Drug Medi-Cal
Organized Delivery System
Implementation Plan

County of Fresno
Department of Behavioral Health

"The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment."

Table of Contents

PART I
PLAN QUESTIONS

This part is a series of questions that summarize the county's DMC-ODS plan.

1. Identify the county agencies and other entities involved in developing the county plan. (Check all that apply) Input from stakeholders in the development of the county implementation plan is required; however, all stakeholders listed are not required to participate.

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

2. How was community input collected?

   ☒Community meetings
   ☒County advisory groups
   ☒Focus groups
   ☐Other method(s) (explain briefly)

3. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities.

   ☒Monthly
   ☐Bi-monthly
   ☐Quarterly
   ☐Other: _____

   Review Note: One box must be checked.

4. Prior to any meetings to discuss development of this implementation plan, did representatives from Substance Use Disorders (SUD), Mental Health (MH) and Physical Health all meet together regularly on other topics, or has preparation for the Waiver been the catalyst for these new meetings?

   ☒SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics prior to waiver discussions.
   ☐There were previously some meetings, but they have increased in frequency or intensity as a result of the Waiver.
   ☐There were no regular meetings previously. Waiver planning has been the catalyst for new planning meetings.
   ☐There were no regular meetings previously, but they will occur during implementation.
   ☐There were no regular meetings previously, and none are anticipated.

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

   REQUIRED

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

   How will these required services be provided?

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

   OPTIONAL

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

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

   ☐Yes (required)
   ☒No. Plan to establish by: June 2018 or 60 days prior to waiver implementation.

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

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

   ☒Yes (required)
   ☐No

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

   ☒Yes (required)
   ☐No

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

   ☒Yes (required)
   ☐No

PART II

PLAN DESCRIPTION (Narrative)

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

General Review Notes:

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

Narrative Description

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

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

   Collaborative Process Used in Plan Development: The collaborative process used to plan for DMC-ODS Waiver implementation included a series of general information meetings, over 20 community stakeholder meetings and four focus groups. To encourage broad participation in the process and engagement of the public and community partners, meetings were held in all parts of the county and in various forums (community centers, churches, and other known community gathering places). Additionally, specific populations were targeted including the substance use disorder treatment and prevention provider community, consumers, Spanish and Southeast Asian service organizations, First5 Fresno, Fresno County Superior Court, law enforcement agencies, District Attorney, Public Defender, Probation Department, Department of Social Services and Public Health, physical and mental health service provider representatives, educators and others. Stakeholder meetings were held in the communities of Fresno, Clovis, Tollhouse, Coalinga, Mendota, Selma, Sanger, Kerman and Reedley. Additionally, County workgroups comprised of subject matter experts met regularly to assist with both the conceptual and logistical aspects of implementation.

   Ongoing Stakeholder Involvement and Communication: Ongoing involvement and effective communication will occur through a variety of means including:

   - Providing updates and encouraging feedback at monthly Provider/Behavioral Health Board-Substance Use Disorder Sub-Committee Meetings
   - Providing implementation updates and soliciting feedback and discussion periodically at Behavioral Health Board meetings.
   - Reviewing data and encouraging feedback at Monthly Quality Improvement Committee and Outcome Committee Meetings

- Providing updates, engaging feedback, discussing care coordination and strengthening linkages with physical health partners at least three times per year.
- Additionally, County workgroups will continue to meet regularly to help work through the logistical aspects of implementation.
- Providing updates and engaging feedback at various other meetings in the community, including, in part, the Addiction Working Group (chaired by the County's Star Court Judge and attended by District Attorney, Public Defender, Behavioral Health, Sheriff, local Police Chiefs, SUD providers and others); the Central Valley Opioid Safety Coalition (representatives from Behavioral Health, Public Health, local hospital representatives and community-based organizations); and the Community Conversations Workgroup, a group of high-level public and private officials focused on helping individuals with mental illness and substance use disorder issues by identifying resources and gaps in the current system of care; the Sequential Intercept Mapping/Stepping Up Initiative workgroups, comprised of law enforcement, courts, behavioral health, emergency medical system ambulance providers, housing services, community based mental health and substance use disorder providers, jail/corrections staff, former inmates, social services, public health and medical providers, which focuses on individuals with mental health and substance use disorder issues who intersect with the criminal justice system, focusing on providing alternatives to incarceration; and, finally, the department's Housing Workgroup, which is comprised of public and private partners, focused on improving and developing the housing continuum for individuals with mental health and substance use disorder issues, with a focus on quality of housing, volume of housing and permanent supportive housing options.

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

   Review Note: A flow chart may be included.

   Referrals/Screening: In order to ensure timely access, client flow was designed with a "No Wrong Door" approach in mind. Any member of the community may contact Fresno County through its 24/7 Access Line, a County Department or a provider to request information or a screening and referral to available services. Individuals may also physically present themselves at various County locations or at a provider site and be screened for treatment. Access points to treatment include:

- 24/7 Access Line
- Fresno County Department of Behavioral Health (DBH) - SUD Services
- County Departments including Behavioral Health (REACH Team, clinicians), Probation (Probation Officers, Assessment Center) and Social Services (Child Protective Services, CalWORKs)
- Superior Court – STAR Court (Drug Court)
- Multi-Agency Access Point (MAP)
- Providers
- Self-Referral

The 24/7 Access line will be staffed by licensed clinicians and/or certified counselors. Staff will utilize a standardized ASAM Criteria screening tool to assist clients in accessing the most appropriate level of service.

The County's SUD Services will receive clients and the community during regular business hours on a walk-in and/or appointment basis. SUD Services staff who conduct screening services will be certified substance abuse counselors and/or licensed clinicians.

DBH also has certified SUD staff stationed on the REACH Team, at Probation's Assessment Center and at Superior Court's STAR Court (Drug Court). Staff on each of these teams screen individuals using an ASAM screening tool and make referrals to treatment as appropriate.

- The REACH Team receives referrals primarily from the County's CalWORKs program and may also conduct home visits to better engage clients and remove barriers to employment.
- The Assessment Center primarily serves probationers who have been court-ordered to present for a screening. Certified SUD staff screen these individuals and make a recommendation for level of care (or no treatment) based on the results of the screening. Though individuals typically present at the Assessment Center because they have been court-ordered to do so, the Center will also screen individuals on a voluntary basis, including walk-ins.
- Certified SUD staff at the STAR Court interview and screen defendants prior to the individual going before the judge. Based on the screening, staff will make a recommendation for level of care (or no treatment) to the judge who may then offer the individual treatment in lieu of jail time.

All DBH-staffed access points utilize the same standardized ASAM screening tool. In all cases, staff consider geographic location, language needs and individual preference when making referrals within the parameters of the ASAM screening results. When the most appropriate referral is determined, the treatment provider will be notified of referrals through a shared appointment-setting program and/or by email. If a provider cannot accommodate an intake appointment within established timeframes, the individual will be provided with an alternative referral or interim services as appropriate.

The MAPs, a collaborative of three community-based providers, will serve as an access point to services, through utilization of a universal screening tool. Through the tool, MAPs provide an integrated screening process to connect individuals facing substance use disorder, mental health, physical health, housing and other challenges to the right supportive services. MAP points will ultimately be located in a total of eight fixed locations and one mobile unit in rural and metro Fresno County. These locations were chosen based on identification of historically high need, underserved geographic areas. Each location is supported by full-time staff located onsite, coupled with the coordinated efforts of multiple community partners. Locations will have at least one "Navigator" position to provide screening and linkage to services.

Individuals may also self-refer, or be referred by non-DBH County Departments such as Public Health, Social Services and Probation.

Assessment: Once the individual arrives at the treatment program identified through the ASAM screening process, the program will conduct an intake appointment. At that time, the provider will verify Medi-Cal eligibility, complete a comprehensive assessment using ASAM criteria and confirm appropriate level of care. The assessment will be conducted by a Licensed Practitioner of the Healing Arts (LPHA) or SUD counselor. Medical necessity will be determined as part of the intake process and will be performed via face-to-face interview or through telehealth services which are compliant with applicable telehealth laws and Department requirements identified through contract language. The medical director, LPHA, or a licensed physician must diagnose the individual as having at least one DSM Substance-Related and Addictive Disorder, excluding Tobacco-Related Disorders. Individuals must meet medical necessity based on DSM-5 and ASAM criteria in order to be admitted into treatment.

In the event that a provider determines through its assessment process that an individual's needs are more appropriate for a level of care not offered by that provider, the provider will immediately refer the individual to another provider that does offer the indicated ASAM level of care or refer the individual to SUD Services; in addition to completing the referral process, the provider will document the referral and the basis for the referral in the individual's chart.

Authorization/Placement: All modalities except early intervention and NTP services will require a Treatment Authorization Request (TAR). Providers will also be required to submit a TAR for clients who, after reassessment, are determined to need a higher level of care.

Providers will be required to submit the TAR to SUD Services electronically, accompanied by appropriate documentation/information supporting medical necessity for the recommended level of care. Providers may assume presumed authorization for individuals who have been pre-screened by Fresno County. In the event that a TAR for a pre-screened individual is not approved, providers will receive reimbursement from the County up to the date of denial. However, should a retrospective review find that documentation contained in the chart does not support the diagnosis, medical necessity, and level of care, the initial approval would be negated.

TARs for residential services will be processed within 24 hours. TARs for all other modalities and for individuals recommended for transition to a higher level of care (except residential) will

be reviewed within ten days of submission and prioritized according to level of care requested. TAR processing for clients recommended for transition to residential services will occur within 24 hours, or on the next business day if received on a weekend or holiday. Fresno County will work towards shortening non-residential TAR approval timeframes to five days or less within three years of implementation. Providers will receive notification of TAR approval/non-approval electronically. A TAR appeals process will be developed and available to providers by waiver implementation or July 2018, whichever is sooner.

Providers may also admit individuals who have not been pre-screened, however, in such a case, presumptive authorization does not exist and DBH will not guarantee payment. All DMC claims submissions are subject to a client's eligibility in accordance with Title 22, ASAM and DSM-5 Criteria.

Reassessment: For outpatient and intensive outpatient modalities, adults will be reassessed at least every 90 days and adolescents every 30 days. Adult residential clients will be reassessed at least every 30 days and adolescent residential clients every 10 days. Clients in withdrawal management will be reassessed at the conclusion of the withdrawal episode to determine if further treatment services are medically necessary. Clients in NTP programs will be reassessed at 12 months. Clients may also be reassessed more frequently in the event that there are significant changes warranting more frequent reassessment. All reassessments will utilize ASAM criteria.

If through the reassessment process it is determined that further treatment is medically necessary (continuing stay in the current modality, transition to another level of care, or transition to recovery services), the case manager will either recommend continuing treatment at the current level of care or refer the client to the appropriate service prior to exiting them from the program.

Movement Through Levels of Care/Case Management: Timeframes for movement along the continuum of care shall be based on re-assessment utilizing ASAM criteria, review of individual progress in treatment, and the establishment of continued medical necessity as determined by the Medical Director, licensed physician or LPHA. Providers will be responsible to ensure that transitions through appropriate levels of care are made as necessary and within allowable timeframes.

County staff conducting the initial screening will perform case management activities required to connect the individual to SUD services and/or crisis medical or psychiatric care. Provider case managers are responsible for all aspects of client advocacy and care coordination services during the treatment episode as well as for transitioning clients to the next level of care. Case managers are responsible to assist clients with access to needed medical, educational, social, prevocational, vocational, rehabilitative and other community services. For high utilizing clients and those generally at risk for unsuccessful transitions, providers will be required to offer more intensive case management services to ensure ongoing engagement, to reduce hospitalizations and reduce recidivism.

In order to decrease the potential for service gaps or delays between levels of care, case managers referring clients to the next level of care and provider staff receiving the client will be expected to collaborate on appointment times and the confidential exchange of client information.

- No less than seven days prior to discharge, case managers transitioning clients to another program or level of care will be required to make contact with the receiving program to schedule an intake appointment.
- The receiving provider must ensure the client's intake appointment is scheduled within 10 days of the client's expected discharge date from the referring provider.

The client will sign an authorization to release information with the referring case manager prior to exchanging treatment information with the new provider. If a provider cannot accommodate an intake appointment within established timeframes and no suitable alternative is available, the client will be provided with an alternative referral or interim services as appropriate. The provider shall maintain documentation in the client's chart of efforts to meet the required timeframes and of interim services provided.

Timeframes for client movement along the continuum of care shall be based on re-assessment utilizing ASAM criteria, review of client progress in treatment, and the establishment of continued medical necessity as determined by the Medical Director, licensed physician or LPHA. Re-assessment shall be conducted using ASAM criteria; reassessment should be conducted when deemed necessary but, at minimum, must be conducted according to the timeframes listed above.

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

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

   The access line for DMC-ODS services will be the same 24/7 toll free number currently used for mental health access for Fresno County DBH. The toll free phone number is available on the County's Behavioral Health website, posted at SUD provider facilities, handed out in literature during intake and distributed widely by referring professionals. The County also translates all written informational materials and forms in the county's identified threshold languages and these translated documents are readily available along with the English versions. Access Line services are available in all languages through multiple providers; Linguistica Int. for the provision of Telephonic Interpreting and Deaf and Hard of Hearing for TTY and American Sign Language. During the initial screening, immediate clinical needs are determined following an assessment for potential risk and safety issues. Access Line operators will be trained in SUD/ASAM and, using a standardized ASAM screening tool, will be able to make appropriate referrals to treatment providers for the presumed level of care.

Data collected on DMC-ODS requests for service will parallel the data collected on mental health requests for service, and will include results of periodic surveys known as "test calls" conducted by staff posing as service seekers to determine timeliness of response, language accessibility, and satisfaction with service quality. Additional information tracked will include the number of calls, waiting times, call abandonment, time of call, name, date of request and initial disposition (referral to provider). Requests for service will be logged in the myAvatar electronic health record by type of service requested (SUD or Mental Health) and DMC-ODS data will be reported separately for the number of calls.

The Quality Improvement Committee (QIC) will set standards, review performance, and monitor phone response and waiting times to ensure that the Access Line is appropriately meeting the needs of the community. The phone system utilized has the capability to capture data such as: number of calls received, hold waiting time, dropped calls, and length of call. Reports will be developed to monitor volume and customer service responses.

4. **Treatment Services**. Describe the required types of DMC-ODS services (withdrawal management, residential, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, case management, physician consultation) and optional (additional medication assisted treatment, recovery residences) to be provided. What barriers, if any, does the county have with the required service levels? Describe how the county plans to coordinate with surrounding opt-out counties in order to limit disruption of services for beneficiaries who reside in an opt-out county.

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

   Early Intervention Services (ASAM Level 0.5): Components of early intervention include screening for substance misuse, brief counseling interventions designed to reduce substance misuse, and referral to treatment for further assessment as indicated by the initial screening. At a minimum, Screening, Brief Intervention and Referral to Treatment (SBIRT) will be utilized for the adult populations with plans to expand the service to adolescent populations in the future. SBIRT is provided through fee-for-service with primary care providers and in collaboration with existing managed care plans through Memoranda of Understanding (MOU). Additionally, early intervention services will be delivered as group education through the County's impaired driving programs. Services at this level address problems or risk factors related to the use of alcohol or other drugs and addictive behaviors, and help individuals to recognize consequences of high-risk use and behaviors.

   Outpatient/Intensive Outpatient (ASAM Level 1.0-2.5): The allowable structured programming services at ASAM Levels 1.0 - 2.1 under the DMC Waiver include: Intake, Individual Counseling, Group Counseling, Family Therapy, Patient Education, Medication Services, Collateral Services, Crisis Intervention, Treatment Planning and Discharge Services. Treatment may be offered up to (nine) 9 hours per week for adults and less than six (6) hours per week for adolescents at ASAM Level 1.0 and a minimum of nine (9) hours with a maximum of

19 hours a week for adults, and a minimum of six (6) hours with a maximum of 19 hours a week for adolescents at ASAM Level 2.1.

Fresno County currently contracts with 14 providers that are certified to provide outpatient and intensive outpatient services. In an effort to ensure service access at ASAM Level 1.0 - 2.1 to rural parts of the community, Fresno County has already contracted with a provider that will offer telehealth SUD services to rural Fresno County residents when it is determined that services are medically necessary. Telehealth treatment is supported by a minimum of three onsite, individual meetings. The onsite in-person meetings are for the intake/assessment/placement in treatment, continuous treatment plan reviews and a treatment completion/discharge planning interview.

The contracted telehealth provider already possesses DMC certification for several Fresno County sites. The provider also has an MOU with a Federally Qualified Health Center. The program follows both ASAM protocols and Medi-Cal procedures for treatment continuation. Fresno County will monitor the utilization of telehealth SUD services and make efforts to expand the service as needed.

Fresno County is also currently negotiating contracts with two FQHCs to provide integrated care, including DMC eligible SUD services near or on the same campus as the already existing health clinics. Both FQHCs have committed to working towards DMC certification within 30 days of contract execution, tentatively slated for early FY 2017-18.

The FQHC SUD clinics and telehealth provider will expand SUD services in historically underserved, rural areas of Fresno County. Fresno County will continue to actively recruit additional providers in rural areas and will require existing providers to offer field based services as appropriate.

Residential services (ASAM Levels 3.1, 3.3 and 3.5): Residential services are provided in a 24-hour, non-institutional, non-medical short-term residential program that provides rehabilitation services to youth, adult and perinatal beneficiaries with a substance use disorder diagnosis when determined by a Medical Director or LPHA as medically necessary; all such services are delivered in accordance with an individualized treatment plan.

The length of stay for residential services may range from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents. A one-time extension of up to 30 days is allowable if medical necessity is met based on reassessment.

Fresno County DBH currently contracts with six adult residential providers within Fresno County, including gender specific and culturally/linguistically specific. At this time four of these providers have been granted provisional ASAM level 3.1 status, and three have been granted provisional ASAM level 3.5 status. Two additional non-contracted residential providers have also obtained ASAM level 3.1 and 3.5 provisional status. Fresno County sent out a letter of

interest for adolescent residential treatment services to prospective bidders and received 4 responses expressing their intention to apply. The RFP has been developed and is expected to be released in February 2018. If ultimately the County does not find a suitable provider, the County will enter into an agreement with one or more out-of-county providers. One out-of-county provider has already made contact and expressed their desire to contract with Fresno.

Fresno County will work to develop ASAM Level 3.3 services within three years of DHCS approval of its DMC-ODS contract either by developing contracts with existing local providers or by contracting with an out-of-county provider.

Fresno County does not currently contract with any residential treatment facilities currently providing ASAM Level 3.7 and Level 4.0 services. Fresno County will coordinate care as necessary, with the County's managed care plans, Anthem Blue Cross and CalViva, to ensure clients receive the appropriate level of care. The County's managed care plans will be responsible for providing authorization for and managing this benefit. The County will ensure that 42 CFR releases are in place in order to coordinate care with inpatient facilities and out-of-county facilities accepting Fresno County clients.

Fresno County case managers will assist individuals screened as requiring ASAM Levels 3.7/4.0 by contacting Fresno County Managed Care plans. The information gathered through the screening process will be discussed with the managed care liaison, who will take over case management duties/linkage to services. For clients transitioning between levels of care 3.7/4.0, the provider would assume case management duties and would coordinate the transition with the managed care plan.

Withdrawal Management (ASAM Levels 1-WM – 3.2): Withdrawal management services are medically necessary habilitative and rehabilitative services provided in accordance with an individualized treatment plan prescribed by a licensed prescriber or licensed physician, and approved and authorized according to the State of California requirements.

The components of withdrawal management include:

- Intake: The process of admitting a client into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- Observation: The process of monitoring the client's course of withdrawal, to be conducted as frequently as deemed appropriate for the client and the level of care the client is receiving. This may include but is not limited to observation of the client's health status.
- Medication Services: The prescription or administration of medications related to substance use disorder treatment services, or the assessment of the side effects or results of that

medication, conducted by staff lawfully authorized to provide such services within their scope of practice or license.

- Discharge Services: The process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the client to essential community treatment, housing and human services.

Length of stay for WM will be determined by the Medical Director according to medical necessity standards and ASAM criteria but will not exceed 14 days.

This level of care is a crucial component of successful treatment and recovery maintenance. It is anticipated that utilization rates for withdrawal management will continue to show moderate growth in the future. Fresno County currently contracts with one provider to deliver ASAM Level 3.2 equivalent services and is currently in contract negotiations with a second provider. The County will encourage these providers as well as other providers to seek DMC certification in order to offer 3.2 WM. Fresno County will work to enhance available withdrawal management services to include other ASAM levels as needed and appropriate.

Opioid (Narcotic) Treatment Program (ASAM OTP Level 1): These services are medically necessary and are provided in NTP licensed facilities in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber. Beneficiaries may be simultaneously participating in OTP services and other ASAM levels of care.

OTP treatment components include intake, individual and group counseling, patient education, medication services, collateral services, crisis intervention services, treatment planning, medical psychotherapy and discharge services. An opioid maintenance criterion is a two-year history of addiction, two treatment failures, and one year of episodic or continued use, pursuant to 9 CCR §10270(d). OTP treatment involves the direct administration of medications on a routine basis as determined by the NTP prescribing physician.

Beneficiaries will receive a minimum of 50 minutes of counseling with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity. Counseling and other services will be provided based on information gathered during the initial needs assessment. Treatment plans will be updated within regulatory timeframes or as new treatment issues present during the course of treatment.

NTP programs will be required to offer and prescribe as needed, Methadone, Buprenorphine, Naloxone, and Disulfiram. In addition, proof of consumer understanding on choices of medications and treatment without medication will be documented in the patient chart.

Fresno County currently contracts with two NTP providers, located in five different locations. Collectively, there are 2,715 NTP slots which are sufficient to meet the treatment demand for Fresno County residents. However, portions of Fresno County are rural which may pose a treatment barrier for residents who live a considerable distance from a contracted NTP provider. Fresno County will work with existing NTP providers to expand NTP service access into rural communities and reduce travel time to less than one hour, using existing models such as the "HUB and Spoke" model that has demonstrated effectiveness in other communities.

The Fresno County Rural Transit Agency (FCRTA) offers services to most every part of rural Fresno County including, in part, the cities of Coalinga, Kerman, Reedley, Orange Cove, Parlier and Sanger with linkage to bus lines in Fresno. Both regular fixed routes and reservation-based, demand-responsive transportation is available. This public transit system is an integral part of services in the County and DBH will work to connect beneficiaries to transportation and necessary services. Additionally, should funding become available and if the need exists, the County may develop additional transportation options for rural beneficiaries to further increase access and decrease travel time.

The County held a focus group related to MAT expansion in October 2016, and met again in April 2017, to discuss MAT expansion efforts. Local NTP providers have voiced their interest and support of that model as well as their intention to apply for the DHCS MAT Expansion Project. Regardless of providers' success with the grant application, Fresno County is committed to ensuring access to these services. Therefore, future RFPs will favor bidders who utilize this model and are able to service rural Fresno County residents through satellite clinics, mobile services or other methods. Additionally, all outpatient and residential providers will be required to develop and implement policies and procedures that allow client access to appropriate MAT services.

Recovery Services (ASAM Dimension 6): Beneficiaries are eligible to receive recovery services as a part of the continuing care phase of treatment, as deemed medically necessary, following discharge from more intensive levels of substance use disorder treatment. During the continuing care phase of treatment, beneficiaries are attempting to remain abstinent from substances of abuse and engage in activities that will help secure recovery gains. Beneficiaries often require formal recovery support as they learn to put into practice the skills that they acquired while in the intensive phases of treatment. Beneficiaries accessing recovery services are supported to manage their own health and health care, use effective self-management support strategies, and use community resources to receive ongoing support. The specific recovery services required for each client served will vary depending on the need of the client, but may include: outpatient individual or group counseling to support the stabilization of the client or reassess the need for further care, recovery monitoring/recovery coaching, peer-to-peer services and relapse prevention, Wellness Recovery Action Plan (WRAP) development, education and job skills training, family support, support groups and linkages to various ancillary services.

Recovery services will be provided by contracted DMC-ODS providers in the community and providers will inform beneficiaries of available recovery services and refer as necessary. Any eligible DMC provider within the network may provide medically necessary recovery services to clients. The County will develop and maintain a directory of agencies that offer recovery services on the DBH website.

Case Management: Fresno County recognizes that case management services are a critical component in assisting clients to achieve recovery goals and to help eliminate barriers that may interfere with goal achievement and recovery maintenance. Case management services will begin from the first contact of the individual with County staff or contracted providers during the screening process. Case management activities during the initial screening may include referrals for medical or psychiatric emergencies prior to referral or admission to substance abuse treatment.

County staff conducting the initial screening will only perform the case management activities required to connect the individual to SUD services and/or crisis medical or psychiatric care. Once an individual is linked to a SUD program, all case management activities will be performed by designated provider staff. The level and quantity of case management services provided will depend on the individual needs identified during the initial intake, shall be incorporated in the client's treatment plan, and address other needs and barriers that present during the course of treatment. Only clients in need of case management will be assigned to a case manager. Client to case manager ratios will vary depending on the complexity of client needs, but is estimated to be between 20 and 50 clients at any given time. Appropriate utilization of case management services will be reviewed during annual contract monitoring reviews for regulatory and contractual compliance through review of client charts. Case management services will be performed by an LPHA or Certified AOD Counselor and at a minimum will include:

- Assessment and re-assessment of client needs for SUD treatment and ancillary services, and development of a plan for supportive services as part of the client's SUD treatment plan, discharge plan, or recovery maintenance services plan.
- Advocacy for and coordination with additional services in the community required to achieve treatment plan goals.
- Coordination with SUD treatment, physical health, mental health and other service providers to ensure that each provider has a comprehensive understanding of the client's service needs and that the treatment/service plans of involved agencies are coordinated and meet the full range of the client's needs.
- Coordination with the referring agency (e.g., parole, probation, child welfare services, CalWORKs) to communicate progress or lack of progress in treatment and develop strategies for ensuring that referring agency requirements are met.
- Assisting the client in accessing benefits needed to help ensure long-term stability.

- Active monitoring and support of clients during transitional periods that place them at high risk for relapse (e.g., release from jail, unplanned exits form treatment, transition of levels of care, returning home to family).

Physician Consultation: Physician consultation will be made available when needed to contracted DMC-certified SUD providers to seek expert advice on designing treatment plans for complex cases to address medication selection, dosing, side effect management, adherence to taking medication, drug-drug interactions or level of care considerations. Physician consultation services will be available through either existing American Board of Addiction Medicine (ABAM) certified Fresno County DBH staff or subcontracted ABAM-certified physicians, addiction psychiatrists or clinical pharmacists. Physician consultation services will be billed by and reimbursed to DMC providers.

Because there is a statewide shortage of ABAM-certified physicians Fresno County DBH will make efforts to encourage medical staff to obtain ABAM certification and will focus recruitment efforts on ABAM-certified physicians.

Additional Service - Medication Assisted Treatment (ASAM OTP Level 1): Additional MAT services include the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber. Currently several County residential providers allow MAT services concurrently. Clients are allowed to dose Methadone off-site and return for regular programming. Going forward, the County will require providers to develop policies and procedures for concurrent treatment of MAT beneficiaries in outpatient and residential modalities. Fresno County NTP providers have indicated that they are already poised to include the use of additional medications including Disulfiram, Buprenorphine and Naltrexone. Fresno County will continue to work with its existing providers to expand access and linkage to appropriate MAT medications within existing modalities and in the rural areas of the County.

Additional Service - Recovery Residences: The County currently contracts for sober living environment housing for its clients, including DMC clients. Recovery residences will be made available to DMC beneficiaries within the limits of available funding.

Coordination with Opt-Out Counties: Disruption in services is not expected to be an issue as out-of-county beneficiaries still can access State Plan Drug/Medi-Cal benefits. Should there be instances when out-of- county beneficiaries receive non-State Plan benefits, Fresno County is committed to coordinating care, establishing contracts, or engaging in other strategies to ensure there is no disruption in services.

Fresno County will establish primary contacts with other Counties to ensure warm hand offs are made within one business day when out-of-county clients are case managed back to the client's county of residence. MOU's will be established with other counties in order to ensure that clients receive comparable services.

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

   Fresno County DBH offers both SUD and mental health services to youth and adults through a combination of county-operated and contracted programs. These services are supervised under a single executive management structure consisting of a Director, Deputy Director of Clinical Services and Division Managers. The DBH Director serves as both Mental Health Director and Alcohol and Other Drug (AOD) Program Administrator.

   In 2014 all contracted SUD and mental health services contract oversight functions were moved into one integrated division, housed together to facilitate better communication and coordination, and managed by one Division Manager to ensure consistency and improved care coordination.

   DBH currently has contracts for co-occurring services specific to the AB109 population and for youth incarcerated at the County's Juvenile Justice Center (JJC). DBH's AB109 contractor offers SUD, mental health and co-occurring services on the same campus, as does the JJC. For the JJC program, once juveniles are released from custody, they are seamlessly transitioned to an outpatient program operated by the same service provider.

   DBH executed a master agreement on November 14, 2017 with one Federally Qualified Health Care Center (FQHC) to provide a full array of integrated primary care, SUD and mental health services at multiple locations throughout the County. The master agreement allows for additional FQHCs and rural clinics to be added to the agreement with relative ease. Additional FQHCs and rural clinics have expressed interest in being added to the agreement. Contract negotiations with these FQHCs and rural clinics will occur over the next year and are expected to greatly enhance available services in rural areas.

   Additionally, several residential contracted providers also integrate mental health services into their service delivery models, though those services are not currently funded by DBH SUD Services.

   All SUD contractors will be required to utilize the ASAM Criteria and a standardized assessment tool which will screen for both SUD and mental health disorders. Providers will be required to include in the client's treatment plan an objective to obtain further assessment of the mental health disorder, and a coordinated referral to mental health treatment and/or direct provision of mental health services by the SUD treatment provider.

Additionally, all DBH access points will screen for both SUD and mental health issues. Those clients screened as needing co-occurring services will be referred to co-occurring providers to the extent possible. Finally, the addition of case management as a DMC benefit will help to ensure that those with mental health treatment needs will be provided with linkages and better access to these services.

Integration with mental health will be monitored through annual review of health questionnaires, assessments, treatment plans and progress notes.

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

   DBH is now in contract negotiations with two FQHCs to provide a full array of integrated primary care, SUD and mental health services at multiple locations throughout the County. SUD and mental health services will be located on or near existing primary care clinics. Individuals identified through the primary care clinics' screening process will be provided with SBIRT services and/or referred to the FQHCs SUD and/or mental health clinics. After launch of the integrated services with these two FQHC providers, DBH intends to expand primary care integration with additional health providers.

   Fresno County will also amend existing MOUs with its two managed care providers, Anthem Blue Cross and CalViva, to include provisions intended to ensure coordination, collaboration and communication with Fresno County SUD Services and SUD contracted providers.

   Fresno County DBH participates on a multi-agency coalition, the Safe Prescribing Task Force, which includes regional hospitals, the Fresno County Department of Public Health, and community providers to organize and provide physician education around safe prescribing practices. The task force participants are also working on developing a web site, media materials and public service announcements and safe prescribing guidelines for area hospitals and medical offices.

   All SUD providers will be required to list in each client's individualized treatment plan a goal of obtaining a physical exam (if a physical exam has not been conducted within the past 12 months) along with any existing physical health conditions to ensure progress in this area is continually evaluated. For clients who have obtained a physical exam within the past 12 months, providers will make attempts to obtain documentation of the exam. To the extent possible, authorization from clients will be obtained to communicate with relevant medical providers to coordinate care and to create shared treatment plans to address each client's physical health needs.

   Integration with physical health will be monitored through annual review of health questionnaires, assessments, treatment plans and progress notes.

7. **Coordination Assistance**. The following coordination elements are listed in the STCs. Based on discussions with your health plan and providers, do you anticipate substantial challenges and/or need for

technical assistance with any of the following? If so, please indicate which and briefly explain the nature of the challenges you are facing.

- Comprehensive substance use, physical, and mental health screening;
- Client engagement and participation in an integrated care program as needed;
- Shared development of care plans by the client, caregivers and all providers;
- Collaborative treatment planning with managed care;
- Navigation support for patients and caregivers; and
- Facilitation and tracking of referrals between systems.

While it is not anticipated that significant challenges related to the coordination elements listed above will materialize, Fresno County will take advantage of any technical assistance opportunities offered by DHCS.

8. **Availability of Services.** Pursuant to 42 CFR 438.206, the pilot County must ensure availability and accessibility of adequate number and types of providers of medically necessary services. At minimum, the County must maintain and monitor a network of providers that is supported by written agreements for subcontractors and that is sufficient to provide adequate access to all services covered under this contract. In establishing and monitoring the network, describe how the County will consider the following:
   - The anticipated number of Medi-Cal clients.
   - The expected utilization of services by service type.
   - The numbers and types of providers required to furnish the contracted Medi-Cal services.
   - A demonstration of how the current network of providers compares to the expected utilization by service type.
   - Hours of operation of providers.
   - Language capability for the county threshold languages.
   - Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and first DMC-ODS treatment service, timeliness of services for urgent conditions and access afterhours care, and frequency of follow-up appointments in accordance with individualized treatment plans.
   - The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities
   - How will the county address service gaps, including access to MAT services?
   - As an appendix document, please include a list of network providers indicating, if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat (i.e., adolescent, adult, perinatal).

Anticipated Number of Medi-Cal Clients: The total population of Fresno County is 974,861 of which approximately 481,000 (49.35% of the population) are enrolled in Medi-Cal. Based on the U.S. Census data, 39,444 of the county's residents are under the age of 5 and are therefore excluded from projections of the anticipated number of Medi-Cal clients needing SUD treatment services. Of the remaining 894,922, an estimated 441,577 are enrolled in Medi-Cal.

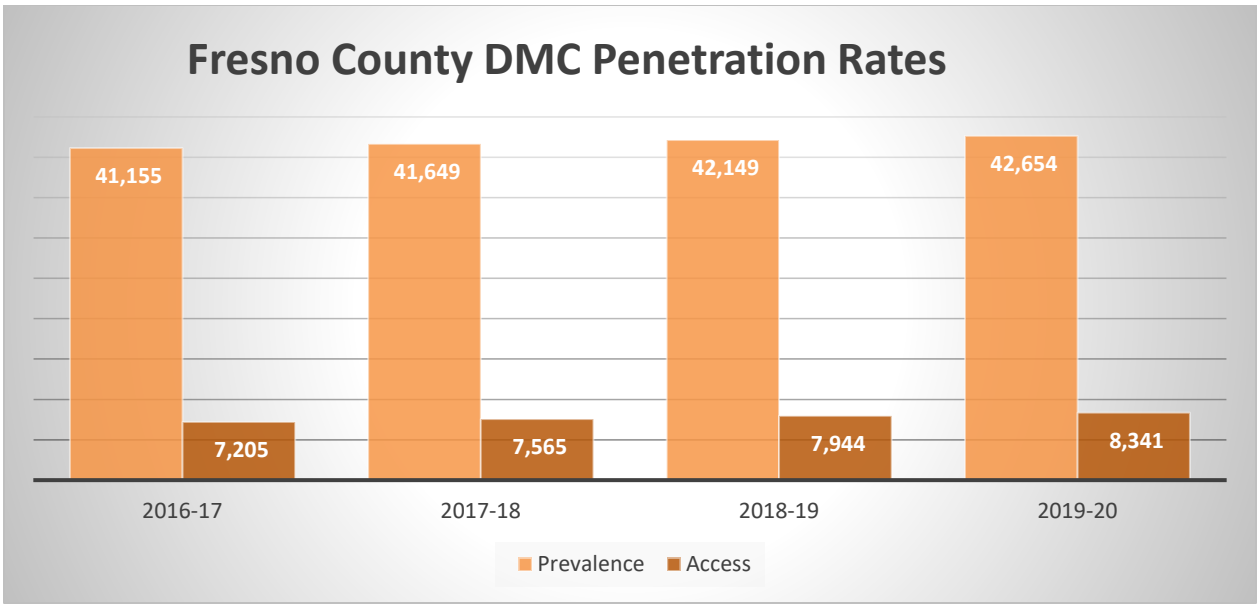
According to the 2015 National Survey on Drug Use and Health (NSDUH) data, approximately 8.1% of people 12 years and older need SUD treatment. Nationwide that represents approximately 21.7 million people. The study further reported that only 10.8% of the estimated population needing treatment actually received treatment. The California Department of Health

Care Services estimated 8.15% of youth and 8.83% of adult California residents have substance use needs (California Mental Health and Substance Use System Needs Assessment, Final Report: February 2012). The 2012 DHCS report further indicates that Fresno County's SUD treatment needs rate is 9.32%, which is above both the nationwide and statewide estimated prevalence rates. Based on the County's Medi-Cal enrollment, and considering the NSDUH and DHCS prevalence data, the estimated number of Medi-Cal beneficiaries needing SUD treatment in Fresno County is between 35,768 and 41,155.

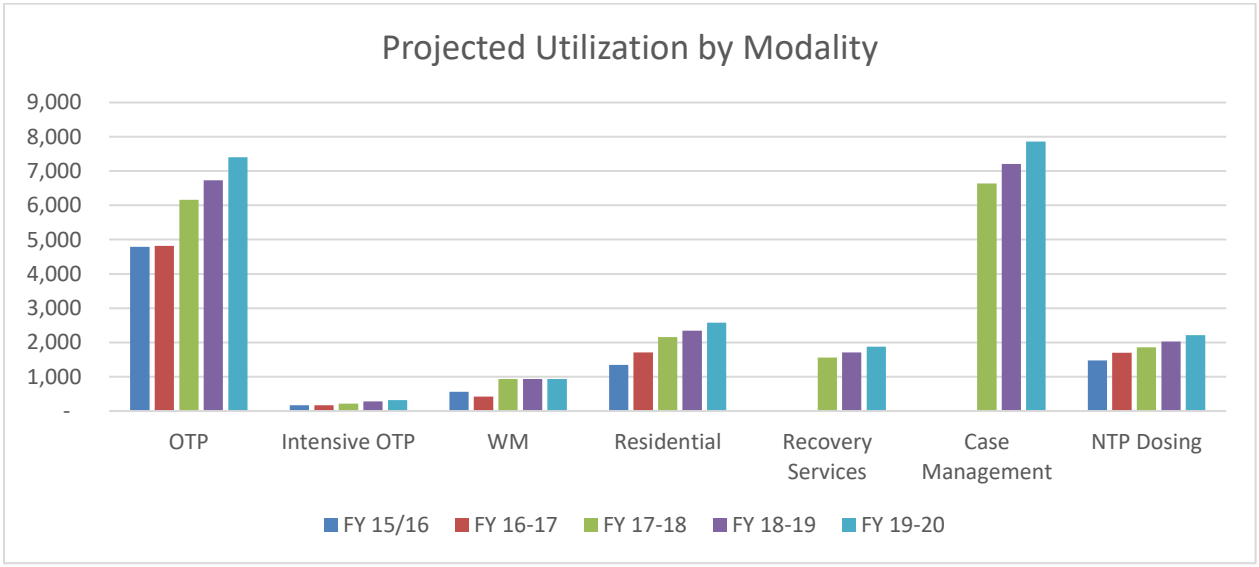
Prevalence Rates

	County Population	Medi-Cal Enrolled	Nationwide 8.10%	Statewide 8.15%/8.83%	Fresno County 9.32%
Adolescent	279,785	138,053	11,182	11,251	12,867
Over 18 Years	615,137	303,524	24,585	26,801	28,288
Countywide Totals	**894,922**	**441,577**	**35,768**	**38,052**	**41,155**

The projected penetration rate, individuals who need services and are accessing services, for fiscal year 2016-17 in Fresno County is anticipated to be 17% based on SUD treatment access data. The higher than typical penetration rate for the fiscal year is primarily the result of a significant increase in the number of Medi-Cal eligible adults accessing outpatient treatment and an expansion in the number of contracted residential treatment beds (from 61 beds to 140 beds). Projected penetration is expected to continue to increase between 17% and 20% during the DMC-ODS waiver demonstration period as outpatient treatment services expand in the rural areas of the County through the use of telehealth, field based services and new treatment sites. Medi-Cal enrollment for the rural areas accounts for 58% of the rural population or 29% of the countywide population. Fresno County anticipates serving 7,205 beneficiaries in fiscal year 2016-17 and 7,565 in fiscal year 2017-18 which translates to a 5% growth in services provided. The estimated annual increase in Medi-Cal enrollment of 1.2%, reflected in the graph below, is based on the California County-Level Economic Forecast 2015 – 2040 report that forecasts County population growth at this rate through 2020.



Expected Utilization of Services by Type: In fiscal year 2015-16 7,527 unique clients accessed SUD treatment in Fresno County resulting in 8,338 admissions to treatment services. In fiscal year 2016-17 the number of unique clients served is projected to be 8,279 with 9,763 admissions. The variance between unique clients and admissions is primarily due to clients accessing more than one modality of service or exiting and re-entering treatment and factoring in access to the new DMC-ODS services. The table below provides further utilization detail by modality.



Withdrawal Management – Fresno County is in the process of increasing the number of county-contracted withdrawal management beds. The projected withdrawal management admissions for fiscal year 2016-17 is 502. Admissions in fiscal year 2017-18 and beyond are projected to remain steady at 939 annually.

Residential – There were 1,350 admissions to residential services in fiscal year 2015-16 with an average length of stay of 52 days for men and women and 88 days for perinatal services. The

County increased the number of contracted residential SUD treatment beds in fiscal year 2016-17 by 79 beds. The projected utilization for fiscal year 2016-17 is 1,992 admissions. The implementation of ASAM criteria is expected to increase the identification of need for residential treatment. The County will monitor access for these services and increase beds as needed.

Outpatient/Intensive Outpatient – Current lengths of stay for outpatient and intensive outpatient are 81 and 118 days respectively. Outpatient services expansion to the rural areas of the county is currently in progress through the establishment of new DMC-certified locations and the implementation of telehealth.

Recovery Services and Case Management – No data is available for either recovery services or case management because these services have not previously been available in Fresno County primarily due to a lack of funding. Historically, SUD treatment providers have included referrals to ancillary services during routine interaction with clients but recovery services have not been provided. Fiscal year 2015-16 completion rates for outpatient, intensive outpatient and residential services were 28%, 15% and 46% respectively. Utilization has been projected based on these rates and estimated admissions for outpatient, intensive outpatient and residential services. The graph above assumes approximately 70% of clients will access case management and 15% of clients will access recovery services.

Narcotic Treatment Program – NTP services have been widely available in Fresno County and account for approximately 18% of admissions. Two NTP providers are currently operating in the metropolitan area of the county. Expanding services to the rural regions will be a priority for the DMC-ODS. The estimated annual growth for NTP services is 9.2% based on historical County data.

Physician Consultation – Physician consultation is a new benefit to provide consultation services between physicians to address MAT medication selection, dosing, side effect management, adherence, drug-drug interactions and level of care considerations. Utilization of physician consultation services are not projected to be high until MAT services are established. Projected utilization is not included in the graph above due to minimal access expected for this service.

Numbers and Types of Providers Required: The County anticipates utilizing its existing provider network to serve the DMC eligible population for all required modalities. Additional providers will be added as needed. Geographically underserved areas will be served by certified providers that employ field-based services and telehealth technology. DBH will also actively pursue MAT expansion in the County to better serve clients.

Fresno County currently contracts with 14 outpatient providers with locations in 45 sites across the county. Four serve adults exclusively and three serve only adolescents. Eight of those providers are also certified to provide intensive outpatient services. There are currently no wait lists in any outpatient/intensive outpatient program.

Fresno County contracts with six residential providers (including perinatal, men's, women's and monolingual for Spanish-speaking men) and one withdrawal management provider. It is anticipated that additional residential and withdrawal management beds will be required. Fresno County currently contracts for 140 residential beds; providers have indicated actual capacity for expansion of up to approximately 400 beds (residential and withdrawal management combined). Fresno County is aware of two additional non-contracted residential providers that have already received provisional ASAM designations.

Upon waiver implementation, RFP's will be solicited to develop additional providers and to access the approximately 260 additional residential slots available within our existing provider network. It is expected that the additional 260 residential slots will be more than adequate to meet demand. At this time, there does not appear to be the need to contract additional beds out of county, however, should the need arise, additional out-of-county beds will be sought.

Fresno County contracts with two NTP providers in five locations. Currently there are 2,715 NTP slots which are sufficient to meet the treatment demand for Fresno County residents. However, portions of Fresno County are rural which may pose a treatment barrier for residents that live a considerable distance from a contracted NTP provider. Fresno County will work with existing providers to expand NTP service access into rural communities using existing models such as the "HUB and Spoke" model that has demonstrated effectiveness in other communities.

Hours of operation: Outpatient and intensive outpatient services will be provided at least five days per week between the hours of 8:00 a.m. and 7:00 p.m. depending on service location. Residential and withdrawal management services are available 24 hours per day, seven days per week. NTP services will be available seven days per week from 5:00 a.m. until 2:00 p.m. Providers hours are subject to change, however, they must be equivalent to those offered to non-Medi-Cal populations. Providers are required by AOD Program Certification Standards Section 26020 to post hours of operation, and Fresno County monitoring staff verify that this requirement is met through its regular monitoring activities.

Language Capability for Threshold Languages: The threshold languages in Fresno County include English, Spanish and Hmong. Fresno County providers will be required to provide translation and interpretation services to clients, as needed. Providers are required to include in their fiscal planning sufficient funding to provide these services. Additionally, Fresno County requires each of its providers to submit a Culturally and Linguistically Appropriate Services (CLAS) plan within 60 days of contract execution and to complete a CLAS Self-Assessment annually in order to promote ongoing awareness and compliance and to allow providers the opportunity to update their plan as services and cultural competency within their organizations evolve. Providers that do not have the capability at any given time to serve Spanish or Hmong speaking clients are required to have a plan to accommodate or refer these clients.

Timeliness Requirements: Fresno County DBH is committed to engaging beneficiaries in the appropriate treatment modality as soon as possible. The timeliness standards below are

maximum standards, however DBH will encourage contracted providers to admit clients into treatment sooner.

First contact: Within 10 business days of the request
Urgent conditions: Within 48 hours of request
Afterhours care: Access to afterhours care is provided through the 24/7 access line. Beneficiaries who are in crisis will be referred to available SUD treatment or the Emergency Room.
Frequency of Follow-up: According to individualized treatment plan.

Geographic Location of Providers and Medi-Cal Beneficiaries: Fresno County is geographically large, encompassing about 6,000 square miles. Fresno County's population is approaching 975,000 with nearly 64% of residents living in the cities of Fresno and Clovis. Referrals to treatment will consider distance traveled (a maximum of 60 miles for outpatient and 45 miles for OTP) by personal transportation or public transportation where available. In some rural, underserved areas with low population density, every effort will be made to link clients with appropriate treatment providers through telehealth coupled with in-person visits as appropriate and necessary.

Service Gaps: Geographically underserved areas will be served by certified providers that employ field-based services and telehealth technology. DBH will also actively pursue MAT expansion in the County to better serve clients. One Fresno County MAT provider has received a Hub and Spoke grant. Fresno County has had several meetings with the provider and has verbally voiced its commitment to assisting the project to expand its reach into rural areas, particularly in the region of Coalinga, by providing access to various workgroups attended by regional physicians and hospitals. Another existing provider has also verbally committed to exploring expansion of MAT services into rural communities in which the hub and spoke provider does not operate. The County is working to coordinate the efforts of both of the providers. Bus transportation is available in most rural communities including Coalinga; however, the County will also give preference to providers that address transportation barriers through the selective contracting process.

All DMC-ODS providers will be contractually required to be fully compliant with the Americans with Disabilities Act requirements.

- As an appendix document, please include a list oew3f network providers indicating, if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat (i.e., adolescent, adult, perinatal).

9. **Access to Services.** In accordance with 42 CFR 438.206, describe how the County will assure the following:
    - Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.

- Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients.
- Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.
- Establish mechanisms to ensure that network providers comply with the timely access requirements.
- Monitor network providers regularly to determine compliance with timely access requirements.

How Fresno County/Providers will Meet Standards for Timely Access to Care and Services/Monitoring: Fresno County will ensure timely access to care and services is met through a variety of means. Language related to timeliness requirements will be included in all solicitations for services and contracts. Adherence to these requirements will be monitored by County staff and addressed at monthly Quality Improvement Committee meetings, BHB SUD Subcommittee meetings and directly with providers as needed.

Standards for Timely Access: System access points, including the 24/7 Access Line, County Departments, and provider sites, will give consideration to urgency of the need for services. Treatment providers will make initial appointments available to clients in need of urgent services within 48 hours. Priority populations, such as pregnant IV drug users, pregnant or parenting users, and IV drug users, will be considered to have an urgent need for treatment. First service appointments for non-urgent services will be offered within 10 days. Question 12 below, provides additional information about timeliness/access monitoring processes.

Hours of operation: All providers are required to maintain hours of operation for Medi-Cal beneficiaries that are equivalent to those offered to non-Medi-Cal populations. Access to afterhours care is offered through the 24/7 access line. Trained staff will answer phone calls and make referrals accordingly. If a client is in crisis they will be referred to available SUD treatment or the emergency room.

24/7 Availability: Services will be made available to clients 24/7 when medically necessary through the Access Line and at residential treatment modalities. The Access Line will offer 24/7 assistance, triage calls to assist clients who may require emergency services, and schedule appointments with treatment providers for non-urgent services. Residential providers have clinical staff on-site at all times, accessible to clients, if needed.

Mechanisms to Ensure Compliance: Provider contracts will include compliance language with timely access standards to ensure clients are offered services based on urgency and availability within the time limits described above. Provider monitoring processes will include a review of client access data. Providers that are determined to be non-compliant with the timely access standards will be required to develop a corrective action plan to improve their admissions process. For providers with corrective action plans, County monitoring staff will conduct monthly reviews of provider access data until a determination is made that the provider has met the timeliness standards. Contracts may be considered for termination if a provider does not achieve minimum standards after a reasonable amount of time.

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

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

    Provider Training: Fresno County DBH will develop an annual training plan for all DMC-ODS providers and will include training participation as a contractual obligation. The following are examples of annual trainings that may be required for all contracted providers:

Training Topics	Frequency	Attendance Requirement
ASAM Multidimensional Assessment	Within 30-days of contract execution	Required
From Assessment to Service Planning and Level of Care	Within 30-days of contract execution	Required
Title 22/Documentation	Annually	Required
DMC Billing/EHR	Within 60-days of contract execution	Required and as needed
Compliance	Annually	Required
Ethics/Confidentiality	Annually	Required
CalOMS	New contractors – within 60-days of contract execution	Required and as needed
CLAS (and or other Cultural Competency Training)	As needed	Required
Evidence Based Practices (EBP)	Annually	One EBP training required annually
DSM-5	As needed	Optional - as needed
Co-Occurring Disorders	As needed	Optional
Medication Assisted Treatment (MAT)	As needed	As needed
Peer Support Services	As needed	Optional

    Additional provider training opportunities will be offered by County staff or arranged by County staff as available resources allow. Fresno County will obtain all registrations required to be an approved continuing education provider with the DHCS approved AOD certifying organizations and the Board of Behavioral Sciences to ensure quality continuing education for providers.

Fresno County requests assistance and training in Motivational Enhancement Therapy (MET) and Dialectical Behavioral Therapy (DBT).

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

    The County will request technical assistance from DHCS if its efforts for MAT expansion stall or fail. The County would also like technical assistance related to program fidelity monitoring of evidence based practices, the protocol for making Plan amendments (if needed) and additional in-person ASAM training (after waiver implementation) for County staff and contracted providers.

12. **Quality Assurance.** Describe the County's Quality Management and Quality Improvement programs. This includes a description of the Quality Improvement (QI) Committee (or integration of DMC-ODS responsibilities into the existing MHP QI Committee). The monitoring of accessibility of services outlined in the Quality Improvement Plan will at a minimum include:
    - Timeliness of first initial contact to face-to-face appointment
    - Frequency of follow-up appointments in accordance with client centered treatment plans
    - Timeliness of services of the first dose of NTP services
    - Access to after-hours care
    - Responsiveness of the beneficiary access line
    - Strategies to reduce avoidable hospitalizations
    - Coordination of physical and mental health services with waiver services at the provider level
    - Assessment of the beneficiaries' experiences, including complaints, grievances and appeals
    - Telephone access line and services in the prevalent non-English languages.

    Review Note: Plans must also include how beneficiary complaints data shall be collected, categorized and assessed for monitoring Grievances and Appeals. At a minimum, plans shall specify:

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

    Quality Assurance: Fresno County has an integrated Quality Improvement Committee (QIC) that is chaired by the Quality Improvement Coordinator/designee. Members include the following:

    a. DBH Director
    b. DBH Deputy Directors
    c. Medical Director
    d. Managed Care Division Manager
    e. Outpatient Division Manager (s)
    f. Quality Improvement Coordinator (Chair)

g. Quality Improvement Clinical staff (Substance Abuse QI Clinical staff will be attained in the future)
h. Cultural Competency Coordinator
i. Workforce Education and Training (WET) Coordinator
j. Research and Evaluation (Epidemiologist)
k. Patient Advocate
l. Clients (mental health and SUD)
m. Representatives from Peer Support, Parent Support, and Family Advocate programs
n. Representatives from contracted SUDS Providers
o. Representatives from contracted MH Providers.

DBH also has an Outcomes Committee that monitors programs for success. The committee utilizes the same procedures that are used for mental health. Some of the elements that are collected are recidivism rates, number of no shows and cancellations. An example of the data that is currently collected is the number of days that a client has been to jail, homeless or hospitalized before they receive treatment and after they receive treatment. If the outcomes suggest a problem in a program, DBH requires performance improvement.

QI staff will monitor timeliness to first face-to-face service by creating reports based on the initial contact (via phone or in person). These data points will be recorded in the electronic health record by the Access Line staff, SUD Services or individual providers for walk-ins. This initial contact will then be verified against the entry date to the treatment program, which will also be tracked in the provider's EHR. Fresno County's year one goal of first contact for all providers and modalities will be 10 days. There is currently no wait time for access to MAT services in Fresno County. This is not expected to change with waiver implementation.

The DMC-ODS QI objectives focus on similar information currently monitored for mental health services. The SUD QI Work Plan will be incorporated into the existing Department QI Work Plan, including SUD-specific monitoring measures and goals. Additional monitoring may be added as necessary to fulfill Waiver requirements and improve services for beneficiaries. Fresno County SUD's EHR, myAvatar, will be the primary data source used to evaluate access to care. SUD Providers without an EHR, will be required to use myAvatar. SUD Providers opting to use their own EHR will be required to submit a data file for update/upload on a specific interval. DBH SUD intends to track the same accessibility to services data that is currently tracked for mental health as well as including Waiver required data. The QI team has already included SUD statistics in a report that compiles and compares data points from the Access Line calls. These data points are outlined below:

- Timeliness between initial contact to first face-to-face appointment: Access Line staff will enter call information for each individual who contacts the Access Line. The client's initial appointment with a treatment provider will be entered into the EHR when the appointment date and time are confirmed. This data can be pulled to compare system access to the established timeliness standards.

- Timeliness of services for urgent conditions will be tracked in the same way as initial contact to first face-to-face appointment. SUD Services will follow up the next business day with beneficiaries who are sent to the emergency room. Information regarding the outcome of the emergency room visit will be entered into myAvatar. According to the Department of Managed Health Care urgent conditions are defined as when an "enrollee faces an imminent and serious threat to his or her health including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process would be detrimental to the enrollee's life or health or could jeopardize the enrollee's ability to regain maximum function."
- Timeliness of first dose of NTP: SUD Services will monitor timeliness for dosing in the same manner as timeliness for all other services. Because the NTPs have their own EHR system, the providers will be required to upload client data to myAvatar through a data transfer process at periodic intervals to be determined, but not less frequently than monthly.
- Frequency of follow-up appointments compared to a client's individualized treatment plan can be reviewed in myAvatar as well as through the site review process.
- Access to afterhours care is offered through the Access Line (described in Section 3," Beneficiary Access Line"). Trained staff will answer phone calls and make referrals accordingly. If a client is in crisis they will be referred to available SUD treatment or the Emergency Room.

Responsiveness of the Access Line will be tested monthly. DBH has established a minimum of seven test calls per month with at least two of these calls in threshold languages. The test calls validation includes:

- Accurate name, date, phone number logged
- Was the caller assessed for crisis?
- Was appropriate information given on how to access SUD services?
- Was free language assistance offered?

Test calls to clinics and providers are also intended to ensure: professionalism, helpfulness, access to care, and overall consumer satisfaction. These test calls are summarized and reported at QIC monthly meetings. These same reports are distributed to Access Line, clinic directors and supervisory staff to initiate needed training to strengthen any areas found to be deficient.

Strategies to avoid hospitalization will be included in the QI processes. QI will assess services to determine whether or not procedures in place are causing avoidable hospitalizations and if so County and providers will be notified and required to amend their procedures and redirect staff.

DBH assesses beneficiaries' experiences by doing consumer perception surveys and Performance Improvement Projects (PIPs).

DBH will monitor the number, percentage and time period of treatment authorization requests approved or denied by SUD Services staff inputting data into myAvatar. This information can then be retrieved in reports for QI purposes.

DBH also monitors all SUD programs at least annually for compliance with DMC regulations, State program certification standards and SAPT Block Grant requirements, where applicable, cultural competence (including CLAS standards) and disabled accessibility standards, staffing qualifications, maintenance of a clean and safe facility, implementation of evidence based practices and policies and procedures for coordination with physical health and mental health services. Contract monitoring activities include both an administrative desk review and onsite review activities which include interviews with program managers, review of program policies and procedures, client charts, personnel files, and a facility walkthrough. Both the administrative desk review and onsite activities utilize standardized monitoring instruments. Staff Analysts conduct the administrative desk review portion of the review; Substance Abuse Specialists (certified SUD counselors) complete the onsite review tasks. All monitoring site reviews result in a written report with a requirement for a corrective action plan to be submitted to the Department if deficiencies are found. Prior to waiver implementation, monitoring instruments will be updated to include additional items specific to the Waiver.

Each county's Quality Improvement Committee will review the following data at a minimum on a quarterly basis since external quality review (EQR) site reviews will begin after DMC-ODS implementation. These data elements will be incorporated into the EQRO protocol:

- Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment
- Existence of a 24/7 telephone access line with oral interpretation in all 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

Fresno County DBH will modify existing QI plan goals and objectives to monitor service accessibility standards of DMC-ODS implementation by:

- Recording initial request system-wide to measure number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment;
- Conducting reviews of the access line for individuals seeking substance use treatment and establish a new after-hours call service protocol including the needed translation services;
- The monitoring of accessibility of services outlined in the Quality Improvement Plan will at minimum include: Coordination of physical health services with waiver services at the provider level.
- Reviewing trends including grievances and change of provider and identify areas of DMC-ODS implementation that are in need of improvement.

Assessment of Client Experiences, Including Grievances and Appeals: Fresno County DBH has an established and functional problem resolution process for mental health services. This process will be expanded to include problem resolution related to SUD services. The process is in compliance with 42 CFR 438 and State requirements for the Mental Health Plan. If DHCS releases any specific new or varied requirements related to SUD DMC-ODS, the process will be modified to address those as well.

Problem resolution information will be provided to beneficiaries in a variety of ways. The information will be included in the informing materials given to beneficiaries at the time of admission. Information on the Grievance, Appeal, Expedited Appeal and the State Fair Hearing process will also be posted in service locations. Problem resolution forms along with self-addressed envelopes will be made available in conspicuous areas at all service locations where beneficiaries may access them without having to ask staff for them. Additionally, problem resolution materials will also be available in all threshold languages (English, Spanish, Hmong). Problem resolution information can also be communicated through the DBH 24/7 toll free Access Line as well as our TTY line. Beneficiaries will be informed of their right to access Patients' Rights Advocacy Services for assistance and representation in the Appeals Process. Providers are encouraged to attempt to resolve issues with beneficiaries locally when possible as an alternative to the formal problem resolution process, but the client may utilize the problem resolution process regardless of whether or not they participate in local efforts to resolve the issue.

Grievances and appeals may be filed in writing or verbally by phone. An appeal filed by phone requires written follow up from the client. Grievances and expedited appeals do not require written follow up. Designated staff from DBH will be assigned to collect and review all problem resolution requests. When received, a letter acknowledging receipt is sent to the client. Grievances, appeals, expedited appeals and State Fair Hearings will be logged and tracked. The log currently includes those elements required for mental health services and will be updated to meet any DHCS guidance for SUD services.

Resolution timelines will be followed as outlined in 42 CFR 438 and the contract with DHCS. Grievances will be resolved within 60 calendar days, Appeals will be resolved within 45 calendar days and expedited appeals will be resolved within three working days. An extension of 14 calendar days is allowed if requested by the client or if staff determines that there is a need for additional information and that the delay is in the consumer's interest. If not requested by the client, written notice of the extension is provided to the client explaining the reason. A Notice of Action (NOA) is provided if timelines are not met. NOA's include information on how to file a State Fair Hearing if desired. For appeals, treatment services will continue if the client makes a request for services to continue within 10 days of receipt of an NOA.

For grievances, appeals and expedited appeals, resolution letters are sent to the client and include the results of the program resolution process.

Beneficiaries have the right to request a State Fair Hearing if ever they are dissatisfied with the DBH response to an appeal or if they have received a NOA. A client may file the request within 90 calendar days of the DBH decision. Should a client chart for a State Fair Hearing within 10 calendar days of the receipt of an NOA, under certain circumstances the existing level of services may be maintained pending the outcome of the hearing.

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?

Fresno County will require DMC- ODS providers to implement Motivational Interviewing and at least two of the remaining four evidence based practices (EBP's) listed in the Special Terms and Conditions (STC's:

- Psycho-Education
- Trauma Informed Treatment
- Cognitive Behavioral Therapy
- Relapse Prevention

Motivational Interviewing (MI) will be mandatory for all DMC-ODS providers. The two additional EBP's may be chosen by each provider. However, since psycho-education and relapse prevention is standard practice in most treatment programs, providers will be encouraged to implement trauma informed treatment and cognitive behavioral approaches if these EBPs are not already being utilized and are relevant to the population that the provider serves. In an effort to assist providers in selecting and implementing EBPs, Fresno County will offer at least one annual training on a selected EBP to all DMC-ODS contracted providers.

Fresno County DBH will ensure compliance with the minimum standards in the STC's for use of EBP through:

- Mandating the utilization of Motivational Interviewing and incorporating the two EBP minimum requirements listed in the STC's in all Request for Proposals for DMC-ODS services.
- Contractual provisions for all DMC-ODS service providers to implement MI and at least two of the identified DMC-ODS EBPs. The specific EBPs chosen will be named in the contract, as well as an explanation of how the provider will internally monitor for staff training, quality of delivery, and EBP fidelity.
- Annual self-assessment of implementation progress and fidelity to EBPs.
- Annual contract monitoring reviews for regulatory and contractual compliance through review of policies and procedures, charts, files, and group observation. Contract monitoring tools will be adjusted to monitor for staff training on EBPs, the inclusion of EBPs on the client's treatment plan, and evidence of the use of EBPs documented in progress notes.
- County provision of technical assistance when deficiencies are identified.

- Requiring a corrective action plan (CAP) to be submitted to address EBP deficiencies identified through provider self-assessment or during annual contract monitoring reviews. CAPs must include the action to be taken to remedy the deficiency, identify the person(s) responsible and provide a time-frame for the correction.
- Financial penalties including the withholding of payment, recoupment of funds, and/or contract termination for continued non-compliance with EBP requirement if technical assistance, training, and other supportive efforts do not resolve the issue.

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)?

    Not applicable.

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

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

    - Comprehensive substance use, physical, and mental health screening, including ASAM Level 0.5 SBIRT services;
    - Beneficiary engagement and participation in an integrated care program as needed;
    - Shared development of care plans by the beneficiary, caregivers and all providers;
    - Collaborative treatment planning with managed care;
    - Delineation of case management responsibilities;
    - A process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved;
    - Availability of clinical consultation, including consultation on medications;
    - Care coordination and effective communication among providers including procedures for exchanges of medical information;
    - Navigation support for patients and caregivers; and
    - Facilitation and tracking of referrals.

    The Department is currently working to amend its existing MOUs and required policies and procedures with the two Medi-Cal Managed Care Plans in Fresno County, Anthem Blue Cross and Cal-Viva Health. The MOUs will outline mechanisms for sharing information and coordination of service delivery and include the clinical integration elements listed above.

    All provisions will be in compliance with 42 CFR Section 438. MOUs and associated policies and procedures will be complete prior to the DMC-ODS Waiver implementation date. A copy

of the amended MOUs will be sent to DHCS when approved and will become an addendum to the Implementation Plan. MOU approval is projected for May/June 2018 or within 60 days prior to waiver implementation.

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

    Fresno County has already contracted with a provider that will offer Telehealth SUD services to rural Fresno County residents when it is determined that services are medically necessary. The program follows both ASAM protocols and Medi-Cal procedures for treatment continuation. Telehealth services are currently available for outpatient services in the western Fresno County communities of Coalinga, Huron, Mendota and Firebaugh. Services are expected to be expanded into Kerman, and possibly additional eastern Fresno County communities by June 2018.

    Fresno County will monitor the utilization of telehealth SUD services for efficacy and feasibility, and will make efforts to expand the service as needed. The standard of care for telehealth will be equivalent to that of in-person treatment. Prior to waiver implementation, policies and procedures will be developed to ensure informed consent, confidentiality and privacy protections in accordance with 42 CFR, Part 2, and to ensure that adequate infrastructure to support this service exists. Telehealth treatment will be monitored at least annually.

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?

    Contracting Process: Fresno County DBH has one county-operated SUD program, Pathways to Recovery, and contracts with 17 community-based SUD providers for outpatient, intensive outpatient, residential and withdrawal management services. DMC certification is already in place for the county-operated program and sixteen of the community-based providers. The county will continue to work with the remaining providers and any new organizations interested in providing SUD services through the DMC-ODS waiver to become DMC certified. Upon DMC-ODS waiver implementation, contracted providers will be required to expand services to include the newly reimbursable DMC-ODS services of case management, recovery support services and physician consultation. Providers will also be encouraged to expand services into rural areas of the county where there is limited access under the current SUD delivery system.

    DBH will issue a formal bid request following the County's established purchasing guidelines. The bid request will: (1) outline the minimum service expectations for all modalities; (2) describe the minimum criteria providers must meet to qualify for a contract; and (3) describe the bid review and approval process. DBH will ensure that selection and retention of providers

complies with the terms and conditions of the waiver and applicable federal laws and regulations. Selective contracting policies and procedures will be applied equally regardless of the status of the organization and without regard to whether a provider treats persons who require high-risk or specialized services. If DBH is unable to procure a sufficient quantity of services through local providers for a particular modality of treatment then providers from outside the county may be offered contracts to meet the client needs.

If a current DMC-certified provider is not offered a new contract, the County will ensure any service gap is filled as rapidly as feasible by working with other DMC-certified providers to expand existing services or establish services in new locations. Additionally, new providers will be sought to ensure gaps are not disruptive of client treatment needs. Upon termination or non-renewal of a contract:

- The provider is to supply DBH with a list of all current clients.
- The provider is to ensure the uninterrupted treatment of all beneficiaries by immediately facilitating the transfer of clients to alternative providers as appropriate.

Fresno County will work with existing providers to implement additional MAT beyond the requirement for NTP services.

Term: The term of the contract will be for three years with two optional one year extensions. Providers will be required to submit updated budgets annually prior to the beginning of the new contract year. Providers will be monitored throughout the term of the contract to ensure quality of services and efficient use of funds.

Denial Appeals: Bidders that do not meet the minimum criteria to receive a contract will be sent a denial letter, including the reason for denial. A bidder can appeal the decision by following the County's denial appeal process described in the bid request document. The County's appeals process is a structured formal process that allows the bidder to take their appeal ultimately to the Board of Supervisors. When the County's appeals process is exhausted, bidders will be notified of their right to file an appeal with DHCS.

18. **Additional Medication Assisted Treatment (MAT).** If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system.

    Fresno County will work with existing providers to implement additional MAT beyond the requirement for NTP services. These providers have indicated that they already have policies and procedures in place as well as the experience and expertise needed for the use of Naltrexone, Buprenorphine and Disulfiram. Additionally, providers will be encouraged to implement MAT in other treatment modalities, through the RFP process. At a minimum, all future contractors will be required to have appropriate policies and procedures in place that will allow clients to receive MAT services concurrently.

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

County staff at SUD Services will authorize all residential referrals and continuing stay recommendations. Individuals may call the 24/7 access line, walk-in to SUD Services, walk-in at service providers or access services at any current or future County service location including REACH, Assessment Center or Drug Court. SUD Services Staff will also authorize step-up transitions from outpatient to residential.

Beneficiaries who are eligible for residential services will be prioritized for placement in a residential bed based on severity of need as follows:

- Priority 1: Pregnant injecting drug users;
- Priority 2: Pregnant substance abusers;
- Priority 3: Injecting drug users; and
- Priority 4: All others.

For individuals that access services as a walk-in at provider locations, a response from SUD Services will be sent within 24 hours. SUD Services staff will send approved, pending (if TAR is incomplete, etc.), or denied notification to provider and NOA to the individual if denied. If denied, SUD Services or provider will make referral to appropriate ASAM level of care.

Policies and procedures as well as all necessary forms shall be developed by waiver implementation or July 1, 2018 whichever is first.

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

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

    SUD Services will continue to work with residential treatment providers in the county to implement ASAM level 3.3 residential services within three years of waiver implementation. If a determination is made that no provider within the County will be able to fulfill this requirement then the County will seek to contract with a provider in another county or state.

County Authorization

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

_____	_____	_____
County Behavioral Health Director*	County	Date

(*for Los Angeles and Napa AOD Program Director)