

## EXHIBIT A - SCOPE OF SERVICES (OUTPATIENT)

JULY 1, 2021 – JUNE 30, 2022

<b>Services Provided</b>	<p><b>Outpatient Services (ASAM Level 1)</b> [<i>Non-DMC Service Codes: 33 (Group), 34 (Individual); DMC-ODS Service Code: 91</i>]. Counseling services are provided to beneficiaries (up to 9 hours a week for adults, and less than 6 hours a week for adolescents) when determined by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA) to be medically necessary and in accordance with an individualized client plan. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.</p> <p><b>Intensive Outpatient Treatment (IOT) (ASAM Level 2.1)</b> [<i>Non-DMC Service Code: 30; DMC-ODS Service Code: 105</i>]. Structured programming services provided to beneficiaries a minimum of nine (9) hours with a maximum of nineteen (19) hours a week for adults, and a minimum of six (6) hours with a maximum of nineteen (19) hours a week for adolescents, when determined by a Medical Director or LPHA to be medically necessary and in accordance with the individual treatment plan. Services consist primarily of counseling and education about addiction-related problems. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.</p> <p>The components of Outpatient and IOT services include the following services:</p> <ul style="list-style-type: none"><li>• <b>Intake:</b> The process of determining that a beneficiary meets the medical necessity criteria and a beneficiary is admitted into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders, the diagnosis of substance use disorders, and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.</li><li>• <b>Individual and/or Group Counseling:</b> Contacts between a beneficiary and a therapist or counselor.</li><li>• <b>Patient Education:</b> Provide research based education on addiction, treatment, recovery, and associated health risks.</li><li>• <b>Family Therapy:</b> The effects of addiction are far-reaching and patient's family members and loved ones are also affected by the disorder. By including family members in the treatment process, education about factors that are important to the patient's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the patient, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.</li><li>• <b>Medication Services:</b> The prescription or administration of medication related to substance use treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and/or order laboratory testing within their scope of practice or licensure.</li><li>• <b>Collateral Services:</b> Sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's</li></ul>
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treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the beneficiary.

- **Crisis Intervention Service:** Contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to the stabilization of the beneficiary's emergency situation.
- **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed within the regulatory timeframe then updated every subsequent 90 days unless there is a change in treatment modality or significant event that would then require a new treatment plan.
- **Discharge Services:** The process to prepare the beneficiary for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing, and human services

**Case Management:** [Service Code: 68]. Service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Case management services may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community. They 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. The components of case management include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management;
- Transition to a higher or lower level of SUD care;
- Development and periodic revision of a client plan that includes service activities;
- Communication, coordination, referral, and related activities;
- Monitoring service delivery to ensure beneficiary access to service and the service delivery system;
- Monitoring the beneficiary's progress; and
- Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

**Recovery Services:** [Service Code: 91-5; 105-5; 32]. Medically necessary recovery services may be accessed 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 are:

- Outpatient counseling services in the form of individual or group counseling to stabilize the beneficiary and then reassess if the beneficiary needs further care;

	<ul style="list-style-type: none"> <li>• Recovery Monitoring: Recovery coaching, monitoring via telephone and internet;</li> <li>• Substance Abuse Assistance: Peer-to-peer services and relapse prevention;</li> <li>• Education and Job Skills: Linkages to life skills, employment services, job training, and education services;</li> <li>• Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;</li> <li>• Support Groups: Linkages to self-help and support, spiritual and faith-based support; and</li> <li>• Ancillary Services: Linkages to housing assistance, transportation, case management, individual services coordination.</li> </ul> <p><b>Physician Consultation:</b> <i>[DMC-ODS Service Code: 91-4; 105-4].</i> Services include DMC physicians' consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists. Physician consultation services are not with DMC-ODS beneficiaries; rather, they are designed to assist DMC physicians with seeking expert advice on designing treatment plans for specific DMC-ODS beneficiaries, and to support DMC providers with complex cases which may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.</p> <p><b>Assessments</b> Assessments shall be face-to-face or via telehealth and performed by qualified staffing. If the assessment is provided by a certified counselor, the "face-to-face" interaction must take place, at minimum, between the certified counselor who has completed the assessment for the beneficiary and the Medical Director, licensed physician, or LPHA. This interaction also must be documented appropriately by the LPHA in the medical record to establish the determination of medical necessity for the beneficiary. Medical necessity for DMC-ODS services shall be determined as part of the assessment process and shall be performed through a face-to-face interview or via telehealth.</p> <p><u>Re-Assessments:</u> Re-assessments shall occur a minimum of every 90 days, unless there are significant changes warranting more frequent re-assessments. ASAM Level of Care data shall be entered into Marin WITS for each assessment and re-assessment and within seven (7) days of the assessment/re-assessment.</p> <p><u>ASAM Training:</u> Staff performing assessments shall complete the two e-Training modules entitled "ASAM Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care".</p>
<b>Telehealth</b>	Telehealth Between Provider and Beneficiary means office or outpatient visits via interactive audio and video telecommunication systems. To utilize telehealth, contractor shall use a secure platform and have policies in place to ensure confidentiality. Unless otherwise noted by the Department of Health Care Services (e.g. exceptions due to a Public Health emergency), telehealth for group counseling is not claimable to Medi-Cal.

<b>Performance Standards</b>	<p><b>Access to Care</b></p> <p>Timely access data—including date of initial contact, date of first offered appointment and date of scheduled assessment—shall be entered into Marin WITS within seven (7) days of the intake.</p> <p>Performance Standard:</p> <ul style="list-style-type: none"> <li>• Routine Appointment: First face-to-face appointment shall occur within five (5) and no later than 10 business days of initial contact.</li> <li>• Urgent Appointment: First face-to-face visit within 48 hours of the request for urgent conditions.</li> <li>• There are no inequities in timely access to care when stratified by race/ethnicity and gender identity</li> <li>• First face-to-face appointment Medication Assisted Treatment appointment for beneficiaries with alcohol or opioid disorders shall occur within three (3) business days.</li> <li>• At least 75% of beneficiaries completing the Treatment Perceptions Survey reported being satisfied (3.5 out of 5.0) with the location and time of services</li> <li>• Timely access data will be entered in Marin WITS within seven (7) days of first contact for 100% of beneficiaries.</li> </ul>
	<p><b>Treatment Initiation and Engagement</b></p> <ul style="list-style-type: none"> <li>• At least 85% of beneficiaries have a second treatment visit within 14 days of assessment [initiation]</li> <li>• Of those initiating treatment, at least 75% will have two treatment visits within the next 30 days [engagement]</li> <li>• There are no inequities in treatment initiation and engagement when stratified by race/ethnicity and gender identity</li> </ul>
	<p><b>Transitions Between Levels of Care</b></p> <p>Appropriate Case managers/clinicians from both the discharging and admitting provider agencies shall 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, providing transportation as needed, and documenting all information in Marin WITS.</p> <p>Performance Standard:</p> <ul style="list-style-type: none"> <li>• Transitions between levels of care shall occur within five (5) and no later than 10 business days from the time of re-assessment indicating the need for a different level of care.</li> <li>• There are no inequities in transitions between levels of care when stratified by race/ethnicity and gender identity</li> </ul>
	<p><b>Care Coordination and Linkage with Ancillary Services</b></p> <p>The Contractor shall ensure 42 CFR Part 2 compliant releases are in place in order to coordinate care. The Contractor shall screen for and link clients with mental and physical health, as indicated.</p> <p>Performance Standard:</p>

- There is documentation of physical health and mental health screening in 100% of beneficiary records
- At least 80% of beneficiaries have 42 CFR compliant releases in place to coordinate care with physical health providers
- At least 70% of beneficiary records have documentation of coordination with physical health
- At least 80% of beneficiaries engaged for at least 30 days will have an assigned Primary Care Provider
- At least 80% of beneficiaries who screen positive for mental health disorders have 42 CFR compliant releases in place to coordinate care with mental health providers
- At least 70% of beneficiary records for individuals who screen positive for mental health disorders have documentation of coordination with mental health (e.g. referral for mental health assessment or consultation with existing providers).
- At least 85% of beneficiaries will contact information for a designated contact responsible for coordinating the beneficiary's care

**Medication Assisted Treatment**

Contractors will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment for substance use disorders. Contractor staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent a 42 CFR, Part 2 compliant release of information for this purpose.

Performance Standard:

- At least 80% of beneficiary records for individuals receiving Medication Assisted Treatment for substance use disorders will have 42 CFR compliant releases in place to coordinate care
- At least 80% of beneficiaries with a primary opioid or alcohol use disorder will be linked to an MAT assessment and/or MAT services

**Culturally Responsive Services**

Contractors are responsible to provide culturally responsive services. Contractors must ensure:

- Policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations.
- Translation and oral interpreter services must be available for beneficiaries, as needed and at no cost to the beneficiary.
- Each program reviews monthly performance data (automated reports sent from Marin WITS monthly) and identifies and implements at least one performance improvement initiative annually to address to any inequities noted either in the monthly dashboard or Treatment Perceptions Survey data.

Performance Standard:

- 100% of beneficiaries that speak a threshold language are provided services in their preferred language.

	<ul style="list-style-type: none"> <li>• At least 80% of beneficiaries completing the Treatment Perceptions Survey reported being satisfied (3.5+ out of 5.0) with cultural sensitivity of services.</li> <li>• 100% of contractors will implement at least one performance improvement initiative annually related to reducing inequities by race/ethnicity or gender identity.</li> <li>• 100% of contractors are in compliance with the CLAS standards.</li> </ul> <p><b>Delivery of Individualized and Quality Care</b></p> <p><u>Beneficiary Satisfaction:</u> DMC-ODS Providers (serving adults 18+) shall participate in the annual statewide Treatment Perceptions Survey (administration period to be determined by DHCS). Upon review of Provider-specific results, Contractor shall select a minimum of one quality improvement initiative to implement annually.</p> <p><u>Evidence-Based Practices (EBPs):</u> Contractors will implement—and assess fidelity to—at the least two of the following EBPs per service modality: Motivational Interviewing, Cognitive-Behavioral Therapy, Relapse Prevention, Trauma-Informed Treatment and Psycho-Education.</p> <p><u>ASAM Level of Care:</u> All beneficiaries participate in an assessment using ASAM dimensions. The assessed and actual level of care (and justification if the levels differ) shall be recorded in Marin WITS with seven (7) days of the assessment.</p> <p>Performance Standards:</p> <ul style="list-style-type: none"> <li>• At least 80% of beneficiaries will report an overall satisfaction score of at least 3.5 or higher on the Treatment Perceptions Survey</li> <li>• Overall satisfaction scores are balanced when stratified by race/ethnicity and gender identity</li> <li>• At least 80% of beneficiaries completing the Treatment Perceptions Survey reported that they were involved in choosing their own treatment goals (overall score of 3.5+ out of 5.0)</li> <li>• Contractor will implement with fidelity at least two approved EBPs</li> <li>• 100% of beneficiaries participated in an assessment using ASAM dimensions and are provided with a recommendation regarding ASAM level of care</li> <li>• At least 70% of beneficiaries admitted to treatment do so at the ASAM level of care recommended by their ASAM assessment</li> <li>• At least 80% of beneficiaries are re-assessed within 90 days of the initial assessment</li> </ul>
<b>Outcomes</b>	<p>In order to assess whether beneficiaries: 1) Reduce substance abuse or achieve a substance-free life; 2) Maximize multiple aspects of life functioning; 3) Prevent or reduce the frequency and severity of relapse; and 4) Improve overall quality of life, the following indicators that will be evaluated and measured include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Engagement in the first 30 days of treatment (at least two treatment sessions within 30 days after initiating treatment)</li> <li>• Reduction in substance use</li> <li>• Reduction in criminal activity or violations of probation/parole and days in custody</li> </ul>

	<ul style="list-style-type: none"> <li>• Increase in employment or employment (and/or educational) skills</li> <li>• Increases in family reunification</li> <li>• Increase engagement in social supports</li> <li>• Maintenance of stable living environments and reduction in homelessness</li> <li>• Improvement in mental and physical health status</li> <li>• Beneficiary satisfaction</li> </ul> <p>These metrics will be analyzed by program and at a minimum, stratified by race/ethnicity and gender identity</p>
<b>Training</b>	<p>Applicable staff are required to participate in the following training:</p> <ul style="list-style-type: none"> <li>• DMC-ODS Training, including Documentation Standards (At least annually)</li> <li>• Information Privacy and Security – Including 42CFR Part 2 and HIPAA/Law &amp; Ethics (At least annually)</li> <li>• ASAM E-modules 1 and 2 (Prior to Conducting Assessments)</li> <li>• Cultural Competency (At least four hours annually)</li> <li>• Oath of Confidentiality (Review and sign at hire and annually thereafter)</li> <li>• At least five hours of continuing education in addiction medicine annually for LPHA staff, including Medical Director</li> <li>• Marin WITS and CalOMS Treatment (Prior to Use of Marin WITS and thereafter as needed)</li> </ul>
<b>Program Licensure, Certification and Standards</b>	<p>Contractor shall possess valid DHCS Alcohol and Drug Certification and DHCS DMC certification for the contracted level of care.</p> <p><u>Practice Guidelines</u>: Contractor shall comply with the BHRS Clinical and Administrative Practice Guidelines, which are located at <a href="http://www.MarinHHS.org/BHRS">www.MarinHHS.org/BHRS</a></p>
<b>Beneficiary Protections and Beneficiary Informing Materials</b>	<p><u>Beneficiary Informing Materials</u> Contractor shall make available at initial contact, and shall notify beneficiaries of their right to request and obtain at least once a year and thereafter upon request, the following materials: DMC-ODS Beneficiary Booklet and Provider Directory. The County will produce required beneficiary informing materials in English and Spanish. Contractor shall request materials from the County, as needed.</p> <p><u>Grievance and Appeals</u> Contractor shall also post notices explaining grievance, appeal and expedited appeal processes in all program sites, as well as make available forms and stamped self-addressed (addressed to the County) envelopes to file grievances, appeals and expedited appeals without having to make a verbal or written request to anyone. Completed Grievance/Appeal Form should be returned or mailed to:  BHRS Quality Management Unit  20 N. San Pedro Rd., San Rafael, CA 94903</p> <p>The County will produce required beneficiary informing materials in English and Spanish. Contractor shall request materials from the County, as needed. Refer to 42 CFR 438.10(g)(2)(xi) for additional information about the grievance and appeal system.</p>

	<p><u>Notice of Adverse Benefit Determination (NOABD)</u></p> <p>Contractor shall have written procedures to ensure compliance with the County's NOABD Procedure as outlined in 'NOABD Process' located on the County website <a href="http://marinhhs.org/substance-use-services-contractor-resources">marinhhs.org/substance-use-services-contractor-resources</a>; including the following:</p> <ul style="list-style-type: none"> <li>• Contractor shall request consent from beneficiaries for the County of Marin to issue a NOABD to the address on record should covered services be reduced, denied, modified, delayed or terminated. Should a beneficiary refuse to consent, then the Contractor is responsible for issuing any applicable NOABD directly to the beneficiary.</li> <li>• Contractor shall log the NOABD on the 'Provider NOABD Log' and submit by the 10<sup>th</sup> of each month via encrypted email to the County SUD Admin Team with copies of the issued NOABDs.</li> </ul>
<p><b>Contract Changes</b></p>	<p>If significant changes are expected, you must submit a request in writing to the contract manager. You must receive written approval prior to any changes being implemented and/or reimbursed. Significant changes include, but are not limited to:</p> <p><u>Scope of Work</u></p> <ul style="list-style-type: none"> <li>• Proposing to re-distribute units of service between existing service codes by more than 20%</li> <li>• Proposing to add or remove a service modality</li> <li>• Proposing to transfer substantive programmatic work to a subcontractor</li> <li>• Proposing to provide any services by telephone or field-based</li> </ul> <p><u>Budget</u></p> <ul style="list-style-type: none"> <li>• Proposing to re-distribute more than 20% between budget categories</li> <li>• Proposing to increase or decrease FTE</li> <li>• Proposing to increase the contract maximum</li> </ul> <p>Contractor shall also report any other key changes per the timelines and processes outlined in applicable Policies and Procedures (<a href="http://www.MarinHHS.org/policies-procedures">www.MarinHHS.org/policies-procedures</a>) and Practice Guidelines (<a href="http://www.MarinHHS.org/Substance-Use-Services-Contractor-Resources">www.MarinHHS.org/Substance-Use-Services-Contractor-Resources</a>), including, but not limited to: 1) Staff Updates; 2) Facility alterations/renovations; 3) Unusual occurrences or incidents; 4) Reduction in DMC services; and 5) Not accepting beneficiaries or 90% capacity (facility at capacity).</p>