California Department of Health Care Services
Drug Medi-Cal Organized Delivery System

Department of Lake County Behavioral Health Services

Drug Medi-Cal Organized Delivery System (DMC-ODS) Implementation Plan

Final

Department of Health Care Services
Drug Medi-Cal Organized Delivery System
County Implementation Plan

This document will be used by the Department of Health Care Services (DHCS) to help assess the readiness of Lake County to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) and to determine the county's capacity, access, and network adequacy. The tool draws upon the Implementation Plan (IP) requirements identified in BHIN 23-001. Upon completion of the IP, and Readiness Review processes, DHCS will render an approval or denial of the inclusion of Lake County in the DMC-ODS Model.

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PART I
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)
☒ Beneficiaries/Beneficiary 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)

<u>The following entities associated with Lake County participated</u>:

Innovative Development & Evaluation Associates (IDEA) Consulting, County Board of Supervisors, Lake County Probation Dept., Lake County Child Welfare Services, community based treatment providers, Adventist Health Hospital, Mendocino Community Health Clinic FQHC, American Indian/Alaskan Native (AIAN) community representatives from local Federally recognized Tribes, Sutter Hospital, County Public Health, County Social Services, Lake County Office of Education, Kingsview Information Technology, Kingsview Fiscal Consultant, Partnership HealthPlan, Non-profit treatment providers including Sober Living Residences, Withdraw Management, Intensive Outpatient, Outpatient, Perinatal Residential, Opioid Treatment Providers, Narcotic Treatment Providers, Tribal Narcotic Treatment Providers, Medicated Assisted Treatment Providers, Community Based Self-Help Entities like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), Faith Based Recovery Supports Celebrate Recovery, Lake County Mental Health Behavioral Health Board, Consumers of Peer Support Services and Behavioral Health (BH) Staff.

2. How was community input collected?

☒ Community meetings

☐ County advisory groups

☐ Focus groups

☒ Other method(s) (explain briefly).

<u>Outside County DMC-ODS and Regional ODS Providers</u>

- El Dorado County – 02/08/2021
- Solano County – 02/10/2021
- Siskiyou County – 03/22/2021
- Nevada – 03/17/2021
- Mendocino County – 04/25/2022

<u>All departments, County, and Contracted Providers</u>

- 02/23/2022 – Stakeholder Presentation & Meeting
- 03/7/2022 – Stakeholder Presentation & Meeting
- 03/22/2022 – Stakeholder Presentation & Meeting

<u>BH Board Presentation</u>

- 02/24/2022

<u>LCBHS Department Meetings</u>

- Beginning Tuesday 01/19/2021 and ending 04/26/2022, Lake County Behavioral Health Services (LCBHS) held, at a minimum, bi-weekly internal department meetings between management, fiscal, and managed care staff.
- Currently, LCBHS is meeting bi-weekly at minimum to review policies, compliance, contract, clinical, fiscal, and managed care elements of DMC_ODS implementation. In addition, CalAIM and DMC-ODS meetings will increase to support opting into ODS.

<u>Meetings with Managed Care Plan</u>

- Starting in January 2021, meetings with Partnership HealthPlan began quarterly as Lake prepared to enter the Regional DMC-ODS Model. Since withdrawing from the regional implementation, meetings have ceased.

<u>Board of Supervisors Presentation</u>

- 04/26/2022
- 04/25/2023

<u>Separate Meetings with SUD providers include:</u>

- Redwood Community Services 03/31/2022
- Redwood Community Services 04/28/2023
- Hilltop Recovery Services 03/30/2022
- Hilltop Recovery Services 04/17/23

Meetings regarding Lake opt in as a "Standalone" county for DMC-ODS

- Redwood Community Services 04/05/2023
- Hilltop Recovery Services 04/15/2023

Information reviewed included financial impacts that were not favorable to Lake County beneficiaries and providers due to the differences between payment reform rates and the non-negotiable per member per user monthly rates established by Partnership Health Plan. In addition, Lake learned there were concerns being elevated by participating counties with regard to the ability to correct and become compliant when deficiencies were found through DHCS monitoring. Essentially, we learned that a deficiency in one participating county counted against all participating counties in the regional model and this was a significant barrier to resolving deficiencies in a timely manner. Lake has worked extremely hard at resolving any corrective action plans in a timely and efficient manner. Lake also understands the concerns regarding counties who are routinely out of compliance and who can become compliant. After presenting the new information and the resources that CalAIM and payment reform provided the County Board of Supervisors (BOS) supported the recommendation to join ODS through the non-regional model. Lake has been in good standing with the Department of Health Care Services for several years and has demonstrated the ability to implement the Drug Med-Cal benefit for Lake County residents. Where LCBHS has lacked is in the ability to partner well with other providers. LCBHS has made strong efforts to build relationships with our local providers and their support to join DMC-ODS also weighed very heavily in the BOS decision to support the DMC-ODS model.

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 (at least)
☒ Bi-monthly
☐ Quarterly
☐ Other:

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 implementation 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 implementation discussions.
☒ There were previously some meetings, but they have increased in frequency or intensity as a result of implementation.
☐ There were no regular meetings previously. Implementation 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 were anticipated.

Meetings between the SUD, MH, and MHP team, specific to DMC-ODS implementation were held on the following dates: 6/1/2022, 6/6/2022, 6/29/2022, 7/5/2022, and 7/27/2022. There have

been no new meetings in 2023, as Lake is opting into DMC-ODS as a standalone county. However, new meetings will occur as a result of the implementation of DMC-ODS, and are planned for March, April, and May of 2024.
Prior to implementation discussions and continually, SUD, MH, and Physical Health meet bi-weekly to discuss access and coordination of SUD services.

5. What services will be available to DMC-ODS beneficiaries upon year one implementation under this county plan?

REQUIRED

☒ Withdrawal Management (minimum one level)
☒ Residential Services (minimum one level upon implementation; 3.5 within two years of implementation; 3.1, 3.3, and 3.5 within three years)
☒ Intensive Outpatient
☒ Outpatient
☒ Opioid (Narcotic) Treatment Programs
☒ Recovery Services
☒ Care Coordination
☒ Clinician Consultation
☒ MAT (offer directly or have effective referral mechanisms in place)

How will these required services be provided?
☐ All County operated
☒ Some County and some contracted
☐ All contracted.

OPTIONAL

☐ Partial Hospitalization
☒ Peer Support Specialist
☐ ASAM Level 3.7
☐ ASAM Level 4.0
☐ Recovery Residences (not a Medi-Cal benefit)
☐ Contingency Management
☐ Other (specify)

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

☒ Yes (required) (855) 765-9703 (multi-lingual, interpreting services available)
TTY (800) 735-2929 or 711
☐ No. Plan to establish by:______________________________

Review Note: If the county is establishing a number, please note the date it will be established and operational.

7. Will the county 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. Will the county's Quality improvement (QI) Committee review the following data at minimum, every quarter since external quality review (EQR) site reviews will begin after county implementation?

- Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment
- Existence of a 24/7 telephone access line with prevalent non-English language(s)
- Access to DMC-ODS services with translation services in the prevalent non-English language(s)
- Number, percentage of denied and time period of authorization requests approved or denied.

☒ Yes (required)

☐ No

PART II
PLAN DESCRIPTION

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

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

The collaborative efforts utilized by Lake County Behavioral Health Services (LCBHS) to develop the Drug Medi-Cal, Organized Delivery System (DMC-ODS) Implementation Plan (IP) for the County of Lake has occurred intermittently over the past five to seven years. Over the past two years, intensified evaluation and increased collaboration have occurred as many recent changes such as those associated with California Advancing and Innovating Medi-Cal (CalAIM) and payment reform have influenced both the timeline and the selection of which model would best serve Lake County Beneficiaries. Ultimately, it is because of these lengthy, in-depth discussions between providers, consumers, and key stakeholders that Lake County has unique advantages associated with joining the DMC-ODS. LCBHS has a strong focus on collaborative planning and community involvement in planning, program design, and evaluation of programs, that has become even stronger over the course of the last year.

During the last three years, many of the direct service providers within Lake County have participated in the Partnership Health Plan (PHP) regional model of ODS. The insights and feedback from direct service providers has conferred an advantage to Lake County with regard to determining which model of ODS is the best fit. Stakeholders and direct service providers that have been consulted with are in support of Lake County opting into the DMC-ODS model, which is a strong vote of confidence in our county's ability to implement DMC-ODS successfully.

LCBHS understands the importance of collaboration and the critical role it plays in the successful delivery of treatment services. Recognizing the importance of ensuring information was both disseminated and collected in a non-biased manner, LCBHS contracted with a third-party consulting agency. IDEA Consulting is a subject matter expert and has supported counties with joining both the Regional and DMC-ODS models. IDEA facilitated stakeholder/community feedback/engagement forums, surveys, and presentations. Information collected through presentations, surveys, polls, etc. was compiled and then disseminated to stakeholders, allowing for comments and feedback prior to holding future community events in service of an iterative process.

Presentations were provided on several occasions to the County Board of Supervisors to ensure government officials and county leadership remained apprised and involved throughout the stakeholder process. Many informal meetings and planning sessions occurred through routine contracted provider meetings involving representatives from prevention, residential, outpatient, and withdrawal management providers, departmental staff, the courts, and probation. These meetings took place in a variety of settings and the central focus has been the development of an

integrated continuum of substance use care for adults and youth. During the implementation process, there was a wide variety of opportunities for involvement by the various stakeholders and community representatives. These included ongoing and regularly scheduled meetings between substance treatment providers; discussions at various advisory board meetings for mental health and substance use and for maternal child and adolescents; updates and presentations at a variety of elected and appointed bodies with public input and participation; ongoing collaborative meetings among specific stakeholders including education, criminal justice, and physical health and mental health providers.

Below is a non-exhaustive list of the providers that have been involved in the stakeholder process:

Community Providers
IDEA Consulting
County Board of Supervisors
Lake County Probation Department
Lake County Child Welfare Services
Community Based Organizations and Treatment Providers
Adventist Health Hospital
Mendocino Community Health Clinic Federally Qualified Health Clinics (FQHC)
Tribal Health Consortium: Big Valley Rancheria Elem Indian Colony Middletown Rancheria Robinson Rancheria Scotts Valley Band of Pomo Indians community representatives from local federally recognized Tribes
Sutter Hospital
Lake County Public Health
Lake County Department of Social Services
Lake County Office of Education
Kingsview Information Technology
Kingsview Fiscal Consultant
Partnership Health Plan- Managed Care Plan
Non-profit treatment providers including Sober Living Residences/Recovery Residences
American Society of Addiction Medicine (ASAM) Level Providers: Withdraw Management, Intensive Outpatient, Outpatient, Perinatal Residential, Opioid Treatment Providers, Narcotic Treatment Providers, Tribal Narcotic Treatment Providers, Medicated Assisted Treatment Providers
12 Step Self-Help Entities: Alcoholics Anonymous and Narcotics Anonymous
Faith Based Recovery Supports/Celebrate Recovery
Lake County Mental Health/Behavioral Health Board
Maternal Child and Adolescent Health Advisory Board
Consumers of Peer Support Services
Smith Waters Patient Rights Advocates
County Behavioral Health Staff

While Lake County opted not to participate in the launch of the Regional Model in 2020 and 2023, there was an opportunity to leverage the county's previous efforts to join DMC-ODS independent of the regional model. Stakeholder input was provided through the planning of the

transition to DMC-ODS in Lake County by ensuring providers and county partners collaborated in discussions, while also engaging with the Department of Health Care Services (DHCS) to determine the best fiscal and program alignment for the county. The implementation of payment reform influenced both the model that was selected and the timeline in which ODS was pursued.

Ongoing Communication and Stakeholder Involvement

Ongoing communication and collaboration will be maintained through the newly integrated behavioral health advisory board, bi-monthly provider meetings, and monthly Quality Improvement Performance Improvement (QAPI) Committee meetings. In addition, the DMC-ODS implementation will be a standing agenda item for many of the ongoing collaborative community meetings; inclusive of the Safe RX, Opiate Coalition Work Groups, and collaborative bi-monthly meetings. Discussions will be geared towards collaborative efforts, leveraging funding to improve services, identifying and filling service gaps, and improving accessibility, timeliness, and quality of substance use services.

Opportunity for ongoing involvement in the implementation of DMC-ODS services will occur through various forums including bi-monthly substance use disorder (SUD) Network Provider meetings and monthly at the Mental Health Advisory Board meeting. It should be noted that the Mental Health Advisory Board has passed a motion of intent to become a Behavioral Health Advisory Board to review and provide policy recommendations to the Board of Supervisors regarding Substance Use and Mental Health Service provision. In addition, the DMC-ODS implementation will be a standing agenda item for many of the ongoing collaborative community meetings, inclusive of department Access team meetings, mobile crisis meetings, and criminal justice meetings including Care Court Diversion and Driving Under the Influence programs. Discussions will be geared towards collaborative efforts, leveraging funding to improve services, identifying and filling service gaps, and improving accessibility, timeliness, and quality of substance use services. The implementation plan outlined below addresses many concerns that have been brought forward through the community outreach and planning processes. The plan incorporates the feedback received from stakeholders, many of whom are committed to an ongoing partnership and collaborative effort to ensure the success of the DMC-ODS plan. The stakeholder community is excited about the opportunity to offer expanded SUD services, with a more fully integrated approach, to local beneficiaries.

2. Client Flow. Describe how beneficiaries 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 reassess criteria interviews, the professional qualifications of individuals who will conduct ASAM criteria interviews and assessments, how admissions to the recommended level of care will take place, how often clients will be re-assessed, and how they will be transitioned to another level of care accordingly. 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.

Review Note: A flow chart may be included.

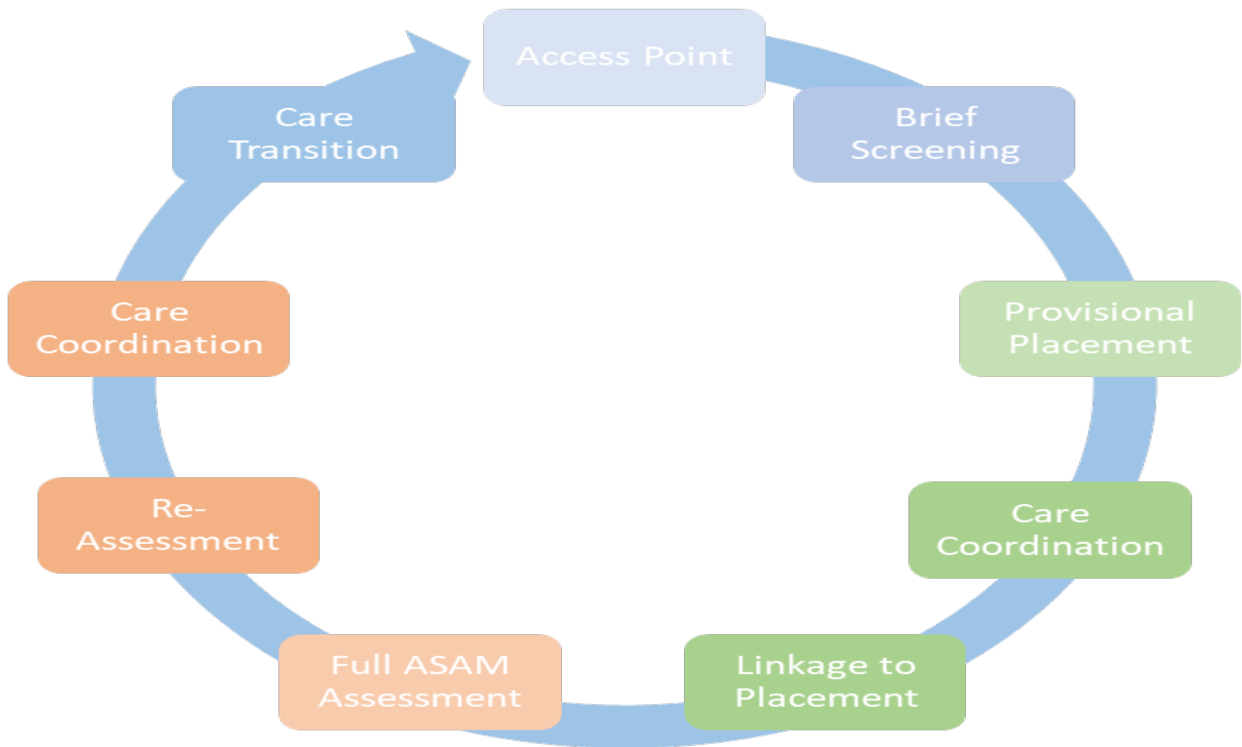
To provide timely access to medically necessary treatment with a no wrong door approach, multiple access points and a 24/7 access line will be made available in appropriate settings, emphasizing on engaging beneficiaries in the right Level of Care (LOC), at the right time, with the right provider. Under the DMC-ODS Plan, beneficiaries will have access to a full continuum of SUD services utilizing the principles of the ASAM Placement Criteria. LCBHS and local existing SUD providers are positioned to facilitate this process based on long-standing collaborative relationships and current system of care infrastructures with BH services, in which beneficiaries are linked to care through established direct service providers in and out-of-county. Lake County's DMC-ODS benefit will be accessed by beneficiaries through multiple pathways, including the 24/7 hotline, or supported through warm handoffs between primary care providers, emergency department staff, SUD navigators, probation officers, direct SUD service providers, and other community partners.

Per Lake County's internal Timely Access Standards P&P; Lake County providers have an aligned goal to admit eligible beneficiaries no later **than ten business days** from the date the initial screening was completed.

Final LOC determinations for placement will be based on the comprehensive assessment incorporating ASAM placement criteria and may overturn the determination from the initial screening process. If a full ASAM assessment yields a different LOC, the provider conducting the assessment is responsible for transitioning the beneficiary to the appropriate LOC, which may include transition to another provider.

Comprehensive ASAM assessments will be conducted by registered or certified SUD Counselors and Licensed Practitioners of the Healing Arts (LPHA), when ASAM assessments are conducted by counselors, case consultation will occur with the LPHA, Licensed Physician, or Medical Director. Assessments can be completed at all access points and contracted providers.

Table 1: Beneficiary Flow Chart



Access and Requesting Services
In accordance with DMC-ODS program requirements pursuant to CalAIM, Lake County has identified access points for beneficiaries to request services and enter the SUD DMC-ODS system of care:

1. Beneficiaries may call the 24/7 Access line for brief screening and provisional placement.
2. Beneficiaries may walk in or be referred directly for an ASAM or brief screening at an LCBHS office.
3. Beneficiaries may access treatment providers directly and conduct in-person brief screening or ASAM Screening. If staff at the contracted provider site are unavailable for screening, staff will support individuals in calling the 24/7 Access line to receive a screening for SUD services and preliminary LOC recommendations or community partners may facilitate a warm handoff to SUD service sites and 24/7 Access line to conduct an assessment.

Initial Screening and Brief Screening
At all access points in Lake County, all beneficiaries will be triaged for risk (suicidality, homelessness, presenting behavioral health needs, emergency physical health needs, and detoxification services), insurance coverage/eligibility verification and will be advised of the benefits in which they are entitled to under the DMC-ODS covered services. The initial

screening will be completed with a universal tool. The Brief Questionnaire for Initial Placement (BQuIP) will be utilized for adult screenings and an ASAM lite for youth brief screenings. All screening staff, whether employed by LCBHS, operating the 24/7 access line, or working with a contracted provider will meet qualifications to screen.

Referrals, Provisional Placements, and Linkages to Placements
After screening, the beneficiary will be referred/linked to the appropriate provisional ASAM LOC. Placement factors will include findings from the screening, geographic accessibility, threshold language needs, and the beneficiaries' preferences. Standardized referral procedures will be established for providers at all access points and care coordination will be initiated to assist linkages and timeliness. Based on screening results, beneficiaries may be referred directly to any Lake County SUD network provider for an intake appointment, which will occur within ten (10) days, for the following services:

- Outpatient and Intensive Outpatient Programs.
- Narcotic Treatment Program (NTP) services.
- Withdrawal Management Services.
- Medicated Assisted Treatment Services.
- Recovery Services.
- Care Coordination Services.

Residential Authorization and Assessment
When a beneficiary's initial screening prompts provisional residential placement, the beneficiary is referred. The residential facility is responsible for the completion of a full comprehensive ASAM assessment to determine clinically appropriate placement. Any prior authorizations will be submitted to LCBHS and will be reviewed within 24 hours to ensure the Diagnostic Statistical Manual (DSM) and ASAM Criteria requirements are met for the service authorization request.

Comprehensive ASAM Assessments
Intake is the first session at all treatment sites in the system of care. A full comprehensive ASAM is conducted to determine if the beneficiary meets medical necessity based on ASAM criteria for placement. Comprehensive assessments will be conducted by registered or certified counselors or an LPHA and will serve as the basis for confirming placement decisions. If the recommended LOC is not currently available within the network of care, care coordination services are prompted, and the beneficiary will be placed in the next higher or lower level of care that is most clinically appropriate based off of individual needs. Interim services are additionally provided, pending appropriate placements.

Frequency of Assessments, Re-Assessment, and Timelines for transitions between levels of care
The treatment system provides individualized treatment, tailored to a beneficiary's needs based on ASAM criteria and Stages of Change. There are no fixed lengths of stay for any program, although there are guidelines for the length of stay for most modalities. Re-assessments can occur as often as necessary and will provide an opportunity for treatment providers to review and document a beneficiary's progress by comparing the most recent functioning and severity levels to those at intake. Treatment programs should conduct re-assessments based on all six (6) ASAM

dimensions to determine whether a beneficiary still requires current LOC or whether they will move through the continuum of care for a more appropriate placement.

The ranges for length of stay serve as guidelines, or for when the stay should be reviewed for the need for an extension and based off medical necessity. Re-Assessments may occur at times of significant change that could warrant higher or lower LOC, these may include reoccurrences of severe symptoms or new concerns that cannot be addressed adequately in the current LOC, achieving care or treatment plan goals or the inability to or at a beneficiary's request.

Intakes, Assessment, Medical Necessity Determination, and Admissions

When a beneficiary has completed an initial screening and provisional placement recommendation, they will be offered an intake appointment at a provider location within the parameters of the initial screening results. When necessary, a beneficiary will be connected to Case Managers through LCBHS for assistance scheduling an intake with a Lake County SUD provider. Essential care coordination connections will be available to all beneficiaries. However, for those who are identified as high utilizers of SUD service systems, and who may need additional support in linkages and retention in services, LCBHS will act as the lead case manager providing care coordination services for beneficiaries transitioning between levels of care to ensure a smooth and successful transition of care.

Clinically appropriate and medically necessary services are part of the intake and comprehensive assessment process and may be delivered prior to the determination of a diagnosis. This should occur through face-to-face assessment or telehealth and case consultation should occur via face-to-face, telehealth, or telephonically. If a registered or certified SUD counselor conducts the comprehensive assessment, they will additionally need to meet with an LPHA or Licensed Physician or Medical Director for case consultation and review of the assessment. The LPHA, Licensed Physician, or Medical Director must then diagnose the beneficiary with **at least one** DSM Substance-Related Disorder to establish medical necessity and confirm LOC recommendations. Problem lists and Social Determinants of Health (SDOH) Z-Codes may be used prior to the determination of a Diagnosis and SDOH codes can be used for up to 30 days prior to a diagnosis or 60 days for youth or the unhoused. For beneficiaries under the age of 21, a qualifying diagnosis includes an assessed risk for developing a substance use disorder. Documentation must occur in the beneficiary's chart indicating how the individual meets the ASAM Criteria for services with the provider.

If a final LOC determination for placement overrides the provisional placement recommendation, the provider is responsible for transitioning the beneficiary to an alternative LOC which may be another facility. In these cases, LCBHS Case Managers may be contacted and utilized for additional assistance and care coordination to ensure seamless and successful transitions of care. These instances will be monitored annually within the compliance team and LCBHS will work towards minimizing this occurrence and improving systems.

Case Management, Care Coordination, and Continuum of Care

Transitioning between levels of care and linkage should occur within the timeliness guideline of ten (10) business days. Primary case management duties are assumed by the SUD provider who is currently providing SUD services. LCBHS has qualified staff available to provide additional

assistance to community-based SUD providers and will work directly with identified utilizers of the SUD system from the start of services and on an ongoing basis to ensure effective linkage and continuing service engagement. LCBHS staff will track and monitor beneficiary progress, assuring care planning and transition/discharge planning is initiated at the beginning of treatment to appropriately facilitate movement between levels of care. This will assist in successful care coordination across Lake County's SUD system of care. LCBHS may establish additional care coordination meetings between providers including mental healthcare and physical health to establish strong collaboration and identify other practical support systems.

3. Beneficiary Notification and Access Line. For the beneficiary toll free access number, what data will be collected (e.g., 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/TRS).

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

LCBHS has a 24/7 toll free access phone number that is answered by a BH Access Line Intake Worker. The 24/7 access number is listed on all informing materials as well as posted in all clinics. The Access worker is trained to respond to all calls, assess the need, and determine the appropriate service through an initial screening process. Access workers will be bi-lingual in Spanish, Lake County's threshold language, or have access to translation services to immediately meet the language needs of a caller. If the Access worker does not speak the caller's language, they are trained to immediately call the language line for translation/language services.

Access workers are also trained on the TTY/TRS line when an individual is hearing impaired and communicates via TTY/TRS service. Information on how to access the 24/7 line is posted in the clinic and throughout the county. In addition, the 24/7 Line phone number is on all beneficiary informing materials, in informational brochures and on our website. Each call is recorded in a log and will document the following information:

- Date of call
- Time of call
- Caller's name, date of birth, gender, and primary language
- Type of call
- Reason for call
- Referral organization
- Disposition
- Referrals made to outside agencies.
- Name of Access worker

The 24/7 Access Line data is analyzed by type of call, timeliness of response, disposition, abandonment rate, and number of complaint and grievance calls. Analysis of the data will include but not be limited to:

- Number of calls, including date and time.
- Numbers of calls requesting interpreter services for enrollees or potential enrollees.
- Number of calls that are determined to be an emergency, urgent and routine mental health, and substance use disorder services.
- Average time to answer a call and percentage of calls answered or serviced.
- The first available appointment that was offered, and first available appointment scheduled for full assessments.
- Number of individuals screened and referred to a DMC-ODS service.
- Number of individuals screened and scheduled for an assessment.

4. Treatment Services. Describe the required types of DMC-ODS services: withdrawal management, residential, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, care coordination, and clinician consultation, and direct delivery of MAT for addictive treatment, or effective referral mechanisms in place to deliver MAT at alternative sites. Optional: Peer Support Services, partial hospitalization, and ASAM levels 3.7 and 4.0, Contingency Management 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 to limit disruption of services for beneficiaries who reside in an opt-out county. Describe how the county plans to cover or ensure referrals and coordination to ASAM Levels 3.7 and 4.0.

> 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 implementation date. This list will be used for billing purposes for the Short Doyle Medi-Cal II system.

To ensure adequate access to services for beneficiaries, LCBHS is responsible for maintaining, monitoring, and coordinating a comprehensive network of contracted providers. When opting into DMC-ODS LCBHS will thoughtfully expand this provider network as necessary to address Lake County beneficiary needs. Network providers will be monitored to ensure services are individualized, medically necessary, and based off comprehensive assessment utilizing the ASAM Criteria. Through contracts, network providers will be expected to coordinate care with physical health, mental health, and other ancillary or referral to ancillary services as uniquely identified during the assessment and treatment episode. Additionally, all contracted providers will be expected to meet timely access standards.

All contracted providers will be DMC Certified and possess current ASAM LOC designations. Managed Care (MC) will review all certifications/licenses required and ensure renewals are completed as appropriate. Additionally, when a new provider is brought into the network of services, MC will ensure the outlined standards are met. All providers are expected to meet all applicable Federal, State, and local regulations. LCBHS relies on contracted providers for SUD services and is familiar with monitoring these programs. LCBHS also provides county-operated services, including screening, care coordination, outpatient services, and intensive outpatient services that will further enhance network adequacy.

Counties surrounding Lake are Mendocino, Glenn, Colusa, Yolo, Napa, and Sonoma. Yolo and Napa County are currently county-facilitated DMC-ODS counties and Mendocino is contracted under the Regional Model. Glenn and Sonoma counties are currently in an implementation process. There is little anticipation of service disruption to beneficiaries in surrounding counties as the majority are opting for DMC-ODS services either individually or as part of the Regional Model Plan with PHP. However, Lake County will offer existing DMC service modalities to any beneficiary in an opt-out county seeking services within Lake County. Coordination between Lake and neighboring counties will occur to help ensure beneficiaries obtain access to necessary services. LCBHS will work and continue to establish strong relationships with similar and surrounding counties through regional collaborations and state-level associations towards regional approaches when necessary to deliver service components of the continuum of care.

The current barriers that Lake County faces include access to youth residential treatment and NTP providers, as there are no current providers in the County of Lake, nor any partial hospitalization for withdrawal management services, youth residential or youth withdrawal management services, in the county or regionalized. Currently, there is one perinatal residential service provider located in the northside of the county. Of course, time and distance standards will also require a provider in the south end of the county.

The table below is a list of services that LCBHS will ensure are in place as a part of DMC-ODS.
Table 3: Proposed DMC-ODS Services

	Services Indication and Implementation Timeline					
DMC-ODS Services	ASAM LOC	At Implementation	Referral Process	Year 1	Year 2	Year 3
Required Services						
Early Intervention	0.5		x	x		
Outpatient Services	1	x				
Intensive Outpatient Services	2.1	x				
Residential	3.1	x				
Residential	3.3					x
Residential	3.5	x				
Withdrawal Management	3.2 WM	x				
OTP/NTP	OPT-1	x				
MAT Services			x		x	
Recovery Services		x				
Care Coordination		x		x		
Clinical Consultation		x				
Optional Services						
Residential	3.7		x			
Residential	4.0		x			
Partial Hospitalization						

Recovery Residence						
Peer Support Services		x				
Partial Hospitalization						
Contingency Management						

Early Intervention (ASAM Level 0.5)
Access teams and all sites contracted with Lake will perform Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT) for beneficiaries at risk of developing a substance use disorder. Beneficiaries at risk of developing substance use disorders or those with an existing substance use disorder are identified and offered brief early intervention services and, when indicated, a referral to treatment with a formal linkage to services. Staff are trained to recognize substance-related disorders and will be able to provide education and motivational interviewing in addition to being knowledgeable of developmental and behavioral health concerns for youth 11 years old to 21 years old. When the SABIRT indicates early intervention is present those beneficiaries will be referred to outpatient facilities to facilitate early intervention services.

Outpatient Services (ASAM Level 1.0)
Outpatient services consist of up to nine (9) hours per week of medically necessary services for adults and less than 6 hours per week of services for adolescents. Providers offer ASAM Level 1 services including: assessment, care plans, individual and group counseling, family therapy, medication services, patient education, Recovery Services, crisis intervention services, discharge planning, care coordination, and MAT referrals for OUD and AUD. Services may be provided in-person, by telephone, or by telehealth in any appropriate setting in the community. For beneficiaries in outpatient settings, case management will be provided to assist with care coordination with ancillary services providers and transitions between levels of care. Staff are knowledgeable of co-occurring psychiatric issues and refer to behavioral health services as needed for clinical assessment, staff are also able to assess and recognize a need for withdrawal management services.

LCBHS has two existing outpatient programs, which are all DMC-certified. Where possible and indicated by need, Lake County continues to work to implement an array of approaches, including those focused on adolescents and adults who may be experiencing co-occurring conditions; needing gender-specific services; and/or Spanish-language translations/support.

Intensive Outpatient Services (ASAM Level 2.1)
Intensive outpatient services (IOPs) involve structured programming provided to beneficiaries as medically necessary for a minimum of nine (9) hours and a maximum of 19 hours per week for adult perinatal and non-perinatal beneficiaries. Adolescents are provided a minimum of six (6) and a maximum of 19 hours per week of services. Services include assessment, care plans, individual and group counseling, family therapy, medication services, patient education, Recovery Services, crisis intervention services, discharge planning, care coordination, and MAT referrals for OUD and AUD. Services may be provided in-person, by telephone, or by telehealth in any appropriate setting in the community.

LCBHS will offer ASAM level 2.1 under its county-operated outpatient sites and may potentially contract with Hilltop Recovery Services for 2.1 services as well.

Residential Treatment Services (ASAM Levels 3.1, 3.3 and 3.5)
Residential treatment is a 24-hour, non-institutional, non-medical, short-term service that provides residential rehabilitation services to youth, adult, and perinatal beneficiaries. Residential services are provided in facilities designated by DHCS as capable of delivering care consistent with ASAM Level 3.1: Clinically Managed Low-Intensity Residential, ASAM Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Services (Adult only), and ASAM Level 3.5: Clinically Managed High-Intensity Residential.

Beneficiaries are approved for residential treatment through a referral process based on the results of the ASAM assessment. The length of stay for residential services is based on medical necessity, with a targeted average length of stay of 90 days. Perinatal or justice involved beneficiaries may receive longer lengths of stay based on medical necessity and up to 60 days postpartum.

Residential treatment services include assessment, individual and group counseling, beneficiary education, family therapy, crisis intervention services, family therapy, medication services recovery services patient education, transportation to medically necessary, care coordination, and MAT or referral to MAT. All providers are required to accept and support patients who are concurrently receiving medication-assisted treatments.

LCBHS anticipates contracting with an out-of-county provider for 3.3 residential services as needed by implementation year three. Lake County Behavioral Health Department is currently contracted with Hilltop Recovery Services who offers ASAM LOC 3.1 and 3.5.

Residential Treatment Services (ASAM Levels 3.7 and 4.0)
LCBHS will seek and evaluate facilities that offer 3.7 and 4.0 ASAM levels of care and begin coordination discussions of referral mechanisms for beneficiaries, this will be completed by year one. LCBHS will ensure that providers of 3.7 and 4.0 services are DMC certified and ASAM designated.

Withdrawal Management Services (ASAM Levels WM-1, WM-2, and WM-3.2)
Withdrawal Management/Detoxification services are provided as medically necessary to beneficiaries and include assessment, observation, medication services, discharge planning, recovery services, MAT or referral, and care coordination. Beneficiaries receiving residential withdrawal management (WM 3.2) shall reside at the facility for monitoring during the detoxification process.

LCBHS currently contracts with Ukiah Recovery Center- A Ford Street Project out of Mendocino County for ASAM Level WM 3.2. Other ASAM levels of withdrawal management may be evaluated after implementation.

Narcotic (Opioid) Treatment Program (OTP/NTP, ASAM OTP Level 1)
Services provided as part of an NTP include assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, crisis intervention services, medical psychotherapy, recovery services, care coordination, and discharge services.

Lake County contracts with a licensed narcotic treatment program to offer services to adult beneficiaries ages 18 and over, who meet medical necessity criteria requirements. Services are available to all beneficiaries in Lake County. Services are provided in accordance with an individualized beneficiary plan determined by a licensed prescriber. Prescribed medications offered include methadone, buprenorphine, naloxone, and other medications.

LCBHS is currently contracted with New Life Clinic, a Tribal 638 provider and licensed NTP provider in Mendocino County.

Medication Assisted Treatment (MAT) Services (Optional, ASAM Levels 1, 2, 3)
The optional MAT service includes the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Medically necessary services would be provided as determined by a licensed physician or licensed prescriber. LCBHS would seek reimbursement for onsite administration and dispensing of at a minimum buprenorphine and naloxone.

MAT will expand the use of medications for beneficiaries with chronic alcohol-related disorders as well as opiate use disorder. Medication assisted therapies include naltrexone, via oral (ReVia) and extended release injectable (Vivitrol), topiramate (Topamax), gabapentin (Neurontin), acamprosate (Campral), and disulfiram (Antabuse); uses are noted below.

- Opiate overdose prevention: naloxone (Narcan).
- Opiate use treatment: buprenorphine-naloxone (Suboxone) and naltrexone (ReVia and Vivitrol), provided currently on the state AOD formulary. Note that methadone is available through the licensed narcotic treatment program.
- Alcohol use disorder: Naltrexone, acamprosate, disulfiram, vivitrol.
- Other, off-label MAT agents with limited evidence of effectiveness (such as topiramate and gabapentin) are available at the discretion of any licensed prescriber.
- For tobacco cessation/nicotine replacement therapy.

LCBHS refers and has referral mechanisms in place to several existing MAT providers in Lake County including the Adventist Health Live Well Clinic, Mendocino Community Health Clinic, New Life Clinic, and Lakeside Health Clinic. LCBHS will continually monitor the referral process through quality assurance measures. However, LCBHS will evaluate and work towards in-network implementation by year two.

Care Coordination Services
Care coordination is provided at LCBHS and contracted provider sites. Each provider who is contracted for DMC-ODS services, including newly contracted Lake County providers, will provide care coordination services during an episode of care or independent of a treatment service. Services are provided either by people specifically designated as case managers, SUD

Counselors, or by provider staff during their delivery of treatment. Care coordination services include, depending on medical necessity and assessment of individual needs the following:

- Coordination with medical and mental health providers to monitor and support comorbid conditions.
- Comprehensive and periodic assessments.
- Assistance to transition to a higher or lower LOC.
- Communication, coordination, referral, and related activities,
- Monitoring of service delivery to ensure access to care,
- Monitoring of beneficiary progress.
- Patient advocacy and/or linkages to physical or mental health care, transportation, and primary care services.

Care coordination services may be provided by an LPHA or certified/certified-eligible counselor. Services may be provided face-to-face, by telephone, or by telehealth and may be provided anywhere in the community.

LCBHS intends to create new Case Manager/SUD Counselor positions for the facilitation of care coordination and to create a care coordination team by implementation year two.

Clinician Consultation

Clinical consultation will be available within Lake Counties DMC-ODS model, to assist SUD clinicians in the provision of care for DMC beneficiaries, to provide expert advice on complex beneficiary cases and in the design of the treatment/care plan in such areas as medication selection, dosing, side effect management, adherence, drug-drug interactions, or LOC considerations. Experts in addiction treatment include addiction medicine physicians, addiction psychiatrists, licensed clinicians, LPHA, and clinical pharmacists. Case consultation may occur in person, by telehealth, by telephone or by asynchronous telecommunication systems.

LCBHS currently contracts with and staffs a Medical Director for all clinical consultation needs and to support the provision of care. Each contracted provider will have this service available within the administration of SUD services to beneficiaries.

Peer Support Services

A Peer Support Specialist is an individual in recovery with a current State approved Medi-Cal Peer Support Specialist Certification Program certification offering services as defined below:

- Educational Skill Building Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement services means activities and coaching led by Peer Support Specialists to encourage and support beneficiaries to participate in BH treatment. Engagement may

include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.

- Therapeutic Activity means a structured non-clinical activity provided by Peer Support Specialists to promote recovery, wellness, self-advocacy, relationship enhancement, and development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

LCBHS intends to implement the optional benefit of Peer Support Services at DMC-ODS implementation.

Recovery Services

Recovery Services are available to a beneficiary during treatment, immediately after incarceration, and during the transition process to prevent relapse. Beneficiaries accessing recovery services are supported to manage their own health care, use effective self-management support strategies, and use community resources to provide ongoing support. Recovery services are based on self- or provider assessment of relapse risk. Recovery services may be offered as a stand-alone service or concurrently with other LOCs, while receiving MAT, including NTP services, may be provided immediately after incarceration or with a prior diagnosis of SUD. Services may be provided face-to-face, by telephone, via the internet, or elsewhere in the community. Services may include assessment, care coordination, individual or group counseling, family therapy, recovery monitoring, and relapse prevention. Any eligible DMC-ODS provider within the network may provide medically necessary recovery services to beneficiaries. Linkages to these services are provided by a certified/registered SUD counselor or LPHA.

Lake County will incorporate recovery services throughout the continuum of care, LOCs, and within care coordination services on an individual basis as medically necessary.

5. Coordination with Mental Health. How will the county coordinate mental health services for beneficiaries with co-occurring disorders? Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored? Please briefly describe the county structure for delivering SUD and mental health services. When these structures are separate, how is care coordinated?

Lake County's current infrastructure separates the MH and SUD programs, however, when services are rendered to beneficiaries who are identified as needing co-occurring services, there are processes in place to facilitate collaboration between systems. These include service network care coordination facilitated through bi-weekly meetings. Those in attendance at the bi-weekly care coordination meeting include local healthcare providers, SUD providers, and mental health providers including Crisis, Discharge, and Access teams. A DMC-ODS model will only enhance these activities and the collaboration that occurs between all participating entities. By expanding access to SUD services, Lake hopes to provide better wrap-around care to beneficiaries who are co-occurring. While working towards an integrated department. Of note, Lake has begun

participating in the early adoption of an integrated BH contract with the Department of Health Care Services.

The care coordination team actively provides care coordination in a variety of levels of care, between providers to monitor comorbid health conditions and to assist in care transitions, in addition to providing recovery resources and referrals to teams and other specialty care providers. These care coordination activities facilitate linkages for beneficiaries to community-based services, criminal justice system resources, cultural resources, and other similar services. These processes support beneficiaries' recovery in the context of community support and appropriate redress of sociocultural and socioeconomic barriers to recovery. LCBHS will facilitate processes to ensure that all appropriate service providers and community support are included in the beneficiary's care coordination team meetings. This will include a regular inventory of current providers and community resources.

Minimum care coordination team meeting requirements are limited discussions as to whether referrals have been received, contact made, and/or follow-up appointments scheduled in the interim of obtaining appropriate release of information.

Co-occurring beneficiaries will receive care coordination and LCBHS will ensure appropriate communication is facilitated with providers in both SUD and MH providers in a shared setting. This may include the facilitation of warm handoffs, integrated staffing, regular case management, and collaborative meetings that address beneficiary care, referral, access, and discharge planning. Co-occurring concerns are/will be clearly outlined in problem lists and progress notes and are continually monitored by clinicians who provide direct services to beneficiaries under the BH umbrella of services.

LCBHS will monitor the co-occurring treatment census annually, quarterly, and with all discharge planning, through internal audits, file reviews, compliance, and sampling to ensure adequate care coordination and treatment is taking place. Each discharge is reviewed through the utilization review that occurs with substance use treatment.

6. Coordination with Physical Health. Describe how the counties will coordinate physical health services within DMC-ODS. Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored?

Lake County currently has two substantial existing healthcare providers/systems in the most populous areas (Lakeport and Clearlake): Adventist Health and Sutter Health. Additionally, Lake County has a large Tribal Health system that is open to the public and Medi-Cal beneficiaries with clinics in Lakeport and Clearlake. Adventist and Sutter Health also have satellite offices in outlying areas of the county, including Hidden Valley Lake. Adventist Health not only provides physical health care and treatment for mild to moderate SMHS conditions but also has existing behavioral health services specific to mild SUD conditions. Services specific to moderate/severe SMHS benefits are provided by LCBHS. Local substance use treatment providers often coordinate with Adventist and Sutter Health to address both the physical health and SMHS needs of their beneficiaries, it is expected that this level of coordination will continue and improve. Leadership and administrative staff regularly participate in collaborative groups with both

healthcare providers and other community-based service providers. SUDS, Access, and Discharge Planning teams currently meet regularly (bi-weekly) for ongoing care coordination.

Care Coordination and Continuity of Care are currently outlined in existing contracts with providers and will continue to be included in DMC-ODS services and in any new contracts. Contractual language is outlined below:

- Contractors shall comply with the care coordination and requirements established by the county.
- Contractors shall ensure that all care, treatment, and services provided are coordinated among providers who are serving the beneficiary and should meet the following requirements:
    - Ensure each beneficiary has an ongoing source of appropriate are specific to their needs.
- All services provided shall be coordinated:
    - Between settings of care, including appropriate discharge planning for short- and long-term hospital and institutional stays.
    - With services the beneficiary receives from any other managed care organization.
    - With services, the beneficiary receives in FFS Medi-cal.
    - With community and social support providers.
- Share with providers, as allowed by privacy regulations results and identification and assessment of needs to prevent duplication of services.
- Ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.
- Ensure that in the process of coordinating care, each beneficiary's privacy is protected in accordance with privacy requirements in 45 C.F.R. Parts 160 and 164 subparts A and E and 42 C.F.R. Part 2, to the extent they are applicable.
- The contractor shall engage in care coordination activities beginning at intake and throughout the treatment and discharge planning process.
- To facilitate care coordination, the contractor will request compliant authorization to share beneficiary information with and among all other providers involved in the beneficiary's care.

The LCBHS Compliance team will provide monitoring of care coordination, including whether a physical health screening was conducted, included in care plans, and if the physical health exam was completed or progress made towards completion. Monitoring of care coordination will occur at annual Site Reviews and through internal and external Utilization and Chart Review processes.

7. Coordination Assistance. Based on discussions with your health plan and providers, do you anticipate substantial challenges and/or need for technical assistance with any of the following? If so, please indicate which and briefly explain the nature of the challenges you are facing.

- Comprehensive substance use, physical, and mental health screening.
- Beneficiary engagement and participation in an integrated care program as needed.
- Collaborative treatment planning with the beneficiary, caregivers, and all providers. Collaborative treatment planning with managed care.

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

All contracted Lake County providers as well as internal County staff providing services will receive ongoing training and support from the County in the use of Screening Tools, including the ASAM, BQuIP, and ACEs. Challenges in ensuring the effective use of these tools by both contracted providers and internal staff include the many demands on staff and provider's time and resources that impact the ability to participate in training. However, through the implementation of CalAIM Specialty Mental Health Services requirements that included the use of standardized screening and transition tools, the County has developed stronger working relationships with contracted providers and implemented creative solutions to meet training needs, such as online training/learning management platforms. We currently use an online training platform called Relias, which helps organize and track training for staff and this can be extended to contractors if needed.

Effective outreach to our beneficiaries can be challenging and there will likely always exist a need to improve outreach to the community, providers, and potential beneficiaries on the services and resources available. We have implemented process improvements in our Specialty Mental Health Services program around Consumer Perception surveys and will extend the lessons learned in successfully increasing participation to outreach and engagement efforts in the Organized Delivery System. We do have a relatively high penetration rate (7%) for beneficiaries meeting the criteria for the mild/moderate mental health benefit. We have invested resources, including staff, into outreach and engagement for both the SMHS and DMC plans. This included hiring a Community Liaison whose role is to increase collaboration and referral partnership between all healthcare providers in Lake County. We are also considering a public awareness campaign that may include the purchase of a billboard. These are examples of creative ways we hope to improve beneficiary and community engagement.

Collaborative treatment planning by all providers, beneficiaries, and families has perhaps been the largest challenge facing community behavioral health, largely due to the complex laws governing the exchange of information, individual providers' clinical interpretations, and the need for a common understanding of programmatic language across multiple systems. Lake County has implemented a Health Information Exchange (HIE), onboarding with SacValley MedShare in early 2023. The HIE will assist in the identification of engagement with other service providers to ensure appropriate sharing of care plans, where Release of Information (ROI)s are included while maintaining the highest standard of protection of confidentiality.

LCBHS has an integrated managed care team that has been working for many years with clinical staff to coordinate beneficiary care across multiple levels of care. There are no significant barriers present.

Care coordination and effective communication will be a continued area of growth for the County. However, we have been working diligently over the past year to increase the strength of our relationships and the quality of communication and coordination with contracted providers. Presently, we meet on a regular, typically monthly, basis with our contracted providers. We are

bolstering the technical support to contracted providers around CalAIM requirements on the SMHS side and will scale this effort up to include DMC-ODS requirements.

LCBHS has implemented a "no wrong door" approach to accessing both SMHS and DMC-ODS services. We implemented a referral hub, a web-based application through which referrals to all community services and support may be issued and tracked. Beneficiaries may also contact our main phone number 707.994.7090 to request information about services. While accessing or participating in services beneficiaries' psychosocial needs will be continually assessed to ensure any referrals to community services and support are made appropriately.

LCBHS is in the midst of implementing a variety of technologies and strategies to improve facilitation and tracking of referrals between systems. Referrals between the SMHS and DMC systems have been ongoing for many years, and we continue to improve and refine screening processes in both programs to ensure referrals between systems occur. Additionally, we have implemented tracking of referrals to Partnership Health Plan (via Carrelon) for the mild/moderate mental health benefit. Additionally, as previously discussed, we have implemented an HIE as well as a community referral HUB, to better facilitate and track referrals between systems.

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

- The anticipated number of Medi-Cal beneficiaries.
- The expected utilization of services by service type.
- The numbers and types of providers required to furnish the contracted Medi-Cal services.
- A demonstration of how the current network of providers compares to the expected utilization by service type.
- Hours of operation of providers.
- Language capability for the county threshold languages.
- Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and first DMC-ODS treatment service, timeliness of services for urgent conditions and access afterhours care, and frequency of follow-up appointments.
- The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries' disabilities.
- 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 (e.g., beneficiary under 21, adult, perinatal).

As of September 2023, there are 36,953 Medi-Cal members in Lake County. We estimate that ten (10) percent of the overall population will experience substance use issues at any given time. Of these, only a subset will voluntarily accept referral to treatment in any given year. Relying on

existing claims data from the last two (2) years there have been 940 SUD beneficiaries in Lake. Approximately 5-6% of total medical beneficiaries will seek treatment. Year one Lake County beneficiaries seeking treatment are estimated to be between 1,848 - 2,217.

The projected utilization of services was based on a variety of sources:

- Review of our current DMC system in Lake and similarly sized participating counties.
- Review of the use of SUD services in states with Medicaid expansion with more robust SUD programs
- Consultation with Partnership HealthPlan through the Regional Model, fiscal years 2020-2021and 2021-2022

The numbers and types of providers required to furnish the contracted Medi-Cal services: this was part of the utilization calculation noted above. It is expected that based on the expected year one utilization at least one additional service provider per modality will be necessary. Recruiting efforts have begun with outreach to an additional six (6) service providers and are expected to be completed at the implementation of DMC-ODS or soon thereafter.

In general, providers will operate from 8:00 a.m. through 5:00 p.m. on business days, with after-hours coverage provided by the 24/7 Access Line. Should an emergent service be required, the Access Line will coordinate emergent support. Additionally, Lake offers an after-hours advice/ triage line that can be reached by calling 1-800-900-2075. LCBHS ensures that Medi-Cal beneficiaries are offered the same treatment times and capacity as non-Medi-Cal beneficiaries through contractual requirements. Lake, along with all other California Counties, is implementing the Mobile Crisis benefit effective January 1, 2024. This benefit will also extend to beneficiaries experiencing a crisis related to SUD challenges, as it is within the umbrella of behavioral health under CalAIM.

Language capability for the county threshold languages: Spanish. LCBHS providers are required to provide interpretation and translation services to all beneficiaries, regardless of county. LCBHS' Quality Improvement Program ensures providers comply with language access requirements. Test calls are conducted routinely to assess the fidelity of this system. Feedback is provided immediately to the provider when an issue is identified. When assistance is needed, providers will utilize our contracted Language Line contract service at no cost to the beneficiary. Additionally, all forms and appropriate materials are translated into the threshold languages and made available to providers. Informing notices, forms, and pamphlets are made available on our website for beneficiaries and providers in English and Spanish. Every effort is made to have materials translated in an accurate and timely manner.

The timeliness of the first face-to-face visit, and timeliness of services for urgent services, including withdrawal management and Opioid Treatment Program are required within three (3) days, and ten (10) days for non-urgent services. Follow-up appointments will be in accordance with the beneficiary's specified LOC. Providers who lack capacity yet accept new beneficiaries and are not able to offer sufficient appointments may be subject to corrective action. This is measured through ongoing utilization review through claims data to ensure continuity and continuance in care.

NTP services are currently provided by one contracted provider, New Life Clinic. For all other MAT services, referrals are facilitated to current physical health clinics that additionally provide MAT services. MAT services are currently being evaluated and plans to implement in the current network of care are expected to occur in year two of implementation.

A list of network providers, indicating provision of MAT, patient load, patient capacity, and the populations they treated is attached, please see Appendix A.

Table 4: Geographic location of service providers.
Orange star indicates current providers of county operated or contracted services.

The geographic location of providers and Medi-Cal beneficiaries, considering the distance, travel time, transportation, and access for beneficiaries with disabilities: The most populated and projected need for medical services to beneficiaries exists in the eastern and southern regions of Lake County. Services are currently limited in the northern and western regions of the county. Medi-Cal beneficiaries are offered services out of county (if needed) while being encouraged to remain in the county whenever possible. Experience to date indicates that 5% of beneficiaries receive service outside of the beneficiaries' county of responsibility.

Where transportation is a barrier, LCBHS will arrange for transportation to and from the treatment facility in accordance with the All-Plan Letter (APL) 17-010 and BHIN 22-008, regardless of distance. Travel time is considered when identifying the most appropriate mode of transportation. Should it be identified during the screening or placement process that a beneficiary has a disability that may require additional coordination, LCBHS providers will provide a warm handoff/referral for the beneficiary to the managed care plan (Partnership Health Plan) to facilitate transportation needs identified and ensure all such needs are met.

LCBHS is a primary provider and offers services to all beneficiaries. To furnish services, as well as provide beneficiary choice and access to services in time and distance standards relative to the county, LCBHS will offer services through both county operated and contracted providers. Services will be expanded as deemed necessary through ongoing service utilization analysis to ensure network adequacy.

How will the county address service gaps, including access to MAT services: There are three (3) MAT providers available to Lake County beneficiaries: Dr. Stephen Bradley, Adventist Health, and New Life Clinic, an NTP provider in Mendocino County, a contiguous county. LCBHS will monitor utilization and trends in substance use services to help identify existing and future service gaps. To address identified service gaps, LCBHS will continue to shift and expand available services, as applicable, and solicit new providers and services through contracts and/or the Request for Proposal (RFP) process. Additionally, LCBHS plans to implement MAT in the third year of this implementation plan.

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

- Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.
- Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to non-Medi-Cal patients.
- Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.
- Establish mechanisms to ensure that network providers comply with the timely access requirements.
- Monitor network providers regularly to determine compliance with timely access requirements.
- Take corrective action if there is a failure to comply with timely access requirements.

The beneficiary's first contact with LCBHS may occur with a phone call to the 24/7 Access Line or through an individual provider site where a brief screening (defined below) may be conducted at which point the beneficiary may be referred to an initial LOC (detoxification, outpatient, residential and/or MAT). A comprehensive ASAM assessment is subsequently conducted. Residential care placements require prior approval by LCBHS's utilization management team. A pre-authorization request form is submitted by the provider (either through the electronic health record or via paper referral faxed or securely emailed) to LCBHS within 24 hours of intake with a beneficiary. LCBHS will respond to all pre-authorizations and authorizations within 24 hours.

The access line is available in non-English languages via bilingual staff (Spanish is our threshold language) and through the language line for non-threshold languages free of cost to the beneficiary. Additionally, we have TTY for ADA compliance.

LCBHS embraces a "No wrong door" system by accepting referrals via telephone through the Access line, fax, secure email, and directly (no referral required) through drop-ins and scheduled appointments at any one of our clinics, outreach centers, and partner sites.

Access line process: The Access team conducts a brief screening, and an initial LOC placement is made through referrals to partner agencies or by assigning the beneficiary to one of our SUD counselors. LCBHS tracks the date of the call, date of referral (if applicable), date of the intake, date of the first service offered (first, second, and third offered appointment dates), and any rescheduled appointments with the reason for the reschedule and who requested it are documented in our log to be utilized for quality assurance and performance improvement objectives. Our Access team will continue to engage with the beneficiary by phone several times until the first treatment service is attended or the beneficiary declines services. Reports are generated to track when and how beneficiaries are connected with counselors and follow-up is conducted to ensure that all our beneficiaries are being served.

As previously stated, beneficiaries may enter our services through any one of our clinics, outreach centers, and partner agencies. We also embrace care coordination for beneficiaries with special needs/circumstances and we connect beneficiaries with local and/or preferred providers whenever possible. If the beneficiary's need is urgent, we will provide services and support immediately or within 24 hours of the beneficiary's request for services.

Our toll-free 24/7 Access line is available to respond to beneficiaries 24 hours per day, seven days a week. While appointments are scheduled during business hours, we have a dedicated answering service that conducts a brief assessment during the call and is trained on de-escalation techniques as well as knowledge of local county resources and may direct urgent/emergent calls to an on-call worker for immediate authorization of residential placement needs. The Access line phone number is prominently located on our website (lcbh.lakecountyca.gov), member-facing materials, and displayed within all our clinics and outreach centers.

All beneficiaries are provided a full assessment, screening, and referral for the appropriate LOC through a "warm handoff," if not served directly with one of our local counselors when medically necessary. We assess all beneficiaries for risk (crisis, homelessness, physical health

needs), insurance/eligibility, and information is provided of the benefits and services offered by the DMC-ODS program. Our providers utilize DHCS approved uniform screening & transition tools and beneficiaries are assessed using ASAM. Screenings are conducted by certified/registered alcohol and drug counselors with the review and approval of an LPHA. All our SUD providers are required to have successfully completed ASAM Modules 1, 2, & 3 as well as complete annual ASAM refresher training. Test calls are conducted to assess system performance and fidelity.

The following access call data elements are tracked:

- Number of calls, including the date & time of the call
- Caller's name & relationship to the beneficiary
- Call type and whether it is emergent, urgent, or routine.
- Call disposition

All provider contracts will outline the standards for access to care and distinguish between services needed on an urgent basis and those with less urgency.

Compliance with these contract requirements will be accomplished through the following:

- First face-to-face visit: In general, first appointments will be scheduled as soon as possible, with a 10-day standard for the initial intake appointment after the request for outpatient services.
- Urgent conditions: Services for urgent conditions will be provided within 72 hours.
- Emergencies: The appropriate medical service will be contacted as soon as the condition is identified.
- Afterhours care: Care needed outside of regular business hours will be coordinated by the after-hours access line and identified contract providers.

These standards will be reinforced through provider education and contacts, annual monitoring of providers, monitoring of complaints and grievances, and facility site reviews.

All contracts with providers will require that hours of operation for services to Medi-Cal beneficiaries must be no less than those available for other clients and provide direct or through referral access to services 24 hours a day, 7 days a week when medically necessary.

Contractors will be required to provide timely access data and to comply with Lake's monitoring activities. Lake County's Compliance team will require corrective action plans as necessary to ensure full compliance with these requirements.

10. Training Provided. What training will be offered to providers chosen to participate in the DMC-ODS program? How often will training be provided? Are there training topics that the county wants to provide but needs assistance?

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

Lake County will implement the following required trainings:

Table 5: Implemented Trainings

Lake County Required Trainings				
Type of Training	Staff	Frequency	Required	Optional
DMC Title 22 & Title 9 Regs	Clinical/Analyst	Annual	x	
ASAM Criteria	Clinical	Annual	x	
Evidence Based Practices (2)	Clinical	Annual	x	
CalOMS/DATAR	Admin/Analyst	On Boarding	x	
CFR 42 Part 2 Confidentiality	All Staff	Annual	x	
Cultural/Linguistics	All Staff	Annual	x	
Human Trafficking (TVP)	All Staff	Annual	x	
Clinical Documentation	Clinical	TBD	x	
Youth Treatment Guidelines	Youth Providers	Annual	x	
Perinatal Treatment Guidelines	Perinatal Providers	Annual	x	
Access	All Staff	On Boarding	x	
Telehealth Services	Clinical	On Boarding	x	

Each provider shall ensure that position appropriate training is included in the staff members' on-boarding plan and documented in the personnel file. DMC-ODS compliance training is an additional training identified at this time where DHCS Technical Assistance may be needed. LCBHS will continue to provide ongoing technical assistance for providers who may need additional support related to DMC-ODS requirements. Should significant policy changes be made or findings from an audit that warrant program changes, an ad hoc training session will be held.

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

- Performance Improvements Plan Technical Assistance
- Corrective Action Plan Technical Assistance
- DMC-ODS Compliance trainings
- TAR, SAR, and PAR Technical Assistance
- NOABD Technical Assistance
- Clinical Documentation requirements
- Minor Consent

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

- Timeliness of first initial contact to face-to-face appointment
- Frequency of follow-up appointments
- Timeliness of services of the first dose of NTP services
- Access to after-hours care.
- Responsiveness of the beneficiary access line.

- Strategies to reduce avoidable hospitalizations.
- Coordination of physical and mental health services with DMC-ODS services at the provider level
- Assessment of the beneficiaries' experiences, including complaints, grievances, and appeals.
- Telephone access line and services in the prevalent non-English languages.

Review Note: Plans must also include how beneficiary complaint data shall be collected, categorized, and assessed for monitoring Grievances and Appeals.

At a minimum, plans shall specify:

- How to submit a grievance, appeal, and state fair hearing
- The timeframe for resolution of appeals (including expedited appeal)
- The content of an appeal resolution
- Record Keeping
- Continuation of Benefits
- Requirements of state fair hearings.

The QI Plan will monitor the following performance measures:

- Number of days to the first service at the appropriate LOC after referral
- Continuity of ongoing services
- Timeliness of first dose for NTP services
- ED diversion programs to ensure services are received within the most appropriate setting, therefore reducing emergent and acute utilization.
- Beneficiary satisfaction through TPS administration with opportunities for improvement identified for providers with less than adequate scoring.
- 24/7 telephone access with non-English language capacity.
- Access to translation services in threshold language.
- Number, percentage, and time period of prior authorization requests (for residential treatment) approved or denied.
- Review of Utilization Management activities, ensuring that interventions are appropriate to the assessed ASAM LOC.

LCBHS will include at minimum, the following DMC-ODS elements into the QI Plan as implementation occurs:

Timeliness

- Timeliness of first initial contact to first face-to-face appointments

Access

- Access to afterhours care
- Frequency of follow up appointments.
- Responsiveness of beneficiary to access line.

Quality of Care

- Coordination of care with primary and mental health services within DMC-ODS at the provider level.
- Assessment of beneficiary's experiences, including complaints, grievances and appeals.
- Evaluation of Treatment Perception Surveys (TPS)

Quality Improvement Committee:

QI activities are incorporated into a multi-committee oversight program structure that includes credentialing, peer review; policy and program consultation; and regular reporting. The Quality Improvement Committee (QIC) has established a subcommittee structure to ensure that QI plan activities are sufficiently monitored and reviewed. Through this structure, we ensure sufficient attention to critical incidents and beneficiary complaints; monitoring of audit results and information; obtaining input from standing or ad hoc subcommittees; and review of the most effective provision of DMC services in the context of an integrated health care system.

A beneficiary may file a grievance or appeal by calling our Member Services Resolutions Officer (800) 900-2075 or a complaint may be submitted via our website at lcbh.lakecountyca.gov. This information will be made available to beneficiaries by the beneficiary handbook, as well as information provided and posted at our clinics, outreach centers, and partner sites.

Every effort is made to resolve grievances within 90 days, with rare occurrences requiring no more than 120 days.

All appeal resolutions require determination via a Notice of Adverse Benefit Determination (NOABD) and a "Your Rights" attachment which is submitted to the provider and beneficiary.

All documentation on grievances is maintained by our Member Services Resolutions Officer on a department shared drive.

The following elements of grievances are reportable at QIC:

- Topics of grievances/appeals filed and their resolutions.
- Complaint trends.
- Timeliness of resolutions.

All beneficiaries with pre-existing provider relationships who make a continuity of care request to LCBHS are given the opportunity to continue treatment for up to 12 months with an out-of-network provider. LCBHS will provide continuity of care with an out-of-network provider when the following criteria are met:

- The beneficiary has an ongoing relationship with the provider. Self-attestation is not sufficient to provide proof of an established relationship with a provider.
- The provider is willing to accept the higher LCBHS's contract rates or current year county DMC-ODS interim rates as published on the DHCS website.
- The provider meets LCBHS's applicable professional standards and has no disqualifying quality of care issues.
- The provider is a Medi-Cal enrolled provider and is DMC certified.

- The provider supplies LCBHS with all relevant treatment information, for the purposes of determining medical necessity, as well as a current treatment plan.

LCBHS informs members of their continuity of care protections through intake information materials and LCBHS's website. All information provided is made available in threshold languages and alternative formats upon request.

LCBHS is not required to provide continuity of care for services that are not covered under DMC-ODS.

Continuity of care requests are supported through LCBHS's Care Coordination and Utilization Management teams and are reportable through the following data elements:

- The date of the request.
- The beneficiary's name.
- The name of the beneficiary's pre-existing provider.
- The address/location of the provider's office.
- Whether the provider has agreed to the terms and conditions.
- The status of the request, including the deadline for making a decision regarding the beneficiary's request

State Fair Hearings are offered to beneficiaries, with a requirement of filing within 120 days of receipt of a (NOABD). All State Fair Hearings are responded to within 90 days of receipt. Beneficiaries can request a State Fair Hearing directly from the California Department of Social Services by writing to: State Hearings Division California Department of Social Services 744 P Street, Mail Station 9-17-37 Sacramento, California 95814, or by calling 1-800-952-8349 or for TDD 1-800-952-8349.

Requests for expedited appeals will be accepted through the same submission process as previously indicated, with an indication of "expedited appeal request" being included by the submitter either through verbal or written form. LCBHS will review the request for expedited decision and if approved will notify the beneficiary and provider within 72 hours, except in rare, extenuating circumstances which may constitute an extension to 14 calendar days. Should the request for expeditious review be denied, the beneficiary and provider will be notified, and the appeal will transition into the standard appeal timeframe.

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

Existing contractual service agreements between LCBHS and SUD providers include general language that refers to substance use regulatory requirements, treatment services, and specifications. The special terms and conditions of DMC-ODS will need to be incorporated into new service agreements prior to implementation of services, with the scope of service language indicating utilization and outcome measurement of at least two (2) evidence-based practices (EBPs) during treatment of beneficiaries with substance use disorder.

LCBHS will provide training and technical assistance to staff to ensure consistent use and fidelity to EBPs. Specific protocols and procedures will be developed so that this standard of care can be monitored during quality assurance reviews. Treatment provider use of EBPs will be reviewed by compliance analysts during annual site reviews.
DMC-ODS providers will be required to implement at minimum two of the following evidence-based practices: Motivational Interviewing, Cognitive Behavioral Therapy, Relapse Prevention, Trauma Informed Treatment, and Psychoeducation. LCBHS 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 Standard Terms and Conditions (STCs) in all Request for Proposals and contracts for DMC-ODS services.
- Including provisions in all contracts for DMC-ODS services requiring providers to implement at least two of the identified EBPs.
- LCBHS will monitor adherence to implementation of at minimum two identified EBPs through review and approval of contract language and annual monitoring.

If a provider is found to be in non-compliance, LCBHS 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 (CAP) to be submitted.

14. Regional Model. If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries. How will the county ensure access to services in a regional model (refer to question 7)?

LCBHS has no intention to implement a regional model currently. LCBHS will contract with providers in other counties to meet the capacity needs of beneficiaries and will coordinate with neighboring counties to ensure that DMC-ODS eligible beneficiaries receive medically necessary services based on the appropriate LOC, within resources.

15. 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. 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). Please note that updated MOU guidance will be released in early 2023.

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

- Comprehensive substance use, physical, and mental health screening, including ASAM Level 0.5 SBIRT services.
- Beneficiary engagement and participation in an integrated care program as needed.
- Collaborative care planning with the beneficiary, caregivers, and all providers.

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

The current MOU between Lake County and Partnership Health Plan of California (PHC) has expired as we await the new guidance for the BH MOU template from DHCS. It is understood that all efforts shall be made to ensure an MOU is executed by January 1, 2024, and the template is signed within 90 days of receipt from DHCS.

Lake County's Compliance Officer will provide oversight of the compliance requirements outlined in BHIN 23-057. MOU compliance will become a part of Lake County's compliance program to ensure DMC-ODS obligations and oversight responsibilities. This includes oversight of the provisions of the MOU, quarterly meetings, annual reporting, training, and education. Quarterly progress reports will be submitted to demonstrate good faith efforts in meeting the requirements of the BHIN. Quarterly updates will continue until the MOU is executed and all policies and procedures are established and submitted to DHCS.

As of this moment, we have received communication from PHC that they intend to begin the process of developing an MOU with the County. However, Lake is in need of notifying PHP of the intention of becoming an ODS County. This notification will assist in identifying the next steps to the execution of an MOU and outline steps that will be taken in alignment with BHIN: 23-057. Lake County's intended goal is to have a fully executed MOU effective July 1, 2024.

16. Telehealth Services. Describe how the telehealth and telephone delivery of services will be structured for providers and how will the county ensure confidentiality.

The opportunities arising from the expansion of telehealth services from 2020 have been remarkable. We presently contract with Community Behavioral Health, a telehealth psychiatry and medical provider, for all our SMHS psychiatry services. We are also developing our mobile crisis implementation plan. Under this expanded benefit, beneficiaries will access services and support to stabilize a behavioral health crisis, including those resulting from substance use issues, in real-time in the field, with the aid of telehealth.

In Lake County's current DMC State Plan delivery model and in a transition to DMC-ODS, telehealth services will be offered as a supplemental service with the standard of care being equal to whether a beneficiary is seen in person or by telehealth services. Considerations as to whether a telehealth service is clinically appropriate and safe for beneficiaries are always taken into consideration. All DMC-ODS services delivered through telehealth will be provided in compliance with privacy and security requirements contained in the federal Health Insurance

Portability and Accountability Act (HIPPA) in the Code of Federal Regulations (CFR) 45 and CFR 42 part 2.

Beneficiary consent will be obtained prior to delivery of any service provided via telehealth and included in the beneficiary's record. All information and records related to the delivery of telehealth services are stored in beneficiaries' Electronic Health Record (EHR). All program specific requirements will be followed as outlined in BHIN 23-018. Telehealth services will additionally adhere to county compliance practices aided by policy and procedure. County contracted providers will be required to follow the same regulatory compliance and established policies surrounding the use of telehealth services. Services offered through telehealth initially start with an in-person intake at Drug Medi-Cal certified sites, followed by telehealth services delivered in clinic sites or on the beneficiary's personal device at home or elsewhere.

Lake will explore options to expand a telehealth system focused on recovery services and treatment services as part of the continuum of care.

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

LCBHS has facilitated the provision of many non-covered services within the DMC plan. This includes contracts with providers of ASAM non-perinatal/EPSDT 3.1, 3.2, and 3.5 services both within and outside of the County. Under DMC-ODS, we are excited that these services will become eligible for Medi-Cal reimbursement, as we have been using SABG funding to cover the cost of these services.

The County's purchasing ordinance requires competitive bidding through a Request for Proposals or a Request for Qualifications process. To ensure the provision of all required DMC-ODS services, the County may issue a Request for Proposals to solicit bids for service from contracted providers. Current providers typically go through the RFQ process, which ensures they remain in good standing for continued contracting and service provision. In situations where the County has decided to term a contract with a provider, this has been the result of audit findings. In this process, the County has acted as a provider of technical assistance to ensure the provider is able to successfully resolve their Corrective Action Plan.

The following describes the County's Proposal Evaluation and Award processes, Protest Procedures, and General Terms and Conditions:

PROPOSAL EVALUATION AND AWARD. The County is using the competitive proposal process, wherein the experience and responsiveness of each submitted proposal is evaluated as it relates to the Scope of Services. Administrative staff will evaluate the proposals as described below.

Proposals shall be opened and checked to ensure that each complies with the requirements of the RFP. The absence of the required information may render the proposal non-responsive and may be cause for rejection.

All proposals will be evaluated to determine whether they meet all the requirements of the RFP.

A Consultant Selection Board may be convened to review, discuss, and rank the proposals, using the following criteria:

A. Criteria

a. DETERMINED ON A CASE-BY-CASE BASIS

Prior to final selection, a short list of qualified and responsive Consultants may be requested to participate in an interview. The purpose of the interview will be to provide an opportunity for each Consultant to present their qualifications and proposals in person and/or to answer any questions that County staff may have regarding the Consultant's submittals. If interviews are to be held, the time and place of the interview will be arranged after the short list is completed. Typically, a minimum of three (3) proposals will be selected for the Short List; however, the County may, at its option, choose to interview more or less than three (3) qualified Consultants or select consultants based solely on evaluating written proposals.

If an agreement cannot be reached with the top ranked Consultant(s), the County will then contact the next highest ranked firm and attempt to negotiate a contract scope of work and fee. This process will be continued until a contract scope of work and fee is successfully negotiated, or until the County determines to cease negotiations with any firm.

County reserves the right to select multiple contractors.

The County of Lake is an Equal Opportunity/Affirmative Action Employer, and the successful Consultant(s) will be required to comply with the provisions of Federal Executive Order 11246 and applicable state and federal laws. Consultants should be familiar with the Employers' Practical Guide to Reasonable Accommodations under the Americans with Disabilities Act as published by the Job Accommodation Network, a service of the U.S. Department of Labor's Office of Disability Employment Policy.

PROTEST PROCEDURE. The County of Lake will follow the Appeal Procedure in their Consultant Selection Policy as follows:

Appeal Procedure:

> Recommendations or decisions may be appealed by writing a letter to the Board of Supervisors or Purchasing Agent, as applicable, detailing the basis of the appeal. Appeals must be filed within 72 hours of receiving notification of the County Administrative Officer's recommendation for award of the contract, or prior to an actual contract award by the Board of Supervisors, whichever occurs first.

Any appeal will be heard before the Board of Supervisors on the same day as the approval of the proposed contract with the recommended consultant.

GENERAL TERMS AND CONDITIONS. By your submission of a proposal, you agree to be bound by the following conditions:

To the fullest extent allowed by law, RFPs will not be public record until discussion and negotiations with Respondent have been completed, as such premature disclosure would jeopardize the County's and the Respondent's negotiating interests. If any proposal contains trade secrets or other information that is confidential or proprietary by law, Respondent shall label all such pages with a stamped annotation such as: "**CONFIDENTIAL-PROPRIETARY TRADE SECRETS, DO NOT DISCLOSE,**" and further, provide written notification to the County of its request to keep said information confidential. A Respondent's request for confidentiality must be made in writing and enclosed in the envelope containing the proposal. The proprietary or confidential data must be readily separable from the proposal to facilitate eventual public inspection of the non-confidential portion of the proposal.

The County reserves the right to cancel this RFP at any time, even after opening of proposals.

County is not liable for any costs incurred by Proposer in the preparation, presentation or in any other aspect of the Proposal.

Disposition of Proposal(s) and Contract Award:

A. All proposals shall become the property of Lake County.

B. Failure to furnish all information requested in this RFP or to follow the proposal format may disqualify a proposal.

C. County reserves the right to accept or reject all or any part of any proposal, waive immaterial defects, informalities, irregularities, negotiate with all qualified Respondents, and award the contract to the firm or individuals, who, in the sole judgment of the County, best serves the interests of the County. The County may terminate negotiations if, in its opinion, they are unsuccessful and begin negotiations with other respondents.

D. A response to this RFP is an offer to contract with the County based upon the terms, conditions, scope of work and/or specifications contained herein. County shall have no contractual or other obligation to a Respondent under any successfully negotiated contract until the contract has been approved and signed by both parties. The contents of the proposal submitted by the successful Respondent and this RFP will become part of any contract awarded.

E. Issuance of this RFP in no way constitutes a commitment by the County to procure or contract for the articles of goods or services solicited.

F. Proposers may be required before the award of any contract to show, to the complete satisfaction of the County, the necessary facilities, ability, and financial resources to provide the services specified in a satisfactory manner.

Respondent shall indemnify and defend County and its officers, employees, and agents against and hold them harmless from any and all claims, losses, damages, and liability for damages, including attorney's fees and other costs of defense incurred by County, whether for damage to or loss of property, or injury to or death of person, including properties of County and injury to or death of County officials, employees or agents, arising out of, or connected with the use of any copyrighted or un-copyrighted composition, secret process, patented or unpatented invention, articles or appliances furnished or used under this Request and any subsequent Contract, unless such damages, loss, injury or death is caused solely by the negligence of County.

Default by Respondent: In case of default by the successful Respondent, Lake County may procure the articles or services from other sources and may deduct from any monies due, or that may thereafter become due to the Respondent, the difference between the price named in the Purchase Order, Contract, or Agreement with said Respondent and the County's subsequent cost to obtains substitute articles or services. Prices paid by the County must be considered the prevailing market price at the time such purchase is made.

Lake County reserves the right to amend, alter, or change the rules and conditions contained in this RFP prior to the deadline for submission and to request additional data after the deadline. If it becomes necessary to do so, an addenda or supplements to the RFP will be issued and shall become a part of the RFP. The County is not responsible for any other explanation or interpretation. It is the responsibility of the Respondent to ensure that he/she has received all addendums and/or supplements prior to submitting a proposal.

It is the County's intent that this Request for Proposal (RFP) permits competition. It shall be the Respondent's responsibility to advise the County in writing if any language, requirement, specification, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source. Such notification must be received by the County not later than ten (10) days prior to the date set for acceptance of proposals.

Errors and Omissions: If prior to the date fixed for submission of proposals, a respondent discovers any ambiguity, conflict, discrepancy, omission, or other error in the RFP or any of its exhibits, it shall immediately notify the designated County contact of such error in writing and request modification or clarification. Modifications and clarifications will be made by written addenda and distributed to all parties who have been furnished or who have requested the RFP.

Security and Confidentiality: To preserve the integrity of the security and confidentiality measures integrated into County operations, any Respondent required to come in contact with confidential County information to respond to this RFP and/or to perform the services solicited, may be required to sign, and submit a Confidentiality Statement. Successful Respondent's personnel and/or subcontractors, who may require periodic access to secured areas within the County, may be required to wear security identification badges. Badges will be issued to individuals only after satisfactory completion of a background check. Any such confidentiality and/or security measures will be part of the contract.

Insurance: Successful Respondent agrees to comply with the County's standard insurance provisions.

Governing Laws: The laws of the State of California will govern any purchase order entered between the County and the selected Respondent.

Each Respondent shall inform himself of, and the successful Respondent awarded a contract shall comply with, State and local laws, statutes, regulations, ordinances, and generally accepted industry standards relative to the execution of the material supplied or work performed. This requirement includes, but is not limited to, applicable regulations concerning employment of labor, protection of public and employee safety and health, environmental protection, the protection of natural resources, fire protection, burning and non-burning requirements, permits, fees, and similar subjects.

This RFP supersedes all proposals, oral and written, and all negotiations, conversations, or discussions heretofore and between the parties related to the subject matter.

It is anticipated that current DMC, DMC-ODS providers in good standing will receive a contract with Lake County, if a current or identified provider does not receive a contract, Lake County will ensure beneficiaries will continue to receive treatment services with existing contractors for any affected beneficiary to ensure continuity of care, until such time as the formal RFP process is completed and contracts are executed. SUD contracts are reviewed and re-negotiated annually based on changes in SUD treatment needs.

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

Authorization for all residential treatment placements, which are submitted by the residential provider will be completed within five (5) business days. Authorization for residential services is based on ASAM assessment criteria and medical necessity. Continued stay authorizations for residential services are addressed within 24 hours of submission.

County Approval

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

_______________________________________ ____________________

Lake County Behavioral Health Director Date
Elise Jones, MA

Appendix A

Provider Name	Population	Address	Hours of Operation	Primary Languages	Persons with Disiblities Services	Capacity	MAT	Patient Load
Outpatient ASAM Level 1.0								
New Life Clinic	Adults (NTP)	280 E Standley Street, Ukiah, CA 95482	Monday-Friday 6:00AM – 2:00PM Saturday and Sunday: 6:00AM-9:00AM	English	Facility is ADA compliant		No	
Lake County Behavioral Health Services	Adults, Youth, Coocurring	7000B South Center Dr, Clearlake, Ca 95422	Monday-Friday, 08:00 am-5:00 pm	English, Spanish	Facility is ADA compliant	60	No	29
Lake County Behavioral Health Services	Adults, Youth, Coocurring	6302 Thirteenth Avenue, Lucerne, CA 95458	Monday-Friday, 08:00 am-5:00 pm	English, Spanish	Facility is ADA compliant	60	No	0
Hilltop	Adults	6300 East Highway 20 #B, Lucerne, CA 95458	Monday-Friday, 08:00 am-4:00 pm	English	Facility is ADA compliant	0	No	0
Intensive Outpatient ASAM Level 2.1								
Lake County Behavioral Health Services	Adults, Youth, Coocurring	7000B South Center Dr, Clearlake, Ca 95422	Monday-Friday, 08:00 am-5:00 pm	English, Spanish	Facility is ADA compliant	60	No	0
Lake County Behavioral Health Services	Adults, Youth, Coocurring	6302 Thirteenth Avenue, Lucerne, CA 95458	Monday-Friday, 08:00 am-5:00 pm	English, Spanish	Facility is ADA compliant	60	No	0
Hilltop	Adults	6301 East Highway 20 #B, Lucerne, CA 95458	Monday-Friday, 08:00 am-4:00 pm	English	Facility is ADA compliant	0	No	0
Residential ASAM Level 3.1								
Hilltop	Adult Men, EPSDT	14715 Highway 20, Clearlake Oaks, CA 95423	24 hours per day	English	Facility is ADA compliant	36	No	31
Hilltop	Adult Women, EPSDT	14725 Catholic Church Road, Clearlake Oaks, CA 95423	24 hours per day	English	Facility is ADA compliant	12	No	8
RCS Tule	Adult Women, Perinatal	675 First Street, Upper Lake, Ca 95485	24 hours per day	English	Facility is ADA compliant	8	No	6
Women's Recovery Services	Adult Women, Perinatal	98 Hendley Street, Santa Rosa, CA 95404	Mon–Fri: 9am – 5pm	English	Facility is ADA compliant	20	No	2
Detox ASAM Level 3.2								
Ford Street-Ukiah Recover Center	Adult	139 Ford St, Ukiah CA 95482	24 hours per day	English	Facility is ADA compliant	6	No	6
Residential ASAM Level 3.5								
Hilltop	Adult Men, EPSDT	14715 Highway 20, Clearlake Oaks, CA 95423	24 hours per day	English	Facility is ADA compliant	36	No	0
Hilltop	Adult Women, EPSDT	14725 Catholic Church Road, Clearlake Oaks, CA 95423	24 hours per day	English	Facility is ADA compliant	12	No	0