Drug Medi-Cal Organized Delivery System Implementation Plan

Merced County Behavioral Health
and Recovery Services (BHRS)

County of Merced

May 2017

PART 1: PLAN QUESTIONS

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)
   - ☒ Consumers/Consumers 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): Surveys, Town Hall Meetings and World Café Event

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 Consumers upon year one implementation under this county plan?

   REQUIRED

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

   How will these required services be provided?

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

6. Has the county established a toll free 24/7 number with prevalent languages for prospective Consumers to call to access DMC-ODS services?

   ☒ Yes (required)
   ☐ No
   Review Note: If the county is establishing a number, please note the date it will be established and operational

7. The county will participate in providing data and information to the University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs for the DMC-ODS evaluation.

   ☒ Yes (required)
   ☐ No

8. The county will comply with all quarterly reporting requirements as contained in the STCs.

   ☒ Yes (required)
   ☐ No

9. Each county's Quality Improvement Committee will review the following data at a minimum on a quarterly basis since external quality review (EQR) site reviews will begin after county implementation. These data elements will be incorporated into the EQRO protocol:
   - Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment
   - Existence of a 24/7 telephone access line with prevalent non-English language(s)
   - Access to DMC-ODS services with translation services in the prevalent non- English language(s)
   - Number, percentage of denied and time period of authorization requests approved or denied

   ☒ Yes (required)
   ☐ No

PART 2

PLAN DESCRIPTION

Collaborative Process

In 2015, Merced County Behavioral Health and Recovery Services (BHRS) began the collaborative process by involving stakeholders through monthly community partners meetings, presenting at the Behavioral Health Board, and preparing summaries of the costs and benefits for our Merced County Board of Supervisors as well as the Chief Executive Officer. BHRS also completed a review of the county's current programs and examined the gaps that would require resolve in order to successfully participate within the Drug Medi-Cal Organized Delivery System (DMC-ODS).

In March 2016, BHRS developed an on-line survey related to the community's view of current Substance Use Disorder Services offered within Merced County. This survey was generated by Survey Monkey. In addition to having an electronic survey, hard copies were made reality available in the counties threshold languages of Spanish and Hmong to our BHRS staff, consumers, community partners, government partners, schools, law enforcement, Mental Health Service Act (MHSA) Planning Council, Behavioral Health Board members, and health care providers within the community. The intent of the survey was to obtain feedback from the community on the barriers to substance use disorder treatment services for youth and adults, and ideas that could improve youth and adult substance use disorder services within the community.

Efforts to reach our underserved communities, town hall meetings were conducted in the outlying cities of Los Banos on May 4, 2016, and Livingston on May 6, 2016. Interpreters were readily available to assist the community. The town hall meetings consisted of a PowerPoint presentation on the DMC-ODS waiver information, benefits as well as the impacts that it would have on service delivery with the intent to improve overall community health. Information was also provided at the town hall meetings on the World Café Event in the City of Merced, where the themes of the surveys and town hall meetings would be shared and further explored. There were a total of 251 surveys completed throughout the county that included electronic and hard copies that were submitted. The results of the surveys and feedback from the town hall meetings were collected, entered into Survey Monkey, reviewed, and categorized into four areas to be further evaluated within the World Café Event.

The World Café Event took place on May 25, 2016. The event was conducted in partnership with MHSA to invite the community for to provide additional input on the four categorized areas. The set up consisted of four tables that corresponded with the topic categories to be discussed and each table was staffed with a narrator, scribe and interpreter. The narrator talked about the category of the table, moderated discussion on the topic, summarized the results collected from the Survey Monkey and town hall meetings in relation to that assigned category. Using guided questions and input from the community, it allowed for the examination of how substance use disorder services can be improved and/or enhanced with the implementation of the DMC-ODS waiver. The input from the World Café Event was then further summarized into trends that the community would like to see addressed with the implementation of the DMC-ODS waiver.

The four categories consisted of:

- Adult SUD Treatment Services
- Youth SUD Treatment Services
- Dual Diagnosis Programs
- Transitional Aged Youth (TAY) SUD Treatment Services

Within each of the four categories the following trends emerged:

- Transportation
- Need for case management services to assist with linking to outside community agencies, employment and training, obtaining driver's license, other certified documents, GED, literacy classes, peer support recovery groups, learn life skills, and housing
- Child care
- Stigma associated with seeking services
- Services to be provided in non-traditional clinic settings such as the home, community, and within schools
- Residential treatment expanded to include detox as well as Sober Living Environments for a continuum of care
- Gender and age specific treatment
- Increased services such as individual counseling and expanded hours for youth, adult and TAY populations.
- On-site physician for medical clearance and physical exam process

BHRS is the sole provider of outpatient substance use disorder services for both youth and adults within the Merced County. To prepare for the DMC-ODS waiver, an Integration/1115 Waiver Implementation team was formed, comprised of the BHRS Leadership team. This workgroup meets bi-weekly to review the department's capacity and implementation requirements of the waiver. The planning process examined the current level of substance use disorder services provided by the county and community-based agencies including prevention, early intervention, outpatient, residential, and aftercare services. The existing "gaps" within the current service delivery system were also reviewed and assessed. BHRS also met with the contract providers to review the American Society of Addiction Medicine (ASAM) levels of care that they currently provide, assessed capacity and elicited feedback. In addition, the information obtained during these planning sessions, served as a structural foundation for the development and implementation of a comprehensive, integrated continuum of care that is modeled after the ASAM.

The stakeholders participating in the process included the BHRS Director, Medical Director, Assistant Directors, Division Directors, BHRS Managers, SUD treatment staff, mental health staff, public health, criminal justice partners, contract providers, school administrators, and consumers.

BHRS will continue with the collaborative partnerships and communication through the bi-weekly BHRS Integration/1115 Waiver Implementation meetings, monthly community partners meetings, monthly behavioral health advisory group meetings, quarterly integrated primary care committee

meetings, quarterly managed care meetings, and monthly contract provider meetings. These committees will continue to meet throughout the implementation process for ongoing evaluation of the DMC-ODS waiver, including but not limited to the consumers referral and transitional placement process, coordination and delivery of services for youth and families, accessibility of SUD treatment in unserved/underserved areas, provision of services in primary/threshold language of the consumer, increased availability of co-occurring treatment, assessment times, linkage and consumers support process; service placement/interventions, service authorizations and transition procedures for residential placements and high utilizers. In addition, DMC-ODS service implementation will be a standing agenda item during monthly BHRS QI Committee meetings, BHRS Leadership meetings, and monthly BHRS Executive staff meetings.

Once the DMC-ODS Implementation draft was completed, follow-up stakeholder meetings were established with the community, contract providers, and government partners to review the draft and ensure adequate opportunities for the public to provide comments and recommendations on the proposed draft plan.

Client Flow: *Describe how consumers move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, the professional qualifications of individuals who will conduct ASAM criteria interviews and assessments, how admissions to the recommended level of care will take place, how often consumers will be re-assessed, and how they will be transitioned to another level of care accordingly. Include the role of how the case manager will help with the transition through levels of care and who is providing the case management services. Also describe if there will be timelines established for the movement between one level of care to another. Please describe how you plan to ensure successful care transitions for high-utilizers or individuals at risk of unsuccessful transitions*

BHRS will ensure that the required substance use disorder treatment services under the new service delivery system are available and accessible to individuals and families throughout the county. These services will be provided by responding to immediate needs including safety and physical health needs, and by utilizing the ASAM placement criteria. Our department's mission is committed to empowering our diverse community with hope, recovery, and wellness by providing comprehensive holistic care. BHRS Substance Use Disorder Division is unique in that the outpatient, intensive outpatient, case management and recovery services will be provided by county DMC certified and operated programs with certified Alcohol and Drug counselors as well as LPHAs who will provide direct consumer care.

Currently, BHRS has a centralized entry and screening point for individuals and family members requesting services. Individuals can contact the 24/7 toll-free ACCESS line or walk-in to the Central Access to Recovery Services (CARS) Central Intake unit in Merced or our CARS units stationed within our rural outpatient clinics in Los Banos and Livingston.

Although BHRS has a centralized point of entry for individuals, there are additional pathways in which consumers can access services that ensures a "no wrong door policy." Consumers may also

access services through our Triage program. BHRS LPHA's are stationed within the local emergency rooms of Dignity Health Center in Merced and Memorial Hospital in Los Banos. Consumers may also access services though the Mobile Crisis Response Team (MCRT). The Mobile Crisis Response Team works directly with two local law enforcement branches and responds to crisis calls within the community having law enforcement contact. For the past five years, BHRS has stationed a certified Alcohol and Drug counselor within three primary care clinics to provide substance use disorder treatment and referrals. Consumers may also access services through our collaborative Court programs and directly through contracted residential and narcotic treatment program providers.

BHRS currently has an integrated assessment that addresses both mental health and substance use disorders. The outcome of the integrated assessment will determine the level of care for mental health and/or substance use disorder treatment services. All consumers entering treatment who are screened and assessed requiring both mental health and substance use services will be encouraged to receive services as indicated within the assessment.

All staff providing assessments and referrals will complete the required ASAM training prior to delivering services under the DMC-ODS waiver. In June 2016, BHRS hosted and provided a mandatory ASAM training for all current contractors and service providers who currently provide direct services, and who will be providing services under the waiver. BHRS will also be hosting additional ASAM trainings in October and November of 2017 for all BHRS staff and contract providers that will be providing services under the DMC-ODS waiver. All contract providers will be responsible for initial training of the ASAM for new employees as part of their on-boarding process, and ongoing training as needs are identified for current employees.

Initial Phone Screening through ACCESS

Consumers calling in and requesting services will be screened for psychiatric and medical risk factors, which will also include utilizing the ASAM criteria to assess for required level of care. Medi-Cal eligibility will be determined and individuals will also be informed of the services that they are entitled to under the DMC-ODS waiver during the initial phone screening. Initial screenings through the BHRS ACESS team will be completed by mental health workers and/or certified alcohol and other drug counselors who have been trained in using the ASAM model. If outpatient services are indicated after completion of the initial screening, the ACCESS team will schedule an intake point of entry appointment with the CARS-Central Intake team within 10 business days. If residential treatment is indicated, the consumer will have the choice to either complete the assessment though the CARS team or be directly referred to the local residential provider. Residential authorization will be provided within 24 hours. If opioid detox or treatment is indicated, then the consumer will be referred to the contracted NTP provider and admitted within 72 hours. The contract provider will complete an assessment and send the level of care authorization to the BHRS Quality and Performance Management (QPM) team. All initial screening information through the ACCESS team will be logged into our Point of Entry ACCESS Log. If the indicated level of care is not consistent with the initial screening, the consumer will be linked with the appropriate level of care and provided interim services until properly placed.

Community Access to Recovery Services (CARS) – Central Intake Assessment and ASAM Level of Care Placement

Point of Entry (POE) intake assessments conducted at the CARS unit may consist of individuals scheduled following contact with the ACCESS line, walk-ins requesting services, referrals from the Triage and MCRT, Probation Department, Courts, schools, primary care clinics, and/or the Central California Alliance for Health (CCAH), which is Merced County's managed care plan.

The initial assessment will be facilitated by licensed or license eligible clinicians and/or a certified Alcohol and Other Drug Counselor under the supervision of a Licensed Practitioner of the Healing Arts (LPHA). The initial assessment includes an evaluation of the following clinical domains: presenting problems and functional impairments, clinical symptoms, recovery environment, current medical issues, psychiatric history, substance abuse screening using ASAM, and current risk factors to determine a provisional level of care. Medical necessity must be determined for all consumers entering the DMC-ODS. The consumer must be diagnosed with a DSM/ICD 10 Substance Use Disorder by a licensed LPHA, licensed physician, and/or the Medical Director. DMC Title 22 requires that all providers include documentation of medical necessity in the consumer's file.

Consumers needing outpatient or intensive outpatient services will also have an initial treatment plan established, have an assigned primary counselor, and linked into established groups so that services can begin immediately at the outpatient program. In addition, the consumer will be given an appointment with the identified primary counselor where further evaluation will be conducted utilizing the Merced County BHRS integrated assessment tool that includes ASAM criteria, and further development of the treatment plan. The intake will be completed within ten (10) business days of the initial contact.

Consumers needing residential treatment will be referred to one of the contracted providers based on the indicated level of care. The CARS team will complete the level of care authorization and submit to the QPM team. The CARS team will coordinate with the residential provider and ensure that admission is completed within ten (10) business days of the referral. If the consumer is pregnant, postpartum, homeless, or an intravenous user, he or she will be admitted within forty eight (48) hours. If such accommodations cannot be made, then the consumer will be provided interim services through the outpatient program until admission is completed. The residential provider will complete a biopsychosocial assessment and send the level of care authorization to the QPM team for approval and tracking. BHRS will authorize residential services within 24 hours and notify the QPM team. The QPM team will track the level of care authorizations from both CARS and contract providers to ensure that consumers meet medical necessity and are placed in the appropriate level of care.

Consumers assessed by the CARS unit and identified as needing opioid detox or treatment will be referred to our narcotic treatment program (NTP) contracted provider. The CARS unit will coordinate an intake appointment with the NTP provider and ensure that admission into the

program is completed within –three (3) days (10) business days of the referral, or within forty eight (48) hours if the consumer is an intravenous user.

If an individual initially presents at an SUD provider that does not offer the appropriate level of care, the agency will identify alternative options for the consumer and make the appropriate referrals to ensure that the individual is offered the appropriate level of care to meet his or her needs. The individual may choose to stay with a particular provider after receiving the referral options. An example of this may be that an individual may be assessed as needing a 3.1 level of care, but wishes to participate in an intensive outpatient program.

Initial Screening Completed by Residential Contract Provider

Consumers are often referred directly to residential treatment providers by family, friends, and other community partner agencies/departments. In order to ensure timely authorizations and admissions, the contract provider will conduct an initial ASAM screening. If the screening indicates the likely need for residential services, the provider will enroll the client in residential services. The contract provider will inform BHRS QPM team within 24 hours of the consumer's admission and the QPM team will provide an ASAM evaluation to validate and authorize services. Authorization for residential services will be completed within 24 hours of the initial request. If the client is not eligible for that level of care, the QPM team will facilitate a "warm hand off" to the provider that matches the consumer's needs. Residential service providers will request a re-authorization based on the results of the ASAM assessments, from BHRS at least 7 calendar days from the initial authorization expiration date. This will allow time for the provider to transition the client if the request is denied.

Initial Screening Completed by Narcotic Treatment Program Contract Provider

Consumers who are referred directly to a narcotic treatment provider (NTP) may complete the initial assessment and intake at the NTP where medical necessity will be determined by an LPHA, medical director, or licensed physician. The initial assessment can be conducted face-to-face or through telehealth services. In order to ensure timely authorizations and admissions, the contract provider will conduct an initial ASAM screening and will be required to complete and submit the assessment and level of care authorization to the QPM team within 24 hours or the next business day. If the consumer is initially requesting detox services and then enters into maintenance/treatment services, another assessment and level of care authorization will need to be submitted to the QPM team. The QPM team will track admission and authorize payments for Merced County residents. If a non-Merced County residents receives NTP services, the contract provider will be responsible for contracting with the individual's county of residence.

Re-Assessments

For outpatient and intensive outpatient substance use treatment, the consumer will be re-assessed along with a treatment plan update every 90 days to determine whether the consumer continues to

meet that level of care. For our narcotic treatment programs, individual treatment plans will be reviewed at 90 day intervals and medical necessity will be re-assessed annually. Residential treatment re-assessments will be completed every 30 days. Specific situations that may necessitate re-assessment and potential placement in a different level of care may include: completion of treatment and agreed upon goals, inability or incapacity of consumers to demonstrate progress toward achievement of treatment goals, change in service needs based upon medical necessity, and requests for a different level of care by the consumer.

Integrated Assessment

BHRS has been using an integrated assessment tool since 2014. The assessment addresses the following areas: presenting problem, functional impairment, current clinical symptoms, psychosocial history, substance use, history of psychiatric treatment, medical information, legal history, cultural, spiritual, strengths, supports, challenges, sexual orientation, as well as current risk factors including suicide, homicide, grave disability, and trauma history. If the consumer has a history of substance misuse/abuse/dependence, then an additional comprehensive SUD assessment section is completed. The substance abuse/other addiction assessment goes further in detail on the consumer's history of substance use and prior treatment episodes. The assessment tool is broken down into categories of criteria/symptoms/impairments based on the DSM-5. The outcome of the assessment indicates the severity of use/abuse/dependence as either: mild, moderate or severe. Licensed and/or license waivered mental health clinicians, as well as certified alcohol and other drug counselors, are using the assessment tool and documenting the recommended level of care and service delivery as well as the consumers response within the disposition section of the assessment. Prior to implementation of the DMC-ODS, the current assessment tool will need to be modified to include the ASAM levels of care within the disposition section of the tool. It is anticipated that this modification will be incorporated into the electronic health record by December 1, 2017.

Level of Care Transitions and Case Management Services

If ASAM results determined during the substance use assessment conflict with the results determined during the initial clinical screening interview, the treatment provider will be responsible for ensuring that the consumer receives the appropriate level of care. If the program does not offer the treatment indicated from the outcome of the assessment, the service provider will refer the consumer to a certified DMC-ODS provider within the community, who can offer the appropriate level of care. When it is determined that a consumer is in need of an increase or decrease in level of care, the service provider will authorize a referral to the appropriate level of treatment. Placement transitions to other levels of care will occur within 5-10 business days from the date of re-assessment. If a consumer is transitioning to residential treatment, an assessment/authorization will be completed by BHRS within 24 hours of the request from the referring SUD treatment provider. BHRS and SUD treatment provider case managers will be responsible for assisting the consumer with initial placement, transitions to different levels of care, and discharge planning. Case managers will also provide support in scheduling intake appointments and linking consumers to ancillary support services.

Transitions for High-Utilizers/Individuals at Risk for Unsuccessful Transitions

BHRS will conduct bi-weekly meetings for staff and case managers to review current cases in which consumers are utilizing treatment services higher than average, with little to no improvement within the level of care continuum. Case managers will review placement for those consumers who have higher than average treatment services and those at risk of unsuccessful transitions, as well as assisting consumers to navigate throughout the existing system. Case managers assigned to high risk consumers will track those transitioning levels of care to ensure a successful transition, level of care appropriateness, and to identify barriers to effective treatment.

Table 1: BHRS Client Flow Chart

Beneficiary Notification and Access Line: *For the consumer toll free access number, what data*

will be collected (i.e.: measure the number of calls, waiting times, and call abandonment)? How will individuals be able to locate the access number? The access line must be toll-free, functional 24/7, accessible in prevalent non-English languages, and ADA-compliant (TTY).

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

BHRS maintains an ADA compliant (TTY) toll-free, 24/7 access telephone line to provide services to Merced County residents. BHRS lists the 24/7 access telephone number on our pamphlets, brochures, provider handbooks, Merced County website, Merced County Network of Care website, 211 Information Center, within all county resources, and through the MOU with Central California Alliance for Health and Beacon. The ACCESS team accepts, screen and logs all calls inquiring about mental health and substance use disorder services. By 1/1/18, the script will be modified to include additional factors for screening for substance use. ACCESS provides information about community resources, including services with the Behavioral Health and Recovery Services. The purpose of ACCESS is to provide Medi-Cal beneficiaries with information about how to access specialty mental health services, SUD services, the problem resolution and fair hearing process. BHRS will ensure that all Merced County consumers are being screened for both mental health and substance use disorder services through the 24/7 access line and that the required data is collected and entered into the existing access log. Between the hours of 8:00 a.m. - 5:00 p.m., Monday through Friday, calls are answered by bilingual BHRS staff. If a consumer needs assistance with a language outside of the threshold languages, BHRS staff may use a third party language line. During the initial screening, Medi-cal is verified, immediate clinical needs are identified along with potential risk, safety issues, and level of care needs. Appointment are provided to a called based on urgent/non-urgent protocol and schedule with the CARS Central Intake unit. After hour calls are answered by the Crisis Stabilization Unit and entered into the ACCESS database.

The data that will be collected at the time of initial contact is as follows:

- Number of calls, including the date, time, nature, and the disposition of call
- Number of calls requesting/requiring oral interpreter services for enrollees or potential enrollees
- Number of calls that are identified as non-urgent, urgent, and routine
- Number of incomplete and abandoned calls
- Number of referrals made to outside agencies,
- Caller geographic location, caller age group and race/ethnicity
- Number of individuals screened and referred to DMC-ODS services, including the ASAM Level of Care of the referral
- First appointment offered for substance use and/or co-occurring assessment services and first scheduled appointment for intake/screening assessment

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 consumers 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. This list will be used for billing purposes for the Short Doyle 2 system.

In Merced County, BHRS has been working to integrate mental health and substance use disorder services and currently has four distinct locations within the City of Merced. There is an additional integrated clinic in Los Banos, which serves both mental health and substance use disorder services within the same clinic. The Livingston clinic is DMC certified to serve both but will begin substance use disorder services within the clinic through the implementation of the waiver. In September 2016, our name was changed from Merced County Mental Health, Alcohol and Drug Services, to Merced County Behavioral Health and Recovery Services. Along with the name change for our department, we have been working on the integration of our clinic services within the City of Merced. We began a building project in June 2016, to rebuild an old hospital in Merced and convert it into our adult campus for both mental health and substance use disorder services. Our current campus that houses our youth and adult mental health department will become our youth campus for both substance use disorder services and mental health services. The combining of programs will develop a truly one-stop shop for a central access point of services for the consumers in the city of Merced. The two campuses are within one block of one another. The adult campus is next to a primary care clinic with which we already have an established working relationship, as well as a certified alcohol and other drug counselor working in that location two days per week.

The Center - Judicial Treatment Services provider 2401 is a Drug Medi-Cal certified program for ASAM Level 1 Outpatient Services and Level 2.1 Intensive Outpatient Services, as well as perinatal outpatient services. The program is designed to meet the needs of community members over the age of 18 who are experiencing personal difficulties due to their use, abuse, or addiction to alcohol and other drugs. Services are provided by certified alcohol and drug counselors and LPHAs. At this location, we also provide services to the criminal justice population, which includes DEJ/PC1000, Prop 36, Adult Drug Treatment Court, and a co-occurring program that is funded under the SAMSHA grant.

The Center provider number 2416 is a Drug Medi-Cal certified program for ASAM Level 1 Outpatient Services and Level 2.1 Intensive Outpatient Services and perinatal outpatient services. The program is designed for adults 18 and over who are experiencing difficulties due to their use,

abuse, or addiction to alcohol and other drugs. Services are provided by certified alcohol and drug counselors and LPHAs. This location offers specialized services to our perinatal consumers, Dependency Drug Court consumers, and our CalWORKs program.

Los Banos Alcohol and Drug Services provider 2417 is a Drug Medi-Cal certified program for ASAM Level 1 Outpatient Services and Level 2.1 Intensive Outpatient Services as well as perinatal outpatient services. This location serves both youth ages 12-18 and adults 18 and over who are experiencing difficulties due to their use, abuse, or addiction to alcohol and other drugs. This location also serves the criminal justice population and CalWORKs. Services are provided by certified alcohol and drug counselors and LPHAs.

Northside Counseling Center provider 2408 is a Drug Medi-Cal certified program for ASAM Level 1 Outpatient Services. It serves both youths ages 12-18 and adults 18 and over who are experiencing difficulties due to their use, abuse, or addiction to alcohol and other drugs. Services will be provided by certified alcohol and drug counselors and LPHAs.

Recovery Assistance for Teens (RAFT) provider 2404 is a Drug Medi-Cal certified program for ASAM level 1 Outpatient Services and Level 2.1 Intensive Outpatient Services, serving youth from the ages of 12 to 18 who are experiencing difficulties due to their use, abuse, or addiction to alcohol and other drugs. Services will be provided by certified alcohol and drug counselors and LPHAs.

Evidenced based practices are utilized within each of the outpatient clinics and include trauma informed services, relapse prevention, motivational interviewing, and cognitive behavioral therapy. BHRS staff working with adults have been trained for specialized evidenced based curriculum groups that address women's trauma, men's trauma, moral recognition therapy, anger management, and parenting. BHRS staff work with the youth and have been trained in working with evidenced based practices such as motivational interviewing, and using curriculum such as the matrix model, teen intervene, and moral recognition therapy. Services under the level of care are provided both in English and Spanish. Adult services are also offered two nights per week until 7:00 p.m. for those consumers who have employment conflicts or need additional evening services.

BHRS is responsible for planning, coordinating, and managing a comprehensive continuum of behavioral health, prevention, intervention, treatment, and recovery support services to meet the needs of the community. BHRS Substance Use Disorder Division currently provides the outpatient services for both youth and adults, and contracts with community providers for residential and narcotic treatment program services. BHRS 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.

ASAM Level 0.5 Early Intervention Services include screening, brief intervention and referral to treatment (SBIRT) and are provided by non-DMC providers to consumers 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 BHRS and the Alliance/Beacon, which is the single

managed care health plan for Merced County Medi-Cal consumers. SBIRT may also be conducted within the three primary care clinics where we currently have a certified alcohol and other drug counselor co-located to provide the referral to treatment and/or conduct brief interventions and services within the primary care clinic based on the consumer's need.

ASAM Level 1- Outpatient Services are provided to consumers (up to nine hours a week for adults, and less than six hours a week for adolescents) when determined by the Medical Director or Licensed Practitioner of the Healing Arts (LPHA) to be medically necessary and in accordance with an individualized consumer's plan. Services can be provided in-person, by telephone, or 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 Consumers in outpatient services, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care. BHRS currently has four DMC certified outpatient programs for adults and two DMC certified outpatient programs for youth.

ASAM Level 2.1- Intensive Outpatient Services are provided to BHRS consumers (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 the Medical Director or Licensed Practitioner of the Healing Arts (LPHA) to be medically necessary, and in accordance with an individualized consumer's plan. Treatment can be extended when determined to be medically necessary. Services can be provided in-person, by telephone, or 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 consumers in Intensive Outpatient Services, case management will be provided to coordinate care with ancillary service providers to facilitate transitions between levels of care. BHRS currently has three DMC certified outpatient programs for adults and two DMC certified outpatient programs for youth. Evidenced based practices are utilized within each of the outpatient clinics and include but not limited to trauma informed services, motivational interviewing, and cognitive behavioral therapy. BHRS staff working with adults have been trained for specialized evidenced based curriculum groups that address women's trauma, men's trauma, moral recognition therapy, anger management, and parenting classes using the nurturing parenting and positive discipline curricula. BHRS staff work with the youth and have been trained in working with evidenced based curriculum such as the matrix model, teen intervene, and moral recognition therapy. Services under the level of care are provided both in English and Spanish. Services for adults are also offered two nights per week until 7:00 p.m. for consumers who have employment conflicts or need additional evening services. In year two of the implementation plan, we hope to expand evening services to our youth population as well.

ASAM Level 3.1 Residential Treatment is a non-institutional 24-hour non-medical, short-term residential program that provides rehabilitation services to consumers 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 consumers 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 consumers 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 consumers in residential treatment, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

For adults, BHRS contracts with Community Social Model Advocates (CSMA) for residential services within Merced County who operates Tranquility Village for females and Hobie House for males. DHCS has designated Tranquility Village for females as a level 3.1. CSMA will submit their application for DMC certification for the Hobie House by July 2017. BHRS will ensure that ASAM Levels 3.3 and 3.5 for residential treatment are available by the end of year three of the implementation plan. Merced County does not have any youth residential providers and plans to contract with out-of-county providers as part of the implementation plan.

Merced County does not currently have any residential treatment facilities for ASAM Level 3.7 (Medically Monitored Intensive Inpatient Services) or ASAM Level 4.0 (Medically Managed Inpatient Services). BHRS will coordinate with Central California Alliance for Health who is responsible for providing authorization for and managing the inpatient benefit.

ASAM OTP Level 1 Narcotic Treatment Program 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 NTP provider will be providing methadone, buprenorphine and naloxone medications to assist consumers in their recovery. 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 consumer 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. Consumers may simultaneously participate in OTP services and other ASAM Levels of Care. BHRS currently contracts with Aegis Treatment Centers, which offers detox and maintenance treatment programs. Aegis currently is licensed for up to 350 NTP

slots, with an average daily utilization of 280 slots of Merced County residents.

ASAM 1.0-WM Withdrawal Management are habilitative and rehabilitate services provided to consumers when medically necessary and determined by the Medical Director or Licensed Practitioner of the Healing Arts (LPHA). The components of Withdrawal Management services are intake, observation, medication services, and discharge services. Currently this level of care is provided by our Narcotic Treatment Provider and they will continue to provide these services under the waiver.

Recovery Services are a part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria and during the transfer/transition planning process, consumers will be linked to applicable medically necessary recovery services. Consumers may access recovery services after completing their course of treatment, whether they are triggered, have relapsed, or as a measure to prevent relapse.

Recovery services may be provided face-to-face, by telephone, or telehealth with the consumer 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, after care groups, and ancillary services. At implementation, recovery services will be provided by one (1) certified Alcohol and Drug Counselor. By the second year of the implementation plan, we hope to add two (2) Consumer Assistance Worker/Recovery Coaches to help serve our community. Prior to billing for Recovery Services using the peer to peer model, BHRS will develop a SUD Peer Support Training Plan that meets federal Medicaid regulations and policy guidance in order to obtain a SUD designation for SUD peer support staff.

Case Management Services will be utilized to assist a consumer to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. All consumers who meet medical necessity will have access to case management and/or care coordination services with admission into the system, transitioning from one level of care to another, and assistance with navigating and linking with mental health, primary care, physical health, criminal justice, and other community partners as needed. Case management services may be provided at DMC certified outpatient programs, BHRS behavioral health programs, hospitals, primary care clinics, schools, , courts, the consumer's home, and other community-based sites as deemed appropriate in meeting the needs of the consumer. Case management services may be provided face-to-face, by telephone, or telehealth with the consumer by a Licensed Practitioner of the Healing Arts or certified AOD counselor.

During the first year of implementation, case management services will be provided by two (2) existing BHRS staff who are certified AOD counselors. It is our goal to hire two (2) mental health workers/case managers who are certified AOD counselors by year two of the implementation plan, so that case management services can expand.

Physician Consultation will be sought through addiction medicine physicians, addiction

psychiatrists, or clinical pharmacists by our current BHRS Medical Director, as needed in order to provide guidance for DMC physicians with treatment plans, level of care considerations, medication selections and dosing, side effect management, adherence to prescriptions, and possible drug interactions.

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. BHRS currently contracts with two recovery residences within the county and plans to expand those services within year one of the implementation plan. BHRS plans to utilize SAPT funds for recovery residences for those consumers who are also enrolled in outpatient treatment services.

Table 2: BHRS DMC-ODS Treatment Services Timeline

Level of Care	Service Provided	DMC-ODS By Launch Date		DMC-ODS By Year 3	
		Youth	Adults	Youth	Adults
1	Outpatient	Yes	Yes	-	-
2.1	Intensive Outpatient	Yes	Yes	-	-
3.1	Clinically Managed Low Intensity Residential Services	Yes	Yes	-	-
3.3	Clinically Managed Population Specific High Intensity Residential Services	N/A	No	Yes	Yes
3.5	Clinically Managed High Intensity Residential Services	No	No	Yes	Yes
1-WM	Ambulatory Withdrawal Management without extended on-site monitoring	N/A	Yes	N/A	-
3.2-WM	Residential Withdraw Management Clinically Managed	N/A	No	N/A	Yes
3.7-WM	Inpatient Withdrawal Management Clinically Managed	No	No	No	No
4-WM	Inpatient Withdrawal Management Medically Managed and Intensive Services	No	No	No	No
1-OTP	Opioid Treatment	N/A	Yes	N/A	-
	Addiction Medications (MAT) with both outpatient and residential	N/A	No	N/A	Yes
	Case Management	Yes	Yes	-	-
	Recovery Services	Yes	Yes	-	-

Change and Expansion of Services

The process to prepare the consumer for referral into another level of care, return or reentry into the community, and/or the linkage to essential community based services, housing and human services, and other recovery supports will begin as soon as an individual is enrolled in a treatment program. Discharge planning is initiated at the time of admission to identify discharge needs early in order to facilitate coordination of recovery services and support a smooth transition between levels of care, including post treatment recovery supports. Consumer discharge plans will include the appropriate recovery supports and/or transitions to lower levels of care (for example, connecting a consumer with a peer recovery support counselor and transitioning from intensive outpatient to outpatient services). Discharge plans may also be modified to include transition to a higher level of care if the person's needs change during program participation.

Barriers

Merced County BHRS currently has several clinics within the city of Merced that provide SUD and Mental Health services. Our department is in the middle of a building project, identified above, that will combine all SUD and mental health services to one location for adults. Our current mental health campus will combine all SUD and mental health services for youth. This is a potential barrier as we will need to submit location application packets to DHCS for three of our SUD clinics. This may take some time to go through the process of approval for DHCS. The anticipated date for the new building project to be completed is in January 2018.

Presuming the DHCS Provider Enrollment Division certifies in a timely manner the programs that have already submitted applications, the remaining barriers to the required service levels will be expansion of all levels of residential treatment for adolescents and ASAM Level 3.3 and 3.5 for adults. Given the costs associated with opening new facilities, the most feasible solution to addressing these barriers will most likely involve seeking contracts with out-of-county providers.

Coordination with Opt-Out Counties

In the event that a Medi-Cal beneficiary from another county seeks outpatient SUD services that are determined medically necessary but who is not able to receive services directly from that county, BHRS may provide the services based on those benefits offered by the county of residence. If provided, BHRS would seek reimbursement from the county of residence at the Merced County BHRS approved rate. The cost for services provided to out-of-county residents would be included in the county of residence's certified public expenditure. Merced County BHRS would obtain the revenue (both the federal share of cost and the local match) from the county of residence. For residential and NTP services, the contract providers will need to establish contracts for payment of provided services with the counties in which the beneficiaries reside.

Coordination with Mental Health: *How will the county coordinate mental health services for consumers 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?

Merced County BHRS became a behavioral health system in September 2016. Currently, we have several campuses throughout Merced County that provide mental health and substance use disorder services separately; however, our department has been working on the integration of services for over a year. The goal is to have all adult services co-located and all children and youth services co-located on a campus across the street from the adult campus by January 2018. BHRS currently uses an integrated assessment tool that assesses for both mental health and substance use disorder services. When a consumer is screened by our ACCESS team or within the CARS unit and substance use services are identified, the consumer is assessed and provided a follow-up appointment at the designated outpatient clinic. If the consumer meets medical necessity for mental health, then he or she is provided a follow-up appointment with the mental health outpatient services. If the consumer does not meet SMI criteria for mental health, then community resources that could benefit the caller is discussed. If the caller is determined to be mild/moderate and a Medi-cal beneficiary, then coordination with the local managed care system Beacon for linkage to a Primary Care Physician or a local Federally Qualified Health Facility is completed.

To fill a gap in services for our SUD consumers, BHRS has created a Dual Diagnosis Program (DDP2) program that is located within the SUD outpatient clinic and is free of charge to consumers. Any consumer who is receiving outpatient SUD services and also reports having mental health symptoms that do not meet the SMI criteria, will be provided an assessment and ongoing individual counseling, as well as co-occurring treatment groups with an LPHA for mental health services as part of the overall SUD treatment plan.

Coordination between SUD and Mental Health services will be tracked through our Access Database as well as the Merced County Assessment outcome dispositions and the consumer transfer from within the Anasazi/Cerner Electronic Health Record.

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?*

BHRS continues to work collaboratively with our partners in physical health. Over the past five years we have coordinated care by co-locating a certified alcohol and drug counselor within three primary care clinics in Merced County. The certified counselor works with the physicians and provides a warm hand-off for those consumers who need substance use screening and/or counseling. The services and coordination of care are tracked on a monthly basis per clinic, by the alcohol and drug counselor and reviewed by the program manager and division director.

BHRS is working to include SUD services within the current MOU with the Central California Alliance for Health, and Beacon, to establish a bi-directional referral process for consumers who present at the outpatient Consumers and need physical health services, and/or consumers who call

the managed care access line and need SUD services.

Currently, BHRS, Central California Alliance for Health (CCAH), and Beacon meet quarterly to discuss bi-directional referrals for mental health services between the SMI, mild, and moderate population. The SUD Division director is also a part of these meetings as the SUD referral process will fold into the already established practices.

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.*

BHRS partners with the Central California Alliance for Health (CCAH). Efforts are being made to combine the SUD referrals to the current mental health referral process; however, BHRS will need to develop specific tracking processes for individuals being referred for substance use disorder services and /or health care services.

The restrictions of our Electronic Health Record (Cerner/Anasazi) and ability to share information, create issues with collaborative treatment planning with managed care and could impact the consumers by necessitating multiple treatment plans. BHRS would like some assistance on what other counties are doing with collaborative treatment planning so that duplicate work is not required. Our current electronic health record does not have the ASAM tool within the assessments tool, so we are working on adding the ASAM criteria to the current integrated assessment tool.

BHRS also recognizes that CFR 42 Part 2 also creates some barriers to the ability to share information between systems. Additional training across systems will be needed on the CFR 42 Part 2 requirements so that proper protocols are developed to share information effectively between systems.

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

- The anticipated number of Medi-Cal consumers.
- The expected utilization of services by service type.
- The numbers and types of providers required to furnish the contracted Medi-Cal services.
- A demonstration of how the current network of providers compares to the expected utilization by service type.
- Specified access standards and timeliness requirements, including number of days to first

face-to-face visit after initial contact and first DMC-ODS treatment service, timeliness of services for urgent conditions and access afterhours care, and frequency of follow-up appointments in accordance with individualized treatment plans.

- 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 Beneficiaries

The historical data available for use in making projections for the number of Medi-Cal consumers who will utilize DMC-ODS service ranges from approximately 46% in FY 13/14, to 48% in FY 14/15. In FY 15/16, the number of SUD clients funded by DMC increased by one percent to 49 % of the total caseload of 1335. Out of the 1335, 784 consumers were provided outpatient services in which 29% were under 18 years of age and 71% were 18 years and older.

Although the prevalence rates can vary, in California, up to 16% of the Medi-Cal population meets the diagnostic criteria for a substance use disorder (chhda.org). The National Survey of Drug Use and Health, 2008-2001 indicate that approximately 12 % of Medicaid consumers over the age of 18 have substance use disorders. Using these prevalence estimates, Merced County's current Medi-Cal population of 125,927 consumer, BHRS projects between 15,111(12%) and 20,148 (16%) Merced Medi-Cal beneficiaries have an SUD and could benefit from treatment. Using the penetration rates from the two sources named above, the number of Medi-Cal beneficiaries in Merced County who will seek DMC-ODS services is estimated to range between 8%-10% numbering between 1,208 to 2,014 consumers served for FY 16/17.

Expected Utilization of Services

In January 2017, Merced County's population of 271,579 (Department of Finance E 5 City/County Population Estimates) had 125,927 eligible Medi-Cal beneficiaries (Medi-Cal Managed Care Enrollment Report). According to this data, 46.37% of Merced population are eligible Medi-Cal beneficiaries.

In 13/14, Merced County served 1,374 consumers. BHRS adult outpatient clinics served 650 consumers and the BHRS outpatient program for youth served 271 consumers. We provided a total of 220 consumers with residential treatment, which included 77 men and 143 females. There were a total of 403 consumers who were served for opioid detox and treatment through a narcotic treatment program. Of the 1,374 consumers served 634 or 46% of those consumers were covered by Medi-Cal.

In 14/15, Merced County served 1,361 consumers. BHRS adult outpatient clinics served 591 consumers and the BHRS outpatient program for youth served 283 consumers. We provided a total of 156 consumers with residential treatment, which included 61 men and 95 females. There were a total of 465 consumers who were served for opioid detox and treatment through a narcotic treatment program. Of the 1361 consumers served 651 or 48% of those consumers were covered by Medi-Cal.

In 15/16, Merced County served 1335 consumers. BHRS adult outpatient clinics served 560 consumers and the BHRS outpatient program for youth served 244 consumers. We provided a total of 181 consumers with residential treatment, which included 85 men and 96 females. There were a total of 505 consumers who were served for opioid detox and treatment through a narcotic treatment program. Of the 1335 consumers served 657 or 49% of those consumers were covered by Medi-Cal.

Between 7/1/16 and 1/31/17, Merced County served 1420 consumers. BHRS adult outpatient clinics served 536 consumers and the BHRS outpatient program for youth served 62 consumers. We provided a total of 115 consumers with residential treatment, which included 76 men and 39 females. There were a total of 444 consumers who were served for opioid detox and treatment through a narcotic treatment program. Of the 1420 consumers served 594 or 42% of those consumers were covered by Medi-Cal.
Residential Treatment admissions accounted for 8.75% (115 clients, 10 of which were DMC) of the total FY 15/16 treatment admissions. Current residential capacity for women is 47 beds. Of the 47 beds 37 of those beds are dedicated to a provider contract with CDCR and only 10 beds are dedicated to Merced County residents. The current residential capacity for men is 25 beds. The total residential bed available to Merced County residents at this time is 35 beds. The residential provider will be increasing the capacity for female treatment beds with an additional 25 beds under the waiver.

Outpatient treatment accounted for 57% of total treatment admissions in FY15/16. With the treatment delivery expansion to include individual, recovery services and case management are expected to increase approximately 10% as a result of expansion in the continuum of care.

Narcotic Treatment Programs (Methadone Detox and Maintenance) admission rates for FY15/16 were 505 (72 for detox and 433 for maintenance). The NTP contract provider for Merced County is not anticipated to expand upon implementation of the waiver as they have not historically reached their current slot capacity.

BHRS and all contract providers will ensure that timely access to care is provided throughout the county. Those individuals who need emergency and/or crisis services will be screened and treated immediately. Consumers who are screened and found to have an urgent condition will be seen within 48 hours. Consumers who are screened and found to have a non-urgent condition will be seen within 10 business days from their initial contact.
Consumers who require after hours care will have access to the 24/7 toll free phone number as well as BHRS triage staff that work 24/7 within the emergency room and crisis stabilization unit.
During the initial face to face contact for outpatient services, medical necessity will be determined, a basic treatment plan will be developed and the consumer will be provided a primary counselor, placed in group services and will complete an orientation group within 72 hours. A follow up appointment is also made with the identified primary counselor within 7 business days to further develop the consumer's treatment plan which will include the

frequency of individual and group counseling services.

Table 3: Number and Types of Providers

BHRS currently provides all outpatient and intensive outpatient services for the Merced County. BHRS only contracts with DMC certified and/or licensed providers to provide residential and NTP services within the county.

Level of Care Service Provided	DMC Certified		Total Agencies	
	Youth	Adult	Youth	Adult
Outpatient	3	4	3	4
Outpatient- Perinatal	N/A	2	N/A	2
Intensive Outpatient	2	4	2	4
Residential	0	2	0	2
Residential- Perinatal	0	1	0	1
Opioid Treatment	N/A	1	N/A	1
Opioid Treatment-Perinatal	N/A	1	N/A	1

Table 4: Network Providers by Expected Utilization Type

Level of Care	Service Provided	Current Provider		Expanded Services Provider	
		Youth	Adult	Youth	Adult
1	Outpatient	BHRS	BHRS	BHRS	BHRS
2.1	Intensive Outpatient	BHRS	BHRS	BHRS	BHRS
3.1	Clinically Managed Low Intensity Residential Services	None	CSMA	TBD	CSMA
3.3	Clinically Managed Population Specific High Intensity Residential Services	N/A	N/A	N/A	TBD

3.5	Clinically Managed High Intensity Residential Services	N/A	N/A	N/A	TBD
1-WM	Ambulatory Withdrawal Management without extended on-site monitoring	N/A	Aegis	N/A	Aegis
3.2-WM	Residential Withdraw Management Clinically Managed	N/A	N/A	N/A	TBD
3.7-WM	Inpatient Withdrawal Management Clinically Managed	N/A	N/A	N/A	N/A
4-WM	Inpatient Withdrawal Management Medically Managed and Intensive Services	N/A	N/A	N/A	N/A
1-OTP	Opioid Treatment	N/A	Aegis	N/A	Aegis
	Addiction Medications with both outpatient and residential	N/A	N/A	N/A	TBD
	Case Management	N/A	N/A	BHRS	BHRS
	Recovery Support	N/A	N/A	BHRS	BHRS

*TBD- Indicates that BHRS will be looking for a provider to contract for services

Hours of Operation

All Merced County BHRS outpatient and intensive outpatient programs for adults offer services Monday through Friday. Services are provided from 8:00 a.m. to 5:00 p.m.; however, on Mondays and Tuesdays, evening services are also provided from 5:00 p.m. to 7:00 p.m. by The Center, Provider 2401, located in Merced. BHRS outpatient and intensive outpatient services for adults are closed weekends and holidays. The BHRS Recovery Assistance for Teens (RAFT) Program in Merced is open Monday through Friday from 8:00 a.m. to 5:00 p.m. RAFT is closed on weekends and holidays. Aegis Treatment Centers business hours are Monday thru Friday from 5:00 a.m. to 1:30 p.m. Aegis is open from 6:00 a.m. to 9:00 a.m. on weekends and holidays. Residential programs are 24/7; however, they accept admissions between the administration business hours of 8:00 a.m. to 4:00 p.m.

Table 5: DMC-ODS Hours of Operation by Service Type

Provider	Type of Service	Population	Days of Operation	Hours of Operation
BHRS 2401	OP, IOP	Adults	5 Days per wk.	10:00 am to 7:00 pm Mon-Tues 8:00 am to 5:00 pm Wed-Fri
BHRS 2416	OP, IOP	Adults	5 Days per wk.	8:00 am to 5:00 pm Mon-Fri
BHRS 2417	OP, IOP	Adults and Youth	5 Days per wk.	8:00 am to 5:00 pm Mon-Fri
BHRS 2408	OP	Adult and	5 Days per wk.	8:00 am to 5:00 pm Mon-Fri

		Youth		
BHRS 2404	OP, IOP	Youth	5 Days per wk.	8:00 am to 5:00 pm Mon-Fri
Aegis 2412	WM, NTP	Adults	7 Days per wk.	5:00 am- 1:30 pm Mon-Fri 6:00 am-9:00 am weekends/holidays
CSMA 2403	3.1	Adults	7 Days per wk.	24 Hours Per Day

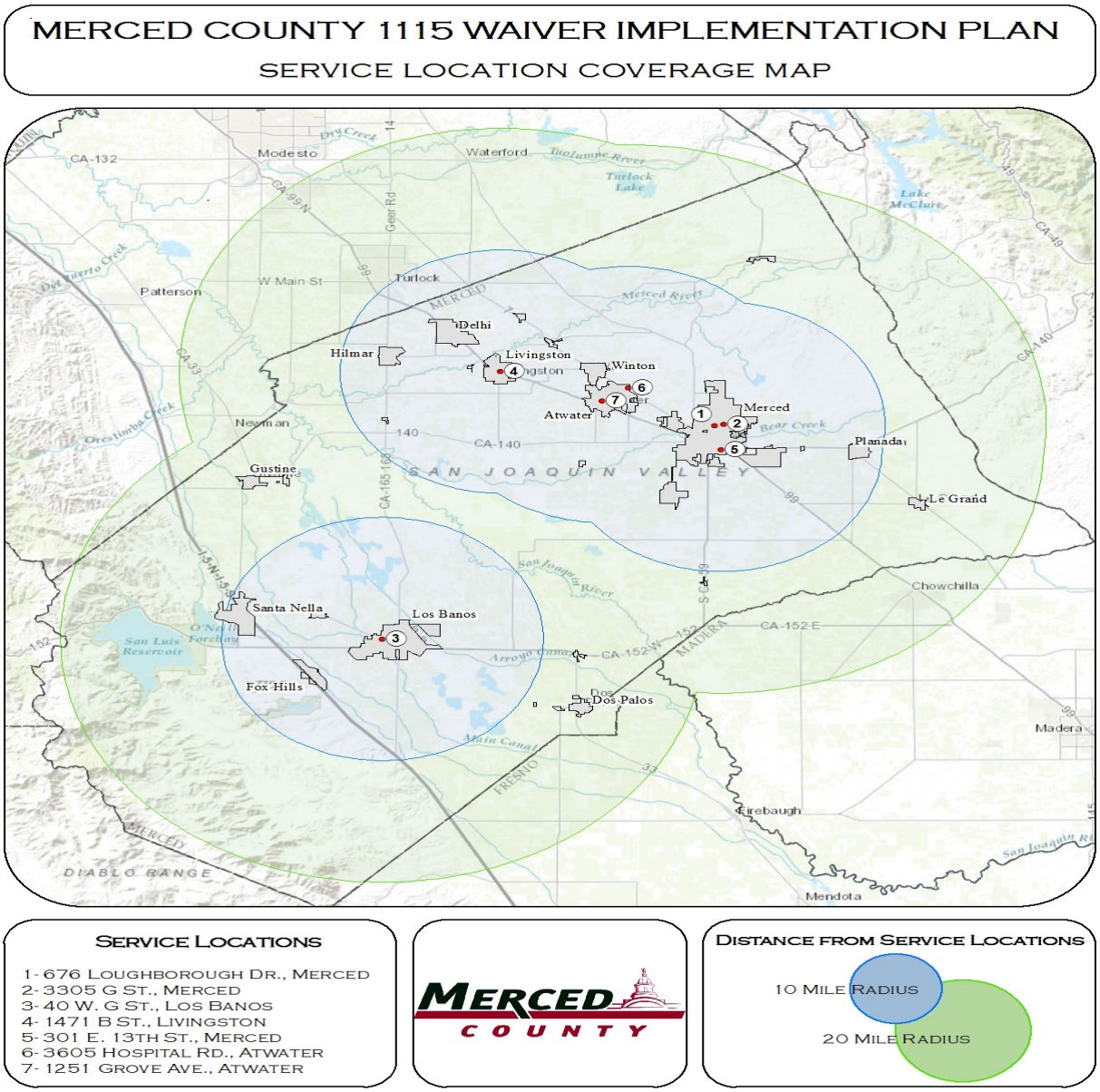
Language Capability

Merced County BHRS have designated threshold languages of English, Spanish and Hmong. All providers who have patients who are monolingual/bilingual Spanish will be required to provide services in Spanish. Providers who have patients who are monolingual/bilingual Hmong will be required to provide services in Hmong either with direct service staff, or using the third party language line, or contract with a local interpreter for services. All BHRS clinics and contract providers are also required to ensure that TTY phones are available for consumers with hearing disabilities.

Geographic location of providers and Medi-Cal consumers

The criteria for making referrals for placements to outpatient programs will be that the program is within 30 minutes travel time by vehicle or 20 miles from the consumer's location of choice. Included in the table below are the locations where substance use disorder services can be accessed and delivered. The map shows all service locations in relation to the surrounding cities and unincorporated areas with a 10 and 20 mile radius.

Table 6: Geographic location of providers



Telehealth approaches will also be considered in year 2 of the implementation plan so that benefits can be expanded to beneficiaries in outlying areas, or to beneficiaries who have difficulty with transportation. All contract providers are required per their contract with the county to be in compliance with the Americans with Disabilities Act requirements. The County QPM/QA team conducts an annual accessibility assessment to ensure that all providers maintain compliance.

Addressing gaps in services including access to MAT services

BHRS regularly monitors the utilization and trends in substance use services to identify gaps. BHRS will re-assign current staff and hire additional staff to provide the Case Management and Recovery Services under the DMC-ODS program. BHRS will continue to look for youth residential treatment providers to meet the residential needs of our youth. Efforts to further expand access to Medication Assisted Treatment (MAT), shall continue to be explored while in the first year of implementation. If it is determined that there is a need, the BHRS will work with community partners and current contractors to coordinate the efforts. BHRS will follow the county contracting procedures.

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 consumers that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients.
- Make services available to consumers 24 hours per day, 7 days per week when medically necessary.
- Establish mechanisms to ensure that network providers comply with 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.

BHRS, through its Substance Use Disorder Division, operates two systems of care for substance use disorder (SUD) treatment services: one for adults, and one for youth and adolescents (under age of 18). Services for adult and youth are provided by county operated outpatient programs, with residential, opioid detox, and treatment provided by contract providers.

One of the primary principles of BHRS is to provide timely access to medically necessary services. In doing this, clients will be screened for emergency conditions/crisis, urgent conditions, and non-urgent conditions. Emergency conditions will be addressed and treated immediately. An emergency condition is when a consumer is in crisis or requires an immediate response. An urgent condition will be treated within 48 hours to prevent a situation from becoming an emergency and/or crisis. A non-urgent condition will be treated within 10 business days from the initial request for services. Screening for urgency will be conducted by BHRS licensed or licensed eligible staff and/or SUD staff.

BHRS has triage staff located 24/7 at Mercy Medical Center, where clients can also access services outside of business hours. All the providers within BHRS maintain hours of operations that do not differentiate between Medi-Cal and non-Medi-Cal covered persons.

BHRS will add timeliness requirements to the provider contracts and the QPM department will monitor this through the auditing process to ensure compliance. A detailed annual monitoring schedule in the quality assurance section of this plan, demonstrates how the QPM department will be monitoring for compliance. When providers have difficulty meeting timeliness expectations, they will be provided feedback, technical assistance, and clear expectations. If performance doesn't improve, the provider will be required to submit a corrective action plan. Providers who are not able to show progress towards timeliness expectations within a reasonable period of time will be held accountable and face additional actions including suspension and/or termination of their contract with BHRS.

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?*

BHRS will require, at a minimum, the following training to DMC-ODS service providers.

Table 7: Training for DMC-ODS Providers

Training Topic	Frequency	Provider
ASAM Training	Upon hire prior to service delivery and as needed	County provided training in June 2016 to all contractors and has additional trainings scheduled for 10/17/17 and 10/18/17. Contractors will be required to have new staff trained. Training opportunities will be given to the contract providers through the county.
Title 22 and Documentation Training	Annually	County
Cultural Competency	Annually	County has several opportunities each year for providers to participate in.
Law and Ethics	Annually	County has an annual training which is open to the community

All DMC-ODS providers will be required to track their required trainings and have certification of completion available to BHRS upon annual reviews.

BHRS also offers a variety of optional trainings throughout the year through the MHSA Workforce Education and Training program, all of which will be available to DMC-ODS service providers and include the following:

- Applied Suicide Intervention Skill Training

- Building Healthy Relationships
- California Brief Multicultural Competency Scale
- Diversity and Inclusion
- Healing the Healer
- How to Raise Emotionally Healthy Children
- Latino Culture
- LOCUS- Level of Care
- Mental Health First Aid - Adult
- Mental Health First Aid - Youth
- Native American Culture
- Non-Suicidal Self Injury
- Recovery Oriented Systems-Strength Based Approaches
- Resiliency of the African American Spirit
- safeTALK
- Socio-Cultural Diversities

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

Merced County BHRS requests the following technical assistance from DHCS:

- ASAM Training- Training has been arranged for 10/17/17, 10/18/17, 11/13/17, and 11/14/17 for our county and contract provider staff.
- Any modifications to the county's cost report system and process with DHCS will require additional technical assistance
- CFR 42 Part 2 on how to collaborate and work within an integrated system of care

Quality Assurance: *Describe the County's Quality Management and Quality Performance and Management programs. This includes a description of the Quality Improvement (QPM)) Committee (or integration of DMC-ODS responsibilities into the existing MHP QPM Committee). The monitoring of accessibility of services outlined in the Quality Improvement Plan will at a minimum include:*

BHRS currently has one Quality Performance and Management (QPM) department that oversees all mental health programs. The SUD programs have been operating separate quality performance and management functions led by the BHRS Division Director and/or BHRS Program Manager. With the additional requirements of the DMC-ODS program, the SUD quality assurance activities and additional quality improvement and performance management functions will be reassigned and combined with the current mental health quality performance and management department. BHRS is working on adding the DMC-ODS quality assurance requirements, as listed in the STCs, as part of the current behavioral health quality improvement work plan. At a minimum, it will

include the following:

- Timeliness of first initial contact to face-to-face appointment: BHRS will add additional requirements to the existing Access Log that is used by mental health to track timelines of initial contact to first face-to-face appointment. BHRS will also utilize the electronic health record (Cerner/Anasazi) to track the time frame from the consumer's intake appointment to the first service provided to the consumer.
- The frequency of follow-up appointments will be individualized and in accordance with individualized treatment plans. This will be monitored through the monthly utilization review process.
- Access to after-hours care will also be tracked though our Access log.
- Timeliness of services of the first dose of NTP services.
- Responsiveness of the consumer access line.
- Strategies to reduce avoidable hospitalizations.
- Coordination of physical and mental health services with waiver services at the provider level.
- Assessment of the consumers' experiences, including complaints, grievances and appeals, telephone access line, and services in the prevalent non-English languages.

Currently, the SUD Division of BHRS conducts monthly utilization reviews which are held the 2nd Friday of every month. Charts are randomly pulled by the medical records technician for each outpatient clinic. The monthly reviews consist of pulling charts that were open within 30 days of the current review month, charts that have been opened between 90-120 days during the review month, charts that have been open 180 days during the review month, and charts that were closed within the last 30 days of the review month.

Charts are reviewed to ensure compliance with Title 22 regulations and county policies and procedures. Medical records reviews all completed utilization review forms and compiles a summary of the findings, which are then placed in the minutes and sent to the program managers, division director, and the quality performance and management department. Any disallowances and/or voids are completed by the quality performance and management department.

The BHRS Substance Use Division QPM/UR team consist of one BHRS Division Director, one BHRS Program Manager, one QPM Mental Health Clinician, one Staff Services Analyst, one Medical Records Technician and at least four certified Alcohol and Other Drug Counselors. The BHRS Division Director, BHRS Program Manager and the QPM Mental Health Clinician are licensed practitioners of the healing arts.

The SUD Division has the following QPM/URC schedule in place for both county and contract providers. Each year a new schedule is created to ensure that all programs are being reviewed for compliance. Copies of annual audits for all programs will be submitted to DHCS within two weeks of completion.

Table 8: BHRS Annual Monitoring Schedule

Month	Type of Review	
January	• Monthly OP URC- DMC • Loughborough- Chart Non DMC • El Portal- Chart Non DMC	• Youth Treatment Review • Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.
February	• Monthly OP URC- DMC • CSMA Perinatal- Chart • CSMA-Chart • Hobie House- Chart	• Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.
March	• Monthly OP URC- DMC • Los Banos- Chart • Aegis- Chart • Lifestyle Management:Merced-Chart • Lifestyle Managemen: LB-Chart	• Perinatal Residential Annual Review • CSEC Training for all programs • BHRS-SUD CPR/First Aide • Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.
April	• Monthly OP URC- DMC • Loughborough - Annual • El Portal- Annual • CSMA- Annual • CSMA Perinatal- Annual • Hobie House- Annual	• Electronic Signature Reviews from staff and Contractors • Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.
May	• Monthly OP URC- DMC	• Fiscal Audits • Prevention Monitoring • Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.
June	• Monthly OP URC- DMC • Los Banos AOD- Annual • Aegis- Annual	• Lifestyle Management – Merced-Annual • Lifestyle Management- LB- Annual • Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.
July	• Monthly OP URC- DMC • Loughborough -Group/Chart • El Portal-Group/Chart • CSMA Perinatal-Group/Chart	• CSMA-Group/Chart • Hobie House-Group/Chart • Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.

August	• Monthly OP URC- DMC • Los Banos-Group/Chart • Aegis-Group/Chart	• Lifestyle Management – Merced Group/Chart • LifestyleManagement-LB:Group/Chart • Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.
September	• Monthly OP URC- DMC	• Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.
October	• Monthly OP URC- DMC • All Programs will have the Accessibility Checklist Review Completed and Submitted by October 31st each year	• Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location. • Fiscal Monitoring Review • HIV/EIS Contract Monitoring
November	• Monthly OP URC- DMC • Los Banos AOD-Group • Aegis-Group • Lifestyle Management – Merced-Group • Lifestyle Management- Los Banos-Group	• SAPT BG and DMC Contract Monitoring • Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.
December	• Monthly OP URC- DMC • Loughborough -Group • El Portal-Group • CSMA-Group • CSMA Perinatal-Group • Hobie House-Group	• Perinatal Annual Monitoring • Monthly Program Checks: changes in recertification events that include change in ownership, change in scope of services, remodeling of facility, or change in location.

Grievances, Appeals, and State Fair Hearing

A consumer may file a grievance for any reason in writing or verbally. If a consumer verbally files a grievance, notified staff must complete a *Grievance Form* on the same business day that the verbal grievance was expressed. The completed *Grievance Form* must be immediately faxed to Quality Performance and Management Department (QPM). QPM staff shall provide verbal acknowledgement of receipt. Grievances must remain confidential. Staff shall not discuss the contents of any grievance with any other staff member, unless the consumer provides consent in writing. It is QPM staff's responsibility to inform the appropriate staff to investigate a grievance. Any provider cited by the consumer, or otherwise involved in the problem resolution process, shall receive written notification of the grievance disposition. Consumers have the right to have someone represent them before, during, and after the problem resolution process. If a consumer

makes an oral grievance, staff completing the *Grievance Form* must document that consumer gave oral authorization appointing someone to act on his/her behalf, and identify who has been appointed. It is the responsibility of assigned QPM staff to provide the status of a grievance to the requesting consumer. Grievances are tracked into a grievance log within one calendar day of receipt. The beneficiary is notified within three calendar days of the receipt. A decision will be made within sixty (60) calendar days and the consumer will be notified.

When a consumer has received an action (as action is defined), the consumer has the right to file an appeal. Although a consumer can verbally request an appeal, a *Request for Appeal* form must be completed, signed by the consumer, and returned to the BHRS. If the consumer requires assistance, notified staff shall assist with the completion of an Appeal Form on the same business day that the oral appeal notice was given. The completed *Request for Appeal* form must be immediately faxed to QPM. QPM staff shall orally acknowledge receipt of the form. A consumer may file an appeal within 90 calendar days after receiving an action. Appeals must remain confidential. Staff shall not discuss the contents of any appeal with any other staff member, unless the consumer provides consent in writing. It is QPM staff's responsibility to inform the appropriate staff to investigate an appeal. Any provider cited by the consumer or otherwise involved in the problem resolution process shall be notified of the disposition of the appeal. Provider notification shall be in writing. At no time shall a consumer be the target of retaliation or discrimination for filing an appeal. A consumer who files an appeal has the right to examine his/her case file, including medical records, and any other documents and records considered during the appeals process. If a consumer designates someone to act on his/her behalf, the designee has the same right to review these documents. If a consumer requests access to his/her appeal file, the Quality & Performance Management Director must be notified and present at the review. Benefits shall continue while a State Fair Hearing is pending. The assigned QPM staff shall issue a Notice of Action-D to any consumer who is required to receive such notice. A Notice of Action-D is required "when the BHRS fails to act within the time frames for disposition of the standard grievances, the resolution of standard appeals, or the resolution of expedited appeals." It is the responsibility of the assigned investigator to submit disposition to the consumer and to the QPM staff. If the assigned investigator of a grievance does not submit the resolution of a grievance to the assigned QPM staff within the timelines for disposition, the QPM staff shall issue such notice. Standard appeals will be resolved within 45 calendar days. All grievances are maintained within a grievance log and reported to the QPMC committee on a monthly basis.

Consumers are provided the state fair hearing rights information at the time of intake, during any time in which a course of action is changing that impacts the level of services being provided, and at the time of discharge. The state fair hearing rights also are posted within each of the clinics and are part of the consumer informational handbook.

The Quality Improvement (QI) committee meets once per month and is led by the QPM Division Director. Mental health and substance use disorder services are reported to the committee which include but not limited to reporting out the following information: performance indicators, quality assurance efforts, performance improvement projects, and updates with any audits that have or will be occurring for the department. The QI committee will be responsible for reviewing trends

and recommending policy changes based on data and outcomes to improve consumer care. At a minimum, the QI committee 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 activities
- Access to DMC-ODS services with interpretation services in the threshold language(s)
- Number and percent of approved and denied requests for residential treatment and the time period of authorization requests of approval and denial

The QPM committee includes the following members:

- BHRS Director
- BHRS Assistant Director
- BHRS Assistant Director-Administration
- BHRS Division Directors
- Compliance Officer
- Quality & Performance Management Director
- Quality Improvement/Assurance/UM Manager
- Medical Director
- BHRS Program Manager
- MHSA Coordinator
- UM Staff
- QPM staff
- Beneficiaries/Stakeholders
- Behavioral Health Board Members
- Community Service Providers
- Automation Services Staff
- Wellness Center Consumer Advisory Board Members
- Patients' Rights Advocate
- Other BHRS leadership and direct provider staff

Evidenced 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.

Currently, BHRS outpatient providers for adults are utilizing the following evidenced based practices: motivational interviewing, cognitive behavioral therapy using the moral reconation therapy curriculum, relapse prevention, trauma informed treatment, and psycho-educational

groups. BHRS outpatient services for youth are utilizing the following evidenced based practices: motivational interviewing, relapse prevention, and psycho-educational groups. BHRS residential contract providers are utilizing the following evidenced based practices: Motivational interviewing, relapse prevention, and trauma informed services. BHRS contracted NTP programs are currently utilizing the following evidenced based practices: motivational interviewing, relapse prevention, cognitive behavioral therapy using the Matrix model.

Merced County BHRS 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 EBPs 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 EBPs. Providers will need to list the specific EBPs in the contract, as well as information on how they will be implementing the EBPs with fidelity.

If a provider is found to be in non-compliance, BHRS 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.

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 consumers. How will the county ensure access to services in a regional model (refer to question 7)?*

Although BHRS intends to coordinate with neighboring counties, BHRS is not proposing to implement a regional model at this time.

Memorandum of Understanding: *Submit a signed copy of each Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery as described in Section 152 "Care Coordination" of the STCs. If upon submission of an implementation plan, the managed care plan(s) has not signed the MOU(s), the county may explain to the State the efforts undertaken to have the MOU(s) signed and the expected timeline for receipt of the signed MOU(s).*

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

- Comprehensive substance use, physical and mental health screening, including ASAM Level 0.5 SBIRT services;
- Consumer engagement and participation in an integrated care program as needed;
- Shared development of care plans by the consumer, caregivers, and all providers;

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

BHRS has one managed care health plan, which is Central California Alliance for Health (CCAH). BHRS is amending the current MOU between the BHRS and CCAH, which was executed on 4/21/2015, to incorporate related provisions from the DMC-ODS STCs. BHRS continues to meet with the CCAH on a quarterly basis and work with them on the proposed language for the amended MOU. It is expected that the MOU will be finalized and signed by 1/1/18.

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).*

BHRS does not anticipate utilizing telehealth services upon implementation. BHRS hopes to use telehealth services by year 2 of the implementation plan and will follow up with DHCS to amend the Implementation Plan.

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 consumers will continue receiving treatment services?*

Merced County BHRS utilizes community-wide competitive bid processes to allocate funds for substance use disorder services. The BHRS contracting division shall determine which bidding procedure or exception to bid (ECB) is most appropriate, based on the type of service being requested and the estimated dollar amount. The County Purchasing Division will generally procure services through requests for quotes (RFQ), invitations for bids (IFB), or requests for proposals (RFP).

Exceptions to bids generally occur due to an identified lack of qualified providers within the local area or during an emergency situation. This would include situations when multiple RFP attempts have occurred with a lack of qualified responses. An ECB could also justify multiple vendor awards based on the service needs of the community and lack of available providers.

Contracts for services should normally cover no more than three fiscal years. If it is necessary for

a contract to exceed three years, the contract may include two extension periods of one year each. In no event shall the contract exceed five years in duration except in certain circumstances that would be in the best interests of the county as approved by the Board of Supervisors.

The purchasing cycle is based on need and contract terms. Contracts that have exceeded the five year term shall require an evaluation of the procurement type to proceed; RFP, RFQ, IFB, ECB. The department evaluation will emphasize maintaining a competitive procurement environment and the needs of the community. Providers may request that the opportunity to provide services will be placed on the bidder's list and notified of the next purchasing cycle.

Only the County Board of Supervisors or designated Purchasing Agent has the authority to enter into an agreement that obligates the County. Such authority is granted based on contract amount and type, as designated in Merced County ordinances.

No services shall be performed prior to approval by the Board of Supervisors, County Executive Officer, or Administrative Services Director, as applicable. No payment shall be made prior to this approval. If approval of the contract is denied, the obligation for the contract may rest with the individual who caused such contract performance to commence.

In an emergency (i.e., imminent danger to life, limb, or property), it may not be possible to obtain proper approval in advance of the commencement date of a contract. Any contract processed for approval after its commencement date will require a statement of justification in the summary section of the Board Agenda Item explaining the circumstances.

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

Currently executed contracts will be amended with the updated services and rates once the implementation plan has been approved and DHCS and BHRS have executed the intergovernmental agreement.

Invitation for Bid (IFB)

The County may solicit sealed bids on a competitive basis for contracts over $25,000 for the purchase of supplies, equipment, and materials. The contract is awarded to the lowest responsive and responsible bidder, defined as the bidder submitting the bid that conforms to all the material terms and conditions of the invitation for bids, and that is lowest in price.

The requesting department shall draft documentation, technical specifications, and scope of work, which adequately describe the products or work required. The requesting department should, with the assistance of Purchasing, provide a list of qualified potential bidders to compete effectively for

the County's business regarding the procurement, so that selection of the successful bidder can be made principally on the basis of price.

Requests for Proposal (RFP)

The Request for Proposal (RFP) process may be used when more advantageous and practical. The RFP is generally used in procurements involving complicated and/or performance-type specifications. It is also utilized in negotiated procurements or those procurements where the answer to a certain approach or a specific item necessary to satisfy the county's needs is left to the creative problem-solving approach of the proposers. The RFP process permits discussions with competing proposers and allows comparative judgmental evaluations to be made when selecting among acceptable proposals for award of the contract. Requests for Proposal include, but are not limited to, the following steps:

1. Request for Proposals distributed or advertised
2. Specified closing time and date
3. Public notice. This may include any or all of the following, as determined by the Purchasing Division; newspaper, County Website, or public bulletin board
4. Pre-bid conferences when applicable
5. Receipt of sealed proposals
6. Evaluation of proposals (confidential)
7. Award of contract
8. Proposals become public information

The RFP shall set forth a detailed and particularized statement as to the scope of work required and applicable terms and conditions to be addressed. Also included in the RFP will be the time in which the project must be completed, requirements concerning coordination with other entities, other information which may be useful in preparation of the proposal, and evaluation criteria specifically tailored to the project. Such criteria shall include but not be limited to the vendor's proven experience and competence, bond ability, insurability, understanding of the scope of work, financial ability, and resources to perform the work, willingness to cooperate with County Purchasing and BHRS staff, and proposed method for assuring timely and acceptable performance and management of the work. In the event that the county determines to assign weighted values to the evaluation criteria, such values may be indicated in the RFP. In addition, resumes of the vendor's staff may be required.

Such offers shall not be disclosed to unauthorized persons. Competitive sealed proposals may include best and final offers. A common date and time may be established for the submission of best and final offers.

Debriefing

A debriefing shall be held before the award of the Agreement upon the timely written request of an unsuccessful Bidder for the purpose of receiving information concerning the evaluation of the

Bidder's proposal. The debriefing is not the forum to challenge the proposal's specification, requirements, or the selection criteria. The debriefing procedure provided herein to all requesting and unsuccessful Bidders to the County's Request for Proposal is the exclusive and sole remedy and means of receiving information regarding the respective Bidder's evaluation and preliminarily challenging the award of the Agreement.

Protest

The protest process is made available in the event that an unsuccessful Bidder cannot reach agreement with the County after undergoing the debriefing process described above. Should an unsuccessful Bidder request a debriefing, and believes its proposal to be the most responsive to the County's proposal and that the County has incorrectly selected another Bidder for award, the appealing Bidder may submit a protest.

When submitting a "Letter of Intent to Protest," the Bidder shall agree that the protest procedures herein shall precede any action in a judicial or quasi-judicial tribunal regarding this proposal. Protests that do not follow these procedures shall not be considered. The protest procedures constitute the sole administrative remedy available to the Bidder under this procurement. Upon exhaustion of this remedy, no additional recourse is available with the County of Merced.

Upon receipt of the formal protest, the County Executive Officer, or his/her designee, will attempt to resolve the protest. If the protest has not been resolved, the Bidder will have an opportunity to address the Board of Supervisors stating the Bidder's concerns. The decision of the Merced County Board of Supervisors constitutes the final step of the Bidder's administrative remedy.

A protest shall be disallowed when, in the judgment of the County Executive Officer, or his/her designee, or the County Board of Supervisors, it has been submitted: (1) as a delay tactic; (2) for the purpose of posturing the protester advantageously for future procurement; (3) in a form that deviates from the one prescribed; (4) without adequate factual basis or merit; or (5) in an untimely manner.

In the event that a protesting Bidder does not appear at the protest hearing as scheduled by Merced County, the protest will be disallowed.

The current Drug Medical providers in Merced County will continue to contract with Merced County BHRS under the waiver, so no consumers will have a disruption in services.

Table 9: BHRS DMC-ODS Network Providers

Provider	ASAM Modality	Address	County / Contractor
The Center -2401	1	676 Loughborough Drive Merced,	County

	2.1	CA 95348	
The Center -2416	1 2.1	3305 G St Merced, CA 95340	County
Los Banos Alcohol and Drug Services-2417	1 2.1	40 West G St. Suites A-E Los Banos, CA 93635	County
Northside Counseling-2408	1	1471 B St. Suites L,M,N,O Livingston CA 95344	County
Recovery Assistance for Teens (RAFT) - 2404	1 2.1	3313 G St. Merced, CA 95340	County
Aegis Treatment Centers-2412	1-WM 1-OTP	1343 W. Main St. Suites A&B Merced, CA 95340	Contractor
Tranquility Village-2403	3.1	559,569,579,589 Mendocino Court Atwater CA 95301	Contractor
Hobie House- Provider Number in Process	3.1	1299 and 1301 Yosemite Parkway 1931 and 1941 Highland Avenue Merced, CA 95340	Contractor

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.

Efforts to further expand access to Medication Assisted Treatment (MAT) shall continue to be explored while in the first year of implementation. If it is determined that additional forms of MAT are viable and sustainable for Merced County consumers, then BHRS will work with its community partners, including the existing NTP contractor, to develop a coordinated approach for offering MAT services. BHRS will put out a Request for Information to see if there are providers who are interested in providing this service. If providers are interested, then a request for proposals will be sent out and follow our contract process. BHRS will follow up with DHCS to amend the implementation plan once this has been vetted.

Additional forms of MAT to be considered are:

Buprenorphine: to assist individuals in reducing and or eliminating the use of heroin or other opiates. Buprenorphine is being considered due to the ability of physicians' ability to prescribe the medication within their offices, which increases treatment access.

Naltrexone: can be used to treat individuals who have both alcohol and opioid use disorders. Naltrexone can also be prescribed by any health care provider who is licensed to prescribe the medication.

BHRS current network providers, including residential and outpatient programs, accept individuals who are receiving additional MAT services, who are also under the supervision of a

medical doctor.

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

Referrals for residential services will be based on the ASAM levels of care. All residential authorizations will be reviewed and authorized by the Quality Performance and Management Department. Requests for residential treatment will also factor in the following priorities:

1. pregnant injecting users
2. pregnant substance abusers
3. injecting drug users
4. all others based on the urgency and functional impairments

The process for authorizations for residential treatment can be initiated at either the residential provider location or through BHRS. For authorization requests that are initiated from the residential provider location, the provider shall send a Level of Care Authorization Form and additional documentation supporting medical necessity for the recommended ASAM level of care to BHRS Quality Performance and Management (QPM) Department. 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. Once the Quality Performance and Management Department receives the level of care authorization form, BHRS QPM staff, or designated on-call LPHA during weekends or county holidays, will review the request and documentation, and either approve or deny the request within 24 hours. If additional information is needed, the request will be pending until additional information is submitted. Providers will be required to submit any additional information within 24 hours. If the request is denied, a notice of action of the decision will be sent to the consumer and the consumer will be provided an appointment with a provider to which the appropriate level of care is indicated.

Consumers who complete a face-to-face intake with BHRS and meet medical necessity and the requirements for the ASAM level of care will be authorized for residential services by the LPHA completing the level of care authorization form and forwarding it to the Quality Performance and Management Department for approval and tracking. BHRS staff will coordinate with the residential provider and ensure that admission is completed within 10 business days of the referral. If the consumer is pregnant, postpartum, homeless, or an intravenous user, he or she will be admitted within 48 hours. If such accommodations cannot be made, then the consumer will be provided interim services through the outpatient program until admission is completed.
The county will establish written policies and procedures for processing requests for continuing authorization of residential treatment services. A request for continuing authorization must be submitted to the Quality Performance and Management Department at least seven days in advance of a consumer's discharge date. Adult consumers may extend residential services by 30-day increments up to a maximum of 90 days, based on medical necessity. Adolescents consumers have a maximum of 30 days in residential and will be allowed a one-time 30-day extension, based on medical necessity. For perinatal and criminal justice populations, a longer

length of stay of up to six months on an annual basis may be approved, based on medical necessity, but only three months of residential with a one-time 30-day extension can be funded under DMC.

The QPM /UR staff will monitor and collect data including the number of residential requests, percentage of denials, and timeliness of the requests submitted, processed, approved, and denied. QPM/UR will also monitor the number of consumers on the wait list and the average wait list length of time prior to admission.

One Year Provisional Period: *For counties unable to meet all the mandatory requirements upon implementation, describe the strategy for coming into full compliance with the required provisions in the DMC-ODS. Include in the description the phase-in plan by service or DMC- ODS requirement that the county cannot begin upon implementation of their Pilot. Also include a timeline with deliverables.*

Merced County BHRS anticipates that the mandatory requirements of the DMC-ODS will be fully met during the first year of implementing the plan.

County Authorization

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

_____	_____	_____
Yvonnia Brown BHRS Director	County	Date

Appendix A

BHRS Network Providers and DMC-ODS Capacity					
Provider	**Level of Care**	**Population**	**Current Patient Load**	**DMC-ODS Capacity**	**Provide MAT**

BHRS 2401	OP, IOP	Adults	145	260	No
BHRS 2416	OP, IOP	Adults	50	80	No
BHRS 2417	OP, IOP	Adults and Youth	40	40	No
BHRS 2408	OP	Adults and Youth	50	50	No
BHRS 2404	OP, IOP	Youth	12	60	No
Aegis 2412	1-WM, NTP	Adults	326 (281)*	350	No
CSMA 2403	3.1	Adults	35	60	No

***(281) Indicates the number of Merced residents receiving services as of February 28,2017 out of the 326 total patients served at Aegis.**