

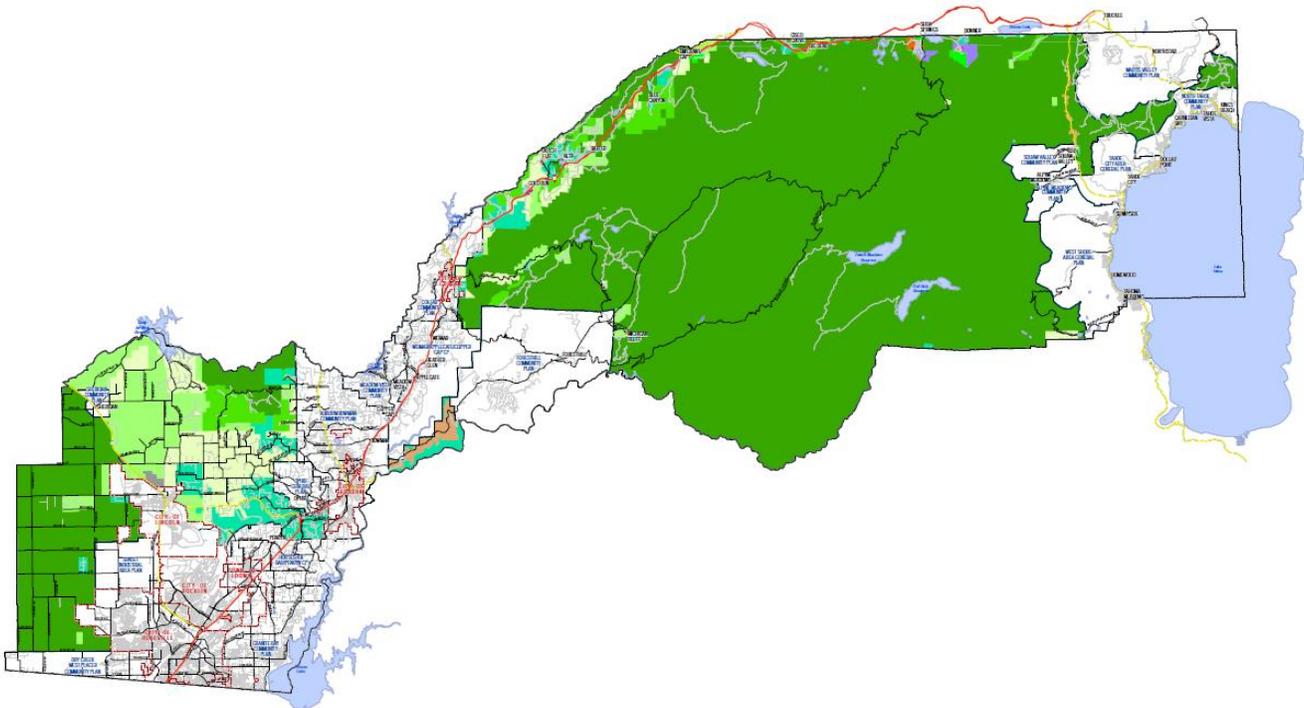
COUNTY
OF

Placer[®]



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

Placer County Implementation Plan



Submitted by:

Placer County Department of Health and Human Services:
Systems of Care (PCSOC)

May 2017

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)

Discussions regarding the planning and implementation have occurred at various existing County and Community meetings targeting our vast demographics, e.g.

Youth, Criminal Justice, Homeless, Behavioral Health County and Provider staff, Healthcare, Older Adult, and client focus groups.

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 (every other month- minimum)
- Quarterly
- Other: _

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

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

NARRATIVE DESCRIPTION

1. COLLABORATIVE PROCESS.

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

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

The planning process for the DMC-ODS built upon Placer County's history of collaboration. Placer's substance use prevention and treatment services have been integrated with Mental Health, Children's System of Care, Public Health, Criminal Justice, Older Adult, Housing/Homeless, Social Services, Education Services, etc. for over 20 years. In addition to collaboration among integrated programs and other County departments, Placer has collaborated with contracted providers and other key community stakeholders in projects such as:

- Establishing collaborative courts and expanded substance use programs funded by AB109 to improve outcomes for the criminal justice population
- Development of prevention plans that span along various county regions from Roseville to the Tahoe basin for all age groups from youth to older adults.
- Development of the Opioid and Prescription Drug Task Force headed by Public Health that incorporates health and treatment stakeholders.
- Expansion of integrated substance use screenings in homeless/housing programs.

Placer County has a long history of utilizing a robust community engagement process to develop and enhance services. County representatives attended many of the established community partnership meetings to provide an overview of the proposed concepts of the ODS; determine needs and gather feedback from stakeholders. Stakeholder input was gathered during the following collaborative groups:

- Placer Collaborative Network - comprised of over 40 community leaders to develop creative solutions of change to improve the quality of life for Placer County residents.
- County's Health and Human Services leadership including Administrative Services, Adult System of Care, Children's System of Care, Human Services and Public Health.
- County Probation and Judicial leadership, including the Community Correction Partnership (CCP) and Judges meeting.

- County Behavioral Health Systems of Care, Quality Assurance and Compliance.
- Campaign for Community Wellness-comprised of concerned community members, nonprofit agencies, school and law enforcement partners, family members and consumers who advocate for behavioral health services.
- Placer Consortium on Homelessness: County, nonprofit, and community homeless and housing stakeholders.
- Adult and Youth focus consumer groups.
- Tahoe-Truckee Community Task force-comprised of leaders from community organizations, both Placer and Nevada County and community members who develop community plans, measure, and review strategies and programs to create positive change for the families and individuals who call this region home.
- Substance Use and Mental Health Providers and potential providers.
- Mental Health, Alcohol and Drug Advisory Board

In addition to obtaining feedback from fifteen (15) existing Placer County collaborative meetings, five (5) open community meetings were held to allow additional participation in the Drug Medi-Cal ODS planning process. These community planning meetings were marketed to healthcare providers, general community members, individuals with lived experience, behavioral health providers, peer/family advocates, medication assisted treatment providers and the Medi-Cal managed care plans. Meetings were held in multiple locations throughout the geographical boundaries in order to ensure access to all stakeholders and to enhance community awareness of the waiver process.

Some of the key themes that arose from the various forums to-date have included:

- The need for emergent withdrawal management services.
- Addressing the unique needs for homeless, youth, older adult, Tahoe region, and other specialized populations.
- Improve policies related to Medication Assisted Treatment.
- Choosing standardized screening and referral approaches/tools-including the feasibility of a shared Electronic Health Record.
- Developing a coordinated system of care between service providers.

Opportunity for ongoing involvement in the implementation of DMC-ODS services will occur through various forums including the bi-monthly (every two months) SUS provider meetings and monthly Mental Health Alcohol and Drug Advisory Board-Substance Use Services Subcommittee meetings. In addition, the DMC-ODS implementation will remain a standing agenda item for many of the collaborative community meetings (listed above). Discussions will be geared toward collaborative efforts, leveraging funding to improve services, identifying and filling service gaps, and improving the accessibility, timeliness and quality of substance use services (SUS).

The plan, outlined below, incorporates agreed upon approaches and addresses many concerns that were discussed in these meetings. This collaborative approach increased community confidence in the future of SUS, and brought together champions from various disciplines who desire to improve the delivery of substance use services.

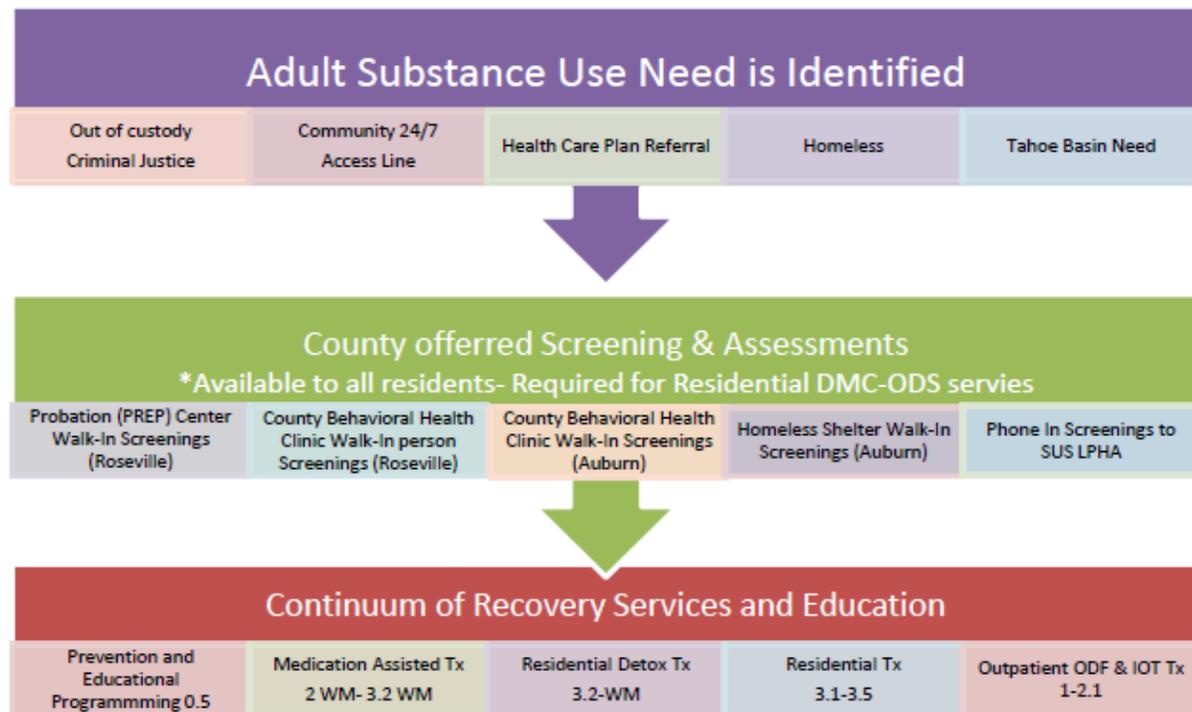
2. CLIENT FLOW

Describe how clients move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transition 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 reassessed, 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.

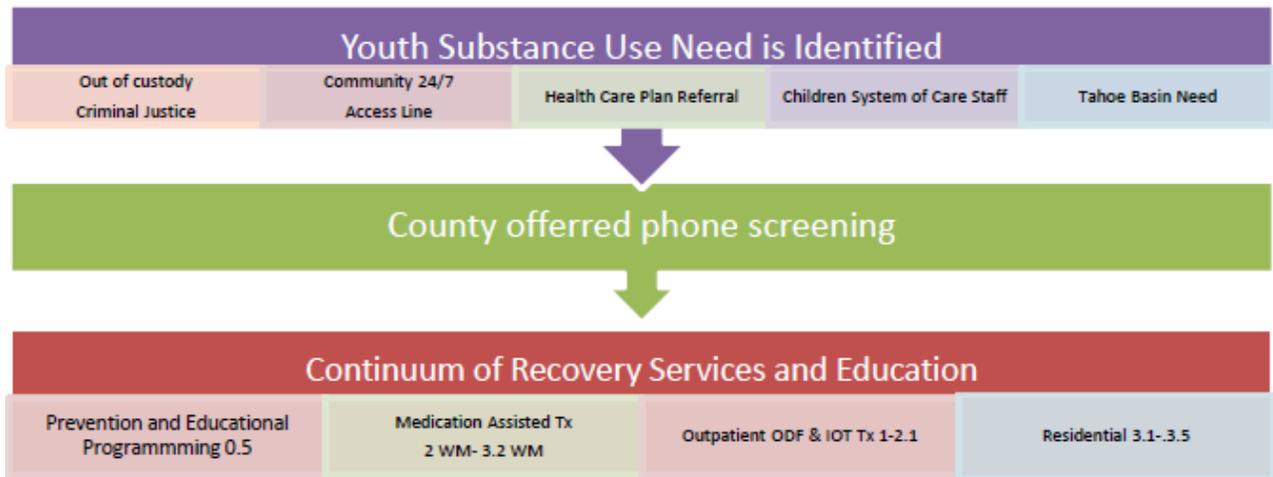
Placer County's Systems of Care (PCSOC) offers SUS with the goal of timely access to medically necessary treatment in appropriate settings for youth and adults. Placer has existing (for many years) contracts with providers offering all DMC-ODS required levels of care, and plans to expand and enhance services prior to and throughout plan implementation. SUS in Placer are mostly delivered through contracts with community-based State-certified and/or licensed SUD treatment programs. However, Placer County SUS staff are trained in screening/assessing for ASAM appropriate placements, providing outpatient services to complex co-occurring clients, and offering comprehensive case management that targets co-occurring and high utilizing substance use clients. Referrals are accepted from all sources, including county Medi-Cal managed care health plans, other County departments, criminal justice and juvenile justice agencies, child welfare system, community-based human service agencies, employers, schools, families, and self-referrals. Adult beneficiaries move through the system of care via the 24/7 access line, Probation PREP Center, SUS Screening clinics, Homeless services and the SUS provider network (Figure 1).

Figure 1



Youth beneficiaries move through the system of care via the 24/7 access line for youth and families, embedded probation referrals, health care plan referral, Child Welfare and Mental Health referrals, and the SUD provider network (Figure 2). The system to access care, will be integrated with and mirror the current mental health referral process for youth. This integration will allow youth who have treatment needs to be screened and linked to any behavioral health service that is medically necessary- in a “no wrong door” manner. Intake will forward youth SUS referrals to the same county staff who receives mental health referrals. The referral will be assigned to a case manager who has been trained in youth substance use screening that follows the ASAM philosophy of care. This county case manager will perform the telephonic youth screening to determine the appropriate level of care. Based on need, county staff will complete a referral and authorization to treatment on the same day of screening. Full assessment and determination of medical necessity will occur at either of our two contracted youth providers.

Figure 2



REFERRAL AND SCREENING ASSESSMENT PROCESS:

Screening:

Placer County primarily utilizes a centralized screening and assessment that incorporates ASAM placement criteria to access the appropriate ASAM level of care (LOC) for adult beneficiaries. In addition, we work with our community members to create other necessary points of access to assist individuals who are unable or unlikely to access our centralized screening clinics. Our in-person screening clinics occur in multiple locations across the geographical boundaries of the county, five (5) days per week. No appointments are necessary as these screening clinics operate on a “walk-in” basis. Any resident seeking services will receive a SUS screening based on the ASAM, to assist in determining the appropriate LOC and referral to the corresponding LOC on the same day in most cases, but no longer than 24 hours. Orientations to services for family members, community supports, and linkages to other services are provided on site to further enhance integration and a whole person care approach.

This centralized screening process is conducted by Licensed Practitioners of the Healing Arts (LPHAs) or by certified/registered alcohol and drug counselors. Certified/registered alcohol and drug counselors’ screenings will be reviewed and approved by an LPHA or Medical Director. Staff performing the ASAM LOC screenings must, at a minimum, complete ASAM e-training Modules 1 (Multidimensional Assessment) and 2 (From Assessment to Service Planning) prior to authorizing treatment. County offered LOC screening (with LPHAs) is available to all community members who would like help accessing care, and is required for those requesting funded non-emergent residential treatment (see below). As Placer County understands not all residents can easily access the in-person screenings, additional opportunities for screening and linkage to care are available and are described below:

1. In-custody screenings (non DMC funded) for direct access to treatment post discharge: coordinated by Sheriff, medical provider, community provider, and/or County substance use licensed and/or certified staff who are trained to complete ASAM LOC screenings. .
2. Probation refers high utilizing individuals directly to screening and more intensive case management through our co-located AB109 funded staff. These specialized staff engage, motivate, decrease barriers to treatment, screen/assess and place in appropriate ASAM LOC. Substance use staff also offer a screening clinic on site at Probation's Placer Re-Entry Program (PREP) center.
3. Beneficiaries, family members, and support people can call one of the county's two pre-established 24/7 telephone access lines. One phone line, Family and Children's Services (FACS) is available for individuals seeking services for someone under the age of 18. The Adult Intake Services (AIS) is available for any individual over the age of 18 who are seeking services. Upon connecting with one of the two 24/7 lines, individuals will either be referred directly to a DMC outpatient provider, one of screening clinics (outlined above), or referred to our Co-Occurring MHSA funded Full Service Partnership (FSP). Both phone lines will be trained on youth and adult access, so that either line can assist individuals seeking SUS treatment. Our Co-Occurring FSP team (non DMC funded) is fully trained in outreaching, engaging, conducting ASAM Screening and linkages to DMC-ODS substance use treatment as medically necessary to adults who are struggling with engaging in services due to both a severe mental illness and a substance use disorder.
4. Placer County is a three managed care plan county. The two largest managed care plans are Anthem and California Health and Wellness. Kaiser Medi-Cal managed care serves a small subset of Placer County beneficiaries. Through development of Memorandum of Understandings (MOUs), our managed care plans refer all substance use clients to one of our screening clinics. In addition, Care coordination between the MCP and County occur, through sharing of information for individuals seeking services- to increase outreach into services. Individuals under the age of 18 are referred directly to our community substance use provider for screening/assessment and treatment.
5. Placer has recently engaged in a strategic planning process for our homeless population in which access to substance use care was identified as a high priority. Many homeless individuals were identified as having difficulty accessing our existing screening process, so an additional screening clinic was added at a local homeless shelter. Six (6) FTE staff (non DMC funded), whose primary duties include outreaching and engaging the homeless, have completed the ASAM training and are able to complete substance use screenings and assist with linkage to the appropriate level of SUS services.
6. Our Tahoe Basin residents have a phone ASAM screening option to better serve the remote area's substance use needs. While all Placer residents can call the same 24/7 access line, beneficiaries unable to attend the walk in screening clinics will be offered a phone screening by ASAM trained SUS staff during regular business hours. Referrals to the appropriate LOC are made upon completion of this phone screening.

7. Placer County has two (2) providers who serve youth. One provider serves youth involved in the foster system. The other provider delivers outpatient services to a variety of age groups, including youth. Youth are screened by the county via the telephone, an authorization is sent to the provider, and the youth is directed to the appropriate provider for assessment and determination of medical necessity.
8. The LPHA or counselor providing direct services to individuals already engaged in our larger Health and Human Services (e.g. Mental Health, Homeless services, Child Welfare, CalWorks) are trained in determining appropriate ASAM LOC for direct referral to SUS.
9. Individuals requesting services outside of the traditional business week, may receive their screening through the 24/7 phone lines described in the implementation plan.

Our highly integrated approach (described above) is designed to ease access for individuals struggling with substance use. Placer practices a “no wrong door” philosophy and expects all staff to understand and be able to determine appropriate LOC for substance using clients. All LPHAs throughout Health and Human Services, including workers from mental health, crisis services and child welfare have been trained to complete an ASAM screening and assess for appropriate ASAM LOC. Trained PCSOC staff will complete authorizations for direct referral to contracted SUS providers with the expectation that, in most cases, medical necessity for services will be determined through a thorough assessment completed by the SUS provider.

Referral:

Beneficiaries will be screened for appropriate LOC placement recommendations through the access line (basic screen for emergent need), walk-in screenings (majority of screenings happen in this in person venue), and by Placer County staff assigned in programs described in client flow (e.g. AB109, in custody, Homeless Specialists, MH staff, etc.). Should a beneficiary contact another DMC-ODS provider that is not an approved access point, that provider will assist the client in calling the access line or attending an in person screening clinic- to be screened if residential services are being requested. If the client is requesting outpatient or MAT services, the provider may screen the person on-site. If that screening determines the beneficiary is requiring that provider agency’s outpatient LOC, the provider will perform an intake assessment and establish medical necessity. If the assessment or screening done at the Provider location determines the beneficiary is requiring a different LOC than provided at the contracted agency, the provider will assist the client in connecting with an appropriate outpatient provider or with the county SUD Screening Clinic for access to residential care or at any time for help in determining other appropriate options.

Placer County and its providers are committed to engaging beneficiaries where they present requesting services, and are setting up the above access system to prevent beneficiaries from having to travel to various locations and communicate with multiple agencies, etc., to enter the SUD continuum of care. We are working with our providers

and community members to improve access, as challenges arise (e.g. on site screenings, phone options, etc.).

Once screened, the beneficiary will be referred/linked to the appropriate ASAM LOC. Placement considerations include findings from the screening, geographic accessibility, threshold language needs, and the beneficiaries' preferences. Uniform referral procedures will be established for providers at all access points. Based on the screening results, beneficiaries may be referred directly to any SUD network provider for an intake appointment, which will occur within 10 calendar days, for the following services:

- Outpatient, Intensive Outpatient, and Perinatal Day Treatment Services
- Narcotic Treatment Program Services
- Outpatient Withdrawal Management Services
- Medication Assisted Treatment Services
- Recovery Services

Case Management Services: Once screened by the County (required only for residential), all beneficiaries will undergo a comprehensive assessment, typically by the contract provider, ASAM trained licensed and/or certified staff member, to determine medical necessity and confirm LOC placement. Assessment and treatment plans will be reviewed by an LPHA to determine medical necessity. In some cases, a comprehensive ASAM based bio psychosocial assessment will have already been completed by a County case manager. This Placer County generated assessment can be provided to and used by the provider to establish medical necessity- if desired. Providers will use the ASI and/or a Placer County approved comprehensive bio-psychosocial assessment, combined with the common Placer County ASAM screening tool (common system wide screening tool available at implementation).

Medical necessity for services must be determined as part of the intake assessment process and will be performed by a LPHA directly or with an SUS certified counselor and validated by a face to face review with an LPHA or Medical Director. Should the need arise, tele health services may be used to assist with the determination of medical necessity. Individuals meeting medical necessity for SUS, must have received a primary diagnosis of a DSM V Substance-Related and Addictive Disorder, excluding Tobacco-Related Disorder and non-Substance-Related and Addictive Disorder by either the provider's Medical Director, a licensed physician, or a staff member who meets the qualifications for designation of a LPHA. A qualifying diagnosis for beneficiaries under the age 21 also includes an assessed risk for developing a SUD. All providers must document the diagnosis including the clinical justification for the diagnoses and ASAM criteria for level of services within the individual's clinical record.

The final determination for LOC placement is based on the results of the full comprehensive ASAM assessment and therefore may override the findings from the preliminary screening. In such cases, the provider must work with the client to transition him/her to the appropriate LOC, up to and including transitioning to another provider facility. If it is determined

residential withdrawal management or residential treatment is required, the provider shall request prior authorization from PCSOC treatment staff and provide evidence from the comprehensive assessment that supports this level of care. In the event that upon the completion of the comprehensive assessment, a beneficiary has been determined to not meet medical necessity for residential treatment, regardless of whether prior authorization was received, providers shall notify and work with both the client and county staff to identify appropriate level of care services and assist with transitioning the beneficiary within five (5) days of admission to the appropriate level of care.

Placer County's ongoing site reviews (that occur annually at minimum) of provider documentation, re-authorization requests, and centralized screening approach will help ensure that beneficiaries are receiving the correct initial LOC, and that beneficiaries are being moved through the continuum of care appropriately.

Residential Authorization and Assessment:

All residential placements will be done through the PCSOC screening clinic OR directly through a PCSOC trained case manager prior to placement at a contracted residential facility. Initial authorization for residential services are generally 30 days in duration but may range from 1-90 days. Prior to the initial authorization period ending, the residential provider will need to complete a re-assessment incorporating ASAM placement criteria and submit to PCSOC SUS staff- if requesting additional treatment (7 days prior to authorization ending). Prior authorization will occur within 24 hours of request.

All contracted residential providers will maintain daily bed availability numbers, accessible to PCSOC screening staff. For example, when a beneficiary receives a screening and an ASAM level of 3.1, 3.3, or 3.5 is determined to be appropriate, the screener will be able to view this bed availability data and refer a beneficiary to the appropriate program based on determined ASAM LOC and availability. The screener will provide program information to the beneficiary, including but not limited to: address, phone number, date of entry, and contact person at the provider agency.

Residential services are generally envisioned as a short term tool to stabilize clients and prepare them for outpatient services. When medical necessity indicates a need, an extension of up to an additional 30 days may be requested and authorized. One time request of services beyond 90 days can be requested on an annual basis. Residential treatment will be used for stabilization purposes where imminent danger exists. Community based interventions, in accordance to ASAM philosophy of care, will be prioritized for all who can benefit from outpatient care. Beneficiaries from select populations (e.g. perinatal, criminal justice clients, co-occurring, high utilizers) may be authorized for longer periods based on medical necessity. If longer lengths of stay are needed beyond the 2 allowed DMC funded yearly treatment episodes, other non-Medi-Cal funds (e.g. AB109, CWS, SAPT, grants, etc.) will be used- as funds allow. The authorization and preliminary payor source will be entered into AVATAR, the County's Electronic Health Record (EHR).

If an urgent/emergent request for Residential LOC occurs afterhours/weekend the Provider or Beneficiary will contact the 24/7 intake line to request presumptive approval for placement. Presuming the provider can admit the beneficiary, the provider will complete a comprehensive assessment incorporating ASAM placement criteria (if not already completed) and all additional paperwork to justify an ongoing residential authorization by close of the following business day (typically Monday). PCSOC SUS staff will provide the full authorization for beneficiary treatment and services within one business day of receiving this information, provided the information justifies residential LOC (see more in section 19).

Direct to contracted provider treatment:

While screening clinics are free and available to any Placer County resident who needs support and assistance to begin treatment, we also allow direct access to contracted providers in the case of: after hours substance use emergency withdrawal management need (3.2 WM), ODF & IOT Tx (1-2.1), and Medication Assisted Treatment (20WM-3.2WM) to be assessed and treated at the provider site- followed by an authorization from the County for services. The authorization process will not delay access. All Residential requests for prior authorization must be submitted at least 24 hours before the scheduled admission date and must be requested prior to the admission of the client, unless the admission occurs outside of business hours. Authorization requests for afterhours, County holiday or weekend admissions should be initiated during the morning of the next business day.

Beneficiaries who choose to directly contact a DMC-ODS service provider will be screened and assessed, if indicated, and offered admission to the appropriate outpatient ASAM level of care (all residential treatment client's admission must be pre-authorized by the County-unless emergent as described above). If, after assessing the beneficiary they are determined to be more appropriate for an ASAM LOC not offered by the provider (e.g. residential or medication assisted treatment), then the provider will immediately refer the beneficiary to another DMC-ODS service that provides the indicated ASAM LOC or to a same day Placer County in person (or by telephone) screening clinic (if residential care is indicated), and will document the referral.

DMC-ODS providers will aim to admit eligible beneficiaries within five (5) business days- but will be no later than 10 business days- from the assessment. In the unlikely event that admission to treatment will be greater than 10 business days due to non-budget related capacity issues, DMC-ODS providers shall provide interim services and seek to link the beneficiary with another provider offering the appropriate ASAM LOC. In instances where a Residential treatment provider submits a prior authorization request to Placer SUS, the County will respond with an approval or denial within 24 hours of request.

To ensure beneficiaries are engaged in the appropriate ASAM LOC, on a monthly basis, PCSOC staff will review all admission documentation prior to payment to ensure individuals meet DMC-ODS eligibility criteria, are admitted to services in a timely manner, are receiving medically necessary services and are in the appropriate LOC. Provider staff will be provided

details of common findings from these reviews, to improve documentation and clinical practices county wide.

If, upon review, it is determined that the beneficiary does not meet medical necessity criteria outlined in STC 1.c.ii, and the beneficiary is not entitled to any substance use disorder treatment services from the Placer County DMC-ODS, then a written Notice of Action will be issued in accordance with 42 CFR 438.404.

Intake Appointment: Assessment, Medical Necessity Determination, and Admission

Once a beneficiary has completed the initial screening and ASAM LOC has been determined, the beneficiary will be offered a referral to the provider location of the beneficiary's choosing within the parameters of the ASAM screening results. If residential is indicated, an initial authorization will be completed and submitted to the chosen provider with 24 hours of the screening. The PCSOC staff who completed the screening will follow up with Provider and Beneficiary until the intake appointment has been scheduled and attended- providing a warm hand off. High utilizers will have a case manager in place actively helping reduce barriers to support treatment success (see role of case manager below). Placer County DMC-ODS *non-residential* providers will aim to admit eligible beneficiaries within five (5) business days, but will admit all appropriate beneficiaries no later than ten (10) business days, from the date the assessment was completed.

All SUS network providers will verify Medi-Cal eligibility in Placer County and complete a comprehensive beneficiary assessment at intake. In some cases, an ASAM assessment may already have been completed by the Placer County LPHA case manager and will be provided to the contracted SUS Provider. This assessment can be used in the Contracted Providers chart to validate medical necessity- if desired. In implementation year 1 (IY1), providers will utilize either the Addiction Severity Index (ASI), and/or a comprehensive bio-psychosocial assessment (approved for use by County) in conjunction with the universal ASAM screening tool that will be used County wide- available at time of implementation.

Diagnosis and medical necessity for services must be determined as part of the intake assessment process. This will occur through a face-to-face assessment, a face-to-face review, or via telehealth if approved and added at a later date. If a registered/certified alcohol and drug counselor performs the intake assessment, he/she will also meet face-to-face with the Medical Director, a licensed physician, or an LPHA to review the information gathered during the assessment. This professional must then diagnose the beneficiary as having at least one DSM Substance-Related and Addictive Disorder, establish medical necessity and confirm the recommendations. For beneficiaries under the age of 21, a qualifying diagnosis includes an assessed risk for developing a substance use disorder. All providers must document this diagnosis in the beneficiary's chart and indicate how the beneficiary meets the ASAM Criteria definition for services with that provider.

The final LOC determination for placement will be based on the Placer County approved assessment that incorporates ASAM placement criteria, and may override the

determination from the initial screening process. In the event that the assessment yields a different LOC, the provider is responsible for transitioning the beneficiary to the appropriate LOC, which may include transitioning to another provider facility. In cases where the beneficiary needs to transition to another provider facility, the provider may work with PCSOC substance use screening clinic or authorizing case manager to successfully transition the beneficiary to the new provider. These LOC changes will be reviewed and monitored by the QM staff and reported to the Quality Improvement Committee (QIC) on a quarterly basis. When clinically indicated, the QM staff will provide additional training and technical assistance to reduce the frequency of this occurrence and disruption to the beneficiaries' recovery process.

Re-Assessments: Beneficiaries will be re-assessed in accordance to appropriateness of treatment modality (see table below- for maximum timeframes) - in conjunction with treatment planning, unless there are significant changes warranting more frequent re-assessments. Changes that could warrant a re-assessment and possibly a transfer to a higher or lower level of care include, but are not limited to:

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

Figure 3

Level of Care	Re-Assessment Maximum Timeframe
Residential Withdrawal Management, Level 3.2	5 days
Residential Treatment, Levels 3.1, 3.3, 3.5	30 days
Intensive Outpatient, Level 2.1	60 days
Outpatient Treatment, Level 1.0	90 days
Narcotic Treatment Programs	1 year
Medication Assisted Treatment	1 year

If an extension for treatment or transition to higher or lower level of care is needed, the provider will submit a request for extension/change in treatment request to the County for approval, or the County assigned case manager (if applies- see below) can initiate an extended or change in treatment authorization- based on clinical need.

Transitions between modalities and role of case manager: Level of care transitions for non-residential providers will occur within five (5) to ten (10) business days. The exception to this will be when an individual requires residential treatment- the initial authorization process will be in effect (see Section 19: Residential Authorization).

PCSOC staff will case manage beneficiaries involved in collaborative courts, formal probationers referred by the Probation department, those with severe Mental Health diagnosis in addition to Substance use needs, Peri-natal clients, and other high-utilizers of services (e.g. homeless, medical needs, etc.). County staff case managers will work directly with providers and other service modalities to assist in linkage between modalities. Case manager will focus on collaborating with clients to: Establish accountability and help with transitions of care, create a proactive treatment plan with staff upon arrival at next modality, monitor and follow up as needed for consumer success and support of beneficiaries' self-management goals. SUS case managers, physical health, and mental health staff (as apply) will be expected to work in collaboration with each other to increase accessibility to the next LOC and decrease the time to next service. County staff case managers are in place to stay with the clients throughout their treatment continuum and across providers. They help engage them through each transition of care as a single point of contact.

The anticipated beneficiary to case manager ratio will be one case manager for every 10-50 beneficiaries depending on the level of need for the beneficiary being served. It is anticipated that the high utilizer beneficiaries will have a ratio of approximately 1:25 whereas less intensive beneficiaries will have a ratio of 1:25-50.

For clients who are not identified for case management services by County staff, or require case management services over and above what County staff can offer, case management services can be authorized, by County staff, to be delivered by Provider staff. Provider staff case managers will work to create a treatment plan that is in line with other services being received by the beneficiary, establish accountability and prepare for transitions of care. Since provider case managers offer services only while engaged in the level of services offered at the specific provider, it is expected that the case manager from the discharging provider work with the case manager of the admitting provider to assure seamless transition of care for the beneficiary. If the discharging provider is unable to determine or locate an appropriate referral, the client's case manager shall contact Placer County SUS to assist in identifying an appropriate referral. They may also send (or accompany) the client to any of Placer County's screening clinics for assistance. SUS providers will be required to track and monitor beneficiary progress, assuring discharge planning is initiated at start of treatment, and continue through discharge/ transition from care.

Placer County will also utilize peer support staff to assist with case management activities to ensure continued access and engagement of SUS throughout the continuum of care. A "Recovery Coaching line" will be available for clients to utilize during business hours to engage in assistance and support at any time from pre-treatment/education through after-care services. Outpatient providers may also propose a plan to offer recovery services as

part of their continuum of care- to be approved by the County and Department of Health Care Services for billing through the DMC-ODS.

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.

Placer County's Systems of Care operates two integrated 24/7 access phone lines: Adult Intake Services (AIS) and Family and Children Services (FACS). AIS (1-916-787-8860 or 1-888-886-5401) will be the primary point of contact for Adults seeking DMC-ODS benefits and FACS (1-916-87-6549 or 1-866-293-1940) will be the primary point of contact for Youth seeking DMC-ODS benefits. Both provide screening and referral functions 24 hours per day, 7 days per week for all persons needing emergency mental health services, SUS and protective services (Child Welfare/Adult Protective Services/Public Guardian, In Home Supportive Services). They are available 24/7 in the County's threshold languages (English and Spanish), utilize oral interpreter services as needed, and are ADA TTY compliant. The access lines are published on the Adult and Children's System of Care Websites, the County's website for SUS as well as posted throughout County and providers sites. Staff at both 24/7 access lines will be cross trained in how to connect Youth and/or Adults to substance use services- ensuring ease of access for DMC beneficiaries needing DMC-ODS services.

Beneficiaries may call the 24/7 access lines to obtain information about screening clinics and how to access phone screenings to determine SUS level of care. Phone calls taken after hours, weekends, and holidays will be directed to a "Supervisor of the Day" to determine immediacy and obtain presumptive authorization to SUS. Our intake line enters basic data directly into our Electronic Health Record (AVATAR). We are currently training our 24/7 access line staff on procedures to capture the following information, and it is expected that the following elements will be captured by the start of Implementation.

Collected at 24/7 access lines.

- Number of calls, including the date, time
- Number of calls requesting/requiring non-English translation

- Number of calls that are determined to be emergency (sent to ER), urgent (sent to SOD or direct to withdrawal management provider) and routine (sent to screening clinic)
- Call abandonment
- Number of complaint or grievance calls.

Data collected at screening clinics:

- Number of individuals screened and referred to DMC-ODS services, including the ASAM level of Care
- Number of individuals who were provided a screening/assessment in a language other than English
- Number of individuals who identify as a Person with a Disability
- Number of individuals who self-identify as a Veteran
- Number of individuals who self-identify as being of Native American Heritage.

Data related to access line collected by PCSOC QM

- # days from call to first screening offered
- # days from call to assessment (at contracted provider)
- # days from call to first treatment service

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.

To ensure adequate access to services for beneficiaries, PCSOC is responsible for maintaining, monitoring, and coordinating a comprehensive network of providers under Board of Supervisor approved contracts. While PCSOC currently contracts with providers that meet all required elements to participate in the DMC-OCS at implementation (see figure 5), PCSOC will look to expand this provider network as necessary to address beneficiary need, and will monitor its providers to ensure services are individualized,

medically necessary, and based on comprehensive assessments including ASAM criteria. It is expected that all providers coordinate care with physical health, mental health, and other ancillary services identified during the assessment or treatment episode. All DMC-ODS providers are expected to meet timely access standards.

PCSOC will release Requests For Proposals (RFP's) to identify qualified DMC-ODS providers for all services to be contracted under the DMC-ODS waiver prior to implementation of services. Additional efforts will be made related to ASAM 3.3, Youth and medically monitored SUS.

Under the DMC-ODS waiver all contracted providers will be DMC certified and have ASAM LOC designations. QM will review and monitor certifications/licenses required for providers to ensure providers remain in good standing with their certification/licensure and are providing the appropriate LOC. All network providers are expected to meet all applicable Federal, State, and local regulations. PCSOC relies on contracted network providers for SUS, and is familiar with monitoring these programs. PCSOC recently became DMC certified to provide County-operated outpatient services for complicated co-occurring clients who are not appropriate for- or have been unsuccessful at currently contracted provider programs.

Below is a list of services that PCSOC will ensure are in place as part of the DMC-ODS.

FIGURE 4			
	Services Type	ASAM Level	Required or Optional
A	Early Intervention / Screening, Brief Intervention, and Referral to Treatment (SBIRT)	.05	Offered in Medi-Cal primary care sites at implementation
B	Outpatient Services /Outpatient Treatment	1	Required
C	Intensive Outpatient Treatment Services (IOT)	2.1	Required
E	Withdrawal Management Services (WM)	3.2-WM	1 Level Required
F	Residential Treatment Services (RTS)	3.1, 3.3, 3.5	1 Level Required in IY1, all 3 Levels by IY3
G	Opioid/Narcotic Treatment Program (NTP)	1	Required
H	Additional Medication Assisted Treatment	1	Optional
I	Recovery Services	N/A	Required
J	Case Management	N/A	Required
K	Physician Consultation	N/A	Required
L	Recovery Residence/Transitional Living	N/A	Optional

Service descriptions for required/optional services to be provided:

Early Intervention (ASAM level 0.5): Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are provided by non-DMC providers to beneficiaries at risk of developing a substance use disorder. The Memorandum of Understanding held between Placer County and both Anthem and California Health and Wellness, will govern referrals to treatment from SBIRT services. Our prevention partners, Children System of Care, Probation, Sheriff, and Schools also provide some non- DMC funded early intervention activities such as (e.g. Right Choice, Friday Night Live, Hip Hop Congress, Diversion Groups, Educational Programming, etc.)

Withdrawal Management (ASAM Levels 1-WM and 3.2- WM): The components of Withdrawal Management services are intake, observation, medication services and discharge services. For clients in Withdrawal Management, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

The County currently contracts with Aegis, a methadone provider who provides level 1-WM ambulatory withdrawal management without extended on-site monitoring for opiate dependency. Community Recovery Resources (CoRR) provides ASAM level 3.2-WM, withdrawal management that requires 24-hour support in Auburn and Grass Valley. In their Grass Valley location, CoRR is working to become designated up to a 4-WM through a partnership with a Federally Qualified Health Center. They hope to achieve this designation by the end of implementation year 1. Progress House also provides 3.2-WM for men in Placerville which is out of our County- but contracted for our use.

Residential Treatment (ASAM level 3.1-3.5) is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services. Residential services are provided to non-perinatal and perinatal beneficiaries in DHCS licensed residential facilities. All residential providers have obtained their ASAM designations by DHCS and are certifying all non-perinatal sites for Drug Medi-Cal.

Placer currently contracts with 3 residential providers with multiple sites located within and outside of the County. Progress House is an out of County provider who has gender specific residences offering residential ASAM levels 3.1 and 3.5. New Leaf is an in-county provider who offers peri-natal residential treatment (ASAM level 3.1). CoRR is ASAM designated as 3.1 and 3.5. They offer residential services to men and women within and outside our County. At their Grass Valley location, they are planning to become designated from ASAM 3.1-4 through their partnership with an FQHC and campus like setting (DHCS approved designations pending). CoRR has perinatal and gender specific residential programming.

Placer County does not currently have any Residential treatment facilities for adolescents or Residential Level 3.7 (Medically Monitored Intensive Inpatient Services) and Level 4.0 (Medically Managed Intensive Inpatient Services) facilities. However, an RFP will be

completed prior to implementation and we will seek providers offering these services. In the event no providers are available to offer residential Levels 3.7 and 4.0, Placer County SOC will coordinate care with our Health Plans, who are responsible for providing authorization for and managing the inpatient benefit. In all instances, PCSOC will ensure 42 CFR compliant releases are in place in order to coordinate care with inpatient and out-of-county facilities accepting Drug/Medi-Cal beneficiaries that are Placer County residents.

Intensive Outpatient (ASAM level 2.1) is more than 9 hours of service per week for adults and more than 6 hours of service per week for adolescents. Intensive Outpatient services consist primarily of counseling and education about addiction-related problems, with specific components including intake, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, treatment planning and discharge services. Community Recovery Resources (CORR) provides this level of service, in Lincoln, Roseville, and Auburn. They have Perinatal and adolescent IOT programs in Roseville and Auburn. Koinonia offers ASAM level 2.1 services to youth involved in the Foster Care System. Our understanding is that Foster Youth will be able to be billed as Placer residents under the DMC-ODS waiver (as they are deemed residents while in Placer).

Outpatient (ASAM Level 1) is less than 9 hours of service per week for adults and less than 6 hours of service per week for Adolescents. The components of Outpatient Services include intake, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, treatment planning and discharge services.

Placer County currently contracts with CoRR, PES, New Leaf, and Progress House who provide this level of service at 8 locations throughout the County in English and Spanish. The County has also recently become Drug Medi-Cal certified to be able to add capacity in this area- as needed.

Opioid/ Narcotic Treatment (ASAM OTP Level 1) services are provided in NTP licensed facilities. The components of OTPs include intake, individual and group counseling, patient education, medication services, collateral services, crisis intervention services, treatment planning, medical psychotherapy and discharge services. A beneficiary must receive at minimum 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity. Beneficiaries may be simultaneously participating in OTP services and other ASAM Levels of Care. Individuals utilizing both NTP and other DMC levels of care will be case managed by a County staff person.

Placer County currently contracts with a Drug Medi-Cal certified licensed NTP provider (Aegis) that offers methadone and will soon offer disulfiram, buprenorphine and naloxone. Aegis is located in the most populous, but furthest west portion of our County. Placer County is currently considering expanding these services to other parts of our County and expects to have additional sites/locations by implementation.

Recovery Services (ASAM Dimension 6 – Recovery Environment): Recovery Services are accessed when medically necessary after completing their course of treatment whether they are triggered, have relapsed or as a preventative measure to prevent relapse. Recovery services may be provided face to face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community. Components of recovery services include: outpatient individual or group counseling; recovery monitoring/coaching; peer-to-peer assistance; linkages to services to enhance education and job skills; and linkages to support groups and ancillary services.

At implementation, recovery services will be provided by Recovery Coaches who are employed by the County (non DMC funded). Recovery services will also be available through eligible contracted and County-operated Drug Medi-Cal certified programs, according to guidance by DHCS and when pre-authorization is obtained for the service.

Case Management: Case management services will be provided by County staff and contracted treatment provider staff (with pre-authorization from County), and will include: Coordination with treatment and ancillary service providers and client advocacy, coordination with SUD treatment, physical health, mental health, support persons, and other service providers toward a unified treatment plan/approach, coordination with referring agencies (e.g. probation, child welfare services, CalWORKs) and communication of progress, supporting client to gain access to needed benefits, support for client at times of high risk for relapse (e.g. release from jail, unplanned exits from treatment, transition in levels of care).

PCSOC currently employs eleven case managers who perform these duties on behalf of clients and have many years of experience in developing case management models and relationships with inter-agency partners and providers of ancillary services. We hope to expand our ability to provide similar services to high utilizing DMC-ODS beneficiaries previously unable to benefit from this experience. PCSOC also plans to authorize some additional case management provided by our DMC-ODS outpatient contracted providers, currently CoRR and PES.

Physician Consultation: services are designed to assist DMC physicians with seeking expert advice on designing treatment plans and supporting DMC providers with complex cases which may address medication selection, dosing, side effect management, adherence, drug to drug interactions, or level of care considerations. Consultation services can only be billed by and reimbursed to DMC providers. Placer County HHS will utilize a County physician (if one is hired that meets the minimum qualifications in the STCs) or contract out for this function, if no County staff person is available by the time of implementation.

Additional Service-Medication Assisted Treatment: Buprenorphine is provided to DMC-ODS beneficiaries through existing non-DMC Medi-Cal resources (FQHCs and Private Practice that accept Medi-Cal). Current providers of non-DMC funded MAT services include: Stallant Health (private practice) and Western Sierra (co-located FQHC

at CoRRs Grass Valley Campus and Auburn locations). In addition, Chapa De, an Indian Health in Auburn has begun offering Medication Assisted Treatment services and are coordinating care with existing treatment providers and County services. PCSOC also expects to expand methadone and buprenorphine to the Auburn and Lake Tahoe region by IY3. By end of IYI we expect to have access to Vivitrol for Medi-Cal recipients, but not through the DMC-ODS benefit at this time. Placer is partnering with our FQHCs and other medical providers to increase access to MAT.

Recovery Residences are safe, clean, sober, residential environments that promote individual recovery through positive peer group interactions among house members and staff. Recovery residences are affordable, alcohol and drug free, and allow the house members or residents to continue to develop their individual recovery plans and to become self-supporting. PCSOC contracts with four organizations that offer “transitional housing” in multiple locations throughout the County. These contracts were a result of AB109 criminal justice funding available for this type of support-when combined with outpatient substance use treatment. Recovery residences combined with outpatient treatment has proven an effective form of support for many who were eligible. PCSOC will expand this service to Medi-Cal beneficiaries as DHCS has offered guidance on the use of SAPT Block Grant from SAMHSA for Recovery Residences. To be eligible, recovery residences must be selected through a Request for Proposal process and must adhere to the PCSOC guidelines and contract requirements for Sober Living Environments.

Barriers: Youth treatment options remain a barrier. The County will look for contracting options both inside and outside of the County for residential levels of treatment for youth and additional guidance around understanding billing, allowable services, documentation requirements, etc. related to EPSDT services is required. Another challenge is recruitment and retention of qualified bilingual (English and Spanish) staff. Providing a full range of services near our more rural locations of Placer County (e.g. Tahoe Basin) is a challenge. Partnering around medically monitored SUD care with our hospitals has been a challenge. Finally, housing for chronically homeless who desire treatment but do not have sustainable long term housing during or at the close of treatment is a challenge.

Placer County is committed to coordinating care, establishing contracts, or engaging in other strategies to ensure there is no disruption in services for out of county beneficiaries requiring access to State Plan Drug Medi-cal benefits in our County.

FIGURE 5

DMC SERVICE	ASAM lvl	LOCATION	Client type	Provider
Withdrawal Management	1-WM and	Roseville	Adults	Aegis
	3.2-WM	Auburn	Adults	CORR
		Grass Valley	Adults	CORR
		Placerville	Men	PH
Residential	3.1	Auburn	Adults	CORR
	3.5	Grass Valley	Adults	CORR

		Grass Valley	Perinatal	CORR
		Garden Valley	Perinatal	PH
		Camino	Perinatal	PH
		Woodland	Perinatal	PH
		Coloma	Men	PH
	3.1	Auburn	Perinatal	New Leaf
Intensive	2.1	Roseville	Adults	CORR
Outpatient		Roseville	Women	CORR-MIR
		Auburn	Adults	CORR
		Auburn	Women	CORR-MIR
		Roseville	Youth	CORR
		Loomis	Youth	Koinonia
Outpatient	1	Lincoln	Adults/Spanish	CORR
		Roseville	Adults	CORR
		Auburn	Adults	CORR
		Kings Beach	Adults/Spanish	CORR
		Roseville	Youth	CORR
		Roseville	Adults	PES
		Auburn	Adults	PES
		Auburn	Women	New Leaf
Opioid/Narcotic Tx	OTP 1	Roseville	Adults	Aegis (Hub)
		*Auburn-by 1/18	Adults	Aegis (Spoke)
		*Truckee-by 1/18	Adults	Aegis (Spoke)
Recovery Services	Dimension 6	ALL Placer	All	DMC providers County Staff
Case management		ALL Placer	All	DMC providers County Staff
Physician consultation		All DMC providers	All	Dr. Oldham
Additional MAT	*not billed to DMC (suboxone)	Stallant Health Grass Valley Auburn Auburn	All	Stallant Health Western Sierra Western Sierra Chapa De
Recovery Residences	*Not billed to DMC	Roseville Auburn Grass Valley Placerville	Adults Adults Adults Adults	Recovery Now CORR CORR PH

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?

Coordination with Mental Health has been a long term expectation and process for PCSOC and a particular area of strength. The no wrong door philosophy is incorporated into system design and training decisions. PCSOC has been an integrated Behavioral Health County for many years and has continued to further that integration from executive level to line level staff (e.g. integrated HHS Department, integrated Behavioral Health division, integrated Behavioral Health manager, supervisors, senior practitioners and direct service staff). Behavioral health staff are able to provide access to both mental health and substance use services. As a result, beneficiaries whose mental health symptoms/diagnoses meet the criteria for “specialty mental health” receive co-occurring competent care and authorization into the DMC-ODS services, as appropriate. Mental Health staff are trained in ASAM LOC placement and SUS staff are trained in Mental Health LOC placement and needs. Placer utilizes a single biopsychosocial assessment to help determine medical necessity for both Mental Health and Substance use (although medical necessity is typically established at SUS provider sites). Placer also developed a MHSA funded Full Service Partnership team to address the needs of severely mentally ill (who meet the eligibility for specialty mental health care) and severe substance use disorders. This team is knowledgeable in all of the substance use treatments/resources as well as mental health resources/treatments. DMC-ODS beneficiaries would be able to access this intensive LOC outside the DMC benefit system as well as lower levels of specialty mental health care, as eligibility and LOC needs dictated.

For beneficiaries with mild to moderate mental health symptoms, their mental health care is provided from one of 3 Medi-Cal managed care plans: California Health and Wellness, Anthem, and Kaiser (small number of Medi-Cal beneficiaries). PCSOC has developed a streamlined referral process and relationships for coordinating care with all of these plans to varying degrees, and is continuing to develop these working relationships and formalized MOUs. MOUs including Substance Use clients will be established with California Health and Wellness and Anthem prior to implementation. There are also relationships with primary care clinics/FQHCs to coordinate behavioral health needs.

Many years ago, PCSOC worked with providers to develop a co-occurring charter that sets standards for delivering effective care to co-occurring clients. Ways to enhance co-occurring competencies were identified among providers. For example, one Placer provider in particular has developed a service continuum within its organization to better care for co-occurring clients. They have specialized groups and individual counseling by LCSW, LMFT and/or LPCC staff on site to augment the traditional DMC services for those with moderate- high level co-occurring needs. Our centralized screening clinic staff are able to know the curriculums and varying levels of readiness to place beneficiaries in the treatment program that is ideal for their co-occurring needs (treatment matching). We will continue to work with our other providers to enhance their capabilities in this regard. Additionally, the County offers outpatient services to co-occurring (SMI and addicted) individuals in both their MH funded treatment continuum and in the substance use funded (not currently DMC funded, but will be by IYI) treatment. This allows even more options for finding the best treatment match for the individual.

SUD Contractor requirements for co-occurring disorders: Minimum Initial Coordination Requirements, Goals and Monitoring

Placer County's DMC-ODS contracts with providers will include initial minimum care coordination requirements, goals, and monitoring including, but not limited to:

- A. Identified screening and assessment procedures/tools to accurately determine when a beneficiary is presenting with co-occurring SUD and MH condition(s)
- B. Written procedures for linking/coordinating beneficiaries with needed MH services. For example, linkage with PCSOC for severe MH conditions, or linkage to a Managed Care Plan provider for mild to moderate MH conditions. SUD providers' policies will identify which staff position(s) will be responsible for ensuring this linkage/coordination occurs.

Providers are required to have written procedures for providing or linking beneficiaries with mental health services, both for specialty mental health and mild to moderate clients. For all clients who screen for mental health disorders, the County will require DMC-ODS providers to include integrated or coordinated mental health treatment in the client's treatment plan. As part of PCSOC QM monitoring and utilization review (UR) of SUS clinical records, the County monitor will determine if the treatment plan and progress notes support the appropriate treatment for a co-occurring client. In addition, case management will be utilized to facilitate coordination along with Multi-Discipline Team Meetings, peer supports, and the utilization of natural supports.

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?

As described previously, Placer County has 2 (Wellspace and Western Sierra) local Federally Qualified Health Centers (FQHCs) with locations in two of the most populated areas of Placer County (Roseville and Auburn). We also have an Indian Health Clinic (Chapa De) located in Auburn. In Tahoe, there is currently a Rural Health Clinic that will be transitioning to an FQHC (Western Sierra) by IY1. Western Sierra is planning to expand services (co-located with behavioral health locations) in Roseville by IY2. One site they are anticipated to be located is in the County Behavioral Health Clinic- providing integrated physical health, mental health and substance use services in a single location (our most populated city). In addition to providing physical healthcare and treatment for mild to moderate MH conditions, two of our FQHCs partner with existing DMC certified providers for Outpatient, IOT and Perinatal Day Treatment services. Conversely, substance use treatment providers often coordinate with the FQHCs and Clinics for addressing both the physical health and MH needs of their beneficiaries. It is expected that coordination will

continue and expand as partnerships build. Leadership and staff of the FQHC are regular, continuing participants in multiple collaborative groups with PCSOC and other community-based service providers. It is also expected that the requirements for coordination currently detailed in contracts, as well as the current QM monitoring of sites and services, will continue and/or be expanded under new contracts with DMC-ODS.

As noted previously, PCSOC will work with our managed care plans to review the current MOU, and will amend to add requirements as necessary under the DMC-ODS waiver. This will include PCSOC partnering with Primary Health Care in reaching out to other providers of physical healthcare throughout the county, who will need to be familiarized with services available under the waiver expansion.

Minimum Initial Coordination Requirements, Goals and Monitoring

DMC-ODS Contracts will include initial minimum care coordination requirements, goals, and monitoring including but not limited to:

- A. Written screening and assessment procedures/tools to identify physical health care needs (within scope of practice), and to determine primary care provider linkage needs
- B. Written procedures for linking/coordinating beneficiaries' physical health services, including, but not limited to, ensuring the beneficiary has a primary care provider
- C. Written procedures for care coordination with physical health providers, whether internally at a DMC-ODS provider site or externally, including identifying the position(s) responsible for ensuring this care coordination occurs

The PCSOC QM team will provide monitoring of care coordination, including determining whether a physical health screening was conducted, if further physical health care coordination was included in the treatment plan, and whether progress was made on implementing the physical health care treatment plan. In instances where corrective action is required, QM staff will work with the beneficiary's treatment team to adjust the beneficiary's treatment plan without interrupting the beneficiary's treatment. Monitoring of this care coordination will happen at annual QM Site Reviews and through internal (provider) and external (PCSOC) Utilization and Chart Review processes.

7. Coordination Assistance.

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

- *Comprehensive substance use, physical, and mental health screening;*
- *Beneficiary engagement and participation in an integrated care program as needed;*

- *Shared development of care plans by the beneficiary, caregivers and all providers;*
- *Collaborative treatment planning and managed care;*
- *Navigation support for patients and care givers; and*
- *Facilitation and tracking of referrals between systems.*

The main challenge currently identifiable in this area is the implementation of SBIRT with primary care providers. One strategy we will use is to ask our health plans if they would financially reward SBIRT interventions, during the MOU discussions. As part of the DMC-ODS implementation, Placer County Health and Human Services will continue to work with local primary care providers to provide education on the available resources and referral process. With additional attention on these efforts as a result of this waiver, this may correct without further technical assistance needed at this time.

PCSOC implemented a centralized screening clinic and crisis follow up (same day/next day services) that directs clients to services that best meet their presenting needs- about 9 years ago. We are not experiencing challenges with comprehensive whole person based screenings due to the years of training and experience gained.

- Shared development of care plans by the beneficiary, caregivers and all providers;*
- Collaborative treatment planning with managed care;*
- Care coordination and effective communication among providers;*
- Navigation support for patients and caregivers; and*
- Facilitation and tracking of referrals between systems.*

The necessary components include ensuring that all SUD, physical health, MH providers and beneficiaries understand the requirements related to 42 CFR, Part 2 (including recent updates), and that related procedures and forms are updated to effectively enable the communication necessary for effective care coordination, shared plan development, and collaborative treatment planning. Currently, not all contracted providers utilize an electronic health record, and those that do, use a system different than PCSOC. Infrastructure for seamless navigation with beneficiary information is lacking; technical assistance will be especially helpful during **IY1** and **IY2** of Placer County's DMC-ODS implementation process. Placer County in conjunction with their providers is identifying strategies to remedy these issues (e.g. a shared EMR) in the future; we anticipate sufficient basic policies and procedures and/or implementation of a shared EMR will be developed by **IY3**.

Additionally, while Mental Health and Substance Use Services have a common- but separate sections of- Electronic Health Record (EHR), physical healthcare information is either limited or unavailable to Substance Use Providers and County staff. Placer County does not currently share data through an exchange but we are in the planning phase to identify and schedule data interfaces for a number of systems. Placer uses

Netsmart Avatar system for health records on mental health and substance use services to clients. Although Avatar is the initial focus as the most mature health record system in use with the county, there are a number of other systems (currently being explored) which we hope to enable for increased data exchange in the future. Placer is engaged in the Whole Person Care pilot (a Federal Grant targeting high utilizing behavioral health and health care services). The grant requires data sharing capabilities and partnership with physical health. This is furthering discussions about information exchange. We will leverage this work to also improve the goals of the DMC-ODS. While partners are willing, it will take collaboration, additional technological capabilities, and some changes in practices to allow for the information exchange. Work in these areas will commence with the goal for more effective care coordination and shared care plans.

We expect more data sharing between physical health and behavioral health as well as between County and Provider Staff (through shared AVATAR entries: minimally, assessments, treatment plans) by IY3. Permissions requirements for the release of information will be a top concern. In the meantime, PCSOC and its providers anticipate that the implementation of case management and recovery services will significantly improve communication between care providers, beneficiary engagement, participation, and navigation through the continuum of services.

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).*

Placer County's census data from 2015 shows the population sits at approximately 375,000 total residents. In 2015, approximately 17% (65,000) of Placer County residents were Medi-Cal beneficiaries. According to the 2008-2010 National Survey of Drug Use and Health, 2013 American Community Survey, up to 14.2% of the Medicaid population meets the diagnostic criteria for a substance use disorder, which was used in calculated projected growth. Applying this prevalence rate to Placer County's Medi-Cal beneficiary pool, PCSOC projects 9,230 beneficiaries have a SUD and could benefit from some level of SUD treatment.

However, 2015 SAMHSA data indicates that only 10.8% of those who needed treatment received treatment in a specialty SUD treatment program. Given this data, Placer County SOC projects between **997 and 1,027** beneficiaries will access treatment services under the waiver expansion.

Below are several charts and descriptions that outline historical utilization of services, the expected utilization of services, the number and types of providers required to furnish these services, language capability for threshold languages, the geographic location of providers and beneficiaries, and access for beneficiaries with disabilities. Together they will provide a comprehensive picture of the services beneficiaries will receive, where they will receive the services, and the anticipated services by each provider type.

Reviewing Placer County historical data from the State of California, Department of Finance, E-1 Population estimates for cities, counties and state, it appears that the overall population growth hovers between 1-2% annually, with a growth of 1.0% from 2015-2016. This 1.0% figure will be used to project the total number of beneficiaries accessing services under the DMC-ODS plan in Placer. In Table 5, the FY 16-17 numbers are purposefully missing as we are currently in the middle of this year so data would be incomplete. Further, it is anticipated that Placer County will have all contracts in place for services under the DMC-ODS waiver by FY 17-18, therefore projections will begin there. Placer County will analyze utilization for all levels of services ongoing during the waiver implementation, and will work accordingly with providers to increase capacity as needed to properly serve the Placer County DMC SUD population.

FIGURE 6 : Estimated Medi-Cal Beneficiaries Needing and Accessing Substance Use Services (Unduplicated Numbers)

	Placer County Medi-Cal Beneficiaries	Mean Estimated SUD Prevalence	Estimated Beneficiaries Needing SUS	Estimated Penetration Rate	Estimated Medi-Cal Beneficiaries Accessing SUS
FY 15-16	65,000	14.2%	9,230	10.8%	997
FY 16-17	65,650	14.2%	9,322	10.8%	1,007
FY 17-18	66,307	14.2%	9,416	10.8%	1,017
FY 18-19	66,970	14.2%	9,510	10.8%	1,027

FIGURE 7: Type of Treatment Services/Modality Admissions FY & 15-16

FY 15-16	
Type of Treatment	Distinct Total
Intensive Outpatient	85
NTP-Individual Counseling	64
NTP-Methadone	568
ODF- Individual Counseling	455
ODF-Group Counseling	92
ODF-Individual Counseling (Perinatal)	48
Perinatal Residential (long term)	75
Residential (non-Perinatal)	<u>104</u>
Grand Total	1,491

The below figures were calculated by taking the historical data (specifically FY 15-16) in the above graph and utilizing the 1.0% Placer County growth figure. PCSOC used data pulled from CalOMS, DHCS reports on residency, and internal Fiscal and Electronic Health Record reports for the above chart. All of this information is combined to reflect the below projections.

FIGURE 8: Projected Type of Treatment Services/Modality Admissions FY 17-18 & 18-19

Type of Treatment	FY 17-18 Distinct Total	FY 18-19 Distinct Total
--------------------------	------------------------------------	------------------------------------

Intensive Outpatient	87	88
NTP-Individual Counseling	65	66
NTP-Methadone	579	585
ODF- Individual Counseling	464	469
ODF-Group Counseling	94	95
ODF-Individual Counseling (Perinatal)	49	49
Perinatal Residential (long term)	77	77
Residential (non-Perinatal)	<u>106</u>	<u>107</u>
Grand Total	1,521	1,536

Current Provider Capacity versus Projected Utilization

Comparing the projected utilization for all levels of services, Placer County's current continuum of providers satisfy the needs for utilization projected through FY 18-19. We don't anticipate any additional providers are necessary to meet the projected utilization identified in this chart. However, Placer County will be issuing RFPs for all DMC-ODS services, particularly targeting Withdrawal Management, Residential, and MAT services in the Tahoe region to improve timeliness and prepare for any higher utilization than anticipated.

Hours of operation of providers

In addition to 24-hour, 7-day/week residential services, providers of other ASAM LOC services will be required to offer services at hours that meet the needs of beneficiaries, including varying evening and weekend options across the continuum of providers in the County.

Projected Language Needs

The threshold languages in Placer County are currently English and Spanish. Placer County SOC will work with contracted providers to ensure that all written information is available in both threshold languages, including how to access available language lines in Placer County for translation purposes when necessary. One of Placer County's current ODF and Perinatal Day Treatment providers has a program specifically for Spanish speaking clients and has bilingual staff. During the RFP process for service providers under the DMC-ODS plan, Placer County will highlight the need for English and Spanish speaking staff to be employed by the provider or for the provider to demonstrate how services will be effectively provided to a Spanish speaking client.

Timeliness of Services

Placer County SOC and its providers are dedicated to providing timely access to services for all beneficiaries. With this in mind, Placer County is proposing the below timelines and will work with all contracted providers to meet these standards.

- A. Non-Urgent Contact (beneficiaries screened to need services in ASAM Levels of Care 2.1 and below, NTP services or MAT services) will be offered a face to face assessment appointment with a provider *within 10 business days*
- B. Urgent Conditions (beneficiaries needing immediate attention but that do not require hospitalization, screened for ASAM Levels of Care, 3.1, 3.5, or 3.2-WM) will be offered a face to face assessment appointment *within 48 hours*
- C. Emergency (all beneficiaries experiencing a medical or psychiatric emergency) will be *immediately referred for services at the most appropriate local hospital*
- D. Frequency of follow-up appointments will occur in accordance with individualized treatment plans

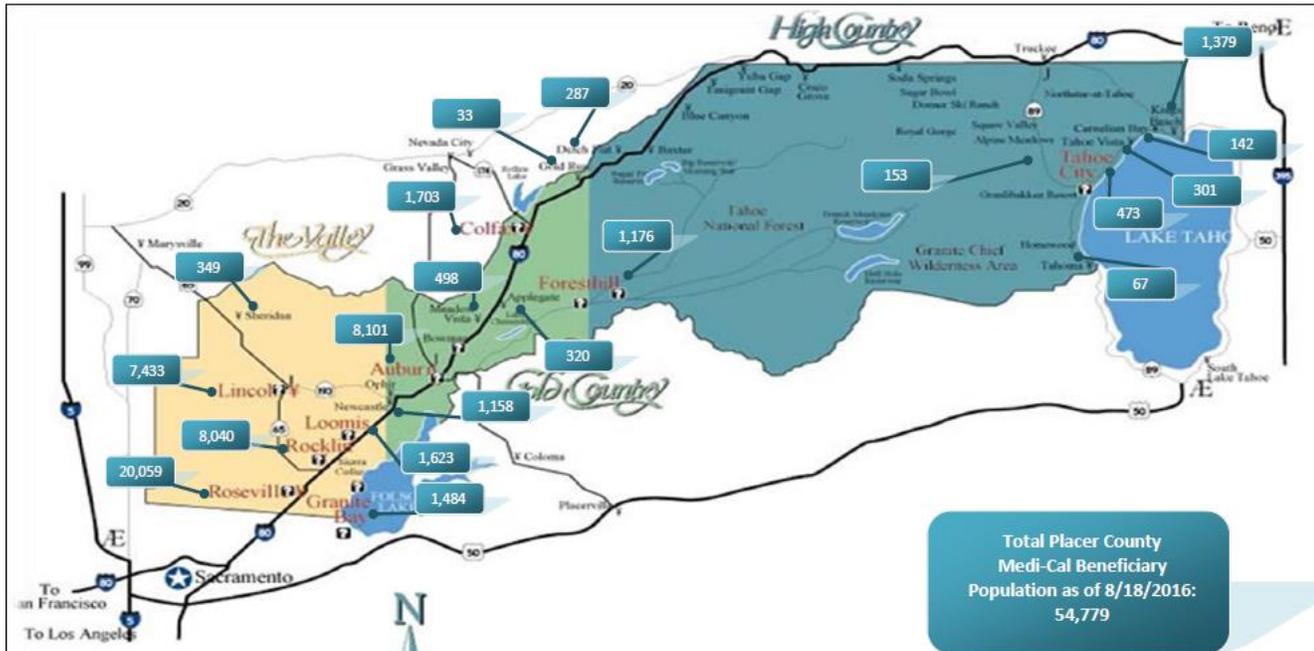
The above guidelines are intended for IY1. Data gathered during IY1 will be used to analyze timeliness and consider improvements.

Placer County already has 2 existing 24-hour access lines: one for adults and one for youth to access multiple integrated services (e.g. mental health, CWS, IHSS, APS, Substance Use, etc.) and staff operating these access lines will be trained regarding the SUD continuum and screening tool (for emergent and urgent needs) so services can be screened for 24 hours per day, 7 days per week, including holidays. Non emergent/urgent needs can access an in-person screening clinic 5 days per week and a telephonic screening for youth.

FIGURE 9

Geographic Map of Medi-Cal Beneficiaries

Placer County Medi-Cal Beneficiary Breakdown by area/region.
(Active Beneficiaries as of 8/18/2016)



Placer County encompasses 1,506 square miles (including 82 square miles of water) or 964,140 acres (including 52,780 acres of water) and is located 80 miles northeast of San Francisco, California. Placer County includes the incorporated cities of Roseville, Rocklin, Auburn, Colfax, Lincoln, and Town of Loomis. The unincorporated areas include small communities, such as Sheridan, Newcastle, and Granite Bay in the Valley; Weimar, Meadow Vista, Applegate, and Foresthill in the Gold Country; and Dutch Flat, Emigrant Gap, Kings Beach, and Tahoe City in the High County. The travel distance from the City of Roseville to the City of Auburn is 17 miles. The travel distance between the City of Auburn and the City of Colfax is 17 miles and the travel distance between the City of Colfax and community of Kings Beach is 65 miles. All routes are linked through Interstate 80. Figure 9 is a map of the entire County and its three regions: the Valley, The Gold Country, and the High County. It demonstrates where Medi-Cal beneficiaries are located. Figure 10 (below demonstrates where beneficiaries access DMC services at DMC service sites available in FY 15-16.

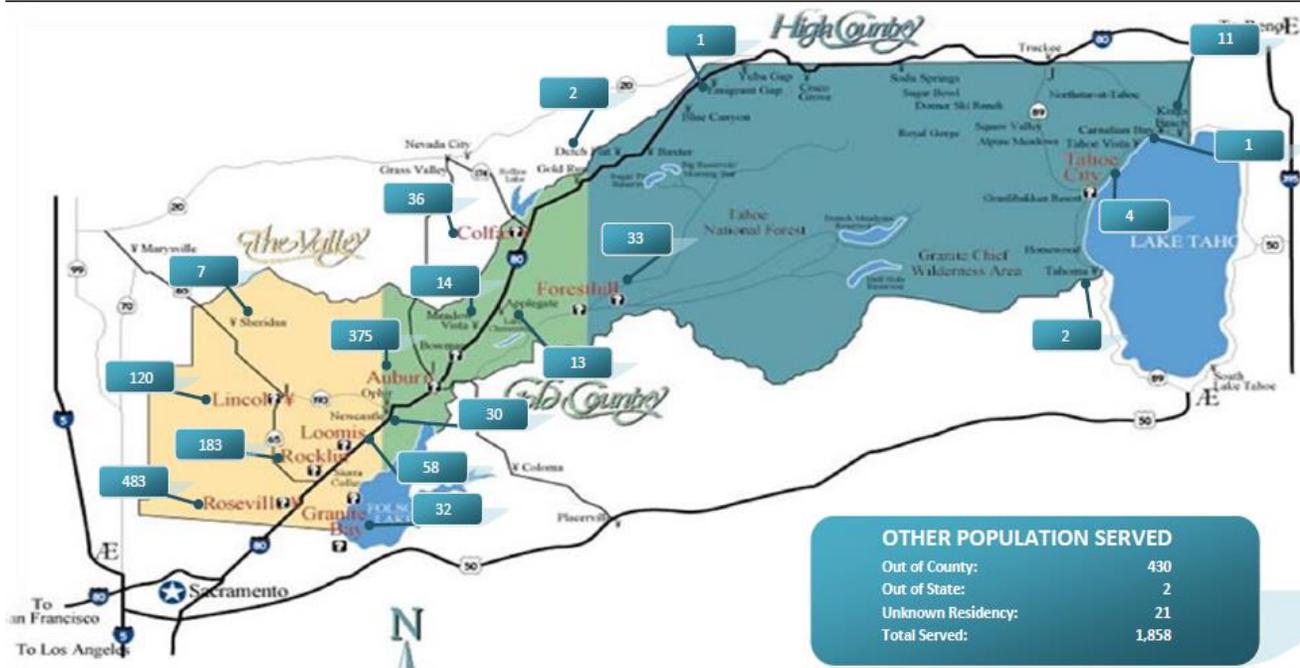
FIGURE 10

Geographic Map of DMC service Utilization by Provider Site

Placer County Substance Use Services Population

From Services Charged to Drug Medi-Cal in AVATAR

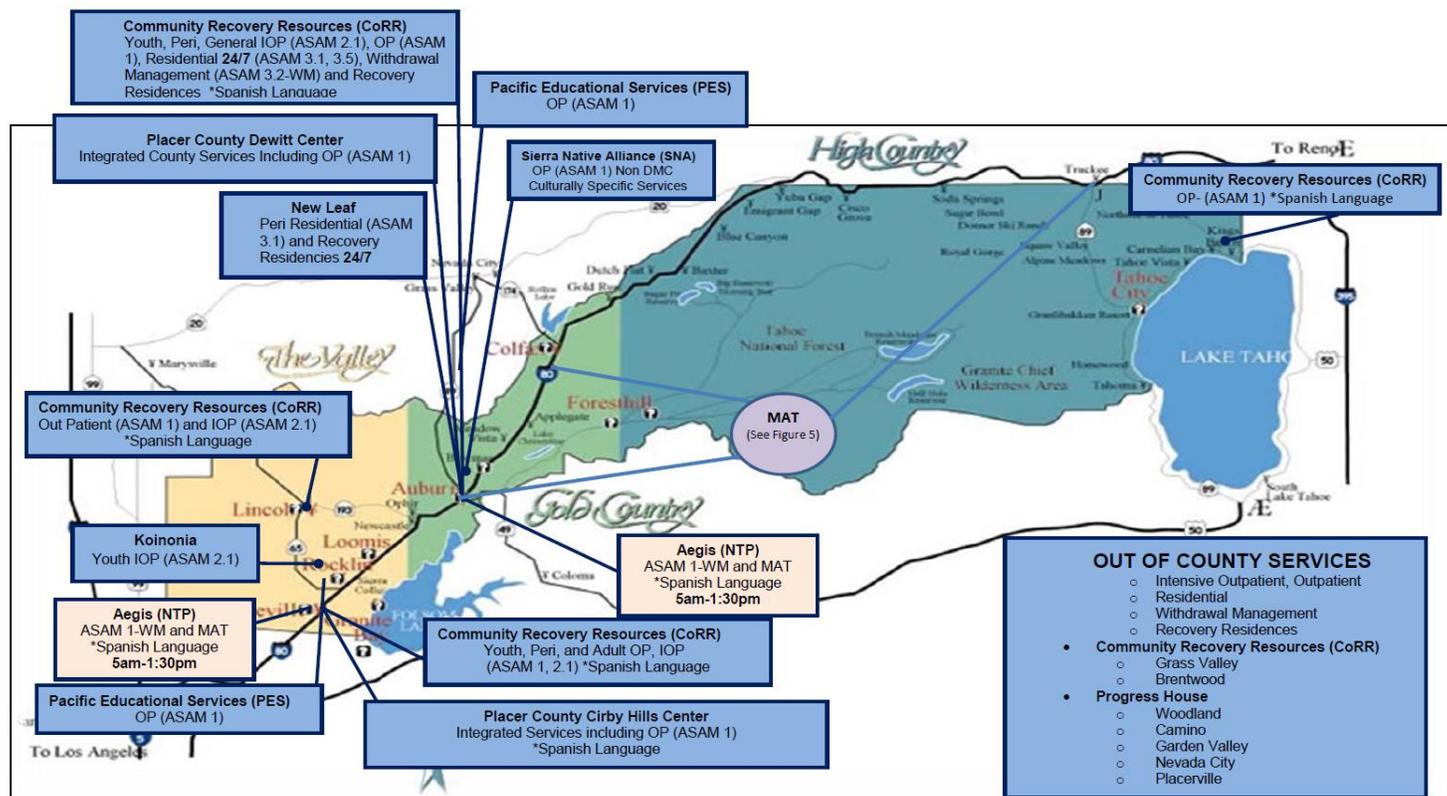
(FY 2015/16) by area/region.



Outpatient treatment services are currently offered at Roseville, Lincoln, Auburn, and Kings Beach. While residential and detox services are offered at Auburn, and additional out of County locations. MAT is currently offered in Roseville (NTP), and will expand to Auburn and Truckee in the near future. Additional MAT (not funded by MAT) is offered in Weimar, Auburn, and has plans to expand beyond (see Figure 11-below). Assessment and intake services are offered throughout the County in Roseville, Auburn, by phone, and by case managers throughout the County.

FIGURE 11

Services by Modality, Location, Language and Hours of Operation



Access to all levels of required DMC-ODS services is provided throughout the geographic region of Placer County. When needed, public transportation is offered by Placer County Transit (PCT) and Tahoe Area Regional Transit (TART). Case managers frequently assist with providing transportation to clients who are requiring residential placement to out of county providers. All treatment locations are wheelchair accessible. American Sign Language interpreters, when needed, are provided at no cost to beneficiaries. Accommodations for all other disabilities are made on as-needed basis. Spanish, Placer’s threshold language offers services in all geographic regions (as demonstrated in Figure 11). Figure 12 (below) provides a chart demonstration of several pieces of information provided in the various maps, above. This is provided for additional clarity.

FIGURE 12

Location	# Beneficiaries	# DMC Beneficiaries Receiving Services	Services Available in Location
Applegate	320	13	
Auburn	8,101	375	ASAM 1, ASAM 2.1, ASAM 3.1, ASAM 3.5, ASAM 1-WM ASAM 3.2-WM and MAT
Colfax	1,703	36	Additional MAT in Weimar
Dutch Flat	287	2	
Emigrant Gap	-	1	
Foresthill	1,176	33	
Gold Run	33	-	
Granite Bay	1,484	32	
Lincoln	7,433	120	ASAM 1 , ASAM 2.1
Loomis	1,623	58	ASAM 2.1
Meadow Vista	498	14	
Newcastle	1,158	30	
Rocklin	8,040	183	
Roseville	20,059	483	ASAM 1-WM and MAT ASAM 1, ASAM 2.1
Sheridan	349	7	
(Tahoe Area) Alpine Meadows	153	-	
(Tahoe Area) Tahoma	67	2	
(Tahoe Area) Tahoe City	473	4	
(Tahoe Area) Tahoe Vista	301	-	
(Tahoe Area) Carnelian Bay	142	1	
(Tahoe Area) Kings Beach	1,379	11	ASAM 1 and additional MAT (at Implementation)
<i>Out of County Served</i>		430	
<i>Out of State Served</i>		2	
<i>Unknown Residency</i>		21	
Total Medi-Cal Beneficiaries	54,779		
Total Drug Medi-Cal Beneficiaries Served (Distinct Count)		1,858	

Out of County Services**Community Recovery Resources (CoRR)-**

Grass Valley- ASAM 3.1, 3.5, 2.1, 1, ASAM 3.2-WM MAT
Brentwood- ASAM 1, 3.1, 3.5, ASAM 3.2-WM

Progress House- ASAM 3.1, 3.5

Woodland
Camino
Garden Valley
Nevada City
Placerville-also ASAM 3.2-WM (Men Only)

Addressing Service Gaps

A primary service gap currently identified is MAT, and IOP access in Tahoe. However, we anticipate by the start of implementation that we will have an FQHC prescribing MAT in that region and other providers have also expressed interest in service delivery. Tahoe region needs will be included in the RFP issued prior to implementation. As DMC-ODS is implemented, PCSOC QM will target questions on beneficiary satisfaction surveys towards developing and refining an understanding of service gaps specific to SUD programs. Additionally, site reviews and ongoing SUD provider workgroup meetings will maintain the topic of 'Addressing Service Gaps' on standing agendas/reviews. As gaps are clearly identified, system review of resources to address the need will be engaged, along with pursuit of collaborations, additional funding, etc., to minimize/eliminate service gaps ongoing.

9. Access to Services.

In accordance with 42 CFR 438.206, describe how the County will assure the following:

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

PCSOC QM will monitor internal and contracted providers meet the following standards regarding timely access to care and services*:

- A. First Face-to-Face Visit: In general, first appointments will be scheduled as soon as possible, with a 10-day standard for intake appointment after initial request for outpatient services.
- B. Urgent Conditions: Placer County is committed to ensure that services for urgent situations are provided within 48 hours.
- C. Emergencies: Upon identification of emergency conditions, county staff (e.g. 24/7 access lines, screening clinic, etc.) or providers will contact the appropriate emergency medical services for intervention and when appropriate initiate intake at a withdrawal management or other urgent care facility.
- D. Afterhours (24 hours/day, 7 days/week) Care: Should beneficiaries require intervention outside of normal business hours, they will have access to a 24/7 toll-free phone number with the availability of on-call staff. Placer County will require contract providers to establish procedures for addressing afterhours care needs as appropriate for the LOC.

As described, Placer County utilizes two 24/7 access lines (one for youth and one for adults) where emergent and urgent needs will be identified and immediately referred to appropriate care (e.g. medical services, afterhours on call staff for presumptive authorization to a contracted SUS, or to the Placer County screening clinic). Those not requiring immediate care will be referred to one of Placer's screening clinics offered 5 days per week. Authorization for appropriate ASAM LOC to contracted provider is typically given at time of screening (same day) but no longer than next business day.

All contracts with provider agencies will delineate that agency hours of operation for Medi-Cal beneficiaries are no less than those for non-Medi-Cal service recipients. Contractors will be required to provide timely access data and participate in bi-monthly Provider meetings where quality assurance/improvement discussions are held.

Timely access requirements will be monitored through review of data compiled by QM staff related to timeliness, and are also monitored via site reviews conducted at least annually. Staff will review documentation and data demonstrating that the beneficiary meets medical necessity criteria, is in the appropriate ASAM LOC, that the interventions are appropriate for the diagnosis(es) and LOC, and that access to care met the above outlined timeliness standards by both County and contracted staff.

QM develops Correction Action Plans as necessary and provides technical assistance. Placer would also utilize DHCS involvement, when indicated, to assure access compliance.

*Timely Access is based on standards set by the California Department of Managed Care for timely access. Using

these standards, timely access is 10 business days for a non-urgent appointment with an AOD provider, and 48 hours for an urgent appointment that does not require prior approval. Please see the California Department of Managed Care website for more details:

<https://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessstoCare.aspx#.Vtn6 -EIrlDU>

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

Placer County Health and Human Services will offer, at a minimum the following training to DMC-ODS service providers.

- ASAM E-Trainings: Required for staff performing assessments and ASAM level of care recommendations highly recommended for other direct service staff (ongoing).
- ASAM In-Person Training: Required for staff performing assessments and ASAM level of care recommendations highly recommended for other direct service staff (Annually).
- Title 22 Documentation Training: Required representation from each DMC-ODS service provider (Annually)
- Cultural Competency: specific topics vary, must meet CLAS standards: Required by all SUS treatment staff (at least annually)
- Law and Ethics Required for LPHAs, optional for other treatment staff (Annually)
- Placer AVATAR training, Required (at implementation of SUD documentation in Electronic Health record by IY3, annually thereafter).
- Training in Evidence Based Practice chosen by provider (at least 2 from STCs) required by treatment staff utilizing the practice- (Frequency is determined by EBP).

Placer Health and Human Services also offers a variety of optional training throughout the year through its Workforce Education and Training program, all of which will be available to DMC-ODS service providers, as applicable.

11. Technical Assistance.

What technical assistance will the county need from DHCS?

Placer County would like to request technical assistance from DHCS on the following topics/areas:

- A. ASAM trainings: Continued access to in-person ASAM trainings for clinical staff
- B. Development of a continuum that includes robust services that are difficult to access across the state: e.g. ASAM level 3.3, Youth Services, and Medically managed/monitored SUD levels of care (ASAM 3.7 and 4.0). Offer guidance, list of facilities currently certified to provide these levels of care, billing support, etc.

- C. Fiscal implications under the DMC-ODS such as, but not limited to: cost reporting, billing new services, rate development, fiscal planning, implications if Federal Governments changes fiscal support dramatically, etc.
- D. Assistance with providing any validated tools for assessing fidelity to the evidence based practices identified in the STCs.

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 individualized 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.

Placer County's System of Care, Quality Management (QM) program embraces the true nature of Placer's integrated service delivery model. The QM program oversees both the quality assurance and quality improvement activities within the various SOC programs including, but not limited to: Mental Health, Substance Use Service, In-Home Support Services, Child Welfare Services, and Adult Protective Services. One goal of the QM program is to support the integration of the Placer County Systems of Care, and family and community-centered practice, including a strengths-based approach to working with clients

and families to provide full-scope services in order to attain comprehensive desired outcomes. A second goal is to oversee activities required for compliance with regulatory authorities. A third goal is to review administrative and other organizational processes to promote their effectiveness and efficiency ensuring timely access to the appropriate level of care/services.

Since 2013, Placer County Systems of Care has had an integrated utilization management and review function for the system of care as a whole, by building on existing processes that served the County's Mental Health Plan and resulted in the development of an Integrated System of Care Quality Improvement Work Plan. PCSOC QM's main objective related to SUS will continue to be monitoring the compliance, performance, and quality of all publicly funded SUD treatment services and establishes processes for ongoing quality improvement in the SUD system of care and will be responsible for the developing SUD-QM specific processes required by the DMC-ODS Waiver. QM's focus will be to establish a quality management infrastructure for an outcome driven and quality focused SUD service continuum. QM will determine quality standards and ensure continuous improvement in the delivery of services.

The list below provides an overview of the quality assurance, data and evaluation, and monitoring activities that PCSOC QM will perform to meet DMC-ODS quality assurance requirements.

- A. Facilitate grievance processes
- B. Sentinel Reviews
- C. External Quality Review Organization (EQRO) evaluation processes
- D. Evaluation of the Quality Improvement Plan
- E. Beneficiary satisfaction
- F. Timeliness
- G. Performance Improvement Projects
- H. Outcomes
- I. Unusual occurrences
- J. Unauthorized services
- K. Denials
- L. Notice of actions
- M. Appeals/fair hearing process
- N. Penetration/retention
- O. EBP Fidelity
- P. Special Populations
- Q. Medication Monitoring
- R. Ad hoc analysis & reporting

The Integrated Quality Improvement Committee (QIC) serves as the hub of our QM Program and links with the Systems of Care (SOC) Leadership Team, the Department of Health and Human Services (HHS) Policy Team, the Systems Management and Resource Team (SMART), Policy Board and Committees, Subcommittees and Teams, which

comprise the QI Program structure. This integrated *Quality Improvement Committee* (QIC) supports quality management and continuous quality improvement of the variety of program/services under the Systems of Care, including SUD and MH.

The Quality Improvement Committee is composed of the Mental Health Director, Chief of Psychiatry; SOC Assistant Directors; MHP Quality Improvement Coordinator; AOD Administrator/designee; the MHP Managed Care Coordinator; Patient's Rights Advocate; Cultural Competency Chairperson; Mental Health, Alcohol and Drug Board (MHADB) member; Program Managers and contract liaisons for programs provided through the SOC; Contract providers; Family and Consumer members; administration staff and program service staff from each of the Systems of Care. Other members may be added as necessary.

The QIC is responsible for the annual SOC Integrated QI work plans and annual work plan effectiveness reports. This Work Plan includes indicators for all programs under the SOC including but not limited to: access and timeliness to services, grievances, appeals, and compliance with Contractual requirements and State, Federal regulations.

The QIC reviews the work plan with key stakeholders and members of the QI subcommittee of the Mental Health, Alcohol and Drug Advisory Board. QIC reviews the annual work plan and its effectiveness annually during the External Quality Review Organization review of the MHP and every three years during the Department of Health Care Services Specialty Mental Health Services Triennial review. The QIC submits this annual plan and effectiveness reports to Department of Health Care Services annually.

The QIC will review and evaluate quality improvement activities, implement QM projects and actions, follow up on quality improvement processes, document QIC minutes, suggest policy considerations, and report to the QM Program Manager. SUS Clinical and compliance indicators have been included in the work plan, however, will be expanded to include the additional DMC-ODS indicators of:

- A. Timeliness of first face to face appointment
- B. Timeliness of services for first dose of NTP services
- C. Waitlist time for residential treatment
- D. Responsiveness of the access line
- E. Timeliness of response to prior authorization requests
- F. Number and percentages of prior authorization approved/denied
- G. Availability of specialty population access to SUS and network adequacy
- H. Use of medical necessity to place beneficiaries
- I. Access to afterhours care
- J. Strategies for reducing hospitalizations
- K. Coordination of physical and mental health services with waiver services at the provider level
- L. Assessment of beneficiaries' experience
- M. Telephone access line and services in the prevalent non-English languages

N. Frequency of follow up appointments in accordance with individualized treatment plans

The QIC will review these measures on a quarterly basis using reports provided by the QM Program Manager. Placer County SOC also expects that the QIC, through the various subcommittees, will identify additional quality measures as DMC-ODS implementation begins. New measures will be integrated into the existing QI process on both an annual and as needed basis.

Informal Complaint Process

Beneficiaries may contact the Patient's Rights Advocate or the Quality Improvement Coordinator for quick identification and resolution of their concerns. In addition, Beneficiaries may authorize a person to act on their behalf during the complaint process.

Formal Grievance Process

The Grievance Process, including how to the process to file a formal grievance is outlined in the Problem Resolution/Grievance Policy.

The information provided about the PCSOC client problem resolution process options were based in the former Department of Mental Health Notice 05-03, issued in June 2005. This process reflects the revisions in the California Code of Regulations (CCR), Title 9 and is consistent with the Title 42, Code of Federal Regulations 438.420 (b) and has been updated to include the new requirements identified in the DMC-ODS pilot.

Grievance information will be available 24 hours a day through the Systems of Care urgent care phone lines. Notices of complaint and grievance procedures, formal and informal, and grievance forms with self-addressed return envelopes are visibly posted in prominent and accessible locations in client and staff areas.

Written and oral information explaining the informal complain process, formal grievance procedures, and fair hearings are provided to beneficiaries. Written information will be given to beneficiaries periodically. This information will state that the formal grievance process may be started without first going through the informal process. Written communications with a beneficiary regarding a denial, termination or reduction of services are stated in clear, concise language and in a format understandable to the beneficiary. Included will be information about the complaint and grievance procedures and an explanation that the informal process is not a prerequisite for the formal process.

QM will be responsible for collecting, categorizing, assessing, responding, and monitoring all grievances and appeals filed by beneficiaries. The County will inform beneficiaries, via DMC-ODS guidelines, and post notices of the process for reporting and resolution of grievances that includes:

- A. The provision of written procedures for reporting and resolving grievances to each beneficiary during the initial assessment.
- B. The receipt of grievance and appeal procedure information through written or verbal means during the provision of DMC-ODS services.
- C. Posted notices at every direct service provider facility including contracted, individual, and group providers
- D. Twenty-four (24) hour a day access to the grievance information and assistance by calling the SUD access lines.

In addition, all written and verbal information about the grievance and appeal process will be available in the County's threshold languages (English and Spanish). Beneficiaries may submit a grievance in either written or verbal format to QM. Beneficiaries may report a verbal grievance to the 24/7 access line, Patient's Rights Advocate, any County SUD staff, or direct service provider. To file a written grievance, beneficiaries may submit a Beneficiary Grievance Review Request form. Grievance Review Request Forms may be deposited at any PCSOC location or mailed in a self-addressed envelope to the QM Team. Staff not involved in the original grievance will review all grievances and appeals. If the appeal is about clinical issues, or if this should be an expedited appeal, the decision maker will have the appropriate clinical expertise and scope of practice. QM will resolve all grievances as quickly and simply as possible. They will make a decision within sixty (60) calendar days of receipt of the grievance. This timeframe may be extended by up to fourteen (14) days if the consumer requests an extension or Placer County QM determines there is a need for additional information and the delay is in the beneficiary's interest. Once a decision is made, QM will mail the beneficiary a letter summarizing the decision. If Placer County QM is unable to contact the beneficiary, documentation of the efforts to contact the beneficiary will be maintained.

Medi-Cal beneficiaries who have experienced a denial, reduction, or termination of services have a right to appeal. In order to appeal, beneficiaries may complete the Appeal Form. Beneficiaries may file an appeal orally, or in writing. Standard oral appeals must be followed up with written, signed appeals within forty-five (45) days. All Notice of Action and grievance decision letters will include information and forms for both the appeal and state fair hearing processes. A decision will be made within forty-five (45) days of the appeal request date. A beneficiary or provider may request an expedited review process if it is determined that the standard timeframe could jeopardize the health of the beneficiary. Expedited decisions are made within three (3) working days of receipt. Beneficiaries who are not satisfied with the outcome of the appeal have the right to a State Fair Hearing. The Request must be in response to a notice of action the beneficiary received from the County. They may contact the Public Rights Dept. for assistance in filing for a State Fair Hearing, call the State Fair Hearing Office, or the beneficiary or authorized representative must complete the form and provide a detailed reason for the request.

Once received, QM will enter the grievance into a centralized log within one working day of the date of receipt. This log shall include the following information:

- A. Name of the beneficiary
- B. Date of receipt of the grievance
- C. Date of acknowledgement of receipt sent
- D. Nature of problem
- E. Final disposition of a grievance
- F. Date written decision sent to beneficiary
- G. Documentation of reason that there has not been final disposition of the grievance
- H. Documentation of Appeal or State Fair Hearing Request

QM will be the primary staff responsible for the tracking, reporting, and monitoring consumer grievances, appeals, and state fair hearings.

For individuals currently receiving DMC services that file a grievance or appeal a decision, PCSOC will continue to provide the beneficiary with the level of services the beneficiary currently receives until a final decision is reached.

Quality through data

QM will hold quarterly quality review meetings with the QIC and appropriate sub-committees to review data based on the external quality review organization (EQRO) protocols from DHCS. Review of this data on a regular basis will provide an additional process to ensure that PCSOC and its providers are meeting quality standards. The quarterly review will include the following data elements from the SUD System of Care:

- A. Number of days to the first DMC-ODS service encounter at appropriate level of care after referral
- B. Existence of a 24/7 telephone access line with prevalent non-English languages
- C. Access to DMC-ODS services with translation services in prevalent non-English languages
- D. Number and percentage of denied authorization requests
- E. Time period of authorization requests approved or denied

The QIC will review the necessary data and information required by the state in order to comply with DMC-ODS evaluation. As the State identifies the data and information they will require for the evaluation, the Substance Use program and QM will work with the IT Department to develop a report that can be generated on an ongoing basis.

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?

Placer County will ensure that contract providers are implementing at least two of the following evidence based practices (EBP's): Motivational Interviewing; Cognitive

Behavioral Therapy, Relapse Prevention; Trauma-Informed Treatment; and Psycho-Education through the following:

- Incorporating the requirement to implement at least two of the EBP's listed in the STCs in all Requests for Proposals for DMC-ODS services
- Including provisions in all contracts for DMC-ODS services requiring providers to implement at least two of the identified EBP's. Providers will need to list the specific EBP's being utilized as well as information on how they will be implementing the EBP's with fidelity. Curriculum changes will need to be approved by County.
- Placer County will monitor adherence to implementing at least two of the identified EBP's through review and approval of the contract language; on-site monitoring, chart review, evidence of training, and written reports.

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

14. Regional Model.

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

Although Placer County intends to coordinate with neighboring counties and will contract with providers in other counties to meet the capacity needs of our beneficiaries, Placer County is not proposing to implement a regional model at this time.

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:

- a. Comprehensive substance use, physical, and mental health*

- screening, including ASAM Level 0.5 SBIRT services;*
- b. Beneficiary engagement and participation in an integrated care program as needed;*
- c. Shared development of care plans by the beneficiary, caregivers and all providers;*
- d. Collaborative treatment planning with managed care;*
- e. Delineation of case management responsibilities;*
- f. 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;*
- g. Availability of clinical consultation, including consultation on medications;*
- h. Care coordination and effective communication among providers including procedures for exchanges of medical information;*
- i. Navigation support for patients and caregivers; and*
- j. Facilitation and tracking of referrals.*

As previously outlined, Placer County has 3 Medi-Cal Managed Care Plans, Anthem and California Health and Wellness and Kaiser. Placer County will attempt to expand the MOUs in place for Mental Health to include more SUD elements to meet the requirements of the DMC-ODS. A revised MOU with Anthem and California Health and Wellness, and Kaiser incorporating all requirements above, will be submitted as required prior to implementation of services.

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).

At this time, Placer County does not plan on utilizing telehealth services under the DMC-ODS plan. During IY1, SUS Quality Management and Program Services will review data on the developing system, including identifying service gaps through provider and client feedback, and access timeliness, to determine if telehealth services should be pursued in upcoming implementation years.

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?

Placer County contracts with agencies to provide SUS, including DMC and Non-DMC substance use treatment services. SUS are contracted out to community providers who are best positioned to provide timely service access and treatment throughout the County. The County utilizes a fair and competitive provider selection process, and requires that Subcontractors comply with all applicable laws, regulations and contractual obligations set forth in the State Contract between the Placer County Health and Human Services and the California Department of Health Care Services.

In accordance with the Placer County Contracting and Purchasing Policy and Procedure, it is the general policy of Placer County to circulate and distribute a RFP prior to subcontracting for SUS. Exceptions to this policy include purchases for emergencies, federal, state and local contracts, when costs are prohibitive relative to the proposal, for travel and per diem services, for expert witness services, when State law prescribes the selection process, or when the County Purchasing Agent, County Administrative Officer or Board of Supervisors determines that there is but a single source from which goods or services may be acquired. The County collects and evaluates RFP responses for completeness, ability to perform as required, qualification and experience, ability to meet the desired outcomes, cost proposals and previous customer references. Once the County has selected a vendor, a Letter of Intent to Award is issued.

RFP responders who are not awarded are notified that they were either not the selected vendor, or in some cases that they were disqualified for not meeting the minimum requirements, as appropriate. Placer County is committed to fostering relationships with its suppliers, and encourages suppliers to resolve issues through written correspondence and discussion. In protests related to the award of a contract, the protest must be received by e-mail or hard copy no later than five (5) working days after the notice of the proposed contract award to the respective Department Head. Contact information for the Department Head is as follows: (Department Head name, address, e-mail.) Notice must be clearly marked "Notice of Protest of Award of Contract" and may be received by e-mail or hard copy. No facsimiles will be accepted. A review may be granted if the protest is received within the specified time and the firm/person submitting the protest is a Bidder/Offeror.

All protests shall be typed under the protester's letterhead and submitted in accordance with the provisions stated herein. All protests shall include at a minimum the following information:

- The name, address, and telephone number of the Protester;
- The signature of the Protester or Protester's representative;
- The solicitation title and due date;
- Name of County employee designated as the RFP/IFB Coordinator;
- Identification of the statute or procedure that is alleged to have been violated;

A detailed statement identifying the legal and/or factual grounds of the protest and all documentation supporting the vendor's position at the time of the initial protest;

The party filing an “award” protest must concurrently transmit a copy of the protest and any attached documentation to all other parties with a direct financial interest which may be adversely affected by the outcome of the protest; the form of relief requested.

Contracts between the successful vendor and the County are developed, and approved by the appropriate County and vendor authorities. Approval authority varies depending on contract spending maximums, and may be approved by the Department Head, the Purchasing Agent, The County Administrative Officer, or the Placer County Board of Supervisors. Contracts all contain the term of the agreement (may be multi-year), the amount of the agreement for each relevant year, the Scope of Services to be performed, the Performance Measures outlining expected goals and outcomes, the Terms and Method of Payment, and all general and legal liabilities and assurances required by the Placer County Purchasing Agent and/or County Counsel.

Contracts are used to establish payment rates and limits, secure industry-specific goods and services, clarify expectations and outcomes, protect client information and to ensure the most appropriate level of care. As local needs change, contracts are amended as agreed upon by both parties and approved by the appropriate authority. DMC providers are required to be certified, and all providers are required to comply with applicable laws, regulations, and audits.

In the event that a current provider does not receive a contract with the County for Drug-Medi-Cal (DMC) services under the waiver, the County will agree to compensate the current provider until DMC clients are transferred to a contracted provider for treatment. The County will work with both providers and clients to mitigate a gap in treatment and will monitor providers to ensure timely transitions of care

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

Placer County offers medically necessary MAT services through contracted providers, an NTP program, FQHCs, and a provider licensed as a primary care clinic. Services include: assessment, treatment planning, treatment, non DMC funded case management, ordering, prescribing, administering, and monitoring of medication for substance use disorders.

MAT will expand the use of medications for Adult and Youth beneficiaries with chronic alcohol related disorders and opiate use. Medications will include: naltrexone, both oral (ReVia) and extended release injectable (Vivitrol), topiramate (Topamax), gabapentin (Nuerontin), acamprosate (Campral), disulfiram (Antabuse), and Buprenorphine/Naloxone (Suboxone). The only DMC-ODS funded MAT will be through our NTP, which will offer: buprenorphine, naloxone and disulfiram in addition to methadone. All other MATs being used for beneficiaries involved in our treatment facilities is being prescribed by partnering Primary Care/Psychiatric staff.

Placer County staff are (and will continue to be) trained to screen, motivate, engage, refer and case manage the most complex individuals into the most appropriate SUS, including MAT services.

19. Residential Authorization.

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

Placer County has had an established residential services authorization process for about 7 years. The process will be expanded and improved upon for even more timely access and include increased tracking of DMC-ODS Services with emphasis on:

- A. Enhance protocols for the initial, prior, and continuing authorization of residential services
- B. Establish standards for medical necessity and ASAM designations

The sections below outline the County's plan for implementing utilization review processes to ensure that referrals into residential programs are due to the medical necessity of the beneficiary and authorized by Placer County before admission or within an acceptable timeframe.

The authorization of treatment is a primary role of Substance Use Staff in Placer County and is an integral component of ensuring quality service delivery. Treatment staff partner with Quality Management staff, whose primary role is ensuring documentation and standards are being met at the provider site. These processes include initial authorization, prior authorization, continuing authorization, determinations of medical and service necessity, and appropriateness of SUS. SUS staff supports quality assurance functions to ensure that DMC-ODS beneficiaries have access to SUS at the appropriate ASAM LOC based on a standard of medical necessity. To do so, SUS processes will be facilitated in a way that monitors and measures the appropriateness, quality, and cost effectiveness of SUS. The emphasis is on ensuring:

- A. Services are medically necessary and rendered at the appropriate ASAM LOC
- B. Services are rendered in a timely manner (10 days)
- C. Available resources are utilized in an efficient manner
- D. Admission criteria, continued stay criteria, and discharge planning criteria are used to assure that maximum benefit is obtained by consumers at each LOC, and that transitions between LOC occur in a coordinated manner

SUS appointed staff will review the service(s) requested by the provider for the identified eligible beneficiaries and will authorize services accordingly as based on the ASAM Level assessment.

Determination of the service request for the DMC-ODS beneficiary will be performed as follows:

- A. Eligibility verification by the county or the county contracted provider. When the county contracted provider conducts the initial eligibility verification, it must be reviewed and authorized prior to payment for services
- B. Medical necessity determination as performed through face to face review or telehealth by a Medical Director, Licensed Physician or LPHA
- C. Authorizations of appropriate level of services
- D. Monitoring and review of the beneficiaries' records for service compliance with regulatory and contractual requirements of the waiver, providing written review outcome and proposed recommendation(s)
- E. Authorizations for residential services meet standards for timely access and medical necessity
- F. Clinical staff and providers make referrals based on ASAM and medical necessity standards
- G. Providers meet their assigned ASAM LOC standards.

The Quality Management team will also perform a variety of functions that include the review and analysis of program and utilization data, ASAM fidelity monitoring, case/discharge planning oversight, and recommendations for corrective actions.

Initial Authorization (from County to Provider)

The Substance Use Treatment team will follow written policies and procedures for describing the initial authorization process for residential services in compliance with DMC-ODS standards. Most initial authorizations for residential treatment will occur in the face to face Placer County screening clinic or by Placer County staff (e.g. case managers) authorized to initiate treatment determinations. Beneficiaries who meet medical necessity and the ASAM criteria for residential treatment will be authorized for enrollment into a contracted residential treatment provider program. A notification will be sent to the contracted provider that a residential authorization has been made within 24 hours of client screening. The beneficiary's basic health information, disposition, recommended LOC, and referral will be entered into the SUS electronic record (AVATAR) database. Initial lengths of placement will be unique to individual's needs based on ASAM criteria (typically 30-90days). There could be occasions where a full assessment has been completed prior to placement. In those cases this assessment will be provided to the contracted provider. However, more typically, once placed into treatment, the contracted provider will conduct a full assessment within 30 days of placement and/or 7 days prior to end of the initial authorization period, whichever comes first.

Re-Authorizations (requested by provider)

Residential treatment programs will monitor the client's progress on an ongoing basis and at least monthly to determine their readiness for discharge or step-down to a lower level of

care. If a client is approaching the end of their County-authorized treatment episode and the provider determines (based on ASAM criteria) that the client needs additional residential treatment, the provider will request an extension of the authorization from the County-within 7 days prior to the expiration of the current authorization- provided that the total residential treatment length of stay is within the limits defined in the DMC-ODS Waiver Terms and Conditions. PCSOC will provide approval or denial of this request within one business day of receiving the information. Likewise, should beneficiaries require a 30-day extension past the maximum 90-day treatment episode, the program will need to reassess ASAM placement to determine the appropriate LOC and that medical necessity is still met, at which point they will need to resubmit a request for re-authorization to Placer County. Requests for re-authorization will include the ASAM screening and clinical rationale for continued treatment.

Initial authorization (requested by provider)

There will be instances when beneficiaries are already connected to a contract provider and require a higher LOC, these clients will be directed to the Placer County Screening Clinic, or (if applicable) their assigned County case manager. Clients who go directly to a contracted provider for residential care during business hours or with non-urgent requests will be directed back to the County for screening prior to authorization (occur daily). Processes will be followed as described in County to Provider initial authorizations.

Afterhours/Weekends

If an urgent/emergent Residential need is identified (by the client presenting directly to the residential facility) during afterhours/weekends and the facility is able to admit the beneficiary, the provider will contact the 24/7 intake line initiating request for immediate placement. The beneficiary may also contact our 24/7 intake line to initiate an urgent/emergent placement request. Intake will contact the After Hours Supervisor who will presumptively authorize until the end of the following business day, or deny this request (this will be logged by intake line staff into AVATAR). If presumptively approved, the Provider will submit the request for authorization that includes the ASAM assessment for medical necessity to residential level of care by next business day (typically Monday), end of business day. The County will review requests for emergent authorization for residential services within 24 hours of the request being submitted by the provider and will respond regarding approval for a specified number of days of treatment (between 30-90 days), denial, or request further information. Presumptive authorization for Placer County residents who are Medi-Cal beneficiaries, in the case of admission in an emergency, after hours, County holiday or weekend admissions is not a guarantee of payment. Submissions of claims to Medi-Cal are subject to a client's eligibility and services being rendered and documented in accordance with Title 22, the ASAM criteria and the DMC-ODS STCs.

Data, consistency, and quality

Placer County will establish written policies and procedures for processing requests for continuing authorization of residential treatment services. PCSOC will track the number, percentage of denied and timeliness of requests for authorization for all DMC-ODS services that are submitted, processed, approved and denied. PCSOC authorization staff will be trained in the standard terms of conditions, medical necessity, and ASAM to ensure that there is consistent application of review criteria for authorization decisions. Placer's quality management team will randomly review both provider and County staff's documentation with the emphasis on ensuring:

- H. Services are medically necessary and rendered at the appropriate ASAM LOC
- I. Services are rendered in a timely manner (10 days)
- J. Available resources are utilized in an efficient manner
- K. Admission criteria, continued stay criteria, and discharge planning criteria are used to assure that maximum benefit is obtained by consumers at each LOC, and that transitions between LOC occur in a coordinated manner

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.

Placer County intends to meet all of the mandatory requirements upon implementation; therefore, a One Year Provisional Period does not apply.

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)