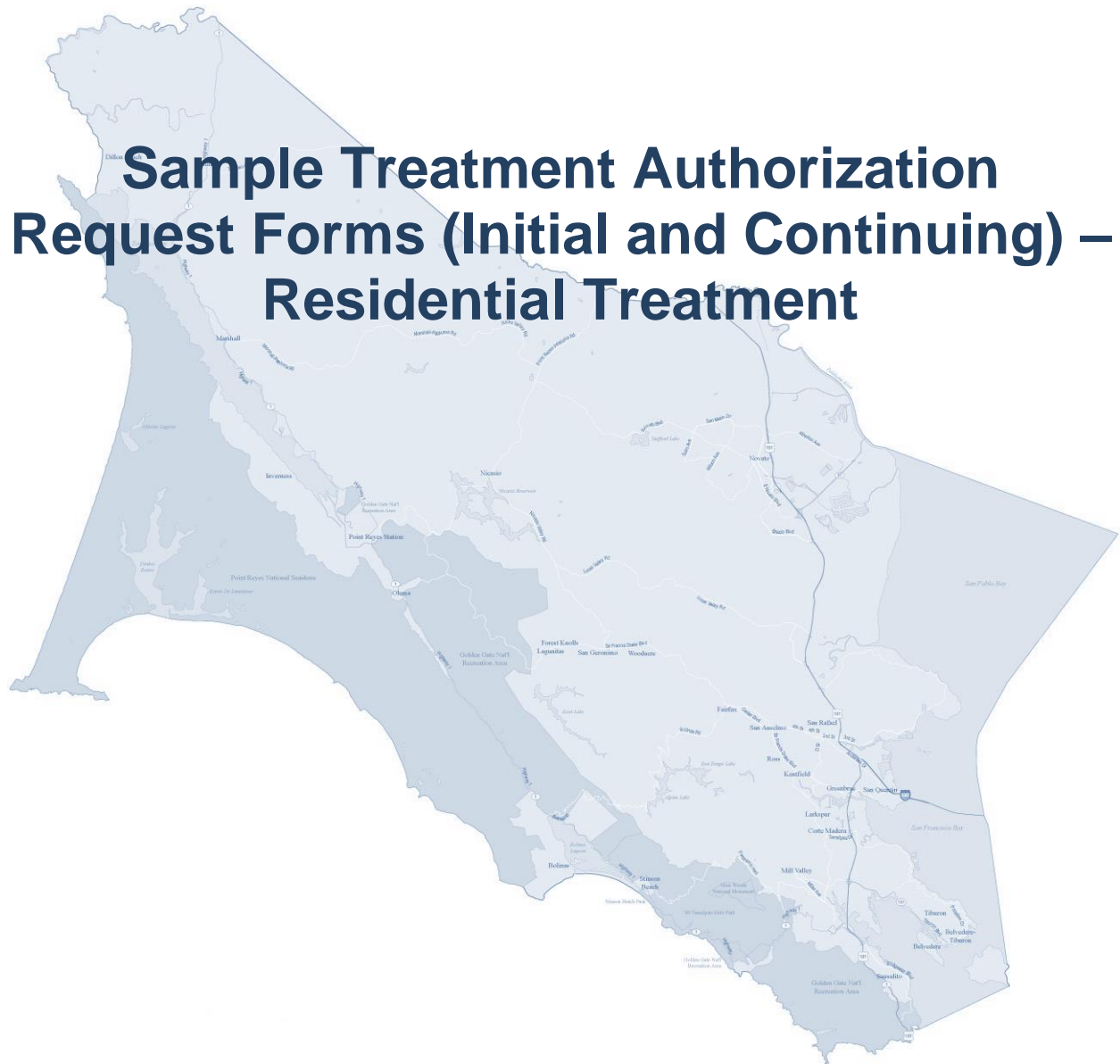
Drug/Medi-Cal Organized Delivery System (DMC-ODS) Waiver

County Implementation Plan

Attachments



Sample Treatment Authorization Request Forms (Initial and Continuing) – Residential Treatment



Treatment Authorization Request (TAR) - Residential Substance Use Treatment (Adult) – Initial Authorization

To Be Completed by Provider Requesting Authorization

Please note that requests for Prior Authorization should be submitted at least 24 hours before the proposed admission date and must be requested prior to the admission of the client. Note: Authorization does not guarantee payment. Payment is subject to a client's eligibility and services being rendered and documented in accordance with Title 22 and other Federal, State and County regulations and policies.

Date of Authorization Request: ____/____/____ Proposed Admission to Treatment Date: ____/____/____

Requesting Provider: _____ Provider Phone: _____ Provider Fax: _____

Client Insurance Status: ☐ Medi-Cal Beneficiary: _____ ☐ Uninsured ☐ Other: _____
(Medi-Cal ID Number)

Name of Client: _____ DOB ____/____/____ Marin County Resident? Yes ☐ No ☐

ASAM Level of Care Requested: ☐ ASAM Level 3.1 ☐ ASAM Level 3.5 ☐ Other: _____ Perinatal? Yes ☐ No ☐

Agency/Program Requested: ☐ Center Point (Manor) ☐ Center Point (Village) ☐ Buckelew (Vine) ☐ Other: _____

Length of Authorization Requested: ☐ Initial Authorization (1-45 days): _____ (Enter number of days requested)

DSM Diagnosis(es): _____ ICD-10 Code(s): _____

DSM Diagnosis: Must at least include a diagnosis of substance-related and addictive disorders with the exception of tobacco-related disorders

Additional Justification/Comments: _____

To the best of my knowledge, the above information is true, accurate and complete and the requested service meets the Title 22 and ASAM Criteria definitions of medical necessity for the requested level of care. The determination of medical necessity indicates that the services requested are required to identify and treat the diagnosed condition and that treatment services are consistent with the diagnosis and treatment of the condition and the standards of good medical practice.

Signature of Medical Director/Physician

Printed Name of Medical Director/Physician

Date

Fax this form and Assessment Summary to MHSUS Access @ 415-223-9647

To Be Completed by Marin County MHSUS

Date/Time TAR Received: ____/____/____ @ ____:____am/pm Date/Time TAR Review Completed: ____/____/____ @ ____:____am/pm

☐ Approved ☐ Pending: *Submit Updated TAR within 24 hours* ☐ Denied

Date Authorization Begins: _____ Date Authorization Ends: _____

Comments/Explanation: _____

☐ Access: Faxed to Requesting Provider ☐ Access: E-Mailed to SUS Administration ☐ Access: Dates entered in Access Log
☐ Access: NOA Sent ☐ SUS Administration – Completed Authorization in WITS ☐ SUS Administration: Sent to MHSUS QI

Signature of MHSUS Access Representative

Printed Name of MHSUS Access Representative

Date

Treatment Authorization Request (TAR) - Residential Substance Use Treatment (Adult) – Continuing Authorization

To Be Completed by Provider Requesting Authorization

Please note that requests for Continuing Authorization should be submitted at least seven (7) calendar days before the expiration of the current authorization.

Date of Authorization Request: ____/____/____ Date of Current Authorization Expiration: ____/____/____

Requesting Provider: _____ Provider Phone: _____ Provider Fax: _____

Client Insurance Status: ☐ Medi-Cal Beneficiary: _____ ☐ Uninsured ☐ Other: _____
(Medi-Cal ID Number)

Name of Client: _____ DOB ____/____/____ Marin County Resident? Yes ☐ No ☐

ASAM Level of Care Requested: ☐ ASAM Level 3.1 ☐ ASAM Level 3.5 ☐ Other: _____ Perinatal? Yes ☐ No ☐

Agency/Program Requested: ☐ Center Point (Manor) ☐ Center Point (Village) ☐ Buckelew (Vine) ☐ Other: _____

Length of Authorization Requested: ☐ Continuing Authorization (46 – 90 days): ____ ☐ One-time Extension (91-120 days): ____
(Enter number of days requested) ☐ Continuing Authorization (121+ days) – Only for Perinatal or Criminal Justice Clients (circle one): ____

DSM Diagnosis(es): _____ ICD-10 Code(s): _____

DSM Diagnosis: Must at least include a diagnosis of substance-related and addictive disorders with the exception of tobacco-related disorders

Justification for Continued Authorization: _____

To the best of my knowledge, the above information is true, accurate and complete and the requested service meets the Title 22 and ASAM Criteria definitions of medical necessity for the requested level of care. The determination of medical necessity indicates that the services requested are required to identify and treat the diagnosed condition and that treatment services are consistent with the diagnosis and treatment of the condition and the standards of good medical practice.

Signature of Medical Director/Physician

Printed Name of Medical Director/Physician

Date

Fax this form and Assessment Summary to MHSUS Access @ 415-223-9647

To Be Completed by Marin County MHSUS

Date/Time TAR Received: ____/____/____ @ ____:____ am/pm Date/Time TAR Review Completed: ____/____/____ @ ____:____ am/pm

☐ Approved ☐ Pending: *Submit Updated TAR within 24 hours* ☐ Denied

Date Authorization Begins: _____ Date Authorization Ends: _____

Comments/Explanation: _____

☐ Access: Faxed to Requesting Provider ☐ Access: E-Mailed to SUS Administration ☐ Access: Dates entered in Access Log
☐ Access: NOA Sent ☐ SUS Administration – Completed Authorization in WITS ☐ SUS Administration: Sent to MHSUS QI

Signature of MHSUS Access Representative

Printed Name of MHSUS Access Representative

Date

Attachment B

Draft Quality Improvement Plan Goals – DMC-ODS Implementation Year 1



**Marin Mental Health Plan and Substance Use Services: Quality Improvement Work Plan
DMC-ODS Waiver: Implementation Year 1 (Draft)**

Category	Goal
Timeliness – Access to Services	By December 31, 2016, establish a baseline and system to collect, maintain and evaluate accessibility to care and waiting list information. At a minimum, timely access measures will include number of days to first DMC-ODS service at an appropriate level of care following initial request or referral, timeliness of services of the first dose of NTP services, and frequency of follow-up appointments in accordance with individualized treatment plans.
Timeliness – Authorization for Services	By June 30, 2016, there will be a system in place to review and respond to prior authorization requests for residential treatment within 24 hours of the request.
Access – 24/7 Beneficiary Access Line	By June 30, 2016, there will be a 24/7 beneficiary access line that provides screening, assessment and referral services in English and the prevalent non-English languages.
Access – Access Line Quality	By December 31, 2016, there will be a system to track and report that at least 75% of substance use treatment referrals from the Access Line were to the appropriate ASAM Level of Care.
Access – Access Line Responsiveness	By December 31, 2016, establish quality and performance standards and a system to track and report on the responsiveness of the Access Line.
Access – Afterhours Services	By December 31, 2016, 100% of County-operated and contracted substance use services will have procedures in place to link beneficiaries with afterhours care.
Access –Penetration Rates	By December 31, 2016, establish baseline penetration rates and targets for beneficiaries for all threshold languages.
Access – Network Adequacy	By December 31, 2016, establish baseline measures and a system to track and report on utilization of services, and expected number, types and location of providers to meet the needs of beneficiaries.
Access – Network Adequacy	By June 30, 2016, there will be all ASAM levels of care required in the DMC-ODS Waiver available to Marin Medi-Cal beneficiaries (18+).
Quality – Workforce Development	By December 31 30, 2016, 100% of MHSUS Access staff and Drug/Medi-Cal certified providers will participate in at least two trainings relevant to meeting the needs of the Medi-Cal population, such as ASAM criteria, cultural competence and diagnosing and serving individuals with complex needs.
Quality – Contracts	By June 30, 2016, MHSUS will have developed contract language for use in FY 2016-17 contracts requiring: 1) implementation of at least two Evidence Based Practices referenced in the DMC-ODS STCs; 2) provision of culturally competent services with access to oral interpreter services in the prevalent non-English languages; and 3) access to or linkage with Medication Assisted Treatment, as clinically indicated.

**Marin Mental Health Plan and Substance Use Services: Quality Improvement Work Plan
DMC-ODS Waiver: Implementation Year 1 (Draft)**

Category	Goal
Quality – Clinical Documentation	By December 31, 2016, establish a utilization management program that monitors Drug/Medi-Cal Title 22 and Title 9 requirements, including establishing medical necessity, ensuring the beneficiary is at the appropriate ASAM level of care, and the interventions are appropriate for the diagnosis and level of care.
Quality – Primary Care Coordination	By December 31, 2016, develop a system to track and report that at least 85% of clients engaged in outpatient or residential treatment will have a primary care provider at discharge.
Quality – Primary Care Coordination	By December 31, 2016, develop a baseline, performance target and method to track the percentage of clients identified with physical health needs that have care coordinated between DMC-ODS and physical health providers.
Quality – Mental Health Care Coordination	By December 31, 2016, develop a baseline, performance target and method to track the percentage of clients with a mental health diagnosis who are provided appropriate services directly or via referral.
Quality – Complaints, Grievances and Appeals	By December 31, 2016, develop and implement policies and procedures for addressing complaints, grievances and appeals. At a minimum, policies and procedures shall include procedures for submitting a grievance, appeal and request for state fair hearing, the timeframe for resolution of appeals and expedited appeals, the content of appeal resolution, record keeping, continuation of benefits, and requirements of state fair hearings.
Quality – Beneficiary Satisfaction	By December 31, 2016, establish a survey tool and process for assessing beneficiary experience.
Quality – Avoidable Hospitalizations	By June 30, 2017, develop a baseline, performance target and method to track the number of avoidable hospitalizations for beneficiaries engaged in DMC-ODS services.
Quality – Outcomes	By December 31, 2016, utilize CY 2015 data to determine baseline outcomes by modality in domains including reductions in substance use, improvements in mental and physical health, gainful employment/educational attainment, reductions in justice involvement, attaining stable housing, and improved family/social support.

Attachment C

Quality Improvement Committee Membership



**Marin County Division of Mental Health and Substance Use Services
Quality Improvement Committee Membership**

NAME	POSITION/AFFILIATION
August, Cheryl	Consumer Advocate
Joanne Bender	MHSUS Utilization Management Coordinator
Cardenas, Jennifer	Seneca Family of Agencies QA Director
Condon, Catherine	MHSUS Substance Use Services
Davis, Susan	MHSUS Supervising Mental Health Nurse
Fagundes, Leah	Consumer Advocate
Ferguson, Lindsay	Marin Services for Men/Marin Outpatient and Recovery Services Service Provider
Fong, Jonathan	Marin Treatment Center Service Provider
Garcia, Esmeralda	Community Action Main Patients' Rights Advocate
Hegedus, Joe	Center Point, Inc. Service Provider
Hensley, Dawn	Community Action Marin Family Partnership Program - Family Advocate
Kaiser, Dawn	MHSUS Division Director, Quality Management
Kantorowski, Laura	Bay Area Community Resources Service Provider
Labov-Dunne, Wendy	Family Member Representative
Lagleva, Cesar	MHSUS Ethnic Services Coordinator
Luu, Vinh	Asian Advocacy Program CAM Service Provider
Mosconi, Gail	Marin Housing Authority Shelter Plus Care Supervisor
Paler, Todd	MHSUS Program Manager
Ponek, Sandy	Canal Alliance Family Program Director
Powelson, Robert	Vice President, Marin Mental Health Board
Pring, Ann	MHSUS Chief, Youth & Family Services
Rothery, David	MHSUS Privacy & Compliance Policy Analyst
Steffy, Leigh	MHSUS Administration
Stevenson, Jasmine	Huckleberry Youth Programs Service Provider
Zane, Catharine	MHSUS Mental Health Unit Supervisor

Attachment D

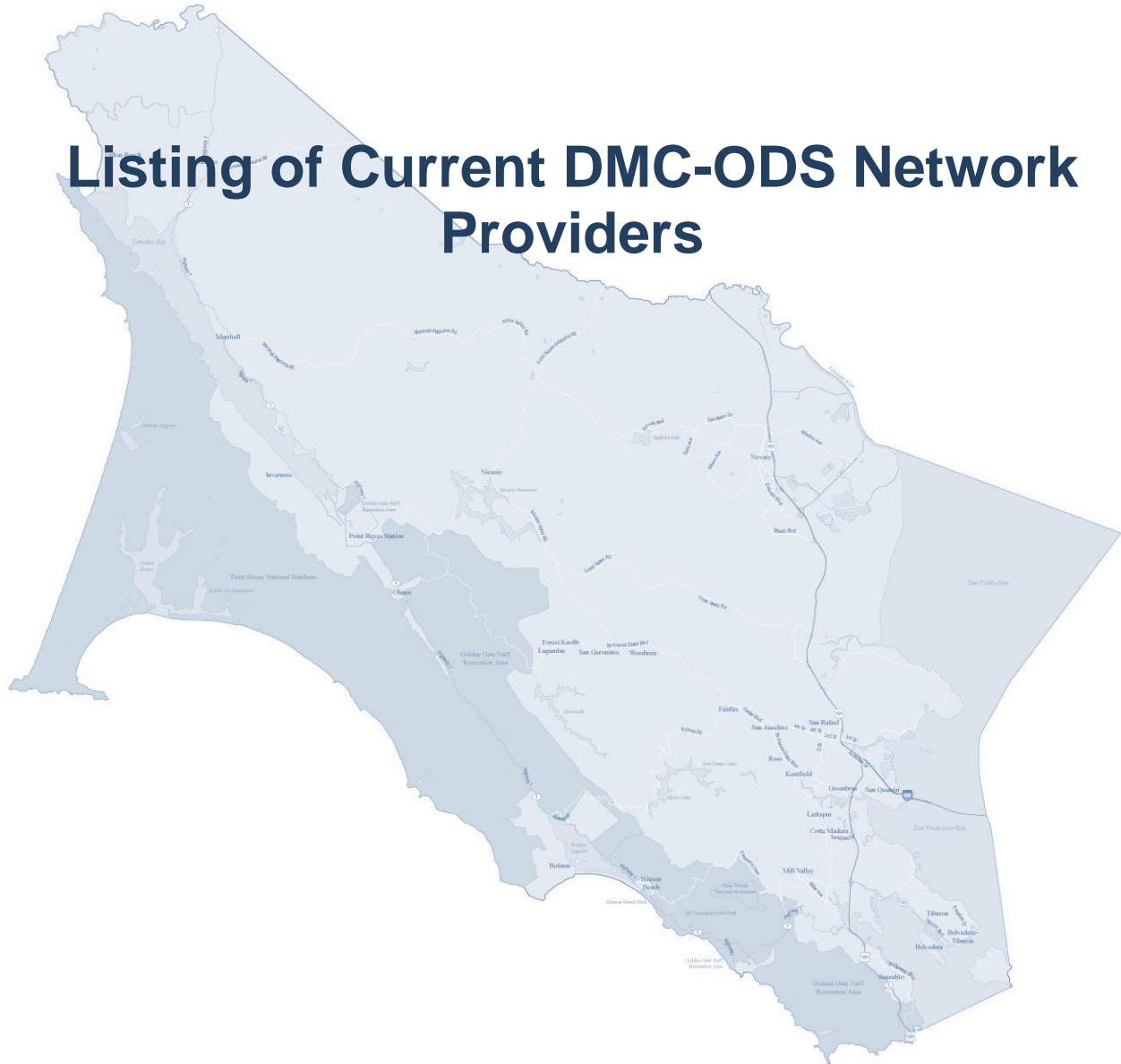
Selective Provider Contracting Policy and Procedure



For a copy of the **Selective Provider Contracting Policy and Procedure**, visit:
www.MarinHHS.org/Policies-Procedures

Attachment E

Listing of Current DMC-ODS Network Providers



Network Providers by Modality, Provision of MAT, DMC-ODS Capacity, Current DMC Patient Load and Populations Treated					
Agency Name	Population Treated	Provision of MAT ¹⁶	DMC-ODS Planned Capacity ¹⁷	Current DMC Patient Load ¹⁸	D/MC Certification Status
General Outpatient (ASAM Level 1)					
Bay Area Community Resources	Adolescents	No	3 slots	2 beneficiaries	Application Pending
Center Point, Inc.	Adults	Pending	9 slots	9 beneficiaries	Approved D/MC Provider
Huckleberry Youth Programs	Adolescents	No	3 slots	5 beneficiaries	Approved D/MC Provider
Marin County MHSUS	Adults	Pending	9 slots	0 beneficiaries	Approved D/MC Provider
Marin Outpatient and Recovery Services	Adults	No	9 slots	5 beneficiaries	Approved D/MC Provider
Marin Treatment Center	Adults	Yes	9 slots	4 beneficiaries	Approved D/MC Provider
Bay Area Community Resources	Adults; Perinatal	No	9 slots	6 beneficiaries	Application to be Submitted
Ritter Center	Adults	No	9 slots	4 beneficiaries	Application to be Submitted
Level 1 Totals			60 slots	35 beneficiaries	
Intensive Outpatient Treatment (ASAM Level 2.1)					
Bay Area Community Resources	Adolescents	No	5 slots	4 beneficiaries	Application Pending
Center Point, Inc.	Adults	Pending	12 slots	11 beneficiaries	Approved D/MC Provider
Marin County MHSUS	Adults	Pending	9 slots	0 beneficiaries	Approved D/MC Provider
Marin Outpatient and Recovery Services	Adults	No	12 slots	12 beneficiaries	Approved D/MC Provider
Marin Treatment Center	Adults	Yes	9 slots	5 beneficiaries	Approved D/MC Provider
Bay Area Community Resources	Adults; Perinatal	No	9 slots	5 beneficiaries	Application to be Submitted
Ritter Center	Adults	No	9 slots	6 beneficiaries	Application to be Submitted

¹⁶ Providers not directly offering Medication Assisted Treatment (MAT) will be contractually required to provide linkages to MAT. Marin County MHSUS is noted as "Pending" as efforts are underway to contract with a physician that can offer MAT through the County-operated Drug/Medi-Cal certified outpatient clinic. Center Point is noted as "Pending" as it currently has developed the capacity to provide MAT, with full implementation planned for the Fall 2016.

¹⁷ The DMC-ODS planned capacity figures exceed the projected treatment capacity figures in Table 6 in order to ensure sufficient capacity and beneficiary choice in provider selection. MHSUS contracts for additional slot/bed capacity for low-income uninsured individuals, so there is additional contracted capacity to serve beneficiaries should the demand exceed planned capacity.

¹⁸ Current patient load figures are based on individuals served in treatment in April 2016 that report being a Medi-Cal beneficiary (Source: Marin WITS – CalOMS).

Level 2.1 Totals			65 slots	43 beneficiaries	
NTP Maintenance (ASAM Level OTP-1)					
Marin Treatment Center	Adults; Perinatal	Yes	137 slots	132 beneficiaries	Approved D/MC Provider
Level OTP-1 Totals			137 slots	132 beneficiaries	
Residential Treatment (ASAM Levels 3.1 and 3.5)					
Bucklew Programs	Adults	No	5 beds	0 beneficiaries	Application Pending
Center Point, Inc.	Adults	Pending	14 beds	18 beneficiaries ¹⁹	Application Pending
Center Point, Inc.	Perinatal	Pending	8 beds	7 beneficiaries	Application Pending
Levels 3.1/3.5 Totals			27 beds	25 beneficiaries	
Withdrawal Management (ASAM Level WM-3.2)					
Bucklew Programs	Adults	No	9 beds	9 beneficiaries	Application Pending
WM-3.2 Totals			9 beds	9 beneficiaries	

¹⁹ Eighteen (18) beneficiaries were served within the planned 14 bed capacity due to the varying lengths of stay.